

Victim Assistance and CRPD Article 11

Briefing Paper

Situations of Risk and Humanitarian Emergencies

25 June 2015

States Parties to the Mine Ban Treaty or Convention on Cluster Munitions have committed to providing assistance to survivors of these weapons, families of those killed or injured, and affected communities in accordance with relevant human rights law. Those which are States Parties to the Convention on the Rights of Persons with Disabilities (CRPD) also have an obligation, under Article 11, to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict and humanitarian emergencies.

A large number of survivors of landmines, cluster munitions, and explosive remnants of war are persons with disabilities who live in states that experience situations of armed conflict, humanitarian emergencies, or periodic natural disasters, which impact their lives. Well-planned and executed implementation of CRPD Article 11 should also be used by states to fulfill the rights of those survivors and other persons with disabilities in the relevant circumstances.

Important experience has been gained during the past 15 years of coordination and provision of assistance to survivors under the Mine Ban Treaty (and later, under the Convention on Cluster Munitions). This experience can be used to inform the development of policies, plans, preparedness activities, and inclusive coordination related to the implementation of Article 11 of the CRPD.

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This paper looks at the relevance of Article 11 to a rights-based approach to victim assistance in emergencies and conflicts. It explains the significance of this provision for States Parties to the CRPD that are also party to the Mine Ban Treaty and/or Convention on Cluster Munitions, and the links between the obligations and commitments in implementation, monitoring, reporting, and complaints procedures.

It further underlines that victim assistance can contribute to enhancing capacities for fulfilling the rights of persons with disabilities in armed conflicts and emergencies.

It concludes with some recent international developments on the broader topic of the protection of persons with disabilities in these contexts.

Survivors and other persons with disabilities in emergencies and conflict situations

During natural disasters, humanitarian emergencies, and times of armed conflict or occupation,¹ persons with disabilities, including survivors of landmines, cluster munitions and other explosive remnants of war (mines/ERW), face heightened challenges to having their rights respected and fulfilled. During these events survivors and other persons with disabilities face increased barriers to accessing adequate and appropriate services.²

It has also been reported that in such situations of crisis and increased need, persons with disabilities “are very often excluded or neglected.”³ This is due to the inadequate or discriminatory policies and practices of governments, service providers, and humanitarian actors. Attitudinal barriers combined with lack of knowledge about the specific rights of persons with disabilities exacerbate these obstacles to assistance.⁴ Persons with disabilities are vulnerable to violence and abandonment. They may also experience significant difficulties in accessing basic requirements such as food, water, sanitation, and healthcare.⁵

How Article 11 of the CRPD is relevant to victim assistance

It is recognized that victim assistance should be provided in accordance with applicable human rights law. This is an obligation under the Convention on Cluster Munitions.⁶ Furthermore in its preamble, the Convention on Cluster Munitions refers to the relevance of the CRPD, “which, *inter alia*, requires that States Parties to that Convention undertake to ensure and

promote the full realisation of all human rights and fundamental freedoms of all persons with disabilities without discrimination of any kind on the basis of disability.”⁷

The principle of rights-based implementation of victim assistance is also found among the commitments of the Mine Ban Treaty’s Cartagena Action Plan.⁸ Through the 2014–2019 Maputo Action Plan, which recognizes the ongoing relevance of the Cartagena Plan, Mine Ban Treaty States Parties reaffirmed their “understanding that victim assistance should be integrated into broader national policies, plans and legal frameworks related to the rights of persons with disabilities.”⁹ The CRPD, in particular, has been referred to as a new standard by which to measure victim assistance efforts.¹⁰

Article 11 of the CRPD requires that persons with disabilities are protected in situations of risk and emergency, and is therefore highly relevant to mine/ERW survivors with disabilities, if they are in such situations.

CRPD Article 11: Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies, and the occurrence of natural disasters.

