



# We are part of the solution

A user-centred exploration of preparedness needs with people with disabilities and older people in Mozambique for inclusive humanitarian response

Mozambique, 2021



“We are part of the solution” is funded and supported by ELRHA’s Humanitarian Innovation Fund (HIF) programme, a grant making facility which improves outcomes for people effected by humanitarian crises by identifying, nurturing and sharing more effective, innovative and scalable solutions.

ELRA’s HIF funded by aid from the UK Foreign, Commonwealth and Development Office (FCDO).



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# 1. Introduction

# The Rationale

On March 14th 2019, the tropical Cyclone IDAI hit an area close to Beira city. Strong winds and intense rain in the following days left a trail of destruction with an estimated 3.000 km<sup>2</sup> of land flooded, 715.000 hectares of farmland underwater, and damage to infrastructure, such as radio and network communication, houses, school buildings and hospitals. Thousands of people were killed or injured and millions displaced. Some of those displaced are now in resettlement sites. The frequent flooding that affects the region, in addition to the COVID pandemic, makes it a protracted emergency.

Recent analysis shows that over 1.6 million people face severe acute food insecurity. People with disabilities and elderly people are amongst those hardest hit by this humanitarian crisis, yet their needs are often not taken into account when designing humanitarian responses. By making the response effective for them, we make the response inclusive for everyone. The only way to do that is tapping into creative user-centred methods.

In July 2021, around forty people with visual, hearing and speech impairment and physical disabilities, and elderly people were part of an Exploration Lab as active researchers of their lived experiences in a disaster-prone region. During the two weeks, they participated in activities to share their perspective; for instance, in dealing with COVID-19 and Cyclone Idai. This is part of the “We are part of the solution” project. A user-centred exploration of preparedness needs and opportunities with people with disabilities and older people in Mozambique for inclusive humanitarian emergency preparedness and response. A participatory, generative, inclusive and creative journey for the participants and for the research team.



# The project partners

**Butterfly Works** is a social design studio specialised in developing education programmes for a wide range of sensitive topics and for people from many different cultural backgrounds. Building on 20 years of experience in over 25 countries, and applying tools and methods from the creative sector to design solutions for social impact worldwide. Butterfly Works has done many programs with people with disabilities and elderly people, allowing them to express their interest and motivations, enabling our partners to design attractive solutions for this target group.

**Light for the World** is an international disability and development organization whose vision is an inclusive society where no one is excluded. We champion accessible eye health services for all and support inclusive education, empowering people with disabilities to participate equally in society. Restoration of vision and prevention of blindness are the main focuses of LIGHT FOR THE WORLD programs in various parts of the world with a main emphasis on developing countries.

**Inkdot** is a boutique innovation consultancy, based in Mozambique. Working with human-centered design and design thinking methods to make innovation real and practical. They facilitate participatory, creative problem solving processes that bring together a variety of stakeholders to find beautiful solutions to complex challenges.

**FAMOD (Forum of Mozambican Disability Organizations /Umbrella DPO)** FAMOD is a Mozambican civil society organization, with a national scope, that seeks to promote the rights human rights and the well-being of people with disabilities in Mozambique. Its mission is to build and articulate, to inclusive and united way, a multiform platform of organizations of people with disabilities whose action manages positive changes in the lives and families of people with disabilities.

**ASADEC (Action for Community Development)**

**OREBACOM** community-based rehabilitation organization

**KUPHEDZANA** Christian ecumenical association.both partners are associations implementing CBR:community-based rehabilitation

Other organisations were involved in specific parts of the project such as Key Informant Interviews (KII) and co-creation sessions.

# Project objectives

The main objective of the research is to spotlight the voices and perspectives of people with disabilities and elderly people in Mozambique as active researchers of their lived experiences in a disaster-prone region. We conducted a participatory approach, using tailored and practical tools to uncover needs and to co-create opportunities for inclusive humanitarian action.

In order to achieve the project objectives we formulated the following research questions:

- **How are people with disabilities and the elderly in Mozambique warned/informed about a humanitarian disaster?**
- **What community structures/ communication and social systems are there in place or not to facilitate early warning?**
- **How can these structures be improved to better support humanitarian preparedness and response?**
- **How do people with disabilities and the elderly define and/or imagine the notion of inclusion in humanitarian action in relation to their own lived experiences?**
- **What are the main barriers that people with disabilities and the elderly experience in being included in humanitarian action?**
- **What do people with disabilities and older people see as viable, accessible and sustainable opportunities for humanitarian actors to be more inclusive in humanitarian action (preparedness and response)?**







## 2. What we did



# Co-creation journey

PROJECT KICK OFF	DIFs TRAINING	DESIGN RESEARCH	IDEATION	VALIDATION	PRESENTATION
<p><b>Project scope, expectations and landscape, jointly-determined by project partners</b></p>	<p><b>Inclusion Facilitators (IFs) trained to apply design thinking and co-creation in their work with people with disabilities and elderly people</b></p>	<p><b>Design research and Exploration Lab activities facilitated</b></p>	<p><b>Key research insights validated and ideated with target groups and key stakeholders for development of initial opportunities roadmap</b></p>	<p><b>Opportunities outlined in roadmap are tested and integrated into final design research report</b></p>	<p><b>Final design research report with recommendations and finding are disseminated among all relevant stakeholders</b></p>
<ul style="list-style-type: none"> <li>- Kick off meeting to align project scope and research questions</li> <li>- Research and Exploration Lab planning with all partners</li> <li>- Development of research tool package and facilitation guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- Facilitator training sessions for DIFs (Disability Inclusion Facilitators)</li> </ul>	<ul style="list-style-type: none"> <li>- Exploration Lab in 2 locations with 40 people</li> <li>- Preparation and debrief meetings to share learnings and adapt the methodology</li> <li>- Documentation, translation, organisation and coding of data</li> <li>- Pre-analysis and analysis session with partners</li> </ul>	<ul style="list-style-type: none"> <li>- Visualisation of main insights into personas, main insights and opportunities</li> <li>- Facilitated concept creation session</li> <li>- Opportunities roadmap</li> </ul>	<ul style="list-style-type: none"> <li>- Strategic partner meetings including inclusion and humanitarian action implementing organisations</li> <li>- Preparing and facilitating testing visits</li> <li>- Iterated opportunities roadmap</li> </ul>	<ul style="list-style-type: none"> <li>- Launch event to share opportunities roadmap with potential implementing partners</li> <li>- Project evaluation with all partners</li> </ul>

# Research considerations

## COVID-19 safety measures and impact

COVID-19 and the safety measures were a potential risk for the successful completion of the project activities. Especially taking into account the challenges the target groups would face participating in a not face-to-face session.

We have followed the protocols of the country, town and province to keep the team and the participants as safe as possible during all activities. Additionally, we were constantly in contact with the local partners to understand the situation and public perception on the ground in the communities we were working with. The measures followed included larger, well ventilated locations and when possible open spaces were used for the activities; the maximum number of participants per session to allow proper distancing; distribution of masks and hand sanitizer.

The activities for each session were tailored to these measures therefore, we did not experience any major change in the plans and the measures did not present challenges to the completion of the activities.

However, the measures prevented more interaction among participants. A bigger impact was seen in the communication and inclusion of participants with hearing disabilities in the conversations. Most of them were not familiar with sign language and could also not read, therefore they would mostly rely on reading the lips of the translators in their local language. The use of mouth masks made this to be specifically challenging. To solve this, translators would communicate individually with each participant with a hearing disability. They would be at safe distance from each other and gesticulate making sure the participants understood the activities. We also simplified the activities instructions to better fit this challenge.

In the research activities, we have also included COVID-19 as an emergency event that has an effect on the lives of the entire population. Similarly to other crisis and emergencies that were the main focus of the project (e.g. cyclones and floods), the pandemic also affected people with disabilities and elderly people in a different manner. For instance in terms of receiving and understanding information, as well as following safety measures. Insights uncovered about this topic will be covered on section 3 "What we learned".



# Research considerations

## Locations

During the research preparations it was important to understand the context. An important aspect to take into account was the areas within the province to conduct the activities. The rural and urban areas experience the preparation and response to disasters in different ways.

From previous experiences observed during emergencies, the population from rural areas was more likely to suffer a bigger and longer-lasting impact. Some aspects mentioned were lack of electricity and means of communication, as well as physical isolation of its population making rescue and distribution of aid more challenging. These aspects made it extremely difficult for humanitarian teams to be aware of the damages and to reach the population in those areas. For this reason Beira (urban context) and Buzi (rural context) were selected as settings for the research activities, making it possible to highlight and compare the differences between urban and rural contexts.



# Research considerations

## Sample and the Research Families

For representation purposes, we included a balanced number of participants based on type of disability (visual, hearing and physical), gender, age, different cultural backgrounds. See diagram for more detail.

Dividing participants into smaller groups is important to ensure a welcoming environment where sharing and discussing personal matters is possible. This allows for more attention on any individual needs related to their disabilities, translation into the local languages and individual support for completing the activities.

