



# The Inclusive Sofala programme

Girls, boys, women and men with disabilities must be able to participate in society as well as people without disabilities. As this is not always the case, Light for the World has created the Inclusive Sofala programme.

Inclusive Sofala is a five-year programme in Mozambique, funded by the Austrian Development Cooperation (2018-2022). During this period, Light for the World along with its partners intends to promote access to services and development initiatives in Sofala province for girls, boys, women and men with disabilities. We believe that, in the end, all people with disabilities will be able to participate actively in all aspects of life in Sofala.

## Relevance of the study and publication

There are many reasons why people are excluded from society, including disability, religion, social status and religion. In our function as Light for the World, we are looking to investigate two of these: disability and gender. Women and girls with disabilities are even more vulnerable and exposed to the violation of their rights. This includes exclusion from decision-making processes concerning their rights and also a "double" barrier due to social participation and discrimination, which is associated with the stereotype "because they are women and because they have a disability".

Inclusive Sofala aims to ensure that girls, boys, women and men with disabilities are empowered and allowed access to, agency with, and active participation in decision-making processes, and also that they benefit equally from programme interventions. This means that we first need to understand the current situation of women and men in Sofala province, with and without disabilities. We also want to understand what we can do to change the situation and ensure that girls, boys, women and men with disabilities can participate actively in society. This engages rights holders at all levels, in a human rights-based approach.



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## Methodology

We collected qualitative and quantitative data on the situation of women and men with disabilities in Sofala province in 2018.

We additionally performed a desk review of:

- Basic documents and statistics on gender and disability in Mozambique;
- Documents used in the Inclusive Sofala programe;
- Data from the Inclusive Sofala programme Baseline Study conducted in 2018 with technical support from the World Health Organization.

# We also collected information from people in the Búzi district as well as in the city of Beira:

- In Búzi, focus group interviews were conducted with women and men, girls and boys with disabilities, activists, and implementing partners of Light for the World, in addition to semi-structured interviews (individual and in small groups) with representatives of the district services, teachers (female and male) and community leaders (female and male) in Búzi;
- In the city of Beira, semi-structured interviews were carried out with implementing partners of Light for the World, a representative of the Provincial Directorate for Gender, Children and Social Action (DPGCAS), and the Light for the World team;
- Finally, we held a participatory seminar with Light for the World partners and the Forum of Mozambican Associations of Persons with Disabilities (FAMOD).

In total, we spoke to 57 women and 70 men. The larger number of men results from the fact that the majority of representatives from the organisations were men. There was a gender balance in the selection of participants in the focus groups.

Our interviews were conducted at different levels, from people with disabilities right through to the state government.



### **Results**

The gender analysis conducted for the programme confirmed that gender and disability are determining factors for exclusion. A woman with a disability in Sofala is more likely to be single, poor, uneducated and marginalised.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) adopted in 2006 states that people with disabilities, women and men, are equal to people without disabilities. The result of our analysis will be presented with the support of the articles of the UNCRPD.



# **Article 9:** Accessibility

People with disabilities must have better access in all areas of their lives.

Access to the physical environment in villages, towns and the city of Beira is a limiting factor for all people with disabilities: girls and boys, women and men. Displacement worsens during the rainy season. Children often arrive late for classes, and they have less time to learn as a result<sup>1</sup>. Men with disabilities report that they are isolated in their backyards during this time because they have difficulty walking outside the house<sup>1</sup>.

School toilet facilities are not in a suitable condition even for children without disabilities, and the situation is worse for girls and boys with disabilities.

Access to information is especially limited for girls and boys, women and men who have communication difficulties. Few know sign language (this is the case regardless of whether people have hearing problems or not).

Many toilets in Mozambique's schools are not clean, safe or accessible. This may not seem like a serious problem, particularly in rural areas where classes last 4 to 5 hours a day, but for girls this means that they cannot attend classes during menstruation<sup>6</sup>!



# **Article 13:** Access to justice

People with disabilities have the same right as anyone else to go to court, take someone else to court, and be part of what happens in court.

Many women and men with disabilities don't have access to justice because they don't know their legal rights. A person has to know their rights to lay claim to them.