The CRPD requires unimpeded access for persons with disabilities to services provided on an equal basis with others. Similarly, Mine Ban Treaty States Parties have agreed that in the field of victim assistance a rights-based approach should involve “placing particular emphasis on ensuring that mine victims have access to specialized services when needed and can access on an equal basis services available to the wider population.”¹¹ Disability rights experts have noted that the emphasis on victim assistance in the Mine Ban Treaty and Convention on Cluster Munitions aligns closely with many of the CRPD provisions and, in that context, Article 11 can contribute to the development of victim assistance including “by imposing obligations relating to victim assistance.”¹²

Furthermore, the Optional Protocol to the CRPD allows for complaints to be submitted to the CRPD Committee by individuals and groups of individuals, or on their behalf by a third party

who claim to be victims of a violation of the provisions of the Convention by that State Party.¹³ It has been asserted by a research team including legal academic Ron McCallum—Vice-Chairperson (former Chair) of the Committee of the CRPD and one of its inaugural members—that due to the direct reference to obligations under international humanitarian law (IHL) in Article 11, the CRPD Committee may rule specifically on allegations of violations of IHL. This constitutes a difference compared to the older rights treaty bodies, as it is able to “directly interpret and apply IHL.” Therefore “[t]he committee could play a pioneering role in interpreting what is required of these rules and whether states have discharged their obligations in any given circumstances.”¹⁴

The Mine Ban Treaty and Convention on Cluster Munitions have no similar complaints procedures. The possibility of utilizing the Optional Protocol of the CRPD to address complaints relevant to a victim assistance context has previously been raised as a progressive measure by ICBL-CMC members.¹⁵

How victim assistance is relevant to Article 11 of the CRPD

Victim assistance is relevant to addressing the needs of persons with disabilities in circumstances of risk and conflict. Victim assistance commitments and obligations are applicable in armed conflict, as well as post-conflict and emergency settings. There are no stated limitations on the provision of adequate assistance relating to the end of conflict, cessation of hostilities, or official declarations of state of emergency. The Mine Ban Treaty and Convention on Cluster Munitions are both of “unlimited duration.” Furthermore, neither convention can be exited from by States Parties during armed conflict.¹⁶

“The major steps forward that were taken through the Mine Ban and Cluster Munitions conventions, as well as the Convention on the Rights of Persons with Disabilities, have created an international norm, making victim assistance a human rights issue. We should be led by these examples – by these conventions.”

Introductory remarks by Jonas Gahr Støre, (then) Minister of Foreign Affairs of Norway at the conference *Disability in Conflicts and Emergencies — Reaching the most vulnerable*, Oslo, 30 May 2011.¹⁷

The principles and components of victim assistance, as outlined in the action plans of the Mine Ban Treaty and Convention on Cluster Munitions,¹⁸ correspond with the human rights provisions in the CRPD. They include an exemplary participatory approach to coordination and carrying out assistance that involves close consultation and active participation of survivors with disabilities.¹⁹

Persons with disabilities are often not consulted or involved in the design of emergency risk programs, which results in their needs not being addressed. The WHO reported that actively engaging persons with disabilities in emergency risk management “can significantly reduce their vulnerability and enhance the effectiveness of policies and practices.”²⁰ Similarly, in response to a United Nations survey on persons with disabilities and risk from disasters, Firoz Ali Alizada, ICBL-CMC Campaign Manager noted that, “Persons with disabilities are the biggest untapped resource for disaster planners around the world.”²¹

Victim assistance can provide expertise on collecting disaggregated data. According to an assessment of Monitor reporting in the lead-up to the Third Review Conference of the Mine Ban Treaty in 2014, approximately two-thirds of States Parties to the Mine Ban Treaty and Convention on Cluster Munitions reported many mine/ERW survivors had conducted needs assessment surveys. In some cases these surveys included other persons with disabilities, data from which would be useful in emergency situations. Regardless of the demographic scope of the particular survey in each country, the capacity and experience of having carried out a needs assessment (or assessments) is valuable in crisis situations where data on persons with disabilities, their impairments, and their situation may not be readily available, making rapid survey a priority.

Existing coordination mechanisms are present in about two-thirds of the most relevant States Parties. These coordination mechanisms often involve government and civil society representation, linked with broader disability rights coordination, but also often with military or civil protection authorities who have the capacity to respond in emergency situations.