Important considerations were made based on the cultural aspects around gender and age. The research groups, or 'research families', were divided by gender to ensure a safe space for the participants to share about their personal lives and experiences. It was important to encourage a safe space for women to express themselves. A significant difference between genders was found between the ability to communicate and express their feelings and ideas, as well as literacy levels and understanding of Portuguese. The research also confirmed that women and men tend to do activities amongst the same gender, unless they are family or have close connection (e.g. neighbors).

Likewise, we had separate groups for adults (from 18 to 50 years old) and elderly (50+ years old) to ensure more balance in their voices and opinions. Culturally, the voice of an older person should be respected and this could be a barrier to hear everyone in an equal manner if older people were together with adults and young adults, especially.

40 participants		20 male	20 female
11 visual impairment	10 hearing impairment	14 physical impairment	7 elderly without (severe disability)
A Family Love Beira men adults (18- 50)	B Family Hope Beira female adults (18- 50)	C Family Peace Beira men elderly (50+)	D Family Victory Beira female elderly (50+)
E Family Sincere Beira men adults (18- 50)	F Family New life Beira female adults (18- 50)	G Family No Name Beira men elderly (50+)	H Family Gratitude Beira female elderly (50+)

\*Family names were chosen by the participants of that family, during the Kick off Meeting of the research as an activity to find values they had in common.



# Disability inclusion facilitators

The Disability Inclusion Facilitators, or DIFs, are prepared to represent the needs and rights of people with disabilities in different contexts, such as humanitarian emergency response and preparedness. Their role is to:

- Build relationships with organizations, provide training and technical support and also support Light for the World in the documentation process.
- Role of the Facilitator for the Inclusion of People with Disabilities
- Inspire and build relationships with organizations in different humanitarian groups and with TVET centers and employers
- Raise awareness of disability and inclusion (training)
- Provide support on "how" to proceed with the inclusion of people with disabilities (practical advice)
- Connect organizations with specific DPOs and service providers for people with disabilities.
- Monitor and support inclusion in practice
- A Disabled Inclusion Facilitator is a Change Maker and Service Provider and has three main roles:
  - Relationship builder
  - Instructor and consultant
  - Inclusion Monitor

During the project, the DIFs were prepared by means of training and coaching sessions to co-facilitate the sessions within the communities. On a practical level they were translating conversations, facilitating the activities and collecting data. They served as role models and inspired other people with disabilities. Having their perspective and presence also helped to build trust and connect with participants.

# The exploration lab

## Methodology

The exploration lab is a participatory design research process. It is carried out by people with disabilities and elderly people themselves, and during the process, they investigate and reflect on their own experiences. The exploration lab aims to listen, see and build empathy with the people we are designing for while empowering them to share their stories and have their voices heard.

It is a method that allows us to navigate complex themes and find new angles to build innovative solutions. Because the design research activities are shaped to challenge our assumptions we gather authentic answers and fresh ideas. The approach relies on participatory research in which people act as researchers themselves and actively participate in the research rather than attending from a passive role. The research participants can share things from their own perspective and have the ability to uncover things that are important to them. This ensures a deep level of understanding of their needs and wishes, in a relatively little time. Thus provides a more authentic and insightful perspective of the situation.

All research tools used in the process were adapted to the context and cultural aspects with the aim of drawing out experiences using a combination of visual and verbal storytelling. The activities spark conversations to uncover insights around the themes of communication, autonomy and inclusion. During each session they focused on a different topic. More about the adaptations and stories from the field can be found in [this blog post](#).

## The exploration lab journey

1

### Kick Off session (3,5 hours)

The kick off session aimed at informing and instructing participants about the project objectives, the process and the activities. Participants were grouped into Research Families; filled in the [Me, Myself and I](#), a personal profile of person in the present and future outlook) and received the instructions about daily activities to be completed over the course of that week.

Besides the facilitated group sessions, the participants were invited to complete individual activities in their own time. One included registering moments in their day where they felt good, bad, included and excluded. By repeating the same activity every day for a week with tools like the [Diary](#) and [Moment Collection](#), they have the opportunity to explore their routine and environment.

2

### Communication and Location Mapping session (2 hours)

This as the first session in which the Research Families were split. The completed the [Communication Mapping](#) tool, which was a visual map of means of communication they access and would like to access, including details as in when they use those, who support them and how they could be more inclusive. In the [Location Mapping](#) activity, they mapped of places they access and would like to access, also including examples and stories about those.

*Adaptation from initial plan:* These tools were merged into one to save more time for sharing across the group.

3

### Covid 19 journey mapping session (2 hours)

In this session each participant was invited to look back on the experience they had with COVID-19. From receiving the information, to being able to follow the safety measures as well as the impact that it had (and continues to have in their lives). They also discussed about ways in which they would feel more included.

4

### Idai journey mapping session (2 hours)

Following similar steps from the previous session, participants shared their experience with the tropical cyclone Idai. They also discussed about ways in which they would feel more included both in the preparation as well as in the other phases of the humanitarian emergency cycle.

5

### Wrap up session (2 hours)

This session aimed at closing the research activities, bringing all the families together to share, reflect and come up with a summary of most important topics. As well as celebrating the learning and achievements of that week.



# From data to insights

After the collection of data from the research activities, the data was documented, translated and organised to be analysed. This phase was divided into pre-analysis, analysis session, and synthesis of findings.

## 1. Pre-analysis

At this phase the data was collected, documented, translated and shared as preparation for the analysis with the entire team.

### Sharing stories

The sharing starts with debrief meetings after each of the exploration lab sessions where the local facilitators updated the Butterfly Works' team on the process and experience when conducting the research activities. During the meetings, facilitators share observations, suggest alternatives for challenges faced (such as logistical and methodological adjustments) and detailed questions to further explore potential opportunities. From these meetings, notes were made to document the adjustments and the initial insights.

### Coding and initial themes

We used a thematic analysis approach, which is a systematic method to break down and organise qualitative data by tagging pieces of information with appropriate codes, comparing them and uncovering overarching themes. We have started with a list of codes based on the research questions and additional codes were included to cluster themes emerging from the research data. The coding and filtering was done using the digital collaborative tool [Airtable](#). Within Airtable, the coded data work has tags that classify a piece of text. Some pieces of text will have more than one 'tag'. Afterwards, we looked across all the codes and explored any causal relationships, similarities, differences, or contradictions to see if any underlying themes are uncovered. As a following step, we used Affinity-Diagramming as it is a visual and collaborative tool where each piece of information is in a post-it and can be clustered into groups with a sentence or key word as a theme.

## 2. Analysis session

The analysis session focused on reviewing and validating initial themes, further analysing data and looking for patterns and opportunities. We held sessions with the local facilitators and local project partners.

For the final analysis session we invited other humanitarian implementation partners. This was a great opportunity to actively include more important stakeholders in the project. At the session we presented the results and insights of the exploration lab. We also built onto the initial identified opportunities and focus areas to develop ideas and solutions. Each partner also shared humanitarian initiatives that are planned or are being implemented that could support in reaching the prioritised objectives.

## 3. Synthesis of findings

The main findings and patterns from the research and analysis sessions were summarised into main insights and visualised as [Design Principles](#), [Personas](#), an [Emergency User Journey](#) and [User Needs](#).

These served to present the data in a more relatable manner back to the participants and partners and guide the subsequent co-creation sessions. Hopefully in the future they can also be used by disability persons' organisations (DPOs) and humanitarian organisations to guide generating and implementation of solutions. These visualisations can be found in the following section of this report.

# From insights to ideas

Two co-creation sessions were held to develop ideas for solutions to the main identified challenges. These 6-hour sessions were held in each location (Beira and Buzi) and brought together some of the participants of the research (2 representative of each research families), local activists and DIFs - this time as participants to think about solutions together.

From the research sessions we understood some of the communication challenges and the barriers participants faced to suggest ideas and potential solutions. Especially solutions where they (people with disabilities and elderly people) would play an active role, such as initiating it and/or being part of the solution.

We used storytelling to support them in imagining different scenarios and to think about possible solutions for the personas. Personas are fictional characters that represent the different profiles of the people who participated in the research. They help to create an in-depth understanding of the target group, to better understand their perspective and their attitude towards the design challenge. It also provides insights on how to engage and communicate with them.

The main challenges were shaped into simplified design challenge questions to prompt the participant in the co-creation of the stories. We also had templates that would prompt them to further define their ideas /stories adding a title, who was part of it, the potential risks, and the next steps to make it a reality in their community.

After each session we had 8 ideas shaped into stories. A total of 16 ideas of how people with disabilities were part of the solution to bring more inclusion. Resilience and solve the most pressing challenges in preparedness humanitarian response.





