DISABILITY AND INCLUSION SURVEY
IDP SITES IN MONTEPUEZ

I. PURPOSE AND PARTNERSHIPS

Since October 2017, the province of Cabo Delgado in Northern Mozambique has experienced violent attacks by non-state armed groups, resulting in an environment of insecurity significantly affecting conflict-affected host communities, displaced communities, and left behind communities. As a result of ongoing security incidents, an estimated 946,508 individuals live in protracted displacement according to International Organisation of Migration's (IOM) Displacement Track Matrix (DTM) Baseline Round 16 (June 2022). Vulnerable populations, including women, children, the elderly as well as persons with disabilities, face compounded risks and threats in times of extended humanitarian and emergency crises.

Mozambique's most recent population census, conducted in 2017, estimated that 2.6 per cent (or 727,620 out of 28.6 million people) live with a disability. However, challenges related to disability data collection, methodology, and training of staff, along with the on-going conflict, suggests that the estimated rate of people living with disabilities in Mozambique is likely under reported.

Women and girls with disabilities are especially vulnerable to wider access to services gaps. The Disability Inclusive Rapid Gender Analysis (DIRGA) reports the significant challenges faced by women and girls with disabilities that are affected by conflicts and limited access to sexual and reproductive health services (SRHS), mental health and psychosocial support services, and child-friendly spaces.

People with disabilities living in IDP sites face challenges such as participating in activities mainly due to accessibility challenges. In response, IOM Camp Coordination and Camp Management (CCCM) teams have set up Disability Inclusion Committees to promote participation of persons living with disabilities in camps. Persons living with disabilities are also included in the regular collection of complaints and feedback through the use of CCCM mobile outreach teams. The Women Participation Project sensitizes IDPs on the importance of participation by persons living with disabilities in site activities.

However, persons with disabilities often still find it difficult to benefit from programmes, such as cash for work. More so, most of the infrastructure in IDP sites is not user friendly to persons living with a disabilities. Likewise, some of the distributions by humanitarian partners do not accommodate the unique needs of persons living with disabilities.

Findings from IOM and UNICEF Child Protection Risks and Needs Assessment (2021) emphasize existing challenges faced by children with disabilities seeking access to food, water, sanitation, health, education, and other assistance/rehabilitative services in Cabo Delgado. Child Protection Specialists interviewed in the assessment highlight the risk of increased childhood disability prevalence (such as developmental delays among younger children) when there are gaps in access to key services and early assistance/rehabilitative interventions.

As of 2012, Mozambique ratified the UN Convention on the Rights of Persons with Disabilities (CRPD). While there are continued efforts, through national legislation, to incorporate considerations of persons with disabilities (Draft Law for the Promotion and Protection of the Rights of persons with disabilities), existing instruments do not clearly identify and address accessibility and participation barriers faced by persons with disabilities who are affected by conflict.

Data generation on disability and inclusion as related to access to services and information as well as participation and representation within displacement sites is limited. This is because existing governmental and non-governmental structures established in Cabo Delgado are not adequately equipped to perform comprehensive assessments that are tailored to disability data collection, methodology and training of staff. To develop a strong and comprehensive understanding of disability and inclusion in IDP sites, this project implemented a dedicated assessment amongst displaced households hosted in three targeted sites across Montepuez district.

2. METHODOLOGY

The Disability and Inclusion study followed a mixed methodology designed to test new methods that provide in-depth understanding of barriers faced by persons with disabilities[1]. Additionally, insights obtained through qualitative research methods allowed for a more holistic assessment of the conditions of persons with disabilities in three select sites across Montepuez district (Mararange, Massasse, and Ujama). The selected sites have functioning Disability Inclusion Committees who participated in the data collection exercise. It is important to highlight that the statistics derived from this study are representative of each of the sites individually and therefore data cannot be aggregated at a larger scale across the province.

1. Quantitative:

A quantitative survey was conducted to 1,940 consenting individuals of 641 randomly selected households between 6 March and 10 June 2022[2].
The short set of the Washington Group Questions (WGQs) were used as the self-reporting tool to identify persons facing some difficulties (Grade 1), a lot of difficulties (Grade 2), or cannot carry out (Grade 3) the following activities:
  a) Seeing (even if wearing glasses);
  b) Hearing (even if using a hearing aid);
  c) Walking or climbing steps;
  d) Remembering or concentrating;
  e) Washing or dressing;
  f) Communicating in one's customary language or being understood;

Although the WGQ methodology was used to identify self-evaluated persons with disabilities, anomolies were detected in prevalence rates obtained from hosuehold surveys. Further assessment will be conducted to review reliability and validity of results.

2. Qualitative:

The qualitative aspect of the research was conducted through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with various stakeholders in the Displacement Site, as well as key organizations working with people with disabilities.

Nine KIIs were conducted with key informants, concerning the three different sites. Of these KIIs, six were conducted directly within the sites (for example with the chief of the site and president of the committee for people with disabilities) and three were conducted outside the sites with protection partners and a government protection agency, who had a more district-level perspective.

Ten FGDs were conducted with persons with various forms of impairments (visual, physical, cognitive and communication). Groups were selected by CCCM local staff and divided by sex to increase gender participation.

[1.] In accordance with the UN Convention on the Rights of Persons with Disabilities (2007), the term "disability" is defined as follows: "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others." (Preamble, e). 6 either in person or – if unable to do so – through their support persons.

[2.] The sampling size was calculated for each site individually, taking into consideration a confidence interval of 95 per cent, a margin of error of 5 per cent and a response distribution of 50 per cent. Additionally, the sample size was inflated using a non-Response Rate (NRR) which accounts for households that could be either absent, not accessible, refuse to be surveyed, or any other reason that prevent survey teams from surveying a selected household.

3. SITES BACKGROUND

Since October 2017, the province of Cabo Delgado in Northern Mozambique has experienced violent attacks by non-state armed groups, resulting in an environment of insecurity. During the assessment period, an estimated 946,508 individuals have been displaced, of which 314, 074 individuals are located in sites across Cabo Delgado. The three sites targeted in this exercise (Mararange, Massasse, and Ujama) were all opened between May and August 2021. During the assessment period Mararange hosted 764 individuals (440 households), Massasse hosted 2,087 individuals (817 households), and Ujama hosted 1,599 individuals (520 households). Figure 1 shows the age/sex demographics from the disability inclusion survey, where each individual interviewed was asked to provide the year of their birth. In Figure 2 the data is presented individually for each of the sites.