The components of victim assistance, as they closely match the rights in the CRPD, can contribute to the fulfillment of those rights in situations of risk and emergency. These correlations can be seen in the following table:²²

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Victim assistance as relevant to the CRPD in situations of risk and emergencies

CRPD	Victim assistance component	Services available to other persons with disabilities with similar impairments and/or requirements
Right to Health	Medical care	Emergency medical care and evacuation of injured persons including trauma care and surgery; providing ongoing medical care in hazardous areas
Rehabilitation (and habilitation)	Rehabilitation	Accessible rehabilitation in less-resourced situations; supply of assistive technologies suitable for non-urban environments; mobile rehabilitation and orthotics and prosthetics; outreach and referral (in some cases, transport and accommodation)
Work and employment	Economic inclusion	Micro-credit; self-employment; enhancing or supplementing income-generation
Adequate standard of living		
Right to full participation in society	Social inclusion	Peer-to-peer support; sports; cultural, and religious participation; participation in coordination; delivery of services facilitated by government, UN, or NGO focal points
Rights of women and girls	Age- and gender-sensitive assistance	Age- and gender-sensitive services appropriate to the rights and needs of survivors and other persons with disabilities
Rights of children		

Victim assistance in situations of emergency and conflict in 2014–2015

While victim assistance may provide good practices and strong existing structures to support efforts consistent with CRPD Article 11, challenges still remain for mine/ERW survivors in countries affected by situations of emergency and conflict.



In **Afghanistan**, obtaining appropriate and timely medical treatment in conflict-affected areas remained difficult for much of the population. Furthermore, attacks on medical personnel and facilities impeded services.



In **Bosnia and Herzegovina**, catastrophic flooding affected a significant number of mine/ERW survivors (about half of all known survivors according to early reports) and their families in 2014, some of whom lost their homes and other resources. The flooding disrupted victim assistance and other mine action activities, including emergency marking in many of the flooded areas. The national Mine Action Center urged special attention to the needs of mine/ERW survivors.

In **Serbia**, the May 2014 floods caused both the state and many local NGOs to re-prioritize their programming to focus on relief for flood victims. This caused a general reduction in services and programs for mine/ERW survivors as funds were diverted for emergency relief.



In **Somalia**, the impact of conflict on healthcare facilities continued in 2014. In June, a car bomb was detonated outside Mogadishu's Keysaney Hospital, one of two medical facilities in the country able to manage trauma cases. A medical worker was killed and seven other people were injured. Although it was the first time the hospital—where the Red Crescent emblem is prominently displayed—was directly targeted, it had been hit by shelling several times in the past, including in 2012 and 2010.²³

In **Ukraine**, healthcare and assistance for persons with disabilities were impeded by the ongoing conflict. There was evidence indicating that hospitals were deliberately targeted by shelling.²⁴

In **South Sudan**, health services were overstretched due to violence and conflict since December 2013. Many health workers left due to the lack of security, and there were reports of health workers being attacked or killed and facilities having been damaged or looted.²⁵



In **Nepal**, a State Party to the CRPD and its Optional Protocol but not party to the Mine Ban Treaty or Convention on Cluster Munitions,²⁶ mine/ERW survivors faced serious challenges in the wake of the April 2015 earthquake. Collapsed buildings, debris, and landslides were noted to have created additional barriers for survivors and other persons with disabilities with mobility or visual impairments. The earthquake also killed livestock and buried crops under rubble putting the food security of entire communities at risk, with survivors and other persons with disabilities who were already experiencing food insecurity in an even more desperate situation.²⁷ The upcoming monsoon season is expected to exacerbate the situation with the risk of floods and more landslides.

The Nepal Campaign to Ban Landmines (NCBL), which has been developing a survivor network, endeavored to contact its survivor members. Of 26 survivors who had been contacted by early May 2015, nine had collapsed homes, four had damaged or unstable homes, one survivor's mother was killed, and another lost livestock.²⁸ NCBL and its partner organizations have been distributing food to affected communities in rural areas.²⁹ Nepal ratified the CRPD and its Optional Protocol on 7 May 2010.



