



Country Strategy Mozambique

2021 – 2025



LIGHT
FOR THE WORLD

TABLE OF CONTENTS

A. ABOUT LIGHT FOR THE WORLD	4
B. METHODOLOGICAL NOTES	5
C. HISTORY OF LIGHT FOR THE WORLD IN MOZAMBIQUE	6
D. COUNTRY PROGRAMME MOZAMBIQUE	8
1. EYE HEALTH	8
2. INCLUSIVE EDUCATION	12
3. INCLUSIVE ECONOMIC EMPOWERMENT	15
4. DISABILITY INCLUSION IN OTHER AREAS	17
5. MEDICAL REHABILITATION	18
6. HUMANITARIAN ACTION	19
E. GEOGRAPHICAL FOCUS	20
F. GLOSSARY	22



A. ABOUT LIGHT FOR THE WORLD

Light for the World is a global development organisation empowering people with disabilities and enabling eye health services in low income countries. Our history – improving health systems, enabling education for all, and amplifying the voices of people with disabilities – spans three decades. Creating powerful partnerships, we work tirelessly to strengthen the entire system.

We focus on people with disabilities facing multiple barriers, including children, women, rural communities and those hit by disaster. We concentrate on selected countries where the need is greatest according to the Human Development Index and where we believe we can achieve long-term system change by strengthening the existing health, education, social and economic set-up so it reaches those who need the services the most for many years to come.

Outcome-oriented monitoring, evaluation and applied research is crucial to us. We use it to continuously learn and adapt our programmes, to ensure maximum effectiveness.

B. METHODOLOGICAL NOTES

This country strategy was developed using the Outcome Mapping method. Outcome Mapping focuses on changes in the behaviour of the people, groups and organisations influenced by a programme. Light for the World adopted and adapted this methodology for the design and development of this and five other country strategies for the period 2021-2025 which were prepared in the first and second quarters of 2021. A core feature of this methodology is the identification of key system actors (boundary partners) and the formulation of Outcome Challenges for each of them.

The Mozambique Country Strategy 2021-2025 is intentionally designed to influence and systematically track and evaluate progress towards complex systems change. Following the development of guidelines and templates derived from Outcome Mapping, Light for the World staff from the Mozambique Country Office worked together with international experts to define the Vision, Mission and envisaged Outcomes in terms of systems change and service delivery.

Parallel to the country strategy development, aligned global and country monitoring and evaluation (M&E) frameworks with Progress Markers were developed for each of the Outcome Challenges. This will allow Light for the World and our partners to systematically monitor, evaluate and learn from the progress we make towards systems change in eye care, inclusive education and inclusive economic empowerment

C. HISTORY OF LIGHT FOR THE WORLD IN MOZAMBIQUE

Light for the World has been enabling eye health services and breaking down barriers that prevent disability inclusion in Mozambique since 1998. Our Country Office opened in 2003.

We are proud of our systems change approach promoting people-centred quality eye care in six of the eleven Provinces of Mozambique. From child eye health – including schools – and glaucoma to the community eye health level as well as human resource development, we work hand in hand with the Ministry of Health, eye health professionals, teachers and local health workers.

Light for the World and our partners in Mozambique are pioneers in disability-inclusive education. Working closely with the government and several local, trusted partners, we are steadily moving the education system forward to provide quality learning for all.

We also promote the economic empowerment of persons with disabilities in Mozambique with emphasis on technical and vocational training as well as self-employment.

Some of the key achievements which our support in the past five years (2015-2020) has made possible are:

- ▶ Inclusion of key eye health cadres in the Human Resource Development Strategy of the Ministry of Health.
- ▶ Integration of eye health data in the Health Management Information System (SISMA) of the Ministry of Health.
- ▶ Start of a partnership with Ministry of Education linked to the Child Eye Health Programme, looking into impacting the school level.
- ▶ Strengthening the ADPP Teacher Training Centre in Nhamatanda to develop into a centre of expertise on inclusive education with scholarships, teaching materials and a series of training courses.
- ▶ Significant contribution to the elaboration of the national Inclusive Education Strategy.
- ▶ Disability Inclusion in Community Development (DICD) Programmes that successfully identify, support and refer children with disabilities to schools.