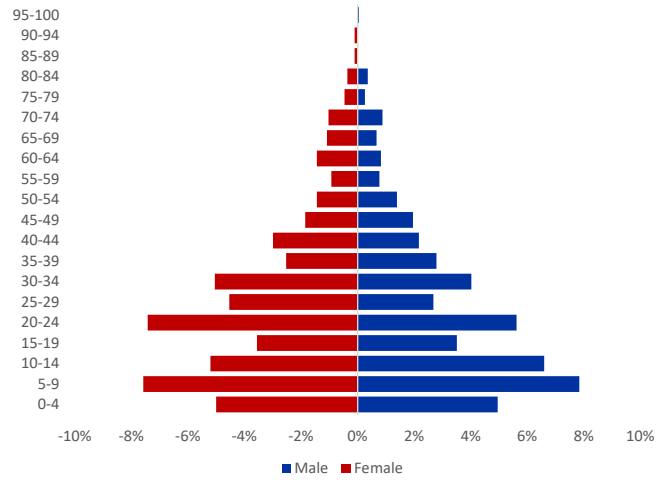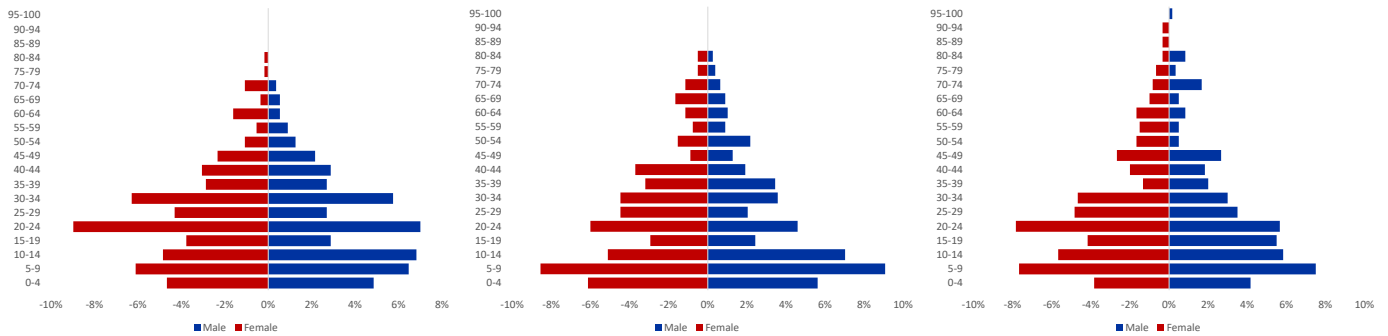Figure 1 - Age/Sex demographics for households interviewed

Figure 2 - Age/sex demographics for those in Mararange (left), Massasse (middle), and Ujama (right)

The sex/age demographics between sites are similar, with the variation being a longer tail-end of the distribution in Ujama, due to older residents in the centre.

Data was disaggregated by site and by district of origin for respondents. In Mararange, 74 per cent of individuals are from Mocimboa da Praia, the second largest cohort is from Palma at 11 per cent, followed by Muidumbe at 9 per cent. Similarly, in Massasse, 64 per cent are from Mocimboa da Praia, followed by Muidumbe at 21 per cent, and Palma at 12 per

cent. The distribution of districts of origin is slightly different in Ujama: the plurality still originates from Mocimboa da Praia but is smaller at 39 per cent, then by Macomia at 27 per cent, and Muidumbe at 22%. The district of origin of respondents is invariant with respect to their sex.

There are 3.7 individuals in each household. A quarter of individuals interviewed reported that they are hosting people not in their immediate family within their household. This is 22 per cent in Mararange, 25 per cent in Massasse, and 28 per cent in Ujama.
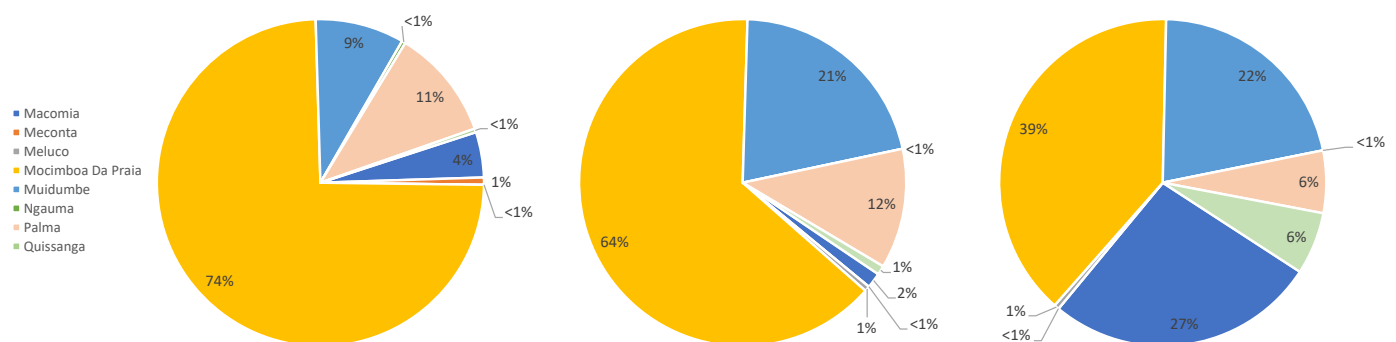
Figure 3 - Districts of origin for interviewees in Mararange (left), Massasse (middle), and Ujama (right)

3. QUANTITATIVE ANALYSIS

Although the WGQ methodology was used to identify self-evaluated persons with disabilities amongst 1,094 individuals interviewes, anomolies were detected in prevelance rates obtained from hosuehold surveys. For the purposes of this report, a prevalnce rate of 15% is maintained (WHO, 2011 World Disability Report).

Of the 1,940 individuals interviewed, 27 per cent are females of child bearing age as per the WHO/UNFPA definition of women aged 15-49 (530 individuals). Across all sites 12 per cent of this subset of females is pregnant, and 24 per cent are currently breastfeeding.

Data was likewise collected to understand what forms of formal identification are held by those interviewed. Overall, 71 per cent have no personal ID, while 19 per cent have personal ID. Less than one per cent have passports and around 10 per cent of individuals interviewed in each site have birth certificates.

