



Facilitating Access to WASH Services for Children and Persons with Disabilities in Mozambique

SUMMARY

This case study describes the experience of the UNICEF Mozambique Country Office in improving access to water, sanitation and hygiene (WASH) for children and persons with disabilities. The five projects/programmes described here involve interventions in development and humanitarian contexts: the first example covers the implementation of a water supply and sanitation programme in small towns between 2012 and 2018, including the NAMWASHⁱ and AGUASANIⁱⁱ programmes; three other examples are related to the UNICEF response to the effects of Tropical Cyclone Idai in 2019; while the last covers the work of UNICEF in improving hygiene conditions and water and sanitation infrastructure in health-care facilities, especially in the context of the COVID-19 health crisis.

Ensuring that children and persons with disabilities have proper access to WASH infrastructure and that hygiene and health messages are transmitted and understood involved various activities, such as awareness-raising among a large range of stakeholders, consultations with children and persons with disabilities on the best solutions for them, adaptation of technologies, capacity-building of contractors and local artisans, and more.

Achieving a decent standard of living, including access to WASH services, is particularly challenging in the context of Mozambique, a country that is ranked 181 out of 189 countries in the 2020 Human Development Index, with 50 per cent of Mozambicans living in extreme poverty and 73 per cent experiencing multidimensional poverty,¹ and where persons with disability are most likely to experience stigma, discrimination, low levels of education, barriers to participating in the labour market and limited access to specialized services and subsidies.²

This case study includes lessons learnt through the implementation of the five projects/programmes that could help different stakeholders in the WASH sector, especially implementing partners, to implement solutions that are adapted and friendly to persons with disabilities.

ⁱ NAMWASH was supported by Australian Aid and implemented between 2012 and 2014. The programme supported WASH in small towns in Nampula Province, including interventions in five small towns/district capitals.

ⁱⁱ AGUASANI, supported by the European Union and implemented between 2014 and 2018, covered comprehensive WASH interventions in three district capitals in Inhambane Province.

Context

The number of persons with disabilities in Mozambique is difficult to estimate. Figures vary from 2.6 per cent of the total population, according to the 2017 national housing and population census,³ to 6 per cent, according to a 2009 national study.^{4,iii} A survey conducted by UNICEF in 2008 found that 14 per cent of children aged 2–9 years had a disability.⁵

Mozambique is ranked 181 out of 189 countries in the 2020 Human Development Index, with 50 per cent of Mozambicans living in extreme poverty and 73 per cent experiencing multidimensional poverty.⁶ Poverty and disability are intrinsically linked, with the living conditions of persons with disability described as precarious in a 2014 UNICEF report.⁷ In northern, central and southern regions of Mozambique, the link between poverty and disability is evident, with poverty limiting efforts to promote the inclusion of persons with disabilities. The most marginalized communities across the three regions are poor and include many persons with disabilities.⁸ Stigma, discrimination, low levels of education, barriers to participating in the labour market and limited access to specialized services and subsidies lead to difficulties obtaining a decent standard of living for persons with disabilities.⁹

The Government of Mozambique has made progress in establishing a national legal framework to protect the rights of persons with disabilities. Mozambique ratified the United Nations Convention on the Rights of Persons with Disabilities in January 2012.¹⁰ The 2004 National Constitution recognizes the equal rights of persons with disabilities (Article 37) and prohibits discrimination

against children with disabilities (Article 123).¹¹

At the adoption of the Mozambique Universal Period Review at the Human Rights Council in September 2021,¹² 236 recommendations were made and supported, with 17 of the recommendations relating specifically to persons with disabilities.¹³ The recommendations focus on measures to tackle stigma and discrimination towards persons with disabilities in Mozambique, and policies and laws to protect the rights of persons with disabilities.

A policy on persons with disabilities was adopted in 1999 and successive national plans on disability have been developed and operationalized (2006–2010; 2012–2019).¹⁴ The goal of the second national plan is to “promote the full participation, equality and empowerment of persons with disabilities.”¹⁵ Further, the National Inclusive Education and Development Strategy for Children with Disabilities (2021–2029) was approved by the Council of Ministers.

