

Access to humanitarian aid

for women and men,
girls and boys
with disabilities

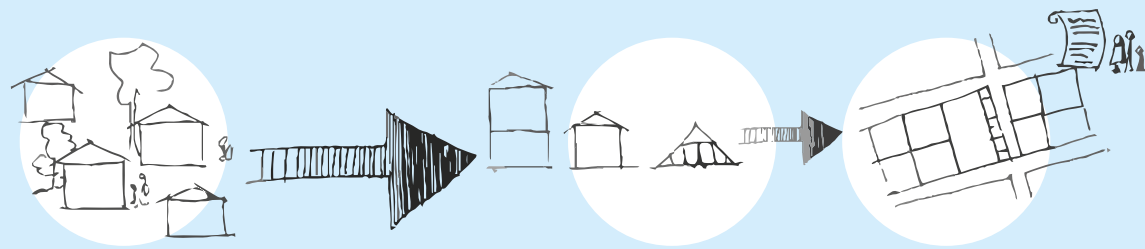


Challenges and Recommendations

A review of the access to humanitarian aid for women and men, girls and boys with disabilities affected by Cyclone Idai, Mozambique.

Light for the World, 2019

Challenges



Community setting

- Unclear and unstructured aid distribution
- No accurate information on the upcoming cyclone and aid response
- Aid physically inaccessible
- Inability to use provided aid
- Feelings of insecurity

Transition from home to accommodation centre

- Feelings of discrimination
- Distance to accommodation centres
- Overcrowded accommodation centres

Accommodation centres

- Unorganised and 'aggressive' food distribution
- Inaccessible WASH facilities
- Lack of information on resettlement process

Resettlement sites

- Inability to use the distributed goods
- Inadequate shelters
- Feelings of insecurity and discrimination
- Inappropriate information and communication methods/channels
- Distance to services within and outside resettlement sites
- Inaccessible services
- Lack of (access to) specialised healthcare services
- Caregivers' concerns about providing support for relatives with disabilities

Recommendations

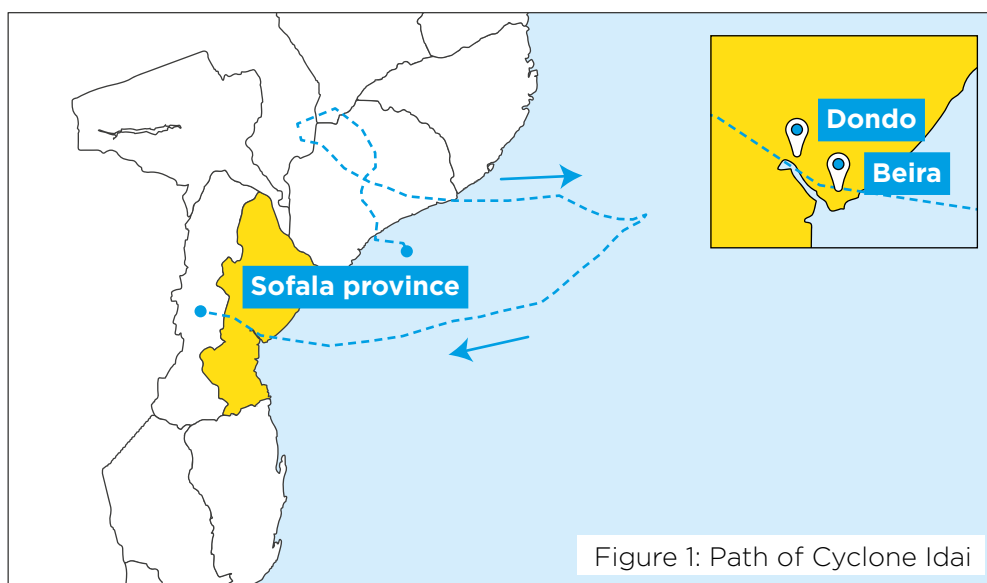
- Involve DPOs in emergency response mechanisms
- Provide capacity building for staff members of accommodation centres and resettlement sites
- Create inclusive distribution systems for food and non-food items
- Ensure communication and information channels reach out to women and men, girls and boys with disabilities
- Install disability-specific community structures
- Include women and men, girls and boys with disabilities in existing resettlement structures
- Design accessible shelters, services and camp layout
- Ensure access to rehabilitation services for women and men, girls and boys with disabilities