Of those interviewed, 33 per cent are at an age where they are old enough to be in education (aged 5-18) in the three sites. This correlates to 644 children. Of these 11 children are identified as having a disability, of which 6 have never attended school, 4 have been enrolled but are not currently attending, and one is currently enrolled. Overall, children with disabilities are much more likely to have never attended or been enrolled at school than children without disabilities.

Ninety-eight per cent of those interviewed reported no regular income. Overall, 53 per cent of the total population (and 53% of persons with disabilities) indicated that their economic activities were limited to agriculture.
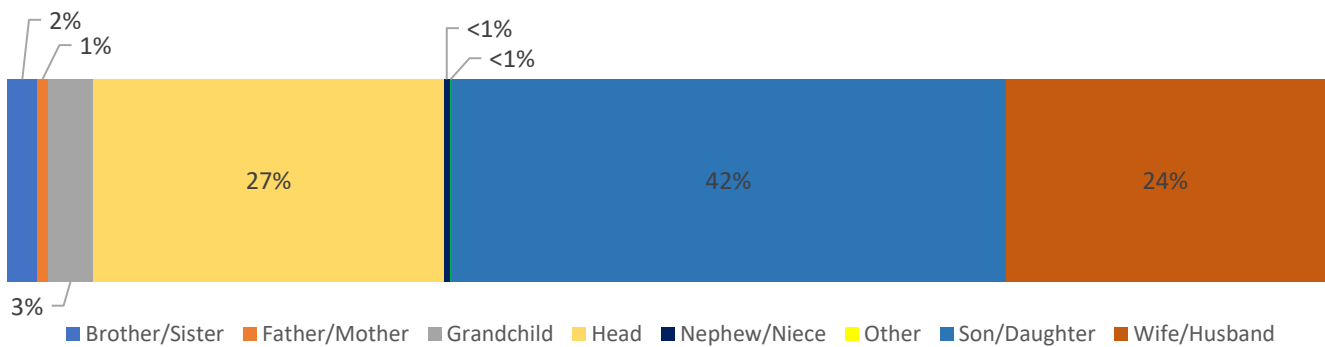

Figure 4 - Relation of interviewees to the head of household

3.1 KEY BARRIERS FACED BY PERSONS WITH DISABILITIES

The following key barriers were identified by persons with disabilities when trying to access distribution points, WASH facilities, markets, schools, employment, shelter and health care as well as to participate in cultural activities.

1. Obtaining items in distributions

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach distribution points
- Obstacles presented in the way in which distributions are organized, making it difficult for persons with disabilities to access distribution items

2. Use of sanitation facilities/latrines

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach latrine facilities
- Reported physical obstacles impeding independence at the latrines.
- Approximately 54 per cent of respondents cited Other obstacles not listed on the survey, which may be scope for further investigation.

3. Obtaining/collecting water

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach water points
- Obstacles when navigating at actual water points

4. Showers/washing facilities

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach washing facilities
- Physical obstacles when using washing facilities

5. Access to education

The following barriers were identified by persons with disabilities:
- Physical obstacles on the way to schools
- Physical obstacles to enter/navigate within schools
- Discrimination which prevents children with disabilities to enrol in schools
- Approximately 7 per cent of respondents cited that

humanitarian services providers or other actors make it difficult to access schools (attitudinal barriers),

6. Participation in cultural activities

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach locations hosting cultural activities
- Difficulties in participating in cultural activities owing to actions/attitude of other families or community members.

7. Access to health

The following barriers were identified by persons with disabilities:
- Obstacles in reaching health facilities
- Obstacles in moving within health facilities

8. Entering and living in shelter

The following barriers were identified by persons with disabilities:
- Obstacles when entering or leaving shelters
- Persons with disabilities did not receive appropriate construction/maintenance materials
- Obstacles moving within shelters
- Approximately 56 per cent of respondents cited Other obstacles not listed on the survey, which may be scope for further investigation.

9. Access to markets

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach markets
- Approximately 54 per cent of respondents cited Other difficulties/barriers that remain unspecified.

10. Access to income

The following barriers were identified by persons with disabilities:
- Physical obstacles to reach places of work
- Physical obstacles to enter/move within workplace
- Discrimination from families and community members which prevent persons with disabilities accessing jobs or income generating activities

4. KEY INFORMANT INTERVIEWS

Key Informant Interviews (KIIs) were conducted with 9 individuals (two from each site surveyed - Massasse, Mararange, and Ujama - and three more with more general regional knowledge of Montepuez district). Questions asked broadly aligned structurally with those asked in the household (HH) level survey, and it is correlated with the additional questions concerning obstacles faced by people with disabilities that cause extreme difficulties in everyday life.

Broadly, the findings in the HH and KII surveys align, with KIs being able to provide additional information on barriers and obstacles that are either specific to

individual sites, or reflective of larger trends. Many of the results from the KIIs also reflect information collected by DTM's Multi-Sectoral Location Assessment (link here).

KIIs were asked to select up to three obstacles from a list related to various services provided in sites. The results are presented below for each indicator, alongside additional information referenced by individual KIs during the interviews.