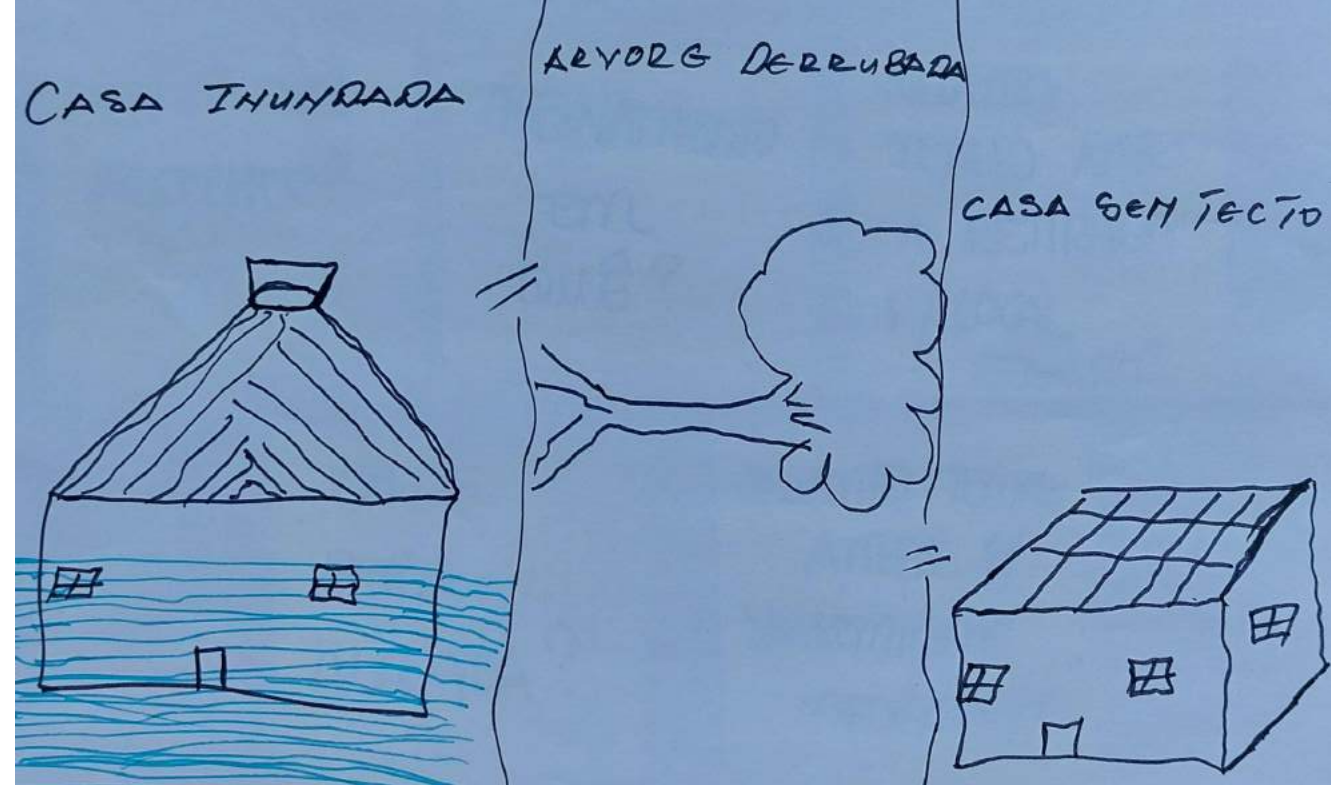
# From ideas to strategic opportunities

Throughout the process we engaged with local organisations that implement, plan and coordinate actions on both inclusion and humanitarian action.

We had two partner meeting sessions to prioritise and take the ideas created into the next level. Some of the partners and implementers involved were representatives of non-governmental organisations, government, organisations of person with disabilities.

These meetings were important to understand the current programs in place and plans for the following year, but also to validate the directions and strategy as a collective. These meetings validated the importance of creating opportunities and structures to support the collaboration of different organisations in the inclusion of people with disabilities and elderly people in humanitarian action.

The outcome from those meetings helped to shape the opportunity roadmap, rooted in the knowledge and experience of the different partners involved.



↑ Drawing of a poster made by the participants in the ideation session. It shows the effects of the cyclones and floods and would be used by the alert community group to explain what can happen and how to prepare.

← Representation of the group going from door to door let the community know about an imminent cyclone.





### 3. What we learnt



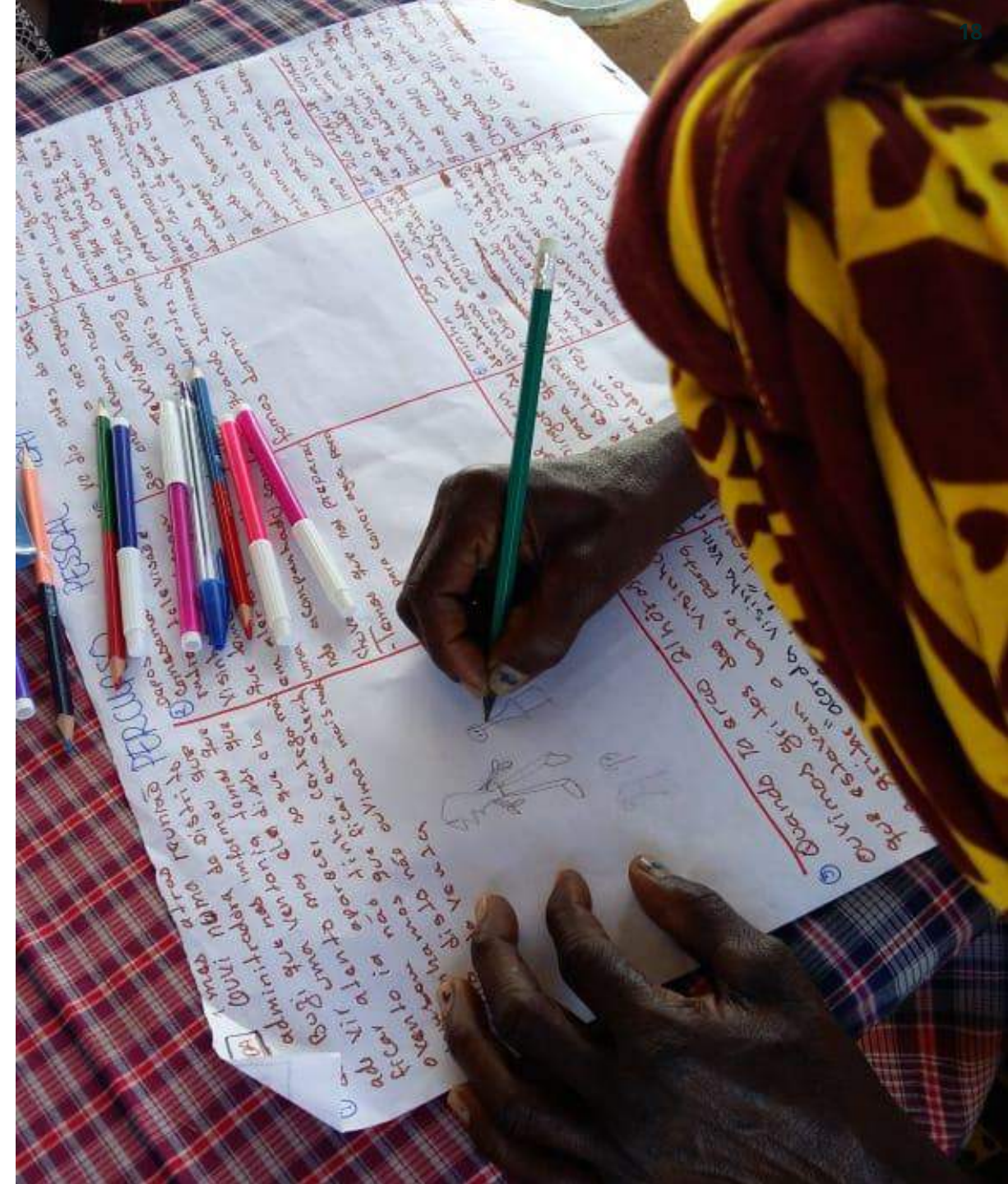
# Idai journey

## Journey of a humanitarian emergency

A journey is a tool that visualises a process. It can be used to understand personal perspectives, feelings and actions in relation to a certain situation.

During the research phase, each participant reflected and documented their personal path in relation to the Idai cyclone. This activity provided valuable information about how people dealt with each phase preceding, during and after the emergency. For example, how and when they received information, what security measures they did or did not take to prepare, how they experienced the events, how they felt supported or not.

In the following page there is a merged journey, highlighting a summary of the different layers that were present in the situations shared by the participants. Such as social interactions, communication channels, decisions, feelings, actions and their consequences.



This is a visual summary of the journey. [Click here](#) to see and download the complete version of the Idai Journey.