Despite these advancements, the Committee of the Convention on the Rights of the Child has expressed concern about the stigma and discrimination faced by children with disabilities and their limited access to education.¹⁶ Urging the Government of Mozambique to adopt a human rights-based approach to disability, the Committee recommended that the Government of Mozambique:

“Re-double efforts to ensure that all children with disabilities have quality, inclusive education in mainstream schools, ensuring that schools are equipped with the necessary trained human resources, accessible infrastructure and teaching materials adapted to the needs of children with disabilities.”¹⁷

ⁱⁱⁱ The prevalence of persons with disabilities varies depending on the data collection methodology used.

For the Water Supply, Sanitation and Hygiene sectors, the UNICEF Programme Strategic Note for the WASH component of the Country Programme for 2022–2026¹⁸ specifies that in Mozambique, despite the progress achieved in past decades, the proportion of people with access to at least basic drinking water remains at 63 per cent,¹⁹ with large disparities between rural and urban contexts (49 per cent versus 88 per cent, respectively). Indeed, the percentage of people without access to improved water is 5.5 times higher in rural compared with urban areas. Similarly, while access to improved sanitation nationally has increased from 29 per cent in 2015 to 37 per cent in 2021,²⁰ and despite important progress addressing open defecation, the proportion of people in rural areas practicing open defecation is six times higher than in urban areas.²¹

Global estimates by the World Health Organization (WHO)/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) for WASH in schools show low coverage of WASH in schools in rural areas: 48 per cent for water, 26 per cent for sanitation and 6 per cent for hygiene.²² For WASH in health-care facilities, JMP data show low coverage regarding basic service level, especially in rural areas, where the majority of the country's health-care facilities are located: 54 per cent for water, 2 per cent for sanitation, 40 per cent for hygiene and 30 per cent for waste management.²³

Without recent data, it is difficult to estimate the level of access to water supply and sanitation services for persons with disabilities. The United Nations' *Disability and Development Report: Realising the Sustainable Development Goals by, for and with persons with disabilities* (2018) indicated that 29 per cent of persons with disabilities in Mozambique reported that their toilet was not accessible.²⁴ Similarly, the SINTEF Report *Living Conditions among People with Disabilities in Mozambique: A national*

representative study (2009) indicated that 10 per cent of households with persons with disabilities did not have a toilet in their home.²⁵

Children with disabilities also face challenges accessing WASH facilities in schools. In Mozambique, 64.4 per cent of children with disabilities are out of school, with accessibility being one of key barriers.²⁶ Accessibility is a persistent challenge, as previously indicated in 2012, when 33 per cent of persons with disabilities reported that schools were not accessible in Mozambique.²⁷ A study on access to education in the provinces of Maputo and Zambezia found that the majority of schools do not meet the minimum requirements for accessibility, including not having ramps or accessible toilets.²⁸

Figure 1. Laura, who has a physical disability, with her improved latrine constructed under the NAMWASH programme



Disability-inclusive WASH in Mozambique

UNICEF and partners have extensive experience implementing water supply and sanitation programmes worldwide and, particularly in Mozambique, across households, communities and institutions in both development and humanitarian contexts. Following the principle ‘no one is left behind’, ensuring that persons with disabilities have access to water and sanitation facilities and health and hygiene messages is crucial. When persons with disabilities have access to basic services such as water and sanitation, education and health care, they live more independently and participate more fully in employment and their communities. The five project/programme examples presented below demonstrate disability-inclusive strategies and methodologies in the context of WASH programmes.

1. Participatory approaches to facilitate access to WASH for persons with disabilities in small towns

As part of its WASH in small towns programme, UNICEF implemented the NAMWASH programme between 2012 and 2014, and the AGUASANI programme between 2014 and 2018, in partnership with the Government of Mozambique. Through these programmes, WASH activities were implemented in Nampula and Inhambane provinces, covering five district capitals and three district plans, respectively.²⁹ Both programmes aimed to address poor health outcomes through WASH interventions, including, under the sanitation component of the programme, particular attention to facilitating access to persons with disabilities to individual, institutional and public sanitation facilities designed and built under these programmes.

Figure 2. Consultation with persons with disabilities to identify WASH solutions



Cecilia Massango (47 years old, resident of Homoine, Inhambane Province) and Orlando Nhamigo (34 years old, sanitation artisan), during the process of identification of solutions and construction of an improved latrine adapted to Cecilia's specific needs.