Every KI reported that there are physical obstacles causing difficulties for persons with disabilities if they want to walk to distribution sites, and half of the KIs also reported that there are additional physical barriers at distribution points, and that service providers/humanitarian partners/site management create additional issues/obstacles to accessing distributions. Several KIs mentioned that there is no priority given for those with disabilities and also that there is little sensitisation amongst community leaders towards directing aid to those households with members with disabilities. There are often additional difficulties for persons with disabilities in taking distributed items back to shelters safely and securely.
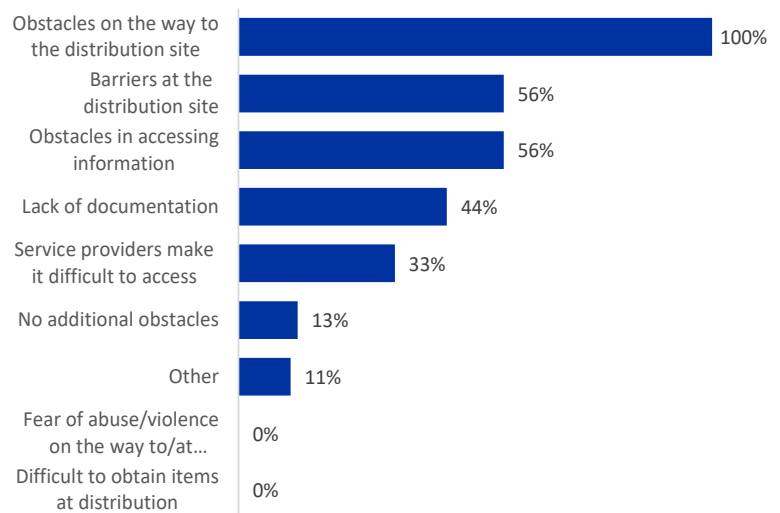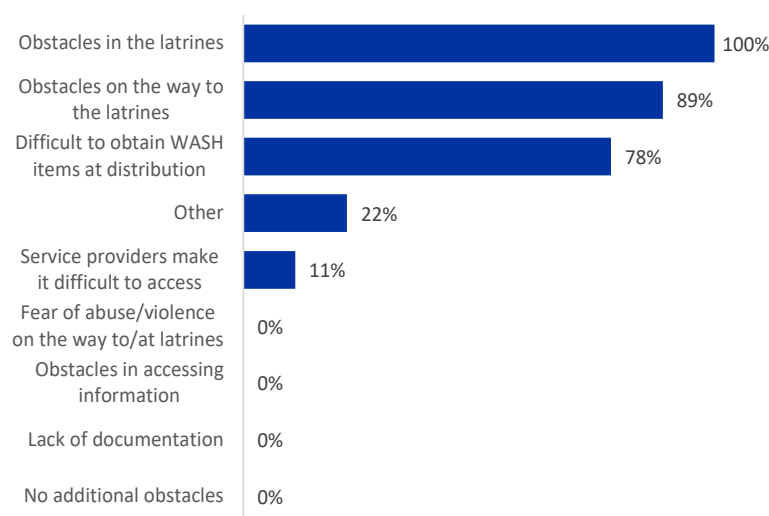
Figure 6 - Obstacles in obtaining distributions

Figure 7 - Obstacles to use of sanitation facilities/latrines

Similarly to data provided by individuals, all the KIs reported physical obstacles in the design and functionality of the latrines. Additionally several KIs reported security/privacy issues around the latrine facilities, and inability to use the latrines independently. Furthermore, 89 per cent of KIs reported that there are physical obstacles or difficulties faced by persons with disabilities when having to walk to reach the facilities. This is compounded by 78 per cent of KIs reporting that there are additional problems in obtaining WASH items from distributions (with several also citing that there hasn't been a WASH distribution in the site this year). This last problem is compounded by the barriers established in the obstacles to obtaining distributed materials.

All KIs interviewed reported that persons with disabilities face extra barriers or obstacles both to physically reach the water points on sites, and in the functionality of the water points. They are often reliant on family/household members to guarantee their access. Furthermore, 75 per cent of KIs reported that there is no prioritisation for additional water or easier access for persons with disabilities. Almost all KIs provided information separately claiming that the water points are not designed in a way to make them optimally accessible for persons with disabilities, and may additionally reported problems with the distance from the water points to housing area (which is further compounded by the difficulty of carrying the water back to their shelters).
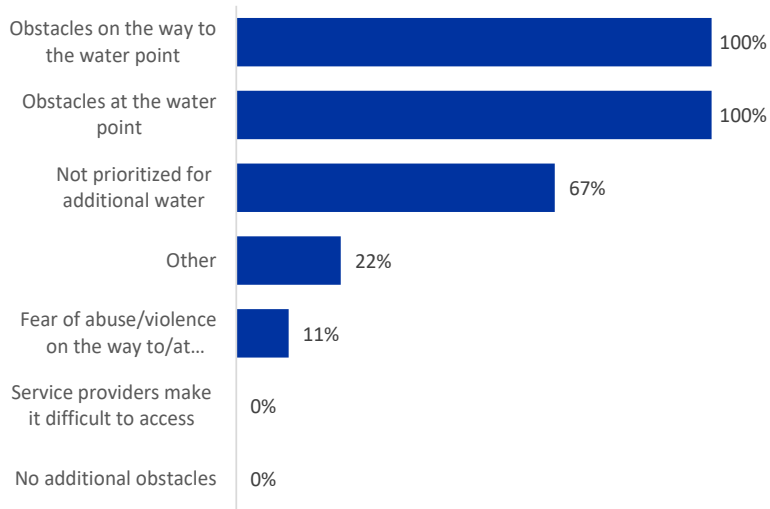

Figure 8 - Obstacles to accessing water

Whilst HH reported physical barriers (distance and functionality related) to accessing bathing facilities, all the KIs reported that there is a lack of dedicated bathing facilities available in the sites. This firstly indicates that people are bathing in ad hoc locations, creating both health and protection related risks. Secondly, it indicates further physical obstacles to those with disabilities that affect their capacity to move or to function independently through visual impairment. By taking this together with the obstacles reported related to sanitation facilities, and the direct quotes from some KIs, that future facilities will need to have adequate accessibility measures installed, as well as the necessary security/privacy requirements.

All KIs reported that the design of school facilities is not adequately accommodating for persons with disabilities, presenting physical barriers/obstacles, and 75 per cent reported similar physical barriers associated with reaching the education facilities. This goes in hand with the distances needed to walk to education facilities, as well as the lack of aid facilities inside some sights (with IDPs instead going to schools in the host communities). All KIs also reported that the provision of education needs to be adjusted to fulfil the special needs of those with disabilities. However, this also presents a problem as many of those with the most serious disabilities are adults (73%) and are unlikely to go back to education.
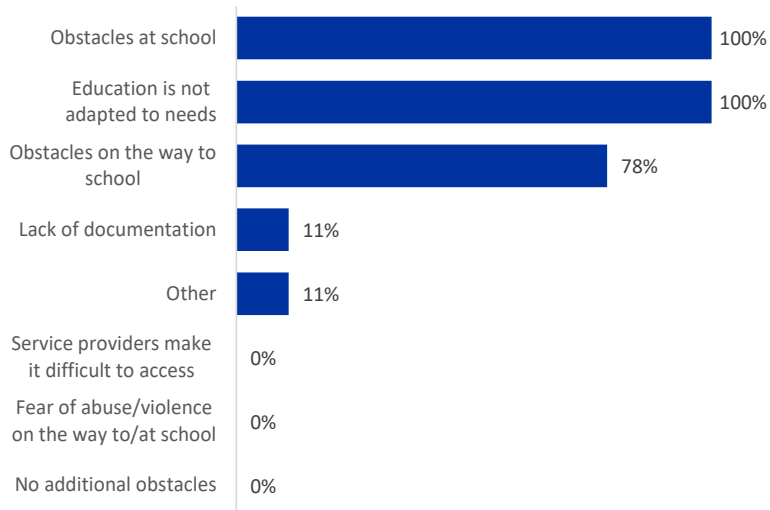

