CBR outcome indicators
Inclusive Sofala Programme
funded by Austrian Development Cooperation

2018-2022

Final report – baseline assessment
May 2018

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Abbreviations

CBR	Community-Based Rehabilitation
IDDC	International Disability and Development Consortium
LFTW	LIGHT FOR THE WORLD
QoL	Quality of Life
WHO	World Health Organization
WHOQOL	World Health Organization Quality of Life Instrument

1. Acknowledgements

The implementation of the CBR indicators in Sofala was overseeing by Light for the World INTERNATIONAL, Vienna, Austria – represented by Irmgard Neuherz (Programme Coordinator Mozambique) – as well as by Light for the World MOZAMBIQUE, Beira, Mozambique – represented by Leovigildo Pechem (Programme Officer "Inclusive Sofala") – with the technical support of the Blindness and Deafness Prevention, Disability and Rehabilitation Unit of the World Health Organization, Geneva, Switzerland, represented by Dr. Alarcos Cieza and Dr. Carla Sabariego.

We would like to express our deep gratitude to the Austrian Development Cooperation for the generous financial support to the five-year programme that will foster the inclusion of persons with disabilities in Sofala. By financially supporting not only the program but also its evaluation and this baseline study, the Austrian Development Cooperation supports the evidence-informed development of CBR strategies that match the needs of persons with disabilities living in Sofala, and that fully take into account inequalities and barriers they face.

The implementation would not have been possible without the support during data collection of the following CBR partners: AMAVIDA, in the Gorongosa district; OREBACOM, in Chipangara, Beira; Khupedzana, Bandua in Buzi district; and ADEMO in Manga Mascarenhas, Beira.

Particular thanks are due to the committed interviewer teams, who attended the training and conducted in a short period of time over 400 interviews. We sincerely thank them for their valuable contribution. Sincere thanks are also due to Leovigildo Pechem for organizing all the training and supervising the data collection.

Finally, we are very grateful to the respondents who were willing to take time and participate in the survey.

The present report was prepared by WHO in close collaboration with Light for The World.

2. Executive Summary

LIGHT FOR THE WORLD (LFTW) is implementing a five year Strategic Partnership Programme with the Austrian Development Cooperation in Mozambique. The programme is called "Inclusive Sofala" and aims to promote an inclusive society in the Province of Sofala by providing Community Based Rehabilitation (CBR).

The program priorities will be defined through baseline data collection using the CBR Indicators developed by the World Health Organization (WHO) and the International Disability and Development Consortium (IDDC). The same indicators, which reflect components and elements of the CBR matrix, will be used to evaluate the CBR programme after a five-year implementation.

This report presents results of the baseline assessment that will guide the definition of CBR program priorities. The assessment was carried out in April 2018 in four communities in Sofala. To facilitate the comparison to other members of the community, persons with and without disability were interviewed.

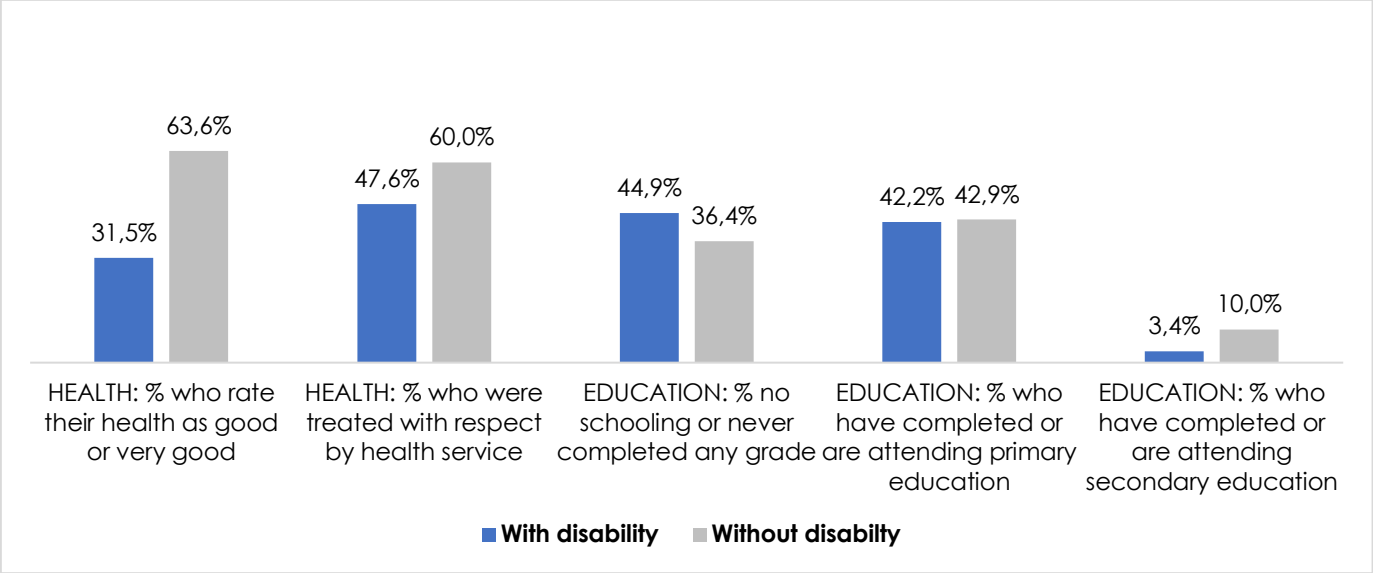
The sample consists of 415 persons: 128 children (71 with disability and 57 without) and 287 adults (147 with disability and 140 without). Sex and age distributions are shown in **Table 1**. Information about sex is missing for one participant.

Table 1: Sex and age distribution of the recruited sample. Count means the number of persons, % is the corresponding percentage. Information about sex is missing for one participant.