Many people with disabilities don't know how to deal with legal problems<sup>3</sup> or who to approach with them. In more severe cases, such as abuse involving family members, victims don't contact the authorities for fear of reprisals by family members.



If a person with a disability reports an act of violence and someone comes to investigate, the following day the family members say: 'you complained, so now get out of here and join the person who just came here!'. That's why people choose to hide the violence.1

Most of the time, it is women who care for people with disabilities. However, women often have a lower level of education than men, and those women who are mothers of children with disabilities often have low self-esteem because their child's disability is commonly said to be their fault<sup>2,4</sup>. Girls and boys, women and men with disabilities may not always demand justice for themselves, and as their caregivers have low levels of education, they are often unable to demand their rights on behalf of them<sup>5</sup>.



# **Article 14:** Liberty and security of person

People with disabilities must live safely and in freedom just like anyone else.

There are several cases of isolation and imprisonment of children in their homes . Some parents prefer their child with a disability to stay at home instead of going to school or playing with other children, and they often think that this will protect their child. Similar situations occur among girls and boys, but they are more frequent among girls because the latter are considered more fragile<sup>4,6</sup>.



## **Article 16:** Freedom from exploitation, violence and abuse

People with disabilities must be protected from violence, abuse and exploitation both inside and outside their homes.

It is hard to determine the exact level of violence and abuse. Many victims are afraid of reprisals and therefore they don't report cases or don't know how to express a complaint. The information available shows that many women suffer from gender-based violence<sup>2,7</sup>.

In Mozambique, approximately half of women (with and without disabilities) have been victims of physical or sexual violence in their lives<sup>8</sup>. 76% of the cases reported to the authorities are complaints from women<sup>9</sup>. This means that more than three quarters of sexual assault is directed at women.



Most women with disabilities only serve to satisfy sexual needs. When it gets serious, the men run away. They don't want to be identified as the partner of a woman with a disability. The woman becomes pregnant and suffers even more from the child.<sup>3</sup>

The prevalence of HIV/AIDS is higher in women. HIV is closely linked to violent and forced sexual practices, as well as to changing sexual partners, which makes female heads of households especially vulnerable to HIV infection9. Women with disabilities are exposed to a high risk of being infected with HIV because they are unable to negotiate safe sex<sup>2</sup>.

Children and even adults with sensory impairments are susceptible to violence in the family. They can be beaten when they urinate in the family's bed instead of receiving the necessary care<sup>2</sup>.

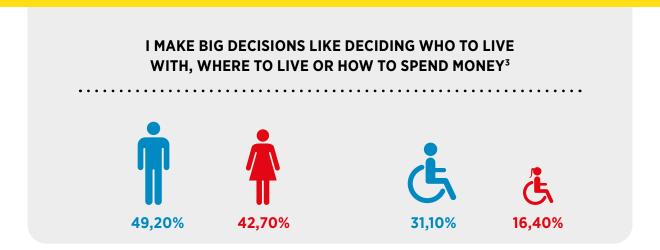
Elderly women with and without disabilities can be accused of being witches by traditional doctors when there is a family member who is unlucky in life. There are cases where local leaders demand that she leaves her home and move to another community<sup>1,2</sup>. In addition to witchcraft, cases of contempt for the elderly, abandonment, lack of protection and lack of food were recorded<sup>2</sup>.



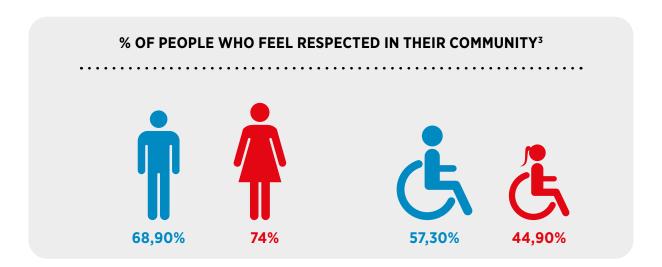
## **Article 19:** Living independently and being included in the community

People with disabilities must be able to choose where to live and with whom to live. They should be able to choose from a wide range of different support services including personal assistance.