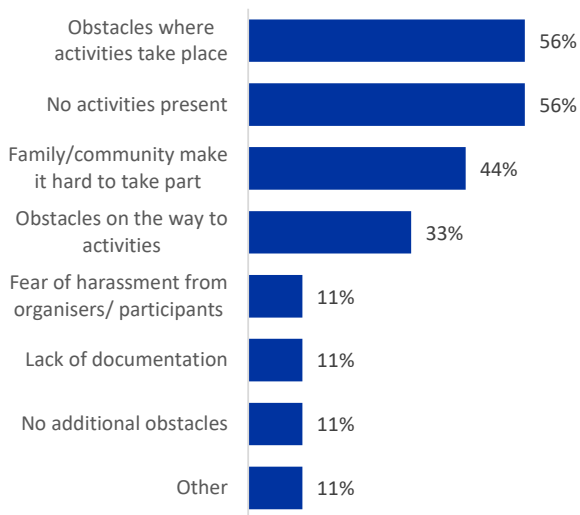Figure 9 - Obstacles to accessing education

Figure 10 - Obstacles related to social activities

While for other indicators, generally KIs presented the same obstacles faced by persons with disabilities, the results are more varied for the accessibility of cultural activities. Fifty per cent of KIs reported that there are physical barriers in to areas where there are cultural activities, while 50 per cent also said that there are no cultural activities present. Furthermore 38 per cent of KIs reported that there are family/community pressures that act as obstacles to integrated person with disabilities in the activities. This specific exclusion was repeated by several KIs, who cited several nuances, from a lack of drive for integration from community leaders, to perceptions amongst those with disabilities of their capacity to take part.

As with other sub sections, physical obstacles are commonly cited by KIs for accessing health care. Eighty-eight per cent reported that there are problems with the design/layout of health facilities, impeding the ease of movement within the facilities by those with disabilities, and 75 per cent cited physical obstacles to accessing the facilities due to distance. Furthermore, 50 per cent of KIs reported that either family members or the community invoke pressure on persons with disabilities, impeding healthcare access. Several KIs also mentioned specifically a lack of full time present self services is a particular hindrance that limits access. Likewise, there is no prioritisation for persons with psychical disabilities when they attempt to access healthcare
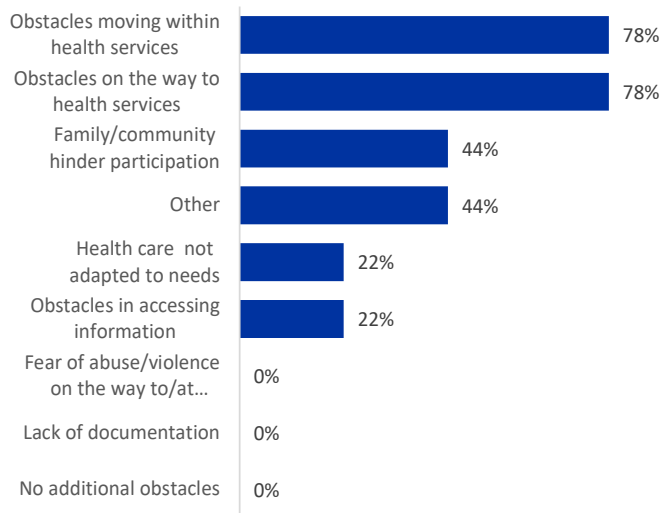

Figure 11 - Obstacles to health access

All KIs reported the same three obstacles, related to the shelter conditions faced by households with members who half disabilities. Persons with disabilities face obstacles in physically moving around their shelters, between rooms, as well as obstacles to entering and exiting the shelters. Furthermore, it is reported that households have not received the necessary materials or support to build or maintain/repair their shelters. Several KIs specifically mentioned that the current shelters used by those households taking care for persons with extremely debilitating disabilities, are simply not adaptable, either structurally or taking into account furniture within the shelters (e.g. beds). There is a high level of dependence on other household members for support.

Figure 12 - Obstacles related to shelter

Obstacles related to market access are primarily related to obstacles on the way to the market (88% of KIs) and obstacles in the design and structure of markets (63%). KIs reported the distances to the markets, or the presence of markets close to busy roads/thoroughfares. Thirty-eight per cent of KIs report that often persons with disabilities find it hard to communicate with key suppliers, and 25 per cent that persons with disabilities face discrimination from suppliers or the community when visiting the local markets. Persons with disabilities often need to be escorted of have a family member help them when visiting the market. KIs reported a lack of sensitisation to the needs of disabled persons, physically pushed past them at market stalls.
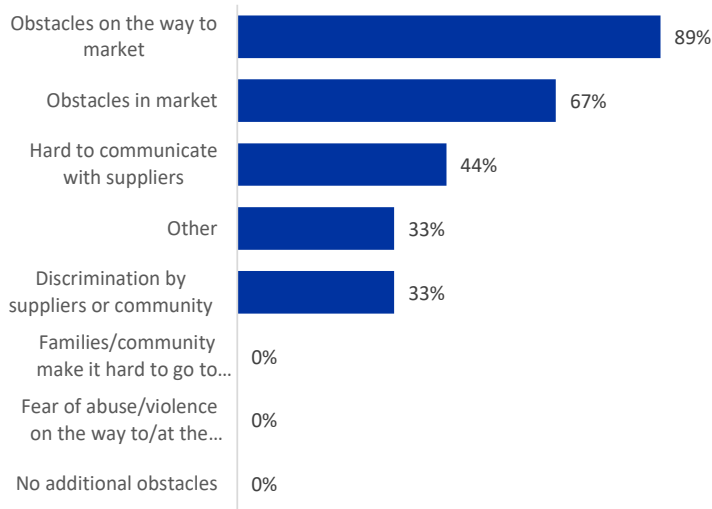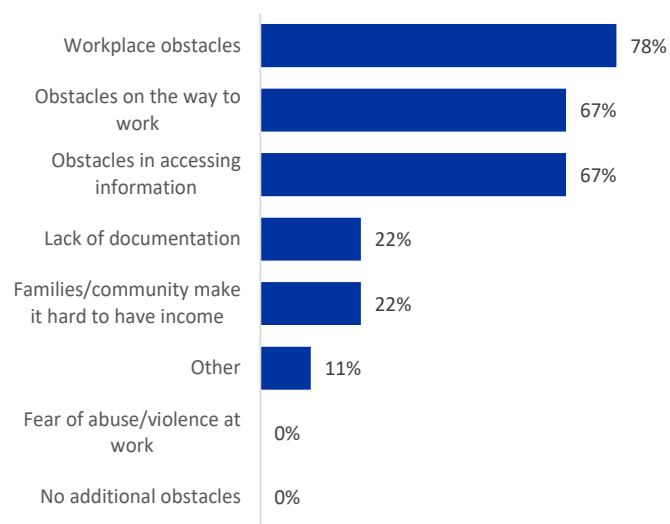