	Persons with disability		Persons without disability		Total	
	Count	%	Count	%	Count	%
Sex						
Male	106	48,6%	92	46,9%	198	47,8%
Female	112	51,4%	104	53,1%	216	52,2%
Age						
0-5	18	8,3%	19	9,7%	37	8,9%
6-12	24	11,0%	23	11,7%	47	11,4%
13-17	26	11,9%	19	9,7%	45	10,9%
18-24	22	10,1%	34	17,3%	56	13,5%
25-44	51	23,4%	53	27,0%	104	25,1%
45-64	58	26,6%	33	16,8%	91	22,0%
65+	19	8,7%	15	7,7%	34	8,2%

ADULTS – MAIN RESULTS

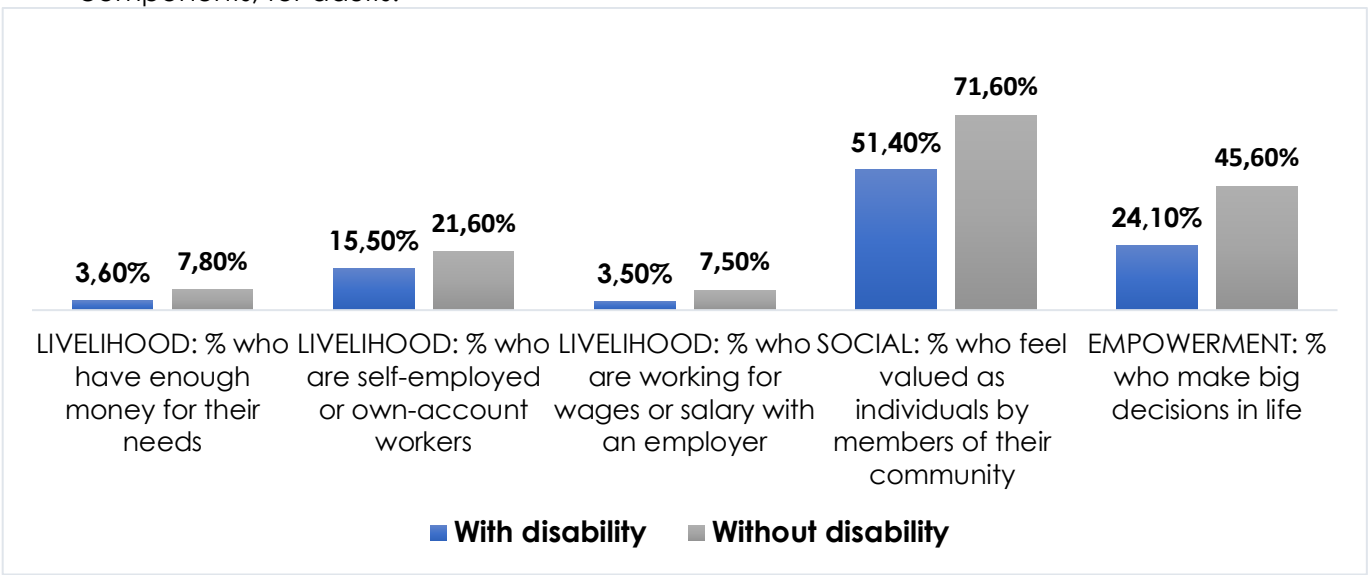
Figure 1: Results for the base CBR Indicators for Health and Education, for adults.



Key indicators for health and education are presented in Figure **1** for adults:

- Large differences between persons with and without disability are observed for health status, being treated with respect by health care providers and having attended or completed secondary education.
- The proportion of adults without formal education is higher for persons with disability, but generally very high in both groups.
- Proportions of persons who have completed or are attending primary education are comparable. Since the question does not differentiate if persons are still attending or have completed primary education, further differences between the two groups cannot be explored.

Figure 2: Results for the base CBR Indicators for the Livelihood, Social and Empowerment components, for adults.

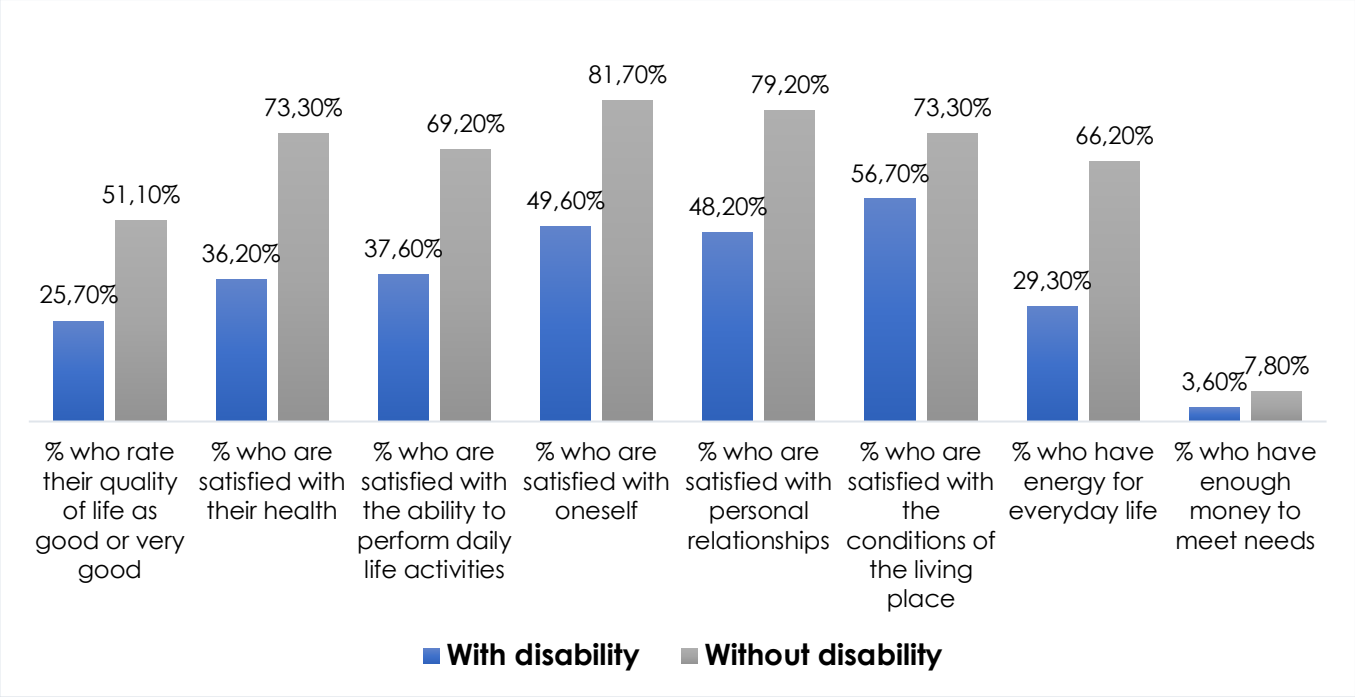


Key indicators for the livelihood, social and empowerment components are presented in Figure **2**:

- Differences between persons with and without disability are observed for all indicators, the largest ones in feeling valued as a community member and making big decisions.

