

Aid

out of reach

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

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Abbreviations

CBR - Community Based Rehabilitation

CCCM - Camp Coordination and Camp Management

DPO - Disabled Persons' Organisation

FAMOD - Forum for Mozambican Associations of Disabled People

FAO - Food and Agriculture Organisation of the United Nations

FGD - Focus Group Discussion

FFA - Food For Assets

GFD - General Food Distribution

HCT - Humanitarian Country Team

IASC - Inter-Agency Standing Committee

ICCG - Inter-Cluster Coordination Group

IFRC - International Federation of Red Cross

INAS - National Institute of Social Action

INGC - National Institute of Disaster Management

MASA - Ministry of Agriculture and Food Security

MGCAS - Ministry of Gender, Child and Social Action

MISAU - Ministry of Health

MOPHRH - Ministry of Public Works, Housing and Water Resources

NGO - Non-Governmental Organisation

RRR - Returns, Relocation and Resettlement

UNCRPD - United Nations Convention on the Rights of Persons with Disabilities

UNDIS - United Nations Disability Inclusion Strategy

WASH - Water, Sanitation and Hygiene

WFP - World Food Programme

WHO - World Health Organization

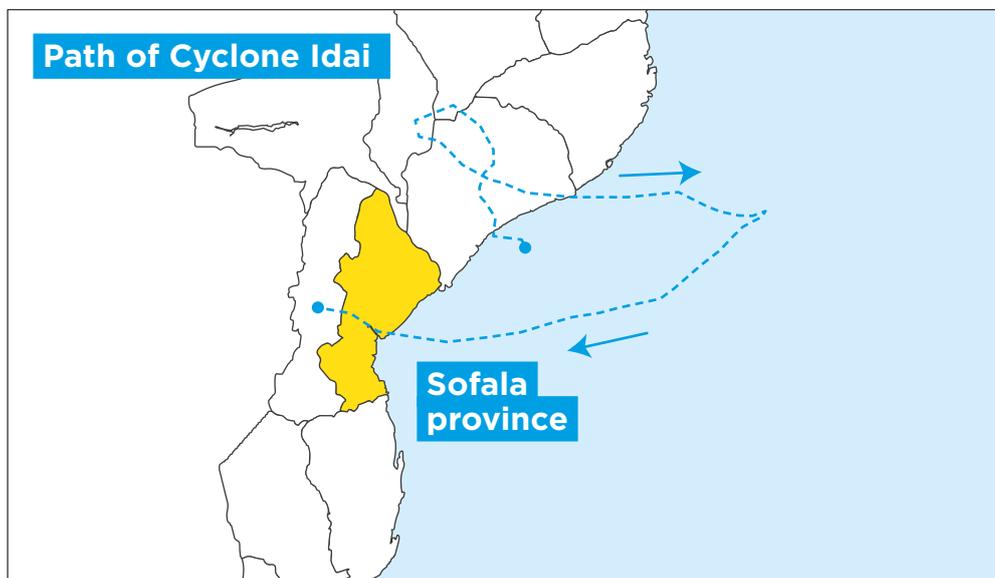


Introduction

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.

Humanitarian aid was triggered immediately, with over four hundred organisations joining in the response and over one thousand aid workers being deployed to the affected areas of Mozambique³.

To coordinate their presence, all actors were organised according to the humanitarian cluster system. Despite the huge international response, only about one thousand women and men, girls and boys with disabilities received aid during the first month after the cyclone². This is merely one per cent, considering that an estimated total number of one hundred thousand people were affected by the disaster. It therefore seems that humanitarian organisations still fail to address the needs of women and men, girls and boys with disabilities as part of their regular response activities, even though many existing international policy frameworks and conventions explicitly demand this.



¹ 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/>

² This number indicates those who were part of the few targeted actions to reach and benefit women and men, girls and boys with disabilities directly (by Light for the World, the Church of Jesus Christ of Latter-day Saints, Humanity & Inclusion, Sofala Muslim Association) and does not reflect the inclusion of women and men, girls and boys with disabilities in the overall response.

The foundation for this was laid by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It obliges states to take 'all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk', including disasters^c. Mozambique ratified the convention on 30 January 2012^d. Building upon the UNCRPD, the Sendai Framework for Disaster Risk Reduction was adopted in 2015, which highlights the importance of integrating women and men, girls and boys with disabilities into a successful disaster response^e. Following this, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action was endorsed during the World Humanitarian Summit in 2016. It strives for inclusive humanitarian action by 'lifting barriers persons with disabilities are facing in accessing relief, protection and recovery support [...]'^f.

The United Nations Disability Inclusion Strategy (UNDIS) was published in 2019 and presents a comprehensive strategy on disability inclusion through all pillars of the UN system^g. This was followed by the adoption of a resolution by the United Nations Security Council on the situation of women and men, girls and boys with disabilities in armed conflicts and humanitarian crises^h. The Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action from November 2019 were the first humanitarian guidelines developed with and by women and men, girls and boys with disabilities and their representative organisations together with humanitarian actorsⁱ.

These developments show a clear shift towards more inclusive approaches to disaster response, and a political commitment towards mainstreaming disability in humanitarian action. However, despite the positive trend, this paper will show that inclusion has not been fully converted into practice within the context of Sofala province, Mozambique, and that barriers still remain for women and men, girls and boys with disabilities in accessing humanitarian aid.



Researching the Common barriers to aid

It is generally acknowledged that women and men, girls and boys with disabilities are disproportionately affected by disaster events: they are more likely to be excluded from and ignored by the humanitarian response^l. This can be attributed to various compounding factors, such as a lack of capacity and know-how on how to include women and men, girls and boys with disabilities in response activities. Combined with their frequently poor economic situation, these barriers hinder access to humanitarian aid by women and men, girls and boys with disabilities^k;^l. Similar concerns are raised in the case of Sofala province, Mozambique, where anecdotal information 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 Cyclone Idai. Therefore, 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. By doing so, it also seeks to contribute to policy development for an inclusive humanitarian response in Mozambique.

To satisfy this objective, this research addresses the following 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?

Key concepts and definitions

Disability refers to a combination of functional limitations - which result from an impairment (individual factors) - and the barriers and individual experiences due to the impairment (environmental factors). Thus, disability can be understood as the result of the interaction between an individual with an impairment and their environment. The classification of impairments usually varies between countries, but generally includes physical, hearing, vision, speech, psychosocial, intellectual and learning types of impairment. The barriers that might be experienced by an individual with an impairment, whether at work, at home, or in their social lives, can be attributed to attitudinal, physical, communication and institutional obstacles. These barriers prevent a person with an impairment from participating in society on an equal basis with others.

Inclusion is positioned within a rights-based approach that considers women and men, girls and boys with disabilities as active agents with the same rights as their non-disabled peers.

As stated by the Convention on the Rights of Persons with Disabilities^m, 'inclusion' consists of various principles. These include, among others, attitudes (respect and dignity), communication (inclusive communication), accessibility (barrier-free environment) and participation (active involvement).

Humanitarian aid is intended 'to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations'ⁿ. The actions of humanitarian organisations are guided by the fundamental principles of humanity, impartiality, neutrality and independence. Humanitarian aid often includes the provision of food and nutrition, also water, sanitation and hygiene (WASH), plus shelter, health services, protection measures, and other forms of assistance that will benefit the affected population and facilitate their return to normal lives.

Methodology

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 in 30 in-depth interviews with women and men, girls and boys with disabilities and/or caregivers in communities (Beira), as well as in resettlement sites³ (Dondo). Initially, Buzi district was also included because it was one of the areas that were most severely affected by Cyclone Idai. However, the scope of the research had to be decreased as a representative sample size was not feasible within limited timeframe. In addition to the interviews, 6 focus group discussions (FGDs) were held with a total of 45 members of various Disabled Persons' Organisations (DPOs). This data was supplemented by information from multiple meetings with staff members in resettlement sites, as well as governmental and non-governmental actors involved in the humanitarian response.

The team of interviewers composed of the researcher and an interpreter as all interviews and meetings had to be translated from English into Portuguese (or another local language) and back again. Whenever it was necessary, a sign-language interpreter was present as well. Most interviews lasted about one hour and the FGD took up to three hours. 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 impairments⁴. Fieldwork took place between June and August 2019 in the districts of Beira and Dondo in Sofala province, Mozambique.

³ Although the international recognised term is 'relocation sites', this paper refers to 'resettlement sites' as it is the most commonly used term in Mozambique. 'Resettlement sites' refers to permanent locations where people are moved to because the areas where they used to live are no longer safe.

⁴ The types of disability were defined by the CBR partners through a home-based mapping tool.

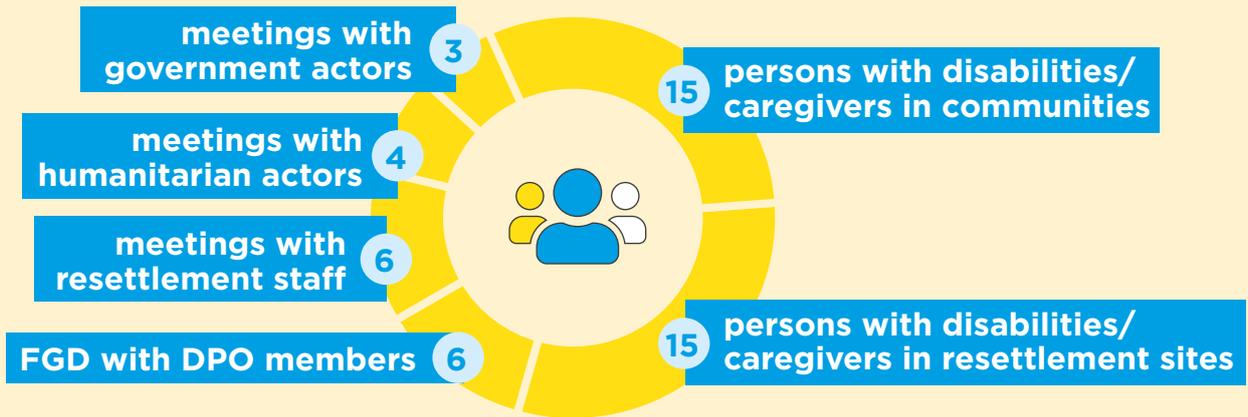


Ethical considerations

All participants in the study were informed about the right to full disclosure of the purpose and procedures of the study. The researcher shared the type and content of the research in layperson's terms and with the help of a verbal interpreter and a sign-language interpreter when required. All participants signed a written consent form – for those with difficulties understanding or reading, the information was read out loud to them or a sign-language interpreter explained the document for their agreement.