- ▶ Strengthening the inclusive education department in the Provincial Directorate of Education in Sofala.
- ▶ Developing two technical and vocational training centres (TVET) inclusive for youth with disabilities, enabling training for 290 persons with disabilities.
- ▶ Development of disability inclusion advisory capacity in Mozambique through local Disability Inclusion Advisors and Disability Inclusion Facilitators who provide technical support on disability inclusion to mainstream organisations, both in the areas of development and humanitarian aid.
- ▶ Enabling the country assessment of rehabilitation services in the scope of the WHO Rehabilitation 2030 initiative and the subsequent strategic planning exercise.
- ▶ Ensuring a disability inclusive humanitarian response in the aftermath of Cyclone Idai (2019) with full participation of Disabled People Organisations.
- ▶ Documenting the extent of exclusion of persons with disabilities from the humanitarian response with the research initiative „Aid out of Reach“.





D. COUNTRY PROGRAMME MOZAMBIQUE

1. EYE HEALTH

1.1. Our Vision

The Country Strategy for Eye Health pursues the following Vision:

The entire population of Mozambique, including children, women, persons with disabilities and the rural population, has universal and equitable access to affordable quality eye health services. A people-centred approach further reduces barriers for access to eye health. Women are accessing eye health services at the same or higher rate than men. Even the hardest to reach, for example children who are out of school, are covered by eye health services and it is actively ensured that no one, and especially no child, is left behind and becomes unnecessarily blind or visually impaired in Mozambique. People in communities, parents and caregivers are aware of eye health conditions and know where and how to seek diagnosis and treatment. Community-level actors, such as community-based programmes, primary health care volunteers and actors or traditional healers, actively promote eye health in their communities.

The public eye health programme in Mozambique is fully functional and integrated and the Ministry of Health actively monitors, steers and ensures the quality of its services from community through district and provincial to national level. Government-led quality assurance of eye health services includes the collection and use of the full range of eye care-related indicators, including those relevant for child eye health, within the Health Management Information System (SISMA) as well as cataract surgical outcome monitoring and regular supervision. The Ministry of Health (MoH) uses the SISMA data for decision-making and resource allocation. There is a clear Human Resource Development (HRD) Plan for Eye Health, which is fully integrated into the HRD plan for health, and is adequately funded by the government, so the country is well on track to meeting WHO recommended ratios of eye health cadres per population across all levels.

Public eye health service provision is comprehensive in nature, since it covers the whole spectrum of care – from promoting good health and prevention to rehabilitation and assistive devices; ensures as many eye diseases and conditions as possible are addressed; and makes sure mobilisation strategies and referral systems are in place for services to be available in the most rural as well as urban areas. Sub-specialty services, such as for child eye health and glaucoma, are embedded into the public health system, with effective identification and referral mechanisms, as well as a functioning and self-sustaining system for spectacle provision. There are fully equipped and functioning paediatric eye care teams operating as per the WHO recommendation of at least 1 per 10 million population in the entire country.

The Ministry of Education and Human Development (MoEHD) ensures that free eye examinations before school admissions are mandatory and accessible. School eye health is adopted within the school health curriculum and is part of lesson plans to enhance understanding. School eye health is taught effectively at Teacher Training Colleges.

1.2. Programme Approach

To contribute to the envisioned impact, the programme will work with the National Eye Health Programme of the Ministry of Health to develop and implement a new national eye health strategy with a people-centred approach and a focus on community and primary health care that specifically targets the hardest to reach (particularly women, rural population, children in and out of school and persons with disabilities) and ensures universal access to affordable quality eye care.

In the field of Child Eye Health, the programme will work towards

- ▶ Supporting capacity development to increase professional knowledge of mid-level health care providers on child eye health, early detection, intervention and referrals and of ophthalmologists by providing fellowships for paediatric ophthalmology.
- ▶ Integration of school eye health in the pre-service training curriculum of teachers and carrying out school eye health initiatives in at least 16 districts with the MoEHD in close collaboration with the MoH.
- ▶ Setting up, equipping and fully integrating at least one more paediatric eye care unit as part of the existing public health system within the next three years (by 2023).
- ▶ Introducing new public private partnerships (PPP) within government health units to sustainably ensure provision of optical services/spectacles.
- ▶ Advocating for and supporting the MoEHD to integrate school eye health into their school health programme.
- ▶ Actively coordinating with other school health actors to ensure an integrated approach towards school eye health.

In the field of Glaucoma, the programme will work towards:

- ▶ Setting up, equipping and fully integrating at least two glaucoma eye units at the Central Hospitals of Maputo and Beira.
- ▶ Supporting, jointly with the specialised glaucoma units, the development of and roll-out of mobilisation, screening, and referral mechanisms for glaucoma treatments.