Figure 13 - Obstacles to market access

Figure 14 - Obstacles to access to income generating activities

Obstacles related to a lack of income were separately mentioned by KIs when discussing market access. Eighty-eight per cent of KIs reported that places of work are not suitably designed to not present physical barriers to persons with disabilities, 63 per cent reported physical obstacles in walking to work places, and 63 per cent cited a lack of knowledge or capacity to access key information related to finding work. Almost all KIs mentioned that persons with disabilities are largely excluded from labour generating activities, and there are little if any attempts by local community leaders to integrate them. The inability to contribute to household maintenance and the care of the disabled household member is a key issue .

In seeking to access information, 78 per cent of KIs reported that there is a lack of engagement with community leaders to communicate developments (as they would need to visit households individually and tailor the message). There is also a lack of information sources (e.g. posters) in the sites. Only in Massasse was it indicated that community leaders have communication structures specifically for persons with disabilities. In the other sites, households with disabled family members only find out about key developments when the decisions are being implemented: key information does reach them (there is a feeling that there is different information shared, making households with persons with disabilities unsure if announcements are relevant for them).

When seeking to communicate with community leaders, 67 per cent of KIs report that there is no effort by community leaders to facilitate persons with disabilities' capacities to express their problems and grievances. Some have indicated that nothing changes when they do share their problems. Generally, there is a perspective that the opinions of persons with disabilities are not given the same weight as those voiced by others in the sites. However, 44 per cent of KIs also reported no barriers or obstacles to communicating with community leaders, with no clear delineation between which sites these KIs represent. There is also an issue related to the chain of command of the complaints mechanism, perhaps hindering the capacity of persons with disabilities to be heard.

5. FOCUS GROUP DISCUSSIONS

Nine Focus Group Discussions (FGDs) were undertaken. Groups were selected to consist of either males with disabilities and their caregivers, females with disabilities and their care givers, and site/community leaders. The same set of questions was asked as in the KIIs. The makeup of the groups is as follows (number of participants in brackets):

- Ujama - Site/community leaders (6)
- Ujama - Males with disabilities and caregivers (9)
- Ujama - Females with disabilities and caregivers (11)
- Massasse - Site/community leaders (8)
- Massasse - Males with disabilities and caregivers (5)
- Massasse - Females with disabilities and caregivers (5)
- Mararange - Site/community leaders (8)
- Mararange - Males with disabilities and caregivers (10)
- Mararange - Females with disabilities and caregivers (11)

The twelve topics discussed are below, followed by Figure 16 - a visual summary of the responses. Boxes with the darkest colour indicate that points were raised by more focus groups, while a lighter colour indicates that fewer focus groups mentioned the point.

1. Obstacles faced during distributions
2. Obstacles faced regarding latrine use
3. Obstacles faced when collecting water
4. Obstacles faced using the showers
5. Obstacles faced accessing education
6. Obstacles faced participating in social activities
7. Obstacles faced accessing health services
8. Obstacles faced in shelter access/maintenance
9. Obstacles faced accessing the market?
10. Obstacles faced in earning an income
11. Obstacles to access to information
12. Obstacles to communicating with site leaders

Distributions	Persons with disabilities are not prioritized	Hard to reach distribution points;	Reliant on caregivers;	Need help to carry items;		
Latrines	Difficult to reach facilities independently;	Facilities are precarious and risky;	Reliant on caregivers	Discrimination from family members;		
Water collection	Reliant on caregivers	Persons with disabilities are not prioritized;	Water points not adapted/ specialised;	Lack water points;	Difficult to reach independently;	
Showers and bathing facilities	Persons with disabilities rely on guide-ropes;	Persons with disabilities cannot bath alone;	Facilities difficult to reach;	Facilities difficult to keep sanitary/ functional;	Reliant on caregivers;	No issues;
Education	Facilities not adapted for special needs;	Education facilities are far away;	Lack of education materials;	Lack of teachers and support for special needs;		
Social Activities	Social activities hard to reach;	Concern for safety during activities;	Lack of activities to participate in;			
Health services	Health facilities difficult to reach;	Mobile brigades/ health services are limited;	Persons with disabilities are not prioritized;	Lack of money for medicines;	Lack of money for transport;	
Shelter accessibility and maintenance	Difficult to move inside shelters;	Difficulty f to enter and exit shelters;	No issues;			
Market access	Market is far away;	Reliant on caregivers;	Lack of necessary items;	Lack of money;	Dangerous road near market;	
Access to income	Lack of financing;	Lack of jobs/ work;	Lack of integration;	Reliant on assistance;	Lack of trainings;	
Access to information	Caregivers are the information source;	Leaders are main information source;	Lack of time to find information sources;	No issues;	Activists are only information sources;	
Communication with local leaders	Community not included in decision making;	Leaders do not listen to concerns;	No issues;	Communication only through activists;		

Figure 16 - Frequency of mention of key points in FGDs (darker is higher frequency)

Taken overall, there are several points of consistency across all nine FGDs. The first is that every focus group identified that persons with disabilities are not prioritized during distributions (Food, NFIs, WASH, etc). Also a majority cited that persons with disabilities are very reliant on caregivers (family or households members, or in some cases neighbours).

Similarly, all focus groups mentioned that either latrines were precarious and risky for use by persons with disabilities, or that they are difficult to use independently.

