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B. Executive Summary

1. This is a report to the 3rd Cycle of the Universal Periodic Review Mechanism focusing on the implementation of the rights of persons with disabilities. For the purposes of this report, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (article 1 of the Convention on the Rights of Persons with Disabilities – CRPD).
2. This report is jointly submitted by the *Forum das Organizações de Pessoas com Deficiência - FAMOD* and its affiliated Disabled Persons Organizations members.

C. Background & Methodology

3. The last housing and population census (2017) estimates the prevalence of disability at 2,6%¹ (about 2 percent lower than the 2007 census and 4 percent lower than the SINTEF survey of 2009²) These figures are, however, contested by Organizations of persons with disabilities (OPDs) in Mozambique. They point out several problems in conducting the census, such as inadequate methods and questions and lack of training of the staff involved. These numbers are also below the World Health Organization (WHO) global report on disability, which estimates an overall average of 15%³.
4. In Mozambique, disability and poverty remain intrinsically linked. For example, the 2009 study on the living conditions of persons with disabilities in Mozambique suggests that persons with disabilities are more economically disadvantaged than the rest of the population. The study also shows that women with disabilities have much worse living conditions when compared to women without disabilities and small differences with men with disabilities.⁴
5. Mozambique is a State Party of the Convention on the Rights of Persons with Disabilities, (CRPD) having completed ratification in 2012. In January 2020, the Mozambican Government concluded the submission to the Committee ‘CRPD’ the initial report on the implementation of this Convention, initiating the process of review of the State, including the preparation of the complementing report by the Civil Society.
6. In 2018, the Mozambican Government⁵ attended the Disability Global Summit in London, where it made voluntary commitments in the area of disability in four areas: elimination of stigma and discrimination, inclusive education, economic empowerment and technology and innovation. The Government has made efforts to implement the commitments, but there are still some challenges, such as the passing of a Disability Rights Act.
7. In 2017, the Government passed a bill on the Promotion and Protection of the Rights of persons with Disabilities. However, DPOs in Mozambique contested the document because

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1. ¹ <http://www.ine.gov.mz/iv-rgph-2017/mocambique/apresentacao-resultados-do-censo-2017-1>

2. ² <https://www.sintef.no/globalassets/upload/helse/levekar-og-tjenester/lc-report-mozambique---2nd-revision.pdf>

3. ³ https://apps.who.int/iris/bitstream/handle/10665/44575/9788564047020_por.pdf;jsessionid=79D51686C0FD4F4C31EDA8C573FE374B?sequence=4

4. ⁴ SINTEF, “Condição de Vida entre Pessoas com Deficiência em Moçambique: Estudo Representativo Nacional,” Maputo, 2009.

5. ⁵ <https://www.internationaldisabilityalliance.org/commitments/stakeholder/government-mozambique#inclusive-education-92>

the principles of the CRPD were not aligned to the proposed Disability Rights Act. Thus, the Government did not submit the document to Parliament.

8. This report is the result of national consultations held in the three regions of the country, namely, South, Central and North. The consultations were made by FAMOD to DPOs based in these areas. In each of these sessions, DPOs reflected on the matrix of recommendations from the last UPR review cycle, positioned themselves in relation to the level of implementation and left their observations. DPOs also left proposals for new recommendations in some areas. Finally, the results of the hearings were presented and validated in a two-day session with DPOs.

D. 2.1. Acceptance of international standards

9. In the Mozambican State, international treaties and agreements, validly approved and ratified, are in force in the Mozambican legal system after their official publication, without the need for the approval of a complementary law. In theory, this makes Mozambique a monistic state, but in reality international law, even after ratification, is hardly accepted/used.
10. The Mozambican State ratified the CRPD, but other instruments of international law that should be considered in specific areas to promote the rights of persons with disabilities.

a. Ratification of International Treaties Relevant to the Rights of Persons with Disabilities

