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**G.C.R**



**DISABILITY INCLUSIVE RAPID  
GENDER ANALYSIS  
(DIRGA)  
CABO DELGADO**



## Contact

### **Nyararai Magudu**

Gender and Humanitarian Expert  
Girl Child Rights (GCR)

Bairro 04, Chimoio,  
por detrás da residência dos médicos,  
Manica, Mozambique

[nyararai@gcr.org.mz](mailto:nyararai@gcr.org.mz)

[www.gcr.org.mz](http://www.gcr.org.mz)

### **Zacarias Zicai**

Country Director Mozambique  
Light for the World

Rua Brito Capelo nº 166,  
Beira - Palmeiras 1  
Sofala, Mozambique

[z.zicai@light-for-the-world.org](mailto:z.zicai@light-for-the-world.org)

[www.light-for-the-world.org](http://www.light-for-the-world.org)

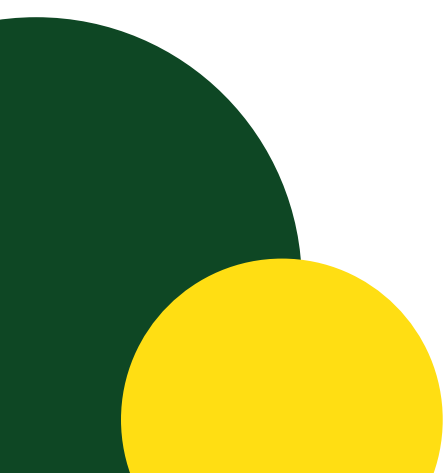
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## Table of Contents

|  |    |
|--|----|
| Acronyms.....  | i  |
| Executive Summary.....   | i  |
| Key Findings.....  | ii |
| Recommendations .....  | iv |
| 1. Introduction.....   | 1  |
| 2. Objectives of the Inclusive Rapid Gender Analysis .....               | 2  |
| 3. Study Design and Methodology .....                                    | 2  |
| 4. Demographic Profile.....  | 6  |
| 5. Limitations.....  | 6  |
| 6. Study Findings.....   | 7  |
| 6.1. Results of the Washington Group Questions Short Set .....           | 7  |
| 6.2. Decision making at household level.....                             | 8  |
| 6.3. Decision making at community level .....                            | 8  |
| 6.4. Resource control at family level .....                              | 9  |
| 6.5. Division of Labour at Home.....                                     | 10 |
| 6.6. Food Distribution .....   | 11 |
| 6.7. Food Security .....   | 12 |
| 6.8. Nutrition .....   | 14 |
| 6.9. Psychosocial Support and Mental Health.....                         | 14 |
| 6.10. Gender-Based Violence .....  | 15 |
| 6.11. Representation and Participation of People with Disabilities ..... | 16 |
| 6.12. Disability Mainstreaming .....                                     | 17 |
| 6.13. Menstrual Hygiene Management .....                                 | 18 |
| 7. Conclusion.....   | 18 |
| 8. Recommendations .....   | 19 |
| 8.1. Food Security and Nutrition.....                                    | 19 |
| 8.2. Psychosocial Support and Mental Health.....                         | 20 |
| 8.3. Gender Equality and Sexual and Gender-Based Violence.....           | 20 |
| 8.4. Advocacy and Participation of People with Disabilities.....         | 20 |
| 8.5. Humanitarian Response.....  | 21 |
| 9. Lessons Learnt.....   | 21 |
| Bibliography.....  | 23 |

## List of Figures

|          |   |    |
|----------|---|----|
| Figure 1 | GCR and Light for the World study team reviewing data collection tools in the field .....   | 3  |
| Figure 2 | Distribution of respondents disaggregated by sex and disability .....                       | 5  |
| Figure 3 | Table - Distribution of respondents by IDP center disaggregated by sex and disability ..... | 6  |
| Figure 4 | Washington Group Questions Short Set .....  | 7  |
| Figure 5 | Proportion of girls and women in community decision-making .....                            | 8  |
| Figure 6 | HH interview at 25 de Junho IDP Centre .....  | 10 |
| Figure 7 | Families number of meals per day .....  | 14 |
| Figure 8 | Menstrual Hygiene Preferences .....   | 18 |



## Acronyms

|        |  |
|--------|--|
| AAP    | Accountability to Affected Populations                               |
| ADC    | Austria Development Cooperation                                      |
| ADEL   | Agência de Desenvolvimento Econômico Local de Cabo Delgado           |
| DICD   | Disability Inclusion in Community Development                        |
| DIGRA  | Disability Inclusive Gender Rapid Analysis                           |
| FGD    | Focus Group Discussion   |
| GAP    | Gender Action Plan   |
| GBV    | Gender Based Violence  |
| GCR    | Girl Child Rights  |
| HH     | Household  |
| HHQ    | Household Questionnaire  |
| IDP(s) | Internally Displaced Person(s)                                       |
| IOM    | International Organization of Migration                              |
| KII    | Key Informant Interview  |
| LFC    | Linha Fala Criança (Child Helpline)                                  |
| MHM    | Menstrual Hygiene Management   |
| MHPSS  | Mental Health and Psychosocial Support                               |
| MoH    | Ministry of Health   |
| NGO    | Non-Governmental Organization  |
| OPD    | Organization of People with Disabilities                             |
| PSS    | Psychosocial Support   |
| RGA    | Rapid Gender Analysis  |
| SGBV   | Sexual Gender-Based Violence   |
| SRHS   | Sexual and Reproductive Health Services                              |
| UN     | United Nations   |
| UNCRPD | United Nations Convention on the Rights of Persons with Disabilities |
| UNFPA  | United Nations Population Fund Agency                                |
| UNHCR  | United Nations High Commissioner for Refugees                        |
| UNICEF | United Nations Children's Fund                                       |
| UNOCHA | United Nations Office for the Coordination of Humanitarian Affairs   |
| WFP    | World Food Programme   |
| WGQs   | Washington Group Questions   |
| WHO    | World Health Organization  |

## Executive Summary

According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), over 745,000 people have fled the north-eastern and central parts of Cabo Delgado province since armed conflict began in 2017, of which 52% are children and 27% are women (UNHCR, 2021). Girls and women with disabilities face compounded risks and threats in times of extended humanitarian and emergency contexts. This is true for conflict-affected girls and women with disabilities from the north-eastern and central parts of Cabo Delgado province in Mozambique who had to take refuge in Internal Displaced People (IDP) resettlement camps in Metuge and Chiúre as the attacks and fighting intensified.

A Disability Inclusive Rapid Gender Analysis (DIRGA) was carried out by Girl Child Rights-GCR in partnership with Light for the Word and financial support from the Austrian Development Cooperation (ADC). The DIRGA seeks to analyze accessibility and inclusiveness of humanitarian service delivery to conflict affected girls and women with disabilities in the resettlement centers and host communities in Metuge and Chiúre districts in Cabo Delgado. Primary data was collected in the districts of Metuge, and Chiúre between the 1<sup>st</sup> and 5<sup>th</sup> of November 2021. Most of the study participants were conflict-affected girls and women with disabilities, their families and community members of which some are project beneficiaries. Identification of the study participants and interpretation was facilitated by Disability Inclusion Community Development (DICD) Activists from Agência de Desenvolvimento Econômico Local de Cabo Delgado (ADEL), a Light for the World implementing partner in Cabo Delgado.