## BEFORE EMERGENCY

## AFTER EMERGENCY

## Receive information

The moment when people receive information about cyclone Idai and the emergency state

## Validate the information

When people confirm the veracity of information they have received

## Know how to prepare

What people have been instructed about and know how to do to prepare for and protect themselves from cyclone Idai

## Wait for the event

What people do right before and during the event

## Emergency evacuation

Evacuation takes place after major damage, usually to relatives or neighbors

## Assess damage

When people assess damage and look for ways to repair it

## Access to food

People have access to food and means of production jeopardized and depend on aid delivery

## Access to other types of support

People have access to basic needs jeopardized and depend on aid delivery

## (Búzi) Flood and rescue

Still in a state of shock and precarious conditions, people are surprised by the floods

**I would like to be informed at least 1 or 2 days in advance to prepare**

Woman, 60 years old, physical disability

**We were told to go to a safe place, but we don't have safe places for people with disabilities in the neighborhood.**

Man, 46 years old, physical disability

**The walls began to crumble. I looked for ways to leave the house but I couldn't. My granddaughter said: "grandma let's go outside", but I refused to go outside. The neighbor appeared, grabbed my arm and said "let's go outside" and said that my house was already destroyed.**

Woman, 50 years old, visual disability

**We were left to feed on porridge of corn flour that had "escaped" from the water**

Man, 50 years old visual disability

**We were in our house sleeping, when the water came and woke us up, in a hurry we woke up scared, the water came in, we were desperate not knowing where to go, it took us to a neighbor's house, the water was running a lot, we saved nothing, not blanket, not clothes, not food.**

Man, 22 years old, physical disability

**Upon receiving the information, I thought it was a joke and I only believed it the day it happened, when the wind began to pick up and the zinc sheets began to shake.**

Woman, 21 years old, visual disability

**After finishing organising outside my granddaughter and I had dinner and went to try to sleep, but sleep did not appear. We got up and sat talking: Will we survive?**

Woman, 50 years old, visual disability

**We return home. When we arrived we saw chickens and ducks that were dead, and even the cat, who used to help me kill the rats.**

Woman, 62 years old

**I would like everything to be transparent or a record by the government of people with disabilities or support in material and food.**

Man, 35 years old, Beira physical disability

**The helicopter appeared to evacuate people with disabilities and the elderly to a safe place, but I was unable to move up. I went by boat to Guara-Guara with my 10 year old son.**

Woman, 46 years old, physical disability



# Personas

Personas are a detailed description and visualisation of important profiles, represented by a fictional but realistic person. Personas help to create an in-depth understanding of the target group, to better understand their perspective and their attitude towards the design challenge, in the case of this project, regarding inclusivity, autonomy, receiving information and preparing for emergencies. It also provides insights on how to best engage and communicate with them.

It is important to note that the following personas do not represent an average of the majority of cases in that region. But instead, they summarise the main findings of the research bringing light to the multitude of aspects and complexity that are part of the daily lives of the participants. Most importantly, they highlight characteristics, challenges and motivations that should be taken into account when proposing interventions, programs and activities for the people with disabilities and elderly people in the region of Sofala province in Mozambique.



# Lucinda



40 years old  
physical and  
motor  
impairment

**My dream is to have my own business! But I don't know where to start, I depend on others for everything.**

**I live alone, but I can't complain because I have good people in my life who help me. My neighbors are very close, they are like my family. They help me a lot! I pay my neighbor to make my farm.**

**He gets me water every day and when my food runs out I ask him. There are days when I can't do anything if my neighbor doesn't help me...**

**I feel that I keep a lot of suffering to myself. I don't tell anyone, I don't like to be complaining.**



I go to my neighbor's house and to the church



I use the radio and telephone borrowed from the neighbor. When my son wants to talk to me, he calls the neighbor.



I use my wheelchair bicycle to go to church, but when it rains I can't go because of the mud.

## A day in my life



I woke up, I swept the house, washed clothes, asked someone to hang them out on the clothesline

I asked the neighbor to fetch water, so I could clean myself

I went to the neighbor's house to ask for food to cook, I prepared and ate lunch

I rested



The neighbor came to visit and to bring food, we ate and talked



### I can do

I really like to cook

When I have a good day, I can clean the yard, take a shower without anyone's help



### I can't do

Fetch water

Work in the field

I can't read or write

I depend on my son and my neighbor

I depend on my activist's donations

## Important people in my life



Neighbors



Friend from church  
Daughter of my friend



My activist



Son

# Alberto



45 years old  
Physical and  
motor  
impairment



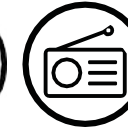
I thought I was alone with the disability, I felt lonely. But I found a group of people with disabilities and I was able to talk and express my thoughts and ideas. I felt good, with more hope you know? But the project ended and I didn't find them anymore.

I can't do the heavy physical work. But sometimes I help my nephew in the carpentry shop.

I make hats and straw baskets and sell in my backyard. I'm happy when business is going well, but there are days when I don't have a single customer and I don't have money for food. It makes me very sad when I don't have food for my daughter.



I go to my brother's house, sometimes I work with my nephew. I go to church every week. And I'm going to watch football with my son and brother.



I watch the news on TV. I like the radio a lot, I work in the yard listening to the radio. I used SMS but my phone broke down.



I use the crutches to be able to go places

## A day in my life



My daughter fetched water and prepared the breakfast, we ate together

I prepared the material to make my baskets and hats. It has to be before the sun comes up

My daughter helped me set up the yard tent and I started working

My daughter prepared lunch, we ate together and I rested

I went back to the yard to work

I watched TV at night with my family



My daughter prepared dinner and we had dinner together and we talked



### I can do

Working with my hands, I'm very good with details

I have my business in the backyard

Sometimes I go to work with my nephew in the carpentry shop



### I can't do

Important physical work: Fetch water, construction work, cultivating food, chop/carry sell firewood

Walk without crutches, ride a bicycle, ride a motorcycle

I lack autonomy when I'm not able to do something or govern myself by my own means

## Important people in my life



Wife  
Son  
Daughter



Brother  
Nephew



# Arlete



35 years old  
Hearing  
impairment



I want to study and learn to read, but since I had ear problems I dropped out of school. It's not the place for me.

I really enjoy working!  
Every day I sell tomatoes at the market and sometimes I help out in the fields.

I do not like being alone. I love being with my family, receiving visits from neighbors, watching TV with my family. Even if I don't understand what they're saying, it makes me feel good.



I go to the market, the neighbor's house and the church. Sometimes I help out in the fields



I watch TV and my husband or daughter explain to me

## A day in my life



I woke up I heated water to take a shower and I had something to eat

I went to the market to sell tomatoes

I came home and had lunch with my daughter, she prepared the food

I went back to the market, I talk to my colleagues in the market

I watched TV and my husband explained to me what they said



Went to bed



### I can do

I work in the market

I help out in the fields



### I can't do

I can't read or write

I can't use the phone

I can't know what's going on, if there's an emergency, I depend on my husband

## Important people in my life



Husband  
Son and daughter



Neighbors  
Colleagues from the market



Sister  
Dad

# João



20 years old  
Hearing  
impairment



**I have many dreams, I want to study and help my family, but it's not always easy.**

**I felt excluded for not having the money to make a photocopy of the school materials for Portuguese and Biology.**

**I tried to ask for a loan to do business, but I was neglected and disrespected. They don't believe in me. On this day I returned home very sad and I didn't even have the courage to tell anyone what happened...**



Almost every day after school, I go to the market with my friends. We watch football every week.



I talk to my friends using pen and paper. When I have credit, I use Facebook or text messages. But I can't communicate with anyone when my cell phone runs out of battery and my notebook has run out of all the sheets.



I go everywhere with my bike. But it's out of order now and I can't even go to friends' houses and I don't know how to fix it.

## A day in my life



I wake up and eat breakfast (my mom prepares for me)

I go to school, my friends help me a lot there

I'm go to have lunch with my mom

I do my homework and I'm then go meet my friends at the market

I bring the food to my mom and she makes dinner we eat together



I stay on Facebook or read a book and go to sleep



## I can do

I know how to write and I love to read

I really enjoy studying and learning new things



## I can't do

I don't know sign language

Without my notebook and my bike I can't do anything

## Important people in my life



Mother  
Father  
Sister



Friends



Uncle  
Aunt  
Cousins

# Olinda



25 years old  
Visual  
impairment

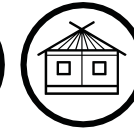


**I don't like being alone... I love talking and walking with my family. I love hearing my kids play and laugh!**

**I go to the health center a few times a month with my uncle or my son for tuberculosis control and for receiving HIV pills.**

**I feel bad for needing help to go places, to do things around the house, and not being able to work in the field.**

**I would love to be more independent!**



I talk to my neighbor and go to church with my family



I listen to the radio with my children



I use my cane to help me walk. But I always need to have a companion.

## A day in my life



I woke up, I told my son to put water in the bathroom then, I went for a shower

I went to the health center, to do the check ups, my uncle was with me, we took the tuck tuck until the place where you catch the canoe. There they helped me to get into the canoe we crossed they helped me to go down, I almost feel in the water...

We came back and had lunch, my daughter prepared the food

I told my son to fetch water from the well to wash the dishes with my daughter



I listened to the radio

I had dinner and talked with the family



## I can do

I do my own personal hygiene

I do some chores around the house (washing clothes, washing dishes) but I need help hanging them out or throwing the dirty water away



## I can't do

I depend on my son to get water and do some things around the house

I need a companion to go everywhere

I can't work in the field

## Important people in my life



Son  
Daughter



Neighbor



Uncle



Friends



# José



55 years old  
Visual  
impairment



**Working in the vegetable garden makes me happy. I don't see very well anymore but I can still work. I don't know what I would do if I had to stop working...**

**I always feel included because people like to talk to me all the time and keep me informed of everything that happens.**

**Sometimes my son doesn't listen to me. He spends all his money on booze. That makes me sad.**

**Before, I received many visitors and many people helped me, but now I feel more alone. My neighbors and friends moved to Guara-Guara, I don't receive any more visits or help.**



I feel good when I talk to my grandchildren in the vegetable garden. My grandson takes me to church every week.