- The proportions of persons who have enough money for their needs, who are self-employed and who are working for wages are very low in both groups.

Figure 3: Quality of Life (QoL) aspects measured for adults with eight questions of the WHO QoL instrument.



Additionally to the CBR Indicators, Quality of Life (QoL), an important outcome for LFTW, was measured for adults with eight questions of the WHO QoL instrument.

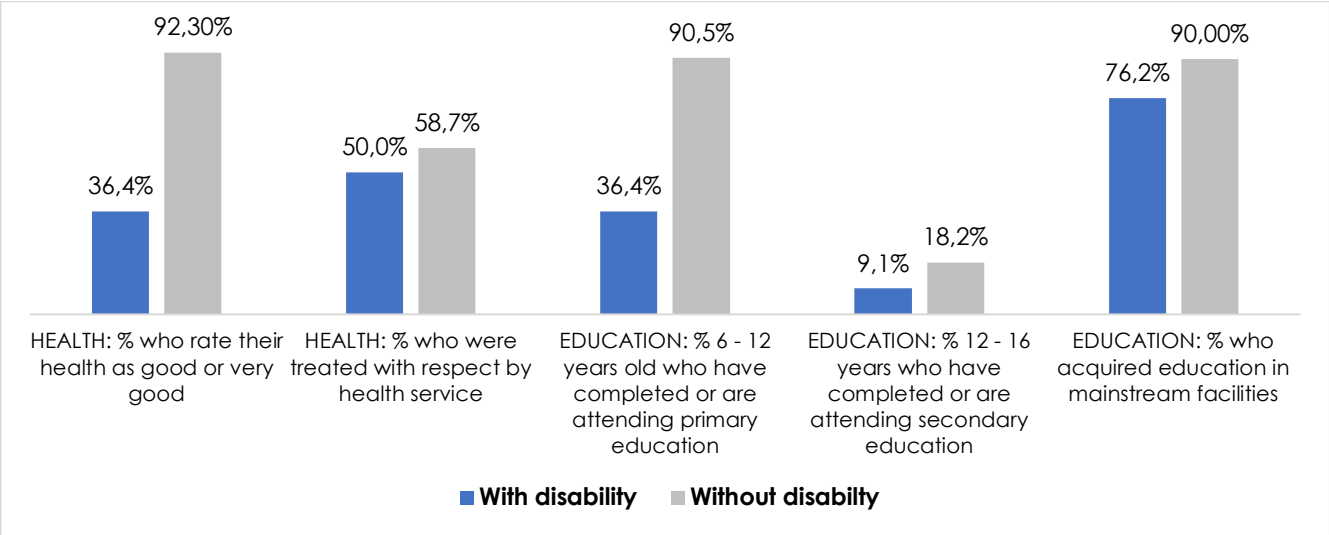
Results are presented in Figure **3**:

- Persons with disability are much less satisfied with all aspects covered.

- Differences between persons with and without disability are large, especially regarding health, daily life activities, personal relationships and energy for everyday life.

CHILDREN – MAIN RESULTS

Figure 4: Results for the base CBR Indicators for Health and Education, for children.



Key indicators for children are presented in

Figure **4**:

- Very large differences are observed for health status and primary education.
- Approximately 36% of children with disability between 6 and 12 years old are attending or completing primary education in comparison to approximately 90% of children without disability.
- The percentages of youth between 12 and 16 years old attending or completing secondary education is very low for all, but even worse for children with disability.

Results for all CBR Indicators, broken down by sex, are presented in detail in the core report.

3. Background

A large part of the current Country Strategy of LIGHT FOR THE WORLD in Mozambique will be implemented through a five-year Strategic Partnership Programme with the Austrian Development Cooperation.

The programme is called "Inclusive Sofala" and aims to promote an inclusive society in the Province of Sofala, in which persons with disabilities can participate equally in social, economic and cultural life.

The core approach to promote comprehensive inclusion will be Community-Based Rehabilitation (CBR).

The program priorities will be be defined through baseline data collection using the CBR Indicators developed by the World Health Organization (WHO) and the International Disability and Development Consortium (IDDC).

The same indicators will be used to evaluate the success of the CBR programme after a five-year implementation.

The objective of this document is to report results of the baseline assessment to unveil current inequalities between community members with and without disability.

This document shall guide the definition of program priorities.

4. Methods

A convenience sample of 200 persons with disability and 200 matched controls living in the same neighborhood was recruited.

Persons with disability had been identified by Light for the World in a previous door-to-door community census and were the persons who fulfilled the criteria for receiving CBR.

For each person with disability, one age- and sex-matched control was selected from the neighboring homes to allow for a direct comparison between persons with and without disability.

No age restrictions were applied. In the instance that the participant had cognitive or other limitations that prevented him/her from being interviewed and in the case of children, a proxy interview with a family member was performed.

Data collection was carried out between April 16 and April 27 in four communities:

- Vila de Gorongosa in Gorongosa district (CBR partner AMAVIDA)
- Chipangara in Beira (CBR partner OREBACOM)
- Bandua in Buzi district (CBR partner Khupedzana) and
- Manga Mascarenhas in Beira (CBR partner ADEMO).

Ten trained CBR workers collected the data using a mobile application developed by WHO.

The WHO CBR M&E Indicators[1] and their corresponding survey were used in the data collection.

All indicators are derived from the CBR desirable outcomes outlined in the CBR Guidelines[2], and correspond to the components of the CBR matrix (health, education, livelihood, social and empowerment) and each of their five sub-elements.

For children, only indicators for health and education were collected.

Additionally, a brief version of the WHO Quality of Life (WHOQOL) instrument was used to measure Quality of Life in adults.

