 

STATUS OF THE IMPLEMENTATION OF ARTICLE 11 OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES IN MALAWI-THE POSITION OF FEDOMA

Introduction

Federation of Disability Organizations in Malawi [FEDOMA] is an umbrella body of organizations of persons with disabilities in Malawi. Established in 1999, FEDOMA has over the years been the leading advocacy network on disability issues. Since 2017 the body’s advocacy work, mostly with financial and technical support from the Disability Rights Fund [DRF] has taken a new component on board, namely, monitoring the implementation of international human rights treaties.

FEDOMA is currently a network of twelve affiliates organizations as follows: - Association of Persons with Albinism in Malawi, Association of Persons with Physical Disabilities in Malawi, Disabled Widows and Orphans Organization in Malawi, Disability Rights Organization Movement, Disabled Women in Development, Malawi National Association of the Deaf, Malawi Union of the Blind, Mental Health Users and Carers Association, National Epilepsy Association, Parents of Disabled Children Association of Malawi, Spinal Injuries Association of Malawi and Visual Hearing Impairment Membership Association.

Background

Since 2015, FEDOMA started involving itself in disaster related activities due to one of the worst floods disasters Malawi has had in recent years. These disasters affected more than half of the country, and persons with disabilities were heavily affected through displacement, loss of properties including food items and assistive devices. This led to FEDOMA’s participation in the Sendai Conference which came up with the Sendai Framework for Disaster Risk Reduction which stresses on the notion of “Leaving no Persons with disabilities behind in DRR initiatives” If anything, such initiatives should be people centered even in terms of persons with disabilities.

It is from that time that FEDOMA has undertaken initiatives targeting persons with disabilities themselves as right holders, and government and other mainstream actors in the DRR sector at national, district and community level. The targeting of persons with disabilities involved capacity development of Organizations of Persons with Disabilities (OPDs) and their membership to ensure their pro-active involvement in disaster related issues. It is such levels of capacity and experience which has enabled FEDOMA develop this submission to the Committee.

Methodology

This submission has been developed based on a thorough process of consultations held over the past two months to get updated information from persons with disabilities themselves from the FEDOMA affiliates as well as from FEDOMA district chapters called District Disability Forum [DDF], the DDFs consulted have mostly been from the two serious disaster-prone areas of Nsanje and Chikwawa. Apart from the key Informant interviews targeting 8 affected persons with disabilities from the two districts, two focus group discussions were conducted to assess the general overview of experiences of Persons with Disabilities in the two districts.

In addition, desk reviews of among other literature, for example Sendai Framework for disaster risk reduction, OHCHR Thematic Study, (2015) and reports from different projects FEDOMA has implementation over the past eight years in the area of disaster, has provided the necessary materials in the development of this submission.

FEDOMA would like to acknowledge the financial and technical support provided in the development of this submission from the Disability Rights Fund.

Other acknowledgements should go to members of the Nsanje and Chikhwawa District Disability Forum for the cooperation and support and all survivors of different disasters who provided information to this process.

CURRENT SITUATION IN MALAWI

The inclusion of persons with disabilities in situations of risk and humanitarian emergencies is currently a challenge. Right from preparedness, response and recovery, persons with disabilities have bemoaned their exclusion. Around 2016 to 2017, there were some efforts towards the inclusion of persons with disabilities in the disaster management sector, in programmes such as awareness on the inclusion of PWDs, and participation in civil protection committees however this inclusion did not last for long . It is not clear whether this was caused by the calamities that befell the country around that time that led to authorities relaxing or because FEDOMA had projects which had advocacy components which kept engaging government on the subject, and this kept the momentum even on among government bodies.

Going to most of the disaster-prone districts today, one would find that some of the initiatives that persons with disabilities were a part of then, they are not a part of now, or the initiatives are totally not functional today. Some of such initiatives are mapping of evacuation routes, assembling points and drills or simulation among others. It is mainly Nsanje district which demonstrated continued existence of such initiatives and, to some extent, the involvement of persons with disabilities.

The inclusion of persons with disabilities in disaster related sectors is something that Malawi is committed to, as demonstrated through its being a party to the Sendai Framework of Disaster Risk Reduction Framework and other international instruments.