The programme will support Human Resource Development for Eye Health together with the Ministry of Health through:

- ▶ Fostering cooperation with international bodies such as the College of Ophthalmology of Eastern Central and Southern Africa (COECSA) and the International Agency for Prevention of Blindness (IAPB) to increase the quality of ophthalmic training in the country.

- ▶ Advancing the institutionalisation of training programmes within established training institutions.
- ▶ Enabling specialisation and sub-specialisation training of ophthalmologists (with a focus on paediatric eye care and glaucoma) according to international quality standards, with a view to equal access of women to eye health professions.
- ▶ Providing technical guidance on the operation of the Human Resource Development for Eye Health Plans.
- ▶ Strengthening national training centres (residency training and ophthalmic technician training) to improve quality of training. This includes curriculum development, sub-specialty training of ophthalmology teachers and support for the necessary infrastructure.

The programme will promote and facilitate coordination among eye health actors including other eye health NGOs, professional bodies and, where appropriate, also private providers, to ensure a coherent and harmonised advocacy and implementation approach towards an integrated public eye health service in Mozambique.

The programme will provide technical support to improve the national Health Management Information System's (SISMA) data at national level and introduce regular cataract surgical outcome monitoring and indicators regarding child eye health in the provinces supported by Light for the World.

The programme will advocate for increased government investment in eye health, especially for Provinces without INGO support, to ensure the long-term sustainability of the National Eye Health Programme.

The programme will rely on qualitative and/or quantitative research on eye health and international policy guidance, including the World Report on Vision, to formulate accurate recommendations and present accurate and strong data for advocacy at Government level.

The programme will support the provincial eye health programmes in Sofala, Tete, Zambézia, Niassa and Cabo Delgado with equipment and consumables, support for outreaches, awareness raising, training of community health workers and primary health workers to generate demand for and the supply of eye care services at primary level, integrated in the general health system structure. The programme will strengthen the management capacities of Provincial Eye Health Coordinators and eye health teams.

1.3. Envisaged Outcomes and Partners

At national government level:

- ▶ The National Directorate of Medical Assistance (NDMA) prioritises and allocates adequate funding for the National Eye Care Programme, effectively supporting its activities.
- ▶ The National Eye Care Programme coordinates and effectively supports implementation of eye health programmes at provincial level, plays an active role in advocating for eye health within the MoH and reaches out to other regional and international eye health agencies (COECSA, WHO, IAPB).
- ▶ Both the Ministry of Health and the Ministry of Education recognise the importance of child eye health at national level and together ensure that school eye health is an integral part of (general) school health.
- ▶ The Procurement Unit (CMAM) of the Ministry of Health knows the yearly demand for supplies and equipment for the National Eye Health Programme and purchases essential drugs and consumables for eye care based on those needs. CMAM leads, guides and facilitates the import process of eye health equipment and medicines.
- ▶ The team responsible for SISMA (the Mozambican national Health Management Information System) actively collects, manages and reports eye health data from all levels of the eye health system, including data relevant for child eye health.
- ▶ The Ministry of Health regulates (defines responsibilities), approves and integrates new eye health cadres into the national health system. The Human Resources Department of the MoH defines HR necessities (number of professionals) for each of the eye health cadres and ensures needs-based allocation of HR to all provinces.

At provincial government level:

- ▶ The Provincial Health Authorities offer comprehensive eye health services in all districts of Sofala, Tete, Zambézia, Niassa and Cabo Delgado.
- ▶ The Provincial Health Authorities support the expansion of school eye health, particularly to districts with ophthalmic technicians and roll out SEH initiatives helping create a conducive working environment in close collaboration with the Provincial and District education authorities;

At the level of the Central Hospitals in Beira and Quelimane:

- ▶ The Provincial Eye Health Programmes and Central Hospitals of Beira and Quelimane run successful Public-Private-Partnerships with private opticians to provide spectacles to the most vulnerable patients, including R2C spectacles.
- ▶ The Central Hospital of Quelimane has a widened scope of service provision regarding child eye health, as it acts as a national referral for paediatric ophthalmology.

At community level:

- ▶ Community health NGOs see the importance of primary eye health and include mobilisation, awareness raising and follow up of eye health patients/ on eye health problems in their community health programmes. They coordinate locally with the district eye health programmes.
- ▶ CBR/DICD programmes and community-based organisations actively refer children with disabilities to schools involved in the school eye health programme.