The dire situation of persons with disabilities caught in the conflict in **Syria**, particularly a lack of access to much needed humanitarian assistance, has raised international concern. Syria is not party to the Mine Ban Treaty or Convention on Cluster Munitions, but is a State Party to the CRPD. In 2013, the Committee of the CRPD issued a statement regarding the situation of persons with disabilities in Syria. The committee noted Syria's obligation as a party to the CRPD under Article 11 and requesting that "that humanitarian agencies are allowed to operate without restrictions throughout Syria to assist both persons that had disabilities prior to the conflict, as well as those who acquired them as a result of the violence."³⁰

In 2015, the Independent International Commission of Inquiry on Syria found that the "increased use of landmines and improvised explosive devices by all parties to the conflict has led to the injury and maiming of a large number of victims."³¹ The Commission of Inquiry reported that "[f]or the vast majority [of people interviewed], their disabilities had resulted directly from the conflict. Persons with disabilities face specific hardships. They have suffered from a drastic curtailment in access to adequate services as a result of the conflict."³²



Among the refugee populations in Syria's neighboring countries there were many Syrians with disabilities, including disabilities due to conflict-related impairments. For example research by Handicap International (HI) found that in refugee camps in neighboring countries 20% of Syrian refugees were affected by physical, sensory, or intellectual impairments.³³ There was a high ratio of injuries among refugees, which could result in physical and/or psychosocial impairments. In **Jordan**, a state party to the CRPD with Article 11 obligations, one in 15 Syrian refugees had been injured. In **Lebanon**, one in 30 Syrian refugees had been injured because of conflict.³⁴ Lebanon is a State Party to the Convention on Cluster Munitions, and also a signatory state to the CRPD. As such, it should align its policy and practices so as not to discriminate against persons with disabilities. **Turkey**, a State Party to the CRPD, provides emergency medical care for Syrians mostly for free while donors and humanitarian organizations provided physical rehabilitation and mobility aids. Turkey received approximately 2,500 injured Syrians (including mine/ERW survivors) each month in 2014.³⁵

As seen in *Landmine Monitor* and *Cluster Munition Monitor* reporting, due to ongoing armed conflict, data collection in 2013–2014 was challenging and incomplete in a number of States Parties to the Mine Ban Treaty and/or Convention on Cluster Munitions, such as Afghanistan, the Democratic Republic of the Congo, Iraq, Somalia, and Yemen, and states not party such as Myanmar, Pakistan, and Syria. In Mine Ban Treaty States Parties South Sudan and Yemen, national victim assistance plans were inactive due to armed conflict combined with a lack of resources to for implementation.³⁶

CRPD Article 11 reporting and victim assistance

State reporting on implementation is required under Article 35 of the CRPD. Initial reporting by States Parties should include Article 11. A number of states have included information in these reports that are particularly relevant to mine/ERW survivors.³⁷

Examples from the reporting of Colombia and Uganda demonstrate that states perceive an overlap between Article 11 of the CRPD and victim assistance commitments under the Mine Ban Treaty and Convention on Cluster Munitions, and the corresponding requirements to assist mine/ERW victims in a non-discriminatory manner.³⁸

Colombia reported that in some municipalities persons with disabilities have been included in evacuation protocols. There was a need for the Program for Comprehensive Action against Antipersonnel Mines to identify gaps and consider how to overcome the geographical and

logistical obstacles facing its evacuation and rescue capabilities. Colombia's Victims Unit,³⁹ which also provides victim assistance, developed a guide for the development and implementation of emergency response planning, including victims with disabilities.⁴⁰

Uganda provided detailed reporting describing its Comprehensive Plan of Action on Victim Assistance 2008–2012 as “a framework of rapid response to support landmine survivors, other persons with disabilities and older persons who are in emergency and conflict situations to enable them participate and re-integrate into the development process.”⁴¹

Some other relevant CRPD reporting from States Parties to the Mine Ban Treaty included the following:

Bosnia and Herzegovina, noted that the Law on Protection and Rescuing of Persons and Tangible Goods in Natural and Other Disasters refers to persons with more than 60% disability as requiring special attention in certain risk conditions.⁴²

Croatia requires that civil protection plans include lists of vulnerable groups and anticipate needs for support to those groups in the case of evacuations. The Croatian Red Cross takes an individual approach to humanitarian assistance in times of risk, delivering assistance to persons with disabilities where they reside, while ensuring that displaced persons with disabilities can access sanitation facilities.⁴³

Thailand noted lessons learned from the 2004 tsunami, including the establishment of a network for cooperation, disaster warning for persons with hearing impairments, and annual evacuation plan tests that include additional assistance for persons with disabilities.⁴⁴

