UNPRPD FUND
Partnership on the Rights of Persons with Disabilities

UNITED NATIONS
MOZAMBIQUE

SITUATIONAL ANALYSIS
OF THE RIGHTS OF PERSONS WITH DISABILITIES

MOZAMBIQUE

COUNTRY REPORT

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COUNTRY REPORT

June 2023

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DISCLAIMER

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The data and information presented in the report are based on the situational analyses conducted at the country level and were drafted by the UN country teams. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. The UNPRPD has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of the UNPRPD.

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Acronyms and Abbreviations

CBR	Community-Based Rehabilitation
CEM	Centre for Medical Exames
CNAD	Conselho Nacional para a Área da Deficiência
CNDH	National Commission on Human Rights
CNAM	Conselho Nacional para o Avanço da Mulher
CNAS	National Council for Social Action
CRPD	United Nations Convention on the Rights of Persons with Disabilities
EGFAE	General Statute of State Employees and Agents
FAMOD	Forum of Mozambican Associations of Persons with Disabilities (FAMOD)
GoM	Government of Mozambique
HRBA	Human Rights Based Approach
HRP	Humanitarian Response Plan
IFPELAC	Instituto de Formação Profissional e Estudos Laborais Alberto Cassimo
ICT	Information and Communication Technologies
INE	National Institute of Statistics
INAS	National Institute of Social Action
IOF	Household Budget Survey
MEF	Ministry of Economy and Finance
MGCAS	Ministry for Gender, Children and Social Action
MJCRA	Ministry of Justice, Constitutional and Religious Affairs
MINEDH	Ministry of Education and Human Development
MISAU	Ministry of Health
OPDs	Organizations of Persons with Disabilities
PNAD	National Plan for Disability

PHC	Population and Housing Census
SDGs	Sustainable Development Goals
TVET	Technical and Vocational Education and Training
UN	United Nations
UPR	Universal Periodic Review
UNSDCF	UN Sustainable Development Cooperation Framework

Executive Summary

The State of Mozambique has repeatedly conveyed high levels of commitment internationally to promote, protect and fulfil the rights of persons with disabilities. The ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2012 and the signaled intentions to ratify the Protocol to the African Charter on Human and People Rights on the Rights of Persons with Disabilities in Africa (ADP) are examples of these commitments which are combined with the adherence to mainstream development agendas such as the Sustainable Development Goals (SDG). Yet, as many other countries, Mozambique still struggles to transform the CRPD into concrete policies, systems, programs, and services that uphold the rights of persons with disabilities. This study which relied on an extensive desk review and series of consultations with key stakeholders – Government, OPDs, UN entities, INGOs – reveals a set of factors that impact on the effective implementation of the CRPD in Mozambique. These include:

1. The Mozambican legal framework still has gaps to adequately promote and protect the rights of the diversity of persons with disabilities and is not fully aligned with CRPD core principles and rights.[1]

2. Overall, the capacity of the Government through the Ministry of Gender, Children and Social Action (MGCAS) to coordinate and implement programs on disability and mainstream disability inclusion in public programs is limited. Within government departments, there is a perception that disability issues are the responsibility only of the line ministry, the MGCAS, which is under-resourced and under-staffed. State officials in key departments lack the knowledge needed to advance the disability agenda in line with CRPD obligations.

3. Persons with disabilities experience barriers to participation and inclusion at all levels (family, community, and State). Harmful practices, prejudice and discrimination towards children, and adults with disabilities, including persons with albinism, still prevail. Inaccessibility, environment, limited access to information including to ICT constitute significant barriers to inclusion of persons with disabilities in Mozambique. Existing regulations are limited in scope with ineffective and limited enforcement and monitoring mechanisms.

4. Disability Referral & Assessment Systems are based on medical reports of the health conditions to determine 'incapacity' to fulfill social roles. This is out of sync with the human rights-based approach underpinned in the CRPD. Eligibility criteria to access social

[1] FAMOD (2023), Relatório do Estudo sobre o quadro legal.

protection programs are inadequate as they tend to benefit only those with visible disabilities.

5. Generally, there are inadequate policies, guidance, regulations, and standards for disability support services in different areas. The provision of assistive devices can be taken as example, as there are no adopted formal standards to govern this process. The same happens regarding sign language interpretation or the admission, treatment, and discharge in mental health treatment facilities.

6. There is significant inequality among persons with disabilities and between them and those without disabilities regarding access to mainstream service. Persons with disabilities who participated in this study pointed out the existence of stigmatizing, discriminatory behavior, and lack of decorum towards persons with disabilities on the part of service providers. Women with disabilities experience more barriers especially in sexual reproductive and health services leading to their inability to fulfill some caregivers' roles.

7. Most ongoing development and humanitarian initiatives funded by the UN and development partners are not disability inclusive.[2] There is little reflection on how a specific program might affect persons with disabilities, including women and children. As a result, there are often no specific indicators or budget lines for reasonable accommodation, and the monitoring and evaluation tools normally do not reflect the disability dimension. Persons with disabilities are not well represented both as beneficiaries and as active participants in program implementation.

8. Existing data – both administrative information and statistic - on disability is limited because information collection methods and questionnaires are inadequate. There is also limited capacity and knowledge on disability inclusion within the main national institution responsible for data collection (INE) as well as of partners, including the UN entities and development partners – that provide financial and technical support to INE to carry out data collection projects.

9. Generally, existing legislation and policies in Mozambique related to disaster risk reduction and response to emergencies do not provide for adequate protection for persons with disabilities in the context of emergency and humanitarian crises. Emergency Operating Committees (COE) at all levels have no representation of people with

[2] "The devil is in the details": Ensuring participation and ownership of development programmes for persons with disabilities in Mozambique' (2021) 9 *African Disability Rights Yearbook* 117-137 http://doi.org/10.29053/2413-7138/2021/v9a6

disabilities. Accommodation centers are usually set up in premises that are not accessible (e.g., schools, churches, etc.) and support services provided by INGD are normally available only in those settings, and not within communities in places that are more accessible to persons with disabilities.

Considering the above, and opportunities that lay ahead, outlined below are priorities for UNCT support to advance disability inclusion in Mozambique. These priorities were identified in close consultation with representatives of OPDs and Government. They were selected based on the comparative advantage of the UNCT, notably the ability to provide support to strengthen disability inclusive government planning, coordination, implementation and monitoring, including in key line ministries and departments, and to engage strategically with relevant State and non-State stakeholders as well as multilateral organizations to advance disability inclusion. It is also based on the assumption that for successful implementation of these priorities persons with disabilities must be included in the design, planning, implementation, and monitoring and evaluation of interventions and programs.

The priorities identified are as follows:

- UNCT should provide support towards a comprehensive and inclusive legal and policy reform process for disability inclusion, in alignment with human rights standards for persons with disabilities, notably the CRPD and ADP. UNCT to support the on-going process of reviewing the draft law on promotion and protection of the rights of persons with disabilities.

- UNCT should support the strengthening of coordination and oversight in the implementation of disability commitments, disability specific action plans and strategies by the Government, including through supporting the potential establishment of a Disability Council or an equivalent body. This body would have financial and administrative autonomy, include a secretariat responsible for coordinating the implementation of the Government agenda on disability and count on strong and effective participation of persons with different disabilities (including women, children, youth, and underrepresented groups).

- UNCT should provide support to Government to address gaps in disability inclusive budgeting, as well as support OPDs' (including women-led and youth-led OPDs) meaningful and effective participation in budgetary processes at all levels, including in relation to the allocation of revenues from extractive industries.

- UNCT should support the development of national capacity for the collection of disability disaggregated data/ statistics across sectors through INE. The support to INE should aim at integrating the Washington Group set of questions in its data collection projects.

- UNCT should support persons with disabilities and their representative organizations (FAMOD and its members) to conceptualize and implement an advocacy and awareness raising strategy targeting key stakeholders, including public administration, service providers and development partners to promote inclusion, access to services and information, and participation in decision-making processes by all people with disabilities (e.g., deafblind persons, persons with albinism, persons with intellectual disabilities, persons with psychosocial disabilities, persons with multiple disabilities, women and girls with disabilities).

- UNCT should support FAMOD to diversify the movement through establishment and affiliation of emergent and marginalized groups and grassroot/level OPD members with increased capacity to support, influence and monitor development and humanitarian programs and processes at district and provincial levels, including support to INGD to provide inclusive humanitarian responses.

- UNCT should develop its capacity to mainstream disability inclusion in planning and programming as well as consistently engage and consult with OPDs. This entails introduction of disaggregated disability targets and indicators in the upcoming revisions of the Common Country Analysis (CCA), Humanitarian Response Plans (HRP) and Humanitarian Needs Overviews (HNO). UNCT will systematically engage with OPDs in these processes.

Background

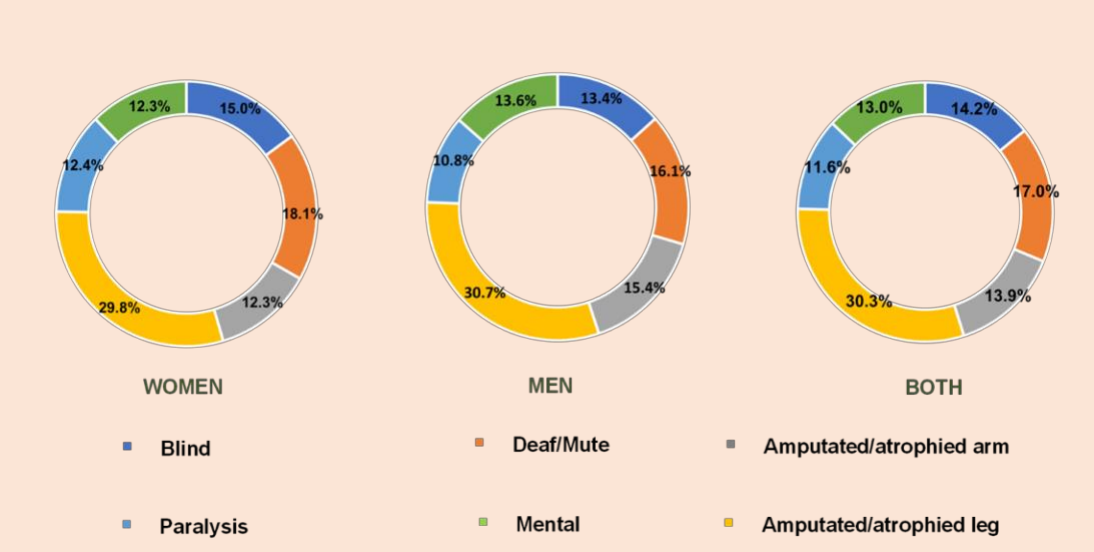
Many countries still struggle to transform the CRPD into concrete policies, systems, programs, and services that uphold the rights of persons with disabilities. Governments supported by development partners should be able to deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic manner, it is important to understand the main bottlenecks and priorities in each country related to fulfilling the CRPD. As such, it is essential to identify the key stakeholders, understand the functioning of implementation and monitoring mechanisms, which capacities and skills stakeholders might lack, and which ongoing development processes could be leveraged to promote disability inclusion. Such an analysis should focus on the essential preconditions for disability inclusion. It should build on a human rights-based understanding of change processes, where empowerment and collective action by rights holders (persons with disabilities and their families) is a key precondition, along with sufficient capacity and authority (human, systemic and financial) of duty bearers to fulfil their obligations as outlined in national legislation and international instruments.

In the context of the UNPRPD fund, the situation analyses are designed to:

- Inform the design of future UNPRPD-funded programs in the country, with specific focus on the objectives of the Fourth Call.
- Serve as a baseline for these programs.
- Inform UNCTs of gaps in terms of disability inclusion in on-going national processes and programs and recommend further, in-depth analysis where needed.
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations, as well as the private sector and academia, as a basis for future co-design of joint programs.
- Strengthen the capacity of the above stakeholders to include and address more effectively the rights of persons with disabilities as outlined in the CRPD.
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

Introduction to disability in Mozambique

According to the 2017 Census, 2.7% of the population in Mozambique had a disability (727,620 individuals), which is 0.3% higher than the 2007 Census (2.3%, corresponding to 475,011 individuals). These figures are considerably conservative, reflecting the use of medically oriented model questions in the Census, which tend to under identify persons with disabilities. For both men and women, amputated or atrophied leg is the main impairment type (nearly 31% and 30% for men and women, respectively), followed by deaf/mute disability (16% and 18%, respectively).[3] However, the use of terminology like "Mental", "paralysis", amputated/atrophied" by INE highlights the misalignment with the CRPD terminology and standardized data collection tools and compromises the quality of disability data generated during the census[4].



Source: SDD, Disability Thematic Study in Mozambique

Disability and poverty are intrinsically connected, with studies showing that persons with disabilities in Mozambique are poorer than the rest of the population,[5] and experience more

[3] Social Development Direct (2021), Disability Thematic Study in Mozambique.
[4] WG Short Set on Functioning < www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/ >
[5] Khadiagala, G. Manhique, J. (2019), Towards Social, Economic and Inclusive Policies for People with Disability in Mozambique.

disadvantages comparing with persons without disabilities in key social outcomes, such as access to education, employment, and ICTs.

Approach

The methodology that led to this report included a desk review of policy documents and of relevant literature, and consultative workshops with key stakeholders at national level and in selected provinces.