Evidence at the level of projects implemented in Sofala shows that less than a third of people with disabilities (30%) can make major decisions related to their lives<sup>3</sup>. This applies to even fewer women<sup>3,10</sup>.



Only half of men with disabilities and far fewer women with disabilities feel respected in their communities<sup>3</sup>. Men with disabilities said some children give them nicknames, like one man with a visual disability said he is sometimes just called "blindy". Many people with disabilities have heard offensive expressions like *Xilema! Chingolo! Euvakaua!* 



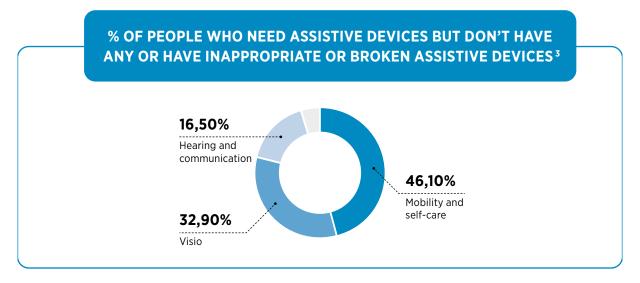
Women are sometimes rejected when they give birth to a child with a disability: "There are fathers who say that they no longer want that woman because she bears the children with disabilities."<sup>2</sup>



# Article 20: Personal mobility

People with disabilities should be able to move about as autonomously as possible.

Few people with disabilities have assistive devices that are useful to them. The table below shows the percentage of people with disabilities who need assistive devices, but have no assistive devices, or have inappropriate or broken assistive devices.



More men (24%) than women (14%) had assistive devices<sup>10</sup>.



# **Article 21:** Freedom of expression and opinion, and access to information

All people with disabilities have the right to express their opinion like other people. They also have the right to have access to information and to give information.

Neighbourhood meetings are the most common way to receive information from the local government and to plan community work, such as cleaning the neighbourhood. In Búzi village all girls and women, and boys and men with disabilities attend the neighbourhood meetings. However, few take an active part, although neighbourhood heads say that people with disabilities speak during meetings: "they are the first to speak and cry out of necessity". "Not all appropriate measures" are taken to ensure that people with hearing or visual impairments are able to participate on an equal footing: "because no one is there to interpret for a person with a hearing impairment, unless there is a friend who understands sign language".<sup>2</sup>



# Article 23: Respect for home and the family

People with disabilities should have the right to establish personal relationships, to marry and to start a family if they wish to do so.

Many people believe the origin of disability is related to superstitions and, mainly, that it develops during childbirth<sup>2,11</sup>. The mother of a baby with a disability faces the possibility that her partner will abandon her, saying: "Stay in your family. No one in my family has a disability"<sup>2</sup>. That's why many children with disabilities grow up with single mothers who have few opportunities for self-support, which means that many children face poverty together with the challenge of disability.

If a person acquires a disability in adulthood, this person may be rejected by their family<sup>11</sup>. Many men with disabilities, and even more women with disabilities, feel they cannot make their own decisions about personal relationships<sup>3</sup>.



Both women and men with disabilities face difficulties if they want to get married. However, if a man with a disability gets married, his marriage is more likely to last. Few women with disabilities have a lasting relationship or get married: 66% of men with disabilities were married or in a marital union, while less than a third of women (29%) were married or in a marital union<sup>1,10</sup>.

A man can marry up to two women, but a woman with a physical disability that makes it impossible to perform certain activities is abandoned. Let's take an example, in a house, the man doesn't dedicate himself to house issues, so he has more time. If a man has a disability he can marry easily because the person who will look after him will be the woman.<sup>4</sup>

Many women with disabilities are abandoned after having a relationship or becoming pregnant. That's why "women with disabilities have to look after and support their children alone while men don't face these difficulties". In addition to men taking advantage of women sexually (see also Article 16), a man's parents also make it difficult for their child to get married to a woman with a disability.

At the entrance to the house they tell them to stop: 'here in our home we don't want your disability'. This means that a person without a disability cannot marry a person with a disability. Parents can expel the boy saying 'get out of our house to make your life'.<sup>5</sup>

Although men with disabilities are more likely to marry, many face difficulties and are questioned about their ability to be the breadwinner<sup>2</sup>.