11. The Mozambican State has initiated debates on the ratification process of the Marrakesh treaty to facilitate access to published works for persons who are blind, visually impaired. However, this process has not yet been concluded. According to the Mozambican Association of the Blind and Partially Sighted (ACAMO), it is urgent that the State advances with the ratification of this treaty in order to facilitate access to published works in accessible formats, without violating copyright.
12. The Mozambican State is not a party to the Convention against Discrimination in Education of 1960. Although this instrument does not expressly mention disability in the categories of discrimination, it is considered that the Convention reflects the constitutional mandate of UNESCO to guarantee “full and equal opportunities for education for all” and aims to guarantee the right to education for all, especially for marginalized and vulnerable groups, including persons with Disabilities.⁶ Thus, DPOs consider that the ratification of this instrument will contribute to making education policies better responsive to the rights of persons with Disabilities.
13. In 2018, the African Union adopted the Protocol to the African Charter on Human and Peoples’ Rights and on the Rights of persons with Disabilities in Africa. This instrument is a regional contextualization of the CRPD content to respond to Africa’s normative and institutional framework.⁷ The Mozambican State is not yet part of this treaty, however DPOs in Mozambique consider the ratification relevant.

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⁶UNESCO, *The Right to Education for Persons with Disabilities Overview of the Measures Supporting the Right to Education for Persons with Disabilities reported on by Member States* (2015)5

⁷ Explanatory Memorandum of Draft Protocol to the African Charter on Human and People’s Rights of the Rights of Persons with Disabilities, in L Mute., E Kaleye, ‘An appraisal of the Draft Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa’, *Est Africa Law Journal-Especial Issue on Disability Rights* (2016/2017) 70.

14. **Recommendation: 128.12 Ratify the Marrakesh Treaty to facilitate access to published works for blind, visually impaired or otherwise limited use of printed material (Brazil); [Source of position: A / HRC / 32/6 - Para. 128]**
15. **Recommendation: 128.11 Ratify the Convention against Discrimination in Education (Ghana); [Source of position: A / HRC / 32/6 - Para. 128]**
16. **Recommendation: *Ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of persons with Disabilities in Africa.***

E. 5.1. Constitutional and legislative framework

17. In Mozambique, the Constitution of the Republic states in article 18 that international law becomes part of domestic law upon its valid ratification. It also states that the international norm shall have legal value internally, according to the way it is received, that is, by the Government or by Parliament. What happens in practice, and particularly in the area of disability, is that even after the ratification of the CRPD, several norms that are in contradiction with it remain in force.

a. Treatment of Disability in the Constitution

18. The Constitution of the Republic uses the terminology "People having disability" [pessoas portadoras de deficiência] to designate persons with disabilities. However, this language is widely rejected by DPOs in Mozambique as pejorative.
19. Article 35 of the Constitution of the Republic establishes the principle of equality among citizens regardless of their status. Disability is not expressly mentioned in this article among the social categories, but it is considered that the list is not exhaustive, so disability also fits implicitly in the list.
20. Article 37 specifically addresses the situation of persons with disabilities establishing that citizens with disabilities fully enjoy the rights set forth in the Constitution and are subject to the same duties with the exception of the exercise or fulfillment of those for whom, due to disability, they are unable to exercise the same.
21. This article violates the CRPD's human rights model, which defines that disability cannot at any time be a reason for the deprivation of a right or limitation on the participation of persons. This limitation in article 37 is reflected in ordinary legislation such as the Electoral Laws, Family Laws, and others, which limit in a discriminatory manner the exercise of rights and duties based on disability.

22. **Recommendation: 130.11 Bring your legislation in line with international human rights law (Madagascar); Source of position: A / HRC / 32/6 - Para. 130 e A / HRC / 32/6 / Add.1 - Para. 11; Consider in particular reviewing the terminology used for the person with a disability in the Constitution and the approach to disability in general to align with the CRPD.**

b. Reform of laws and policies in the framework of human rights

23. Article 28 of the Labor Law, Law No. 23/2007, of August 1, addresses the situation of workers with disabilities in an inadequate manner if compared to the CRPD and uses pejorative terminology.
24. This article recommends "vocational retraining and integration into jobs suitable for the residual capacity of workers with disabilities". This is a medical approach to disability. In the

CRPD's approach⁸ employers are obliged to provide reasonable accommodation to workers with disabilities in order to be able to work on equal terms with others.