Introduction

On 15 March 2019 intense Tropical Cyclone Idai made landfall near the city of Beira in Sofala province, Mozambique. It brought heavy rain that made rivers overflow their banks, causing enormous damage inland in the days following the cyclone. Idai left a trail of devastation, not only in Mozambique but also in the surrounding countries such as Malawi, Madagascar and Zimbabwe. Thousands of persons perished or were injured, and many millions were displaced, most of which took place in Sofala province¹. It is estimated that over a hundred thousand women and men, girls and boys with disabilities were affected by Idai².

Anecdotal information from the area shows that women and men, girls and boys with disabilities did not receive the assistance and protection required before, during and in the direct aftermath of the cyclone.

These concerns are validated by various studies and reports which state that women and men, girls and boys with disabilities are generally disproportionately affected by natural hazards: they are more likely to be excluded from and ignored by the emergency response³. This can be attributed to various compounding barriers including attitudinal, physical, communication and institutional obstacles. Combined with their frequently poor economic situation, these barriers hinder access to humanitarian aid by women and men, girls and boys with disabilities^{4,5}.



¹ OCHA Relief web (Tropical Cyclone Idai – Mar 2019). Retrieved 8 October 2019, from: <https://reliefweb.int/disaster/tc-2019-000021-moz>

² 6% of 1.85 million people affected, based on data from Living Conditions among People with Disabilities in Mozambique. INE, FAMOD & SINTEF, 2009. See: <https://www.sintef.no/en/projects/studies-on-living-conditions/>

³ Wester, M., van Dijkhorst, H., & Warner, J. (2017). Disability Inclusive-Disaster Risk Reduction.

⁴ HI (2015) Disability in Humanitarian Context. Retrieved 10 October 2019, from: <https://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf>

⁵ Perry, S. (2019) Guidance on strengthening disability inclusion in Humanitarian Response Plans. Retrieved 10 October 2019, from: <https://www.humanitarianresponse.info/en/programme-cycle/space/document/guidance-strengthening-disability-inclusion-humanitarian-response>

Research methodology

The objective of this study is to generate empirical evidence on the barriers to accessing aid for women and men, girls and boys with disabilities in a post-Cyclone Idai context, and thereby to contribute to policy development for an inclusive humanitarian response in Mozambique. This study addresses the following research question: What are the common barriers experienced by women and men, girls and boys with disabilities in relation to accessing humanitarian aid – provided in response to Cyclone Idai – in Sofala province, Mozambique?

The research followed a qualitative design, using interviews and focus group discussions, followed by inductive analysis to reveal dominant themes and stories. Data was collected through 30 in-depth interviews with women and men, girls and boys with disabilities⁶ and/or caregivers in communities (Beira), as well as in resettlement sites⁷ (Dondo). In addition, 6 Focus Group Discussions (with a total of 45 participants) were held with members of various Disabled Persons' Organisations (DPOs). This data was complemented with information from multiple meetings with staff members in resettlement sites, as well as governmental and non-governmental actors involved in the humanitarian response. Participants were purposely selected in consultation with Light for the World Mozambique, based on geographical location and demographical features: an equal balance of male and female participants was envisioned in communities and resettlement sites, with a diverse age range and a variety of impairments. Fieldwork took place between June and August 2019 in the districts of Beira and Dondo in Sofala province, Mozambique.

⁶ In this research, women and men, girls and boys with disabilities are a heterogeneous group of different (degrees of) impairments.