2. INCLUSIVE EDUCATION

2.1. Our Vision

The Country Strategy for Inclusive Education pursues the following Vision:

All girls and boys with disabilities in Mozambique have access to a Nurturing Care Framework and a quality pre- and primary education, equitable, accessible, in a safe environment where diversity is taken into account. Girls and boys with disabilities learn in a safe environment which creates a sense of belonging and acknowledges and respects children from diverse backgrounds. Student-centred educational teaching methodologies, that challenge all students to perform at their highest potential, are in place and actively practised by teachers.

Early Childhood Development services focusing on early learning ensure that girls and boys with disabilities are well prepared for their educational career. Girls and boys with disabilities are identified at a very early age and receive appropriate interventions.

The Ministry of Education and Human Development ensures that all teachers are trained in inclusive methodologies and have the right attitude towards children with disabilities and that school infrastructures are fully accessible.

Teachers are skilled in applying inclusive teaching and learning methodologies and are provided with accessible teaching and learning materials; assistive technology is available for children with disabilities and their learning outcomes are improved.

Parents, the community and the school community ensure that girls and boys with disabilities access their right to education, feel positive about their potential to learn and strive and create a welcoming and supportive environment for them.

2.2. Programme Approach

In support of the Vision, the country programme will support the implementation of the National Inclusive Education Strategy 2018-2028 through:

- ▶ Developing the capacity of the Ministry of Education and Human Development at provincial level in Sofala (DPE) in identification and improving data collection tools on children with disabilities and providing supervision and support to schools in inclusive education.
- ▶ Developing the capacities of local teacher training centres in inclusive teaching and learning methodologies to provide an adequate inclusive learning environment for pre-service and in-service teacher training.
- ▶ Supporting the development and provision of accessible teaching and learning materials including assistive technology to improve learning outcomes for girls and boys with disabilities.
- ▶ Supporting the early identification, enrolment, retention and progression of girls and boys with disabilities in communities reached by community partners in Nhamatanda, Búzi, Gorongosa, Chibabava, Dondo and Beira.
- ▶ Contributing to awareness raising on inclusive education at community, provincial and national levels to create a welcoming environment.
- ▶ In the field of Early Childhood Development (ECD), to achieve the envisaged impact the programme will:
- ▶ Strengthen the DICD programmes in the Nurturing Care Framework through capacity building and play-based learning spaces and parental support for all children including girls and boys with severe and intellectual disability at community level.
- ▶ Engage in national advocacy to increase the investment in inclusive early child development.

For the advocacy component in inclusive education, the programme will engage in the following issues but not limited to:

- ▶ Investment in teacher training and education workforce.
- ▶ Investment in inclusive early child development.
- ▶ Implementation of Mozambique Inclusive Education Strategy.
- ▶ Investment for accessibility of school buildings.

The programme will strengthen the links between the Provincial Directorate of Education and the DICD programmes and the ADPP Teacher Training Centre (centre of expertise on inclusive education) to ensure a sound knowledge based exchange and learning and particularly policy guidance to ensure inclusion of children with disabilities in education.

Acknowledging that the DICD field workers/personnel have many responsibilities and are not specialists in education, the programme will therefore reinforce the collaboration with the community (schools, families, persons with disabilities, community leaders), focusing on raising awareness about rights, inclusion, and the social model, and mobilising and supporting all those involved. Parents know their own children best and can provide very helpful information to teachers. Teachers can help parents support learning at home.

Additionally, the programme will strengthen the Provincial Directorate of Education including the District Education Services to play a supportive role for schools on inclusion. The programme will also support the teacher-to-teacher peer support which means teachers with inclusive education knowledge/skills or experience, e.g. teaching Braille or sign language, and travel to schools to provide advice, resources and support to students with disabilities, their teachers, and community school.

The programme will advocate towards the Ministry of Education and Human Development at all levels for inclusion of children with disabilities because responding to diversity also means recognising that children with disabilities are very different from each other, even if they have similar impairments. For example, people with visual impairment may access the curriculum in different ways: one person may find tape recordings useful, another may find Braille more helpful. Some children with a hearing impairment may learn well through lip-reading, whilst others may need sign language support.

2.3. Envisaged Outcomes and Partners

At national government level, the programme intends to see that:

- ▶ The Ministry of Education and Human Development provides training to all teachers in pre- and in-services on inclusive methodologies and has the right attitude towards inclusive education for children with disabilities.
- ▶ The Ministry of Education and Human Development develops and provides inclusive accessible teaching and learning materials and has disaggregated data on children with disability.