In total, four (4) consultative workshops were organized. The first was organized in Maputo as part of the inception training and included representatives of central government, UN entities, OPDs and other partners. The subsequent three (3) workshops took place in Zambezia, Cabo Delgado and Sofala provinces. The provincial meetings were one (1) day workshops to gather inputs from local actors – provincial government, UN entities, provincial level OPDs and INGOs - on the main barriers to inclusion of persons with disabilities with a focus on the preconditions for disability inclusion. These three provinces were selected to ensure regional representation (Southern region - Maputo; Central Region - Zambezia and Sofala, and Northern Region - Cabo Delgado) and based on their relevance to further explore the preconditions for disability inclusion specifically in relation to inclusion of those with disabilities in situation of risk and humanitarian emergency (for instance, Cabo Delgado and Zambezia are currently going through recovery process). In total 115 people participated in the consultation workshops, from which 63 were women. The table below summarizes the number of participants per provinces and category:

City	Total	Male	Female	PwD[6]	Gov. rep	UNCT	Others*
Maputo	33	9	24	12	15	3	3
Quelimane	27	14	13	18	4	5	0
Pemba	22	8	14	12	5	2	2
Beira	33	21	12	14	4	6	10
Total:	**115**	**52**	**63**	**56**	**28**	**16**	**15**

**Includes personal assistant and representatives of INGOs.*

Open questions were designed to guide stakeholders' reflection and gather their inputs on each of the preconditions for inclusion of persons with disabilities. This was done primarily in small

[6] PwD is use

groups, with diverse representation, followed by a plenary discussion aimed at building a shared analysis on the main barriers to inclusion of persons with disabilities. Some group discussions were also organized by category of stakeholders. The study was conducted with the participation of person with disabilities, and FAMOD played key role in mobilizing persons with disabilities to participate and co-facilitate the consultative workshops.

Limitations

The timeframe to complete this research was a major limitation and affected the choice of the methodological approach. Participation of persons with disabilities was constrained by limited availability of accessible facilities to hold the consultation workshops in some locations. Mobilization of persons with disabilities was limited to OPDs affiliated to FAMOD and this resulted in some underrepresented groups and organizations not affiliated to FAMOD failing to have an opportunity to participate. Finally, the absence of reliable data related to disabilities in some areas was also an obstacle.

Findings

Section 1 - Stakeholder and coordination analysis

State institutions

The Department of Persons with Disabilities in the Ministry for Gender, Children and Social Action (MGCAS) has the mandate to implement and coordinate State interventions related to disability. In 2015, MGCAS established the National Council for Social Action (CNAS), an inter-sectoral consultation body with the objective of coordinating the implementation of public social policies and programs. The CNAS is meant to bring together representatives from several line ministries/ departments. It emerged from the merging of two specific population-based mechanisms, namely the *Conselho Nacional para a Área da Deficiência* (CNAD) and the *Conselho Nacional de Acção para a Criança* (CNAC), that were based at MGCAS (in fact, from these specific based-population mechanisms, only the *Conselho Nacional para o Avanço da Mulher* (CNAM) remained operational). To date, the CNAS is yet to become fully operational due to limited technical and financial support of the coordinating department under MGCAS. The establishment of the CNAS was strongly opposed by OPDs, which considered the mechanism ineffective and not aligned with the CRPD, article 33.2. Instead, OPDs advocated for the establishment of a specific Disability Council or an equivalent body, with autonomy and a fully funded secretariat to ensure full coordination and be a source of technical expertise on disability for all Government departments.[7]

The *Direcção Nacional de Direitos Humanos e Cidadania* is a specific division within the Ministry of Justice, Constitutional and Religious Affairs (MJCRA), which is responsible for leading on the promotion and protection of human rights within the Government, including in engagement with human rights mechanisms. The division has a specific department for cross-cutting issues, which also entails the disability portfolio. Despite this set-up, the MJCRA and its human rights division have not been particularly active in relation to the rights of persons with disabilities and have had limited collaboration with MGCAS. An example of lack of coordination was evidenced by the process that led to the submission of the initial report to the Committee on the Rights of Persons with Disability which had little involvement of the MJCRA. This might have been because disability is mainly perceived as a social welfare issue rather than human rights related.

An Inter-Ministerial Commission on Human Rights and Humanitarian Law was established by a Presidential Decree in 2022[8] to coordinate on reporting to human rights mechanisms and follow-

[7] FAMOD (2023), Relatório de Auscultação Nacional sobre a Proposta de Lei de Promoção e Protecção dos Direitos das Pessoas com Deficiência.
[8] Presidental Presidencial n.º 6/2022.

up on human rights commitments accepted by Mozambique. It is presided by the Prime-Minister, with the Minister of Justice as Deputy and is composed of 12 ministries. The Commission is in the process of establishing its methods of work and internal procedures, and it is not yet known what capacity it will have on disability rights.

The National Commission on Human Rights (CNDH) is mandated to promote and monitor all human rights. Established in 2009[9], it is yet to be designated as a formal disability rights mechanism in line with the CRPD article 33 (2). Despite the expressed will of its current leadership to increase the CNDH's mandate on disability rights issues, the Commission lacks financial and technical capacities to carry out its mandate in this area. In 2022, as part of a joint project with FAMOD, the CNDH established a disability rights focal office, which is tasked to strengthen their capacity to monitor, promote and defend the rights of persons with disabilities. The goal of this project is to ensure the formal designation of the CNDH as a human rights mechanism under the CRPD article 33.2. Another important body is the *Provedor de Justiça* (Ombudsman). Established by the 2004 Constitution and reporting to the Parliament, it has the mandate to guarantee the rights of citizens, defend legality and justice in the actions of the Public Administration. To date, there has been relatively little engagement of the Ombudsman on disability rights issues.

The *Instituto Nacional de Estatística* (INE) is the State entity tasked with recording, collecting, coordinating, and disseminating statistical data. INE's tutelage is under the Cabinet who appoints a member (a Minister) to oversee its operations including the decision of statistical data to be gathered, in line with Government priorities.[10] INE has been involved in data collection on disability having contributed significantly to the 2009 SINTEF survey on Living Conditions Among People with Disabilities in Mozambique. However, efforts to improve data collection methodologies in INE's own statistical initiatives have been constrained by limited expertise and financial resources.[11] The 2017 census includes some disability disaggregated data, though primarily framed within the medical approach.

Overall, the capacity of Government to coordinate and implement programs on disability and mainstream disability in public programs is limited. Within State institutions, there is a perception that disability inclusion is the responsibility of a few ministerial departments: MGCAS - Department of Persons with Disabilities, MINEDH - Department of Special Education, and MISAU - Department of Physical Rehabilitation. These departments are under-resourced and under-staffed. Generally, public officials have limited capacity on disability inclusion, lacking knowledge

[9] Law no. 33/2009, of 22 December.

[10] INE <www.ine.gov.mz/o-ine/estrutura-organica >

[11] In the past, financial support has been provided to INE by UN entities and development partners: e.g., 2017 General Housing and Population Census with a cost of $75million was funded by Sweden, UNFPA and USAID (https://clubofmozambique.com/news/mozambique-2017-population-census-to-cost-us75-million/); UNICEF supported financially the Multiple Indicator Cluster Surveys and Household survey (MICS) in 2019.

and skills to advance the disability agenda in line with CRPD obligations. For example, in 2021, only 2.6% of the total State budget, equivalent to 0.9% of GDP, was allocated to the disability sector. Of this, around 98% was allocated to the National Institute for Social Action (INAS), which is the institution that administers social protection programs.[12]

Organizations of Persons with Disabilities (OPDs)

The origins of the disability movement in Mozambique can be traced to 1989 with the establishment of Associação dos Deficientes de Moçambique (ADEMO). The end of the civil war and subsequent political openness of the country in 1990 led to the proliferation of civil society organizations, including those for and of persons with disabilities. The majority of the organizations were those of persons with physical disabilities and war veterans. FAMOD, the umbrella organization, was only established in 1999, and its constituency largely reflected male domination. Today, FAMOD is represented in all provinces of the country, although only some delegations are active.

OPDs rely mostly on funding from external sources, either as direct recipients or as implementing partners of projects of development partners or INGOs.[13] OPDs rarely have direct access to funding from international or humanitarian programs even if the latter focus on disability inclusion. In most cases, development partners and UN entities prioritize mainstream civil society organizations and INGOs. Ultimately, the origin, survival, and decay of OPDs is linked to their financial dependency from external donors and INGOs.[14]

The operations of FAMOD and their members depend largely on the existence of 'partner' organizations, in most cases INGOs, with interest in specific geographical areas or issues. FAMOD has over 30 member organizations at national level and an average of 10 local member associations in each province. In recent years, FAMOD has made efforts to diversify its constituency including by supporting the establishment of an organization of persons with psychosocial disabilities (Associação de Usuários de Saúde Mental) and another organization of persons with cerebral palsy (Associação Cintiliar da Inclusão). FAMOD has also deliberately supported the affiliation of two organizations of persons with albinism (Albimoz and Amor à Vida) and one of parents of children with autism (Associação Moçambicana de Autismo). At present, there is no specific organization of persons with deaf-blindness, and despite existence of some

[12]UNESCO (2021) Social Action Budget Report 2021 < www.unicef.org/mozambique/relatorios/informe-budget-da-acção-social-2021 >
[13] FAMOD, Strategic Plan (2020 – 2024).
[14] Bezzina, L. (2019). Disability and development in Burkina Faso: Critical perspective. https://doi.org/10.1007/978-3-030-24678-5

organizations of women with disabilities none of them has formal registration due to costs and bureaucracy associated with the process. The lack of formal registration and limited governance, technical and financial capacity weakens OPDs' ability to operate and fundraise successfully.[15]

OPDs also face a crisis of credibility, leadership, governance, and accountability problems. With few exceptions, OPDs leaders have modest education backgrounds and limited development of leadership skills. Majority of OPDs suffer from "Founder Syndrome" with leaders in those positions since the establishment of the organization and, for several reasons, they have not conducted constitutionally mandated general assembly meetings for many years, and they also lack clear succession plans in case of incapacitation of the founder. Some are yet to develop internal governance instruments and policies, and where they exist, its application is problematic. Despite progress in recent years to diversify the disability movement, the capacity of OPDs to influence change remains limited because of the above reasons.

International Non-Governmental Organizations and UN entities

International NGOs are key actors in the disability sector in Mozambique. Humanity and Inclusion, Light for the World, AIFO, Sightsavers and most recently Save the Children are the main international NGOs operating in Mozambique in the disability sector. These organizations have mobilized resources mainly to provide rehabilitation services and community-based programs.

UN entities implement humanitarian and development programs engaging with INGO and mainstream CSOs as implementing partners, and channeling limited direct funding support to OPDs. A group of UN entities (UNFPA, UNESCO, IOM and OHCHR), through the Multi-Sectorial Group on Albinism led by MJCRA, is currently implementing a NORAD funded program on Albinism, titled *"Equal rights for persons with albinism: "The blood that runs in our veins is the same"*, in partnership with Organizations of Persons with Albinism (OPAs), and TVET institutions (IFPELAC). This program was a response to a call for implementation of a multisectoral action plan to enhance the protection and rights of persons with albinism (Plano de Acção Multisectorial para Responder à Problemática da Pessoa Albina e Sua Protecção). As the name indicates, this initiative is only focused on a specific group of persons with disabilities.[16] UNDP, through its Program for Democracy and Election, established a Memorandum of Understanding with FAMOD

[15] Manhique, J. (2021) The devil is in the details": Ensuring participation and ownership of development programs for persons with disabilities in Mozambique' doi.org/10.29053/2413-7138/2021/v9a6

[16] https://unicri.it/situation-analysis-human-rights-and-protection-persons-albinism-mozambique-special-focus-human-trafficking; https://africaalbinismnetwork.org/wp-content/uploads/2022/09/15681144716978ueh1iaje62-1.pdf

to develop programs for increasing the participation of people with disabilities in political and electoral processes.

Additionally, there are several development partners funding disability interventions, such as the Norwegian Agency for Development Cooperation (NORAD), the Italian Cooperation Agency, USAID and the European Union. The Government, INGOs, civil society organizations and OPDs are the main recipients of funding. There is not a dedicated platform for donor coordination on disability inclusion nor disaggregated data on the funding allocated to disability in Mozambique.

In recent years, Academia has also contributed to disability studies in Mozambique. The Center for Human Rights of the Universidade Eduardo Mondlane has produced legal reviews on disabilities.

Section 2 - Equality and non-discrimination

Legislative and Policy Context

Mozambique ratified the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol in 2012.[17] At the time of drafting this report, OPDs were working on the alternative report. In 2021, the Mozambican Parliament authorized the ratification of two more instruments relevant to persons with disabilities: the Protocol to the African Charter on Human and Peoples' Rights Relating to the Rights of Persons with Disabilities in Africa (ADP), and the Treaty of Marrakesh. The Government ratified the Treaty of Marrakesh and its domestication through the revision of the Authors Act (Lei to Autor).[18] The same is yet to happen in relation to the African Disability Protocol.

However, the ratification of the above human rights instruments has not translated into significant improvements in the lives of persons with disabilities. This is partly due to slow progress in introducing reforms that would fully align the national legal and policy framework with international and regional disability inclusion standards.[19] Another shortcoming relates to the low level of investment in the sector and difficulties in inclusive budgeting, specifically budgeting that is sensitive to the rights of people with disabilities.