The programme implementation strategy included the development of sanitation plans, the creation of demand for improved latrines and development of the capacity of sanitation entrepreneurs (artisans), including specific capacities for addressing the needs of persons with disabilities.³⁰ The programme, under an equity lens, gave particular attention to vulnerable people and promoted their participation in the identification of individual needs and subsequent design of solutions.³¹ The programme worked with civil society organizations, communities and the private sector to ensure the provision of disability accessible latrines in households, institutions and public spaces.

To boost the coordination among local stakeholders, sanitation groups were established with representatives from local government and ministries, civil society, the private sector and users. Sanitation designs were reviewed and the specific requirements

identified to improve the facilities to be accessible for persons with disabilities. Under the programme, institutional and public sanitation facilities were made accessible, with separate compartments, grab rails for support, wide doors and sufficient space to manoeuvre for wheelchair users, as well as an elevated toilet seat.³²

Following the initial experience of NAMWASH (2012–2014), the AGUASANI programme (2014–2018) consolidated the approach, which included a disability-inclusive and participatory local market-based approach to sanitation. UNICEF and partners worked with local artisans to ensure that there were locally available sanitation products that met the specific needs of persons with disabilities. The participatory process was based around a one-day workshop (see box below).

BOX 1.

CONSULTATION WORKSHOPS WITH PERSONS WITH DISABILITIES

Under the AGUASANI programme, persons with disabilities in the three targeted small towns were identified in collaboration with the Ministry of Gender, Child and Social Action (MGCAS). Community consultations were held to ensure all persons with disabilities were identified within the targeted communities.

The persons with disabilities were invited to a one-day consultation workshop that began with a presentation from MGCAS on the rights of persons with disabilities and how these rights are enshrined in the Constitution and laws of Mozambique. Following the initial awareness-raising sessions, trained artisans presented different sanitation solutions and persons with disabilities provided feedback on how the artisans could adapt the designs to better suit their needs.

Following the workshop, based on the specific needs of each participant with a disability, the programme supported (through full subsidies) the construction of these adapted latrines by the trained artisans.

This approach brought together the government ministries for WASH and social services to identify and work with local artisans to provide WASH sanitation solutions that were disability accessible and adapted based on the direct feedback and participation of persons with disabilities.

From consultation into practice and reality

Angelica Cumbi is one of the people in Inhambane Province who benefited from the WASH programme. Born with a physical disability, she lost her mother shortly after her birth and her father rejected her because of her disability. She is now 42 years old and lives alone in a house provided by the government.

BOX 2.

VOICES FROM THE FIELD

“With no one to help me, having water has always been difficult because the nearest well is far away. But the most difficult thing was to have a safe latrine. I have already lost count of the number of latrines I built and collapsed because they were precarious. In my condition a precarious latrine is very dangerous, but I had no choice.”

– Angelica Cumbi

Angelica was supported by UNICEF and the local government to have her house connected to the water system and provided with an accessible latrine.

BOX 3.

VOICES FROM THE FIELD

“It was from 2017 that my life changed significantly. The water came to my house and a team from the district started working with me to have a new latrine.”

– Angelica Cumbi

During one of these consultation workshops attended by persons with disabilities and local artisans, Angelica was able to describe her requirements for a latrine. This included a facility that allowed entry in her wheelchair, an easy-to-clean floor and supports that would allow her to stand and transfer to the toilet.

BOX 4.

VOICES FROM THE FIELD

“I never thought I could have anyone caring about the details of how a latrine should be to fit my needs. But that’s what happened in the seminars I attended. The technicians discussed with me what should be the latrine that best meets my needs. They built the latrine exactly as we discussed it at the seminar.”³³

– Angelica Cumbi

Figure 3. Angelica Cumbi outside her latrine



Figure 4. Consultation workshop on inclusive sanitation in Inhambane Province in 2017



2. Disability-inclusive WASH emergency response

UNICEF has also considered the WASH rights and needs of persons with disabilities in emergency contexts, through disability-inclusive WASH emergency response programming. This is of critical importance given that persons with disabilities are particularly vulnerable during disasters.³⁴

On 15 March 2019, Tropical Cyclone Idai made landfall in Sofala Province of Mozambique. Six weeks later, Cyclone Kenneth made landfall in northern Mozambique. The impact of the two cyclones was devastating, with 1,641 people injured and 603 dead, 160,000 displaced and 2.5 million in need of humanitarian services.³⁵ An estimated 100,000 persons with disabilities were affected by the cyclone.³⁶

Persons with disabilities faced challenges accessing humanitarian aid in the immediate emergency response after the cyclones. A report by UNICEF and Light for the World concluded that persons with disabilities faced a multitude of barriers accessing humanitarian aid. Within the accommodation centres created to receive the internally

displaced persons, persons with disabilities faced challenges using latrines independently due to their inaccessibility. In addition, fetching water also posed difficulties as the water points were far from the centre, so some persons with disabilities had to rely on others for water.³⁷

BOX 5.