At provincial level, the programme intends to see that:

- ▶ The Provincial Directorate of Education promotes a learner-centred or child-centred approach whereby all processes and structures in a school are centred on supporting each child to learn and participate regardless of the background or impairment of the child.
- ▶ The Provincial Directorate of Education proactively supports partners and District Authorities.
- ▶ The Provincial Directorate of Education has a provincial database on children with disabilities which they use for planning and decision-making processes.
- ▶ The ADPP Teacher Training Centre acts as a centre of expertise, provides pedagogic resources on IE and supports schools and education partners in Sofala.
- ▶ FAMOD actively advocates for inclusive education for girls and boys with disabilities, monitors activities and participates in policy dialogue for inclusion.

At District government level, the programme intends to see that:

- ▶ District Education Services provide support to school, training to in-service teachers and collects disaggregated data on children with disabilities.
- ▶ District Education Services intentionally include needs of inclusive education at local level.
- ▶ District Education Services proactively promote and address accessibility issues within school environments to create a welcoming environment and provide ongoing training, awareness raising, resources to teachers and school community ensuring the inclusion of children/learners with disabilities.

At community level, the programme intends to see that:

- ▶ DICD programmes strongly and proactively collaborate with primary education systems to create inclusive local schools, to support families and children with disabilities to access primary education in their local community, and to develop and maintain links between the home, community, and schools.
- ▶ DICD programmes identify, refer to pre- and primary education and provide early childhood intervention (ECD) to children with disabilities at community level.
- ▶ DICD programmes implement specific activities (play-based learning spaces, referral to health service and parental support, provision of assistive technology) for children with severe and intellectual disabilities.
- ▶ DICD programmes provide assistive technology at the community level to foster access to education inclusion.



3. INCLUSIVE ECONOMIC EMPOWERMENT

3.1. Our Vision

The Country Strategy for Inclusive Economic Empowerment pursues the following Vision:
All women and men with disabilities and their family members in Mozambique have equal access to income generation activities and economic empowerment (EE) that ensure their independent living free from poverty. The employment legal framework (Ministry of Labour) is disability friendly and supportive to inclusion of women and men and their family members in the labour market.

All government vocational training centres are accessible and apply inclusive teaching and learning methodologies and have a welcoming environment that ensures quality training education outcomes. All women and men with disabilities have equal access to microcredit opportunities, employment, self-employment and youth livelihood programmes as well as skills training to ensure their active participation in the communities.

3.2 Programme Approach

The country programme will contribute to this vision through:

- ▶ Advocating with the national government (Ministry of Labour) to create legislation that will incentivise the employment of persons with disabilities, for example through tax incentives; establish a quota (%) of women and men with disabilities accessing employment in the public and private sector.
- ▶ Adapting and ensuring the accessibility of infrastructures and teaching and learning material of public vocational training centres (TVET).

- ▶ Developing the capacities of trainers at vocational training centres in inclusive teaching and learning methodologies to provide an adequate inclusive learning environment.
- ▶ Providing assistive technology to improve learning outcomes and accessibility of workplaces.
- ▶ Supporting disaggregation of data related to employment and economic activities of persons with disabilities and adapting data collection tools.
- ▶ Fostering links between the DICD programmes with the TVET centres, employers and microcredit opportunities, through identification, mentoring, job preparation and referral.
- ▶ Strengthening the pool of Disability Inclusion Facilitators (DIFs) that focus on EE and disability inclusion in the workplace.

3.3 Envisaged Outcomes and Partners

At national government level, the programme intends to see that:

- ▶ The Ministry of Labour, Employment and Social Protection and the National Directorate of Labour establish employment quota for persons with disabilities in both the public and private sectors; create tax incentives for private employers who employ persons with disabilities and promote an inclusion agenda.
- ▶ The Ministry of Labour, Employment and Social Protection and the National Directorate of Labour provide disaggregated data on persons with disabilities.
- ▶ The Public Vocational Training Centres run by the Institute of Vocational Training (IFPELAC) are inclusive in terms of teaching methodology, infrastructure and learning materials for persons with disabilities.
- ▶ The Ministry of Science, Technology and Higher Education which is responsible for technical education, has an inclusion strategy for technical and vocational training for persons with disability in alignment with the UNCRPD.
- ▶ The Secretary of State of Youths and Employment (INEP) includes persons with disabilities in their livelihood programmes for youths and provides disaggregated data on youths with disabilities accessing the livelihood programmes.