The Rapid Gender Analysis found that the armed conflict in Cabo Delgado resulted in family separation, increased exposure to Sexual Gender-Based Violence (SGBV), forced recruitment, sexual abuse, and exploitation. Additionally, girls and women with and without disabilities were compelled to take on adult gender roles and responsibilities that they are ill-prepared for and/or were coerced into engaging in risky behaviors to survive, cope, or care for their families. For example, narratives from girls and women with disabilities strongly indicate that at times food has been used as a weapon to perpetuate GBV to girls and women with and without disabilities. Even though this unique study was undertaken only in two districts, both primary and secondary data clearly highlights several drivers apart from the conflict that resulted in a systematic and persistent violation of the rights of girls and women affected by the conflict in Cabo Delgado.

## Key Findings

- Nearly 745,000 people were estimated to be internally displaced in northern Mozambique by the end of November 2021 according to the 14<sup>th</sup> round of the International Organization for Migration (IOM)'s Data Tracking Matrix baseline assessment. (Mozambique: Humanitarian Response Dashboard (January-November 2021), 2021, p. ReliefWeb). The displaced people were from Cabo Delgado, Nampula, and Niassa provinces and an estimated 15% are persons with disabilities;
- The study found that Internally Displaced People in Metuge and Chiúre were receiving halved food rations due to the overwhelming demand for food paired with funding shortfalls. This resulted in internally displaced people experiencing acute food intake resulting in acute malnutrition, which affected mostly children under five years of age, pregnant and breastfeeding women, female headed households and girls with and without disabilities. According to the study, 31%, 56% and 13% of respondents reported that they have one, two and three meals per day respectively. The 31% of respondents who have one meal per day are significantly below the minimum meal's frequency and minimum dietary diversity<sup>1</sup> standard (UNICEF, 2021);
- Children under five years old, pregnant, and breastfeeding women and persons with disabilities were chronically malnourished due a host of factors including lack of access to appropriate food and poor nutrition practices;
- Due to damage and destruction to the public health infrastructure caused by the conflict, the study found that girls and women with and without disabilities lacked access to essential Sexual and Reproductive Health Services (SRHS) such as safe methods to prevent unplanned pregnancy, safe abortion, provision of services for survivors of gender-based violence (GBV); and provision of information and protection to avoid contracting HIV and other sexually transmitted infections;
- The crisis has highlighted the intersectionality between gender inequality and the discrimination of people with disabilities. For girls and women with disabilities who are systematically and persistently discriminated against and stigmatized based on their gender and disability, both issues are forms of human rights violations. Such violations include SGBV, Intimate Partner Violence, physical and

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<sup>1</sup> Minimum is defined as **proportion of children aged 6–23 months**, who receive solid, semi-solid, or soft foods at the minimum numbers of two and three times for children aged 6–8 months, and 9–23 months respectively.

sexual violence, abduction, sexual trafficking, sexual exploitation and abuse, and early and forced marriage among others;

- The crisis has exacerbated gender inequalities by placing the burden of new household chores that they did not have prior to the crisis on girls and women with and without disabilities. For example, natural resources like water and firewood have been depleted due to high demand and girls and women mostly without disabilities had to spend many hours searching for and fetching water and firewood or doing temporary work to earn money for their family's sustenance;
- Persons with disabilities reported that they were discriminated against and stigmatized by their family members and the community at large. The study team observed inhumane and degrading treatment of people with disabilities by their family members. For example, in one household, a young man with an intellectual disability was chained outside the tent under the scorching sun. In another household, another man with a disability slept on a makeshift bed outside the tent. Lastly, a young woman with an intellectual disability from a different household spends the entire day locked indoors. There is a belief that it is a curse to have a family member with a disability. The study team noted that the biggest barriers people with disabilities encounter could be lack of awareness and insensitivity towards disability by the people closest to them be it family members or staff from NGOs responding to the crisis;
- The study found that some respondents still had fresh memories of witnessing close family members such as husbands, wives, sons, daughters, children or close relatives being abducted, beheaded, recruited, trafficked, or sexually abused and separated respectively. A handful of respondents shed tears during the interview, highlighting the imperative and urgent need for the provision of Mental Health and Psychosocial Support (MHPSS) services;
- The study showed that MHPSS services were among the most deprioritized services. All interviewees reported that they never received MHPSS services since arriving in the IDP camps. This is substantiated by the research team's observations that both in Metuge and Chiúre there were no safe spaces for women and girls, or any child friendly spaces provided



## Recommendations

- The United Nations (UN), donors and the Office for the Coordination of Humanitarian Affairs (OCHA) through inter-agency coordination mechanisms should demand the collection and reporting of sex, age, and disability-disaggregated data from all humanitarian actors responding to the crisis in Cabo Delgado as this will help to create awareness about the needs of crisis-affected girls and women with disabilities and other vulnerable groups;
- I/NGOs or global disability organizations should support Organizations of People with Disabilities (OPDs) and local women’s organizations to provide awareness on the importance of collecting, and sharing sex, age, and disability disaggregated data to all humanitarian actors working in Cabo Delgado in cluster meetings and other platforms;
- Adopt the twin-track approach to disability inclusion by providing individual assistance to people with disabilities and mainstreaming considerations for such beneficiaries, mostly girls and women with disabilities, in all aspects of assistance;
- Provide girls and women with and without disabilities with nutrition education, counselling on breastfeeding and lactation practices and with cost-effective methods;
- Provide girls and women with disabilities and specific needs with essential Sexual and Reproductive Health Services (SRHS) and GBV survivors centered support;
- Where possible, ensure the participation of girls and women with and without disabilities in the design, development, implementation, and monitoring of interventions. This will help to demonstrate Accountability to Affected Persons (AAP) and to improve the quality of humanitarian response;
- Provide disability and inclusion as well as gender training and awareness sessions in all aspects of IDP camp life and management and on how to encourage the active participation of people with disabilities including girls and women with disabilities;
- Identify internally displaced persons, especially girls and women with disabilities, with urgent and ongoing PSS and mental health needs in the IDP camps and provide them with relevant services in accordance with the recommendations from the PSS and mental health technical working group in Cabo Delgado and in Mozambique in general;
- Facilitate the establishment and running of inclusive and accessible safe spaces for girls and women with and without disabilities to improve communication skills and agency to report and denounce GBV cases;

- Provide disability and inclusive training to GBV service providers through an integrated multi-sectoral approach involving health, social action, police, and justice departments and link them to girls and women with and without disabilities in the established girls and women safe space activities.
- Reproduce and distribute Information, Education and Communication materials on GBV like Linha Fala Criança-LFC-116, Linha Verde -1458, pamphlets and posters and short videos about the law on prevention and combat of premature unions in all the IDP camps;
- Use beneficiary feedback mechanisms to apply course correction measures to improve the quality of humanitarian responses and ensure that beneficiaries are informed and empowered to launch complaints;
- Provide urgent funding to address GBV survivor-centered response service provision with particular attention to girls and women with disabilities.