VOICES FROM THE FIELD

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

- Woman, 27 years old, with a physical impairment.³⁸

UNICEF was able to overcome some of the barriers to accessing WASH that persons with disabilities were facing by providing accessible WASH services in resettlement sites.

After the cyclone, many of the displaced households were resettled in different locations within the region. UNICEF and partners (Oxfam, Dorcas Aid and World Vision) worked together to meet the sanitation needs of households with persons with disabilities in the resettlement process and supported households to move up the sanitation ladder in resettlement neighbourhoods. WASH partners were trained on disability inclusion and UNICEF Mozambique procured accessible toilets via UNICEF Supply Division’s [disability add-on products](#).

These add-on products fitted over the UNICEF emergency latrine slabs to make toilets accessible. When distributing latrine slabs to implementing partners, UNICEF ensured that 10 per cent of the slabs come with accessible add-on products to make the latrine accessible. The accessible latrines

were constructed across the different resettlement neighbourhoods and were used for communal latrines as well as household latrines for households of persons with disabilities. More recently, in the context of the displacement crisis related to the conflict in Cabo Delgado Province, the same model has been used in transit camps and resettlement areas.

Figure 5. Accessible latrine using the add-on product



The emergency WASH response also utilized the capacity built and approaches developed in the Small Towns WASH Programme (see above). Working with Humanity & Inclusion, local artisans from other provinces who had worked on the disability-inclusive WASH programme conducted training on disability accessible WASH, emphasizing the importance of the consultation process with persons with disabilities and adapting infrastructure to be accessible based on the specific needs. The construction of accessible latrines in the resettlement sites has ensured full accessibility, by, for example, ensuring that the doors have an appropriate width for wheelchair users and that there is space for manoeuvring inside the latrine.

Figure 6. Fatima with her accessible latrine installed by UNICEF at the Ndeja resettlement site



BOX 6.

VOICES FROM THE FIELD

“This latrine is spacious and very suitable for me. As you see, I am in a wheelchair but with my new latrine I do not need to leave the wheelchair outside to get around. The handrail on the seat allows me to get out of the wheelchair and settle into the latrine without any problems. I am very happy!”

- Joao, a 72-year-old with a physical disability, in Mutua resettlement site

“The latrine I received improved my living conditions, I used to have to squat in order to meet my needs and I suffered a lot with pain. This latrine changed my life.”

- Fatima, 20 years old and with a physical disability, in Ndeja resettlement site

To ensure that resettlement sites continue to consider the needs of persons with disabilities in the future, UNICEF and Light for the World developed a guidance of [practical tips for making resettlement centres inclusive](#), including a chapter on disability accessible WASH.

Recognizing the barriers persons with disabilities faced in accessing WASH in the immediate aftermath of the cyclones, UNICEF developed guidance to ensure that persons with disabilities are not left behind in future WASH emergency responses. Based on the research into the challenges faced by persons with disabilities, UNICEF and Light for the World, with support from the Norwegian Embassy, created guidance on [How to include persons with disabilities in disaster response](#). UNICEF Mozambique also updated the template of the Humanitarian Programme Document^{iv} for rapid WASH humanitarian responses to include a specific output and two indicators on disability.

3. Building back better – reconstruction of accessible WASH in schools

The cyclones in 2019 damaged or destroyed over 3,400 classrooms³⁹ and WASH facilities in affected schools. UNICEF and UN-HABITAT, with funding from Education Cannot Wait, worked together to reconstruct and rehabilitate schools, including WASH facilities, to be accessible to persons with disabilities and resilient to flooding and climate-related risks.