The names of the participants are not used in this publication to avoid establishing a direct link between the participant's identity and the information provided.

Participant groups



Of total number of persons with disabilities, **22 were caregivers**

Participants were between **15 - 80 years old**

Types of impairments



Research locations

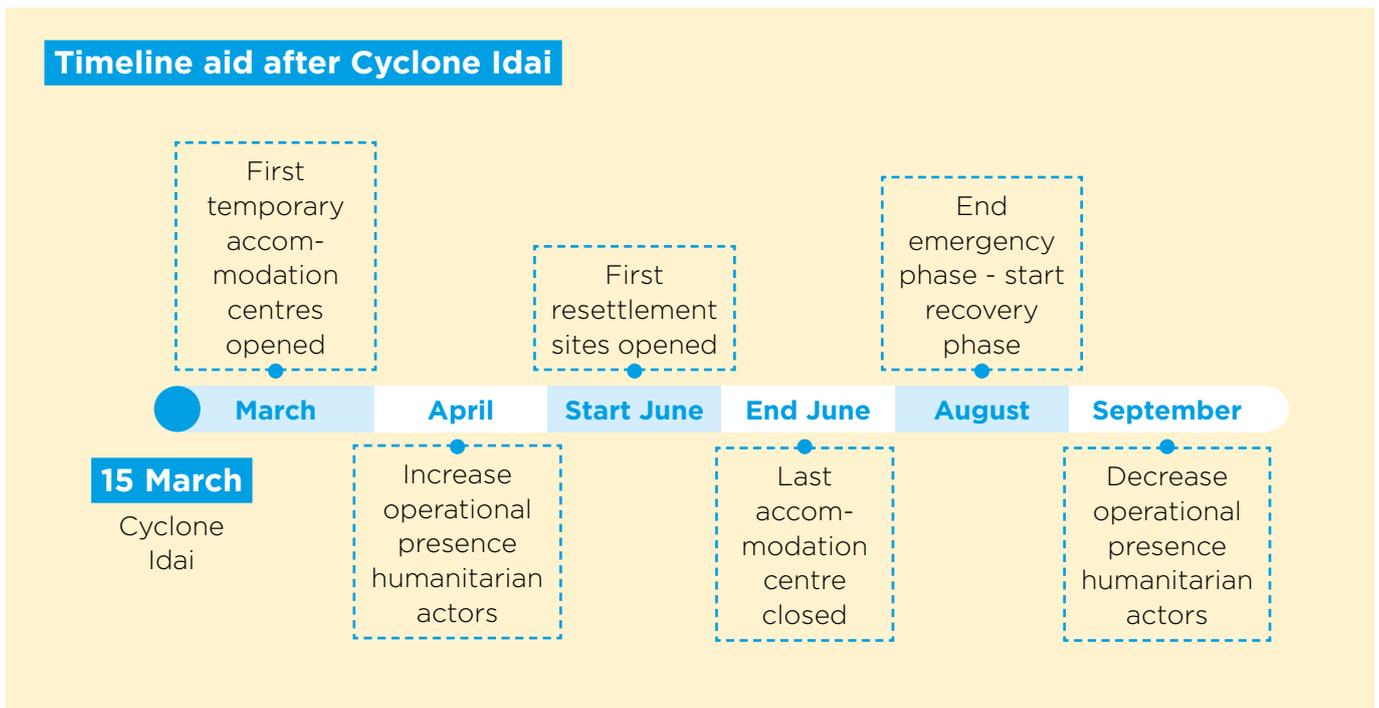
* (e.g. paralysis, clubfoot, amputation)



Understanding the aid context in Sofala province

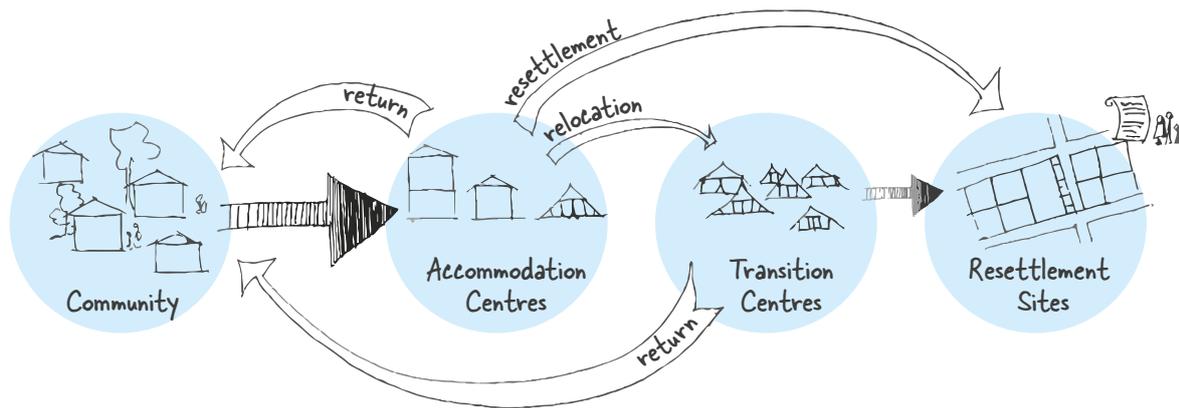
Cyclone Idai displaced thousands of people in Sofala province, many of whom sought refuge in temporary accommodation centres in, among others, Beira, Buzi and Dondo. These temporary centres mainly consisted of existing public structures such as schools, churches and hospitals. In a few cases, tent sites were set up as accommodation centres, including the installation of water and sanitation facilities. The shelters soon had to resume their original functions. Therefore, the number of displaced people at the accommodation centres decreased rapidly over time, and the last centre was closed in June. The people who returned to their place of origin were supported by transportation and the provision of tailored return packages, including food and shelter items⁵.

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. Those who resettled were provided with a plot of land with basic shelter, and also received food and non-food items. While plots were demarcated and cleared for resettlement, families awaited their relocation in so-called 'transition centres' until further notice by the government⁵. Eventually, 21 resettlement sites⁵ were created in Sofala province, providing shelter to almost 38,000 people⁶.



⁵ The number of resettlement sites changed over time as the government identified new populations and areas for resettlement.

Planned resettlement procedure



Source: CCCM Idai Response Strategy, 2019

The National Institute of Disaster Management (INGC), in close collaboration with Camp Coordination and Camp Management (CCCM), was responsible for the resettlement procedure. Together with other humanitarian actors they aimed to ensure that 'returns, relocations and resettlements' conformed to the Returns, Relocation and Resettlement (RRR) Guiding Principles, meaning that they were safe, voluntary, dignified and informed. This included, among others, ensuring that basic social services are present at resettlement sites as well as that potential tensions with the host communities are averted⁵.

However, the government wanted to speed up the resettlement process and moved people from accommodation centres directly to resettlement sites. The sites were in various states of readiness, however. Plots had not yet been cleared and basic services in the resettlement sites (such as latrines, water points, shelters, schools, health posts) had not yet been installed even though people were already being moved. It appeared that the resettlement procedure was executed without proper consideration of the RRR Guiding Principles: people were not properly informed about when to leave the accommodation centres to return to their place of origin, nor about when the movement to the resettlement sites would take place or what type of assistance they would receive⁶.

The rushed nature of the procedure made CCCM decide to step back from the resettlement exercise as minimal standards were no longer met⁴. Alongside other humanitarian actors, they minimised their support to plot clearance and monitoring activities. As mentioned in the United Nations High Commissioner for Refugees (UNHCR) Protection Monitoring Report⁷, this situation led to challenges in relation to the capacity of humanitarian actors

for providing adequate assistance for the affected populations and guaranteeing their safety. These challenges reflect a clear difference between pre-defined procedures and practices on the ground.

As the emergency phase transitioned to recovery and the reconstruction phase several months post-Idai, the situation improved across most resettlement sites: services such as water points and latrines were installed and, in some sites, accessible latrines were provided to women and men, girls and boys with physical impairments. Also, women-friendly spaces and child-friendly spaces were established, as were various community committees on community safety and sports activities, for example. In addition, a school, health post and community police station were opened within each resettlement site⁸. CCCM and other humanitarian actors have been actively facilitating the service provision and aid distribution within resettlement sites. Within the communities, affected populations continue to be provided with food support as part of the cyclone response. This is all organised under the humanitarian cluster system that has been activated to support the Mozambican government and ensure optimal coordination of response activities.

Many of the organisations included in the humanitarian cluster system increased their human resource capacity throughout the first months following Cyclone Idai. When the humanitarian response moved into recovery phase, the number of humanitarian actors was scaled down as many left the country⁹. However, at the same time it was widely acknowledged that basic humanitarian needs were not always being met, and an emergency situation continued to persist in some remote sites and isolated areas⁷.

The humanitarian cluster system in a nutshell

The cluster approach aims to increase the effectiveness of humanitarian response by building partnerships between international humanitarian organisations, host governments, local authorities, local civil society and resourcing partners. It sets out a clear division of roles and responsibilities within different response areas².

The humanitarian response in Mozambique is led and coordinated by the National Institute of Disaster Management (INGC) and supported by the Humanitarian Country Team (HCT) which is composed of UN agencies, international NGOs, the Red Cross, and donor representatives. These agencies are divided into various clusters - Education, Emergency Shelter and Non-Food Items (NFI), Food Security and Livelihood, Health (Sexual and Reproductive Health), Nutrition, Protection (Child Protection, Gender-Based Violence, Protection from Sexual Exploitation and Abuse), and Water Sanitation and Hygiene (WASH). Practical implementation of their activities takes place through a large network of international NGOs. On an operational level, the clusters are supported by an Inter-Cluster Coordination Group (ICCG)^{aa}.

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 people⁸

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



Provision of shelter and non-food items⁶

- Ministry of Public Works, Housing and Water Resources (MOPHRH)
- International Federation of Red Cross (IFRC)
- United Nations High Commissioner for Refugees (UNHR)



Practical implementation

- A large network of (I)NGOs.



Health-related issues⁷

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

Besides these mainstream actors, Disabled Persons' Organisations (DPOs) - part of the national umbrella organisation Forum for 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.