## 1. Introduction

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The discovery of natural gas and petroleum along the Rovuma basin in the resource rich northern province of Cabo Delgado in Mozambique led the country into an armed conflict. In 2017, a group of self-proclaimed Islamic insurgents known as Al-Shabbab attacked police officers in Mocimboa da Praia. Since this attack, the conflict spread to other districts, forcing close to 1 million people to flee their homes due to violent attacks including sexual assaults, beheadings, village raids, summary executions, kidnappings, looting and destruction of public infrastructure such as schools, health centers and police stations. According to UNOCHA, over 1,3 million people to date, are reported to be surviving on humanitarian assistance in Cabo Delgado because of the crisis and the province continues to be an arena of armed conflict. The conflict intensified throughout 2020 and 2021, with attacks on district headquarters and villages, leading to the forced displacement of hundreds of thousands of individuals.

By the end of 2021, more than 734,000 civilians have been internally displaced to escape the violence, 46% of whom are children and 15% of whom are people with disabilities (UNICEF, 2021). Additionally, with around 3,000 people have been killed due to the armed conflict in the north-eastern and central part of the province. The narratives of the study participants who fled the conflict and managed to get refuge in IDP camps in Metuge and Chiúre are a clear demonstration of the lived experience and suffering of the conflict-affected girls and women, most with disabilities. The untold stories and deep trauma and the physical and psychological scars and suffering are likely to last for a lifetime.

The study revealed that girls and women with disabilities suffer multiple tragedies during a protracted crisis like the armed conflict in Cabo Delgado. The narratives and testimonies collected during the study are a clear demonstration of the gross human rights violations enabled by living in a conflict-affected area. This study captured the lived experiences, the systematic destruction and persistent violation of rights, looting and theft of property, physical aggression, murder and sexual violations of conflict-affected girls and women with and without disabilities before, during and after displacement.

According to UNOCHA, the number of NGOs responding to the humanitarian crisis has increased from less than 20 to 69 since 2017 and that a total of 1.24 million people were receiving lifesaving and life-sustaining assistance from these organizations between January and December 2021. Some of these organizations include UNICEF, UNFPA, WFP, Save the Children, World Vision, Plan International, and Light for the World to mention a few. However, as of November 2021, only 56% of the US\$254 million requested under the Humanitarian Response Plan (HRP) has been received by the humanitarian organizations.

Thus, from the 1<sup>st</sup> to 5<sup>th</sup> of November 2021, Girl Child Rights (GCR) in partnership with Light for the World conducted an inclusive DIRGA) in Metuge and Chiúre districts in Cabo Delgado. The purpose of the DIRGA was to collect, identify, examine, and analyze essential information across different community groups, especially people with disabilities, about gender roles and responsibilities, capacities, barriers, vulnerabilities, coping mechanisms as well as to generate a Gender Action Plan (GAP) and recommendations to improve the quality of humanitarian response and to ensure that it is accessible to girls and women with disabilities.

## 2. Objectives of the Inclusive Rapid Gender Analysis

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The purpose of the inclusive Rapid Gender Analysis was to collect, identify, examine, and analyze essential information across different community groups mostly girls and women with disabilities about gender roles and responsibilities, capacities, barriers, vulnerabilities, coping mechanisms as well as to develop an inclusive GAP and recommendations for program improvements to make humanitarian assistance in Cabo Delgado in Mozambique accessible to girls and women with disabilities and other vulnerable groups.

The specific objectives were:

- To understand different needs, roles, access to resources and priorities of conflict-affected persons with disabilities mostly girls and women with disabilities in Metuge and Chiúre districts in Cabo Delgado province in Mozambique;
- To understand why those differences exist and obtain a thorough understanding of how they may prevent girls and women with disabilities from accessing humanitarian assistance;
- To make practical recommendations on how to deliver humanitarian assistance in a more inclusive fashion to persons with disabilities especially girls and women with disabilities.

## 3. Study Design and Methodology

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The inclusive RGA consisted of a quantitative Household Questionnaire (HHQ), Focus Group Discussions (FGDs), Key Informant Interviews (KII), observation checklists and interactive games, songs, dances, and exercises tailored to people with disabilities. The tools (HHQ, FGDs and KII) were adapted from the CARE Rapid Gender Analysis Toolkit [http://gender.careinternationalwikis.org/care\\_rapid\\_gender\\_analysis\\_toolkit](http://gender.careinternationalwikis.org/care_rapid_gender_analysis_toolkit). To achieve the above objectives, GCR used the following methodological options for

data collection as agreed with Light for the World. Qualitative tools from the CARE RGA toolkit were adapted to include disability and to ensure that they were tailored to the Mozambican context. GCR's IT and data analyst collaborated with Light for the World M&E Manager from the Country Office and Light for the World Programme Development Specialist, Economic Empowerment & Humanitarian Action from the International Office. GCR's team developed the tools, originally in English, and later translated them to Portuguese before uploading them in KOBO collect. The content of the HHQ, FGDs and KII covered access to food and nutrition, MHPSS and health, gender equality and gender-based violence, disability rehabilitation, disability representation and participation as well as mainstreaming.



Figure 1: GCR and Light for the World study team reviewing data collection tools in the field

Data was collected and entered in the field and submitted online and in real-time by enumerators in each IDP camp and in host communities. GCR's IT and data analyst provided on-site and on the ground data collection, entering and cleaning support, while the Team Leader, GCR's Gender and Humanitarian Expert, provided on-site quality assurance. The Light for the World team provided on-site quality and daily feedback and learnings. Each enumerator was paired with DICD Facilitators to facilitate identification of study participants and provision of interpretation. The study used representative sampling methodology. The girls and women with disabilities interviewed in a greater way reflect the needs, views, priorities and challenges faced by other girls and women with disabilities who did not take part in the study. This helped the study to make the most out of a small population size of girls and women with disabilities to arrive at valuable research outcomes. The planning and design of the study took place in Chimoio at GCR's office one week prior to the primary data collection. The final planning day was in Pemba where GCR, Light for the World and ADEL staff had an opportunity to make final arrangements and adjustments prior to

kick-starting the data collection. The field work took place from the 2<sup>nd</sup> to 5<sup>th</sup> of November 2021 in the five resettlement centers of Metuge and Chiúre. The field work was facilitated and conducted by a research team of 7 people (4 men and 3 women) from Girl Child Rights-GCR with active participation from 3 Light for the World staff (2 women and 1 man). Interpretation and identification of interviewees was facilitated by DICD Activists from ADEL. Quantitative data was analyzed using Excel, PSSP, PowerBI and infographics. Sample proportions of key attributes were computed, especially sub-group categories (IDPs and host community), location of residence and primary language and gender were measured.