“According to the Framework, persons with disabilities and their organizations have a critical role to play at all stages of disaster risk reduction planning (para. 36 (a)(iii)). It also requires all disaster risk reduction policies to integrate a disability perspective (III (19)(d)) and inclusive risk-informed decision-making based on the dissemination of information disaggregated by, among other factors, disability (III (19)(g)).” [See OHCHR Thematic Study, 2015]

1. Legal and policy framework:
2. The National Disaster Risk Management Policy does not take into account disability issues.
3. The Disability Act does not contain any provision on situations of risk and humanitarian emergencies for persons with disabilities.
4. Disability Disaggregated Data

Evidence from the study which FEDOMA undertook (prognosis on the inclusion of persons with disabilities in disaster risk reduction 2015) revealed that there was no available disaggregated data on the 2015 and 2017 flood disaster from Department of Disaster Management Affairs. The same applies to flood disaster which took place in 2021 as a result of cyclone Anna and Cyclone Gombe. In such situations it is possible that the impact of disasters on persons with disabilities was not appreciated by authorities, and thereby no deliberate measures were taken to address the needs of such a group in times of calamities.

In addition, the extent to which persons with disabilities were affected by the Covid-19 pandemic in Malawi is not known as of now due to lack of disability disaggregated data related to the pandemic. This also applies to the current cholera outbreak. Authorities have paid no attention to the call by the disability movement to have such kind of data. It is not surprising that the government has made no serious efforts to have disability specific interventions or efforts to mainstream disability in interventions meant for all. It is the strong belief of the movement that-“If you are not counted, you do not count”.

Therefore, disability disaggregated data will inform disability inclusive planning, implementation all the way to monitoring and evaluation where more data is generated and inform planning again.

The importance of disaggregated data is not just for times of disaster, but even when there are no disasters, more especially for purposes of disaster risk reduction. This will be helpful in terms of targeted interventions like provision of information in accessible formats on the subject and even prioritized rescue operations. However, it is clear from FEDOMA’s findings that such data is not available.

1. Disaster Related Structures

There are community-based civil protection committees whose membership includes persons with disabilities in situations of risk and humanitarian emergencies.

However, due to the lack of the enforcement of such requirement and capacity of these structures, the choice of representatives of persons with disabilities is not done in consultation with their representative organizations, such that sometimes the appointments are made based on family or personal connection, hence not representing the views of persons with disabilities in their communities.

1. Strategies in Disaster Response

There are no appropriate and effective strategies and measures that have been put in place targeting persons with disabilities. This lack of deliberate measures or strategies comes about due to lack of prioritization of persons with disabilities. The multiple form of disproportionate risk that persons with disabilities are subjected to in situations of risk and humanitarian emergency is sometimes not recognized by the government nor non-governmental organizations and international humanitarian agencies. There has been an outcry by persons with disabilities who end up being missed in the distribution of relief items after when disaster strikes.

“It is unfortunate that several times I have been missed from receiving relief items having lost all my belongings including my wheel chair, and I see my colleagues who are not persons with disabilities receiving. These are people who after receiving the items will leave the evacuation camp for nearby trading center where they will even do a piece work to get money, while I remain in the camp with nothing. Not that I do not want to fetch for myself, but I have no means for mobility”. - A survivor of cyclone Gombe lamenting after being visited.

Apart from the 2015 disaster, whose response programme that FEDOMA and MACOHA being part and parcel of the response initiatives, and the distribution of assistive devices being part of the response, the subsequent disasters have not been responded to with such critical initiative. Disasters like floods have deprived persons with disabilities of very important items like assistive devices, such that when the response programme does not cater for this, most persons with disabilities are further placed in a disadvantaged position. This is aggravated by the fact that most of the evacuation centers are constructed in an inaccessible manner, more especially toilet facilities. This puts persons with disabilities at greater risk hygienically.

Another female survivor with visual impairment in Chikhwawa of the same floods recounted her ordeal: -

“It was raining heavily that day when I noted that the floor of my house was getting wet. I took a mop to try and dry it with the understanding that it was only water that was entering through the window. I only realized that I could not manage to dry the floor and in no time the water inside my house was knee high. Fortunately, one of the neighbors came to my house and rescued me and my little child.”

This illustrates how persons with disabilities are subject to situations of greater risk. This woman lost her house. Without the neighbor coming to her rescue, she would not just have lost her house and properties but her life and that of her child as well. She is currently living in a tent for a year now.