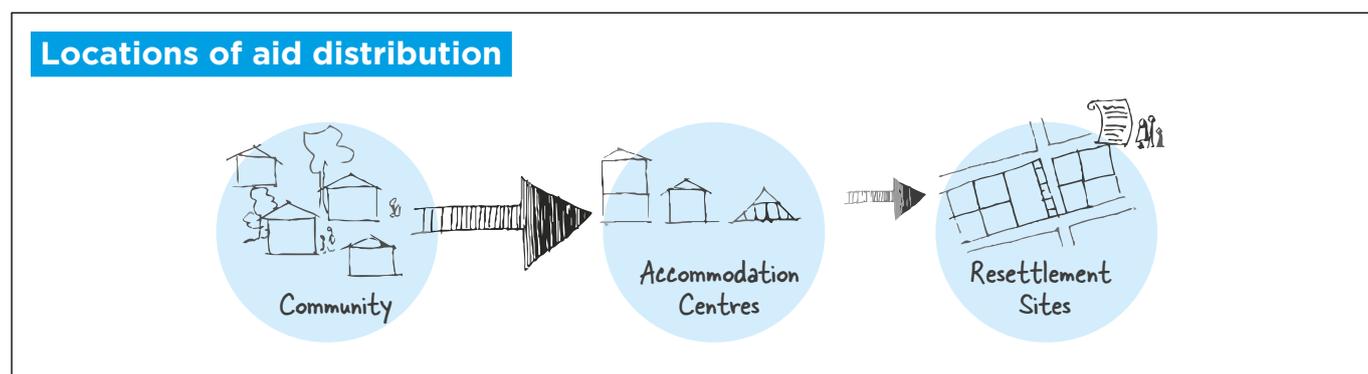
⁶ Such as tents and tarpaulins

⁷ Such as vaccination programmes

⁸ Including pregnant women, orphans, elderly, women and men, girls and boys with disabilities

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). The 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.



The aid rationale

Led by the Food Security and Livelihood cluster, food assistance was initiated immediately after the cyclone. Every two weeks, food was provided to the communities most affected by Idai and to the entire population residing in accommodation centres or resettlement sites. With the shift from emergency to recovery, general food distribution (GFD) was supplemented by Food for Assets (FFA) assistance⁹. People selected for the FFA programme work on labour activities that help them and their communities to rebuild their lives after the cyclone. The workload (type of work and working hours) as part of the FFA is said to be adapted according to the capabilities of certain target groups. In exchange for performing these activities, people receive food (rice, pulses and oil) or a value voucher (to obtain food and non-food items). The amount of food and the value of the voucher are fixed and do not take family size into consideration. GFD continues to be provided to certain selected resettlement sites, but frequency of distribution decreases from every two weeks to monthly provisions^{ab,ac}.

In the recovery phase, beneficiaries are selected for either the GFD or FFA programme, based on food insecurity and vulnerability criteria. Community committees, community leaders and WFP partners are jointly responsible for guiding and overseeing the process of identifying vulnerable households at community level. The criteria include the following^{ad}:

Food insecurity: as a result of Cyclone Idai the household has lost its means of income and is unable to feed the family. Moreover, the household has one or more able-bodied persons, (between 18 and 65 years old) who would be willing to work as part of the FFA programme.

Vulnerability: families without labour capacity in their household will continue to receive food entitlements as GFD. These include families made up of solely children, elderly people as well as people severe forms of disability, chronic diseases or other conditions which limit them from engaging in productive work.

⁹ Throughout the emergency and recovery phase, various food assistance programmes have been implemented and replaced by other systems (such as the Cash Programme or Joint Voucher Programme). Not all are elaborated upon, only the most common systems used in Sofala province are described here.

What happened during Cyclone Idai?



Brothers at Savanne resettlement site, Dondo. One brother, 28 years, has a broken leg and a hearing impairment. The other brother, 35 years, is taking care of him.

“ My brother was at the hospital for his broken leg when the cyclone hit. I went to the school, and whilst we were at the school, the people from INGC [National Institute of Disaster Management] said we cannot go back to our houses. There are no more houses anymore. They said the place where we were living is no longer safe for people to return. They announced that we can go to Peacock [accommodation centre].

He was still in the hospital when I gave him the news that the house was destroyed. When he left the hospital after surgery, we went to seek shelter at Peacock temporary centre. We stayed there about three months. When we were there at Peacock, they just said we have to move here [Savanne resettlement site]. ”

Female, 67 years old with a visual impairment in the neighbourhood of Alto de Manga, Beira.

“ When the wind started, I was just thinking that it was like a normal wind, but then the wind started getting stronger and stronger and with that the roof started to crumble, and as the wind was getting stronger, the roof just flew with it, and then it started raining into the house. After the wind destroyed the roof, we were exposed, and we didn't know where to go so we just managed to be close to our wall, and we stayed there for quite some time because I'm also blind, I couldn't see where to go.

After that, some people with good faith came along and took me to the school 1º de Maio [accommodation centre]. Because I do not see, at the school they wanted to move me to some unknown place so instead of going to a place that I don't know and I don't trust, I asked the people to take me back home. Then I came here and someone with good faith helped me with a canvas, and they covered a part of my roof, then they tried to collect the iron sheet and covered the other part of the building. After Cyclone Idai, I came home and then I found that all my rice that I was given prior to the cyclone had become wet and it wasn't good to eat, then I just stayed here, starting from that day until today. ”





Family at Savanne resettlement site, Dondo. Mother of six-year-old son with club feet.

“ I was living in [the neighbourhood of] Praia Nova, and when the cyclone came, we sought shelter in the school. I arrived there running, just running. I had the three children with me. I just ran with the other people to the school. I just followed them.

We stayed in the school for around two months, where the government provided us with food and water. After two months we moved to Peacock [accommodation centre]. We didn't hear anything related to Peacock, just the Government brought trucks and then asked us to get into the trucks to bring us. When we were there, they provided us with food, capulana [a type of sarong], water and also blankets. We didn't go back to our house because of the water – it is close to the sea. ”

Husband (visual impairment) and wife (physical impairment) in the neighbourhood of Manga, Beira.

“ When the cyclone started, we were inside the house. It was very difficult for us to deal with it, because I am blind, and my wife cannot walk properly. We had to wait for my youngest son. He carried my wife on his back and went with her to our neighbours' house to seek shelter. Then he came back and grabbed me and put me on his back and took me to the same house where my wife was. The coconut trees were falling, the area was flooded with water up to the knee, and iron sheets were flying from the roof.

We couldn't go to the school [accommodation centre], because it is very far, and my son was the only one helping us to some place where we could seek shelter. It was very far for him to carry us on his back, and dangerous with all the strong winds blowing and the iron sheets flying. It was a big mess, and at night, so it was very difficult.” [Husband]

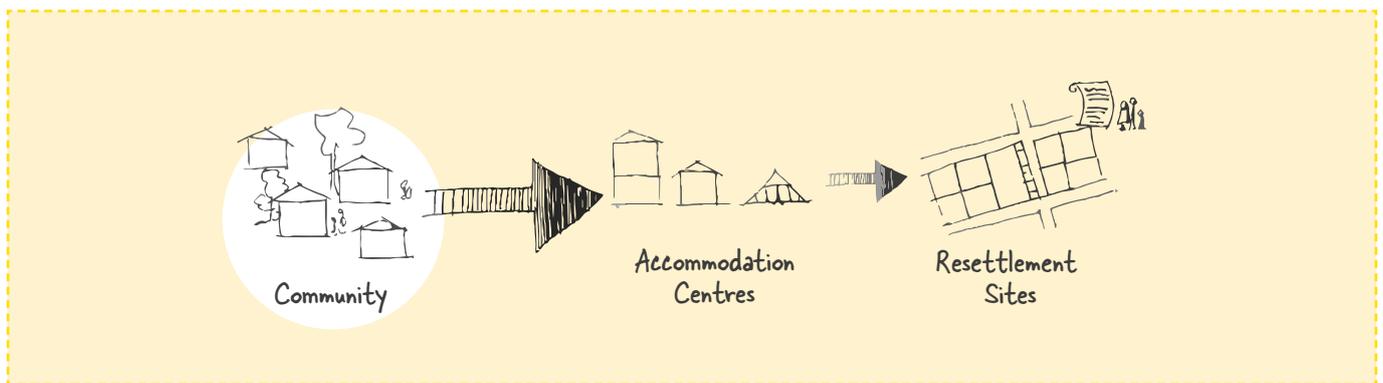
“The house was damaged when the cyclone came. We came back from our neighbours' house and started to recover the iron sheets. I managed to cover the house, but it is still in a bad condition. When it rains, it rains into the house.

We didn't receive anything from anyone. Our neighbours helped us clean the house. It was extremely dirty, and I cannot move well so I cannot do a lot of cleaning. They helped me – they basically opened a space so that I can walk and enter the house. We didn't know of anyone going to resettlement sites – we didn't even hear of it until you asked us. [Wife] ”



Challenges within the **community setting**

The majority of the population affected by Cyclone Idai continue to live within the communities of origin. They have not been resettled because of various reasons: either because the government didn't appoint their area as a risk zone, the people themselves did not want to be moved, or because they experienced challenges when they attempted to reach the accommodation centres or to live in resettlement sites. Within the communities, the houses are usually severely damaged by the cyclone, and people are forced to live with the entire family in one room or improvised constructions. Some of the people have been receiving food, shelter materials and non-food items. This section will go into more detail about the challenges to accessing aid experienced within the community setting.



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

A prerequisite to receiving aid, particularly when being handed out at a distribution site, is knowing about when and where it will take place. Women and men, girls and boys with disabilities felt they did not receive timely or accurate information, in many cases indicating that this was due to their impairment. For example, women and men, girls and boys with hearing impairments indicated not even knowing about the approaching cyclone and therefore they were unable to respond adequately.

“ We were just sleeping during Idai. I only noticed when the roof was destroyed and rain started to get in the house. So, I hid myself under the bed. My house looked like it would collapse. ”

- Focus Group Discussion DPO4

“ People were sleeping during the cyclone, when they are deaf, they don't notice that there is a storm. I heard from one of our members that she noticed that her roof was gone when she woke up to visit the toilet. ”

- Focus Group Discussion DPO4

Similarly, they reported not being able to hear calls for aid distribution, which were often spread verbally.

“ Another thing behind the lack of equal distribution may be the lack of communication. There are cases of people knowing only one week after the distribution that aid has been provided. ”

- Focus Group Discussion DPO1

“ People were staying in their houses and just waited because we didn't know what was happening. We were seeing people running with goods. We asked where they received these things. But when we arrived, the food was already finished. ”

- Focus Group Discussion DPO4

In general, there were complaints about the lack of clarity surrounding aid services: who, what, when, where and how often aid is being distributed. This was aggravated by the limited involvement of Disabled Persons' Organisations (DPOs) in aid distribution.