The DIRGA also used qualitative data collection methods and analysis. The main target group for this study were conflict-affected girls and women with disabilities. In addition, the study also collected information from women and men without disabilities. Some were family and community members of the interviewed people with disabilities, while others were internally displaced people living in the five surveyed IPD centers. Data was also collected from a handful of staff from INGOs, the UN, government, and some community leaders. More qualitative data collection methods like Focus Group Discussions (FGD) were used given the nature of the inclusive DIRGA. The enumerators used the KOBO collect tool to record the interviewee's perceptions in greater depth to facilitate analysis and presentation of descriptive findings and to obtain more in-depth information.

**Household Survey:** Individual interviews were conducted with women and men with disabilities subject to the type of disability. At times, the interviewee was accompanied by a family member, or the family member responded on behalf of the respondent with a disability (i.e. in cases of intellectual, speaking or hearing difficulties). Most of the respondents with a physical disability self-responded to the questions. The Household (HH) questionnaire included the Washington Group Questions (WGQs) to determine if the respondent has a disability. The self-reported answers were used as an operational proxy for people with disabilities and reflected the respondents' own self-reported indication of experiences of difficulties in activities of daily living (i.e., in the relationship between an impairment and their environment).

**Desk review:** The assessment involved a thorough review of secondary data (from other actors), project documents and other background documents to analyze the social and economic context of conflict-affected people with disabilities with more focus on girls and women with disabilities. A wide consultation of various reports studies and publications from United States of America International Development agency (USAID) UNOCHA, WFP, UNICEF, UNFPA, CARE, Plan International, United Nations High Commission for Refugees (UNHCR), Interagency Technical Working Group, the International Planned Parenthood Federation (IPPF), and other INGOs were essential for this report and contributed to its enrichment and the comparison



of data. An example of sources used include the COSAC needs assessment and Protection Cluster key documents.

**Sample Size Calculation:** The survey was a cross-sectional qualitative study. The data was collected from adolescent girls, women and men with disabilities. The eligibility criteria were disability and being a project participant or beneficiary. The sample size was calculated based on the estimated total population size of 1,000 people with disabilities who are direct project beneficiaries.

A total of 9 FGDs were conducted with conflict-affected women and men with and without disabilities to understand the gender aspects in their communities. Generally, each group was composed of 8 to 12 people (separated by gender and age) from the same communities and interviews were facilitated using a semi-structured guide. As a result, 10 KIIs and 6 individual stories were conducted and recorded respectively.

**Scope of Assessment:** The assessment was conducted in five geographical regions, 25 de Junho, Tratara, Nangua, Bandar, Sauli and Maningani comprising a total of two districts, Metuge and Chiúre. The districts were selected according to where the project CONNECT is implemented. Based on the total population size of 1.000 people with disabilities who are direct project beneficiaries, a total of 108 people with disabilities were interviewed through the HH questionnaire. This sample size gave a 95% Confidence Interval and a 5% margin of error was developed. In total, 221 people (62% women, 38% men) participated in the study.

To respect confidentiality and ethical considerations, respondents’ personal data like names, addresses and contact details were not recorded during data collection. Thus, mobile technology ensured that the required data quality at the collection and entry-level was achieved and enabled real-time quality checks. Study participants were fully informed about the purpose of the DIRGA and how the results will be used. A pictorial consent form was provided to each participant and read to those that were unable to see it. Each participant consented to taking part in the assessment and having their picture taken by signing or finger-stamping the consent forms. A copy of the consent form was given to each participant for recordkeeping purposes.

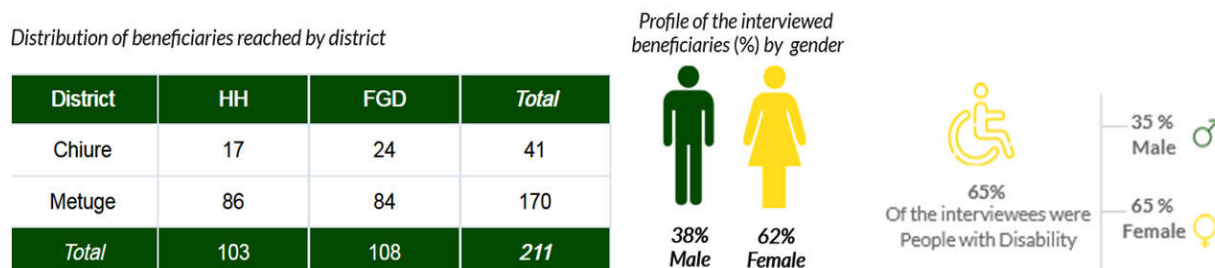


Figure 2: Distribution of respondents disaggregated by sex and disability

## 4. Demographic Profile

The above figure is an illustration of the household interviews and FGDs with girls and women, men, and boys with and without disabilities. As illustrated above, 103 respondents were reached through a HH survey and 108 through FGDs making a total of 221. Women accounted for 62% of the respondents and men 38%. From the total number of participants, 65% are people with disabilities (of which 65% women and 35% men). This indicates that the assessment was able to capture the voices, experiences, perceptions, priorities, and challenges of adolescent girls and women with disabilities in Metuge and Chiúre in accessing humanitarian aid particularly food and nutrition aid, GBV and MHPSS services. This helped to compare information from the two primary sources and the information and facts complimented each other. Metuge registered more respondents than Chiure as there were more project beneficiaries identified during the field work.

| # | Resettlement Site | Female household members without disabilities | Male household members without disabilities | Total     | Females with disabilities | Males with disabilities | Total     | Total      |
|---|-------------------|---|---|-----------|---------------------------|-------------------------|-----------|------------|
| 1 | 25 de Junho       | 4   | 5   | 9         | 13                        | 5                       | 18        | 27         |
| 2 | Bandar            | 3   | 4   | 7         | 6                         | 0                       | 6         | 13         |
| 3 | Maningane         | 2   | 3   | 5         | 8                         | 4                       | 12        | 17         |
| 4 | Nangua            | 5   | 0   | 5         | 0                         | 2                       | 2         | 7          |
| 5 | Sual              | 0   | 0   | 0         | 0                         | 5                       | 5         | 5          |
| 6 | Tratara           | 5   | 5   | 10        | 17                        | 7                       | 24        | 34         |
|   | <b>TOTAL</b>      | <b>19</b>                                     | <b>17</b>                                   | <b>36</b> | <b>44</b>                 | <b>23</b>               | <b>67</b> | <b>103</b> |

Figure 3 Table - Distribution of respondents by IDP center disaggregated by sex and disability

## 5. Limitations

The assessment largely targeted conflict-affected girls and women with disabilities and their households. Some household heads responded on behalf of their family members with disabilities and their opinions and attitudes may not necessarily represent those of people with disabilities. Identification of people with disabilities to participate in the assessment required more time and reasonable accommodation, i.e. sign language for participants who were hard of hearing or accessible language for participants with an intellectual disability. Language barrier was another limitation. Most of the interviewees spoke Makonde or Macua, languages not spoken by the research team. Therefore, the research team had to rely on DICD Facilitators' interpretations. Because of this, some of the information might have been lost during interpretation. Lastly, the DIRGA was conducted during the still ongoing COVID-19 pandemic and the study had to observe and follow all Ministry of Health (MoH) and World Health Organization (WHO) COVID-19 protocols. Therefore, the number of participants in FDGs was reduced, resulting in some of the planned games being



dropped. There was an overall and overwhelming demand for conflict-affected women and men to be interviewed which was outside the scope and capacity of the team.