Jordan includes mention of Jordanian persons with disabilities, as well as refugees with disabilities from neighboring countries in their initial CRPD report.⁴⁵

Ukraine reported on its legislation for states of emergency aimed at ensuring the safety of all citizens.⁴⁶ Statistics on person who have impairments as a result of emergency situations, or those persons with disabilities who have been injured or killed as a result of such situations were not available.⁴⁷

Recent international developments

The strong connection between victim assistance and states' responsibilities under Article 11 of the CRPD was highlighted at *Bridges Between Worlds*, a global conference held in Medellin, Colombia in April 2014. The meeting addressed questions about the place of victim assistance—as it has evolved under the Mine Ban Treaty and other relevant instruments

including the Convention on Cluster Munitions—in other domains such as disability rights, healthcare, education, employment, development, and poverty reduction. The appropriateness of applying CRPD Article 11 was noted by several key actors in the field of disability rights.⁴⁸

The ICRC and Human Rights Watch jointly hosted a briefing in Geneva on “Persons with Disabilities in Emergencies” in May 2015. Speakers at the event included the UN Special Rapporteur on the Rights of Persons with Disabilities, representatives from the International Disability Alliance (IDA), experts from host organizations and others. The main message was that more needed to be done to ensure that persons with disabilities are not left behind or forgotten during humanitarian crises.⁴⁹

As noted above, direct attacks on hospitals and healthcare facilities limited the availability of those services in some countries, as in the examples from Somalia and Ukraine. Concerns about attacks on health services and health personnel gained growing international recognition as the ICRC continued its Healthcare in Danger project, which was scheduled to run from 2012 to 2015.⁵⁰ The NGO coalition umbrella group Safeguarding Health in Conflict similarly promoted “respect for international humanitarian and human rights laws for the safety of health facilities, health workers, ambulances, and patients during conflict.”⁵¹

The first World Humanitarian Summit (WHS), an initiative of UN Secretary-General Ban Ki-moon, managed by the UN Office for the Coordination of Humanitarian Affairs will be held in Istanbul on 26 and 27 May 2016. Seeking to find better ways to meet the needs of persons with disabilities affected by conflicts and disasters, the WHS Secretariat mandated HI to launch a global online consultation on the inclusion of persons with disabilities in humanitarian response in 2015, with the support of the IDA and the International Disability and Development Consortium (IDDC). The survey gathers the views of persons with disabilities, disabled people’s organizations, and humanitarian actors to identify gaps and good practices in disability-inclusive humanitarian response. Reporting from the survey will form part of the WHS official consultations.⁵²

The Office of the UN High Commissioner for Human Rights (OHCHR) issued a call for contributions on the Article 11 of the CRPD in June 2015. Guiding questions for contributions on country-specific situations refer to the existence of laws, programs or action plans; participation of persons with disabilities in the design implementation and management of disaster risk reduction, humanitarian response, and risk management; independent monitoring and accountability mechanisms; and disaggregated data on persons with disabilities when facing situations of risk and humanitarian emergencies.⁵³

Much remains to be done to link response approaches to disaster and conflict to ensure respect for the rights of persons with disabilities, including mine/ERW survivors. The 15-year Sendai Framework for Disaster Risk Reduction 2015–2030 adopted in March 2015 contains several references to persons with disabilities in emergency situations, due to active advocacy by disability rights groups. However, the final document omitted references to armed conflict due to perceived sensitivities about the term.⁵⁴ This was seen by some observers as a major gap in the framework. “Conflict was not mentioned anywhere in the agreement. Its inclusion was always going to cause tension, particularly because the draft text coupled it with ‘foreign occupation situations.’ Disasters and conflict *are* often correlated, so the notable absence of conflict (in the text) was clearly more political than technical.”⁵⁵

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**Table: CRPD Status of Mine Ban Treaty and/or Convention on Cluster Munition States
Parties with survivors with significant needs for assistance**