“ There is a lack of communication with communities: which organisations will be in the community, what good they will provide and when the next distribution is taking place. People went to community meetings where the next phase of response is explained, but options for persons with disabilities were not there. So, the organisation didn't mention how they could benefit. ”

- Humanitarian actor

Aid distribution seemed generally unclear and unfairly distributed

According to the participants, the focus of aid provision after Cyclone Idai seems to be on resettlement sites more than communities. This leaves a large part of the affected population behind, especially women and men, girls and boys with disabilities who often couldn't seek shelter in accommodation centres in the first place - and therefore also never transitioned into resettlement sites where most of the aid distribution takes place.

“ Unfortunately, we didn't receive any food. Most aid was provided to those people living in resettlement sites. So, people staying at home didn't receive anything. ”

- Focus Group Discussion DPO1

“ Just the ones that moved to resettlement sites [received aid]. [...] [But] in order for us to go to the resettlement camp, we needed to first go and stay at the school [accommodation centre]. ”

- Mother of a girl (15 years old) with a physical impairment

In cases where aid was distributed within communities, it was often unclear to the respondents on what basis the aid distribution took place. Some received goods while others didn't, while it often remained unknown what made them eligible to receive aid. They felt that politics and favouritism could be an underlying factor for the unequal distribution.





“ The majority of neighbourhoods didn’t receive aid or support. For those few people that did receive support, it was done in a hidden and clandestine way. [...] I heard from some neighbourhoods that few people have been receiving goods, but we don’t know how these people have been chosen. We don’t know how these people got on the list [for aid distribution]. We think that those people in the neighbourhoods that received aid were collaborating with political parties. They put the political party on the first place instead of the people who suffered. ”

- *Government actor*

Some participants concluded that this unfair treatment was the result of political preferences. They thought aid went to people from a specific political party, or to the friends of aid providers.

“ For me it was not about our impairment but due to a lack of organisation [...] because they only provided aid to friends. Some stole food for themselves and are now in jail. I can say it is not related to albinism because also neighbours didn’t receive anything. It was the weakness of the system that we failed to receive goods. ”

- *Focus Group Discussion DPO1*

“ Another thing is that you need to have someone in the distribution team. Then you know when the distribution will take place. People who know someone will get aid. ”

- *Focus Group Discussion DPO1*

Disabled Persons’ Organisations (DPOs) indicated that the distribution was unfair because they

were not involved in the distribution process; they were not part of the process of identifying people who needed to receive aid, and items were not distributed with their assistance. According to the DPOs, this also created room for others to take advantage of the distribution.

“ The government has problems: they have registered all DPOs but when they receive goods, they do not collaborate with them. They take the goods to accommodation centres themselves; to neighbourhood secretaries and traditional leaders. Instead of sharing, they put the goods in their own homes. Therefore, some have been arrested. ”

- *Focus Group Discussion DPO2*

“ There are a lot of DPOs and NGOs that know about these organisations. So, why didn’t they channel the aid through these organisations? They know what their people need. ”

- *Focus Group Discussion DPO3*

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

Respondents indicated not being able to reach the accommodation centre because of their (or family member’s) physical impairment. Going to an accommodation centre meant that they had to carry a disabled family member on their back, which they were not always able to do. Women and men, girls and boys with visual impairments also indicated they would have required assistance in order to reach the accommodation centre because otherwise they would have gotten lost or harmed due to the chaos caused by the cyclone.

For many, this was a reason to stay at home during the cyclone rather than to seek safety elsewhere.

“ We were inside the house when the storm passed by. [...] We couldn't go out because I can't carry [my wife] on my back. I couldn't do it, so we decided to stay. ”

- *Woman with a physical impairment as a result of a stroke*

“ After the wind destroyed the roof, we were exposed, and we didn't know where to go so we just managed to be close to our wall. We stayed there for quite some time because I'm also blind, I couldn't see where to go. ”

- *Woman 67 years old with a visual impairment*

When distribution of aid started in the days following the cyclone, women and men, girls and boys with disabilities had similar problems accessing the distributed aid: distribution sites were too far to access, or they were physically unable to carry food or other distributed items back to their houses.

“ In an emergency, it is hard to keep up. Persons with a physical impairment, like those using a wheelchair, it is hard to reach the distribution sites. ”

- *Focus Group Discussion DPO5*

“ The neighbourhood secretary managed to provide some aid to persons with disabilities like wooden beams, iron sheets. They felt sorry for us; that is why they included us. But it was difficult to carry the aid back home. ”

Focus Group Discussion DPO5

In a later stage of the emergency response, humanitarian organisations started food for assets programmes, rather than distributing the food unconditionally. Participants also faced challenges accessing the food provided in this programme, as their impairments in combination with the hard, physical labour required in such programmes limited them from participating.

“ Distribution changed now from food in kind to work for food. But how can we work if we have an impairment? We are not involved in the food for work programme. The type of work is, for example, to install drainage systems. But this type of work is not suitable to us; many of us have a prosthesis. Other activity is to fill holes in the road. But then we need to carry heavy bags of sand. Who decided about work for food? ”

- *Focus Group Discussion DPO3*

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

In cases where respondents managed to receive aid, they mentioned that they were often unable to use the provided materials. As part of the humanitarian response by disability-specific organisations, some participants received construction materials (cement bags, iron sheets and wooden beams) to repair their houses. However, the materials provided have often remained unused because the recipients (especially women) are unable to carry out the repairs themselves due to a lack of technical knowledge, or more likely because they are physically not able to do so.

“ [DPO] gave us food and 12 iron sheets and also 6 bags of cement. [...] I haven't done anything yet with it. I am looking for ways to rebuild the house. Most people around here are woman. Some women are widows, separated, single mums. Even if they have material, they cannot build the house. ”

- *Mother of a boy (4 years old) with cerebral palsy*

“ They [referring to households headed by women] received bags of cement and iron board, but they didn't have anyone to do it for them. ”

- *Grandmother of a girl (8 years old) with epilepsy and an intellectual impairment*

Moreover, the materials provided were often not enough to restore the entire house which leaves respondents with unfinished structures that do not give any protection against the weather.

“ So, as you can see if it rains, the rain comes straight in because there is a part of the house that is still open. At least if they could also give us wooden beams so that we could complete the roof repairing, I would be grateful. ”

- *Mother of girl (17 years old) with visual, hearing and intellectual impairment*

Women and men, girls and boys with disabilities felt 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/mental and visual impairments, home is a familiar place and therefore generally experienced as safe. If this safety cannot be guaranteed, this increases stress levels.

“ In the condition the house is now, it scares us a lot because even the wood that is supposed to be the roof is broken and now gets inside the house. So, we are always afraid when we sleep that the wood can start to fall when we are asleep. [...] We never know, anybody can harm you, not only in the neighbourhood but someone from far that is just passing through and sees the house as it is. They might think to take advantage of that: ‘It is already open, so why not?’ ”

- Grandmother of a girl (8 years old) with epilepsy and an intellectual impairment

“ The people at the school [accommodation centre] wanted to move me to some unknown

place. Because I do not see, instead of going to a place that I don't know and I don't trust, I asked the people to take me back home [...] The entire roof was broken, and we are still getting wet due to the rain. But I preferred to get wet in my own house instead of being at the school. ”

- Woman 67 years old with a visual impairment

In addition, many decided not to seek aid at accommodation centres, for example, for similar security concerns - they preferred to stay with familiar people such as family members or neighbours. Women and men, girls and boys with albinism, specifically, feared being kidnapped or killed if they placed themselves amongst such a large group of strangers.

“ I preferred to go to my sister-in-law's house for the reason that I rather stay with familiar people instead of unknown people in the accommodation centres. ”

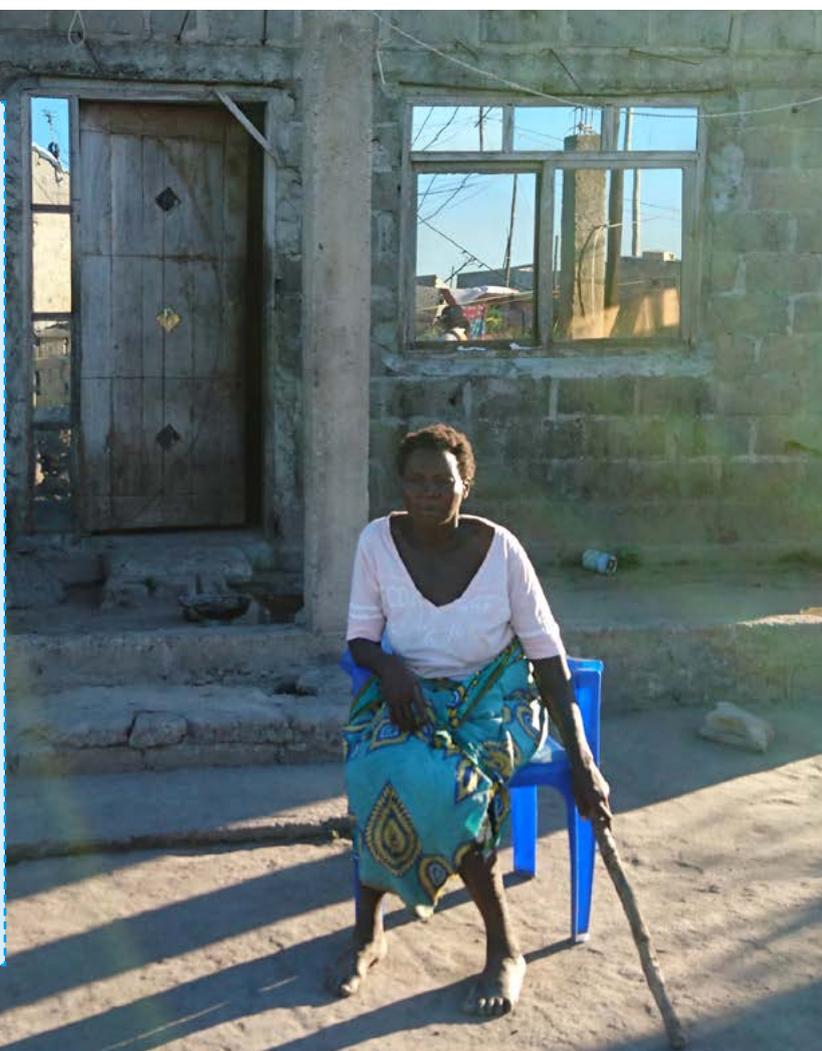
- Focus Group Discussion DPO1

“ Other motive for me was that I was afraid of being kidnapped. I prefer to stay with family I know. Otherwise we would never know what happens. ”

- Focus Group Discussion DPO1

Perceptions about humanitarian aid

Humanitarian aid includes a wide variety of goods and services, such as food, nutrition, water and sanitation, shelter, health services and protection measures. However, throughout the research it became apparent that participants who received support generally had a narrower understanding of what humanitarian aid entails. Asking about the type of aid they had received, they would mainly refer to food items and construction materials. In some rare cases also non-food items such as buckets and capulanas [a type of sarong] were mentioned. As an interview progressed, it turned out that participants often also received other types of support, such as vaccinations, hygiene kits and agricultural tools, but they did not actively mention this. It shows that participants have their own perception of what aid entails, which might be explained by the fact that they tend to name those things they are in need of most.