## 6. Study Findings

### 6.1. Results of the Washington Group Questions Short Set

The outcome of the Washington Group Questions Short Set<sup>2</sup> (London, 2020) that was administered to the study participants indicated that 65% of the respondents self-reported that they have at least one or multiple disabilities while 21% stated that they have physical disabilities, 11% self-reported difficulties in seeing and another 11% reported concentration difficulties. Other difficulties that were self-reported include communicating, self-care and hearing. The study aimed to make the most out of a small population size of girls and women with disabilities to arrive at valuable research outcomes. Thus, more girls and women with disabilities participated in the study proportionate to the overall sample size



Figure 4: Washington Group Questions Short Set

<sup>2</sup> Question Sets of the Washington Group on Disability Statistics (WG) available onli

## 6.2. Decision making at household level

According to the study, decision making in a household is predominantly done by men though girls and women without disabilities reported being either involved in joint decision making (65% of respondents) or were decision makers themselves (35% of respondents). While girls and women without disabilities are actively involved in decision making or are at least consulted, 91% of girls and women with disabilities reported that they were not involved in any decision making at household level including decisions regarding their ability to earn a livelihood.

Contrary to the case of women with disabilities, the study found that men with disabilities still hold the decision-making power in a household. However, the assessment also found that women with disabilities who have a stable source of income, even if they are single, not only make decisions at household level but are also sometimes invited to participate in community meetings. 58% of women without disabilities also reported having decision-making power when it comes to the education of their children, while 53% of respondents hold a decision-making role when discussing access to health care

## 6.3. Decision making at community level

According to the study, 61% of the respondents stated that women do not participate in community decision-making. Both in Metuge and Chiúre, all leaders of researched communities were men. It was evident that community affairs are mostly run by men while women have responsibilities within the household. Men with disabilities do not participate in community decision-making. Women with and without disabilities were not involved in community decision-making processes, due to lack of opportunities to participate.

### Community Decision-Making

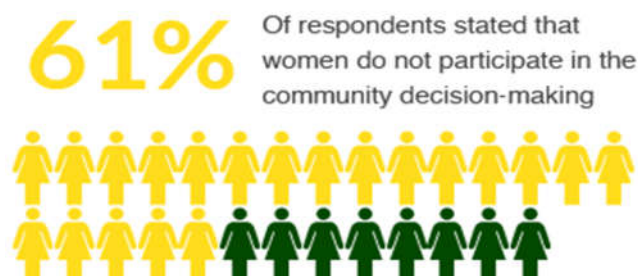


Figure 5: Proportion of girls and women in community decision-making

According to the study, girls and women do not speak or voice their opinion when in the midst of boys and men mostly in community meetings or gatherings.

Nevertheless, it was found out that elderly women, women with some source of income, and women from influential households such as community leaders or secretaries wives, daughters or in-laws have space to voice opinions and influence some community decisions. They influence community decisions, but the ultimate decisions are taken by the men.

According to the study, 61% of respondents stated that women with and without disabilities and men with disabilities do not participate in community decision-making. Women cited a lack of opportunity to participate as their main barrier to participation. According to the study, girls and women do not speak or voice their opinion when in the presence of boys and men in community meetings or gatherings. Though final decisions are always taken by men, it was nevertheless found that elderly women, women with some source of income, and women from influential households (community leaders, wives, daughters or in-laws of influential figures in the community) have space to voice their opinions and influence community decisions

#### **6.4. Resource control at family level**

The study showed that men without disabilities control most family resources in their household and decide how, when and by whom those resources should be spent. This includes decisions on minimum meal frequency and deciding who should eat first. Select women without disabilities stated that they are involved in the control of family resources, mostly concerning food, with active involvement of their spouse or partner, while people with disabilities, especially women and girls, reported being hardly involved in controlling or making decisions regarding family resources.



The men in this community control everything even the distribution of the chicken parts after cooking, they assign almost the entire chicken to themselves and leave chicken soup to children and women.

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*FGD male participant in Metuge*

## 6.5. Division of Labour at Home

83% of respondents with disabilities stated that they are not involved in household chores like collecting water and firewood due to their disability, while 4% said that they are partially involved and 13% reported being totally involved. Girls and women without disabilities reported that they wake up very early in the morning to walk for several kilometers to get to the nearest waterpoint where they spend a lot of time queuing before they are able to get water. The water points are far away and not accessible to girls and women with disabilities. The study noted that there is general lack of awareness and information regarding the rights of persons with disabilities as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Some types of disabilities like visual impairments, physical, and intellectual disabilities acted as barriers to performing certain chores like cooking and food preparation. Nevertheless, some persons with disabilities stated that they cook for their family members. One example is Rosa, with total visual impairment she recently arrived in 25 de Junho IDP Centre and was living alone and reported that she does all her household chores alone.



Figure 6: HH interview at 25 de Junho IDP Centre

Men with and without disabilities reported that they are neither involved in household chores nor livelihood activities. They reported that most of their time is spent conversing with friends, playing and sleeping. Their daily activity clock diagrams drawn during the FGDs did not have many activities and were almost empty. Those who do not practice any income-generating activity, spend the day playing a local game called Ludo. They reported that they cannot help their wives with household chores as it is a woman's responsibility and it is against their norms. Some reported that even if they want to do so, they are afraid that they will be laughed at. Girls and women, mostly without disabilities, reported that their daily activity clock was packed

with chores from as early as five in the morning until late at night. Girls and women without disabilities reported that they fetch water and firewood, look for food and cook for the family, wash the dishes, go to the market, take care of the children and do some work to get money for sustenance. According to the study, the crisis greatly altered the way of life for conflict-affected girls and boys, women and men alike including those with disabilities. For example, boys and men’s daily work drastically reduced as demonstrated by the daily activity clock yet for girls and women it significantly increased.



Some people will call you a coward “matreca” if you are seen doing households chores.