25. The Civil Code, besides using pejorative language, in articles 138 and 153 authorizes the limitation of the legal capacity of persons with mental disabilities, blind or deaf. Because of this regime of the Civil Code, several persons with disabilities are unable to manage by themselves their assets, bank accounts and other matters of their lives when, at the request of their relatives, the courts decide to substitute their legal capacity.⁹
26. This regime of articles 138 and 153 of the Civil Code violates the one established in article 12 of the CRPD, and reinforced in General Comment No. 1 of the CRPD Committee.¹⁰ According to these, States Parties shall recognize that persons with disabilities enjoy legal capacity [both legal standing and legal agency] on an equal basis with others in all aspects of life.¹¹
27. The Civil Code regime is reflected in other ordinary legislation in Mozambique such as the Family Law (Law No. 10/2004, of 25 August) and the Electoral Laws. These limit the legal capacity (capacity to contract marriage, capacity to vote and be elected) based on disability.
28. In 2017, the Council of Ministers approved the Draft Law for the Promotion and Protection of the Rights of persons with disabilities. Despite recognizing the effort made by the Government to conclude this proposal, DPOs in Mozambique contested this document because it was not in line with the CRPD and its drafting had not been participatory.
29. As a result, the Council of Ministers backed down and did not send the draft to Parliament. Subsequently, the DPOs took the initiative to revise this document and proposed a revised version to the Ministry of Gender, Children and Social Action, which oversees the sector.
30. **Recommendation: 130.11 Bring your legislation in line with international human rights law (Madagascar); Source of position: A / HRC / 32/6 - Para. 130 e A / HRC / 32/6 / Add.1 - Para. 11;** *In particular, repeal the Labor Law, in particular Article 27, to align with the CRPD by introducing the duty to grant reasonable accommodation and other appropriate standards. Also repeal the Civil Code to remove discriminatory restrictions of legal capacity on the grounds of disability.*
31. **Recommendation:** *Accelerate the process of finalizing the Draft Law on the Rights of in line with the CRPD and through an inclusive and participatory process.*

F. 5.2. Institutions and policies

32. The disability sector has deserved a more comprehensive approach by state institutions in Mozambique. We have recently noted greater attention to the disability area by the National Human Rights Commission, always responding to requests for intervention by DPOs.

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⁸⁸ Article 27.

⁹Ester Fenias, Analysis of the legal regime of limitation of legal capacity due to disability in light of the United Nations Convention on the Rights of Persons with Disabilities, End of Course Work - ISCTEM, 2018.

¹⁰http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/1&Lang=en

¹¹Article 12/2 CRPD; United Nation Committee on the Rights of Persons with Disabilities, General Comment n. 1, para 12, 2014.

a. Institutions for the Coordination of the Implementation of the Rights of Persons with Disabilities

33. At the Government level, the disability sector is under the Ministry of Gender, Children and Social Action (MGCAS). In 2009, the Government established the National Council for the Area of Disability (CNAD),¹² an inter-ministerial body that was responsible for coordinating the implementation of policies in the area of disability, headed by the minister in charge of the sector.
34. However, in 2015 this body was extinct, and in it was replaced by the National Council of Social Action (CNAS)¹³. This body, which is now headed by the Prime Minister and brings together several sectors, including the area of disability, but is now coordinated at the operational level by a committee on the rights of persons with disability headed by MGCAS. There is skepticism by the DPOs about the effectiveness of this model, which is aggravated by the recurrent claim that the capacity of this ministry to respond to their demands would be better if disability issues could not be seen only in the social protection sphere.¹⁴
35. **Recommendation:** *Establishment an autonomous institution at the highest level with political, financial and technical capacity to deal with disability issues, without being limited to social action.*