[17] The initial report was submitted to the Committee on the Rights of Persons with Disabilities in January 2020, but the initial review session has not been scheduled yet.
[18] Assembleia da Republica < www.parlamento.mz/wp-content/uploads/2022/02/Lei-dos-Direitos-de-Autor-e-Direitos-Conexos.pdf >
[19] FAMOD (2023), Relatório do Estudo sobre o quadro legal.

The rights of persons with disabilities are enshrined in the Constitution of Mozambique. Article 37 recognizes equal constitutional rights and duties for people with disabilities "with the exception of those for which, due to the disability, they are incapacitated". With this caveat, the Constitution makes room for the denial of rights based on disability status. This view is reinforced when analyzing article 35 (principle of universality and equality), which does not include disability as potential grounds for discrimination. On one hand, this approach is reminiscent of the medical model which assumes that people with disabilities are incapable to fulfill social roles. On the other hand, it reveals an understanding of disability that is not anchored in the human rights approach. In fact, this approach transits to the ordinary and sector legislation, as described below.

In 1999, through Resolution no. 20/99 of 23 June, the GoM approved the Policy for Persons with Disabilities, which established a set of rights in accordance with the constitutional principle of non-discrimination, including: right to independent life; right to rehabilitation and means of compensation; right of access social services, public places and transport (public and private) as well as to reserved places; right to influence, individually or via representative organizations, the decisions that impact on the life of the persons with disabilities; and right to information.[28] Additionally, this Policy defines a set of strategic actions to be implemented by a range of sector (i.e., health, education, justice, social action, employment, urban and building systems, transport, sports, culture and recreation activities, tax system, communication). It defines disability as "any reduction or loss of normal capacity for a human being as a result of an impediment".[20] The definition of disability and terminology used in the above-mentioned policy and other government instruments reflects mostly the medical model.

Mozambique approved a new Penal Code in 2019 (Law no. 24/2019 of 24 December), which revises the Penal Code of 1886, and revokes the Penal Code approved in 2014, by Law no. 35/2014 of 31 December. Contrary to Law No. 35/2014, now revoked, the new Penal Code does not include disability as one of the grounds for discrimination. The reformulation of this article in the new Law, now reflected in Article 191, restricts the grounds of discrimination to "...race, color, ethnic or national origin, religion, sex or gender identity..." (Article 191, paragraph b). This reformulation is a step backwards in relation to CRPD standards whereby State parties should "take all appropriate measures to eliminate discrimination based on disability by any person, organization or private company".[21]

The 2008 Human Trafficking Law provides relevant tools for dealing with cases of trafficking in human body parts of persons with albinism. Specifically, Article 13 (transport of human organs)

[20] Política da Pessoa Portadora de Deficiência (1999) < https://gazettes.africa/archive/mz/1999/mz-government-gazette-series-i-supplement-no-2-dated-1999-06-29-no-25.pdf >
[21] CRPD, Article 4 para. 1 and.

imposes penalties ranging from 16 to 20 years in prison for "everyone who recruits, hires, adopts, transports or abducts a person, by means of threat or use of force, fraud, deceit, coercion or intimidation, for the purpose of removing or selling organs from said person". Article 20 provides special protection for victims who "as a result of their physical, psychological, economic, material or social condition, may become vulnerable to the practice of acts provided for in this Law". More than a decade after its approval, the Trafficking Law needs to be regulated.[22]

The Amendment of Penal Code Article 161 enables the prosecution of illicit trafficking in human bones, limbs, hair, and skin and criminalizes all the operations related to the trafficking of organs or body parts from the extraction to the transport and sale. However, the number of trials and convictions linked to trafficking of persons with albinism remains low, due to, among others, difficulties in gathering evidence and stigma around persons with albinism.[23]

The infra-constitutional laws continue to promote the substitution decision making model in the exercise of legal capacity by persons with disabilities, rather than the support model with necessary safeguards provided for in human rights standards. For instance, the Family Law[24] prevents persons with psychosocial disabilities from marrying and start a family.[25] The Civil Code, in articles 135 and following, interdicts persons with psychosocial disabilities and establishes substitution systems in the exercise of legal capacity (article 136 and 137).[26] These are examples of laws that deny the exercise of legal capacity for persons with disabilities, particularly those with intellectual and psychosocial disabilities.

In 2015, in a period of increased number of attacks against people with albinism, the Government approved the Multisectoral Action Plan on Albinism that contains four pillars of intervention, namely: 1) education, 2) health, 3) social protection and 4) research. However, in practice, the reforms introduced were centered on strengthening penalties and typification/ clarification of some types of crime that were previously unrecognized, but not necessarily on albinism.[27] These reforms, in general, neglected other aspects, equally important, that contribute to the situation

[22] https://mz.usembassy.gov/wp-content/uploads/sites/182/MOZAMBIQUE-TIP-2021-POR-FINAL.pdf
[23] https://unicri.it/situation-analysis-human-rights-and-protection-persons-albinism-mozambique-special-focus-human-trafficking; Moreira, A. Mariano, E. António, Quembo, T. (2021). Study on Trafficking in Persons, Organs and Human Body Parts in Central Mozambique.
[24] Law n. 22/2019 of 11 de December
[25] https://reformar.co.mz/documentos-diversos/lei-22-2019-lei-da-familia.pdf
[26] https://wipolex-res.wipo.int/edocs/lexdocs/laws/pt/mo/mo036pt.pdf
[27] https://unicri.it/situation-analysis-human-rights-and-protection-persons-albinism-mozambique-special-focus-human-trafficking

of vulnerability and risks to which people with albinism are exposed, related to issues of employment, social protection, health, education, among others.[28]

In 2022, the Government, through MGCAS, developed the National Plan of Action for the Area of Disability 2022 – 2029 (PNAD III).[29] The PNAD III does not address issues related to its coordination and funding, which are areas identified in previous assessments as critical and which have led to the failure of PNAD I and II.[30]

Unlike other countries in the region, at present, Mozambique does not have a specific disability law. To address this gap, in 2014, the Government started the process of developing the Law on the Promotion and Protection of the Rights of Persons with Disabilities (hereinafter draft law on persons with disabilities) by establishing a technical committee to develop a law that would domesticate the CRPD. Despite initial consultations with OPDs in 2014, the process continued with limited involvement of persons with disabilities.[31] The draft law was referred to Parliament in October 2022. The Parliament, led by the Commission on Constitutional and Human Rights Affairs (First Commission) and the Commission on Social Affairs, Communication and Technology (Third Commission), carried out national consultations on the draft law in February 2023. FAMOD produced a report of the contributions made during this process, which include some of the following recommendations:

- An in-depth revision of the draft law on persons with disabilities to shift it from the medical and charity paradigm and align it with a human rights-based approach.
- An overall reformulation of the normative text to make the rights, obligations, and the respective duty bearers clearer.
- The establishment of a National Disability Council or equivalent body as a high-level institution - chaired by the Prime Minister, with financial and administrative autonomy, with an executive secretariat responsible for streamlining activities resulting from the implementation of the Law.

[28] UNESCO (2022). Albinismo e Inclusão social: por uma abordagem multidimensional da problemática do albinismo em Moçambique.
[29] PNAD III February 2022 version.
[30] See the PNAD II evaluation report < www.mgcas.gov.mz/index.php/component/edocman/publicacoes-estudos/accao-social/informacao-sobre-a-implementacao-do-plano-nacional-de-accao -for-a-area-da-disability-2012-2019 >
[31] For more info about the process please read FAMOD Policy Brief #1.

- The specific recognition in law of the diverse identities of persons with disabilities through provisions that are sensitive to the diverse experiences of exclusion and discrimination they face, as well as their different intersectional needs.[32]

The discussion and adoption of the draft law had been scheduled for the first session of the Parliament (March to May 2023), but it has now been postponed to the second session (October to December 2023). It remains unclear how recommendations made through the national consultations will be reflected in the draft law. In sum, the Mozambican legal framework falls short of adequately protecting the diversity of persons with disabilities and is not fully aligned with the CRPD.

Barriers to Equity

At community level, persons with disabilities, generally, and those with albinism, specifically, suffer from bullying due to stereotypes and negative beliefs about disability/albinism. There is a myth that "people with albinism don't die, they just disappear".[33] In fact, this is an attempt to rationalize practices of kidnapping and murder against children and people with albinism in general. In fact, "*children who survive [attacks] are marked by discrimination and marginalization for life, losing opportunities to access services and their rights are violated"*.[34] This means that even if services are offered in their communities, they may be inaccessible. Persons with disabilities who participated in consultations stated that they are excluded from meetings at community level. The "community, including community leaders, simply decide not to invite those with disabilities based on the perception that they have nothing to contribute to in such meetings" explained a participant in Cabo Delgado. In Sofala, it was also pointed out that persons with disabilities are rarely appointed to leadership roles at community level. Within the family, there is a strong sense of paternalism, which results in the denial of rights such as access to education and others. Persons with intellectual and psychosocial disabilities are particularly victims of chaining and shackling both at home and in formal and traditional health services/facilities. Families usually allege that they resort to such mechanisms due to the lack of support services.

[32]FAMOD (2023), National Consultation Report on the Draft Law for the Promotion and Protection of the Rights of Persons with Disabilities.
[33]Khadiagala, G. Manhique, J. (2019), Towards Social, Economic and Inclusive Policies for People with Disability in Mozambique.
[34]Ibid.

Section 3 - Accessibility

The Constitution refers to the right to access for people with disabilities in article 125, no. 4, d), indicating that the State promotes "ease of access to public places". CRM takes a limited approach to accessibility here, focusing on the physical environment and excluding information and communication technologies. This approach carries over to disability policies and ordinary legislation. In this sense, while there has been a specific regulation since 2008 that addresses the accessibility of the built environment, accessibility ICTs remains largely unregulated.[35] And, although the right to access is recognized, there are no procedural mechanisms to restore the right in case of violation.

In December 2008, through resolution no. 53/2008, the Council of Ministers adopted the Regulation of Construction and Maintenance of Technical Devices, Circulation and Use of Systems of Services and Public Places for Persons with Physical Disabilities or Limited Mobility. Designated as the Accessibility Decree, the regulation introduces a set of standards for the built environment applied to public buildings and those open to the public.[29] The Decree only focuses on issues of accessibility for persons with physical disabilities and does not consider other types of disabilities. Despite the existence of the Accessibility Decree, the enforcement mechanisms have not been effective. The Decree envisaged that by 2019 all public buildings and spaces under its scope would have been adapted to comply with accessibility standards. However, the target has not been met and new buildings have been constructed without adhering to the accessibility standards provided in the Decree. In fact, persons with disabilities reported major accessibility challenges in public spaces and public institutions. The Public Construction Inspection Authority, a body under the Ministry of Public Works, designated to enforce the regulation, is understaffed, and has not fully assumed this role.

The Constitution also enshrines the right to information (article 48, paragraphs 1 and 2). The Law on the Right to Information (Law no. 34/2014) establishes the right to information. It states that "whenever a disabled person wants to make a request, the person answering it must take the necessary measures to support the applicant" (article 15, n. 4). Yet, in practice, costs related to requesting or accessing information in accessible formats from public institutions remain at large at the expense of the users.

Persons with disabilities that participated in the consultations are of the view that those with physical disabilities are more likely to access information, while those with hearing impairment are the least likely to have access to information. For example, a person with hearing impairment in Zambezia reported that his house fell on him during cyclone Freddy, because he had had no

[35] Manhique, J. (2015). Realizing the Right to information and comunication tecnologies for persons with disabilities in Mozambique. Master Dissertation.

access to early warning information, and therefore could not evacuate on time. In Cabo Delgado, participants pointed to costs of newspaper as one of the major barriers to accessing information among persons with disabilities.

Persons with disabilities face severe challenges to access public transportation when compared to persons without disabilities. The lack of minimal accessibility standards for public transport prevents progress in the sector, suggesting the need for inclusion of accessibility indicators in the public procurement process. In different parts of the country, persons with disabilities using wheelchairs and tricycles report being charged twice by private operators. This practice amounts to a significant disadvantage for persons with disabilities, as they have to spend twice as much as a person without disabilities to access public transport.