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*FGD participants in 25 de Junho*

## 6.6. Food Distribution

Men without disabilities reported that they have a few livelihood options to get food like exchanging different food types, selling food rations to buy other food, hunt, work for host families or fish. Women without disabilities stated that they exchange food with the host communities to ensure diet diversity, while some families are unable to feed themselves altogether. These families informed us that they rely on petitions from their neighbors and other community members, beg or provide services to the host communities in exchange for food. According to the study, most respondents irrespective of gender or disability relied exclusively on humanitarian assistance, though few respondents, mostly girls and women with and without disabilities, reported being forced into transactional sex, commercial sex and premature marriages to get food. Moreover, some girls and women with and without disabilities were forced to advance sexual favors to community leaders to ensure that their names were on the food distribution list. No complaint mechanism we found in all the five IDP camps research. It was also evident that most of the girls and women with and without disabilities did not have information and knowledge in terms of reporting channels

People with disabilities, mostly women including women heading households, reported that it was too difficult or near impossible to receive food rations since the food distribution list was not gender sensitive and inclusive to take the priorities of people with disabilities as well as children under five into account. According to the study, the food distribution list was reported to not be developed in a transparent and participatory process with involvement from the affected populations. The study noted that community leaders are responsible for the identification and registration of beneficiaries. They decided who should and should not be on the beneficiary list. Aid agencies use the list generated by the community leaders. To this end, some community leaders were accused of using food to coerce girls and women into sexual favors or divert the food aid to their family members who were not directly affected by the conflict. According to the study, 31%, 56%, and 13% of the respondents reported that they have one, two and three meals per day respectively.

The affected population including girls and women, men, and boys with and without disabilities reported that they wish to have initiatives and means to produce or acquire their own food instead of relying on food rations. Some of the FGD participants reported that their livelihoods were fishing and that they would like to be supported to start fishing cooperatives. Some girls and women said that they would like to have land to practise farming and horticulture to produce vegetables for consumption and sale.

“As we moved to the next household for the next interview, we saw a multitude of young and old men and women, boys and girls under a big tree. As we approached, a heavy wind shook the tree and the people started pushing and shoving. As we paid close attention, we discovered that they were scrambling to pick the fallen mangoes that were difficult to fetch. For some children who were lucky to get one, it was the first meal.”

*Gloria Triguero, enumerator*

## 6.7. Food Security

According to the study, one of the most immediate problems caused by the armed conflict is food insecurity. Prior to the attacks, people used to produce their own food and did not experience chronic food shortages. The conflict negatively impacted food production and productivity. The internally displaced people reported that as the

fighting continued, the population fled, abandoning their fields and their homesteads<sup>3</sup> (Feijao, 2021). NGOs and agencies involved in food distribution could not cope with the increasing food demand and because of the food insecurity situation some agencies had to reduce the food rations by half, which then caused a reduction in meal frequency. During the field work, the research team learned that apart from reducing the rations, organizations involved in food distribution reduced the frequency of food distribution from every month to every two months. The study participants reported that they receive 25 kg of rice, 10 kg of peas and 5 liters of cooking oil per household. According to the study, it was noted that the quantity and quality of the food distributed did not take household size into consideration and was not enough to secure food and nutrition security to the displaced people in the surveyed camps. Situational reports from the humanitarian organizations involved in food distribution warned of the risk of having to reduce rations or even halt food assistance to displaced people in December altogether if no additional funds were received. With families completely reliant on humanitarian support, a break in food assistance has the potential to set the crisis spiraling out of control (2021, p. World Food Programme).

Barter trade system was found to be a frequent coping mechanism used in the IDP camps<sup>4</sup>. According to the study, less than 30 % of respondents reported that they were involved in the barter trade as a coping strategy. They traded rice, peas and cooking oil with maize meal, dried fish, groundnuts with host communities and shop owners.



We do not enjoy receiving the same type of food every time. We are tired of eating the same type of food every day. We wish the government could help us with financial means so that we could produce our own food.

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*Male FGD participants in Metuge*

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<sup>3</sup> João Feijó | The Role of Women in the Conflict in Cabo Delgado: Understanding Vicious Cycles of Violence

<sup>4</sup> This system of exchange in which participants in a transaction directly exchange goods or services for other goods or services without using a medium of exchange, such as money.



## 6.8. Nutrition

According to UN data, key drivers of the food and nutrition insecurity are the armed conflict in Cabo Delgado, erratic rainfall, the impact of COVID-19, climate change and poor access to agricultural inputs and inadequate agricultural extension services. The respondents reported that their acute food intake was low. They did not have a diverse diet resulting their children under-five years old appeared malnourished and stunting. According to the study, 60% of the respondents, mostly women with disabilities and pregnant and lactating mothers, reported not having other options to access enough food or to diversify their diet.

The study found several contributing factors, namely the lack of access to adequate quantities of food and food varieties as recommended by the WHO and MoH, poor nutritional practices and behavior in terms of food preparation and other sanitary and hygienic practices. For example, latrines were constructed very close to their tents resulting in meals flooded by big flies resulting in a risk health hazard.

## 6.9. Psychosocial Support and Mental Health

According to the study, 50% of the respondents stated that they still have vivid and fresh memories of witnessing their family members be abducted or killed by the insurgents. Over half of the women respondents reported that their husbands were killed while children were often separated from families during the attack and while fleeing the violence. According to the study, 15% of the respondents reported having acquired a disability when they fled because of the conflict. The study found that in Metuge and Chiúre there are no safe spaces for girls and women that provide inclusive, accessible and survivor centered PSS, nor are there accessible child friendly spaces. In the 25 de Junho IDP Camp, hordes of children were seen roaming around without supervision.

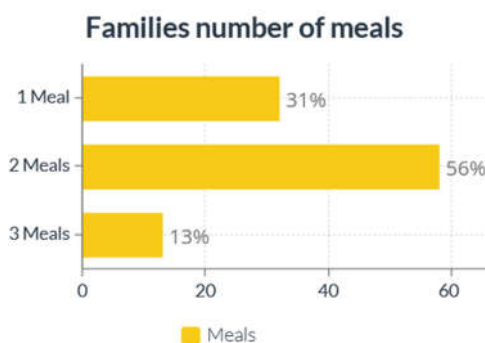


Figure 7: Families number of meals per day



The research found that only a handful of NGOs responding to the crisis were providing PSS or mental health services.

The study showed that the absence of PSS and mental health services to conflict-affected girls and women with and without disabilities leads to depression. Poor attendance and demand kick-backs in the form of money like illicit charges/bribes against the conflict-affected population mostly girls and women with and without disabilities by some health professionals were among the reasons for low demand for services at health posts or facilities. Conflict-affected girls and women with and without disabilities reported that they were excluded from accessing Sexual and Reproductive Health Services (SRHS) including PSS and mental health services.



I cannot sleep. Every time I think how my husband was brutally killed before my eyes, I get hallucinations of the crying voices in the forest of my dead husband.

*Female respondents in Metuge*

There is also a de-prioritization of PSS and mental health services. The research noted that many NGOs were providing services like food, shelter, water, sanitation, and hygiene (WASH). Yet, the physical and psychological scars and trauma will live forever for most of the displaced people if not addressed. Addressing the horrific incidents, providing justice for gross violations of human rights and providing space and expertise to help heal and treat the pain and suffering experienced by people affected by conflict, especially girls and women with disabilities, is one of the most urgent and greatest needs of girls and women with and without disabilities.