Socio-demographic information was collected from all participants.

Descriptive statistics are used to report the socio-demographic characteristics of the sample and the CBR Indicators, by CBR component. Only the health and education indicators are presented for children. All indicators are presented also for men and women or boys and girls.

Questions used to assess indicators are presented in Annex 1.

[1] http://www.who.int/disabilities/cbr/cbr_indicators_manual/en/
[2] http://www.who.int/disabilities/cbr/guidelines/en/

5. Results

5.1. Sample

The sample consists of 415 persons, 128 children[3] and 287 adults, as shown in **Table 2**.

Table 2: Distribution of the sample for adults and children.

	Persons with disability	Persons without disability	Total
Children	71	57	128
Adults	147	140	287
Total	218	197	415

	Men		Women		Total
	with disability	without disability	with disability	without disability	
Children[4]	31	29	40	27	127
Adults	75	63	72	77	287
Total	106	92	112	104	414[5]

The socio-demographic characteristics of the recruited sample are presented in Table **3**. The sample:

- included slightly more women than men,
- most respondents are adults between 25 and 64 years old, and
- over 80% of the sample has either no formal education or elementary education.

[3] This count considers the question: is the respondent a child? The count differs slightly from the count with age groups because persons are considered adults from 16 years old on, while one age category goes from 13 to 17 years old. All filters are based on the question "is the respondent a child?".
[4] Sex for one child missing.
[5] Although the sample size is 415, sex is missing for one child. That is the reason why the count in this table is 414.

Table 3: Socio-demographic characteristics of the recruited sample. Count means the number of persons, % is the percentage in a certain category. Information about sex is missing for one participant.

	Persons with disability		Persons without disability		Total	
	Count	%	Count	%	Count	%
Sex						
Male	106	48,6%	92	46,9%	198	47,8%
Female	112	51,4%	104	53,1%	216	52,2%
Age						
0-5	18	8,3%	19	9,7%	37	8,9%
6-12	24	11,0%	23	11,7%	47	11,4%
13-17	26	11,9%	19	9,7%	45	10,9%
18-24	22	10,1%	34	17,3%	56	13,5%
25-44	51	23,4%	53	27,0%	104	25,1%
45-64	58	26,6%	33	16,8%	91	22,0%
65+	19	8,7%	15	7,7%	34	8,2%
Education						
No schooling or never completed any grade	98	46,0%	65	34,0%	163	40,3%
Elementary education	86	40,4%	89	46,6%	175	43,3%
Secondary school	7	3,3%	17	8,9%	24	5,9%
Vocational education	1	0,5%	0	0,0%	1	0,2%
College	13	6,1%	16	8,4%	29	7,2%
Professional training	0	0,0%	1	0,5%	1	0,2%
Other	4	1,9%	0	0,0%	4	1,0%
Not applicable	4	1,9%	3	1,6%	7	1,7%

5.2. Health

5.2.1. Health in general

Table **4** reports the CBR Indicators for health in general for **adults**.

While approximately two thirds of persons without disability rate their health as good or very good, only one third of persons with disability do so. Regarding being treated with respect by health service providers, more persons without (60%) than with disability (47,6%) have positive experiences.

Indicators are better for women without disability, in comparison to men without disability. This pattern is not observed for persons with disability.

Table 4: CBR Indicators for health for adults (N=287), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who rate their health as good or very good	46	31,5%	89	63,6%
% who rate their experience of being treated with respect and dignity by health service providers as good or very good	69	47,6%	81	60,0%

	Men		Women	
	with disability	without disability	with disability	without disability
% who rate their health as good or very good	32,4%	58,7%	30,6%	67,5%
% who rate their experience of being treated with respect and dignity by health service providers as good or very good	47,9%	53,3%	47,2%	65,3%

Table **5** reports the CBR Indicators for health in general for **children**.

In comparison to adults, the differences between children with and without disability are larger: while over 90% of children without disability have good or very good health, only 36,4% of children with disability do so. Differences regarding being treated with respect are smaller.

Sex differences are observed:

- for general health, more boys with disability experience good or very good health than girls with disability;
- the rate of children without disability who experience being treated with respect by health professionals is much higher for boys (72%) than for girls (40%) but no sex differences for children with disability are observed.

Table 5: CBR Indicators for health for children (N=128), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Children with disability		Children without disability	
	Count	**%**	**Count**	**%**
% who rate their health as good or very good	24	36,4%	48	92,3%
% who rate their experience of being treated with respect and dignity by health service providers as good or very good	31	50,0%	27	58,7%

	Boys		Girls	
	with disability	**without disability**	**with disability**	**without disability**
% who rate their health as good or very good	41,4%	88,9%	32,4%	95,8%
% who rate their experience of being treated with respect and dignity by health service providers as good or very good	50,0%	72,0%	50,0%	40,0%

5.2.2. Health promotion

Table **6** reports the CBR Indicator for health promotion for **adults**.

A higher percentage of persons with disability (63,6%) endorse being aware that physical activity and eating habits influence their health, in comparison to persons without disability (55,6%). No large differences associated to sex are observed.

Table 6: CBR Indicators for health promotion for adults (N=287), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who know physical activity and eating habits influence their health	82	63,6%	65	55,6%

Men		Women	
with disability	without disability	with disability	without disability
62,1%	57,7%	65,1%	53,8%

Table **7** reports the CBR Indicator for health promotion for **children**.

A higher percentage of parents of children without disability (51,1%) endorse being aware that physical activity and eating habits influence their health, in comparison to parents of children with disability (39,3%). No large differences associated to sex are observed.

Table 7: CBR Indicator for health promotion for children (N=128), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Children with disability		Children without disability	
	Count	%	Count	%
% who know that physical activity and eating habits influence their health	24	39,3%	23	50,0%

Boys		Girls	
with disability	without disability	with disability	without disability
34,6%	47,8%	42,9%	54,5%

5.2.3. Medical Care

Table **8** reports the CBR Indicator for medical care for **adults**.

The percentage of persons who did not get the medical care they needed is almost three times higher for persons with disability (29,4%) in comparison to persons without disability (10,2%). Approximately 37% in both groups needed and got care while approximately 50% of persons without disability and 33% of persons with disability did not need medical care. Percentages for men and women are similar to general results.