b. Disability Rights Monitoring

36. Article 33/2 of the CRPD mandates state parties to designate an independent body in light of the Paris principle to monitor its implementation. In Mozambique, this body corresponds to the National Commission on Human Rights. However, the State has not yet made this formal designation.
37. Recommendation: 128.24 Ensure that the National Human Rights Commission has enough resources to fulfill its mandate, fully respecting the Paris Principles (Tunisia); **Source of position: A / HRC / 32/6 - Para. 128**; *In particular, the National Human Rights Commission should be formally designated as the monitoring body for the implementation of the Convention, with the necessary resources being allocated in parallel for the exercise of this mandate.*

G. 7.1. Context, statistics, budget, cooperation with civil society

a. Data collection on persons with disabilities

38. The last housing and population census (2017) estimates the prevalence of disability at 2.6%. These numbers are considerably low compared to the WHO estimate of 15%. These figures are the result of an inadequate technical approach to data collection since, for example, the questions recommended by the Washington Group were not fully used.
39. **Recommendation:** *It is recommended that the National Statistics Institute ensures the participation of persons with disabilities in the process of drafting, training of enumerators and data collection within the general population census. Surveys should collect specific and disaggregated information for the sector of disability by applying international methodologies and standards (ref: Washington Group).*

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¹²Decreto n. 78/2009, de 15 de Dezembro.

¹³Decree n. 38/2015, of 31st December.

¹⁴Macuane et al, *Political Economy of the Disability Area*, MASC Foundation (2018), 38

40. **Recommendation:** *The National Statistics Institute should conduct a specific national census of all persons with disabilities using Washington Group recommendations for comprehensive data.*

H. Non-Discrimination

41. The Government has multiplied its efforts to address stigma and discrimination practices, in particular against specific groups such as women and girls, as well as people with albinism. One of the key commitments the Government signed at the London and 2018 Global Summit is to eliminate stigma and discrimination against persons with disabilities.¹⁵
42. **Recommendation:** *A specific national program should be created to raise awareness about disability in society at all levels.*
43. **Recommendation:** *The Law for the Promotion and Protection of the Rights of persons with disabilities should be passed with specific indications regarding the establishment of an awareness raising program.*

I. 12. Right to physical and mental integrity

44. There are many situations of violence against persons with disabilities and children. In particular, it is noted that mainstream child protection system elements have been limited in protecting the rights of children with disabilities. For example, there have been limitations in the treatment of these cases by justice institutions, and there have been several testimonies of complaints that have not been resolved. Legislation protecting the rights of children, Law No. 5/2008 of 9 July 2008, does not address the specific issues that contribute to violence against children with disabilities.
45. The Government with support from partners has made efforts to reduce attacks against people with albinism. The Multi-sectorial Plan to Fight Violence against persons with albinism was drafted. However, there are still challenges in harmonizing this plan with the Regional Action Plan¹⁶ in the same area, as well as in the provision of budget for its implementation.¹⁷
46. **Recommendation: 128,65 Continue to intensify efforts to fight the violence faced by people with albinism (Portugal);Source of position: A / HRC / 32/6 - Para. 128;** *In particular, accelerate the implementation of the Multi-sectorial Plan to Fight Violence against the People with Albinism.*
47. **Recommendation:** *Enhance the role of community agents and Family and Minor Care Offices in the early identification of situations of PwD hidden within the family, intensifying information campaigns against discrimination, and inhuman and degrading treatment within the family and community.*
48. **Recommendation:** *Review child protection systems, including legislation, formal and informal institutions to make them inclusive for children with disabilities.*

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¹⁵<https://www.gov.uk/government/publications/national-governments-global-disability-summit-commitments/government-of-mozambique>

¹⁶<https://actiononalbinism.org/en/page/sfj6gs7s8kj5f6c6zyhw7b9#:~:text=About%20the%20Regional%20Action%20Plan%20%28RAP%29%20on%20Albinism,persons%20with%20albinism%20by%20multiple%20stakeholders%20across%20Africa.>