Inaccessibility to built environment, transportation, information, and ICT constitute significant barriers to inclusion of persons with disabilities in Mozambique. Existing regulations are limited in scope – focus on built environment - and enforcement mechanisms are not effective. The Decree no. 53/2008 approves the Regulation for the Construction and Maintenance of Technical Devices for Accessibility, Circulation and Use of Services Systems and Public Places for People with Physical Disabilities or Conditioned Mobility (Decree n. 53/2008 of 30 December). This regulation had a provision that in ten years the public buildings that were not accessible would be changed to comply with accessibility standards and that all new buildings would conform to these standards. However, after the foreseen time, few changes occurred, and new buildings are still being erected in all the country without conforming to the accessibility standards. Policies on procurement have no requirement for public administration to purchase accessible technologies, making room for the purchase of equipment that cannot be used by employees with disabilities.[36]

Section 4 – Inclusive services

Disability Referral and Assessment Systems

The Centro de Exames Medicos (Center for Medical Exams - CEM) is an institution subordinated to the Ministry of Health, tasked, among others, to "carry out Medical Examinations for driving vehicles, for the purposes of trips abroad, for issuing certificates of sanity as well as other specialized medical examinations".[37] CEM assessments are mainly to determine eligibility for

[36] https://mozambique.savethechildren.net/sites/mozambique.savethechildren.net_UPR_2020.pdf
[37] Ministerial Diploma n. 203/2010 of 24 November.

specific government support, such as the disability pension (called 'pensão de invalidez' or 'invalidity pension').[38]

The person entitled to the disability pension is required to present him/herself periodically to the examination (every six months), "unless he is considered totally and definitively incapacitated".[39] Moreover, a disability pensioner, who disagrees with the decision of the Health Board, may appeal against that decision.[40] However, the applicant will bear costs if the outcome is unfavorable to them.[41]

The assessment is solely based on medical reports of the health conditions and the aim is to determine 'incapacity' to fulfill social roles. Moreover, the assessment focuses solely on the person's condition (impairment) and not on the environment and supports the person needs to be effectively included in society. It is a burdensome process and the fact that the person entitled to the disability pension has to do it periodically makes it even more difficult, presenting additional logistical costs associated with multiple visits to health facilities. It is not clear in the law whether the assessments are paid or not, but experience suggests that some exams are paid for. CEM is not available everywhere in the country, which means people sometimes must travel at their own expenses. Generally, Disability Referral & Assessment Systems are mostly based on the medical approach with little consideration on the rights enshrined in the CRPD.

Disability Support Services (targeted efforts)

The availability of specific support services for persons with disabilities is limited, with even more limited offers in rural areas. Informal and not paid support from family remains the main source of support both in rural and urban areas. In some areas NGOs provide services such as community-based rehabilitation, physiotherapy, and psychosocial support. In Zambezia, for instance, it is reported that formal support services are not available in rural areas while in urban areas these services exist, but they function poorly. Mobility assistive devices are available, but not in the necessary quantity, appropriateness, and diversity. In most cases, there is blanket procurement and distribution of assistive devices (especially wheelchairs and crutches) with little consideration of the appropriateness to the intended user. People with physical disabilities tend to benefit more from assistive devices (wheelchairs and crutches) compared to other types of disabilities (e.g., availability of white cane, hearing aids, etc.).

[38] Decree n. 53/2007, article 33.
[39] Decree n. 53/2007, article 34.
[40] Decree n. 53/2007, article 35.
[41] Decree n. 53/2007, article 36.

In general, there are inadequate policies, regulations, and standards for disability support services in different areas. The provision of assistive devices can be taken as example, as the Government has not yet approved formal standards, guidelines, and coordination mechanisms to govern this process.[42] The same happens to sign language interpretation or even the admission, treatment, and discharge in mental health treatment facilities.

Mainstream Services (including efforts):

Social Services and Social Protection Services

The social protection systems regulation indicates that the access to the social protection programs is granted based on the eligibility criteria and in accordance with operational manuals.[43] However, the operational manuals have not been approved yet. At present, identification and referral of potential beneficiaries relies on the work of the local leaders and "Permanentes". *Permanentes* are individuals selected by the community to be the link between the community and INAS, the entity that manages social protection programs in the country. Their role is to assist in the identification of potential beneficiaries of Social Protection Programs and provide information about them. However, the *Permanentes* have limited or no knowledge on disability and they mostly target those with visible disability whereas those with invisible disabilities are often excluded from social protection programs. In addition, the narrow definition of disability that prevails within the public policies and regulations excludes, for instance, those with albinism, among others, from social protection programs.[44]

The Social Action Sector is guided by the National Strategy for Basic Social Security (2016-2024) and multi-sectoral strategic plans. The Strategy comprises four main programs, namely i) *Programa de Subsidio Social Basic* (PSSB) - consists of cash transfers to households living in poverty and without members who can work; ii) *Programa de Apoio Social Direto* (PASD) - consists of fixed-term social transfers – in-kind or payment for services - designed to cope with shocks that exacerbate the degree of vulnerability of people or households living in poverty; iii) *Service Program in Units Social (PAUS)* - consists of direct assistance to users of the Social Units namely: Old Age Support Centres, Transit Centres, Open Centres, Reception Centers and Nurseries ; and iv) *Program Ação Social Productiva (PASP*) which aims to create opportunities for self-support for individuals living in poverty with the capacity to work, through the performance of public works and other activities to support income generation. These programs are

[42] Assessment of the Capacity to Implement Assistive Technologies (AT) in the country MOZAMBIQUE, 2022
[43] Article n. 24, Decree n. 47/2018, of 6 August.
[44] UNESCO (2022). Albinismo e Inclusão social: por uma abordagem multidimensional da problemática do albinismo em Moçambique.

implemented by the *Instituto Nacional de Ação Social (INAS),* the Government agency under the tutelage of the MGCAS.In 2018, the Government approved the Decree no. 47/2018 of 6 August, to review the Basic Social Security Programs in order to introduce a specific sub program of the PASD dedicated to emergency response, which is the PASD-PE. This sub program consists of, "Social transfers in the context of the post-Emergency that aim to respond to situations of specific shocks resulting from natural catastrophes".

The law grants persons with disabilities priority access to public services. However, in practice, only those with visible disabilities benefit from this, as there is no formal way of identification (ex. Disability card). Moreover, persons with physical disabilities are the ones that are more likely to benefit, unlike those with albinism, psychosocial disabilities, and short stature which are not seen as type of disabilities. Furthermore, persons with physical disabilities are those most likely to have access to public services, while other types of disabilities that require arrangements that go beyond physical accessibility (people with hearing, visual, and intellectual and psychosocial disabilities) are more excluded.

Subsection 2 – Health

Access to adequate health services is crucial for people's well-being and quality of life. However, in Mozambique, 32.6% of the population (about one third) do not have access to health services.[45] Long distances to access services and prices are often mentioned as factors that contribute to exclude people with disabilities from accessing health services, especially in rural areas.[46]

Persons with disabilities who participated in this study, also pointed out the existence of stigmatizing and discriminatory behavior on the part of some health professionals, reporting that they feel disrespected and not properly examined. Women with psychosocial disabilities for instance report cases of and/or attempted sterilization by health professionals in collusion with family members, as they consider them unable to make decisions about their own bodies. Maternal Health services specifical antenatal and perinatal services are not accessible because delivery beds are not adaptable to meet the accessibility needs of women with physical disability and short stature. Information on sexual and reproductive health and rights, family planning, which is generally available to women without disabilities, is not accessible to women with visual, hearing, intellectual, and other disabilities who need alternative means of communication. A

[45] Gironés , A. Belvis , F. Julià , M. Benach , J. (2018). Health inequalities in Mozambique: needs, access, barriers and quality of care. Technical Report < https://medicusmundimozambique.org/files/2020/03/19-03-07-investigacion-inequidades-final-pt.pdf >
[46] Idem.

woman with cerebral palsy shared her experience of discrimination when she and her partner attempted to access sexual and reproductive health information in a health unity *"… the nurses looked at us and started laughing, asking what are you doing here… that really hurts, but, I was strong and did respond to her*". Women with albinism shared their experience in accessing health services, revealing that they are ignored and forced to wait long hours in the sun, putting their health at risk. The Covid-19 pandemic and the restrictions introduced have further exacerbated these situations.[47]

Skin cancer is a major cause of death among people with albinism in Mozambique[48] with several factors that contribute to this situation. The first has to do with the availability and accessibility of sunscreen lotions and creams, which is an essential product for protecting the skin of people with albinism against ultraviolet rays, which cause burns and skin cancer. In Mozambique, sunscreen lotions and creams are considered cosmetic products and not an essential product for people with albinism. This fact makes access to this product prohibitively expensive for most people with albinism, who are among the poorest and most vulnerable in society. A second factor relates to the fact that there is no understanding on the need to use sunscreen, not even of visiting a dermatologist, particularly in rural areas. Even when they receive sunscreen, via donations, most do not use it regularly or do not use it at all, despite leading an active life – they practice agriculture for a long period of the day completely exposed to the sun. In recent years, the health sector introduced measures to facilitate access to their services by people with albinism, which include priority service (people with albinism do not need to schedule an appointment), and free consultations. However, these measures are still insufficient, as only people with albinism who have relatives in the City, or some type of connection with organizations of people with albinism - which can facilitate accommodation and other logistical aspects - are able to access dermatological services.[49] In the central region (Sofala, Manica and Tete), persons with albinism are referred to Tete Central Hospital whereas those in northern region (Nampula, Zambezia, Niassa and Cabo Delgado) are referred to Nampula Central Hospital. Associations of people with albinism have provided support for people with albinism by providing sunscreen creams, identifying persons with albinism, and linking them with relevant services.

Access to physical rehabilitation is not readily available since it is only available in Central and provincial Hospitals (one in each provincial capital). Professional and specialized rehabilitation personnel (e.g., physiotherapists, occupational therapists, orthopedic specialists, speech therapists) are only found in central hospitals. Some OPDs (for instance, Foundation for the

[47] UNESCO (2022). Albinismo e Inclusão social: por uma abordagem multidimensional da problemática do albinismo em Moçambique.
[48] https://www.wlsa.org.mz/wp-content/uploads/2016/09
[49] UNESCO (2022). Albinismo e Inclusão social: por uma abordagem multidimensional da problemática do albinismo em Moçambique.

Support of Disabled Children (FACD) are providing community-based rehabilitation (CBR) services to children with disabilities in Zambezia. International organizations like Light for the World also provide CBR services in partnership with MISAU.

Access to mental health services also remains a major challenge. In recent years, to respond to demands to expand access to mental health services, the Government of Mozambique has promoted an approach that incorporates mental health services into primary health care in community hospitals. To address the problem of deficiencies and human resources, the Government has adopted a task-shift approach – which refers to the strategy of rational redistribution of tasks among teams of health professionals – skilled health workers share specific tasks with health workers with less training and less qualifications. Although the task change approach contributed to the expansion of mental health services and, consequently, to the reduction of the treatment gap in Mozambique, it did not address issues related to quality and human rights.[50] Persons with psychosocial disabilities and caregivers of persons with rare diseases also reported the lack of adequate support services. For the first group, the Public Health system still relies heavily on biomedical treatment which is based in the administration of traditional psychotropic drugs and admission in Mental Health Hospitals. These drugs are very expensive and frequently unavailable contributing to a high default and relapse rate. Moreover, the mental health hospital staff have been regularly accused of violence against patients. Alternative approaches to mental health conditions rehabilitation have not yet been introduced in the Public Health system, yet OPDs have already been pioneering peer support-based services. Caregivers of children with rare diseases also reported the lack of capacity to be provided with appropriate diagnosis, appropriate medical intervention, and limited support services.

Subsection 3 – Education

Access to quality inclusive education is a fundamental right of all children and adults with disabilities. However, in general, people with disabilities have very low levels of education compared to people without disabilities. Persons with disabilities are less likely to complete any level of education (52% versus 39.9%). Out of 10 women with a disability, 6 are illiterate compared to 5 out of 10 non-disabled women.[51]

Resolution of the Council of Ministers no. 40/2020 of 10 July 2022 approved the Inclusive Education and Development Strategy for Children with Disabilities 2020 – 2029 (the Inclusive

[50] Palmira Fortunato dos Santos, Milton L. Wainberg, at al., Overview of the mental health system in Mozambique: addressing the treatment gap with a task-shifting strategy in primary care (Jan, 2016). Available <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-015-0032-8> consultado aos 06 de Agosto de 2016.
[51] Social Development Direct (2021). Disability Thematic Study Mozambique.

Education Strategy) which aims to guide stakeholders in the education sector to ensure the implementation of inclusion policies in education in Mozambique. This strategy has been celebrated as a landmark in the Government efforts to secure inclusion of children with disabilities in the education sector. Notwithstanding being a relevant instrument to map and monitor progress in various inclusive education indicators, the strategy does not seem to solve systemic root problems related to the understanding and implementation of inclusive education. There is lack of clarity on what constitutes inclusive education and how to materialize in Mozambican context, such that segregationist policies continue to be promoted under the label of inclusive education (e.g., the establishment of inclusive Education Resource Centers which function as segregated education schools).

Efforts to promote inclusive education are made based on the Special Educational Needs principles.[52] Moreover, the National Education System Law (Law n. 18/ 2018, of December 2018) only recognizes special education, which is described as "an assembly of pedagogic and learning services, crosscutting all subsystems of education". In addition, in express contradiction with the CRPD, the Law states that "The child with multiple special needs and deep mental delay must receive education adapted to their need in appropriate schools" (art. 18/1), diverting children to specific institutions solely based on disability. Most importantly, despite the ambitions of the strategy, almost three years after its approval the Government has not allocated budget for its full operationalization.[53]

There are ongoing efforts supported by different NGOs to establish an Inclusive Education Network, which aims to coordinate actions from different actors within and outside Government towards the implementation of the Strategy. The establishment of this network awaits approval from the Minister of Education and Human Development. It is worthwhile noting that among the non-governmental core members proposed for Network only international organizations are represented.

Some persons with disabilities who participated in this study, shared a general reflection that Education services are relatively more accessible to persons with disabilities, if compared to other services, due to the relative closer proximity of schools in different communities. On the other hand, the health services are further away from the communities and, in order to access them, they require traveling longer distances. However, despite this general feel, participants also highlighted more barriers to accessing education by children with disabilities highlighted below.