In 2019, starting with an assessment of post-disaster school damage of 43 schools, UNICEF and UN-HABITAT identified 23 schools (with 149 classrooms, 12 administrative rooms and 46 sanitation

^{iv} A humanitarian programme document is a template used for the first 12 months of a sudden onset or rapid deterioration of a humanitarian crisis or for humanitarian contingency purposes

blocks) to rehabilitate. The selection of damaged schools included consideration of those schools that would benefit from resilient, gender-sensitive and disability accessible WASH facilities. UNICEF and partners took a holistic approach to the reconstruction, with the project rehabilitating all damaged school infrastructure, including WASH facilities. Schools with existing WASH facilities were rehabilitated, while schools with destroyed WASH facilities received two new sanitation blocks (one for males and one for females). All WASH facilities under the project were designed to be resilient, child-friendly, gender-sensitive and disability accessible.

Figure 7. Eduardinho, who is 12 years old and has a disability, attends school in Maputo Province



UNICEF worked with the Ministry of Education to support the development of technical documents to guide the construction and checklists for monitoring the quality of construction across all reconstruction efforts. UN-HABITAT, UNICEF, World Vision and Oxfam collaborated to draft [Inclusive Latrine Construction Minimum Standards](#) for the Government of Mozambique, Education and WASH Clusters^v as part of the resilient

describing the humanitarian response, activities, indicators and budget.

^v Clusters are groups of humanitarian organizations (both United Nations and civil

reconstruction of school infrastructure affected by Cyclone Idai.

The guidance includes WASH facility designs by UN-HABITAT, with key accessible features:⁴⁰

- Ramps (with a maximum gradient of 5 per cent) with a non-slip surface, handrails and tactile markings at the beginning and end to guide persons who are blind.
- Lockable doors that are 90 cm in width to accommodate wheelchair users.
- Door handles at a height of 80 cm to 1 m from the floor.
- Space inside the cubicle to allow manoeuvring of a wheelchair (150 cm in diameter).
- Adapted toilet and sink.
- External hand-washing facilities at ground level.

4. Disability accessible WASH in health-care facilities

Over the last two years, UNICEF has been supporting the government of Mozambique to improve access to water and sanitation in health-care facilities, including for persons with disabilities. Across five provinces, UNICEF has improved WASH facilities and made them disability accessible in 120 health-care facilities.

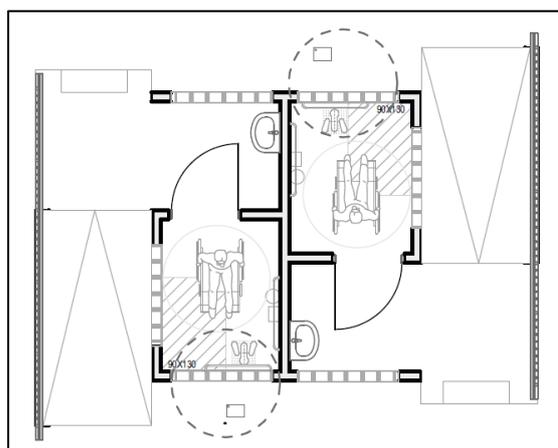
The first step in the process was to establish a coordination group, which agreed a set of standards for WASH in health-care facilities. The standards establish “minimum water and sanitation services that must be adopted in health units.”⁴¹ These standards include

society) that coordinate the delivery of an emergency response.

toilets for the maternity ward, staff and outpatients that are separated by gender and accessible for persons with disabilities. The standards are currently going through the process of being officially endorsed by the Ministry of Health, which is an important precursor to institutionalize and scale up disability accessible WASH facilities in health-care facilities.

UNICEF Mozambique also produced technical guidance in October 2020, [Hand hygiene for all](#). The guidance highlights that despite the benefits of hand hygiene for disease prevention, persons with disabilities, particularly those with physical disabilities, have very limited access to hand-washing stations at home, in school and in health centres.⁴² The guidance recommends to “review the investments made in WASH services and analyse the progress on increasing access of WASH services at health facilities and schools, against international targets, including access for children with disabilities.”⁴³

Figure 8. Ministry of Health design for disability accessible toilet block for outpatients



5. Disability accessible messaging on COVID-19

Persons with disabilities are at greater risk of contracting COVID-19, are more likely to develop severe health conditions and die from COVID-19, and are at greater risk of discrimination when accessing health services.⁴⁴ If information is not accessible, it can result in persons with hearing, vision, intellectual or physical impairments not receiving COVID-19 prevention information and health services.⁴⁵ To minimize these risks, in Mozambique UNICEF and partners made significant efforts to ensure that COVID-19 information reaches persons with disabilities and that they have access to hygiene supplies.