Culture says the man is the head of the family. The man has to pay the household expenses. The man has to support his wife and children economically. If a boy's disability impacts his ability to work, his parents won't let him have a relationship with girls. Because if this happens, the girl may become pregnant, and this will bring expenses for the family, that is, for the parents. If you have a disability, you will not be able to work to provide for yourself, this woman and the child. Therefore, people with a disability should not have a relationship.<sup>6</sup>

At world level, Mozambique has the second-highest prevalence of child marriages. Among women aged 20 to 24, 14% were married before they were 15 years old and 48% were married at younger than 18, with the highest prevalence in rural areas. The percentage of married men under 18 is only 8.7%, which is a clear indicator that premature marriage is a gender-sensitive issue and that younger girls are frequently married to older men<sup>7</sup>.

The interviewees in Búzi explained that poverty in families also pushes girls into an early and unsafe marriage. Parents accept ten to twenty thousand meticais for their daughter's marriage<sup>1</sup>. Parents see their future grandchildren (of the daughter with a disability) as a means to care for their daughter in the future<sup>8</sup>.



## Article 24: Education

People with disabilities have the right to education just like anyone else.

In Mozambique, many people cannot read or write. Families tend to give boys priority when it comes to attending school: in rural areas, 72% of women cannot read or write compared to 40% of men<sup>12</sup>. Household chores, premature marriage and motherhood, as well as the lack of support from husbands for wives to continue their education also increase the female school dropout rate. Also, the lack of female teachers (they could be a source of inspiration for girls) makes it difficult for girls to enter school<sup>1</sup>.



These figures are even higher for women and men with disabilities. Girls, boys, women and men with disabilities face many challenges in accessing education, ranging from the journey to the school, a lack of ramps at school, unsuitable bathrooms, teachers with limited experience in inclusive education, to the poverty of parents<sup>1,2,4,13</sup>, resulting in late entry to school and poor quality of training. Many children leave primary school without learning how to read or write<sup>6,13</sup>.

#### LEVEL OF SCHOOLING<sup>3</sup>

Education level	Women with disabilities	Men with disabilities	Women without disabilities	Men without disabilities
% of adults without formal education	51%	39%	44%	27%

Looking at children, we see a similar situation – very few children with disabilities finish primary school<sup>3</sup>. This is even more serious, considering that in Mozambique 14% of children between two and nine years of age have some disability<sup>15</sup>.



## **Article 25:** Health

People with disabilities are entitled to access good health and health services, including family planning.

Both women and men with disabilities have greater difficulty in accessing the necessary health care compared to those without a disability. This difficulty is because health services are far away, there is no transportation, or transportation is expensive. Some said they didn't have enough money to pay for the cost of visiting the doctor or they didn't have access to transportation<sup>3</sup>.

Men, and particularly women with disabilities are treated with less respect by health service providers than people without disabilities<sup>3</sup>.

Health technicians have difficulty communicating with women and men with hearing and visual impairments. Women don't go to the centre just for themselves, but they also take the children to check-ups. Thus, the impact on them is greater if they cannot communicate with health personnel<sup>2</sup>.



## **Article 27:** Work and employment

People with disabilities have the right to work just like other people.

Both women and men with disabilities have difficulty accessing employment. Only 5% of people with disabilities have a job, of which 3.5% have a formal salary<sup>3</sup>. People with disabilities face the following challenges in the labour market<sup>2</sup>:

- Discrimination based on employers' beliefs that people with disabilities are unable to work;
- Boys and girls with disabilities enter schools later, which makes them join the labour market later than their peers;
- Poor quality of training for people with disabilities because there are no trained teachers to teach children with different disabilities (for example, braille and sign language);
- Less acceptance of men and women with visual and hearing impairments in terms of access to employment than those with physical disabilities.



In addition to the barriers mentioned above, a woman with a disability is also discriminated against because the labour market favours men<sup>2</sup>.