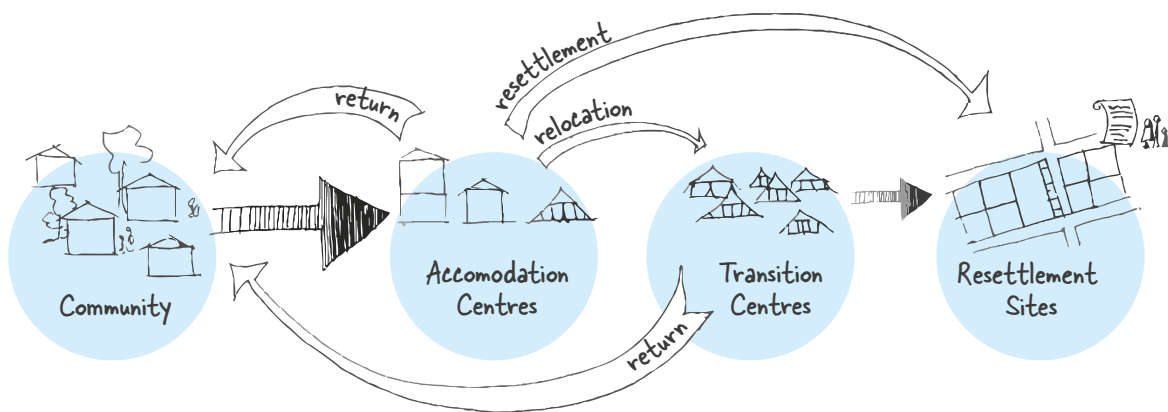
⁷ Although the international recognised term is 'relocation sites', this paper refers to 'resettlement sites' as this is the most commonly used term in Mozambique. 'Resettlement sites' are permanent locations where people are moved to because the areas where they used to live are no longer safe.

Contextual understanding

Cyclone Idai displaced thousands of people in Sofala province, who sought refuge in temporary accommodation centres (such as schools, churches and hospitals) in Beira, Buzi and Dondo. They stayed there for weeks and up to several months, until the centres had to resume their original functions. People living in flood-prone areas, named unsafe by the government, were relocated to permanent resettlement sites while others returned to their places of origin. This procedure was led by the National Institute of Disaster Management (INGC) in close collaboration with Camp Coordination and Camp Management (CCCM) which were responsible for the assistance and protection of people living in resettlement sites⁸.

The original plan was that displaced people had to await their relocation in transit sites, until further notice by the government. However, this did not happen as planned, and people were already moved whilst plots were not yet cleared and basic services and infrastructures (such as healthcare, water and sanitation, shelter) in the resettlement sites were not yet in place. Due to the rushed nature of the resettlement exercise, minimum international standards for resettlement were not met, and CCCM decided to minimise their support for life-saving and monitoring activities⁹. Now that the transition to the recovery and reconstruction phase is underway several months post-Idai, the situation seems to have improved across most resettlement sites in terms of service provision and aid distribution.

Figure 2: Planned resettlement procedure



Source: CCCM Idai Response Strategy, 2019

⁸ Emergency Manual OCHA (n.d.), Retrieved 9 October 2019, from: <https://emergencymanual.iom.int/entry/15334/camp-coordination-and-camp-management-cccm>

⁹ Personal conversation on 22 July 2019.

After Cyclone Idai, there were thus three 'locations' where aid distribution took place: in the community where most of the affected population lives, in the accommodation centres (where people lived temporarily, up to several months), and in the resettlement sites (where people will stay permanently to build a new life). Government, UN agencies and international NGOs closely collaborated to respond to the needs of the affected population within these locations.

In this paper, the challenges for women and men, girls and boys with disabilities and/or their caregivers are discussed in relation to accessing humanitarian aid at each of the three locations, and recommendations are provided for the key actors to improve their future humanitarian response activities.

Key actors

Key actors involved in the humanitarian response and relevant to this paper are:



Coordination of food distribution

- Ministry of Agriculture and Food Security (MASA)
- World Food Programme (WFP)
- Food and Agriculture Organisation (FAO)



Supporting vulnerable people

(including pregnant women, orphans, elderly, women and men, girls and boys with disabilities)

- Ministry of Gender, Children and Social Action (DPGCAS)
- National Institute of Social Action (INAS)
- United Nations High Commissioner for Refugees (UNHCR)



Provision of shelter and non-food items such as tents and tarpaulins

- Provincial Directorate of Public Works and Housing (MOPHRH)
- International Federation of Red Cross (IFRC)
- UNHR



Health-related issues such as vaccination programmes

- Ministry of Health (MISAU)
- World Health Organization (WHO)



Practical implementation

- A large network of (I)NGOs.

Besides these mainstream actors, Disabled Persons' Organisations (DPOs) – part of the national umbrella organisation Forum of Mozambican Associations of Disabled People (FAMOD) – were partners in the distribution of aid by disability-specific (I) NGOs, such as Light for the World, and Humanity & Inclusion.