UNICEF took a twin track approach^{vi} to disability-inclusive and accessible COVID-19 information and messaging. UNICEF and partners,^{vii} including an organization of persons with disabilities, developed a campaign targeting persons with disabilities with information on hand washing, social distancing and wearing masks. The information was also tailored to persons with different types of disabilities (physical, vision, hearing and intellectual impairments). Information was produced in written format (see Annex 1), audio for radio and [videos](#) with captions and sign language.

In addition to messages targeted at persons with disabilities, UNICEF included information about COVID-19 and disability in mainstream communications. For example, messages on disability and COVID-19 were included in COVID-specific radio spots with Radio Mozambique and UNICEF produced [a radio episode called 'The Forgotten'](#), in Portuguese and local languages, which targeted adolescents and youth on the radio

^{vi} A twin track approach involves: (1) activities that specifically target persons with disabilities; and (2) mainstream activities that are designed or adapted to be inclusive of and accessible to all, including persons with disabilities.

programme *Ouro Negro* (Black Gold). This radio episode incorporated messages on discrimination, inclusive education, work and COVID-19 prevention.

UNICEF's work to include and target persons with disabilities with COVID-19 messaging is aligned to the policy recommendation from United Nations Mozambique:

*"The government and other development actors need to engage in countrywide information and awareness campaigns targeting different segments of the population on prevention/mitigation of COVID-19 through different channels, including school children and teachers through the production and dissemination of education materials for schools. This information should be accessible to persons with disabilities, by using sign language, captioning, text messages and relay services."*⁴⁶

Partnerships for disability inclusion in WASH sector

To develop and move forward the agenda on disability inclusion in the WASH sector, UNICEF Mozambique have worked with the Government of Mozambique at national and subnational levels by reinforcing their capacity, working with them in the design of adapted facilities and ensuring their leadership during the consultation process. Civil society organizations, particularly those representing persons with disabilities, are also a key partner, as well as the private actors working in WASH.

UNICEF has also partnered with international non-governmental organizations such as Humanity & Inclusion and WaterAid to develop advocacy materials and events, as

^{vii} The campaign was developed by Mozambique Ministry of Health, UNICEF, European Union, Embassy of Norway, Italian Association Amici di Raoul Follereau (AIFO) and Forum of Disabled Persons Organizations of Mozambique (FAMOD).

well as technical solutions. Academic institutions have been involved in the research on this topic. The Global WASH cluster has also provided technical support for these initiatives. Finally, some donors such as the European Commission, the United States Agency for International Development (USAID) and British cooperation have also supported and encourage this work.

Lessons learnt

Across the five projects/programmes in Mozambique, UNICEF worked with partners to facilitate access to WASH for persons with disabilities. Some of the lessons learnt during their implementation are summarized below:

General

- Disability accessible latrines in public places (such as marketplaces, schools and health-care facilities) are critical to support the participation of persons with disabilities in society and are fundamental to the attainment of other rights, such as rights to health care, education and employment.
- Taking the opportunity to integrate human rights information into workshops on sanitation raises awareness on the rights of persons with disabilities and disability-related laws. It also increases the self-esteem and empowerment of persons with disabilities. Given the stigma and discrimination in Mozambique towards persons with disabilities, it is important that persons with disabilities know their rights and the laws that are designed to protect them.
- The reconstruction of infrastructure after an emergency presents an opportunity to upgrade facilities to be disability accessible, gender-sensitive, child-friendly and climate-resilient.

Enabling environment

- UNICEF's work with the government to develop minimum standards for disability accessible WASH in schools and health-care facilities is necessary to scale up the provision of disability accessible WASH across the country.
- More technical guidance and inclusive approaches are needed to adapt programmes to the needs of persons with non-physical disabilities. For example, in emergency settlements, incorporating gender-based violence prevention into considerations of the design of WASH facilities for women with intellectual, hearing disabilities or mental health conditions; and organizing basic orientation for persons who are blind to locate and use facilities.

Consultation activities

- Participatory approaches to the design of sanitation facilities ensure that latrines are suited to the specific needs of persons with disabilities in the household.

Implementation (design, construction, etc.)