Considering the disproportionate risk in which persons with disabilities live, it is not just the response programmes that are needed, but disaster risk reduction intervention. It is the way some of the houses of Persons with Disabilities have been constructed, with the bi-directional link between poverty and disability, that puts them more at a risk. The neighbors of the lady mentioned above survived the flood with their houses intact and the houses are still standing to date. Had the survivor also had a well-constructed house, she would not have lost it and she would not be living in a tent today. The nature of accommodation, a tent, continues to present as a risk in itself.

e) Disaster Recovery

In terms of recovery programmes, persons with disabilities seem to enjoy mixed fortunes. In some cases, persons with disabilities seem to benefit from recovery programmes. Nsanje district has been implementing programmes to construct houses for survivors of different disaster and some persons with disabilities have been reported to be benefitting from the programme. However, in the COVD19 recovery Urban cash transfer programme, most persons with disabilities who were earmarked to benefit from the programme reported not to have benefitted from it. A good number of names which went through the FFEDOMA office to the government did not benefit at all.

f) Health Related Disasters

In addition, health related disasters have also a common issue in recent years in Malawi. Right from the onset of the COVID19 pandemic, the inclusion of persons with disabilities was problematic. It started with the appointment of the Presidential taskforce on COVD19, which had no representation of persons with disabilities. The inclusion of persons with disabilities only became visible when the government was thinking of reopening schools when FEDOMA was given representation in the committee which was handling this issue. As a result, the guidelines which were developed to support efforts towards reopening schools incorporated issues of disability inclusion. On the contrary, the guidelines that were developed by the Presidential Taskforce on COVD 19 was not inclusive because subsidiary legislation did not at all consider the needs of persons with disabilities. Unfortunately, such guidelines were legally binding and could easily force persons with disabilities to the wrong side of the law. For example, issues of social or physical distancing that could not be respected due to the mobility and communication needs of blind persons with and deafblind persons. The putting on of masks could not be provided with exceptions which promoted communication among Deaf persons. It was more than a year later that the Malawi Human Rights Commission secured a seat in the taskforce and the one to represent them was a person with disabilities. This then became the voice of persons with disabilities by default.

Currently the rise of the cholera pandemic has not seen a lot in terms of inclusion of persons with disabilities in practice, although there is representation of FEDOMA in the National Health Cluster.

Recommendations

1. Laws, policies and strategies on emergency situations, evacuation and rescue, as well as those on the rights of persons with disabilities, should be revised in line with the UNCRPD and Sendai framework for DRR
2. There must be appropriate and effective strategies and measures put in place targeting persons with disabilities in situations of risk and humanitarian emergencies. Such measures should include adequately supporting civil protection committees to effectively respond to issues of persons with disabilities in terms of disaster and humanitarian emergencies, this involves having persons with disabilities as members of those committees.
3. Ensuring preparedness measures include access to services by persons with disabilities during emergencies, since they are mostly and easily forgotten by relief service providers among others.
4. Make inclusive disaster risk reduction an integral and continuous initiatives by all relevant actors will ensure the safety of persons with disabilities is realized.
5. Registration of persons with disabilities and their places of residence by community level disaster structures such as Area and Village Civil Protection Committees as an aspect of enhancing resilience to ensure targeted support before, during and after a hazard. This will support in targeted sensitization, evacuation and understanding the status of each one of them during disasters and response programmes.
6. Provide information, education and communication on DRR to Persons with Disabilities including in accessible formats.
7. Conduct accessibility audits of the evacuation centre as well as evacuation routes by the Organizations of Persons with Disabilities to ensure that all evacuation centres are constructed in an accessible manner.
8. Include the provision of assistive devices in all disaster response programme.
9. Ensure the meaningful involvement of persons with disabilities and their representative organizations in all disaster related programmes, this includes mapping of evacuation routes, assembling points as well as conducting of simulation and drills
10. Build capacities of all service providers in the area of disaster on disability Inclusive disaster risk reduction with the meaning full involvement of persons with disabilities as resource persons as the Sendai Framework for DRR mandates.
11. Ensure meaningful implementation of the Sendai Flamework for DRR and implementation of the CRPD

Conclusion

Importance of Inclusion of Persons with Disabilities in situation of risk and humanitarian emergencies cannot be over emphasized. Article 11 of the CRPD read in the light of disability elements of the Sendai Flamework for Disaster Risk Reduction provides a good guide for such inclusion. However, the implementation of such provisions for the good of Persons with Disabilities, seem to be a challenge. Persons with Disabilities, either as individuals or through OPDs have expressed their dissatisfaction at the way services in the sector have been provided In all the stages of disaster management. It is the expectation of FEDOMA and all its affiliate organization s and Persons with Disabilities in Malawi that the government and all stakeholders in the sector will not afford to leave Persons with Disabilities behind and that they will rather prioritize their rights or needs whenever disaster issues are being undertaken.