Challenges within the community setting

Aid distribution seems generally unclear and unstructured

The focus of aid provision post-Cyclone Idai seems to be on resettlement sites more than communities, which already leaves out the majority of the population in need. This concern particularly applies to women and men, girls and boys with disabilities, who were often unable to seek shelter in accommodation centres in the first place – and have therefore never moved into resettlement sites where most of the aid distribution takes place. In cases where aid has been provided in the communities, it was often unclear to the respondents on what basis the distribution took place. They felt that politics and favouritism are an issue here: there was the feeling that aid went to people from a specific political party, or to the friends of aid providers. Respondents concluded that women and men, girls and boys with disabilities are missing out on aid services simply because of the focus on resettlement sites, to which they have less access. Moreover, they were concerned that aid provided in the communities is distributed unfairly. Disabled Persons' Organisations (DPOs) indicated that this was also because they were not included in the process of identifying people who need to receive aid.

Women and men, girls and boys with disabilities didn't receive accurate information on the upcoming cyclone and aid response

Information about Cyclone Idai was disseminated through television, radio and newspapers. However, respondents felt they did not receive timely or accurate information, in many cases indicating that this was due to their impairment. Particularly persons with hearing impairments reported not knowing about the approaching cyclone and therefore they were unable to respond adequately. Similarly, they reported not being able to hear calls for aid distribution, which were often spread verbally. In general, there were complaints about the lack of clarity surrounding aid services: who, what, when, where and how often aid is being distributed.

Women and men, girls and boys with disabilities and their families are often physically unable to reach or access aid

Respondents mentioned being physically incapable of accessing accommodation centres and the provided aid, due to their (or their family member's) impairment. For example, they are not capable of reaching a distribution site or accommodation centre because they would need to carry a family member on their back, they are unable to carry distributed aid materials back home independently (and thus always require assistance from a friend or family member), or they are unable to participate in food-for-assets programmes due to their impairments and the hard physical labour required of them in such programmes.

Women and men, girls and boys with disabilities are unable to use the received aid

Where respondents did mention receiving aid, they often also mentioned being unable to use the provided materials. As part of the humanitarian response by disability-specific organisations, some respondents received construction materials (cement bags, iron sheets and wood bars) to repair their houses. However, the provided materials have frequently remained unused because respondents (especially women) are unable to carry out the repairs themselves due to a lack of technical knowledge, or more likely because they are physically incapable. For those with the money to hire labourers, or with social contacts that are able to provide support, this is less of a problem, but many indicated not having either and are thus unable to use the materials.

Women and men, girls and boys with disabilities feel unsafe

Respondents mentioned feeling unsafe in their home after the cyclone, often because their homes were (partially) destroyed and therefore became a possible target for thieves, or for fear of their house collapsing. For many women and men, girls and boys with disabilities, particularly with intellectual or visual impairments, home is the place they know best and feeling unsafe there thus aggravates the stress level. In addition, many decided not to seek aid at accommodation centres for similar security concerns – they preferred to stay with familiar people such as family members or neighbours. Persons with albinism, specifically, fear being kidnapped or killed if they place themselves amongst such a large group of strangers.

Challenges in the transition from home to accommodation centre

Women and men, girls and boys with disabilities did not transition to accommodation centres as they felt discriminated

Respondents often returned home after a short stay in the accommodation centre because they felt discriminated against by accommodation staff and other people: they did not receive aid, or they felt ashamed or laughed at because of their impairment. This made some decide to stay at home and not seek shelter at the accommodation centres at all.

Accommodation centres were often too far away for women and men, girls and boys with disabilities to reach

Another reason why women and men, girls and boys with disabilities simply never went to the accommodation centres was because they were physically unable to cover the distance to the accommodation centre and there was no available alternative, or persons faced challenges in taking their family members with disabilities. Some respondents mentioned deciding not to shelter at the accommodation centre as it would be too far away from the specialised services they normally use (such as a school for persons with a hearing impairment).

Accommodation centres were often too crowded

Respondents mentioned leaving the accommodation centres as they were overcrowded (living with about ten persons/multiple families in one tent), and they felt that they or their disabled family member would not be able to handle that. When people decided to stay, the overcrowded situation left a very harsh experience – people had limited privacy and were afraid of a disease outbreak. This was especially a concern for people requiring a lot of hygienic care and with a weakened immune system related to their specific impairment.