Country	CRPD Ratification	Optional Protocol Ratification	Initial CRPD Report Due	Initial CRPD Report Submitted
Afghanistan*	2012	2012	2014	No
Albania*	2013	N/A	2015	No
Algeria	2009	Signatory	2011	December 2014
Angola	2014	2014	2016	No
Bosnia and Herzegovina*	2010	2010	2012	March 2013
Burundi*	2014	2014	2016	No
Cambodia	2012	Signatory	2014	No
Chad*	Signatory	Signatory	N/A	No
Colombia	2011	No	2013	June 2013
Croatia*	2007	2007	2009	October 2011
DR Congo	No	N/A	N/A	N/A
El Salvador*	2007	2007	2009	January 2011
Ethiopia	2010	No	2012	December 2012
Eritrea	No	N/A	N/A	N/A
Guinea-Bissau*	2014	Signatory	2016	No
Iraq*	2013	No	2010	No
Jordan	2008	Signatory	2011	October 2012
Lao PDR*	2009	No	2011	No
Lebanon*	Signatory	Signatory	N/A	No
Mozambique*	2012	2012	2014	No
Nicaragua*	2007	2007	2009	No
Peru*	2008	2008	2010	July 2010
Senegal*	2010	Signatory	2012	December 2014
Serbia	2009	2009	2011	June 2012
Somalia	No	N/A	N/A	N/A
South Sudan	No	N/A	N/A	N/A
Sudan	2009	2009	2011	Yes, undated
Tajikistan	No	N/A	N/A	N/A
Thailand	2008	No	N/A	December 2012
Turkey	2009	2015	2010	No
Uganda	2008	2008	2010	January 2013
Yemen	2009	2009	2011	No
Zimbabwe	2013	2013	2015	No

Note: Mine Ban Treaty States Parties in **bold**; *Convention on Cluster Munition States Parties

¹ The preamble of the CRPD (para. u) notes that “[O]bservance of applicable human rights instruments are indispensable for the full protection of persons with disabilities, in particular during armed conflicts and foreign occupation.”

² WHO, “Guidance Note on Disability and Emergency Risk Management for Health,” 2013, pp. 9–10.

³ Handicap International (HI) Source: International online resource centre on disability and inclusion, “Emergencies and disability,” undated, www.asksource.info/topics/humanitarian/emergencies-and-disability.

⁴ Ibid.

⁵ ICRC, “People with disabilities in emergencies,” 7 May 2015, www.icrc.org/en/document/people-disabilities-emergencies.

⁶ According to those involved in drafting the victim assistance provisions of the Convention on Cluster Munitions, “It is important to note that the formulation ‘in accordance with applicable international [...] law’ does not bear restriction as to the source of the law. Consequently relevant norms of international humanitarian and human rights law may be derived from all forms of international law be they international treaties, international customary law or general principles of law.” Markus Reiterer and Tirza Leibowitz, “Article 5 Victim Assistance,” in Gro Nystuen and Stuart Casey-Maslen (eds.), *The Convention on Cluster Munitions. A Commentary*, Oxford Commentaries on International Law, 2010, p. 357. Also relevant to Cartagena Action Plan, para. IV. 12.

⁷ Convention on Cluster Munitions, Preamble.

⁸ Cartagena Action Plan, para. IV. 12.

⁹ Maputo Action Plan, IV Victim Assistance, Adopted 27 June 2014, “commitments under the Cartagena Action Plan and remain valid and should be acted upon.” “States Parties are resolved to provide adequate age- and gender-sensitive assistance to mine victims, through a holistic and integrated approach...in accordance with applicable international humanitarian and human rights law,” CAP, IV. Assisting the Victims 12.

¹⁰ Particularly with regard to survivors with disabilities, see for example, Belgium and Thailand, Co-Chairs of the Mine Ban Treaty Standing Committee on Victim Assistance and Socio-Economic Reintegration, “Assisting the Victims: Recommendations on Implementing the Cartagena Action Plan 2010-2014,” Cartagena de Indias, Colombia, 30 November 2009, victim-assistance.org/victim-assistance-obligations-and-norms/mine-ban-treaty/cartagena-action-plan-2010-2014/cartagena-action-plan-recommendations.

¹¹ Cartagena Action Plan IV. 13.

¹² Naomi Hart, Mary Crock, Ron McCallum, and Ben Saul, “Making Every Life Count: Ensuring Equality and Protection for Persons with Disabilities in Armed Conflicts,” Sydney Law School Legal Studies Research Paper No. 14/106 December 2014. <http://ssrn.com/abstract=2538249>.