¹⁷<https://en.unesco.org/news/meeting-multisectoral-group-albinism>

J. 12.5. Prohibition of torture and cruel, inhuman or degrading treatment

a. Excessive use of force and mistreatment as a cause of disability within the prison population

49. The representative of the Association for the Support of Prisoners with Disabilities reveals that one of the main causes of disability within the prison population is the excessive use of force at the time of detention of the accused. He also revealed that there are cases of people who contract disabilities as a result of mistreatment in prison facilities.¹⁸

50. **Recommendation: 128,75 Establish an effective mechanism for investigation, sanction and redress in case of abuse of power by police and prison forces, to safeguard the personal information of victims and whistleblowers and establish administrative and criminal penalties for perpetrators (Chile); A / HRC / 32/6 - Para. 128**

b. Mental health service policies and practices

51. In Mozambique, there is no legislation regulating the exercise of mental health powers. The Ministry of Health, through the Department of Mental Health, has been making efforts since 2014 to approve a mental health policy.

52. However, in the current scenario, people with psychosocial disabilities complain of being taken by force, chained and tied to the Psychiatric Hospital with the connivance of their relatives. These forced admissions often result in the loss of their possessions and physical sequels.¹⁹

53. There are also complaints of violence and abuse within the Psychiatric Hospital, where conditions are increasingly degrading.²⁰

Recommendation: 128,72 Take effective measures to ensure full respect for the total prohibition of torture in accordance with the Convention against Torture (México); A / HRC / 32/6 - Para. 128. *In particular, there should be human rights monitoring in Psychiatric Hospitals involving organizations of persons with disabilities, reinforcing the recommendation.*

54. **Recommendation:** *The powers of the mental health services should be regulated through a law, in particular on forced internment.*

K. 12.6. Conditions of detention

55. The prison system in Mozambique generally faces problems of overcrowding. Recent reforms have improved the quality of services. However, there has not been much progress in prison conditions for inmates with disabilities.

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¹⁸Interview with Reginaldo Chirindzane, Presidente of the Associação para o Apoio de Reclusos com Deficiência [Association for supporting inmates with disabilities], 10.10.2020

¹⁹Policy Brief from Associação Moçambicana dos Usuários de Saúde Mental (2019)

²⁰Policy Brief from Associação Moçambicana dos Usuários de Saúde Mental (2019)

a. Conditions of detention for inmates with disabilities

56. According to the representative of the Association for Support of Prisoners with Disabilities, correctional facilities are not prepared to receive inmates with disabilities as they face several accessibility barriers, both from the physical environment itself and from communication, as well as from attitudes. People with physical disabilities have not been allowed to wear prosthetics during their period of imprisonment. People with mental disabilities also do not find adequate support mechanisms.²¹
57. **Recommendation: 128,81 Improving conditions in correctional and other detention facilities (Nigeria);** **A / HRC / 32/6 - Para. 128**, *paying particular attention to the situation of inmates with disabilities.*

b. Other places of detention

58. Psychiatric Hospitals are also considered places of detention under international law.²² In Mozambique, people who have been admitted to Infulene Psychiatric Hospital and their relatives complain about the inhumane conditions in which it is located.
59. **Recommendation: 128,81 Improving conditions in correctional and other detention facilities (Nigeria);** **A / HRC / 32/6 - Para. 128**, *particularly in the case of forced admission to the Psychiatric Hospital.*