Challenges in the transition from home to accommodation centre

Many women and men, girls and boys with disabilities did not manage to reach the accommodation centre, or if they did, they often returned home after a short stay. This meant that they were already deprived of aid distributed at the accommodation centres. Moreover, people were moved from accommodation centres to resettlement sites where further aid distribution took place. This section describes the challenges people with disabilities experienced in accessing the accommodation centres and the support provided from there.



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, or return home after a short experience at the centre.

“ We regard accommodation centres as a last resort. Persons with a visual impairment were not considered; they were excluded. They were not seen as recipients. Goods were shared only with normal people. ”

- Focus Group Discussion DPO2

“ As you can see my granddaughter, how she behaves. My daughter felt afraid, even me, we both felt afraid to take her to a crowded neighbourhood and total strangers because they laugh at my granddaughter and my daughter would be nervous and start having trouble with the new neighbourhood. And we wanted to avoid that, so that is why we decided to go to my mother’s house so that we would feel safe and have a quiet place. ”

- Grandmother of a girl (8 years) with epilepsy and an intellectual impairment

Accommodation centres were often too far 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 individuals faced challenges in taking their family members with disabilities.

“ Yes, we heard about they are getting shelter at the school [accommodation centre], but it was difficult for me to carry my mother on my back for so long distance. From here to the school is quite far. ”

- Daughter of a woman (60 years old) with a visual impairment

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.

“ I didn't want to go to the accommodation centre because it's far from the school [special school for blind people]. If I had stayed there, I wouldn't have been able to go to school. ”

- Focus Group Discussion DPO2

Accommodation centres were often too crowded

In some cases, respondents were able to reach the accommodation centres, but then decided to leave shortly after that as the centres were overcrowded (living with about ten persons/multiple families in one tent) and they felt they or their disabled family member would not be able to handle that.

“ [...] at the time that we got to the school [accommodation centre] it was already full of people. So, we did not have space to be there. As you can see, I have a large family; there was no space for us. ”

- Mother of a girl (15 years old) with a deformed foot

“ We knew about the shelter and we tried to go to the school [accommodation centre] but it was also very full of people. We couldn't even put our feet there and even for you to cross the yard was difficult. It was full of people and with the condition of my granddaughter, it wouldn't be nice for her. Also, my wife suffers from high blood pressure, so it was not okay for us there. That is why we preferred to stay at home. ”

- Grandfather of a girl (14 years old) with cerebral palsy

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.

“ The difficulties which we encountered when living in the [accommodation] centre were: each family has their own routine, own way of cleaning the house or the things, and we were all breathing the same air in the same tent. It was difficult because we had no privacy. Some would get sick. Each family had their own type of diseases and this gets mixed in the same tent. Each and everyone has their own behaviour, so it was difficult and complicated to live under the same roof. ”

- Mother of a boy (4 years old) with cerebral palsy

“ It was suffering, we didn't endure much. In a place where it's crowded with people there is always that bad smell. The hygiene is not the same as yours. And there are some diseases. It wasn't good to live like chicken. ”

- Woman 52 years old who has a physical impairment as result of a stroke



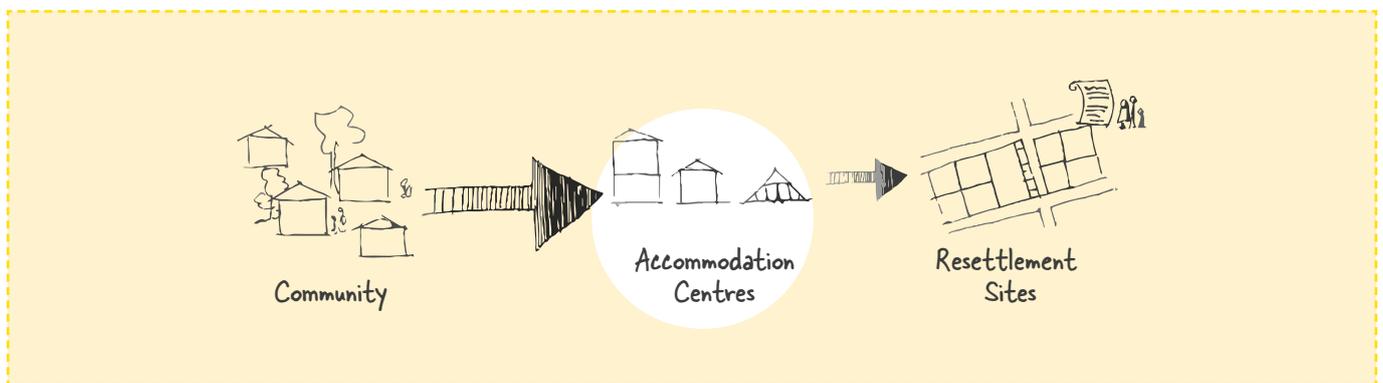
Making the invisible visible

During the months following Cyclone Idai, the Community Based Rehabilitation (CBR) programmes of Light for the World reported a significant increase in clients. This mainly included families with very young children with disabilities who had not been in the programme before. Those who had previously remained 'hidden' were put forward to claim for support. They were attracted by the provision of aid, specifically targeting women and men, girls and boys with disabilities. This movement seemed to be aggravated by the general lack of prioritisation of women and men, girls and boys with disabilities during food distribution by mainstream humanitarian agencies. The number of clients of the CBR programmes increased significantly, from approximately one thousand to three thousand persons, and outreach activities were doubled to be able to respond to their needs. It shows a clear increase in the visibility of women and men, girls and boys with disabilities, which may be regarded as a positive outcome of Cyclone Idai.

Challenges at

accommodation centres

Accommodation centres are generally existing public structures such as schools, churches and hospitals. They only have facilities that correspond to the original user numbers and are not prepared for large numbers of displaced people. However, a large part of the population needed to stay in accommodation centres for several weeks, because the cyclone had destroyed everything they owned. These people depended upon aid provided by humanitarian actors. This section will describe the situation within the accommodation centres from the perspective of women and men, girls and boys with disabilities and addresses the challenges they experienced while staying here.



Food distribution was regarded as unorganised and aggressive

Respondents, particularly with visual impairments, reported not being able to access aid items because of people fighting over food provision.

“ Persons with disabilities don't have means to fight over food. If they are suffering from hunger they prefer to go home and go begging in town for their survival. Because if they stay in the accommodation centres, we will end up dying. But not only blind people, this also counts for other types of disabilities. ”

- Focus Group Discussion DPO2

“ I was also in an accommodation centre, a school. It was difficult for me to receive food. [...] In the school they cooked food, but it was difficult to get a plate for those who cannot see. If there is a fight over food, those who are blind will lose over those who can see. I addressed this issue and said that we need to get priority, but they ignored me. ”

- Focus Group Discussion DPO2

Those participants who addressed the issue of not being able to fight over food reported that they were subsequently told to approach the DPO for food support, rather than have the issue solved at the level of the accommodation centre.

“ When I went to the school to seek for shelter, food was provided. But we had to fight over the food in order to receive something. After this, we talked to the school director to look at the situation of blind people. They referred us to ACAMO to receive goods. ”

- Focus Group Discussion DPO2

“ I was also on an accommodation centre, a school. It was difficult for me to receive food. They told me to approach ACAMO [DPO for persons with visual impairments] - they are the ones that can provide food. ”

- Focus Group Discussion DPO2

Moreover, people with disabilities were not prioritised during food distribution and ended up waiting in long lines, even when facing difficulties standing due to physical impairment.

“ When the day arrived [of the food distribution] we needed to be there because we had to wait for our names to be called. [...] If your name starts with the letter 'S', you would stand for a long time or even have to wait till the next day. They are calling people based on alphabetical order. [...] For example, people that have a wooden leg or metal in their bones, they cannot stand for a long period. They had to wait outside in the sun. We couldn't do nothing but waiting and waiting. ”

- Man 38 years old with an amputated leg

WASH facilities were often inaccessible

Another issue raised by participants was the challenges they faced in accessing WASH facilities within accommodation centres. Respondents mentioned not being able to use the toilet independently at the accommodation centre due to accessibility issues. As explained by several participants, pit latrines without grab bars are difficult to use without support if someone has a physical impairment.

“ His leg that has suffered with the accident, he cannot bend it. So, whenever he needs to defecate, I have to grab his arms and then he can stay and do the necessity. And then, if he finishes, he must have always someone to grab him back to stand. That is the main difficulty. ”

- Brother of 28-year-old man with a hearing impairment and a broken leg

“ From that old one, the old toilet [which was a pit latrine], I couldn't use it because sometimes when I bent, I had pain on my knees and couldn't use it well. This [accessible toilet built by humanitarian organisation] is good because there is a seat and also there is something for you to grab on. ”

- Man 25 years old with a physical impairment

Fetching water would be challenging for women and men, girls and boys with a physical impairment as well, especially since water points could be far from the accommodation centre. In these cases, participants indicated to be dependent upon others as well.



“ I have difficulties to take water and use the toilet. (...) My mother carries the water for me. ”

- *Woman 27 years old, with a physical impairment*

“ I cannot fetch water myself, for me to there is a bit far. ”

- *Man 25 years old with a physical impairment*

“ The water was far for everyone, but who helped me was my neighbour. They were fetching water for me. ”

- *Woman 52 years old with a physical impairment as result of a stroke*

Lack of information on resettlement process

Respondents mentioned not having clear information on what was happening, particularly in relation to the resettlement process from the accommodation centres to resettlement sites.

“ They took us towards the Peacock [accommodation centre] [...] There was no information, they just showed up and started to load people in trucks. They forced us to go. They didn't give us a choice. We didn't know where we were going. ”

- *Women of 52 years old who has a physical impairment as result of a stroke*

“ The only information that we were being given when we were at school [accommodation centre] they were saying that 'this is a school, you cannot stay a long time here, there will be one day that you all are going to be asked to move'. But they didn't say when or to where. They just said there will be a day that we will have to move. ”

- *Mother (85 years) of man (48 years) with epilepsy and an intellectual impairment*

No information was provided on when and how the movement would take place, which sometimes even led to the separation of families.