Challenges at accommodation centres

Food distribution was unorganised and aggressive

Respondents, particularly with visual impairments, reported not being able to access the items because of people fighting over food provision. Moreover, women and men, girls and boys with disabilities were not prioritised during food distribution and ended up waiting in long lines, even when facing difficulties standing due to their physical impairment.

WASH facilities were often inaccessible for women and men, girls and boys with disabilities

Inaccessibility of the WASH facilities within an accommodation centre was another issue raised. Respondents mentioned not being able to use the toilet or washroom, nor fetch water independently at the accommodation centre due to accessibility issues (for example, pit latrines without grab bars were difficult to use for those with a physical impairment).

Lack of information on resettlement process

Respondents mentioned not having clear information on what was happening – particularly related to the transition from accommodation centres to resettlement sites (such as information on when and how resettlement would take place). Many did, however, know the preconditions of the resettlement – land/house owners had to return to their place of origin while others would receive a plot of land. This made some people decide to be resettled since it was also regarded as an opportunity to gain land ownership.

Challenges at resettlement sites

Women and men, girls and boys with disabilities are unable to use the distributed goods

Women and men, girls and boys with disabilities often indicated not being able to make use of all provided goods and services. Some examples include: they are unable to build when given construction materials (especially women), are unable to dig their own toilet pit, they do not have the financial means to outsource the labour, nor the money to travel to places where they can use food cheques; they are not physically able to reach or work on the farmland they have been given, and/or are unable to carry distributed food home independently. Some also reported having to miss distribution times as they regularly need to visit the hospital or other specialised healthcare services.

Shelters are inadequate for women and men, girls and boys with disabilities

Respondents mentioned that shelters are sometimes inadequate for them due to their impairment. For example, tents get very hot during the day and very cold at night, which is difficult for persons with albinism, people with weak immune systems and those who cannot withstand humid environments. Respondents, especially those with visual impairments, also feared being robbed or assaulted as tents are not very secure.

Women and men, girls and boys with disabilities feel unsafe and discriminated

Women and men, girls and boys with disabilities reported feeling unsafe as they are bullied, laughed at or discriminated against by other people living in the resettlement sites due to their impairment. In addition, respondents mentioned the fear of being robbed or abused due to exposed living conditions – tents lack doors and other security elements, and they felt physically unable to defend themselves or their property.

Inappropriate information and communication methods and channels are being used

Respondents stated not hearing when aid distribution or the vaccination programme takes place, and/or they don't hear when they are being called upon to collect their food items (and are thus dependent on benevolent people who help them). This especially applies to those with hearing impairments. In addition, there is a general lack of information on when distribution takes place as well as on the duration of assistance or what follow-up steps will be taken once people are in the resettlement site. However, this is not necessarily related to women and men, girls and boys with disabilities alone.

Distance to services within and outside resettlement sites are too far for women and men, girls and boys with disabilities

Resettlement sites are located in rural areas, far away from the accommodation centres and people's original communities. During transition, people were sometimes dropped a few kilometres from the sites, so they had to walk the last kilometres or wait for another means of transportation. This made the resettlement site hard to reach, especially for persons with physical impairments. Within the sites, services (schools, health, food distribution points) are generally located at the site's entrance which is often difficult to reach by women and men, girls and boys with disabilities because it is too far from their allocated plot of land. Latrines or water taps are not always close to their homes, forcing people to use the bushes or dig a well. Schools within the resettlement sites only go up to grade 2, which means that older children need to go to the schools in host communities. Especially children with physical disabilities have difficulties reaching the community schools because of the distance to the resettlement site. Also, health services like hospitals are far away from the resettlement site and women and men, girls and boys with disabilities have neither a means of transportation nor the money to pay for transport to go there.