L. 15.1. Administration of justice and fair trial

a. Accessibility in the system of Justice Administration

60. State agencies in Mozambique have made efforts to ensure that the justice administration system reaches all citizens. However, persons with disabilities continue to face several barriers in accessing justice. These barriers include the lack of accessibility to the facilities of the various institutions of the administration of justice, the lack of accessible alternative means of communication, the lack of staff preparation in matters of the rights of persons with disabilities.
61. **Recommendation: 128.107 Strengthening reforms to ensure access to justice for all (Angola);** **A / HRC / 32/6 - Para. 128**;

b. Participation of persons with disabilities in the judicial process

62. The criminal procedural legislation restricts the participation of people with mental disabilities as witnesses in judicial proceedings²³. This practice is discriminatory and contrary to the obligation to create procedural adaptations contained in article 13 of the CRPD.
63. **Recommendation: 128.107 Strengthening reforms to ensure access to justice for all (Angola);** **A / HRC / 32/6 - Para. 128**); *In particular by removing discriminatory provisions against persons with disabilities and making room for procedural adaptations.*

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²¹Interview with Reginaldo Chirindzane, Chairperson of the *Associação para o Apoio de Reclusos com Deficiência* [Association for supporting inmates with disabilities], 10.10.2020

²² https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session43/Documents/A_HRC_43_49_AUV.docx

²³ Penal Procedure Code, article n. 216/1.

M. 18. Right to participate in public affairs and voting rights]

a. Participation of persons with disabilities in electoral processes

64. In the last electoral cycle, electoral legislation has undergone positive changes in the context of human rights, in particular the removal of restrictions of electoral rights to prisoners. However, this removal of restrictions has not been extended to persons with disabilities, who now remain the only group to which electoral capacity can be restricted.²⁴
65. In 2018 and 2019 FAMOD observed the local, legislative, presidential and provincial assembly elections. As a result of this observation, it was noted in the various stages of the electoral cycle the lack of observance of accessibility standards, the lack of preparation to attend specific situations of persons with disabilities, the lack of alternative means of communication and of secret and accessible voting for.²⁵
66. **Recommendation: 128.124 Improve transparency and inclusion of electoral processes by promoting a culture of political dialogue and adopting concrete measures to prevent cases of electoral violence (Czech Republic); Source of position: A / HRC / 32/6 - Para. 128** with a particular focus on the elimination of participation barriers for the various groups of voters with disabilities.

N. 22.1. Right to an adequate standard of living - general

a. Strengthening social action programs for persons with disabilities

67. The Government approved a new Basic Social Security Strategy, 2016 - 2024, through which it intends to improve social assistance to the most vulnerable groups, in particular persons with disabilities in Mozambique.
68. In the framework of the response to Covid-19, the government was able to mobilize some funds to strengthen the social protection of the most vulnerable groups at that stage. However, much work still needs to be done to ensure that the programs adequately cover the needs resulting from disability, and that they are more involved at community level.
69. **Recommendation: 128.130 Continue to strengthen social policies for the eradication of poverty in order to increase the quality of life of its population, especially the most vulnerable (Venezuela (Bolivarian Republic));Source of position: A / HRC / 32/6 - Para. 128**

O. 23.1. Right to work

70. The Government approved the Employability Strategy for Persons with Disabilities in the Civil Service. This strategy aimed to promote the entry of persons with disabilities into the civil service. However, data on the progress achieved with this strategy are not public.
71. **Recommendation: 128.45 Ensure that its anti-discrimination laws and policies are fully implemented (Philippines); Source of position: A / HRC / 32/6 - Para. 128A.**

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²⁴Article 12 - a) 2/2019, of 31 May; Article 11 -a) Law 7/2018, of 3 August; Article 11 -a) Law 3/2019, of 31 May.

²⁵Forum of Mozambican Associations of persons with disabilities, Report of Observation of General Elections and Provincial Assemblies, 2019.