“ They just started to load people on buses without proper communication beforehand. So, for example, when the mother of the family was in the hospital during the moment of resettlement, the rest of family would be moved without her. ”

- *Humanitarian officer*

Many participants did know about 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.

“ For the people that didn't want to go with us [to the resettlement site], they said they can go back to their suffering. But if you choose to stay, we are going to provide land to you. ”

- *Woman (85 years old) of man (48 years old) with epilepsy and an intellectual impairment*

“ Before cyclone I was living in a rented house, then when cyclone came the house was damaged [...] they have been asking if you have land or not and then I said 'no' and then they said many people are moving to another resettlement camp, then we chose to come here to at least have a plot of land. ”

- *Woman (27 years old) with a hearing impairment*

“ After Cyclone Idai I was living at Balança [accommodation centre] the provisional camp and then, when we were there, some people asked if you do have a land just go back to your land but if not, you can come with us here [to the resettlement site]. ”

- *Woman 27 years old with one amputated arm*

“ They were saying that people who have lands, they can go back to their lands, those who don't have they will be relocated to Mandruzi [resettlement site]. ”

- *Mother of a boy (8 years old) with an impairment on his leg*

Changing situations: for better or worse

Some participants indicated that they considered themselves better off in resettlement sites. The reasons for this mainly had to do with the aid they would receive as well as with the property ownership they received.

“ Back there I was living in bad conditions and now it is better because they provide us with food, clothing and almost everything. I don't know if the government will still be supporting us, but for now it is good. The government also gave us some plots of farming land. ”

- *Father of a boy (13 years old) with severe burn injury*

“ Before and now my life has improved a lot, before I was suffering a lot but now since I'm here I have been helped with food items and other things so now I'm living in much better conditions. The things that I have improved is the food supplies and also we have received a bag of cloths ”

- *Woman 53 years old with a hearing impairment*

Moreover, when living in the resettlement site, the received goods can easily be shared with family members outside the resettlement site. Some families would even split up for this purpose, while a part of the family would stay behind in the community the other family member could receive the goods in the resettlement site and share with them.

“ I was living in my parents' house [before the cyclone]. When this opportunity came, I just had to take it because I wanted to have something of my own. I have been divorced since 2012 so I wanted to have land for myself. [...] I live alone because two of my children go to school already. Because of the distance here it is very far for them to go to school every day so they stay in my parents' house during the week. But on the weekends, they spend the days here with me [...] When I receive the food support, I take half of the food and give it to my parents so that they can also manage to feed my kids ”

- *Woman 27 years old with one amputated arm*

Contrary to the above stories, there are also people regarding their situation in resettlement sites as worse compared to the life they lived before. They recognise the temporary nature of aid provision and worry about what will happen after distribution stops. Also, they regard the lack and loss of income-generating activities as a real concern.

“ I am seeing that my life got worse because maybe they will stop giving us aids and we have no job, no part-time jobs, not some sort of income. It will be only suffering.[...] The things that I have learned to do is doing business and here I cannot do business in order for me to buy some food. This is complicated because what I learned to do, here they don't have. ”

- *Man 25 years old with a physical impairment*

“ Our life is not better here because we don't have anything to do, no job, not even a business we can start. Before at least we had something, we could do and be productive with. ”

- *Mother of a girl (6 years old) with intellectual impairment*



Challenges at

resettlement sites

Resettlement sites are permanent locations where people are moved to because the areas where they used to live are no longer safe. They have been given the right by the government to receive a plot of land to restart their lives. Within resettlement sites, various services can be found such as latrines, water points, shelters, schools and health posts. Even though these are still temporary constructions, the intention is that they will eventually become permanent services as the population is expected to stay for an indefinite period of time. This section will address the challenges women and men, girls and boys with disabilities experience in accessing the services and, in general, the difficulties in making a living within the resettlement sites.



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

Although there is aid being distributed in the resettlement sites, women and men, girls and boys with disabilities often indicated not being able to make use of everything provided because they are not physically able to do so, nor do they have the money to pay someone to help them out. This includes being unable to build a house or dig a (toilet) pit when given construction materials, nor having the financial means to outsource this kind of labour.

“ People are saying that there are going to be distributed like construction material, but they won't give any other help. We need to build our houses ourselves so I do not have a husband and I also do not have anyone else to help me. I don't know how I can manage to rebuild my house if I do not have anyone to help me doing that. ”

- Woman 53 years old with a hearing impairment

“ [Humanitarian aid organisation] is providing toilets for all homes. But family needs to dig a hole themselves. But elderly and women and men, girls and boys with disabilities complained that they cannot dig a hole themselves because, for example, they have physical impairments. ”

- Resettlement site staff

They also mentioned having insufficient money to travel to the shops to redeem the distributed value vouchers. Moreover, it was mentioned that they are often physically unable to reach or work on the farmland they have been given and are unable to carry distributed food or materials home independently because of their physical condition.

“ There was only one store in Mafambisse that was accepting that cheque. [...] So, basically the cheque was only for you to go there on the store and collect food. But first I did not have money to go there so the cheque stayed with me for several days until I collected enough [for transport]. ”

- Woman 53 years old with a hearing impairment

“ The government gave us some plots for farming 5 to 6 kilometres from here, but I don't know exactly. I'm no longer farming. I am not okay with my body, my health is not in good conditions, and even to walk there, I cannot do it anymore. ”

- *Father of a boy (13 years old) with severe burn injury*

“ People complained that, if they want to collect their goods, there is no one to help them to carry it home. ”

- *Resettlement site staff*

“ The people need to fetch the food themselves because there is no transport to disseminate the items in the resettlement site. There is no plan to help those who cannot walk. ”

- *Resettlement site staff*

Some also report having to miss distribution moments, for example because they need to visit the hospital, which is especially a problem if they don't have a family member to fetch the items on their behalf.

“ What happened here is because they do not accept to give someone else other than you. If you are not there present to receive it, no one will get your part unless it is part of your family they know. And maybe they can give to you but if you are not around, they won't give anyone. ”

- *Woman 27 years old with one amputated arm*

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

At the resettlement sites, people are living in temporary shelters consisting of triangular or round tents. When these types of tents ran out, people were given simple tarpaulins and wooden beams. Some participants mention that the shelters are inadequate or unsafe for them due to their impairment. The tents, for example, get very hot during the day which is a health risk for people with albinism who may get severe sunburn. Also, during the night-time it gets very cold inside which is difficult for people with weak immune systems and those who cannot withstand humid environments.

“ [One of the Disability Inclusion Facilitators] visited resettlement sites in Guara Guara [Buzi]. He found one boy with albinism. The tent he was living at was very hot, this harms the skin. ”

- *Focus Group Discussion DPO1*

“ Fog goes straight into the tent where we are sleeping with [our daughter], that makes her ill. I mostly feel sorry for her [our daughter] because at that tent, the fog comes straight inside. It is very humid, and she cannot live well in that temperature. ”

”

- *Mother of a girl (6 years old) with intellectual impairment*

Respondents, especially those with a visual or hearing impairment, explain that the shelter does not provide sufficient security and they live with the constant fear of being robbed.

“ [...] here in the resettlement camp there is robbery cases. For example, my tent doesn't have a door so I cannot close it. If I go out my door is like open and then for example last week some people stole my food. ”

- *Woman 27 years old with an amputated arm*

“ Here there are a lot of thieves. With this material doesn't support. A thief can just come, open and take out whatever he wants, maybe he can just cut it with a razor. ”

- *Man 25 years old with a physical impairment*

“ There are some security complaints; people are stealing goods during the night. Especially woman living alone and elderly people who cannot see very clearly are at risk. ”

- *Resettlement site staff*

“ The houses that we are living in don't give us enough security. [...] It happened with one of my neighbours that live a little bit far from my tent, that he slept, and the thieves came and cut the tent and took out everything that they wanted. When he woke up it was like sleeping outside and without anything. You cannot just sleep, you need to sleep and be awake at the same time so that you may secure your house. ”

- *Father of two children with hearing impairments*



Women and men, girls and boys with disabilities feel unsafe and discriminated in the resettlement sites

Participants reported feeling unsafe in the resettlement sites because they are bullied, laughed at or discriminated due to their impairment.

“ I am not safe here, I do not feel comfortable here. [...] People here are very mean with me. There is only one lady that is my friend and likes me. The other ones have insulted me, discussed with me about the boundaries of the land. I am not safe because many people here don't like me. They even gave me name because of my disability. ”

- Woman of 27 years old with an amputated arm

“ It is hard to be impaired and live in the camp [resettlement site] because most of the people do not include us as part of the community and they just laugh at us, they make jokes, they respect [treat] us as another human being. It is like we are not supposed to be seeing. And it is very difficult. ”

- CBR activist

In addition, respondents mentioned being scared of being robbed or abused due to exposed living conditions, as tents lack doors and other security elements, and they felt physically unable to defend themselves or their property.

“ It is a good place to be, but it is not safe because of the thieves. [...] There are some [...] people that go into your tent and then take a razor and cut off the tent while you are sleeping. Then they get inside of the tent and take out everything that you have. [...] For me it did happen [as well]. They took my shovel, they took my solar lamp, also plates. ”

- Father of a boy (13 years old) with severe burn injury

“ So, the other problem that there is with him now is the safety of the tent because a while ago one of the neighbours was robbed and then my brother got scared because of the food [he kept inside his tent]. [...] He has more difficulties because he cannot hear anything. He was asking for me like 'till when I'm going to still living in the tent?' so I replied to him like 'you need to be patient'. For now I'm building a fence with bamboo on my place and then, I said, after finish my fence at my house then I can come here and help you also do a fence and then after that you can have your gate and you can lock with your locker then maybe you can be a little bit safe. ”

- Brother of 28-year-old man with a hearing impairment and a broken leg

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. This makes them dependent on people who are willing to inform them. This especially applies to individuals with hearing impairments.

“ The ones from the distribution they called my name and because I have hearing impairment, I couldn't hear it. When I went there to explain that I didn't hear my name being called, they said that the food already ran out, and we don't have anything else to give to you. Since I have a sick child, we don't have anything to eat since the day before yesterday. ”

- Woman 53 years old with a hearing impairment

“ [Food distribution takes place] at the entry. [...] Before they were talking on the microphones so when they talk there, we can all hear it. [...] I am the only one who hears it [as my wife has a hearing impairment] and then I tell her that we need to go there to fetch the food. That is why I cannot go out, as I am her security. [...] They call us on the day the truck arrives; if you are not there you won't [receive] it. ”

- Woman 27 years old with a hearing impairment

In addition, there is a general lack of information on when distribution takes place or the vaccination programme, as well as on the duration of assistance or what follow-up steps will be taken once people are in the resettlement site. In some cases, aid seems to be distributed randomly, with recipients simply needing to be at the right place at the right time. However, this is not necessarily related to women and men, girls and boys with disabilities alone.