First is the factor of being a woman, the other factor is having a disability, and the third is not having enough training. When the children return from school, the girl will do household chores, while the boy does homework (he does the tasks given to him by the teacher to practise) and the girl still needs to cook to feed the boy. That is why

she is less educated than the boy. When these two

people are compared, the one who stands out is



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# **Article 28:** Adequate standard of living and social protection

People with disabilities are entitled to a good standard of living and social protection. This means they must live well, have a worthy home, a balanced diet and clothing. People with disabilities should be able to improve their standard of living just like other people.

The majority of people in the communities embraced by the Inclusive Sofala programme are poor. Neither women and men with disabilities nor women and men without disabilities think they have enough money to meet their needs. However, within this group of disadvantaged people, people with disabilities have less access to resources, and within people with disabilities, women with disabilities are the poorest<sup>3</sup>.

Despite poverty and the existence of social protection programmes, only 19% of the men and 14% of the women with disabilities interviewed receive social protection services<sup>3</sup>.

In the area where the programme operates, the majority of women and men with disabilities work on their plantation to support themselves. Some women or men with physical disabilities make vegetable gardens instead of working on a plantation due to a lack of physical capacity. No interviewee has a large-scale plantation. If women or men don't have seed stored, they depend on the help of neighbours or savings groups<sup>1</sup>.

In addition to the plantation, women and men with disabilities, especially those with mobility difficulties, run micro- or small-scale businesses. Some started their business with funds from savings groups. Although some women and men achieve higher incomes, most of them run a business for survival<sup>1</sup>.

There are more women than men running small businesses. Single mothers with disabilities say that it's because they "have to take care of their children", while men with disabilities depend on their family or on their wife to support their children (if married)¹. Even so, women are not engaged in large businesses. District women sell processed rice, cup by cup, while men sell unprocessed rice in larger quantities¹⁴.



**Article 29:** Participation in political and public life People with disabilities have the right to elect their governors and to be elected, just like anyone else.

There are associations of people with disabilities in some places, for example in Beira. There is also a specific association for women with disabilities. However, associations often have weaknesses in advocating the rights of their members, and in monitoring the public policies of people with disabilities<sup>2</sup>.

Only 16% of people with disabilities are members of self-help groups<sup>3</sup>. There are twice as many men as women who are members of an association of people with disabilities<sup>10</sup>. 15% of men with disabilities say they feel represented by the association, while only 9% of women with disabilities feel represented.

About 63% of women with disabilities and 67% of men with disabilities participated in the last national elections.



Approximately 56% of people without disabilities believe they can influence the way the community is managed, compared with only 36% of people with disabilities. The difference remains, but more men than women believe they can influence their communities.

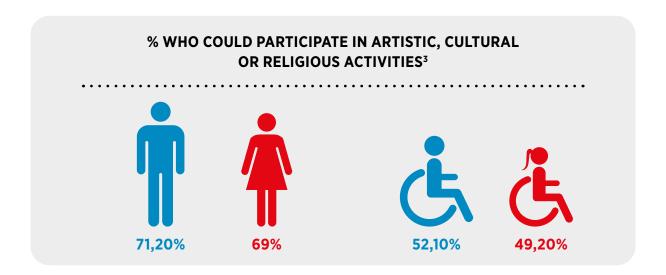


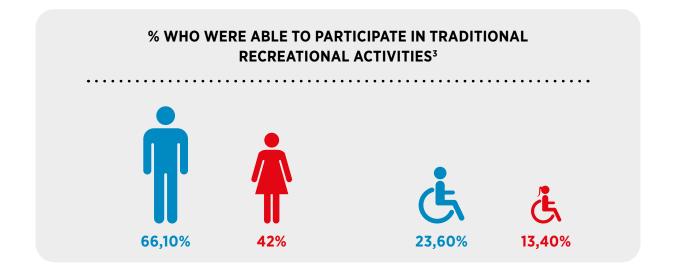
# **Article 30:** Participation in cultural life, recreation, leisure and sport

People with disabilities are entitled to participate in cultural life, leisure and sports just like other people.

In Búzi village, girls and women, boys and men with disabilities participate in community life through groups in the Community Based Rehabilitation programme1. No interviewee mentioned being the head of a community group. Few of the peasant associations have women presidents, although the majority of the members are women<sup>1</sup>.