¹³ See OHCHR Fact sheet and Guidelines on the procedure for submitting communications to the Committee on the Rights of Persons with Disabilities under the OP-CRPD.

¹⁴ Mary Crock, Naomi Hart, and Ron McCallum, “War, law and disability: Ensuring equality in situations of crisis,” in David Mitchell, Valerie Karr (Eds.), *Crises, Conflict and Disability: Ensuring Equality*, (pp. 9–18) 2014, Routledge-London, p. 13.

¹⁵ For example during the Third Meeting of States Parties to the Convention on Cluster Munitions, Oslo, September 2012.

¹⁶ Each State Party has the right to withdraw from either of these conventions. However, if the State Party that is withdrawing is engaged in an armed conflict at the end of the six-month waiting period for withdrawal, then it will not take effect before the end of the armed conflict. Mine Ban Treaty Article 20, “Duration and withdrawal”; and Convention on Cluster Munitions, Article 20, “Duration and withdrawal.”

¹⁷ Jonas Gahr Støre, (then) Minister of Foreign Affairs of Norway, Oslo, 30 May 2011, http://www.regjeringen.no/nb/aktuelt/introduksjon_vulnerable/id645110.

¹⁸ The Mine Ban Treaty Maputo Action Plan 2014–2019 and Cartagena Action Plan 2009–2014 (also remaining current through the Maputo Action Plan); and the Convention on Cluster Munitions Vientiane Action Plan 2011–2015.

¹⁹ As noted by Jonas Gahr Støre, (then) Minister of Foreign Affairs of Norway, “Introductory remarks at ‘Reaching the most vulnerable’ Conference on Disability in Conflicts and Emergencies,” Oslo, 30 May 2011, www.regjeringen.no/nb/aktuelt/introduksjon_vulnerable/id645110.

²⁰ WHO, “Guidance Note on Disability and Emergency Risk Management for Health,” 2013, p. 13.

²¹ UN, “Persons with Disabilities Central to Disaster Resilience Initiatives, Secretary-General Says in Message for International Observance,” 9 October 2013. See also: The UN Office for Disaster Risk Reduction (UNDRR), “UN global survey explains why so many people living with disabilities die in disasters,” Geneva, 10 October 2013, www.unisdr.org/archive/35032.

²² For more detail see, Survivor Corps, “Connecting the Dots: Victim Assistance and Human Rights December 2008 (Revised November 2009), <http://reliefweb.int/report/world/connecting-dots-victim-assistance-and-human-rights>.

²³ ICRC News Release, “Somalia: Car bomb inside hospital compound leaves one dead,” 18 June 2014, www.icrc.org/eng/resources/documents/news-release/2014/06-18-somalia-mogadishu-car-bomb-inside-hospital-compound.htm.

²⁴ Human Rights in Ukraine, “Human Rights Monitors express concern about Krasny Liman,” 10 July 2014, www.khpg.org/en/index.php?id=1404915700; and HRW, “Ukraine: Insurgents Disrupt Medical Services,” 5 August 2014, www.hrw.org/news/2014/08/05/ukraine-insurgents-disrupt-medical-services.

²⁵ ICRC, “South Sudan: Health services struggle to meet needs,” 4 October 2014, www.icrc.org/eng/resources/documents/update/2014/09-04-south-sudan-health-services-struggle.htm.

²⁶ Nepal ratified the CRPD and its Optional Protocol on 7 May 2010.

²⁷ NCBL/WODES, “Emergency Fundraiser,” undated, www.youcaring.com/emergency-fundraiser/support-livelihood-initiative-for-the-earthquake-victims/355346.

²⁸ Email update from NCBL, 11 May 2015.

²⁹ NCBL/WODES updates, 17 May 2015, www.naya.com.np/@wodes/post/96d2967531e57ae0dfb19ea39d8b7cd9.

³⁰ “Persons with disabilities ‘forgotten victims’ of Syria’s conflict,” UNHCR, 17 September 2013, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=13736&LangID=E.

³¹ UN General Assembly, Human Rights Council Twenty-seventh session, (Agenda item 4) Human rights situations that require the Council’s attention, “Report of the Independent International Commission of Inquiry on the Syrian Arab Republic,” 5 February 2015, para. 78.

³² *Ibid.*, para. 79.