- Local artisans with capacity on disability accessible WASH can be mobilized to increase access to WASH by persons with disabilities in a WASH emergency response.
- Simple add-on products fitted over the UNICEF emergency latrines to make toilets accessible can make a huge difference in the life of persons with disabilities. In preparation for future emergencies, the early pre-positioning of these products for use in emergency responses is recommended.

- After persons with disabilities lacked access to vital information in the aftermath of the cyclones, UNICEF and partners have ensured that COVID-19 information is accessible for persons with different types of disabilities and is available through multiple platforms (written, television and radio).

Next steps

UNICEF Mozambique will ensure that these lessons learnt are disseminated and used by the WASH sector during implementation to improve access to WASH infrastructures to children and persons with disabilities. Along with capacity-building and awareness-raising, this involves revision of norms and standards, models and designs of infrastructure and facilities in communities and institutions.

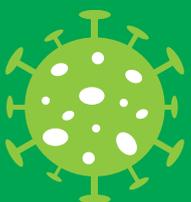
Figure 9. Ilídio is happy to be attending school



Ilídio, 11 years old, was born with a disability. For a long time, he stayed at home with his mom Isabel, or by himself. He now attends school and plays with his friends.

Annex 1. COVID-19 messaging produced by UNICEF and partners targeting persons with disabilities in Mozambique^{47,48,49}

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Deficiência Física

As pessoas com deficiência física devem lavar ou desinfetar frequentemente os objectos que usam, incluindo o aro da impulsão das rodas e travão das cadeiras de rodas, as próteses, muletas, canadianas e outros de ajuda técnica.



Deficiência Auditiva

As pessoas surdas ou com deficiência auditiva devem lavar as mãos com frequência, evitando sempre que possível tocar no seu rosto durante a conversa ou comunicação!



Deficiência Visual

As pessoas com deficiência visual devem sempre limpar os objectos que tocam com frequência " incluindo a bengala, corrimãos, maçanetas, utilizando álcool/ gel ou água e sabão". Ao receber ajuda, a PcD visual deve procurar segurar no ombro da pessoa de apoio, evitando tocar nas mãos, braço e antebraço de quem irá te guiar. Estas zonas apresentam maior possibilidade de contaminação, uma vez que a recomendação de Tossir em forma de V.

Deficiência Mental/Intelectual

As pessoas com deficiência intelectual podem ter dificuldade de compreender as medidas de Prevenção contra a COVID-19 recomendadas pelo Governo. E necessitam de maior supervisão, o papel da família é muito importante neste momento de emergência! Por favor ajude na lavagem das mãos; no uso da máscara e outros cuidados de higiene pessoal.

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As pessoas com deficiência são as vítimas ocultas do COVID-19. Elas estão em maior risco de infecção, de discriminação e de terem os seus direitos fundamentais violados.

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Acknowledgements

Colleagues from UNICEF Mozambique Country Office made the development of this case study possible by providing substantial information and contributions. The authors extend sincere gratitude to: Alexandra Blason (Chief of WASH), Jesus Trelles (WASH Specialist), Rafael Rodriguez Moreno (Education in Emergency Construction Specialist), Meri Poghosyan (Inclusion Specialist Children with Disabilities), Samuel Manhica (WASH in Emergency Specialist), Jean Christophe Barbiche (Emergency WASH Manager), Khumbuzile Zuma (WASH Specialist, Eastern and Southern Africa Regional Office), and partners Juan Ignacio

Hurtado (UN-HABITAT), Iláuda Manala (Light for the World) and Stélio Inácio (AIFO). Thanks are also due to Headquarters colleagues: Anu Paudyal Gautam and Sebastien Truffaut for their review.

This case study was developed under the Norway–UNICEF Disability Partnership Framework. Over 75 per cent of UNICEF Mozambique’s support to children and youth with disabilities is made possible thanks to the Government of Norway’s generous contributions. This has allowed UNICEF Mozambique to deliver humanitarian interventions for over 3,000 persons with disabilities in Sofala and Cabo Delgado, build the capacity of social services and preschool services in Nampula, support the revision of the process of early identification of developmental delays in communities and health facilities, initiate research on attitudes and social norms around disability and many other cross-sectoral programmes nationwide. UNICEF extends its thanks and appreciation to the Norwegian Agency for Development Cooperation for their support.

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