## 6.10. Gender-Based Violence

The study found that the conflict increased exposure of girls and women with and without disabilities to sexual and gender-based violence, sexual abuse and exploitation, increased premature marriages and the trafficking of women and girls. Like any other humanitarian crisis women and girls suffer two-fold, first from the conflict and secondly from discrimination and violence because of their gender identity. Both primary and secondary data highlighted the inadequacy of the government's response to the widespread sexual violence for those caught in the war (Watch, 2021), which is a clear demonstration of the impact of the crisis on girls and women. It is estimated that 600 girls and young women have been kidnapped by

insurgents since 2018. Drawing on secondary reports and extensive primary interviews, the report details a system in which insurgents target young women and girls to be abducted by the group and forced into marriages with insurgent fighters. Abductees who were not coerced into longer term relationships with fighters were often raped resulting in pregnancy. For those who could escape insurgent custody, their pregnancy became a source of major social stigma. . In addition to sexual abuse, women abducted by insurgents were also forced to work for them including cooking, cleaning, and doing agricultural tasks.

The study team observed that many girls as young as 13 years old were either pregnant, have a baby or are already in a marital union. It is estimated that more than half women respondents reported that they had either experienced or witnessed incidents of sexual and gender-based violence. The assessment found that some conflict-affected girls and women including some with disabilities had to exchange sexual favors as a survival strategy, for example to secure their names on beneficiary lists. Community leaders in the resettlement centers were allegedly accused of perpetuating this practice. Premature unions and sexual abuse and exploitation are common forms of gender-based violence practiced in Cabo Delgado because of the conflict.

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**Anita Zeca, 39, and Filip Pedro, 48,** are married and used to live in Palma. "We fled at the peak of the attacks in November 2020 with our 2 daughters, 21 years old and 19 years old and our 3-year-old granddaughter. Our eldest daughter Anela 21 who has with multiple disabilities including intellectual disability and epilepsy, was sexually abused by a community leader, inside our house. Months later we moved here in Metuge, once again, the deputy head of the locality raped her for the second time when we had gone to the neighboring house to watch television. Anela's father discovered the incident when he returned home and found the deputy community leader in the very act. No survivor GBV support has been provided to Anela and no legal action has been taken against the two perpetrators.

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## **6.11. Representation and Participation of People with Disabilities**

According to the study, more than 90 % of respondents, mostly people with disabilities or their family members, reported that they do not have agency, representation, or participation in communal affairs. The researchers found in both districts that some people with disabilities were chained, locked up or hidden. It was further observed that persons with disabilities are hardly visible and they do not participate in any activities. The research methodology of using games, songs, and dances as well as exercises prior to the interview was empowering for most of the people with disabilities.



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**Rita**, a 5-year-old girl, was born with multiple disabilities. She didn't speak, didn't sit, didn't walk and despite many attempts in the hospital to help her get better, nothing had any effect. Traditional medicine was also used without any improvement. For 3 years, her grandmother massaged her whole body with hot water, did physiotherapy on Rita to stimulate her body, used the keys of a padlock to stimulate speech and after 3 years with the care of her grandmother, Rita gained strength in her feet and body. Today, she sits, walks and talks thanks to the care and rehabilitation carried out by her grandmother who was supported with local material that helped her to improve. For more on this please visit "[Rita rehabilitation miracle](#)<sup>5</sup>".

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## 6.12. Disability Mainstreaming

According to the study, more than 65% of persons with disabilities interviewed reported that they have not been visited by any organization or received any service at all. The study showed that more than 80% of girls and women with disabilities reported that they have not benefited from dignity kits or were even consulted on what services they want or where services should be installed. For the majority of respondents, the DIRGA was their first encounter. The study found that several organizations are not using the WGQs when identifying beneficiaries and that the

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<sup>5</sup> <https://tinyurl.com/GCR-RitaRehabMiracle>

identification of beneficiaries was typically done by community leaders. The government representative in Metuge reported that some organizations working in Metuge do not involve the government authorities resulting in poor targeting of the most vulnerable population in greatest need like girls and women with disabilities.

### 6.13. Menstrual Hygiene Management

In addition, the study noted that 57% of girls and women with disabilities reported that they preferred reusable sanitary pads while 43% stated that they preferred disposable sanitary ware. The provision of Menstrual Hygiene Management (MHM) services is very limited. Although agencies like UNFPA and partners provide such services, all female participants, mostly girls and women with disabilities interviewed, reported that they have not benefited from the dignity kit. As highlighted previously, such necessities are most likely to be forgotten or deprioritized, yet they are essential products. It was found that some girls with and without disabilities use inappropriate methods for their MHM when they are on their periods like rags and leaves for example.

Sanitary pads preferences of conflict- affected girls and women

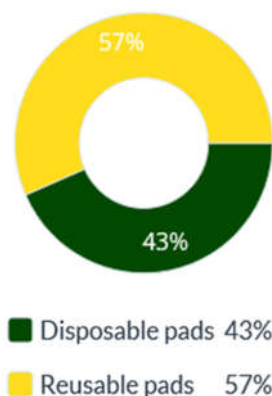


Figure 8 Menstrual Hygiene Preferences

## 7. Conclusion

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The crisis in Cabo Delgado has highlighted and intensified the ongoing gender-based violence towards women and girls especially those with disabilities. These systematic and persistent violations have been exacerbated by the acute food intake shortages and acute malnutrition affecting mostly children, pregnant and lactating mothers as well as people with disabilities. Since 2017 when the crisis started, food production decreased as almost a million people were displaced thereby halting most of the agricultural and food production activities. The affected communities reported that

they had to abandon their fields out of fear for their lives. As the conflict intensified, they had to leave everything behind including their harvest. When they fled the conflict zone, women and men with disabilities reported that it was too difficult and challenging to take or carry any assets due to their disabilities leaving them with little to start over with after finding refuge elsewhere.

The study shows overwhelmingly high numbers of girls and women with and without disabilities who have experienced ongoing systematic sexual violation and abuse before, during and after fleeing the conflict zone. It was reported that sexual violence was perpetrated not only by traffickers and insurgents but also by government uniformed security services like soldiers and police. Many women and girls with and without disabilities had to exchange sex for transport fees, especially those who travelled by sea to get refuge. Narratives of uniformed security services that also sexual abused girls and women have been reported in both Metuge and Chiúre IDP camps. In addition to sexual violence, many reported that they suffer from vivid memories of their loved ones being killed, abducted or beheaded by the insurgents. The psychological scars that the crisis has had on conflict-affected people in Cabo Delgado require prioritization of PSS and comprehensive mental health services. GBV service provision is almost nonexistent and rehabilitation services need to be intensified to respond to the urgent needs of people with disabilities that have been displaced by the conflict, especially girls and women with disabilities. There is an urgent need to empower and support girls and women with disabilities to know, demand and exercise their rights while also ensuring that humanitarian actors in Cabo Delgado prioritize the provision of humanitarian assistance to persons with disabilities including girls and women with disabilities.