[52] See the Inclusive Education and Child Development Strategy, SWOT analysis; and National Education System Act, Law No. 18/2018 of 28 December.

[53] See the Inclusive Education and Child Development Strategy, SWOT analysis; and National Education System Act, Law No. 18/2018 of 28 December.

Persons with disabilities who participated in this study, revealed that schools were spaces where many of them experienced discrimination for the first time. They suffered discrimination, marginalization and bullying from peers. Institutional barriers such as lack of adequate learning materials, lack of knowledge on disability by educational staff and overcrowded classrooms contributed to their marginalization. All these factors contribute to dropout and failure to progress is school, which further corrodes their self-esteem and affects their mental health, limiting their opportunities for social progression and professional growth. In rural areas specifically in Cabo Delgado province, long distances to school and the situation of insecurity – and for those with albinism – are identified as barriers to accessing education by children with disabilities. Outside of the urban private sector, children with disabilities in Mozambique face many obstacles in accessing education. These include distance to school, the inadequacy of school facilities, lack of preparation of teachers to accommodate their learning needs, the inability of families to support the (direct and indirect) costs of education, cultural aspects, precarious school conditions which discourage school attendance, and frequent absences of teachers.

Sub-section 4 – Employment and work

In general, according to the 2017 House and Population Census, persons with disabilities have less opportunities to access formal employment than persons without disabilities. For instance, among working-age women with disabilities in urban areas, 30.6% are employed against 33.7% among women without disabilities. Yet, within the same disability status, working-age women are less likely to be employed than working-age men – in urban areas, 30.6% of women with disabilities are employed relative to about 43.6% of men with disabilities. A high proportion of persons with disabilities (60.8%) is involved in informal sector.[54]

Several challenges hinder access to employment for persons with disabilities. One first challenge is a lack of qualification due to the barriers experienced in accessing education and vocational training, as explained above. Secondly, the legal and policy environment is not supportive in terms of facilitating access to work for persons with disabilities.

In relation to the private sector, the Labor Law (Law no. 23/2007 of 1 August) is a reference, as it brings together the rules that regulate legal relationships of subordinate work between employers and national and foreign workers, from all branches of activity, who carry out their activity in the country (article 2, para. 1), except for State officials (article 2, para. 3.a). Like the

[54] Social Development Direct (2021), Disability Thematic Study Mozambique.

Constitution, the Labor Law explicitly adopts a medical approach to disability. The adopted nomenclature 'a person who carries disability' or terms such as 'reduced work capacity' are an example of this. Furthermore, the equality provision of this Law (article 54 para.1) does not include disability as an identity to be considered. Finally, although the Labour Law recognizes the adoption of positive measures for certain disadvantaged groups, including people with disabilities, such measures are yet to be adopted.

As for the public administration sector, the General Statute of State Employees and Agents (EGFAE), approved by Law 14/2009 of 17 March and its regulation also pose barriers for the admission of persons with disabilities. These barriers include the establishment of criteria such as "mental health soundness" and "physical strength" for admission, which have a disproportionate negative impact over persons with disabilities. The limit in the age of admission (35 years) is also a disadvantage for persons with disabilities who tend to attain their job readiness later than persons without disabilities. Not surprisingly, data shows that the private sector employs a higher proportion of persons with disabilities than the public sector (2.6 vs 7.8). in 2009, the government adopted the Strategy for Persons with Disabilities in Public Service (Resolution No. 68/2009 of 27 November). This strategy aimed to promote the entry of persons with disabilities into the civil service. However, data on the progress achieved with this strategy are not public hence it is difficult to evaluate its efficacy[55].

The third factor contributing to exclusion of persons with disabilities in the access to employment has to do with attitudes in relation to disability. A survey conducted with employers has revealed that knowledge of the disability (experienced personally or in a relationship with a family member) is a key factor behind the decision to employ a person with disability. Nonetheless, the same survey also suggested that the institutional capacity of the organization is also relevant.[56]

Sub-Section 5: Access to Justice

Persons with disabilities may become involved with the criminal justice system as a victim of crime, a person suspected or accused of a crime, or a witness. They face a range of barriers in accessing justice, including restrictions on: the exercise of legal capacity; physical accessibility to justice facilities, such as courts and police stations; accessibility to transportation to and from those facilities; accessibility to legal assistance and representation; availability of information in accessible formats; availability of training for professionals working in the field of justice; and

[55] Universal Periodic Review of Mozambique (2020) https://mozambique.savethechildren.net/sites/mozambique.savethechildren.net/files/library/People%20with%20Disabilities_UPR_2020.pdf

[56] AIFO (2019/2020), Pesquisa Emancipatória.

exposure to paternalistic or negative attitudes questioning the abilities of persons with disabilities to participate during all phases of the administration of justice. Fundamental rights, such as the right to remain silent and the presumption of innocence, may be denied directly in law or policy or indirectly in custom and practice. Persons with mobility constraints, or visual or hearing impairment may have difficulty getting into and around court buildings, participating in court proceedings and finding out necessary information.[57]

In Mozambique, there have been limitations in the treatment of cases of violations against children and adults with disabilities by several actors within the justice system, including the police, prosecutors, and magistrates. There are testimonials of complaints that have not been addressed. Legislation protecting the rights of children (Law no. 5/2008 of 9 July 2008) does not address the specific issues that contribute to violence against children with disabilities. According to the representative of the Association for Support of Prisoners with Disabilities, correctional facilities are not prepared to receive inmates with disabilities due to several accessibility barriers, related to the physical environment, communication and attitudinal. People with physical disabilities have not been allowed to wear prosthetics during their period of imprisonment.[58] The judiciary should assess the current applicability of alternatives to imprisonment or non-custodial prisons as a rule in cases related to persons with disabilities. The criminal procedural legislation restricts the participation of people with mental disabilities as witnesses in judicial proceedings. There is no readily available data on the decisions made by the judiciary in Mozambique in respect of an issue(s) relating to disability.

Subsection 6 – Participation in political and public life

Even though the Constitution establishes in article 73 the universal suffrage and recognizes the freedom to form, participate and join political parties (article 53), the electoral legislation remains unfavorable to the participation of persons with disabilities, particularly those with psychosocial and intellectual disabilities. Basically, the electoral legislation suggests that persons with intellectual and psychosocial disabilities might have their electoral capacity (capacity to vote and to be elected) restricted based on a court decision or even after admission in a Psychiatric Hospital. Besides, the reasonable accommodation and supports for persons with disabilities provided for in the electoral legislation are limited in options as well as on the groups of persons with disabilities who might benefit (persons with visual impairments and physical disabilities). The lack of a definition of disability throughout the electoral legislation also leads to exclusion

[57] https://documents-dds-ny.un.org/doc/UNDOC/GEN/V23/018/28/PDF/V2301828.pdf?OpenElement; https://www.southernafricalitigationcentre.org/wp-content/uploads/2017/08/GOAL-16-Book-Nkhata.pdf
[58] https://www.adry.up.ac.za/section-b-country-reports/mozambique.

from support and reasonable accommodation measures of groups which are not considered as persons with disabilities, such as persons with albinism.[59]

Research conducted by FAMOD in the aftermath of the 2018/2019 electoral cycle confirmed the main factors that have been particularly hindering equal participation of persons with disabilities in the electoral processes, namely:

- The real experience or fear of experiencing barriers related to accessibility and negative attitudes of the technicians involved and the community.
- Extreme dependence on third-party support to participate in elections.
- The lack of belief in political processes as factors of change in the lives of persons generally and people with disabilities particularly.
- Long distances to the polling stations especially for people with physical disabilities.
- Lack of information in accessible formats on the voting process and the ballot paper design which was not accessible to people with vision disabilities.
- Low levels of civic awareness.
- Lack of an encouraging legal and policy framework.[60]

In Mozambique, persons with disabilities are underrepresented in public spaces. Barriers related to the legal framework, cost to register associations, accessibility and negative attitudes are key factors contributing to the exclusion of persons with disabilities from these spaces. There is a general perception that persons with physical disabilities and those with visual impairments are more included than persons with psychosocial and intellectual disabilities, deafblind persons, and those with multiple disabilities who tend to be the most marginalized.[61]

Persons with physically and visual disabilities tend to receive government recognition and resources more than other groups due to their organizational structures within the broad disability movement. Government officials often work with and recognize only types of disabilities that have structures in major cities. There is also a widespread view that women, older persons, and children are most likely to be excluded in all domains, largely because of

[59] See FAMODs Policy Brief on "Analysis of the Political Participation of Persons with Disabilities in Mozambique"
[60]FAMOD, Analysis on the political participation of people with disabilities in Mozambique, 2020. Available here .
[61] Khadiagala, G. Manhique, J. (2019), Towards Social, Economic and Inclusive Policies for People with Disability in Mozambique.

their lack of education, access to social protection, and inability to participate in political processes. Concerns are also raised related to mechanisms of participation not being gender responsive and age sensitive.[62] Furthermore, there is the perception that although youths with disabilities tend to be excluded from most facets of social, economic, and political life, the more educated youths with disabilities, who have access to information, tend to acquire the dynamism to overcome the obstacles of exclusion.[63]

Section 5 – Disability Inclusive budgeting

Financial Planning & Monitoring

The UN Common Country Assessment (2021), which provided the analytical foundation for the UN Sustainable Development Cooperation Framework of Mozambique for 2022-26 (UNSDCF), identifies persons with disabilities as one of the groups most at risk of being left behind, facing a range of marginalization factors (discrimination, geography, governance, socio-economic status and vulnerability shocks).[64] The UNSDCF refers frequently to persons with disabilities as one of the most vulnerable groups requiring special attention in the implementation of its four strategic priorities. However, UNSDCF performance indicators used to track progress in implementation refer to persons with albinism only, but not explicitly to persons with disabilities. This has an impact on UNCT reporting on disability inclusion as part of program implementation. In the 2022 Mozambique UN Country Annual Results Report, the first one under the new cooperation framework, disability is mentioned sporadically as part of specific initiatives and is generally not included in the disaggregation of data on beneficiaries. Moreover, there is also no information on programs and respecting funding dedicated to disability inclusion. Aspects related to disability inclusion are folded under analysis on "Leave No One Behind."

The Humanitarian Needs Overview and the Humanitarian Response Plan (HRP) are the main planning instruments used by UN entities and partners in the emergency context with target estimates, possible interventions, and funding needs for the various sectors. The 2023 HRP identifies persons with disabilities as a specific group in need, using a 15% global estimate of the total population in need. However, the global targeting is only displayed by gender and age.[65] Most intervention sector indicators in the HRP are neither disability-specific nor disability sensitive. The WASH cluster is an exception with almost all indicators explicitly requiring

[62] Idem.
[63] Idem.
[64] UNCCA (p 17) <https://mozambique.un.org/sites/default/files/2022-05/Final%20CCA%20Mozambique%20-%20August%202021.pdf>
[65] HRP 2023, p 4.

disaggregation of data by gender, age, and disability.[66] This is a result of the participation and influence of disability specialized NGOs in the WASH Cluster.

Development partners are a major source of funding for development programs in Mozambique, channeled through Government, UN entities, civil society organizations, and the private sector. The European Union Cooperation Strategy Indicators in Mozambique are in general not disability-specific nor disability-sensitive, with one exception. There is no indication of a specific target for disability inclusion or earmarked disability funding. The framework suggests the disaggregation of baseline and target data by sex, gender, and disability whenever possible.[67] While USAID Country Development Program (2020 – 2025) conveys a disability neutral approach with no mention to disability at all, the US-integrated country mission in Mozambique consistently highlights disability throughout its mission goals.

Findings from a recent analysis of key development initiatives, notably the Spotlight Initiative[68] and the project "Monitoria Comunitária Independente (MCI) ao Programa de Subsidio Social Básico (PSSB)"[69] implemented through the UN system and civil society in Mozambique, with EU funds, convey how gaps at the strategic planning level are reflected on the ground. The review of programs, documents, and related materials (project reports, attendance sheets, budget reports, etc.), as well as the stakeholders' interviews suggest that, despite the commitment to 'leave no one behind' (LNOB), there is little in those programs to ensure the fulfilment of this principal commitment. For instance, these programs do not address the way the problems identified impact persons with disabilities, including women, and children. Nor do they demonstrate how the proposed actions will address the problems faced by persons with disabilities. As a result, there are no specific indicators or budget lines for support and reasonable accommodation, and the monitoring and evaluation tools do not reflect the disability dimension. Persons with disabilities are not well represented either as beneficiaries or as part of the implementation.[70]

[66] HRP 2023, p 5.

[67] This will include actions to protect the rights of women, children, LGBTI persons, persons with disabilities, to promote freedom of thought, and to fight discrimination.

[68] The Spotlight Initiative is a multiyear program covering countries across five regions of the globe. Mozambique is one of the beneficiary countries in the African region. The African program focuses on 'sexual and gender-based violence (SGBV), early marriage (with linkages to the eradication of harmful practices) and sexual and reproductive health rights (SRHR).

[69] Monitoria Comunitária Independente (MCI) ao Programa de Subsidio Social Básico (PSSB) is a five-year project (2018-2023), implemented by a consortium led by Plataforma da Sociedade Civil Moçambicana para Proteção Social (PSCM-PS).56 The project's objective is to improve the quality and impact of social protection programmes, and promote their transparency through awareness raising, access to information, and active citizen participation in the accountability of social protection programmes, with emphasis on the PSSB.