Available services are inaccessible to women and men, girls and boys with disabilities

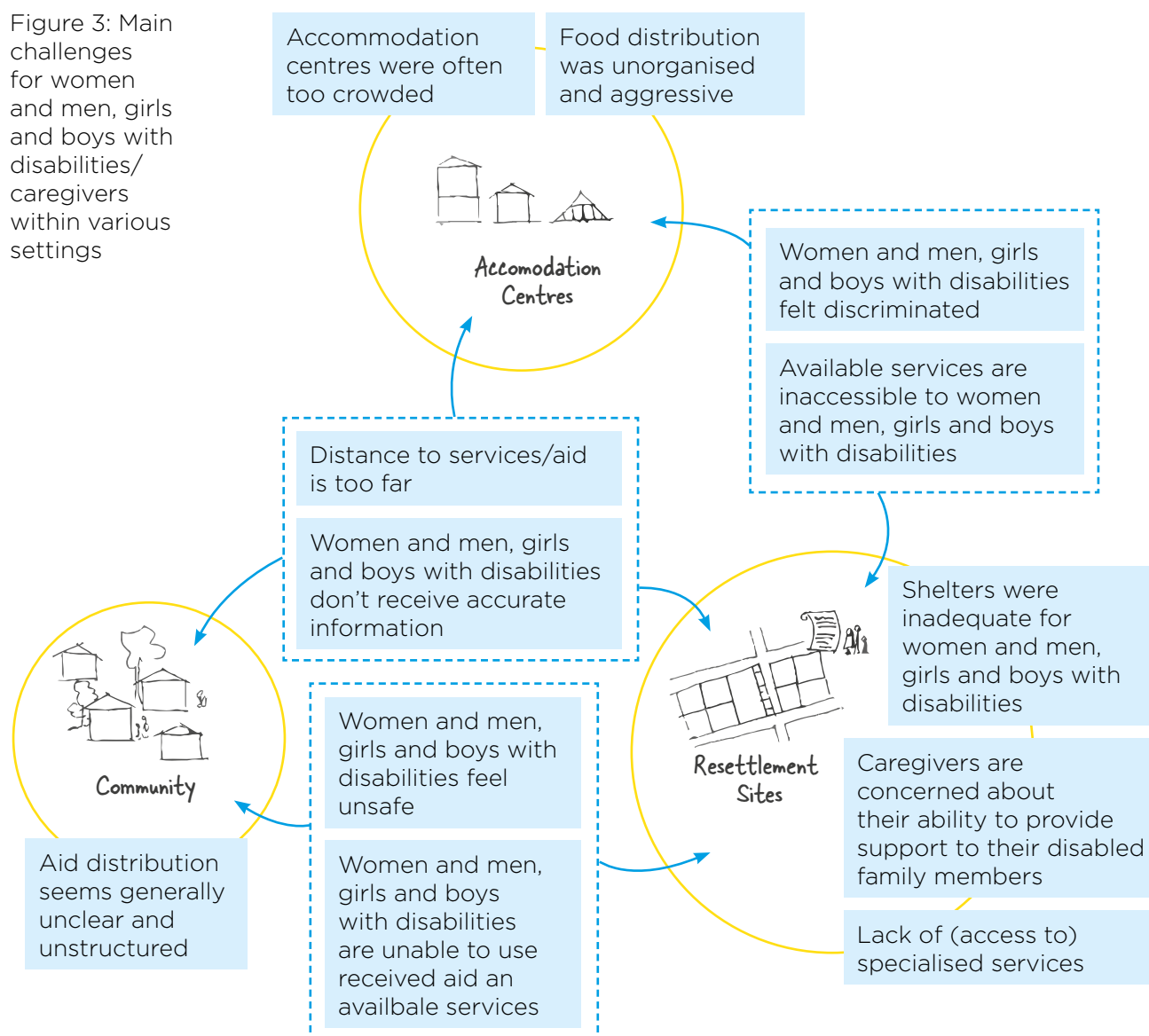
Respondents mention that WASH services are physically inaccessible, particularly toilets and water taps (some have a ramp, but the surroundings are still inaccessible, or the installed ramp is inappropriate for wheelchair users). Schools in the resettlement site are not inclusive for children with an impairment: teachers are not trained to teach children with various kinds of impairments, nor are there appropriate education materials.

Lack of (access to) specialised healthcare services

There are no specialised healthcare services, such as physiotherapy, available in the resettlement sites that could support women and men, girls and boys with disabilities with their rehabilitation process. Those who were making use of these kinds of services before the cyclone indicate that they are no longer able to access them due to compounding constraints, including distance to service providers, costs for transportation or time to reach the service providers.