“ My wife did not know in advance [about the vaccination programme]. She was going to fetch water and then she found those people giving the vaccination [and then she got the vaccination]. When she came back to take [our granddaughter] to go there the people had already gone. [...] It was too late. ”

- Grandfather of a woman (26 years old) with a visual and hearing impairment

“ Nobody told me regarding cheque distribution, I just saw a couple of women talking about it while they were passing through my house, and when I went inside my daughter came and told me 'mama there a distribution of cheques there.' [...] That is why I went there. ”

- Woman 53 years old with a hearing impairment

“ So, before they were announcing [food distribution] but these days we just receive as a surprise because no one is talking about nothing. [...] If we do not hear about it we just stay without receiving. Sometimes if we see people [a crowd] going to some place or they are always commenting, so we just follow them. ”

- Brother of 28-year-old man with a hearing impairment and a broken leg

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, often 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 especially hard to reach for women and men, girls and boys with disabilities.

“ Buses couldn't reach the resettlement sites, which was still a few kilometres away from the point people were dropped. Persons with disabilities and all had to walk all the way to the resettlement sites. Some had to wait for hours in burning sun before there was someone who could help them reaching the sites. Some people were forced to spend the night on the side of the road; they didn't even have a tent to sleep in. ”

- Humanitarian officer

Within the sites, services such as schools, health and food distribution points are generally located at the site's entrance. This is often difficult to reach for women and men, girls and boys with disabilities because it is too far from their allocated plot of land. Water taps or latrines are also 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.

“ The school is very far from here. It is a distance of more than three kilometres for the kids to reach the school. Many kids which are here are not going to the school because of that distance. ”

- *Woman 27 years old with one amputated arm*

“ [Respondent] The help that they can do is at least for example to have some group there at the distribution centre that can help the impaired people to carry their food till here and also to have someone advertising for these people.” [Interviewer] “And also this tent is quite far from the entrance, so he has to walk a lot with the crutches.” [Respondent] “So there is one day that we went together to the administrative post and then on our way back he was so tired on the arms because of walking with the crutches. ”

- *Brother of 28-year-old man with a hearing impairment and a broken leg*

“ But to [get new medication], we need to go back to Beira with him to do everything necessary so that they can give a new prescription. So, to get to Beira, I need at least 120 Meticais, but for me to have that I need to sell something, for example this bucket or some other things, in order to have this money for transport. I can't continue selling everything that I have. ”

- *Mother of a boy (15 years old) with a physical impairment*

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

Respondents mention that services are physically inaccessible, particularly toilets and water taps. In some cases, there are ramps, but surroundings are still inaccessible, or the ramp is not appropriate for wheelchair users. Schools in resettlement sites are not inclusive for children with an impairment: teachers are not trained to teach children with various kinds of disabilities, nor are there appropriate education materials.

“ The biggest challenge is that there are no qualified people to raise awareness and to teach inclusive methods. During the meeting accessibility issues are raised, e.g. on how to rebuild schools in an accessible way. ”

- *Focus Group Discussion FAMOD*

“ A deaf child tried to go to school but because of communication problems the child stopped going. ”

- *Resettlement site staff*

“ [Respondent] I have difficulties to take water, use the toilet. [...] My mother carries the water. It is there [pointing to water tap].” [Mother] “It is me who helps to take the water and also put her on the toilet and give her a bath. ”

- *Woman 27 years old with a physical impairment*

Lack of (access to) specialised 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 or costs for transportation to reach the service providers.

“ [Interviewer] You were saying that [your daughter] visits the hospital to do some physical exercises. Do you still go there despite the fact that you are living here [in the resettlement site] and don't have work?” [Respondent] “Nowadays no, we are just sitting at home.” [Interviewer] “And what is the reason she is not going to the hospital anymore?” [Respondent] “We cannot do the exercises at home and sometimes we cannot go because we don't have money for transportation to get there. The central hospital is in Beira. ”

- *Mother of a girl (6 years old) with intellectual impairment*

“ In terms of improvements from the aid response, I would like to include pills for [my son], because if he doesn't have pills it is chaos. When pills are over, we need to go from here to Dondo in order to take the pills. Sometimes we don't have any means of transport, so we have to stay here until we find the money to go there and take the pills for him. This is the main difficulty that we face to take care of him. ”

- *Mother (85 years old) of man (48 years old) with epilepsy and an intellectual impairment*

Many, especially men, indicated that they have lost their means of income, and job opportunities within the resettlement sites are limited, meaning that they no longer have the financial means to purchase medication and assistive devices or travel to the (specialised) healthcare services located outside the resettlement site, for example.

“ I had a business back then [before living in the resettlement site], and now I don't have it anymore. I had a small shop. I was selling things in order to have a little bit of money to pay for transportation to get her [daughter] to the hospital. ”

- *Father of a girl (6 years old) with intellectual impairment*

“ She had a baby wheelchair before, but it ended up being broken during the cyclone. When the house got destroyed, the walls fell on top of it. Also, toys got lost. Till today we didn't manage to buy new things. ”

- *Mother of a girl (6 years old) with intellectual impairment*



Withdrawing responsibilities

Disability-specific organisations have been approached by mainstream humanitarian actors with the request to provide direct support for women and men, girls and boys with disabilities, for example on rehabilitation services. Rather than taking up these cases themselves, they shift responsibility towards other organisations. It seems like there is a general assumption among humanitarian actors that women and men, girls and boys with disabilities require separate services, while in fact they can also be included in their general programmes. This reflects the need to change attitudes about women and men, girls and boys with disabilities and recognise that everyone has the same basic needs with possible additional specific requirements. Technical support from DPOs or other disability-specific organisations can contribute here.

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

Respondents who are caregivers of women and men, girls and boys with disabilities indicate difficulties due to their caregiving role. For example, they are unable to work on the plot of farmland provided to them, and are also unable to access aid services as they need to stay at home with their family member with an impairment.

“ Because the farming land is very far from here that is why we cannot go both of us. Only one can go and one stay behind [to take care of the granddaughter]. [The person stays] two days, three days on the farm and then come back, then another person is going. But one must always stay here. ”

- *Grandfather of a woman (26 years old) with a visual and hearing impairment*

In some cases, caregivers were provided with living space far away from the family members they care for, making it difficult to support them or share responsibilities with other family members.

“ And yes, we have been given a plot of land here, but the place that they put my mother-in-law, is situated where the road is going to be [...] but it is very far from us. So, because of that we cannot help them from here. We have talked to the authorities here, but I don't think that they are working because since we made this complaint so that they can move some neighbour to change place with my mother-in-law, until today nothing is happening. ”

- *Uncle of a man (48 years old) with epilepsy and an intellectual impairment*

Caregivers are also often required to share aid provided (such as tents, and food or health kits) with (adult) family members with a disability, as the disabled family member does not receive their own share of aid.

“ I'm receiving the food for both of us, they are not giving him separate. But he is impaired and also an adult so he is supposed to receive his own package, and myself as a mother and elder person also I should receive my own package. ”

- *Mother (85 years old) of men (48 years old) with epilepsy and an intellectual impairment*

“ I have received some complaints about caregivers of people with a disability; they are asking if people can receive their own package. For example, this clothing programme there was only one set of cloths, so she wants to use and the wife needs to use. It can create some tension because they both don't have. If there was a package especially for these people with a disability, they could have their own share, and the others would have their own things. ”

- *Resettlement site staff*

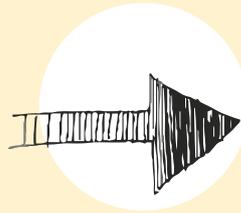


Summary of challenges



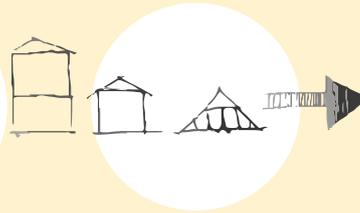
Community setting

- 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



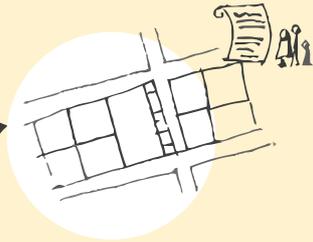
Transition from home to accommodation centre

- 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



Data collection and knowledge of disability:

bottlenecks in aid provision

What seems to be a possible explanation to the described 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 'persons 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 as clear assessment tools are often missing.
- 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, several months post-Cyclone Idai, 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 women and men, girls and boys 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.



Analysing monitoring and assessment tools

Throughout the research, various tools were analysed that are used by humanitarian actors and the government to implement and monitor their activities and identify their beneficiaries. The following examples illustrate the lack of clarity and uniformity in data collection tools and what far-reaching consequences this can have.