Table 8: CBR Indicators for medical care for adults (N=287), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who was unable to get the needed care	40	29,4%	13	10,2%
% who got the needed care	51	37,5%	47	37,0%
% who did not need health care	45	33,1%	67	52,8%

	Men		Women	
	with disability	without disability	with disability	without disability
% who was unable to get the needed care	31,9%	10,3%	26,9%	10,1%
% who got the needed care (have access)	31,9%	31,0%	43,3%	42,0%
% who did not need health care	36,2%	58,6%	29,9%	47,8%

Table **9** reports the CBR Indicator for medical care for children.

Similarly to the results for adults, the percentage of children who did not get the medical care they needed is almost three times higher for children with disability (29,0%) in comparison to children without disability (9,4%).

Higher percentages of children without disability have got the care they needed and more children without disability did not need care, in comparison with children with disability. Percentages for boys and girls are similar to general results.

Table 9: CBR Indicators for medical care for children (N=128), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Children with disability		Children without disability	
	Count	%	Count	%
% who was unable to get the needed care	20	29,0%	5	9,3%
% who got the needed care (have access)	23	33,3%	24	44,4%
% who did not need health care	26	37,7%	25	46,3%

	Boys		Girls	
	with disability	without disability	with disability	without disability
% who was unable to get the needed care	35,5%	7,4%	23,7%	11,5%
% who got the needed care (have access)	29,0%	40,7%	36,8%	50,0%
% who did not need health care	35,5%	51,9%	39,5%	38,5%

The main reasons why adults and children have not received the care they needed are shown in Table 10 and refer mainly to distant health care facilities, the cost of medical care and the availability and accessibility of transportation.

Table 10: Number of adults and children endorsing the main reasons why they have not received the care they needed.

	Persons with disability	Persons without disability
Health-care facility too far away	20	2
Could not afford the cost of the visit	10	3
No transport available	12	3
Could not afford the cost of transport	8	0
Transport not accessible	4	0

Significantly more persons with disability endorse having faced these barriers, in comparison to persons without disability.

5.2.4. Rehabilitation

Table **11** reports the CBR Indicator for rehabilitation for adults.

The vast majority of persons without disability did not need rehabilitation services (93,8%). In the group of persons with disability, approximately 42% did not need services, 20,3% received services they needed and 37,6% needed services but were unable to get it.

More men than women with disability did not get needed services.

Table 11: CBR Indicators for rehabilitation for adults (N=287), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who was unable to get the needed rehabilitation service	50	37,6%	4	4,1%
% who got the needed rehabilitation service (have access)	27	20,3%	2	2,1%
% who did not need rehabilitation services	56	42,1%	91	93,8%

	Men		Women	
	with disability	without disability	with disability	without disability
% who was unable to get the needed rehabilitation service	44,3%	4,7%	30,2%	3,7%
% who got the needed rehabilitation service (have access)	14,3%	4,7%	27,0%	0,0%
% who did not need rehabilitation services	41,4%	90,7%	42,9%	96,3%

Table **12** shows the CBR Indicators for rehabilitation for children and a similar picture as observed for adults.

The vast majority of children without disability did not need services (95,1%). Among children with disability, almost the half (49,2%) did not need any services. From the ones who needed, approximately 33% could get the services and ca. 17% did not.

The percentages of boy with disability who did not get the needed treatment is higher than that of girls.

Table 12: CBR Indicators for rehabilitation for children (N=128), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Children with disability		Children without disability	
	Count	%	Count	%
% unable to get the needed rehabilitation service	11	17,5%	0	0,0%
% who got the needed rehabilitation service (have access)	21	33,3%	2	4,9%
% who did not need rehabilitation services	31	49,2%	39	95,1%

	Boys		Girls	
	with disability	without disability	with disability	without disability
% who was unable to get the needed rehabilitation service	25,9%	0,0%	11,1%	0,0%
% who got the needed rehabilitation service (have access)	29,6%	4,3%	36,1%	5,6%
% who did not need rehabilitation services	44,4%	95,7%	52,8%	94,4%

The main reasons (Table 13) why adults and children with disability have not received the rehabilitation services they needed are very similar to the reasons raised regarding medical care in general: distance to facility, cost of visit, and the availability and accessibility of transportation.

Table 13: Number of adults and children endorsing the main reasons why they have not received the care they needed.

	Persons with disability	Persons without disability
Health-care facility too far away	27	1
Could not afford the cost of the visit	8	0
No transport available	15	1
Transport not accessible	6	0
Could not afford the cost of transport	10	0

5.2.5. Assistive technologies

Indicators for assistive technologies are only presented for persons with disability. No sex break down is presented because of the small sample.

Table **14** reports the CBR Indicator for assistive technologies for adults with disability.

Although the sample included 150 adults with disability, due to technical issues with the mobile application responses for assistive technologies for vision (N=67) as well as for hearing and communication (N=73) are only available for approximately half of the sample.

Table **14** shows that:

- 40% of the respondents do not need a device for mobility and self-care; from those in need (60%), only 13,8% use a device that works well;
- 62,7% of the respondents do not need a device for vision; from those in need (37,3%), only 4,5% use a device that works well;
- 83,6% of the respondents do not need a device for hearing and communication; from those in need (16,4%), no one uses a device that works well, and 15% do not use but need a device.

Another indicator for assistive technologies is the percentage of persons who know how to maintain assistive devices. For adults with disability this percentage is 84,2% (no table shown).

Table 14: CBR Indicators for assistive technologies for adults with disability (N=150). Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Mobility and self-care (N=130)		Vision (N=67)		Hearing and communication (N=73)	
	Count	%	Count	%	Count	%
% who use and device works well	18	13,8%	3	4,5%	0	0,0%
% who use but device does not work well or is not appropriate	18	13,8%	3	4,5%	1	1,4%
% who do not use but need a device	35	26,9%	18	26,9%	11	15,1%
% who do not use because device is broken or not appropriate	7	5,4%	1	1,5%	0	0,0%
% who do not need an device	52	40,0%	42	62,7%	61	83,6%

Table **15** reports the CBR indicator for assistive technologies for children with disability. Although the sample included 71 children with disability, due to technical issues with the mobile application, responses for assistive technologies are only available for part of the sample: 59 children for mobility and self-care, 34 for vision, 41 for hearing and communication.