I spend the day listening to the radio. I was very sad with some news from the country, I like to know what is happening, but the young people don't know about our history and they don't listen to the elders... They aren't making the right choices.



I always need a companion, especially without my cane - which is broken.

## A day in my life



I wake up, sweep the yard and wait for my grandson to get water

We had breakfast

I will work in the vegetable garden

My son and my grandchildren arrive and we have lunch together

My son goes back to work, at the market and I stay with my grandchildren in the garden and taking care of the ducks

If someone visits me I talk. If not, I listen to the radio until someone arrives and prepares dinner



We have dinner and go to sleep



## I can do

I sweep the yard and take care of the garden and the animals with the help of my grandchildren



## I can't do

I can't fetch water

I need a companion to go everywhere. One day a friend died and I had to wait for my grandson to take me to his house to talk to the family

## Important people in my life



Son



Pastor



Friends  
Neighbors

(Now they live far away)

# Grandma Gertrudes



70 years old  
Multiple mild  
impairments



I live with my granddaughter. She accompanies me everywhere. If my granddaughter gets married I will suffer, I won't have anyone to accompany me.

When I feel bad, I make old stories like my grandchildren. I have so many stories to tell!

Before, I used to cultivate a lot! Today I can't do it anymore... I have a lot of difficulty walking and I don't see very well.

My dream is to learn to read and write.



My granddaughter takes me places or she goes to sort things out for me. I can't stand walking a lot, nor working on the field anymore.



I used to talk on the phone with other relatives, but now it's hard to hear



Today it's very difficult to go places, it's hard to get on the tuck tuck and my wheelchair-bicycle is broken.

## A day in my life



I did personal hygiene in the morning and eat something

I asked my granddaughter to buy bread and food at the market

I cleaned the house and prepared lunch alone (my granddaughter helps sometimes) we had lunch together

Visited the neighbors

I prepared the food with the help of my granddaughter

My daughter arrived, we had dinner and talked



I watched TV (newspaper) before going to sleep



## I can do

My personal hygiene

Take care of the house



## I can't do

I can no longer fetch water, carry anything heavy or walk a lot

I can't read or write

## Important people in my life



Granddaughter  
Grandson  
Daughter



Neighbors



Other relatives

# Grandpa Sérgio



90 years old  
Multiple mild  
impairments



My activist friends and the secretary helped me get the new house, my old one was destroyed. We were transferred to here and people help us a lot.

I don't like it when they treat me like a child, even serving me, and putting a mosquito net for me when I was sleeping.

Before, I worked a lot and fished, but I was transferred far from the beach and my farm. I'm far from everyone I knew...

When I feel bad I like to sing songs from a long time and old stories with my grandchildren. But only one child came with me, the others are far away.



I feel good talking to my grandchildren and helping my son in the garden. Sometimes my other children come to visit me.



I spend the day listening to the radio, I know the news in the country, the football game. My radio is solar energy.

## A day in my life



I wake up and go get food, my grandson fetches water and we eat

I'm starting my own garden with my son in the new place we were transferred to

We had lunch with the family

I rest

I go out to talk to my neighbors and activists

I come back with the food and wait for my daughter-in-law to prepare dinner listening to the radio and talking, telling stories



We go to sleep



## I can do

Perform personal hygiene.

Look for food.

Helping my wife. She can't walk anymore and I take care of her.

Singing and telling stories.



## I can't do

I can't handle picking up heavy things anymore. One day I found a mango tree trunk but I had to ask for help.

I can't carry my wife, my grandson helps.

Sometimes I have to ask someone to accompany me to the bathroom. I really don't like that!

## Important people in my life



Wife  
Son  
Daughter-in-law  
Grandson



Sons  
Grandsons



Activists  
Secretary



# Insights and needs

Insights are pieces of information uncovered by the research after the analysis and synthesis phases. Insights help to better understand the context. The needs here go a step further and highlight people's goals, values and aspirations within that specific context highlighted by the insight, as well as organisational needs to reach a certain goal for the people who are at the centre of the project. Needs serve as a opportunity space to act upon.

The aim of both insights and needs is not to provide solutions but instead, to provide a path for better decision-making. In this project they were used to frame the following phases of co-creation of potential solutions and strategic opportunities.

In this chapter we describe each insight and need in detail. They can be used in the future to evaluate the implementation of the solutions as well as a source for the creation of other interventions.

## 1. If they can't do the hard work they are a burden

**Need:** Inclusion and access to means of production and income generation opportunities

## 2. Food insecurity and malnutrition are common in the face of any emergency

**Need:** Access to food, especially in emergency moments

## 3. Fetching water: the biggest dependency

**Need:** Access to clean and drinking water (especially in cases of emergency)

## 4. I had to double check it to believe

**Need:** Receive clear and trustworthy information about emergencies in advance to make decisions

## 5. Preparing means putting sandbags on the ceiling

**Need:** Know how to prepare and have "support" to do it, both before the rainy season and when an emergency is imminent

## 6. When to stay and when to go during an emergency event

**Need:** Know how to proceed during an emergency

## 7. Nowhere safe to go

**Need:** Access to safe shelter (e.g. in the community and surrounding area)

## 8. Vulnerable housing and accumulated damage

**Need:** Stronger and safer housing (both in the community and in the relocation)

## 9. Challenges in different steps of the process prevent inclusive evacuation and relocation

**Need:** Inclusive evacuation and relocation system

## 10. Assistive devices allow people to go the extra mile

**Need:** Access to assistive devices (e.g. hearing devices, white canes, cell phone with screen reader and translator)

## 11. The notion of inclusion is not clear

**Need:** Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation

## 12. Lack of coordination of actions hinders sustainable impact

**Need:** Coordination of different actors and roles; regulation of implementation

### 1. If they can't do the hard work they are a burden

**Need:** Inclusion and access to means of production and income generation opportunities

There is a shared belief that if one is not active and productive, contributing to the livelihood of the family, he/she is a burden. For the elderly, it is painful to even think of a moment when they will not be able to work. For people with disabilities, that is a reality they need to accept as it is hard for most of them to carry out the heavy work (e.g. cultivating the fields, chopping wood, and even fetching water).

### 2. Food insecurity and malnutrition are common in the face of any emergency

**Need:** Access to food, especially in emergency moments

Most of the families of the people engaged in the research depend on their cultivated piece of land and produce their own food. If there are any issues with the production, they don't have enough to eat. In some cases they shop everyday for the quantity they need for each meal. In case of any emergency, there is no surplus of food supply. In cases of cyclone and flood, the farm and food production (e.g. vegetable garden and animals) is destroyed and they rely on aid distribution to survive. Depending on the severity of the emergency, the most remote areas don't receive food distribution.

### 3. Fetching water: the biggest dependency

**Need:** Access to clean and drinking water (especially in cases of emergency)

People with disabilities and elderly people usually rely on other members of the family or neighbors to fetch water for their daily needs. In cases of emergency finding drinking water is a challenge and the population ends up consuming water unsafe for drinking.

### 4. I had to double check it to believe

**Need:** Receive clear and trustworthy information about emergencies in advance to make decisions

Participants of the research received information about the cyclone 4 days in advance, on average. However, in most cases they did not believe the information at first. Only after hearing from different sources and checking with a person from their close circle (family or neighbors) some of them started to believe. Even so, they did not know the extent of the impact that the cyclone (and subsequent floods in Búzi are) would have or which decisions they could/had to make.

### 5. Preparing means putting sandbags on the roof

**Need:** Know how to prepare and have "support" to do it, both before the rainy season and when an emergency is imminent

Instructions for preparing for the cyclone varied from more or less detailed, but in practice, the action performed by most families was to try to protect the ceiling of their houses the way they could. Most people used sandbags, ropes or stones hoping to prevent their ceiling plates from flying away with the strong wind that was about to come. People with disabilities and elderly people had to rely on the support from their family members and/or neighbors to perform this preparation. Participants did not mention about any information or preparation for the upcoming floods that would hit the area around Búzi after the cyclone Idai. The raising water in the region seemed to have caught most of the participants and their families by surprise.

### 6. When to stay and when to go during an emergency event

**Need:** Know how to proceed during an emergency

During the cyclone Idai, most families stayed in the house if they could. They would leave the house when the situation was untenable, for instance when the walls would be falling apart or the ceiling was completely gone and the house was filling with water. These were also dangerous situations. They would be in the dark trying to find shelter with all the wind and/or water. They did not report receiving any information about how to proceed in the safest manner in those cases.





## 7. Nowhere safe to go

**Need:** Access to safe shelter (e.g. in the community and surrounding area)

Most participants of the research did not hear about opportunities for relocation before cyclone Idai. And, when they received the instruction to find a safe shelter, they reported having nowhere to go. Some of the families after leaving their house in the middle of the night looked for shelter in neighboring houses, but also in schools, churches and buildings in higher areas (in the case of flood).

## 8. Vulnerable housing and accumulated damage

**Need:** Stronger and safer housing (both in the community and in the relocation)

The houses in which this population live are not built to endure strong winds and floods. Almost 3 years after the cyclone Idai, participants reported not being able to have their houses repaired. After the cyclone and floods, they have collected the pieces of the materials to improvise shelter, and in some cases, that is still how they live. The vulnerable materials and the quick fixes done after subsequent disasters make this population in danger. Some of them reported receiving some kind of support to repair their ceilings, others are still waiting.