P. 23.1. Right to Health

a. Budget for prevention and rehabilitation areas of the various types of disabilities

72. There is a budget deficit in several areas of the health system that deal in particular with the prevention and rehabilitation of disability. Some examples include the mental health area, ophthalmology and orthopedic rehabilitation.
73. **Recommendation: 128.136 Continue to promote access to health (Pakistan); Source of position: A / HRC / 32/6 - Para. 128;** *In particular, reinforcing the budget allocation for areas of the health system that deal in particular with the prevention and rehabilitation of disability.*

b. Sexual and reproductive health of women and girls with disabilities

74. Although the Government and partners are massively disseminating information on sexual and reproductive health, women and girls with disabilities feel excluded. This is due to barriers in access to information since the materials used and the campaigns in general are not designed in an inclusive manner.
75. **Recommendation: 128.143 Ensure that all women have access to quality sexual and reproductive health services, including comprehensive sexuality education and modern contraceptive methods (Slovenia); Source of position: A / HRC / 32/6 - Para. 128**

c. Training of health staff and Privacy of health information for persons with disabilities

76. The Ministry of Health (MISAU) has been open to training with health personnel in the area of disability, particularly sign language. However, there is a lack of any initiative from MISAU through a specific program to enable health staff to provide quality care to persons with disabilities.
77. The Government has taken important initiatives to promote the accessibility of health services, including the introduction of drug descriptions in Braille. However, there is still a serious problem regarding the treatment of health information for persons with disabilities with privacy. People with visual impairments report that when they go to the hospital with their companion, information about their health is questioned to their companion, and instructions on administering the prescribed medication are also given to their companion. Likewise, deaf or hearing impaired people see the same scenario happening with their interpreters.
78. **Recommendation: 128.136 Continue to promote access to health (Pakistan); Source of position: A / HRC / 32/6 - Para. 128**
79. **Recommendation: 128.143 Ensure that all women have access to quality sexual and reproductive health services, including comprehensive sexuality education and modern contraceptive methods (Slovenia); Source of position: A / HRC / 32/6 - Para. 128**
80. **Recommendation: Introduce disability issues (privacy, sign language, Braille, etc.) in the basic training of health professionals.**

Q. 25. Right to education

a. Access to education for children with disabilities

81. Mozambique made progress with the approval of the Inclusive Education Strategy in 2020. In the meantime, for its success it will be crucial that the Government shows budgetary commitment and that organizations of persons with disabilities are effectively included.
82. Among the priorities to be urgently addressed for the promotion of inclusive education should be accessibility barriers, lack of trained inclusive education teachers, lack of appropriate teaching material for persons with disabilities, as well as technologies.
83. Plus, Mozambique deals with the lack of a disability early identification, referral and intervention system. This system would create capacity to intervene in a timely manner to prevent or reduce the impact of disabilities. The newly approved Inclusive Education Strategy intends to establish a similar system.
84. **Recommendation: 128.146 Increasing allocations to education and continuing to improve the overall quality of education (Luxembourg); A / HRC / 32/6 - Para. 128;** *In particular allocate adequate funding for the implementation of the Inclusive Education Strategy.*

Recommendation: 128.150 Train more teachers and improve the quality of education in rural areas (Afghanistan); A / HRC / 32/6 - Para. 128 *The Government should assume as a priority the training of teachers in sign language and Braille spelling and ensure the permanence of trained teachers in the places of greatest need.*

R. 29.1. Discrimination against women

85. Women and girls with disabilities suffer double discrimination. However, neither gender policies nor disability policies have been able to recognize and address these forms of discrimination. Practices of this nature include hiding women and girls with disabilities in homes, forced sterilization practices, and others.²⁶
86. Women with disabilities encounter great difficulties in being accepted into their partners' families, often leading to the interruption of their relations.²⁷
87. **Recommendation: 128.47 Redouble efforts to eliminate discrimination against women (South Sudan); Source of position: A / HRC / 32/6 - Para. 128**

S. 31.1. Persons with disabilities: definition, general principles

88. Disability can be addressed in several ways. However, CRPD recommends that States adopt a human rights approach. The Mozambican State has advanced with the ratification of the CRPD, but its legal and political instruments continue to be greatly influenced by the medical and charitable model.

a. Criteria for identification of disability

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²⁶ FAMOD, Report on the experiences of women with disabilities (2020).

²⁷ Ibid.