At provincial and district levels, the programme intends to see that:

- ▶ The Provincial Directorate of Labour, Employment and Social Protection of Sofala implements a disability employment policy and monitors its application in the private sector.
- ▶ The member companies of CTA (Sofala-level business association) proactively employ persons with disabilities in their companies.
- ▶ The International Fund for Agriculture and Development (IFAD) and value chain programmes are inclusive of women, men and youths with disabilities.
- ▶ Microcredit and other financial services support livelihood projects, initiatives and businesses of persons with disabilities.
- ▶ The NGO Care for Life includes women and men with disabilities in their livelihood activities (VSLA, home garden) and provides technical support to DICD programmes on VSLA and how to grow home gardens.

4. DISABILITY INCLUSION IN OTHER AREAS

4.1. Envisioned Impact

Our vision for disability inclusion in areas other than education or economic empowerment is that all development partners and service providers in Mozambique are fully disability inclusive and ensure equal access to their programmes and services to girls, boys, women and men with disabilities and their family members and communities.

The main objective is to have all stages of development processes inclusive of and accessible to persons with disabilities which will require that all persons are afforded equal access to education, health care services, work and employment, and social protection, amongst others.

4.2. Programme Approach

The Light for the World disability inclusion process focusses on supporting governments, international NGOs, including humanitarian NGOs, and businesses in making their services, projects, programmes and initiatives accessible and inclusive for persons with disabilities and establishes a vision and commitment to a disability inclusion agenda.

This will be done through:

- ▶ Supporting the formation and transformation of organisations of persons with disabilities (OPDs) at community, provincial and national levels to strengthen their capacity in delivering effective advocacy actions.
- ▶ Developing local expertise through the Disability Inclusion Academy/DIFs to provide technical support to mainstream organisations and develop materials (tools, guidelines, evidence-based research, etc.).
- ▶ Providing technical support on disability inclusion to development NGOs (national and international), private sector, vocational training centres, government entities and programmes and youth organisations.
- ▶ **Engaging in different national coalitions to advocate for the rights of persons with disabilities such as:**
 - Humanitarian Response Clusters;
 - Disability Working Groups (at provincial and national levels);
 - Mozambique Eye Care Coalition (MECC);
 - Rehab 2030 Technical Group;
 - Ad-hoc working groups that might be created to deal with a specific issue.
- ▶ Building up strategic partnerships/collaboration with key stakeholders such as World Bank, EU Delegation, Austrian Development Cooperation, Education Donor Group, Movement for Education for All, ActionAid, USAID, UN Agencies (UNICEF, WHO, UNFPA, UNDP, UNESCO, UNHCR, OHCHR, UNWOMEN etc), ILO, ECD Network and others towards disability inclusion.
- ▶ Providing support to FAMOD at national level to play an active role and engagement on SDGs, UNCRPD and other national, regional and international legal frameworks implementation and reporting mechanisms.
- ▶ Engaging together with FAMOD and other disability like-minded organisations in providing support to the National Institute of Statistics, National Health Institute, Taxation Authority and Ministry of Mineral Resources and Energy for disability-disaggregated data through the Washington Group Questions as well as in the review process of legal frameworks on the rights of persons with disabilities.
- ▶ Supporting the implementation of DICD to promote and achieve the goal of community based inclusive development for persons with disabilities by working with them to develop their capacity, address their

specific needs, ensure equal opportunities and rights, and facilitate them to become self-advocates as well as working with the community and society at large to remove barriers that exclude persons with disabilities, and ensuring the full and effective participation of all persons with disabilities in all development areas, on an equal basis with others.

Light for the World believes that disability inclusion is instrumental to achieving the Sustainable Development Goals (SDGs) and their central pledge to leave no one behind and reach the furthest behind first. Inclusive policies and programmes are sound investments in society. They benefit all, particularly those facing intersecting aspects of exclusion, to ensure that all people are counted for and can have their voice heard and participate equally in every aspect of life. This is a matter of equal opportunity, inclusion, justice and economic growth. We know that the costs of exclusion are too high.

Light for the World works to develop new tools and approaches by setting up Social Innovation Labs. These labs bring different actors together who want to work on stubborn challenges that are blocking the participation of persons with disabilities. Together the actors develop and test solutions on a relatively small scale. When those solutions prove to be successful, they can be scaled up or integrated in development programmes.

5. MEDICAL REHABILITATION

5.1. Our Vision

All women, men, girls, and boys in Mozambique have equal, adequate, quality, accessible and affordable medical rehabilitation services, with adequate human resources and infrastructures. The medical rehabilitation services are strongly linked to the community rehabilitation services through Disability Inclusion for Community Development programmes and other community programmes at urban and rural areas. The Rehab 2030 strategy plan of the Ministry of Health is established and strengthens the health system in the provision of rehabilitation services for all including persons with disabilities in urban and rural areas in line with SDG3 and UNCRPD. This means that for the full extent of the social, economic and health benefits of rehabilitation to be realised, timely, high quality and affordable rehabilitation interventions should be available to all. In many cases, this means starting rehabilitation as soon as a health condition is noted and continuing to deliver rehabilitation alongside other health interventions.