Regarding water collection, across all FGDs it is evident that persons with disabilities are almost totally reliant on caregivers to collect, carry, and provide water. However, the reasons for this reliance vary greatly from site to site.

With regard to showers and bathing facilities, across the focus groups there is little correlation on the main obstacles, though in two sites it has been indicated that guide-ropes are used to direct persons with disabilities (particularly those with visual impairments) to bathing facilities. However, even with this, many report that persons with disabilities often cannot shower independently.

Every group reported that a key obstacle to education is the physical distance to facilities, though this is also followed by a general concern that education facilities are not adapted to take care of persons with disabilities, or adapted to allow them to adequately take part in learning.

Though social activities are organised by the community and by activists, there is a lack of participation or involvement of persons with disabilities. In some cases this is because activities are organised in such as way that those with visual impairments cannot participate (e.g. sports/exercise based activities). There is also a widespread concern that if integrated into these activities, that there is a health and safety concern. It should be likewise noted that a sense of discrimination has also been linked with this safety concern by one of the focus groups.

Distance to access health services is a key issues across relocation centres in Cabo Delgado, and even more so for persons with disabilities. Especially when combined with mobility issues. Though there are mobile brigades that visit sites to address medical needs directly in the sites, their infrequency and the lack of prioritization for persons with disabilities mean it remains a key obstacle to be addressed.

Focus groups mainly reported difficulties for entering/exiting shelters, or for moving within shelters, specifically related to those with mobility and self-care related disabilities.

Market access is another point of high correlation between focus groups, specifically the distance to the market. As with schools/education facilities, these distances often make it prohibitively difficult for those with mobility and visual related disabilities from access. Whilst some groups mentioned the reliance of persons with disabilities on caregiver, many more cited external barriers to market access (lack of money, lack of necessary items), at least implying that if the resources were in place, there would still be a high reliance on caregivers for access.

Lack of work or capacity to have a livelihood is a prevalent issue amongst displaced communities, and more so among persons with disabilities, who are facing additional stigmas. However, the main obstacles cited relate to the availability of work or financing for business. If these obstacles were to be eliminated, it would likely be still important to engage community to involve persons with disabilities in economic activities.

Overall over half of the focus groups reported that there are "no issues" concerning access to information, with little consistency whether this view is predominantly held by site leaders, male focus groups, and female focus groups. In more than one case the male focus groups reported no issues, while female focus groups reported problems, implying communication issues that fall along gender lines.

While around half of focus groups reported that communication with local leaders was possible (though half reported that local leaders do not listen to their concerns), a point of high contention was that persons with disabilities and their caregivers are not included in decision making nor consulted about decision that may affect them. One of the site leaders focus groups mentioned this themselves, identifying the lack of inclusive in their decision making processes.

6. RECOMMENDATIONS

The following recommendations are based on the cumulative results of the individual household surveys, Key Informant Interviews and Focus Group Discussions. The use of Washington Group questions increases awareness and engagement with disability through quantitative data. Lessons learned from the current assessment demonstrate the importance of strengthening capacities to collect disagregated data on disability through in-depth training to enumerators and consistency checks of gathered information. Review of sampling as well as translation of short-set questions to local languages further impacts the ability to udnestance demographics, measure access and disaggregate indicators.

1. Obstacles regarding humanitrian distributions

Common obstacles reported: Walking to/accessing humanitarian distribution sites. Key Informants also report persons with disabilities experiencing obstacles in access to distribution-related information.

Recommendations
- Meaningful access to humanitarian distribution should be ensured. Food distribution points should be accessible to to all targted populations including persons with disabilities. Distribution agencies should ensure that persons with disabilities have the ability and means of transporting recieve items to their shelters.
- Humanitarian agencies should ensure that distribution-related information is accessible to persons with disabilities. This may include stregthened awareness raising on the rights of persons with disabilities among community leaders.
- Priority should be given based on vulnerability should be prioritized during humanintarian distributions.

2. Obstacles regarding latrine use

Common obstacles reported: Walking to/accessing latrines. Respondents also indicated a fear of abuse/violence while walking to latrines. It should be noted that a significant number of respondents cited "other" obstacles not listed on the survey, which may be scope for further investigations.

Recommendations
- In collaboration with partners from Protection as well as Camp Coordination and Camp Management Clsuter, WASH partners should identify and target families requiring household latrines suitable for use by persons with disabilities, and adapted to their needs in their houses.
- Household latrines targeted for use by persons with disabilities should be completed with the design of suitable accessories such as doors and lighting. Persons with disabilities and/or their caregivers should be involved during the design process to ensure that their needs are appropriately met.

3. Obstacles regarding collecting water

Common obstacles reported: Walking to/accessing water points. Persons with disabilities are often reliant on family/household members to guarantee their access to water. Key Informants note that there is no prioritisation for additional water or for easier access for persons with disabilities.

Recommendations
- Work with engineers/site planners to accommodate the needs of persons with disabilities during planning phases of a displacement site.
- Improving the conditions of paths/walkways that are being used to access water points, ensuring sure that persons with disabilities using crutches or wheelchairs can access those locations.

3. *Obstacles regarding distributions (continued)*

- Ensuring that persons with disabilities, especially those with physical limitations, are able to have the right devices to fetch and carry the water to their households.
- Ensure that water points are design and modified in to allow that persons with disabilities can have access to the services without any barriers/obstacles.
- Ensure that water committees managing the water points are aware and trained to prioritize persons with disabilities when it comes to limited water services, such as allowing them to be first in line.

4. Obstacles regarding access to showers/bathing facilities

Common obstacles reported: Walking to/accessing showers/bath facilities. This indicates that people are bathing in ad hoc locations, creating both health and protection related risks. Focus Group Discussions additionally reported that that some persons with disabilities cannot bath alone.

Recommendations

- Building /rehabilitating household WASH facilities such as toilets and bath units for persons with disabilities in their houses and adapted to their needs.
- Article 22 of the United Nations Convention on the Rights of Persons with Disabilities guarantees respect for the privacy of persons with disabilities. The privacy of persons with disability should be advocated and promoted for inclusive services and assistance in displacement site settings.

5. Obstacles regarding access to education

Common obstacles reported: Walking to/accessing schools. Respondents also indicated that humanitarian services providers or other actors make it difficult to access schools (attitudinal barriers). Key Informants reported that the provision of education services are to be adjusted to fulfil the special needs of those with disabilities.