Table **15** shows that:

- 44% of the children do not need a device for mobility and self-care; from those in need (56%), only ca. 10% use a device that works well;
- 85,3% of the children do not need a device for vision; from those in need (24,7%), only 2,9% use a device that works well;
- 80,5% of the children do not need a device for hearing and communication; from those in need (19,5%), no one uses a device;

Another indicator for assistive technologies is the percentage of persons who know how to maintain assistive devices. For parents of children with disability this percentage is 60% (no table shown).

Table 15: CBR Indicators for assistive technologies for children with disability (N=71). Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Mobility and self-care (N=59)		**Vision (N=34)**		**Hearing and communication (N=41)**	
	Count	**%**	**Count**	**%**	**Count**	**%**
% who use and assistive device works well	6	10,2%	1	2,9%	0	0,0%
% who use but assistive device does not work well or is not appropriate	4	6,8%	0	0,0%	0	0,0%
% who do not use but need an assistive device	19	32,2%	4	11,8%	8	19,5%
% who do not use because assistive device is broken or not appropriate	4	6,8%	0	0,0%	0	0,0%
% who do not need an assistive device	26	44,1%	29	85,3%	33	80,5%

5.3. Education

5.3.1. Education in general

Table 16 presents results for adults (N=287).

In comparison to persons without disability, a higher proportion of persons with disability have no formal education and a lower proportion has completed secondary or higher education. Nevertheless, proportions of persons without any formal education are high in both groups.

The percentages of women, with and without disability, with no formal education are much higher than in men.

Table 16: CBR Indicators for education for adults (N=287), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% of adults without any formal education (No schooling or never completed any grade)	66	44,9%	51	36,4%
% of adults who have completed primary education (elementary)	62	42,2%	60	42,9%
% of adults who are attending or have completed secondary education	5	3,4%	14	10,0%
% of adults who are attending or have completed higher education	11	7,5%	15	10,7%

	Men		Women	
	with disability	without disability	with disability	without disability
% of adults without any formal education	38,7%	27,0%	51,4%	44,2%
% of adults who have completed primary education	46,7%	49,2%	37,5%	37,7%
% of adults who are attending or have completed secondary education	5,3%	7,9%	1,4%	11,7%
% of adults who are attending or have completed higher education	8,0%	15,9%	6,9%	6,5%

5.3.2. Early childhood education

No children **aged 36–59 months** in the sample are receiving early childhood education.

5.3.3. Primary education

Table **17** reports the CBR Indicator for primary education for the 43 children from 6 to 12 years old (N=43).

The between-group difference is very large: while approximately 90% of children without disability are attending or have completed primary education, the proportion for children with disability is 36,4%.

This difference is even larger for boys: while all boys without disability have completed or are attending primary education, only 20% of boys with disability are doing so. Double as many girls with disability (41,2%) are attending primary education, compared to approximately 86% of girls without disability.

Table 17: CBR Indicator for primary education for children from 6 to 12 years old (N=43), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Children with disability		Children without disability	
	Count	%	Count	%
% of children (6 - 12 years old) who have completed primary education	8	36,4%	19	90,5%

Boys		Girls	
with disability	without disability	with disability	without disability
20,0%	100,0%	41,2%	86,7%

5.3.4. Secondary education

Table **18** reports the CBR Indicators for secondary education for youth from 12 to 16 years old (N=33).

Although double as many children without disability are attending or have completed secondary education in comparison to children with disability, proportions for both groups are low: 18,2% and 9,1%, respectively. The table by sex shows that no girl is attending or has completed secondary education.

Table 18: CBR Indicator for secondary education for youth from 12 to 16 years old (N=33), in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Children with disability		Children without disability	
	Count	%	Count	%
% of youth (12 -16 years old) who are attending or have completed secondary education	2	9,1%	2	18,2%

Boys		Girls	
with disability	without disability	with disability	without disability
14,3%	28,6%	0,0%	0,0%

5.3.5. Non-formal education

Table 19 shows the proportions of adults and children who have acquired education in mainstream facilities.

While approximately 85% of adults without disability acquired education in mainstream facilities, the same proportion for persons with disability is ca. 74%. Figures for children are similar: 90% and 76,25, respectively. The percentages for women are lower than for men.

Table 19: CBR Indicator for non-formal education for adults and children, in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
% persons who acquired education in mainstream facilities	Count	%	Count	%
Adults	92	74,2%	103	85,1%
Children	32	76,2%	36	90,0%

Men		Women		Boys		Girls	
with disability	without disability	with disability	without disability	with disability	without disability	with disability	without disability
80,9%	93,1%	66,1%	77,8%	72,2%	88,9%	79,2%	95,2%

5.3.6. Life-long learning

Table 20 shows that approximately 28% of persons with disability participate in life-long learning opportunities to improve their skills, compared to approximately 39% for persons without disability.

More men with disability than women with disability participate in life-long learning.

Table 20: CBR Indicator for life-long learning for adults and children/youth, in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% adults participate in learning opportunities to improve skills	54	28,3%	68	39,1%

Men		Women	
with disability	without disability	with disability	without disability
38,7%	43,2%	18,4%	34,8%

5.4. Livelihood

5.4.1. Livelihood in general

Table **21** reports the CBR Indicator for livelihood in general: the proportion of persons endorsing having enough money for their needs is very low in both groups, but worse for persons with disability (3,6%) in comparison with persons without disability (7,8%).

When sex is taken into account, there is no difference between men with and without disability, but a large difference between women with and without disability: almost 10% of the women without disability have enough money, but only 1,5% of women with disability do.

Table 21: CBR Indicator for livelihood in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who have enough (mostly or completely) money for their needs	5	3,6%	10	7,8%

Men		Women	
with disability	without disability	with disability	without disability
5,5%	5,3%	1,5%	9,7%

5.4.2. Self-employment

Table **22** reports the CBR Indicator for self-employment: the rate of persons who are self-employed is higher in the group without disability (21,6%) than in the group with disability (15,5%).