Caregivers are concerned about their ability to provide support for their disabled family members

Although these seem to be general caregivers' challenges, they are especially prevalent within resettlement sites as distances are greater and caregivers indicate that there are limited community structures present (such as accommodating family members or neighbours) that may support them. In some cases, caregivers have been allocated a living space far away from the family members they care for, making it difficult to support them or share responsibilities with other family members. Caregivers are also often required to share aid provided (such as tents, food or health kits) with (adult) family members with disabilities, as the family member does not receive their own share of aid.



Data collection and knowledge of disability: bottlenecks in aid provision for women and men, girls and boys with disabilities

What seems to be a possible explanation to the above challenges is the lack of knowledge and data on disability. If women and men, girls and boys with disabilities are not specifically targeted, they miss out on essential aid or receive unusable aid. To be targeted, women and men, girls and boys with disabilities need to be recognised and quantified – something which doesn't happen if aid providers don't know what disability is or how to measure it. Some of the most commonly mentioned issues include:

- There are different definitions of 'women and men, girls and boys with disabilities', with each organisation using their own understanding of disability, or not measuring disability at all.
- Related to that is the limited knowledge (of enumerators) for the 'typology of impairments'. Data collectors don't know how to identify or categorise different impairments or disabilities.
- There are various vulnerability criteria used by different humanitarian organisations to determine who becomes eligible for aid. If women and men, girls and boys with disabilities or caregivers don't fall under these vulnerability criteria, then they are ineligible to receive aid. Vulnerability criteria are not harmonised amongst aid providers, nor are data collection tools for assessment and monitoring.
- Data has been collected at various times since the cyclone, but there is no follow-up. As a result, no aid has been provided: respondents wonder what happened to the data collected. This makes them suspicious about enumerators, which results in aid providers being accused of corruption.
- Lastly, DPOs indicate that they are not involved in data collection and identification processes. They feel that they are not being taken seriously by the humanitarian field.

Where knowledge and data are present, women and men, girls and boys with disabilities have been prioritised in the provision of assistance, and aid has been delivered. For example, in the last few months, data collection tools have been improved and further harmonised amongst humanitarian actors. Humanitarian actors that already had an inbuilt awareness of disability demonstrated a better response, for example building accessible latrines for women and men, girls and boys with disabilities. In some cases, DPOs developed and pushed their own lists of persons requiring assistance, which then led to aid being received from either government or non-governmental actors. This demonstrates that having awareness, knowledge and data is crucial in getting women and men, girls and boys with disabilities the support they need.

Recommendations



Disabled Persons' Organisations (DPOs)



Humanitarian actors



Government

In addition to this would be training and supporting staff in schools and child-friendly spaces in working with children with disabilities, including appropriate learning materials, teaching methods and classroom arrangements. In addition, they should work with the community education council (in close collaboration with the Provincial Directorate of Education and Human Development) of the host community, to come up with a plan to include children with disabilities and to make it easier for them to go to school. When required, expertise can be sought from DPOs or Community Based Rehabilitation (CBR) organisations.



Involve DPOs/ FAMOD in emergency response mechanisms

DPOs/FAMOD, as part of the Disability Working Group under the Protection Cluster, should be involved in the provision of technical support to the actors' part of the Humanitarian Cluster System (for example, Emergency Shelter and NFI, Food Security and Livelihoods). Likewise, they should be used as an advisory body for the revision and development of humanitarian policies, such as that of INGC. Ideally, women and men, girls and boys with disabilities should be represented within all INGC management committees on different administrative levels. Amongst others, they can be involved in designing data collection tools and establishing vulnerability criteria. In addition, they should be actively involved in aid distribution and monitoring visits. To ensure continuity and professionalism in monitoring the emergency response mechanism, paid involvement of DPOs should be considered.