Recommendations

- Persuade and encourage service providers and stakeholders (teachers, school managers, and education administration) to respect the rights of persons with disabilities, including their right to have full access to education (Article 24 of the United Nations Convention on the Rights of Persons with Disabilities which is ratified by Mozambique in 2010 and national regulations)
- Provision of school kits that can be tailored to the language and needs of different age groups- including learners with disabilities
- Awareness raising for the parents on the importance of education for their children.
- Provision of trainings for schoolteachers on how to work and support students with disabilities.

6. Obstacles when participated in social activities

Common obstacles reported: Walking to/participating in social activities. Respondents indicated attitudinal barriers from families/communities when participating in community/social activities. This specific exclusion was repeated by several Key Informants, citing a number of nuances, from a lack of drive for integration from community leaders to perceptions amongst those with disabilities of their capacity to take part.

Recommendations

- Organizing individual and group activities suitable for the participation of persons with disabilities in consultation with persons with disability and their caregivers/families.
- Strengthening communication and engagements between community leaders and persons with disabilities, ensuring that persons with disabilities are represented and participate in community leadership structures
- Include adolescents and youth with disabilities in activities that help build their resilience. Foster leadership and strengthen peer networks. Consider recreational activities, sports, cultural activities, education, and life skills.

7. Obstacles regarding access to health services

Common obstacles reported: Walking to/accessing health services. Several Key Informants also mentioned a lack of full-time specialized health self-services. Likewise, there is no prioritisation for persons with disabilities when they attempt to access healthcare.

Recommendations
- Persuade and encourage service providers and stakeholders (including partners engaged with general health, mental heath, pyschosocial support as well sexual and reproductive health services) to respect the rights of persons with disabilities, including their right to have full access to health.
- Increasing the number of mobile brigades that can do household visits to identify the needs of persons with disabilities. The result of community outreach can likewise inform the planning/schedule of the brigades. The dates of mobile brigades should be shared with the community through public announcement systems and community leaders.
- Awareness-raising sessions on the rights and needs of persons with disabilities among the health workers.

8. Obstacles regarding access to shelters and shelter maintenance

Common obstacles reported: Entering/moving around in dispalcement site shelters. Respondents also indicated "other" obstacles not listed on the survey, which may be scope for further investigation. Several Key Informants specifically mentioned that current shelters used by those households taking care for persons with extremely debilitating disabilities are not adaptable (structurally or with furniture - i.e. beds). There is a high level of dependence on other household members for support.

Recommendations
- In collaboration with partners from Protection as well as Camp Coordination and Camp Management Cluster, Shelter partners should make sure that persons with disabilities, their families, and representative participate in identifying barriers that impede access. Joint participation should also be prioritized in planning, designing, implementing, monitoring and evaluating shelters in disaplcement site settings.
- The needs of the persons with disabilities should be regularly evaluated individually and protection actors should be informed on these needs. Protection actors must support the individuals with relevant needs.

9. Obstacles regarding access to markets

Common obstacles reported: Walking to/accessing markets. Respondents also indicated Other obstacles not listed on the survey, which may be scope for further investigation.

Recommendations
- Improving the conditions of paths/walkways that are being used to access markets, ensuring sure that persons with disabilities using crutches or wheelchairs can access those locations safely.
- Conduct accessibility audits of markets, that includes the assessment of the degree with which persons with disabilities can access market-related information.

10. Obstacles to earning an income

Common obstacles reported: Lack of an income source amongst persons with disabilities. Overall, 53 per cent of the total population (and 53% of persons with disabilities) indicated that their economic activities were limited to agriculture. Almost all KIs mentioned that persons with disabilities are largely excluded from labour generating activities, and there is little if any attempts by local community leaders to integrate them. The inability to contribute to household maintenance and the care of the disabled household member is a key issue.

Recommendations
- Ensure that persons with disabilities, their families and presenttive community commitees, are actively involved in identifying barriers, and in planning, designing, implementing, monitoring and evaluating livelihood and economic inclusion programmes.

Recommendations

- In conflict, loss of livelihood/ limited income sources present severe impacts to dispalced famileis. Assets and resources may be destroyed/become inaccessible, with household support networks disrupted. Huamnitarian response stakeholders, in consultation with persons with disabilities and their care-govers should advocate for the provision of medical items and means of transportation to enhance meaningful access to labour generating activities.
- Work with training and apprenticeship service providers as well as business development and financial service providers to include persons with disabilities

11. Obstacles regarding access to information

Common obstacles reported: In general focus groups agreed that there are not many issues with access to information, with little consistency between site leaders, male focus groups, and female focus groups. In more than one case the male focus group discussions reported no issues, while female focus groups reported problems, implying communication issues that fall along gender lines.

Recommendations

- Trainings on gender and protection topics should be provided to community leaders on the importance of zero tolerance to discrimination based on gender, age and disability.
- Review means of information dissemination, with continous investigation in gaps/barriers presented to community members accessing information
- Explore multiple and popular infromation-sharing platforms (such as "palestra" - which is a group of women who disseminate information on different topics, radio announements and posters with sign language)

11. Obstacles regarding communication with site leaders

Common obstacles reported: Overall, 78 per cent of Key Informants reported that there is a lack of engagement between households with persons with disability and community leaders to communicate developments (as they would need to visit households individually and tailor the message). Responses from Focus Group Discussions indicate that persons with disabilities and/or their caregivers are not included in decision making.

Recommendations

- Humanitarian actors, in collaboration with Camp Coordination and Camp Management partners, should actively support in the establishment and participation of community commitees representative of persons with disabilities in displacement site settings. They can share their knowledge and expertise about disability, provide leadership, and ensure that persons with disabilities are meaningfully included and fully participate in humanitarian action.
- Where there are no Disability Community Commitees present, humanitarian actors should involve peer-support groups repesentative of persons with disabilities in order to encourage inclusiv participation within existing community leadership structures.

12. Obstacles regarding civil documentation and birth certificates

Common obstacles reported: Overall, 54 per cent of persons with disabilities lack any form of official identification/documentation. This should be seen in conjunction with the obstacles faced accessing education and the potential problems enrolling children with disabilities who do not have the proper legal documentation.

Recommendations

- Raising awareness amongst staff/activistas working in dispacement site settings of the available referral pathways for civil documentation and birth certificates,
- Strengthen the referral system for registration and issuance legal documents.
- Raise awareness among community members and sensitize the importance of having registration.