While no sex-specific between-group differences are observed for women, the proportion of men with disability who are self-employed is half the corresponding proportion of men without disability.

Table 22: CBR Indicator for self-employment in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who are self-employed or own-account workers	22	15,5%	29	21,6%

Men		Women	
with disability	without disability	with disability	without disability
13,9%	26,7%	17,1%	17,6%

5.4.3. Wage employment

Table **23** reports the CBR Indicator for wage employment.

Results are similar to self-employment: the rate of persons who are working for wages or salary with an employer is higher in the group without disability (7,5%) than in the group with disability (3,5%). However, these proportions are very low in both groups.

Sex differences are observed: more men than women have wage employment, and both men and women with disability are at a disadvantage compared to persons without disability.

Table 23: CBR Indicator for wage employment in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who are working for wages or salary with an employer	5	3,5%	10	7,5%

Men		Women	
with disability	without disability	with disability	without disability
4,2%	11,7%	2,9%	4,1%

5.4.4. Financial services

Table **24** shows that while almost 50% of persons without disability know how to access financial services, this proportion in much lower (ca. 33%) in the group with disability. No large sex differences are observed.

Table 24: CBR Indicator for financial services in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who know how to access financial services	46	33,1%	63	48,5%

Men		Women	
with disability	without disability	with disability	without disability
36,1%	52,5%	29,9%	45,1%

5.4.5. Social protection

Table **25** reports the CBR Indicators for social protection. The percentage of persons who know how to access social protection services and who receive them is higher in the group of persons with disability. Nevertheless, only approximately one out of four persons with disability knows how to access services and only ca. 16% receive those services.

Table 25: CBR Indicators for financial services in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who know how to access social protection services	27	28,7%	16	21,9%
% who receive social protection services	22	16,7%	8	7,1%

	Men		Women	
	with disability	without disability	with disability	without disability
% who know how to access social protection services	31,3%	21,9%	26,1%	22,0%
% who receive social protection services	19,1%	8,0%	14,1%	6,5%

5.5. Social

5.5.1. Social in general

Table **26** shows a difference in to what extent persons feel valued as individuals by members of their community: while 71,6% of persons without disability feel mostly or completely respected, only approximately 50% of the persons with disability feel the same. This difference is larger for women.

Table 26: CBR Indicator for the social component in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% of persons who feel valued as individuals by members of their community (mostly or completely respected)	74	51,4%	96	71,6%

Men		Women	
with disability	without disability	with disability	without disability
57,3%	68,9%	44,9%	74,0%

5.5.2. Personal assistance

Table **27** reports the CBR Indicator for personal assistance. Approximately 34% and 28% of persons without and with disability, respectively, can make their own decisions about the personal assistance that they need. Figures are similar for men and women.

Table 27: CBR Indicator for personal assistance in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who make own decisions about the personal assistance needed	38	28,1%	40	33,9%

Men		Women	
with disability	without disability	with disability	without disability
29,0%	30,0%	27,3%	36,8%

5.5.3. Relationship, marriage and family

Table **28** reports the CBR Indicator for relationships: while 65,4% of persons without disability make their own decisions about personal relationships, approximately 44% of persons with disability can make own decisions. Proportions are higher for men.

Table 28: CBR Indicator for relationships, marriage and family in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who make own decisions about personal relationships	62	44,3%	85	65,4%

Men		Women	
with disability	without disability	with disability	without disability
47,9%	72,9%	40,3%	59,2%

5.5.4. Culture and arts

Table **29** reports the CBR Indicator for participation in cultural activities. 70% and 50% of persons without and with disability, respectively, could participate in artistic, cultural or religious activities, if wished. No sex differences are observed.

Table 29: CBR Indicator for participation in cultural activities in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who could participate in artistic, cultural or religious activities	70	50,7%	91	70,0%

Men		Women	
with disability	without disability	with disability	without disability
52,1%	71,2%	49,2%	69,0%

5.5.5. Recreation, leisure and sports

Table **30** reports the CBR Indicator for recreation, leisure and sport activities, and shows a large gap between the groups: while approximately 53% of persons without disability could participate in such activities, the proportion for persons with disability is 18,7%. The gap remains large for both men and women. More men, with and without disability, can participate in recreation, leisure and sport activities.

Table 30: CBR Indicator for participation in recreation, leisure and sport activities in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who could participate in mainstream recreational activities	26	18,7%	69	53,1%

Men		Women	
with disability	without disability	with disability	without disability
23,6%	66,1%	13,4%	42,3%

5.5.6. Justice

Table **31** reports the CBR Indicators for justice. Approximately two thirds of persons with and without disability know how to access the justice system. These close estimates contrast with a difference in legal rights: approximately 39% of persons without disability and 23% of persons with disability know their legal rights.

Table 31: CBR Indicators for justice in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who know their legal rights	33	23,7%	50	39,1%
% who know how to access the justice system	84	60,9%	83	64,3%

	Men		Women	
	with disability	without disability	with disability	without disability
% who know their legal rights	20,8%	46,6%	26,9%	32,9%
% who know how to access the justice system	60,6%	72,9%	61,2%	57,1%

5.6. Empowerment

5.6.1. Empowerment in general

Table **32** reports the CBR Indicators for empowerment.

While 45,6% of persons without disability endorse making the big decisions in life, only approximately 24% of persons with disability do.

The proportions of persons that consider that people with disabilities have equal rights as others in Mozambique differ but are generally low: 18,7% of persons without and approximately 12% of persons with disability consider that policies in Mozambique provide people with disabilities with equal rights as others.

Table 32: CBR Indicators for empowerment in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who make big decisions, such as deciding who to live with, where to live, or how to spend money	34	24,1%	62	45,6%
% who think that policies in the country provide people with disabilities equal rights as others have	16	11,9%	23	18,7%

	Men		Women	
	with disability	without disability	with disability	without disability
% who make big decisions, such as deciding who to live with, where to live, or how to spend money	31,1%	49,2%	16,4%	42,7%
% who think that policies in the country provide people with disabilities equal rights as others have	10,0%	22,8%	14,1%	15,2%

5.6.2. Community mobilization

Table **33** shows that while approximately 56% of persons without disability believe that they can influence how the community is run, only 36% of persons with disability do. The difference remains for both men and women, but more men than women believe they can influence their communities.