Create inclusive distribution systems of food and non-food items

Aid providers (such as MASA, WFP and FAO) shouldn't distribute goods according to alphabetical listing, but prioritise people based on their impairment or other vulnerability criteria (not only based on general economic indicators, but also on individual challenges people may experience with regard to accessing aid or services and to exercising their rights). Close collaboration with DPOs/FAMOD is needed for this selection procedure. In addition, systems should be set up that make it possible for items to be accessed on behalf of women and men, girls and boys with disabilities, alongside policies to prevent fraud within these kinds of systems, plus the development of systems to support the transportation of the distributed items for those who cannot carry (all) items independently, and the implementation of clear guidance for beneficiaries who were unable to receive items during distribution (for example, because of hospital visits). Within resettlement sites, multiple distribution points should be created (by INGC in close collaboration with CCCM), as well as shady or covered waiting areas and places to sit while waiting for the distribution to take place. Especially in larger sites it should be ensured that distribution doesn't only take place at the entrance.



Provide capacity building to staff members of accommodation centres and resettlement sites

DPOs/FAMOD should be invited to provide training to relevant staff members (such as aid distributors, Protection Focal Points) within accommodation and resettlement sites specifically on awareness of disability, how to identify women and men, girls and boys with disabilities and when and how to refer persons with specific needs to service providers such as physiotherapy or psychosocial services.



Ensure communication and information channels reach out to women and men, girls and boys with disabilities

Aid providers should work through existing camp and community structures (for example, head of the neighbourhood, information post leader, block/site representatives and CCCM teams) to provide information to women and men, girls and boys with disabilities in an inclusive manner. This means that information on what will be distributed, when it will be provided and who is eligible to receive goods needs to be given at least a few days before the distribution takes place; different methods for communication should be used, such as printed and audio material (with visual and easy-to-understand information). Ideally, this would be complemented by 'tent-to-tent warning' with assistance of a sign language interpreter/someone able to communicate with persons with a hearing impairment. Government agencies responsible for early warning (such as INGC) should also incorporate inclusive communication methods in their warning systems.



Install disability-specific community structures

DPGCAS/INAS, in close collaboration with DPOs, should establish community committees specifically for women and men, girls and boys with disabilities which can foster the communication between affected women and men, girls and boys with disabilities and service providers, ensure access to information and make informed decisions for the represented community members. Such a committee ensures that the voices of women and men, girls and boys with disabilities are heard and that their views are incorporated in response activities by humanitarian actors.



Include women and men, girls and boys with disabilities in existing resettlement structures

Alongside this development, it should be ensured that existing structures and activities are inclusive for women and men, girls and boys with disabilities, meaning that a representative is actively involved in community structures already present. These include, amongst others, Women's Groups and Protection Focal Points within resettlement sites. From the start of the resettlement exercise, CCCM and relevant governmental actors (such as MOPHRH, IFRC and UNHCR) should involve women and men, girls and boys with disabilities in designing inclusive shelter facilities.

For example, 'sample shelters' for persons with different types of impairments can be designed and used to discuss how to remove possible barriers in the resettlement site.



Design accessible shelters, services and camp layout

Actors responsible for the camp layout (such as INGC and CCCM) should consider how women and men, girls and boys with disabilities move around between their shelter and services: latrines and water points should be close to the location where persons with physical impairments are living, and they should be constructed as much as possible in accordance with the principles of Universal Design (meaning that an environment can be accessed, understood and used by all people, regardless of their impairment). Creative solutions can be sought for by those providing shelter (such as MOPHRH, IFRC and UNHR), using locally available materials. Specific attention should be paid to protecting people with albinism from sunlight by the provision of appropriate shelter materials. INGC, MASA and CCCM should set up mechanisms to facilitate 'land/tent swapping' among people in the resettlement site, for example, for caregivers that want to be close to their relatives with disabilities. Also, free support should be provided for those people who are unable to restore or construct houses and toilets themselves due to their physical impairment. This recommendation also applies to women and men, girls and boys with disabilities who are still living in communities.



Ensure access to specialised services for women and men, girls and boys with disabilities

MISAU in collaboration with the WHO should ensure access to rehabilitation services for women and men, girls and boys with disabilities, either by establishing specialised services in resettlement sites or by linking with already existing service providers within the host community. These services may include CBR programmes that provide outreach work. The development of appropriate referral pathways for women and men, girls and boys with disabilities is key in this regard. Clear guidelines should be provided to resettlement staff (from DPGCAS, INAS and UNHCR, among others) on the difference in general with regard to specialised support for women and men, girls and boys with disabilities in the humanitarian response, as well as when and how to refer.

Colophon

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