89. The Mozambican State does not have an instrument that defines the criteria for identifying disability. Often the determination on social benefits is made on the basis of medical certificates. This approach, in addition to violating the CRPD, excludes several groups of persons with disabilities.
90. The 1999 Disability Policy, approved by Resolution 20/99 of 23 June, is out of step with the CRPD, including through the use of a medical tendency conception of persons with disabilities. This approach has repercussions on other legal and political instruments, such as the Disability Action Plans (PNAD 1 and 2) and the Proposal for the Promotion and Protection of the Rights of persons with disabilities approved by the Council of Ministers in 2017.
91. **Recommendation:** *Review of the Disability Policy and PNAD 2 with a view to introducing disability identification criteria in line with CRPD principles.*

b. Accessibility

92. The Government approved the Decree n° 53/2008, of the 30th December, which approves the regulation of accessibility to physical space. The Decree provided that in ten years the public buildings that were not accessible would be changed to comply with accessibility standards and that all new buildings would conform to these standards. However, after the foreseen time, few changes occurred and new buildings are still being erected in all the country without conforming to the accessibility standards.
93. Persons with disabilities also report lack of access to information and communication technologies. The lack of a clear agenda in the context of ICT accessibility prevails and therefore persons with disabilities people continue to be excluded from its benefits. For example, policies on Procurement have no requirement for public administration to purchase accessible technologies, making room for the purchase of equipment that cannot be used by employees with disabilities.
94. Persons with disabilities also report a lack of access to information, taking into account that media operators have not consistently used accessible media. For example, the use of sign language is only on Public Television (TVM) and only on few programs.
95. **Recommendation:** *Take legislative and other measures to ensure equal access for persons with disabilities to the physical environment, transport, information and communication (including information and communication technologies and systems) and other facilities and services provided to the public, including by private entities, in both urban and rural areas.*
96. **Recommendation:** *Take measures to promote a media accessibility agenda, including the approval of a specific policy or law regulating the adoption of media accessibility standards.*

d. Risk and emergency situations

97. Mozambique was recently affected by cyclones IDAI and KENNETH, which had a devastating impact, whose effects are still reflected. Testimonies from persons with disabilities reveal that humanitarian interventions in response to these calamities at various times exclude them. Persons with disabilities reported, for example, that food distribution was done in a disorganized and aggressive manner making it inaccessible for them.²⁸
98. Law No. 10/2020 of 24 August was approved this year, establishing the legal framework for Disaster Risk Management and Reduction and its regulation, Decree 76/2020 of 1

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²⁸ Light for the World, *Aid out of reach* (2019).

September. These instruments were approved without consultation of persons with disabilities.

99. While the Law itself simply states in general terms that “vulnerable persons” are entitled to priority in evacuation and resettlement,²⁹ the regulation specifies that “disabled” people are also part of this group.³⁰ The use of inappropriate language to designate persons with disabilities is noted here. Moreover, persons with disabilities are treated as if they were a homogeneous group. Finally, these instruments do not address the accessibility and participation barriers that must be removed to ensure that persons with disabilities are not left behind.
100. In fact, the approach of these instruments ignores all the accessibility and participation challenges recently experienced by persons with disabilities, as well as Article 11 of the CRPD.
101. **Recommendation:** *Review the legal framework for Disaster Risk Management and Reduction to include specific aspects on the inclusion of participation of persons with disabilities.*
102. **Recommendation:** *Promote the participation of persons with disabilities and their organizations in local disaster management committees.*

T. Conclusion

103. Government of Mozambique has repeatedly conveyed political commitment in fulfilling the rights of persons with disabilities in Mozambique. The recent submission of the initial State report to the Committee on the Rights of Persons with Disabilities is a clear example of this commitment.
104. However, progress on the implementation of the CRPD and other commitments has been slow. Lack of technical, financial and institutional capacity are usually ranked as the main reasons for the slow progress beside the apparent negative attitudes towards disability rights from some decision makers.
105. This report recommends both disability specific measures and mainstream measures to accelerate the implementation of the rights of persons with disabilities in Mozambique.

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²⁹Article 45

³⁰Article 31/5