Regarding participation in cultural or leisure activities, men with disabilities participate less than people without disabilities, and women with disabilities participate even less than that<sup>3</sup>!





## What can we do to change the situation?

How can we guarantee that girls and boys, women and men with disabilities participate and benefit equally from the projects in the Inclusive Sofala programme? The following section provides some recommendations:

## Rehabilitation and social inclusion

- Engage women with disabilities as community activists. People with disabilities can demonstrate to families and communities that girls with disabilities have the capacity to develop themselves.
- Capacity building of gender activists to support and sensitise families to the importance of equal access to opportunities for employment, education, vocational training, human rights, political participation, etc., for women and men, girls and boys with disabilities.
- Support young people with disabilities in the transition from childhood to adolescence in matters of sexual and reproductive health rights.
- Sensitisation of men to assuming part of the care for their family member with a disability.
- Promote access by girls and women to savings groups in communities for socialisation and mutual learning.
- Activities that improve the self-support and self-esteem of single mothers who care for children with disabilities.
- Create separate life skills clubs for girls and boys, so they have the freedom to speak and learn from each other. To strengthen an environment of good collaboration between girls and boys, it is also important to have meetings that include all genders.
- Collaborate with other organisations working in the gender field in the community as a way to improve the inclusion of women and girls, men and boys with disabilities in the communities.
- Develop gender policies to ensure that programmes are inclusive in this regard (considering the roles, power relationships and needs of girls and boys, women and men in their interventions; gender-friendly language; and mutual respect).
- Support partners in developing an action plan on Gender-Based Violence (GBV) through anonymous registration mechanisms, psychosocial support for GBV cases, and violence and abuse in general, including men and boys.

## **Inclusive education**

- Include gender issues and Gender-Based Violence in the training of Inclusive Education teachers.
- Promote the training of female teachers, in particular women with disabilities, to increase the number of these professionals in schools in rural areas, and thus encourage mothers and fathers to take their daughter to school.
- Support awareness-raising sessions in communities, conducted by schooled women with disabilities, to set an example and encourage the promotion of education for girls with disabilities.

# Livelihoods, social protection and professional training

- Identify possibilities of care for the children of girls and boys with disabilities. For example: offering nursery scholarships for the children of girls and boys with disabilities during their training at Young Africa to ensure that young parents have the opportunity to graduate.
- Promote life skills for girls and boys in training and assure a gender approach during training.
- Strengthen the Livelihoods component within CBR, including the development of income activities through savings groups with participation by mothers, fathers and grandparents who care for children with disabilities.
- Instigate activities related to subsistence agriculture and family gardens (traditionally under the responsibility of women) for women and men with disabilities and also for caregiving mothers, fathers and grandparents of children and adults with disabilities to create a source of additional income.
- Sensitise agricultural programmes implemented by development organisations to the inclusion of women and men with disabilities.
- Advocate with District Administrators and District Advisory Councils so that the District Development Fund (FDD) is available for income projects for women and men with disabilities.

## **Empowerment**

- Promote the engagement of young people (girls and boys) in associations of people with disabilities.
- Strengthen the voices of women with disabilities in associations of people with disabilities and FAMOD (Forum of Mozambican Associations of Persons with Disabilities).
- Sensitise the police and the state government to the rights and key issues of women and girls, men and boys with disabilities, and gender aspects related to disabilities.
- Facilitate the inclusion of key issues for women and men with disabilities at district level through Advisory Councils.

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Thank you to consultants Nina Blid (Steglarp Serviços EI) and Kira Ugaz-Simonsen (Juntos Consulting Lda.) for the Gender Analysis conducted between May and July 2018. And thank you to Dr Carla Sabariego and Dr Alarcos Cieza from the World Health Organization for technical support for the Baseline Study of the Sofala Inclusive programme, conducted in April 2018.

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## **PUBLISHING INFORMATION:**

**Edition:** Light for the World International

Editors: Iláuda Manala, Irmi Neuherz, Jenni Pitter-López

**Graphic design:** Susanne Fröschl grafikdesign **Fotographs:** Light for the World, Mango Sound

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