[70] Manhique, Jorge (2021), The Devil Is In The Details': Ensuring Participation and Ownership of Development Programmes for Persons with Disabilities in Mozambique, Disability Year Book, University of Pretoria.

The stakeholders involved in the implementation of these initiatives (UN entities and CSOs) do recognize these serious limitations. Yet they lack expertise to address them, and existing tools are not being implemented. For instance, UN entities have an institutional obligation to ensure disability inclusion. The UN Disability Inclusion Strategy (2019) provides guidance to advance disability rights within the UN system, as promoted in the CRPD and other agreed international legal and policy commitments.[71] In sum, the majority of development and humanitarian initiatives funded by the UN and development partners are not disability inclusive.

Budget allocations on disability

It is extremely difficult to track budget for disability in Mozambique. The budget classification does not allow the identification of resources allocated to the area of disability, both in the large partner programs and in the public sector.[72] Budget for disability is usually included under the Social Action Sector, which refers to institutions responsible for the system of basic social protection (non-contributory) in Mozambique that receive autonomous budgetary allocations through the State Budget. In total, the Social Welfare sector is composed of 32 autonomous institutions.

Under the terms of the new Basic Social Protection Strategy, the State Budget should allocate 2.23% of GDP to Social Protection interventions by 2024. However, the Government is still far from reaching its budgetary target for Social Protection. In 2020, for instance, the Government allocated 1.9% of the GDP 2020, and despite high levels of vulnerability among persons with disabilities, only a small proportion of the eligible group is covered by social protection programs: the PSSB (5.3%), PASD (5%).[73] There is no consistency in data gathering and reporting on disability, across different programs. Some programs do report data on disability and others not.

In Sofala province, public officers who participated in the consultation workshop, confirmed that there is not a specific budget line for disability. Disability was covered through the budget the social programs of INAS although there is no specific targeted breakdown. Accessibility and reasonable accommodation costs for persons with disabilities are not specially covered in the provincial budget. The same experience was reported by the Cabo Delgado officers. In Cabo

[71] Idem. UN Disability Inclusion Strategy <www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf >
[72] Macuane, J. Vembane, J. Andrade, R. (2018), Economia Política da Área da Deficiência em Moçambique, MASC.
[73] INAS Relatório Anual, 2019. Note: There is no consistency in data gathering and reporting on disability, across different programs. Some programs do report data on disability and others not.

Delgado it was stressed that disability intervention/activities rely on donations from partners not on the State budget.

Section 6 - Governance and accountability

National Accountability Mechanisms

As mentioned earlier, the Government of Mozambique has not formally designated any CRPD monitoring body to comply with Article 33.2 of the CRPD. However, based on the general human rights monitoring and protection mandate of the National Human Rights Commission (NHRC), this body has been exercising this role despite lacking a formal designation. Furthermore, the statute of the NHRC, approved by the Law no. 33/2009, of 22 December, indicates that "four of the Commissioners must be representatives of civil society organizations active in the field of human rights, including the rights of people with disabilities"[74]. The express mention of disability suggests that this is a priority area for the NHRC. However, since its creation, there are no records of the resolution or consideration of issues relating to the rights of persons with disabilities by the NHRC and the Ombudsman's Office in Mozambique[75].

Recently, the NHRC established a specific disability Unit through a partnership with FAMOD. The establishment of this unit aims, on the one hand, to address the need to increase the capacity and role of the CNDH in matters related to the promotion, protection, and monitoring of the rights of people with disabilities and, on the other hand, to position the CNDH - creating a basis- for its future designation as monitoring body according to CRPD article 33.2.

The Parliament also plays a key role in the monitoring process of the implementation of treaties and law at national level. While youth and women have specific working groups in Parliament, the same does not happen in relation to disability. In fact, it is uncommon to see actions from members of Parliament on disability rights issues. Currently, two members of Parliament identify themselves as persons with disabilities, but their understanding and activism around the disability rights agenda has not been visible and the collaboration with OPDs has been minimal. At present, there is no legal obligation to designate members of parliament with disabilities. Instead, the designation of members of Parliament is at the discretion and willingness of each party leadership.

[74] Article 7-1-a), Law nº 33/2009, of 22 December.
[75] https://www.adry.up.ac.za/section-b-country-reports/mozambique

Including Evidence and Data Gathering Systems

Although the CRPD and Agenda 2030 explicitly call on governments to obtain robust data on persons with disabilities, data-gathering has remained an impediment in most countries.[76] A critical aspect of policymaking in Mozambique is the inexistence of reliable statistical data about people with disabilities.[77] The Government of Mozambique consistently conducts House and Population Census (HPC) every 10 years since 1997. The 1997 Census collected data on disability by impairment type and it did not include any question on disability. Data on disability was also collected in the 2007 Population and Housing Census of Mozambique, which include data on disability and causes, while in 2017 the form added questions on difficulties to perform actives.[78] The disability prevalence estimates of the HPC in Mozambique have been very conservative. According to the 2007 Census, about 2.3% of the population had a disability, corresponding to 475,011 individuals, while the 2017 Census indicates that 2.7% of the population in Mozambique had a disability (727,620 individuals). Compared with the WHO global estimate of 15% or even other countries in the region (Malawi-11.6%, South Africa-7.5%, Zambia – 13.4%), these estimates are considerably low. The reason behind these figures has to do with the methodology adopted to collect data, which is based on the question "Do you have a disability?" and a "yes/no" answer. This question is known to under-identify persons with disabilities resulting in low estimates usually between 2 and 3%.[79] In addition, there is no data on specific types of disability such as albinism which at present are based on regional estimates.[80]

When asked about shortcomings related to the methodology adopted, INE's officers argued that they had limited institutional capacity to include the Washington Group Questions Protocol, including trained staff and funding. However, it has been reported that INE's capacity-building activities are already under way to adopt appropriate methodologies in censuses and data collection in general.[81]

Disability is rarely included in specialized surveys in Mozambique. That is the case of the Family Budget Survey (Inquerito do Orçamento Familiar/IOF), a HPC follow up and specialized survey

[76] Khadiagala, G. Manhique, J. (2019), Towards Social, Economic and Inclusive Policies for People with Disability in Mozambique.
[77] Macuane, J. Vembane, J. Andrade, R. (2018), Economia Política da Área da Deficiência em Moçambique, MASC, p. 11.
[78] Social Development Direct (2021), Disability Thematic Study Mozambique, p. 16.
[79] Mont, D. (2007). "Measuring Disability Prevalence," Social Protection Discussion Paper No. 0706, The World Bank; Loeb, Mitchell E., Arne H. Eide, and Daniel Mont. "Approaching the measurement of disability prevalence: the case of Zambia." Alter 2, no. 1 (2008): 32 – 43, 35
[80] UNESCO (2022). Albinismo e Inclusão social: por uma abordagem multidimensional da problemática do albinismo em Moçambique.
[81] Macuane, J. Vembane, J. Andrade, R. (2018), Economia Política da Área da Deficiência em Moçambique, MASC, p. 11.

which seeks to obtain information on the nature and destination of consumption expenditure, as well as information on various resources related to the living conditions of households. However, as noted above, UN agencies and other bilateral agencies have significant leverage when it comes to data collection, which can be used to influence INE to improve the quality of data on disability.

Administrative data of specific sectors such as work, health and education has not been disaggregated by disability. Consequently, the situation of persons with disabilities and the extent to which they benefit or not from services is difficult to assess because of this.

Cross cutting issues

Section 1- Participation

Through the Inter-Agency Group on Climate Change, Mozambique developed the 2013-2025 National Climate Change Adaptation and Mitigation Strategy as the country's guiding framework on climate change. It recommends setting up local disaster risk management committees to develop local climate change adaptation plans. The Voluntary National Review report highlights significant progress in the establishment of the committees.

FAMOD, the umbrella OPD, participated in the establishment of the National Disability Working Group in 2020, an initiative of national and international organizations working in Mozambique and UN agencies with disability portfolios. The national group was inspired by the Sofala Disability Working Group, which was established in the context of the emergence response to Cyclone Idai. The National DWG was established to better meet the specific needs of persons with disabilities in the set of interventions developed by actors engaged in the formulation and implementation of emergency responses to the coronavirus. The group has been formalized as a sub-group of the Protection Cluster in Mozambique, with a mandate to carry out specific disability inclusion initiatives and support disability mainstreaming throughout the humanitarian clusters. In response to the emergency in Cabo Delgado, a provincial disability working group was established in this province.

FAMOD has been co-chairing the DWG at all levels. This position facilitates participation in key humanitarian response processes at UN level, such as the development of the Humanitarian Response Plan and needs assessment missions. However, the lack of funding and limited capacity places FAMOD in an unleveled position. FAMOD's coordination work and engagement in the Protection Cluster has mostly been secured through nonpaid work. The same happens in the Cabo Delgado Disability Working Group, in which FAMOD has a co-chairing role but no funding is provided to perform this role. It is not uncommon for FAMOD representatives to use their own

personal funds to meet their responsibilities in this platform. Although not common, some OPD leaders are invited to join steering or advisor committees of development projects and programs. One such program is the EU funded Spotlight Initiative. However, as one review of the Spotlight Initiative suggests in many instances their participation amounts to tokenism, and they are constrained by several factors, such as inadequate budgeting, to effectively influence the directions of those programs. [82]

Section 2 – Inclusion of marginalized groups

As indicated above, persons with physical disabilities and those with visual impairments are more generally included than persons with psychosocial and intellectual disabilities, deafblind persons, and those with multiple disabilities or persons with albinism who tend to be the most marginalized. Lack of organized OPDs of marginalized groups including Internally Displaced Persons (IDPs) with disabilities, deaf-blind individuals, women, and girls with disabilities limits their space for participation in development and decision-making platforms. The same applies to development and humanitarian interventions where groups of persons with disabilities who are organized and recognized by the Government and non-government actors tend to be prioritized. Moreover, due to the lack of expertise and experience, development and humanitarian actors tend to limit identification of persons with disabilities to those with visible impairments. Despite progress in recent years, the lack of diversity within the movement also contributes to this exclusion.

Physical environment and information accessibility barriers, and the lack of budget provisions for accessibility and reasonable accommodations also limits the capacity of mainstream development and humanitarian actors to include persons with disabilities as active participants. The needs of persons with disabilities are usually considered expensive and additional to the normal costs anticipated, leading to situations where persons with disabilities or their representative organizations must bear the costs of participation.

Section 3 – Gender equality

According to conservative data from the last HPC, women with disabilities represent 49% of the total population with disabilities. According to a study carried out in the province of Sofala, there is a high probability that women with disabilities are single, poor, uneducated, and

[82] Manhique, Jorge (2021), The Devil Is In The Details': Ensuring Participation and Ownership of Development Programmes for Persons with Disabilities in Mozambique, Disability Year Book, University of Pretoria.

marginalized.[83] In fact, women with different types of disabilities report that they are abandoned by their partners because of their disability. Families are generally non-supportive of a person having a relationship with a woman with disabilities. On the reverse side, when they find themselves in abusive relationships, they are discouraged by the family from leaving the relationships. Women also often lack institutional protection.[84]

In this context, women with disabilities live in worse conditions when compared to women without disabilities and men with disabilities, as evidence by the 2017 HPC. In addition, they have fewer opportunities to participate in decision making forums and their representative organizations are generally weak and not properly represented within the broader movement of persons with disabilities, which is still dominated by male voices. The absence of targeted and deliberate efforts to advance gender equality of women and girls with disabilities, by addressing harmful stereotypes and stigma on the basis of gender and disability, reinforces preexisting disadvantages, power dynamics and exclusion.

Disability Inclusion in Broader Development, Humanitarian and Emergency Contexts

Section 1 - National Development Plans

In 2018, the Government of Mozambique initiated the process of domestication of the SDGs through establishing the National SDG Reference Group, which includes representatives of all line ministries, civil society organizations, private sector, academia, international development partners, UN System, Parliament, and the National Association of Municipalities of Mozambique. The Group is chaired by the Ministry of Economy and Finance in coordination with INE and the Ministry of Foreigner Affairs. The domestication of the SDGs indicators consisted of translating the selected global indicators into the Mozambican context, thus ensuring their relevance to the national context and alignment with national plans.[85] This exercise resulted in the National Framework on SDGs indicators which is comprised of 141 indicators considered fully aligned with national priorities and covering all 17 goals of the 2030 Agenda and 91 of the 169 global targets'.[86] These set of indicators are operationalized through the National Development Strategy 2015 –

[83] Light for the World, (2019). Gender and Disability in Sofala, Mozambique Publication based on gender research supported by the Austrian Development Cooperation.
[84] UNESCO (2022). Albinismo e Inclusão social: por uma abordagem multidimensional da problemática do albinismo em Moçambique.
[85] Mozambique < https://unstats.un.org/capacity-development/UNSD-FCDO/mozambique/ >
[86] Idem.

2035, and instruments of economic and social management of the National System of Planification (SNP), namely the Government's Five-Year Plan (PQG), the Medium-Term Scenario Fiscal Plan (CFMP), the Economic and Social Plan (PES) and the State Budget (OE). It is unclear whether and how persons with disabilities were involved in the development of the National Development Strategy or in its monitoring processes. Persons with disabilities are mentioned in the Strategy once as one of the vulnerable groups to be covered by social protection programs. The National Framework of SDGs indicators reflects the same approach of the National Development Strategy. Therefore, only one indicator requests disaggregation of data on disability[87] and refers to the IOF survey as the data collection source, which as mentioned fails to disaggregate on disability.