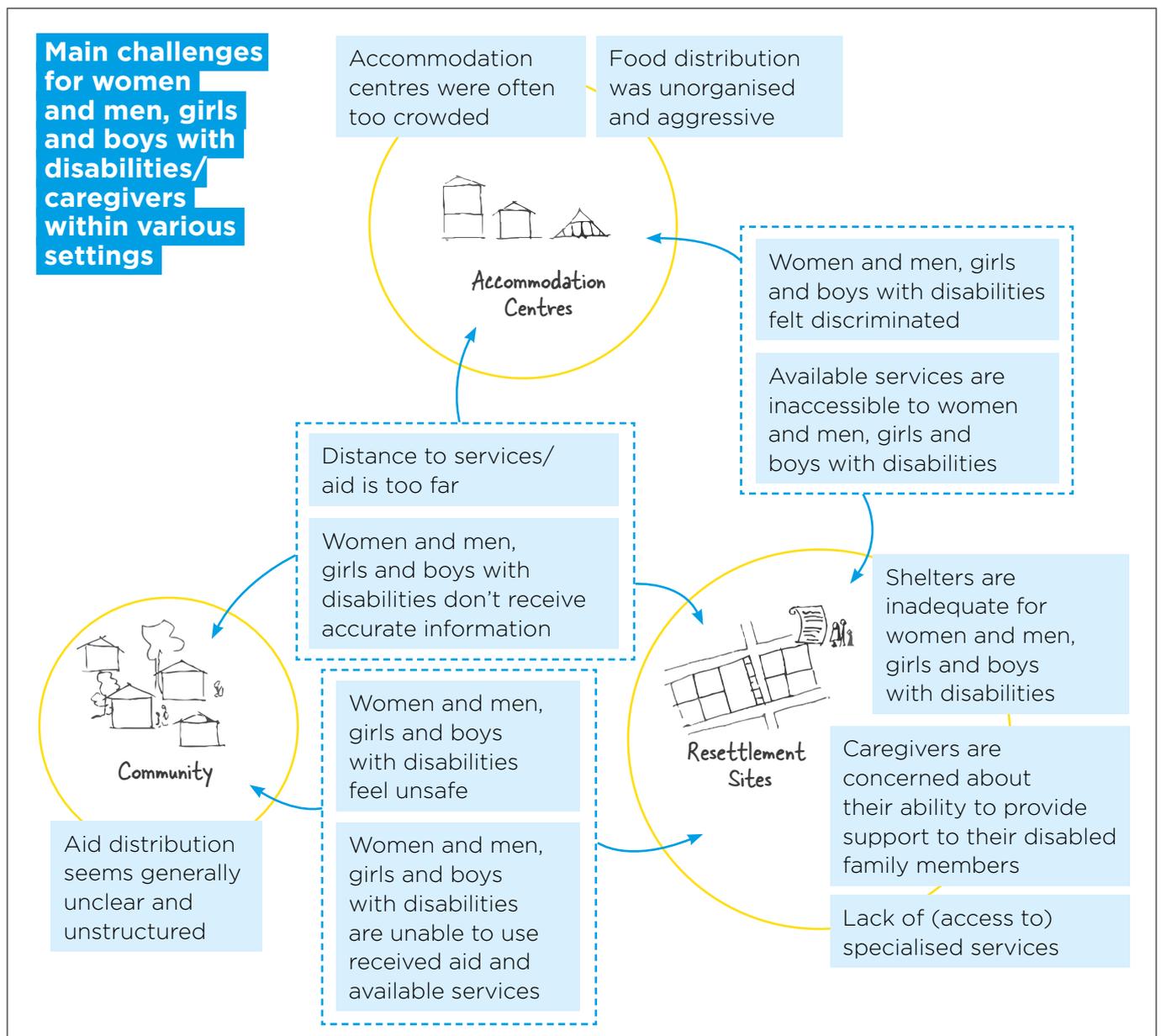
The government is making use of a form to register the families in resettlement sites. It has a special column for 'Pessoas com vulnerabilidade/Persons with specific needs' that entails, among others: 'Pessoas com incapacidade física/People with specific needs' and 'Pessoas com incapacidade mental/Persons with mental health needs'. There is no accompanying guideline that outlines what these terms include. Remarkably, only persons with physical and mental impairments are named vulnerable, which leaves out a large part of the population with disabilities. Also, the quality of the translation from Portuguese to English is inadequate. Incomplete and inaccurate data on women and men, girls and boys with disabilities can have significant consequences, as the goods and services provided in the resettlement sites are largely determined by these figures.

Humanitarian actors use so-called 'vulnerability criteria' to define their recipients (see box 'The aid rationale', page 13). Within one of the analysed vulnerability criteria, reference is made to persons with 'severe forms of disability'. However, it is not defined what these 'severe forms of disability' include which raises the question as to what level of functioning is necessary to count as 'being disabled'. In fact, within the accompanied document that outlines the targeting criteria, this term is not used at all; reference is only made to 'people with special needs (mental or physical)' and, again, an explanation or definition is missing. This leaves a lot of room for (mis-)interpretation. Moreover, there are no specific guidelines available for the identification of women and men, girls and boys with disabilities. It thus seems unclear which person matches the vulnerability criteria and thus becomes eligible to receive aid.

Conclusion and discussion

This report described 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. Their situation is researched within three different locations in Sofala province, namely: in communities, accommodation centres and resettlement sites. Also, the challenges in relation to the transition from home to accommodation centres are described. Some of these challenges overlap within the different 'locations', as visualised in the figure below.

Challenges in relation to distance of services/aid are encountered in communities, accommodation centres and resettlement sites. Also, the provision of information was not always accurate within these three settings. Feelings of insecurity were especially a concern within the community setting and resettlement sites, as well as the inability to use the received aid and available services. Discrimination of women and men, girls and boys with disabilities and the inaccessibility of services were mainly a challenge within accommodation centres and resettlement sites.





Besides these common barriers, there were also some specific challenges per location. Within the communities, there are concerns about unclear and unstructured aid distributions. Accommodation centres were often too crowded for women and men, girls and boys with disabilities to stay and food distribution could be unorganised and aggressive. Within resettlement sites, challenges relate to inadequate shelters and the lack of access to specialised services. Moreover, caregivers are concerned about their ability to provide support to their disabled family member due to specific contextual factors. An underlying cause for the above challenges relates to a lack of knowledge and data on women and men, girls and boys with disabilities which is hampering their access to humanitarian aid in Sofala province.

The fact that most challenges are found within the resettlement sites can possibly be explained by the high concentration of humanitarian aid provided within resettlement sites. This reflects a real concern since the majority of the affected population is still living within the community. This includes, in particular, people with disabilities, as they often couldn't seek shelter in accommodation centres in the first place - and therefore also never transitioned into resettlement sites. In addition, the

described challenges for women and men, girls and boys with disabilities in relation to accessing humanitarian aid in resettlement sites should be viewed in the light of the rushed resettlement procedure: this undermined the correct implementation of the procedure, in line with the RRR Guiding Principles, which possibly also increased the number and degree of challenges experienced.

Nevertheless, this paper provides clear evidence on the barriers to accessing aid for women and men, girls and boys with disabilities within various settings in a post-Cyclone Idai context. It shows that improvements can still be made to put inclusive policies into practice, including concrete actions that will remove persisting barriers to accessing humanitarian aid by women and men, girls and boys with disabilities. In order to do so, recommendations are provided for the key actors involved in the cyclone response in Sofala province, to improve their upcoming humanitarian aid activities. In addition, suggestions are provided for future research to increase evidence that fosters policy development for an inclusive humanitarian response in Mozambique and beyond.

Recommendations for actors involved in humanitarian response

Involve DPO network FAMOD in emergency response mechanisms

DPOs/FAMOD, as part of the Disability Working Group, 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 the National Institute of Disaster Management (INGC). Ideally, women and men, girls and boys with disabilities should be represented within all INGC management committees on different administrative levels. Amongst others, FAMOD 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.

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

DPOs/FAMOD should be invited to provide training for 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 with the use of the Washington Group Short Set (a set of questions designed to identify people with a disability) and when and how to refer women and men, girls and boys with specific needs to service providers such as physiotherapy or psychosocial services. 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.

Create inclusive distribution systems of food and non-food items

Aid providers (such as the Ministry of Agriculture and Food Security, World Food Programme and the Food and Agriculture Organisation) 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 Camp Coordination and Camp Management (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.

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 audio and printed material with easy-to-understand information. Ideally, this would be complemented by 'tent-to-tent warning' with assistance by a sign-language interpreter/someone able to communicate with women and men, girls and boys with a hearing impairment. Government agencies responsible for early warning (such as INGC) should also incorporate inclusive communication methods into their warning systems.

Install disability-specific community structures

The Ministry of Gender, Children and Social Action (MGCAS)/ National Institute for Social Action (INAS), in close collaboration with DPOs, should establish community committees specifically for women and men, girls and boys with disabilities. This can foster the communication between the affected population and service providers, ensure access to and exchange of information, and make informed decisions for the represented community members. Such a committee ensures that women and men, girls and boys with disabilities are targeted during (conditional and unconditional) food distribution, that their voices are heard and their views are incorporated into 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 the Ministry of Public Works, Housing and Water Resources (MOPHRH), International Federation of Red Cross (IFRC) and United Nations High Commissioner for Refugees (UNHCR)) should

involve women and men, girls and boys with disabilities in designing inclusive shelter facilities. For example, 'sample shelters' for women and men, girls and boys with different types of impairments can be designed and used to discuss how to remove possible barriers in the resettlement site.

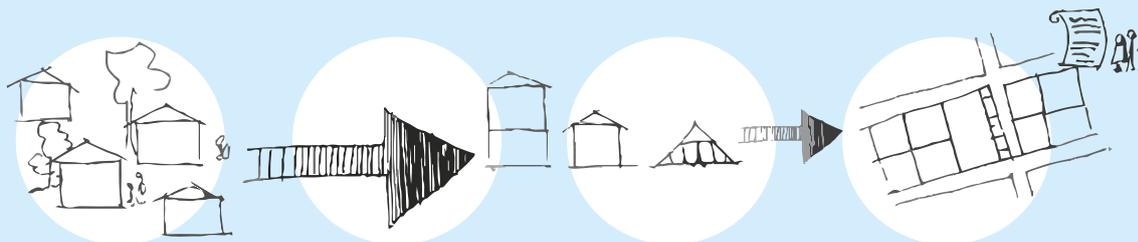
Design accessible shelters, services and camp layout

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 women and men, girls and boys 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 UNHCR), using locally available materials. Specific attention should be paid to protecting people with albinism from sunlight by the provision of appropriate shelter materials. The Ministry of Agriculture and Food Security, INGC 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 MGCAS/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.

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

Recommendations for future research

We recognise that this study could go further as much remains unexposed. Therefore, we would like to stress the importance of further research to broaden and deepen the evidence on the situation of women and men, girls and boys with disabilities in a disaster context and their position within the humanitarian response. Many relevant and important topics can be found within these thematic areas; however, we would suggest research on the following specific topics:

- **Research on the challenges and recommendations** specifically for women and girls with disabilities: within this research no significant gender differences could be found in the challenges for men and women in accessing humanitarian aid. However, women are generally regarded as more vulnerable compared to men, and it is widely acknowledged that women often face additional difficulties in daily life. Therefore, it might be interesting to add a specific gender lens to the study. For similar reasons, a study can be conducted on boys and girls with disabilities within the humanitarian response.

- **A study on the disaggregation of disability-specific data** and the use of the Washington Group Questions: within this research it became apparent that the lack of disability-disaggregated data is a bottleneck in aid provision for women and men, girls and boys with disabilities. This is aggravated by the lack of knowledge on disability in general and a lack of skills in relation to disability identification. Therefore, a study on the disability-specific data and the use of the Washington Group Questions might be valuable to better understand underlying dynamics of aid provision to women and men, girls and boys with disabilities.



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