5.2. Programme Approach

The programme intends to see the MoH providing affordable and accessible medical rehabilitation services to all girls, boys, women and men at primary and community level in urban and rural areas through:

- ▶ A national strategic plan on rehabilitation that ensures the inclusion of the rights of women and men with disabilities in accessing adequate, quality and affordable rehabilitation services.
- ▶ A strong National Physical Rehabilitation and Medicine Programme delivering rehabilitation services countrywide and fully integrated in the MoH.
- ▶ Supporting the training and capacity building of human resources specialising in rehabilitation services (physiotherapist and orthoprosthesis).
- ▶ Providing adequate equipment, consumables and medicine to rehabilitation services.
- ▶ Promoting rehabilitation services at community level through DICD and others community programmes.

- ▶ Setting up a strong early identification and referral system.
- ▶ Supporting orthopaedic centres in the provision of assistive technology.
- ▶ Supporting the integration of the rehabilitation services disaggregated data into the health management information system of the MoH (SISMA).

6. HUMANITARIAN ACTION

6.1. Our Vision

The humanitarian actors are disability inclusive and apply the rights based approach in their humanitarian interventions according to the UNCRPD and emergency global frameworks and foster the participation of DPOs and persons with disabilities in mitigation, preparedness, response and recovery phases.

All women and men with disabilities in Mozambique affected by natural disaster, climate change, pandemics, armed conflicts and other disasters, have full and equal access to and are included in the humanitarian response/actions.