The Voluntary National Review of Agenda 2030 for SDGs published in 2020 only reported progress on disability on Goal 4 (education).[88] OPDs had marginal participation in this process. During consultations for this report, it was clear they were not aware of the domestication process and have also not been active in its monitoring due to limited capacity and the fact that FAMOD or member organizations are not part of the Civil Society Coalition working on the SGDs, the Observatorio de Desenvolvimento.

Section 2 - Disaster risk reduction and humanitarian action

Subsection 5 – Climate change and disaster risk reduction and emergency response

Persons with disabilities are disproportionately affected by disasters, humanitarian emergencies, and conflict situations, facing an increased risk of death, harm, injury, and loss of property.[89] They are also particularly exposed to targeted violence, exploitation and abuse, including sexual and gender-based violence.[90] They are more likely to be left behind during emergency evacuations and humanitarian assistance, with studies pointing to a mortality rate at least twice that of the general affected population.[91]

[87] 10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities. National Voluntary Review Report, p. 115.
[88] Republic of Mozambique (2020). Report Voluntary National Review of Agenda 2030 for Sustainable Development.
[89]IDA, HI, CRBM (2020), Article 11 of the CRPD: legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting
[90]Charter-on-inclusion-of-persons-with-disabilities-in-humanitarian-action
[91]IDA, HI, CRBM (2020), Article 11 of the CRPD: legal frameworks guiding inclusive humanitarian action and guidance for CRPD reporting

Mozambique is the seventh country in the world with the highest risk of disasters.[92] The country is cyclically (every year) affected by natural disaster from tropical cyclones, floods, and drought.[93] Alongside natural disasters, there are armed conflicts in the north of the country, which also generate pressing humanitarian needs. The armed conflict in the north of the country began in 2017 and has so far caused around one million people to be displaced, mainly in the province of Cabo Delgado.[94] The violence led to an exodus of skilled workers and halt of essential services in affected areas.

The Mozambican State has adhered to regional frameworks to protect the rights of internally displaced persons namely the African Union Convention on the Protection and Assistance of Internally Displaced Persons in Africa (referred to as the Kampala Convention).[95] With the approval of the Refugee Statute, through Law no. 21/91 of 31 December, the Government sought to domesticate the Kampala Convention. However, the obligations related to persons with disabilities and other groups more exposed to risk factors were not considered. This situation creates a void in the protection of these groups, which is challenging to address even by operational guidelines.

Studies carried out on the response to the emergency and impact of climate change-related events in Mozambique, and consultations undertaken under this study, reveal significant barriers in terms of inclusion of persons with disabilities. There are repeated reports of persons with disabilities being left behind in evacuation processes.[96] Situations of discrimination and exploitation have also been reported, particularly affecting women with disabilities.[97] There are indications that persons with disabilities do not have the same opportunities as others to access humanitarian aid and participate in decision-making processes. There are also challenges in collecting disability-disaggregated data, and OPDs have few opportunities and limited capacity to influence and monitor these processes. Participants in this study, both from Sofala and Zambezia which were affected by cyclones and floods, revealed that aid to affected populations was mainly provided in the accommodation centers and not in the community. This excluded

[92] Mucke P et al, World Risk Report, Bündnis Entwicklung Hilft,Ruhr University Bochum, 2022.
[93] Inter Agency Humanitarian Steering Group (2020), Inter-Agency Humanitarian Evaluation of the Response to Cyclone Idai in Mozambique: file:///C:/Users/fmaia/Downloads/IAHE%20Mozambique%20Executive%20Summary%20(English).pdf
[94]The International Organization for Migration June, 2022, Displacement Tracking Matrix: https://displacement.iom.int/sites/g/files/tmzbdl1461/files/reports/Northern%20Mozambique%20Crisis%20%E2%80%94%20DTM%20Baseline%20Assessment%20Abridged%20Report%20Round%2016%20%28June%202022%29.pdf
[95]Resolutions n. ° 11/88 and 12/88, of the 25th of August.
[96]LFW, UNICEF (2019), Access to Humanitarian Aid for men, women, boys and girls with disabilities, available here: www.light-for-the-world.org/publications/policy-paper-unicef-lftw-access-to-humanitarian-post-cyclone-idai-2019/
[97]GCR, LFW (2022), Disability Inclusive Rapid Gender Analysis (DIRGA) - Cabo Delgado, available here: https://reliefweb.int/report/mozambique/disability-inclusive-rapid-gender-analysis-dirga-cabo-delgado

those with disabilities who could not reach accommodation centers due to obstacles such as fallen trees and destroyed infrastructures blocking access, or in result of having lost their assistive devices (wheelchairs, crutches, etc.). The accommodation centers are usually located in premises that are not accessible, such as schools or churches.[98]

In general, disaster risk reduction and emergency legislation and policies in Mozambique do not provide for adequate protection for persons with disabilities in the context emergency. The Operational Regulation of the Integrated Platform for Dissemination and Communication of Prior Warning Information on Floods and Cyclones, approved by Decree no. 27/2022 of 6 June, defines the mechanisms for disseminating and communicating flood and cyclone warnings (articles 17, 18, 19 and 20). Those mechanisms include letter, email, voice and text message, social media, traditional media, banners, social media and more. However, the Regulation makes no reference to the accessibility of early warning notice mechanisms to get information to people who have specific communication needs. Failure to consider using accessible warning means negatively impacted the ability of persons with disabilities to react in a timely manner to disaster threats.

In the context of Cyclone Idai, the lack of accessible and timely early warning information was identified as one of the barriers for persons with disabilities.[99] The same has been reported by participants in Zambezia province, which was hit by cyclone Freddy in February 2022. Participants both in Cabo Delgado and Zambezia further mentioned that the Emergency Operating Committee at the provincial level has no representation from people with disabilities; there was no previous identification of people with disabilities and their location for prioritization purposes in case of evacuation; the distribution of aid was not done in a safe way, which led to people with disabilities being assaulted; mobility limitations of persons with disabilities combined with obstacles created by the cyclone made it impossible for persons with disabilities to reach accommodation centers, which themselves were also not accessible. In Zambezia, in the aftermath of the cyclone, there was a cholera outbreak, and the government distributed a treatment product though not in an inclusive way, which meant persons with disabilities had to buy it in the informal market for an equivalent to $1.

Legislation on disaster risk management and reduction, namely Law no. 10/2020 of 24 August and the respective Decree no. 76/2020 of 1 September, also fail to identify specific measures to assist persons with disabilities. Furthermore, within the framework of social protection in emergency situations, the Government approved Decree no. 47/2018 of 6 August, which revised

[98] LFTW (2019) www.light-for-the-world.org/publications/policy-paper-unicef-lftw-access-to-humanitarian-post-cyclone-idai-2019/

[99] LFW, UNICEF (2019), Access to Humanitarian Aid for men, women, boys and girls with disabilities , available here: https://www.unicef.org/mozambique/media/2381/file/Acesso%20a%20ajuda%20humanit%C3%A1ria%20for%20men%20and%20women,%20boys%20and%20girls%20with%20disabilities%C3%Ancia.pdf

the Direct Social Support Program (PASD) to introduce a response component in emergency contexts (PASD-PE). In this context, "social transfers in the post-emergency context are envisaged, which aim to respond to situations of specific shocks resulting from calamities".[100] Although the program recognizes persons with disabilities as potential beneficiaries, by nature the program is not able to respond to the most common shocks inherent to persons with disabilities in an emergency context, such as the loss of mobility aids and other essential equipment/material for their survival. [101]

Looking at the post-emergency recovery phase, the Government has established the Post-Cyclone Idai Reconstruction Office (GREPOC).[102] GREPOC has developed a Post Cyclone Accommodation Program (PALPOC). While PALPOC recognizes the risks and disadvantages that persons with disabilities face ("vulnerability"), it does not provide guidance on accessibility considerations in "interventions and technical procedures". Participants in Sofala also reported that the recovery process from Cyclone Idai was not inclusive for persons with disabilities.

Section 3 - COVID-19

During the covid-19 pandemic, the advocacy led by OPDs focused on three issues: i) access to information on preventive measures; ii) access to means of protection; and iii) access to food for people with disabilities in need.

OPDs had to fill the vacuum in the social protection system, mobilizing new funds or diverting the application of existing funds to the acquisition of food, hygiene products, mask production, among others, which were distributed to people with disabilities in need. Covid-19 has also affected the ability of people with disabilities to organize themselves, provide mutual support and advocate.[103]

Paradoxically, the measures introduced due to Covid-19 have further exacerbated their exclusion. For example, in accessing public services, the restrictions introduced due to Covid-19 had adverse results for this group. To access some services, users must wait outside the premises in long queues, often in the sun. These practices endanger the lives of people with disabilities,

[100]Article 9, point b), Decree No. 47/2018, of 6 August.
[101]Article 10, point a), Decree No. 47/2018, of 6 August.
[102]Decree n. ° 26/2019, of April 11th < https://gazettes.africa/archive/mz/2019/mz-government-gazette-series-i-dated-2019-04-11-no-70.pdf >
[103]Manhique, J. (2021). Participation of persons with disabilities in implementation of social protection programs in Mozambique – the case of the project Monitoring Independent to the Basic Social Subsidy Program (PSSB).

especially those with albinism who are at risk of skin cancer because of prolonged exposure to the sun.

Strictly speaking, Covid-19 had an impact in two areas that greatly affected persons with disabilities and their families, notably income and education. During the pandemic, available income reduced or ceased to exist. For persons with disabilities, the situation was aggravated because many persons relied on the informal sector, which was severely affected. Those who were employed in formal sector, benefited from some kind of government support.

Regarding education, in March 2020, the Government of Mozambique closed schools across the country, affecting more than seven million students.[104] Persons with disabilities, both from rural and urban areas, had difficulties in continuing with classes after school closures due to lack of means (computer, *smart phone*, internet, etc.) for virtual learning. Another element reported has to do with the lack of accessibility of the teaching platforms used and the support material made available in a context of limited support from teachers and colleagues. As a result, some persons with disabilities failed and others have dropped out of school.

To support families in sustaining the shocks of the measures adopted to contain the Covid-19 pandemic, the Government responded in two ways. On the one hand, for the traditional target groups already identified, it complemented the 12 months of subsidies already guaranteed, and added another three months per year. On the other hand, the Government created a subsidy program for new families. This program was implemented at national level, particularly in areas with large population centers and border areas. In the city of Quelimane, according to INAS sources, more than 41,000 people in vulnerable situations were identified, with more than 31,000 having already received 1,500 meticais ($24) per household per month. Although some persons with disabilities benefitted from these supports, they also reported that information about this type of support was generally not accessible.

Analysis of key gaps and opportunities

The Mozambican legal framework has shortcomings in upholding the principle of equality and non-discrimination to effectively address the experience of discrimination faced by people with disabilities. There is prevalence in the national legal and policy framework of a formal equality model in relation to disability, according to which individuals should be treated in the same way

[104]INE (2020). Covid-19 Impact Report on Urban Households in Mozambique < www.ine.gov.mz/estatisticas/publicacoes/monitoria-dos-impactos-do-covid-19-nos-aggados-familiares-urbanos-em-mocambique_final. pdf/view >

as persons without disabilities, ignoring elements of the context in which the person lives and personal characteristics. This model of equality is not helpful in accounting for the social, political, economic, and cultural barriers that people with disabilities, in their diversity, experience. The prevalent awareness on disability is mainly restricted to experiences of persons with physical disabilities, which is also reflected at policy level.

National legislation and policies, including the Constitution of the Republic itself, do not recognize legal capacity for persons with disabilities on an equal basis with others. There are laws and policies that tend to legitimize the restriction of capacity to exercise rights or duties on the basis of disability status (e.g., Code of Civil Procedure, Family Law, among others). This results in the exclusion of most persons with disabilities from accessing services and benefits and impacts on their ability to participate in the community. Changes at the policy level are happening at a slow pace and ad hoc manner, resulting in a set of contradictory legislation and policies. There is an urgent need to start a comprehensive reform process to align the Mozambique legal framework to the CRPD.

Within the Government, disability is mainly seen as the responsibility of the line Ministry (MGCAS), which is underfunded and burdened since it deals with other population groups in vulnerable situations. MGCAS operates primarily from a social action perspective. Recent reforms within the institution (which resulted in the establishment of CNAS) have weakened further the ability of the Government to implement and coordinate disability issues. The National Human Rights Commission continues to be marginal despite the efforts to increase its role on disability. There is an urgent need to rethink the institutional architecture to deal with the numerous challenges faced by persons with disabilities in the country, including consideration to establish a dedicated disability desk within every government department as entry point on disability issues.

Existing data – both administrative and statistical - on disability is limited because it is collected through inadequate methods and questionnaires. There is a lack of capacity and knowledge within INE, the main institution responsible for data collection, and among partners that provide financial and technical support.

While OPDs are critical in galvanizing concerns on disabilities, particularly in monitoring and evaluating the implementation of CRPD provisions, they need adequate knowledge and capacity on the policies and procedures pertaining to their work.[105] In Mozambique, despite some success in advocating for policy reform, OPDs' ability to influence policy and services is weak at both

[105] Khadiagala, G. Manhique, J. (2019), Towards Social, Economic and Inclusive Policies for People with Disability in Mozambique.

national and local level, and knowledge on some important areas such as budget advocacy is non-existent.