³³ Also one in seven is affected by chronic disease; and one in 20 suffered from injury. Nearly 80% of injuries resulting directly from the conflict in Syria. p. 4.

³⁴ HI, “Hidden victims of the Syrian Crisis: disabled, injured and older refugees,” April 2014, pp. 19–23.

³⁵ Syrian Network for Human Rights, “The Wounded in Syria: An Endless Pain,” pp. 23–27, www.sn4hr.org/blog/2014/06/26/the-wounded-in-syria-an-pain.

³⁶ ICBL, *Landmine Monitor 2014*, Casualties and Victim Assistance, www.the-monitor.org/index.php/LM/Our-Research-Products/Landmine-Monitor/LMM2014/Casualties.

³⁷ Megan Burke and Loren Persi Vicentic, “Protecting Persons with Disabilities in Armed Conflict,” in *The War Report: Armed Conflict in 2013*, Oxford University Press, Stuart Casey-Maslen (ed.), 2014, pp. 394–395.

³⁸ *Ibid.*

³⁹ Unit for Attention and Reparation for Victims.

⁴⁰ “Convention on the Rights of Persons with Disabilities: Colombia’s Initial Status Report 2013,” paras. 82–86.

⁴¹ “Convention on the Rights of Persons with Disabilities: Uganda’s Initial Status Report 2010,” paras. 91–104.

⁴² “Convention on the Rights of Persons with Disabilities: Bosnia and Herzegovina’s Initial Status Report 2012,” paras. 63–65.

⁴³ “Convention on the Rights of Persons with Disabilities: Croatia’s Initial Status Report,” 2011, paras. 52–54.

⁴⁴ “Convention on the Rights of Persons with Disabilities: Thailand’s Initial Status Report,” paras. 39–42.

⁴⁵ “Convention on the Rights of Persons with Disabilities: Jordan’s Initial Status Report.”

⁴⁶ Including in case of natural disasters, accidents and catastrophes, epidemics and epizootic diseases, as well as to protect the rights and freedoms of citizens, the constitutional system in the massive violations of the rule of law, endangering the life and health of citizens, or seizure of power or change the constitutional order by violence.

⁴⁷ “Convention on the Rights of Persons with Disabilities: Ukraine’s Initial Status Report,” 2012, paras. 94–102.

⁴⁸ These included the Chair of the UN Expert Committee on the Rights of Persons with Disabilities, Maria Soledad Cisternas Reyes and Vice-Chairperson, Ron McCallum and also discussed by Facundo Chávez Penillas, Disability Advisor at the UN Office of the High Commissioner for Human Rights (OHCHR).

⁴⁹ ICRC, “People with disabilities in emergencies,” 7 May 2015, www.icrc.org/en/document/people-disabilities-emergencies.

⁵⁰ ICRC, “Towards a solution: The Health Care in Danger project,” 21 April 2015, www.icrc.org/eng/what-we-do/safeguarding-health-care/solution/2013-04-26-hcid-health-care-in-danger-project.htm.

⁵¹ Safeguarding Health in Conflict, “Mission,” undated, www.safeguardinghealth.org/mission.

⁵² WHS, “Persons with Disabilities Dialogues,” undated, www.worldhumanitariansummit.org/whs_disability; and Global Alliance on Accessible Technologies and Environments (GAATES), “Global Consultation on the Inclusion of Persons With Disabilities in Humanitarian Response,” 20 May 2015, www.globalaccessibilitynews.com/2015/05/20/global-consultation-on-the-inclusion-of-persons-with-disabilities-in-humanitarian-response/.

⁵³ Email from the International Disability Alliance (to multiple recipients), 17 June 2015.

⁵⁴ Sendai Framework for Disaster Risk Reduction 2015-2030 (A/CONF.224/CRP.1), 18 March 2015, www.reliefweb.int/report/world/sendai-framework-disaster-risk-reduction-2015-2030-aconf224crp1; and Thea Hilhorst, “Is the Sendai framework a step in the right direction?,” 2 April 2015, www.alnap.org/blog/130.

⁵⁵ Emily Wilkinson, Overseas Development Institute, “We leave Sendai with a new global deal on disaster risk, but does it go far enough?” 20 Mar 2015, www.trust.org/item/20150320095427-g4krc.