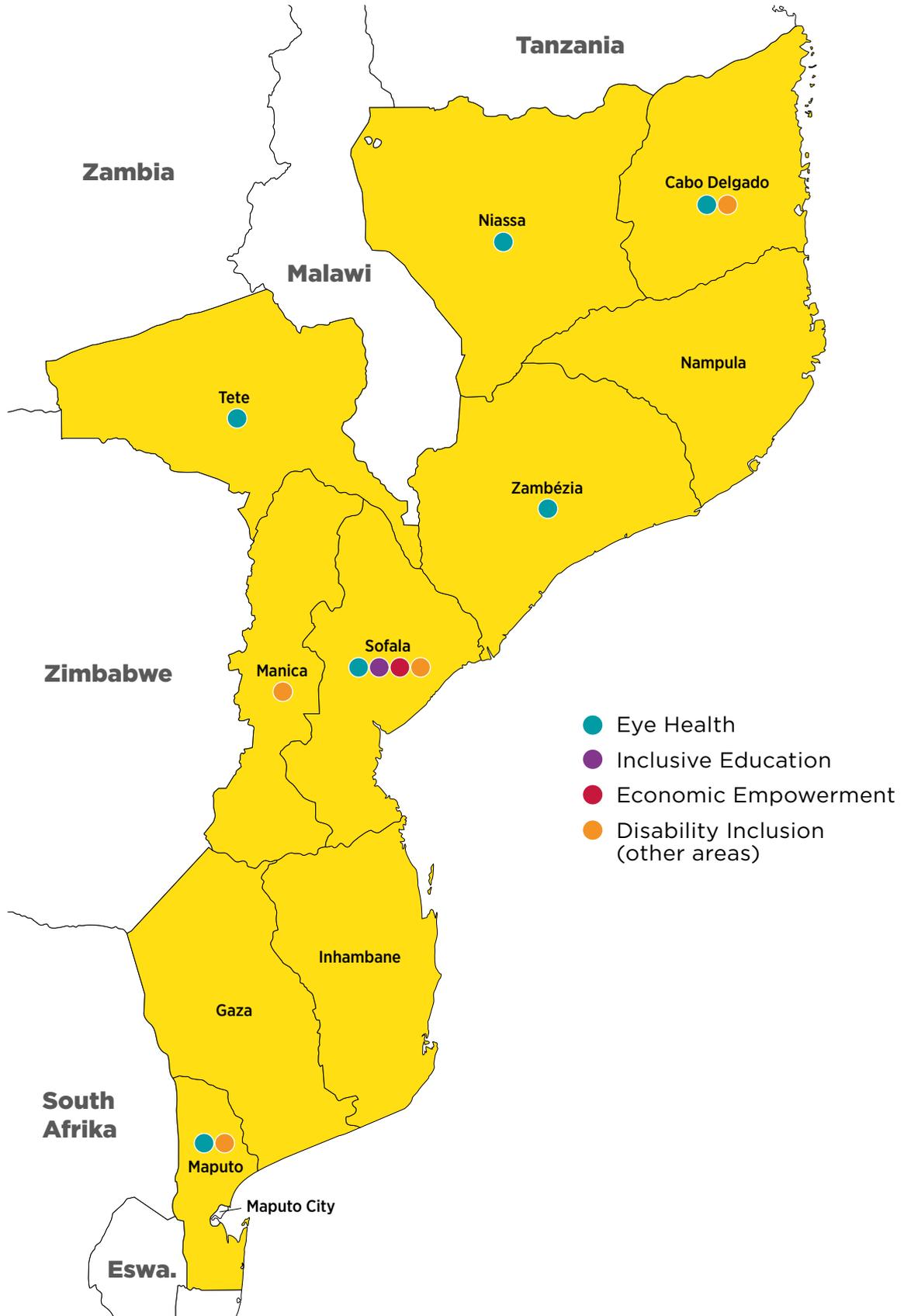
6.2. Programme Approach

In support of the Vision, the programme intends to see all women and men with disabilities having full participation and equal access to humanitarian response/action in line with the UNCRPD and other emergency policies framework through:

- ▶ Providing capacity building of humanitarian actions in disability inclusion including government disaster management entities.
- ▶ Establishing a Disability Inclusion Academy to foster the development of Disability Inclusion Facilitators.
- ▶ Empowering Disabled People Organisations to actively participate in humanitarian actions (mitigation, preparedness, response and recovery phases).
- ▶ Adapting or developing tools to collect disaggregated data on disability.
- ▶ Strengthening the Disability Working Group for active participation and provision of technical support to different clusters.

E. GEOGRAPHICAL FOCUS

This Country Strategy 2021-2025 will be implemented in Mozambique covering 7 provinces out of 11 as shown on the map below per mandate area.



Province	Eye Health	Inclusive Education	Economic Empowerment	Disability Inclusion (other areas)
Sofala	●	●	●	●
Cabo Delgado	●			●
Niassa	●			
Zambézia	●			
Tete	●			
Manica				●
Maputo	●			●





F. GLOSSARY

ADC	Austrian Development Cooperation
ADPP	Humana People to People NGO
AMJUDE	Association of Mozambican Youth with Disabilities
CBR	Community Based Rehabilitation
CMAM	Centre for Medicines and Medical Products (Ministry of Health)
COECSA	College of Ophthalmology of Eastern Central and Southern Africa
CTA	Confederation of Trade Associations
DICD	Disability Inclusive in Community Development
DIFs	Disability Inclusion Facilitators
DPE	Provincial Directorate of Education
DPO / OPD	Disabled People's Organizations / Organization of Persons with Disabilities
ECCD	Early Childhood Care and Development
ECD	Early Child Development
EE	Economic Empowerment
FAMOD	Mozambican Forum of Organizations of Persons with Disabilities
IAPB	International Agency for Prevention of Blindness
IE	Inclusive Education
IFAD	International Funds for Agriculture and Development
IFPELAC	Institute of Vocational Training
MECC	Mozambique Eye Care Coalition
MEPT	Movement for Education for All
MoH	Ministry of Health
MoEHD	Ministry of Education and Human Development
NGO	Non-Government Organization
R2C	Ready-to-Clip
SDGs	Sustainable Development Goals
SEH	School Eye Health

SISMA	Health Management Information System
TVET	Technical and Vocational Education Training
UNCRPD	United Nations Convention on the Rights of Persons With Disabilities
UNICEF	United Nations Children Fund
UNILÚRIO	University Lúrio
USAID	United State Agency for International Development
VSLA	Village Saving Loan Associations
WHO	World Health Organization



PUBLISHING INFORMATION

Editor & Publisher: Light for the World

Editors: Zacarias Zicai, Klaus Minihuber

Photos: Light for the World, Mango Sound, Ulrich Eigner

Graphic Design: Susanne Fröschl

All data as of July 2021

CONTACT INFORMATION

Light for the World Mozambique

Address: Rua Brito Capelo nº 166, Beira - Palmeiras 1, Sofala

Phone: +258-23-312797

Fax: +258-23-312797

Email: mozambique@light-for-the-world.org

www.light-for-the-world.org/mozambique