## 9. Challenges in different steps of the process prevent inclusive evacuation and relocation

**Need:** Inclusive evacuation and relocation system

Most participants wish they were relocated before the disaster, but they did not know about this possibility. Some of them were relocated after the disaster. There are several opportunities to create a more inclusive relocation system and site for people with disabilities and elderly. Beyond the information and priority for people with disabilities and elderly, some other aspects that were mentioned by the participants in the research. They had a hard time being away from their support network (usually composed by their family and neighbors), in some cases their families/relatives were not notified about the relocation. Another challenge was being separated from their means of production and work, e.g. their farming fields or the fishing area.

The methods used for rescue and evacuation (e.g. helicopters and boats) after the disaster were mostly not accessible to people with physical impairment.

## 10. Assistive devices allow people to go the extra mile

**Need:** Access to assistive devices (e.g. hearing aids, white canes, cell phone with screen reader and translator)

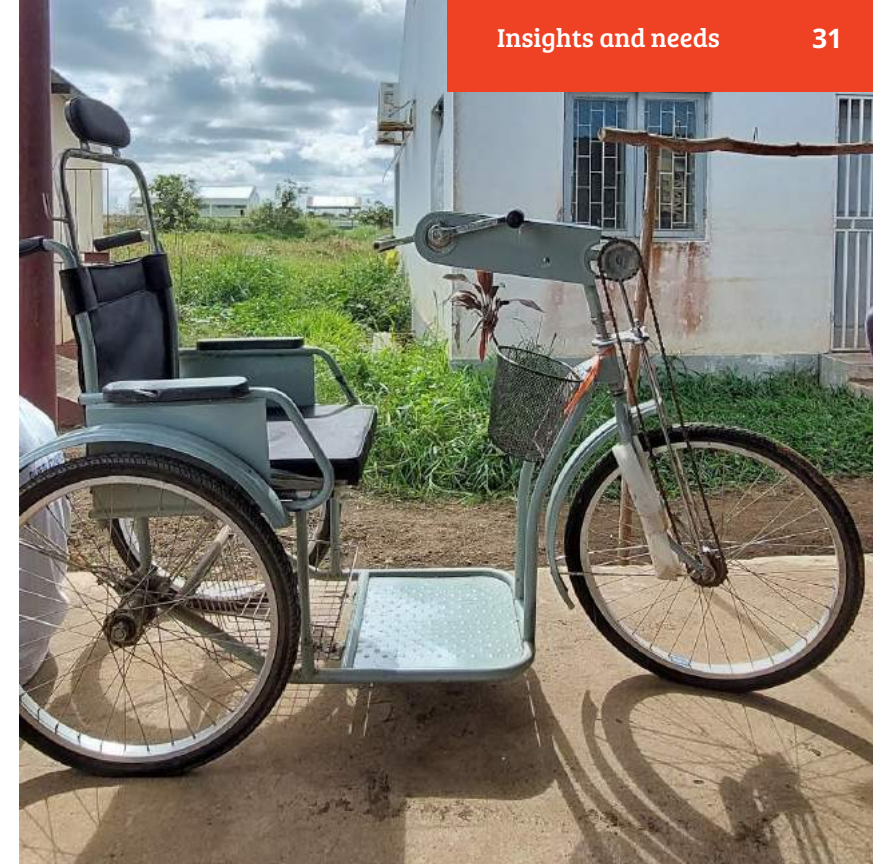
In most cases the person with disabilities and elderly can have a significant improvement on their mobility, communication and performing of daily activities if they have access to assistive technology, such as white canes, hearing aids and wheelchairs. That also represents an improvement in the inclusion of this population in their communities and, potentially in the preparedness and response of humanitarian emergencies.

Most participants with locomotion impairments reported the importance of their wheelchairs, some of them had wheelchair bicycles. In some cases their assistive devices were broken and they did not have a chance to repair them. The use of phones as assistive devices was not common. For the proper distribution of aid according to the specific needs of this population there is a need for disaggregated data collection and coordination among different organisations.

## 11. The notion of inclusion is not clear

**Need:** Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation

The notion of inclusion and their rights is not clear (or the same) for the people with disabilities and elderly people themselves, their families, their community, the administrative structures and the humanitarian implementation organisations. Specifically for humanitarian preparedness and response, this leads to a lack of awareness and preparation to cater for specific needs. DPOs and activists play a very important role on the ground, and there are cases of inclusion of representatives of the rights of people with disabilities and elderly such as the Disability Working Groups and the Disability Inclusive Facilitators. These efforts and impact should be strengthened and scaled, as well as further shared as examples for more organisations and communities.



## 12. Lack of coordination of actions hinders sustainable impact

**Need:** Coordination of different actors and roles; Regulation of implementation

There is a lot of willingness and motivation to include people with disabilities and elderly people on the ground, and there are a lot of ongoing programs with this objective. More coordination between the different actors is needed to achieve sustainable impact and a longer term inclusion shared-vision for humanitarian aid. Especially actors and organisations that advocate for the rights of people with disabilities and the elderly and implementing actors in humanitarian preparedness and response.



# Design Criteria

Design criteria provides specific guidance on the big questions that are at the heart of the problem and that require a solution. They also give a measuring stick with which to assess solutions when you search for them, or have to invent them\*.

Across the different types of disabilities, gender and age groups we have identified four criteria that should be considered when designing and evaluating inclusive humanitarian interventions to people with disabilities and elderly people. They are broad enough to be applied in diverse situations and moments of the humanitarian cycle.

In the following pages it is possible to find more about the background and the importance of each criteria (context), as well as ideas, suggestions and examples to support their implementation (recommendations).

Interventions for an inclusive humanitarian response for people with disabilities and the elderly in Mozambique should:



**Spark and enable agency**



**Cater for personal communication needs**



**Build and strengthen community**



**Be locally based**

---

\*<https://higuide.elrha.org/toolkits/recognition/challenge-brief/define-design-criteria/>

## Inclusion, sustainability and transparency

# Spark and enable agency

### Context

During the research, when asking them to observe moments of their daily life in which they felt included or excluded, it was possible to understand that the notion of inclusion itself is not clear to them. It was hard for them to imagine a reality in which they would be included in society.

There is a shared belief that if one is not active and productive, he/she is a burden. For the elderly, it is painful to even think of a moment when they will not be able to work. For the people with disabilities, that is a reality they need to accept as it is hard for most of them to carry out the heavy work (e.g. cultivating the fields, chopping wood, and even fetching water). They refer to themselves as defected or sick, probably echoing how people around refer to them.

On one hand, there is a big wish to be active, to work and be productive, contributing to the family income and performing house tasks. On the other hand, people with disabilities and the elderly don't see a way of doing it. In most cases, they believe they can't change their realities and hope to receive aid and support from governmental and nongovernmental agencies.

Another aspect that was highlighted during the research that can hinder agency is the lack of understanding leading to a lack of trust on the support systems from government and humanitarian agencies, especially in cases of aid distribution after an emergency.

### Recommendations

Firstly, it is important to recognise and address the stigma (from the community and the close network of support i.e. family, neighbors and friends) as well as the self-perception and future outlook of people with disabilities and the elderly face and carry with themselves. Especially when aiming to propose sustainable solutions which place these populations and their networks at the center of the interventions (e.g. having people with disabilities and the elderly also being part of the implementation of the solution). It is necessary to spark in them the idea that they can also contribute.

More transparency in how decisions are made and the inclusion representatives of people with disabilities and the elderly in different administrative levels and in decision making moments can support in bringing these populations closer to the networks of support in a more active role.

Furthermore, enable agency by creating opportunities for this population to contribute to society, access means of production and fulfill roles in their communities. It is important to outline a clear value for them (and their families who will likely be a supporter or barrier for their participation) such as seeds, food, supplies for the house and learning opportunities.





## Communication and language

# Cater for personal communication needs

### Context

Communication is a big barrier to this population. Most of the information is given and received orally. This is due to several aspects. For instance, cultural aspects which value storytelling and direct conversation. As well as low levels of literacy, especially among women.

The use of traditional languages (which are mainly in its oral form) is high, especially among women and elderly people. Examples of languages spoken are Ndau, Sena, from the specific regions of Sofala province, but also people coming from other regions would speak a different language such as Xitswa, from the south of the country. In such cases the official Portuguese language was either not understood or used in a very simple manner, not enough to share about feelings and traumas, or to understand information about weather changes and preparation procedures to an emergency.

Additionally, there are the communication barriers associated with the specific impairments (i.e. visual and hearing). Communicating with the people with hearing impairment was especially challenging since most can't read, write, or understand sign language and could only read lips in their traditional language.

### Recommendations

When thinking about inclusion it is important to take these aspects into account in all phases of the humanitarian process. From ways of receiving information about imminent emergencies, understanding how to prepare properly and how to seek further information; to receiving information about aid distribution and how the process works. Additionally, from a sustainable inclusion and community resilience point of view, it is important to cater for personal communication needs for instance, to share about community events, to offer psychosocial support, to include people with disabilities in decision making and representation in the different administrative levels.