Opportunities to enhance disability inclusion in government and UN development and humanitarian/emergency plans and processes.

Looking ahead there are several opportunities that can be capitalized to advance the implementation of the CRPD and inclusive SDGs. First is the approval of the Law on the promotion and protection of the rights of persons with disabilities, which is currently being considered by the parliament. While the outcome may not be fully aligned with the CRPD, such a law will provide an impetus to further regulate critical areas and provide for its implementation and dissemination, based on good practices underpinned human rights standards. Additionally, the process of consultation around the draft law created a positive momentum that can be seized to advance on disability rights.

To ensure adequate implementation of a forthcoming Law on the rights of persons with disabilities, adequate budgets will be needed. Thus, a second opportunity lies in the potential expansion of the fiscal space in the coming years, also in view of the start of several extractive industry projects in northern Mozambique. However, for this to happen, both State officials and OPDs leaders need to be trained on budgetary advocacy and disability inclusive budgeting.

Additionally, the process of the drafting the Law on the rights of persons with disabilities resulted in increased awareness and interest from parliamentarians on disability issues. FAMOD was able to establish strategic relationships with the Parliament's first and third commissions (Committee on Constitutional Affairs, Human Rights and Legality and Social Affairs, Gender, Technology and Media Committee respectively). This is particularly important to advance on the comprehensive legislative reform agenda mentioned above.

MGCAS is in the process of developing the National Plan of Action on Children (PNAC) 2023-2029 and this presents an opportunity of ensuring that inclusion and the rights of children with disabilities are embedded in the plan.

Overall analysis of cross-cutting approaches

Participation

The implementation of the CRPD requires political and economic governance underpinned by broad-based participation of persons with disabilities at national and local levels.[106] The CRPD places emphasis on the need to ensure the effective participation of persons with disabilities in the development and implementation of laws and policies that directly or indirectly impact their lives. However, OPDs are often not included in mainstream public and international development programs.

The process of drafting the Law on the rights of persons with disabilities could have more systematically included, integrated the views, and ensured the participation of OPDs, rather than consultations taking place in an ad-hoc manner, with limited time and with costs having to be covered by OPDs. FAMOD made contributions to various versions of the draft law and produced a series of Policy Briefs; however, feedback on such contributions was not provided and there seemed to exist limited opening from the Government to ensure wider consultations with different groups of persons with disabilities.

There is also a geographical dimension to participation, as organizations based in the capital Maputo, Nampula and Beira are more likely to participate, while those based in rural areas hardly get to participate. As mentioned above, among persons with disabilities, those with physical disability and those that require minimum or no accommodation are more likely to participate, as additional cost to ensure equal participation for all persons with disabilities are generally not considered when budgeting. Furthermore, the participation of OPDs should go beyond attendance and participation in processes, and ensure OPDs play influential roles in program governance mechanisms as well as program design, planning processes, implementation, and monitoring and evaluation.

Gender

Mainstream laws and policies concerning women have traditionally ignored the issue of disability. For example, the law on domestic violence against women (law no. 29/2009), although it considers cases of domestic violence involving women with disabilities as serious (article 11), it does not adequately address the experience of domestic violence faced by this group. For

[106] Khadiagala, G. Manhique, J. (2019), Towards Social, Economic and Inclusive Policies for People with Disability in Mozambique.

example, the law mandates that complaints be made "verbally or in writing" (article 23.3) but it does not recognize alternative forms of communication such as sign language, Braille and others. In fact, according to a World Bank report, only a quarter of economies (35 countries) worldwide recognize the rights of women with disabilities.[107] This situation of invisibility has contributed to the perpetuation of situations of multiple and intersectional discrimination against women with disabilities.

Likewise, disability specific policies and laws have traditionally neglected the intersectional factors and aspects related to women with disabilities, gender equality, and age. For instance, the experience of exclusion and discrimination of women and girls with disabilities in their diversity has not been adequately addressed in the various versions of the draft law on the rights of persons with disabilities. The rights of women with disabilities tend to be circumscribed to a dedicated article (women with disabilities), rather than mainstreamed in other articles or throughout laws and policies. The basis for discrimination and social exclusion that women with disabilities experience is multiple, intersectional, and permeates all aspects of their life.

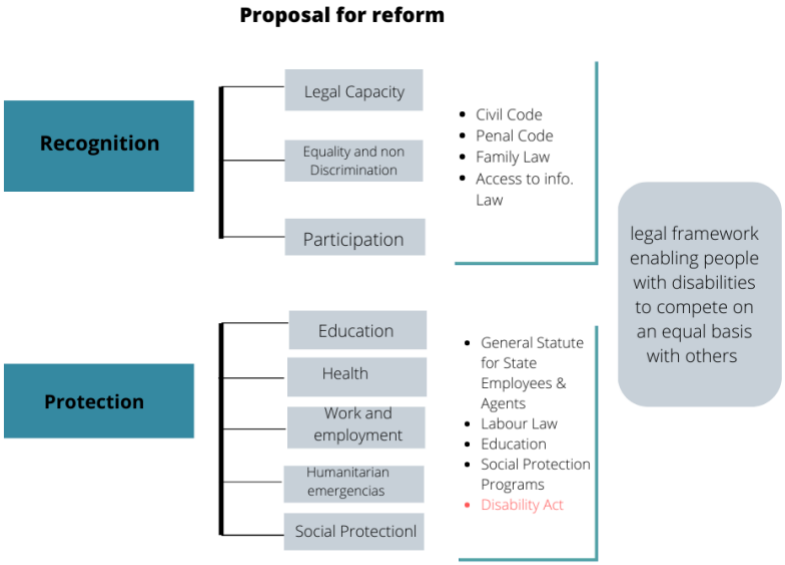
Apart from organizations of persons with albinism, most OPDs are male dominated (members and leadership). What sets organizations of persons with albinism apart from other OPDs with respect to gender equality is the fact that they were established recently by youth more concerned with gender inequality.

[107] World Bank (2020). The right of women with disabilities thedocs.worldbank.org/en/ doc/517421606767152867-0050022020/original/WBL2020DisabilityTopicNote.pdf

Recommendations for UNCT action

Based on the above findings, this study recommends that:

- **UNCT should provide support to Government reforms to align the national legal and policy framework with human rights standards for persons with disabilities, notably the CRPD and ADP.** Such reforms could take place in two phases and levels. A first phase, at the level of broader recognition of persons with disabilities, and as equal citizens before the law. A second phase, at the level of protection of specific human rights. The diagram below illustrates how such a reform process could be launched. In both phases, engagement with Government and Parliament would be important. Persons with disabilities must be included in legal reform processes directly affecting them, and this might include groups that are not yet organized such as those with deaf blindness and short stature.



Source: FAMOD (2023) Análise da Legislação Moçambicana e sua conformidade com padrões de direitos humanos

- **UNCT should support the development of national capacity for the collection of disability disaggregated data/ statistics across sectors through INE. The support to INE should aim at integrating the Washington Group set of questions in its data collection projects.** As starting point, consideration must be given on the feasibility of conducting a specific survey on disability. This would provide the opportunity to explore the Washington Group extended set of questions and establish a baseline to mainstream disability data disaggregation in other data collection efforts. Similarly**, UNCT should consider the possibility of supporting the**

gathering of administrative data on disability, focusing on priority areas such as education, social protection, health, and access to justice (including persons with disabilities in the criminal justice system), by engaging relevant government departments. This process should be conducted in close consultation with person with disabilities.

- **UNCT should support the strengthening of coordinating mechanisms (disability council) to oversee disability inclusion within the government that would count with the participation of persons with disabilities (including women, youth, and underrepresented groups), financial and administrative autonomy, and a secretariat responsible for coordinating the implementation of a public agenda on disability.** UNCT to support MGCAS and the Prime Minister's Office towards the progressively implementation of this recommendation.

- **UNCT should provide support to MGCAS in the development of a proposal for the establishment/implementation of gender-responsive disability offices/units in all government departments and institutions to facilitate the mainstreaming of disability issues across key government planning documents**. This could be done by identifying and working with strategic sectors such as the Ministries of Economy and Finance and of Public Works to pilot such an initiative.

- **UNCT should provide support to MGCAS for the conceptualization and implementation of an awareness raising campaign on disability inclusion targeting the public administration and service providers.** This should be done in close consultation with FAMOD and its members and other CSOs, including underrepresented groups. The campaign should involve the media (traditional, digital, and social) and community leaders, with the aim to sensitize service providers and public officials on their roles in promoting and protecting the rights of persons with different disabilities.

- **UNCT should provide support to address capacity gaps of OPDs on budget advocacy to enable the disability movement to participate in discussions about the allocation of revenues**, including from the extractive sector, and to advocate for a disability inclusive budget. This support to OPDs would include development of tools to facilitate understanding of national budgeting processes, and opportunities for OPDs to engage.

- **UNCT should support MEF to make visible (and increasing) budget allocations to enhance disability inclusion** and indicate each year which disability-related reforms are funded through the State budget (by explicit budget commitments) and which reforms are underfunded.

- **UNCT should support MEF to ensure annual plans and goals include specific indicators and targets on disability.** This should be done in close consultation with persons with disabilities, in their diversity, through the representative organization.

- **UNCT should support to FAMOD to diversify the movement** through establishment of emergent and marginalized groups, increase the capacity, including at grassroots level, to monitor public programs. Particularly attention should be given to organizations of women with disabilities at national and grassroot level, as well as organizations of persons with deaf blindness, and organizations of persons with short stature, and set up a mentorship and leadership program to empower these groups.

- **UNCT should support INGD to provide disability inclusive humanitarian preparedness and response**, including by developing resources and tools/protocols to assist them in this process. It should also create opportunities for the participation of persons with disabilities including marginalized and underrepresented groups in humanitarian coordination and planning at all levels.

- **UNCT should assist the Mozambique Electoral Commission (CNE) and CSOs to run targeted disability inclusive and gender responsive civic education campaigns** particularly in grassroots communities to counter discriminatory narratives, practices and customs against civic engagement and participation by persons with disabilities.

- **UNCT should support the establishment of partnerships with and build capacity of law enforcement and justice actors**, including public defenders to offer pro bono legal services to people with disabilities. In addition, the practice of pro bono legal services should be inculcated in law students, legal practitioners, and the legal community more broadly to improve effective access to justice by persons with disabilities. Such trainings can be inserted in legal training forums, such as university and the Judicial Training Centre, to equip legal professionals with the necessary skills and awareness of the importance to take seriously such cases. In addition, support should be given to legal reforms to ensure the procedural rights and access to justice of person of disabilities that are in contact with the criminal justice system.

- **UNCT should establish partnerships with and build the capacity of architects and engineers to strengthen the construction of accessible public facilities and infrastructure**s in the context of universal design.

Based on the recommendation above, outlined below are the priorities for UNCT support. These priorities were identified in consultation with representative of OPDs and Government, through MGCAS, based on the comparative advantage of the UNCT in Mozambique. For successful

implementation of these priorities, persons with disabilities must be included in the design, planning, implementation, and monitoring and evaluation of interventions and programs.

- UNCT should provide support towards a comprehensive and inclusive legal and policy reform process for disability inclusion, in alignment with human rights standards for persons with disabilities, notably the CRPD and ADP. UNCT to support the on-going process of reviewing the draft law on promotion and protection of the rights of persons with disabilities.

- UNCT should support the strengthening of coordination and oversight in the implementation of disability commitments, disability specific action plans and strategies by the Government, including through supporting the potential establishment of a Disability Council or an equivalent body. This body would have financial and administrative autonomy, include a secretariat responsible for coordinating the implementation of the Government agenda on disability and count on strong and effective participation of persons with different disabilities (including women, children, youth, and underrepresented groups).

- UNCT should provide support to Government to address gaps in disability inclusive budgeting, as well as support OPDs' (including women-led and youth-led OPDs) meaningful and effective participation in budgetary processes at all levels, including in relation to the allocation of revenues from extractive industries.

- UNCT should support the development of national capacity for the collection of disability disaggregated data/ statistics across sectors through INE. The support to INE should aim at integrating the Washington Group set of questions in its data collection projects.

- UNCT should support persons with disabilities and their representative organizations (FAMOD and its members) to conceptualize and implement an advocacy and awareness raising strategy targeting key stakeholders, including public administration, service providers and development partners to promote inclusion, access to services and information, and participation in decision-making processes by all people with disabilities (e.g., deafblind persons, persons with albinism, persons with intellectual disabilities, persons with psychosocial disabilities, persons with multiple disabilities, women and girls with disabilities).

- UNCT should support FAMOD to diversify the movement through establishment and affiliation of emergent and marginalized groups and grassroot/level OPD members with increased capacity to support, influence and monitor development and humanitarian

programs and processes at district and provincial levels, including support to INGD to provide inclusive humanitarian responses.

- UNCT should develop its capacity to mainstream disability inclusion in planning and programming as well as consistently engage and consult with OPDs. This entails introduction of disaggregated disability targets and indicators in the upcoming revisions of the Common Country Analysis (CCA), Humanitarian Response Plans (HRP) and Humanitarian Needs Overviews (HNO). UNCT will systematically engage with OPDs in these processes.

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