## 8. Recommendations

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### 8.1. Food Security and Nutrition

- Make ongoing food distribution accessible to all internally displaced people including people with disabilities.
- Ensure that feedback and oversight mechanisms are in place to track food distribution such as who is responsible, how are they held accountable, who supervises them while at the same time safeguarding girls and women with and without disabilities from sexual abuse and exploitation.

- Provide vegetable seeds and other inputs as well as nutrition, counselling and education to girls and women with and without disabilities on how to prepare nutritious food using locally available resources.
- Where possible provide supplementary food rations to most vulnerable groups like girls and women with disabilities, pregnant and breastfeeding women.

## **8.2. Psychosocial Support and Mental Health**

- Promote continuous MHPSS especially for girls and women with disabilities and their families who have not yet overcome the traumatic experiences of the conflict.
- Promote meetings with other I/NGOs working on MHPSS and share information on the project CONNECT and develop synergies to ensure that conflict -affected people with disabilities, especially girls and women, receive a comprehensive MHPSS package based on the WHO and MoH guidelines.

## **8.3. Gender Equality and Sexual and Gender-Based Violence**

- Promote the participation of conflict-affected men and boys with and without disabilities in domestic chores, addressing their importance in removing persistent harmful social norms that oppress girls and women with and without disabilities.
- Disseminate to all groups, especially girls and women with disabilities, the knowledge of the law to prevent and combat early marriages, gender-based violence, sexual abuse and exploitation, and promote the installation and operation of reporting and support mechanisms for cases of early marriage and early pregnancies, in collaboration with local government structures and the UN system using LFC 116 and Linha Verde 1458.
- Work collaboratively with other I/NGOs and UN agencies addressing GBV in Cabo Delgado to facilitate GBV case management especially for conflict-affected girls and women with disabilities.

## **8.4. Advocacy and Participation of People with Disabilities**

- Develop collaboration and coordination with OPDs and build on their experience and expertise to increase awareness on the human rights of people with disabilities and to give voice and agency to girls and women with disabilities to be able to demand and exercise their rights as enshrined in the UNCRPD.
- Promote livelihood or economic empowerment activities for girls and women, men, and boys with and without disabilities in resettlement centers including their

involvement in the planning and designing of interventions and in decision-making and leadership for their empowerment and greater contribution to the socio-economic life of their families and community at large.

## 8.5. Humanitarian Response

- Promote Accountability to Affected People (AAP) principles of people with disabilities especially conflict-affected girls and women with disabilities. It is their right, not a favour, to receive humanitarian aid.
- Those entrusted to do this work need to refrain from sexual abuse and exploitation or gender-based violence including uniformed services.
- Donors and the UN system need to demand that all I/NGOs responding to the conflict in Cabo Delgado report data disaggregated by sex, age, and disability.

## 9. Lessons Learnt

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- The situation of conflict-affected persons with disabilities especially girls and women in Cabo Delgado requires tailored targeted mechanisms and prioritization in the provision of humanitarian assistance from several key dimensions like human rights, gender equality, and inclusion.
- Organizations responding to the humanitarian situation in Cabo Delgado need to have a human rights, gender, and disability lens in the delivery of the humanitarian assistance. This requires effective and genuine consultation with and involvement of people with disabilities, especially girls and women, to ensure that they have equal opportunity to benefit from aid delivery and that aid provided is relevant and useful based on their needs and priorities.
- Persons with disabilities, especially girls and women with disabilities are rarely included in the response despite the UN principle of Leaving No One Behind and Do No Harm.
- Mainstreaming gender and disability and helping humanitarian responders to understand the intersectionality between the two dimensions is likely to improve the quality of humanitarian response in Cabo Delgado and ensure Value for Money.
- Humanitarian frontline responders on the ground in Cabo Delgado are well positioned to contribute to the prevention of and response towards sexual exploitation and abuse. Equipping them with information, skills, and tools on disability disaggregated GBV Case Management is likely to yield good results and better outcomes.

- Working to address gender norms and gender transformation is critical to ensure that both men and women, boys and girls affected by the conflict benefit from humanitarian assistance. If humanitarian responders are not gender sensitive, the likelihood that humanitarian aid will increase gender inequality is great. Investing and equipping them with knowledge on gender transformation is likely to bring a long-lasting solution for the empowerment of girls and women.
- There is a need to ensure that the localization agenda is accelerated and that efforts are dedicated to empowering and building the capacities of local actors, UNOCHA and other INGOs to ensure timely, equitable and inclusive responses in future disasters.



## Bibliography

- Feijao, João, 2021. *The Role of Women in the Conflict in Cabo Delgado*. Dakar: Friedrich-Ebert-Stiftung.
- Human Rights Watch, 2021. *Mozambique: Hundreds of Women, Girls Abducted*. [Online]  
<https://www.hrw.org/news/2021/12/07/mozambique-hundreds-women-girls-abducted> [accessed 15/12/21]
- UNHCR, 2021. *Community-Based Protection Response. Cabo Delgado, northern Mozambique*. Factsheet, November 2021. Pemba: UNHCR Mozambique. [Online]  
<https://data2.unhcr.org/en/documents/details/90115> [accessed 05/12/21]
- UNICEF, 2021. *Infant and young child feeding*. Data Collection [Online]  
<https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/> [accessed 15/11/21]
- UNICEF, 2021. *Mozambique Humanitarian Situational Report (Cabo Delgado)*, April 2021. UNICEF. [Online]  
<https://www.unicef.org/documents/mozambique-humanitarian-situation-report-cabo-delgado-april-2021> [accessed 18/10/21]
- UNICEF, 2021. *Mozambique. Humanitarian Situation Report*. January-December 2021. Maputo: UNICEF. [Online] <https://www.unicef.org/media/114726/file/Mozambique-Humanitarian-SitRep-December-2021.pdf> [accessed 28/12/21]
- UNICEF, 2021. *UNICEF Data: Monitoring the situation of children and women*. [Online]  
<https://data.unicef.org/> [accessed 05/12/21]
- UNOCHA, 2021. *Mozambique: Humanitarian Response Dashboard*, January-November 2021. [Online].  
<https://reliefweb.int/report/mozambique/mozambique-humanitarian-response-dashboard-january-november-2021> [accessed 05/12/21]
- Integrated Food Security Phase Classification [IPC], 2021. Mozambique [Cabo Delgado]: Food Security and Nutrition Snapshot, July 2021.  
<https://reliefweb.int/report/mozambique/mozambique-cabo-delgado-food-security-and-nutrition-snapshot-1-july-2021> [accessed 04/11/ 2021]
- Washington Group on Disability Statistics [WG], 2020. *WG Questions Short Set*. [Online]  
<https://www.washingtongroup-disability.com/question-sets/> [accessed 28/10/2021]
- World Food Programme [WFP], 2021. *Displacement crisis driving up hunger rates in northern Mozambique as families flee violence*. [Online]  
<https://www.wfp.org/news/displacement-crisis-driving-hunger-rates-northern-mozambique-families-flee-violence> [accessed 10/12/21]