Special attention on communication should be given to women who tend to suffer the impact of low literacy levels and lack of opportunities to learn and understand Portuguese. As well as people with hearing impairment, especially the ones that can't read, write or sign and are therefore isolated from society.

During the interaction with participants it was key to consider translators, buddy systems, offering different alternatives to express themselves and extra time to make sure everyone had the same understanding and space to share. Using simple images, pictures and storytelling can also support communication.



## Support networks and belonging

# Build and strengthen community

### Context

Family and neighbors are very important as a support network for the people with disabilities and elderly. Not only for immediate care and support in the daily activities, but also as the main source of social interaction and sense of belonging. Most of the participants in the research did not have regular (or at all) contact with people outside the family and direct neighbor circle. In some cases the religious community and “their activists” also played an important role in their lives.

It was the first time that many of them were with other people in a relatable situation (e.g. groups of elderly people, groups with the same and different types of disabilities). People they could share their challenges with and learn different ways of coping. They also reported being surprised and happy to be among people without disabilities and carrying on the same activities.

For the elderly, their grandkids or young people around them (sons or daughters of other relatives, the neighbors or friends) play a big role in their support.

Building and strengthening the community means that people will then be less dependent on aid and humanitarian organisations to take the first action on the ground in case of an emergency. They could take initiative to share the needs of the community and advocate for the support they need.

### Recommendations

It is an opportunity to make use of the local existing structures to reach and engage people with disabilities. Involving the family, neighbors, youth and religious groups in any intervention can strengthen the support network they already have. Creating opportunities for them to meet and exchange with new people (with and without disabilities) can enlarge their networks, world view and sense of belonging.





## Mobility and access

# Locally based interventions

### Context

Getting around is difficult due to different aspects. Impairments play a big role and, in most cases, there is a need for a companion to reach any place. At the same time the context also brings extra challenges for mobility, especially in the rural areas. During the research sessions several challenges to reach the venue were reported including lack of inclusive transportation means, the cost of transportation, as well as accidents on the road.

It is important to take this into consideration when developing any solution to these populations. Making sure that the solution is locally based. It is not only important to reach the population, include people with disabilities and elderly in coming up with solutions, but also to avoid putting them at risk.

### Recommendations

Examples of ways that this principle can be implemented into solutions are: strengthening or creating local groups, thinking about community-based implementation, such as home visits, buddy-systems and neighborhood circles.







## 4. Co-design opportunities



# Preparedness Opportunity Roadmap

The United Nations define preparedness as the “knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters.”

It is important to acknowledge the limitations of the roadmap which does not aim to deliver an extensive preparedness plan. They represent the perspectives of the different actions involved in the project, with special emphasis on the challenges and opportunities coming from the affected communities and local organisations’ perspectives.

The preparedness opportunity roadmap combines the ideas that were generated from the 12 main insights and needs and takes into account the 4 design criteria into 7 strategic interventions for inclusive preparedness in the Sofala province of Mozambique. Some activities and components hold similarities and can complement each other in creating an inclusive humanitarian planning and strategic system. These interventions can be developed in parallel, their components can be combined and/or adapted to address other regions from Mozambique and other countries in a similar context.



← [Click here](#) to see and download the visual roadmap. And find a more descriptive version in the following pages.

# A Inclusive financial resilience

## Financial literacy and income generation skills to better prepare for and recover from emergencies

### Addressing the needs:

1. Inclusion and access to means of production and income generation opportunities

### Main activities and components:

**Empower people to manage and save for emergencies** Inclusive training for people with and without disabilities, and elderly people on how to manage and save resources, especially after emergencies / natural disasters. These trainings are based on the community's need to know how to manage and save. Taking into account the low levels of literacy and communication challenges, the training will be done in an inclusive way, in the local language, signs and braille.

### Savings group for people with disabilities and older people

Together with the training, savings groups will be created so that people can get used to and adhere to from an early age, practicing the financial skills learned. Other financial services can also be included such as microloans and community emergency shared funds from donations.

### Entrepreneurial skills and support

A cooperative will be created with various groups to enhance the generation of small local businesses and the independence of people in the community. This will be done taking local resources and available skills into account, such as confection (using straw, bamboo), carpentry (local wood), metalwork, ceramics (matope/ local clay), among others. The training will be inclusive and will act as a space for learning and sharing new techniques. This cooperative will create a community fund, so that local and international partners can help with the continuity of activities.

### Other opportunities and considerations:

Security should be taken into account in the savings groups to make sure all transactions are transparent and safe.

There is an opportunity to use the savings groups and community funding structures for aid distribution for both preparedness and recovery.

# B Food production, conservation and distribution

**Self-sufficient cooperative of people with and without disabilities, maintained by income generating activities such as food production, conservation and distribution to local areas.**

## Addressing the needs:

1. Inclusion and access to means of production and income generating opportunities
2. Access to food, especially in emergency moments

> This is connected with the opportunity: [Inclusive financial resilience](#)

## Main activities and components:

### Identification, organisation and distribution of community members in the value chain

The creation of such initiatives requires the inclusion and active participation of community members both in the development and implementation of a model that guarantees an efficient rationalisation and distribution of existing resources.

As a first step it is necessary to create a space where all people in the community are mobilised to participate in the development of solutions. By encouraging the sharing of experiences and knowledge, it will be possible to identify the characteristics and skills already existing within the community. This will allow the effective organisation and distribution of members according to their current role in the food production chain.

This information is also essential to align the various initiatives and interventions that exist or will have to be carried out, by the various partners (Government, NGOs, financial institutions, donors, etc.), necessary to start the first production cycle and guarantee the sustainability of the created model.

### Align and target existing initiatives and interventions according to the value chain

For the implementation of a model based on the active and inclusive participation of all people, external and internal actors of the community need to be connected. The model will be designed in such a way as to align the community's internal capacity (human resources) with the initiatives and interventions of the various external partners (human, material and financial resources), taking into account and focusing on the specific value that each one can bring to the 3 main stages of the value chain: production, conservation and distribution.

This activity will consist of two main moments. First, a consultation will be carried out with all external actors present in the community, with the aim of mapping the existing resources and identifying their availability for intervention and specialised support for each stage of the value chain. In the second stage, together with the internal actors, a participatory and collaborative action plan will be designed to define and allocate the necessary resources to develop the basic elements of the self-sufficient model.



# B Food production, conservation and distribution

**Self-sufficient cooperative of people with and without disabilities, maintained by income generating activities such as food production, conservation and distribution to local areas.**

## Addressing the needs:

1. Inclusion and access to means of production and income generating opportunities
2. Access to food, especially in emergency moments

> This is connected with the opportunity: [Inclusive financial resilience](#)

## Create and develop the base elements of a self-sufficient model

With the necessary resources identified, with the alignment of all actors and with the defined action plan, it is a priority to develop the necessary elements for implementation. With the support of different actors, mainly external ones, various training and capacity building programs will be created and made available in different areas related to the three phases of the value chain, so that active members of the community can acquire knowledge related to their functions and ensure an equitable distribution of responsibilities and resources. These programs include: techniques and good practices in agricultural and livestock production, financial education, food processing and conservation practices, management, water catchment and irrigation systems, etc.

Another important element is the capture of the necessary resources for the purchase and distribution of agricultural and animal farming inputs, and for the construction of a center for the collection and distribution of the products produced, which will serve as a support infrastructure. These elements allow the community to start the first production cycle and allow for the necessary initial stability, and future sustainability of the value chain.

## Diversify activities to increase community resilience and reduce dependence on external actors for help

The sustainability of the self-sufficient model will also be supported by small businesses, developed by the community to respond to specific opportunities in the value chain. These businesses allow, in addition to generating additional income, the inclusion of more community members, the main objective being the creation of a community savings system that can be used in times of scarcity and in emergencies caused by natural disasters.

Aiming to increase the community's resilience, improve living conditions and reduce dependence on foreign aid, after the first production cycle, a training program will be made available to encourage entrepreneurship and allow for the diversification of sources of income generation .

Additionally, the generation of additional income and the savings system will be able to contribute to the construction of safe places for the conservation of food and the consequent optimisation of the food production value chain, establishing a solid, replicable and sustainable model for future generations.

## Other opportunities and considerations:

Partnership with research institutes and existing initiatives of food production in challenging climate conditions such as droughts and flooded areas, flood and strong wind resistant crops and agricultural/animal farming systems. As well as further research in low cost food conservation models and sustainable business models for small producers.

# C Continued community campaign

## Ongoing awareness campaign on natural disasters and how to prepare

### Addressing the needs:

4. Receive clear and trustworthy information about emergencies in advance to make decisions
5. Know how to prepare and have "support" to do it, before rainy season and when an emergency is imminent
6. Know how to proceed during an emergency
11. Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation

> This is connected with the opportunity: [Collaborative strategic plan](#)

### Main activities and components:

#### Supporting local leaders and community influencers to advocate for preparedness and inclusion

It is important to have a combination of support material formats and interventions in order to reach people with different disabilities and communication needs (local languages, literacy level, etc. Pamphlets with drawings of natural phenomena, specific signs/gestures for preparation and emergencies are essential. As well as raising awareness of allies in the community in spreading the messages (pastors, teachers, heads of 10 houses, etc.). Each of them will receive training to know how to convey information so that people are not shocked and be afraid to participate, protect your home and possessions, and be trained in different types of disabilities and how to approach and include each one.

The more people involved, the more power the message has. Ideas for local interventions include: door-to-door talks, talks in schools, talks on the way to the farm, and at the water fountain, campaigns in churches and temples, other religious groups, and community meetings with groups.

#### Community radio on community resilience, disaster preparedness and inclusion

The radio program will include success stories of people with disabilities and older people. Content includes stories of resilience during disasters, rights of people with disabilities and older people, more about types of disabilities and how to refer to them, how to be inclusive, celebrating different languages and cultures and how each culture protects itself from disasters in the past and now. This will also serve as capacity building for people with disabilities.

#### Fact checking group

A group of volunteers that monitor, check and validate information about the weather with authorities. This group is responsible for monitoring information about the climate (e.g. arrival of cyclone and floods) and direct connection with organisations that can answer questions. This group has an important role of receiving questions and checking information.

# C Continued community campaign

## Ongoing awareness campaign on natural disasters and how to prepare

### Addressing the needs:

4. Receive clear and trustworthy information about emergencies in advance to make decisions
5. Know how to prepare and have "support" to do it, before rainy season and when an emergency is imminent
6. Know how to proceed during an emergency
11. Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation

> This is connected with the opportunity: [Collaborative strategic plan](#)

## Plan to scale up neighborhoods covered by the work of inclusion activists

There are regions that are not yet reached by activists. The first step towards this would be to conduct groundwork. That is, officially informing the secretary, community leaders, heads of the 10 houses and religious leaders about the plans and inviting them to act together for the inclusion of people with disabilities and the elderly in that region.

This should be followed by the important work of identifying people with disabilities and the elderly in the "new" regions, registering their specific needs and preferred communication channels. To make sure this person will be reached, it is also important to identify a contact, someone that the person with a disability/elderly person trusts to pass on information (e.g. a family member or neighbor).

At the end of this phase, the database in the INDG system will be updated. This database can serve other and humanitarian aid and inclusion organisations, and can improve the planning and coordination between organisations.

### Other opportunities and considerations:

Data protection and privacy need to be taken into account when collecting and sharing data for the creation of a segregated database with the focus on inclusion.



# D 10-house\* activists

## Neighborhood-level local representation system for people with disabilities and the elderly

### Addressing the needs:

4. Receive clear and trustworthy information about emergencies in advance to make decisions
5. Know how to prepare and have "support" to do it, before rainy season and when an emergency is imminent
6. Know how to proceed during an emergency
10. Access to assistive devices or assistive technologies (e.g. hearing devices, white canes, cell phone with screen reader and translator)
11. Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation
12. Coordination of different actors and roles; Regulation of implementation

> This is connected with the opportunity: [Continued community campaign](#) and [Collaborative strategic plan](#)

### Main activities and components:

#### Recruitment and training of 10-house activists

This intervention starts with the recruitment and training of activists for each area, and the selection of 10-house activists. These would be key people in that region who can communicate well with people with disabilities - adapting the language and making communication possible - and other organisations and representatives.

The recruitment and training of the 10-house activists can be done in coordination with the training of Disability Inclusion Facilitators (DIFs) and the Disability Working Group.

#### Coordination between local representatives, humanitarian and inclusion organisations

There are other interventions in place that can be strengthened by the inclusion of the 10-house activist. For this to happen, it is important that a system is established that coordinates communication and actions at different levels. For instance, connecting the 10-house activists to each other, with the Guardian of the 10 houses in their regions, with local committees, DIFs, and members of the Disability Working Group, inclusion organisations and humanitarian organisations.

#### Supporting materials for local activities such as awareness campaigns and door-to-door early warning

Explanation and communication materials (posters, illustrations, emergency sign language, etc.) and identification (badge, shirt, etc.) will be created to support local activists in their work. In addition to coordinating ongoing awareness campaigns in the communities, this group will also be responsible for carrying out door-to-door early warning brigades (in case of an imminent disaster). They will have an important role in registering and updating the records of people with disabilities and the elderly and in helping to distribute support.

#### \*The 10-house concept

The concept of the [Guardians of 10 houses](#) was uncovered during research as a working and well-known format for local representation. Especially in rural Mozambican neighborhoods it is common to see one person that is chosen to be responsible for 10 houses (or a block) who works in coordination with a neighborhood secretary and community leader. These guardians are usually from the blocks they are responsible for, therefore, they already have a close relation with the people who live in each neighborhood.

#### Other opportunities and considerations:

As an important insight from the research, gender plays a big role in the communication and relationship dynamics of the populations (especially in rural areas). Therefore, it is important to take this into account when choosing a local representative. One option can be to have always one male and one female representative as a 10-house activist.

Training and education is highly valued by the population, especially for people with disabilities and the elderly. Putting emphasis on the training and self-development opportunities can be a good value proposition for more activists to join this program.

## E All-in for inclusion

### **Capacity building on inclusion for humanitarian decision makers and implementers. Inclusion of people with disabilities as humanitarian actors.**

#### **Addressing the needs:**

- 11.** Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation
- 12.** Coordination of different actors and roles; Regulation of implementation

#### **Main activities and components:**

##### **Capacitate current employers and representatives on inclusion**

Different levels of capacity building should happen. From the awareness of the needs of people with disabilities and the elderly to sharing best practices across organisations and regions. The capacity building could take different formats such as workshops (on provincial level, and regional levels), in-depth training in key sectors and working groups.

##### **Inclusive, practical and inspiring working tools**

It is also important to create practical tools that are easy to understand and apply. Such as protocols and step by step resources and templates, with examples that show how inclusive solutions can work in practice. These can be used across institutions that work with this target group and be constantly updated in a joint and inclusive way from strategic planning to implementation levels.

##### **Open specific job offers for people with disabilities and capacitate them**

It is necessary to identify the existing skills and the ones that can be developed by each person depending on their type of disability. Offer inclusive training resources to capacitate them to perform key activities across the humanitarian action. Including them can bring different perspectives to the humanitarian approach, as well as creating a shared vision of inclusion and diminishing stigma and prejudice.

For example, a visually impaired person can work in the Radio Listening Working Group within the Local Risk Management Committees. A person who read and write can be part of logistical teams.

This step can be done in coordination with the training of Disability Inclusion Facilitators (DIFs) and the Disability Working Group.

# F Skills for all

## Inclusive community education and skill building

### Addressing the needs:

**11.** Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation

Special attention to long term change connected to design criteria: [Communication and language](#)

Specially important for [Gender sensitivity](#)

### Main activities and components:

#### Local community structures for inclusive skill building

Inclusive community education with literacy classes for different levels, in order to give the opportunity for young people, adults and elderly people to learn to read and write. The program should include classes in sign language and braille to reach people with disabilities.

#### Community building and knowledge sharing

There will also be civic education, to convey respect and encourage good communication between people in the community. It also hosts inclusive meetings where people with disabilities learn about their rights in society.

Members of the community can volunteer to teach their skills, ask for support and hold events (e.g. storytelling evenings).



# G Collaborative strategic plan

## Planning, public policy and coordination to support the collaboration between different organisations

### Addressing the needs:

- 10.** Access to assistive technologies (e.g. hearing aids, white canes, cell phone with screen reader and translator)
- 11.** Visibility of rights and a shared vision of inclusion (community, administrative and implementation structure, people with disabilities); Inclusivity awareness in the planning and implementation
- 12.** Coordination of different actors and roles; Regulation of implementation

### Main activities:

#### Disaggregated data from people with disabilities and the elderly

Having a shared database with information about the special needs and communication preferences of the population can support a better planning for preparedness and response to emergencies. For instance by providing access to assistive technology (e.g. hearing aids, white canes, cell phone with screen reader, translators, etc.) or proper assistance in cases of emergency (e.g. early warning, appropriate relocation, appropriate medication and food).

#### Definition of roles in relation to inclusion and shared action protocol between different actors

A set of measures and actions defined by a specific protocol as well as a system that support clear communication and updates for shared action aligning the roles of different actors.

The annual contingency plan which includes the actions to be taken by each ministry can be better supported by a shared action protocol between the different entities and actors involved. For instance the inspection entity (Public Prosecutor's Office, in this case the Attorney General's Office) and the implementing entities (DPGCAS and INGD). There should be more coordination between the different organisations that work directly with people with disabilities and elderly and the strategic planning level.

#### Feedback mechanisms to keep improving the actions and opportunity to suggest amendments to the law

Mechanisms that facilitate inspection and allow input from different actors on implementation of the plans. Create grassroots advocacy options so that people dealing directly with people with disabilities (e.g. FAMOD) can have the opportunity to suggest amendments to the protocols, and that this is also visible to your target audience.

#### Representation of people with disabilities and the elderly across different organisations and decision making levels

Create opportunities to include people from the community and people that represent their perspectives across different levels on how to prevent future emergencies in an inclusive way with a focus on helping and supporting vulnerable groups. Meetings with community leaders and the creation of community committees will be ways to implement this plan.

**For further information about this project and methodology please contact:**

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