Table 33: CBR Indicator for community mobilization in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who believe they can influence how the community is run	50	36,0%	71	55,9%

Men		Women	
with disability	without disability	with disability	without disability
41,7%	62,7%	29,9%	50,0%

5.6.3. Political participation

Table **34** reports that more persons without disability voted in the last elections, in comparison to persons with disability: approximately 76% and 65%, respectively. These proportions are similar for both genders.

Table 34: CBR Indicator for political participation in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who voted in the last elections	91	65,0%	99	76,2%

Men		Women	
with disability	without disability	with disability	without disability
67,1%	78,0%	62,7%	74,6%

5.6.4. Self-help groups

Table **35** shows that on average approximately 17% of the persons with and without disability are members of self-help groups. The proportion of persons who are not members but would like to be is higher for persons with disability: approximately 72% compared to 67,4% of persons without disability.

Table 35: CBR Indicators for self-help groups in general and by sex. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who are a member of a self-help group	23	16,4%	24	18,6%
% who are NOT a member of a self-help group but would like to be	101	72,1%	87	67,4%

	Men		Women	
	with disability	without disability	with disability	without disability
% who are a member of a self-help group	15,1%	11,9%	17,9%	24,3%
% who are NOT a member of a self-help group but would like to be	78,1%	72,9%	65,7%	62,9%

5.6.5. Disabled People's Organizations

The CBR Indicator for DPO's is the percentage of persons with disability who feel that they are adequately represented by DPOs. In this sample, the percentage is very low: 12,1%.

This proportion is different for sex: while 15,1% of men with disability feel that they are adequately represented, only 9,3% of women with disability do.

5.7. Quality of life

Eight aspects of Quality of Life (QoL) were measured and are displayed in Table 36.

Generally, persons without disability rate their QoL considerably better than persons with disability:

- Every second person without disability considers his or her QoL as good or very good, compared to one out of four persons with disability. No sex differences are observed.
- Approximately 73% of persons without disability are satisfied with their health, compared to approximately 36% of persons with disability. No sex differences are observed.
- Approximately 70% of the persons without disability are satisfied with their ability to perform daily life activities, compared to approximately 37% of persons with disability. No sex differences are observed.
- Over 80% of the persons without disability are satisfied with themselves and with personal relationships, compared to approximately 50% of persons with disability. Women with disability are less satisfied with relationships than men with disability.
- Approximately 73% of the persons without disability are satisfied with the conditions of their living place, compared to approximately 56% of persons with disability. An even larger difference is observed between women with and without disability, while the proportion between men with and without disability is similar.
- Approximately 65% of the persons without disability have energy for everyday life, compared to approximately 30% of persons with disability. No sex differences are observed.
- Very low proportions in both groups have money to meet their needs: approximately 8% of the persons without disability and 3,6% of persons with disability. While no differences between men with and without disability are observed, the difference for women is large and only 1,5% of women with disability have enough money to meet their needs.

Table 36: Quality of life aspects measured with eight questions of the WHO Quality of Life Instrument in general and by sex. A person was considered "satisfied" when he or she endorsed mostly or completely from the response options. Count means the number of persons, % is the percentage in a certain category. Only valid cases considered.

	Persons with disability		Persons without disability	
	Count	%	Count	%
% who rate their quality of life as good or very good	36	25,7%	67	51,1%
% who are satisfied with their health	51	36,2%	96	73,3%
% who are satisfied with the ability to perform daily life activities	53	37,6%	90	69,2%
% who are satisfied with oneself	70	49,6%	107	81,7%
% who are satisfied with personal relationships	67	48,2%	103	79,2%
% who are satisfied with the conditions of the living place	80	56,7%	96	73,3%
% who have energy for everyday life	41	29,3%	86	66,2%
% who have enough money to meet needs	5	3,6%	10	7,8%

	Men		Women	
	with disability	without disability	with disability	without disability
% who rate their quality of life as good or very good	25,0%	53,3%	26,5%	49,3%
% who are satisfied with their health	35,6%	73,3%	36,8%	73,2%
% who are satisfied with the ability to perform daily life activities	39,7%	64,4%	35,3%	73,2%
% who are satisfied with oneself	54,8%	76,7%	44,1%	85,9%
% who are satisfied with personal relationships	56,9%	74,6%	38,8%	83,1%
% who are satisfied with the conditions of the living place	61,6%	65,0%	51,5%	80,3%
% who have energy for everyday life	31,5%	66,7%	26,9%	65,7%
% who have enough money to meet needs	5,5%	5,3%	1,5%	9,7%

6. Implications for priority setting

There is plenty of evidence – for instance in the World Report on Disability – that persons with disability face inequalities in several areas of life. This expected pattern of inequalities is consistently shown in the present report. The core importance of the CBR Indicators is, however, to shed light on the **size** of the inequalities and to unveil sex differences. This is possible due to the inclusion of a comparison group (control group) of persons without disability, which serves as an indicator of the usual situation of persons without disability living in the same neighborhood.

In the present report, the size of the observed inequalities and potential sex differences have been summarized for each indicator. This data is suitable to support evidence-informed priority setting and should be analyzed carefully, always taking into account the context of Mozambique and the focus of work of CBR partners in the region. In general terms, following issues arising from the data are relevant for the process of defining priorities.

Health

A large gap in health status (% persons rating health as good or very good) is observed between adults with and without disability, with no sex differences. The gap is much larger for children: almost all children with no disability have a good or very good health, and sex differences are observed with girls with disability being worse off. The further health indicators provide hints to what might be leading to the large gaps in health status. Approximately 30% of adults and children with disability do not get the medical care they need. While no sex differences are observed for adults, a higher proportion of boys with disability, in comparison with girls with disability, do not get the needed care. Main reasons are that health care facilities are too far away, that the cost of medicals visits and transportation cannot be afforded, and that transportation is either not accessible or not available. The situation regarding rehabilitation is similar but higher proportions of persons with disability, approximately 40%, do not get the services needed, with men having a worse situation than women. The situation of children is better, and less children with disability do not receive rehabilitation services needed, with a large sex difference and a higher proportion of boys lacking needed care. Reasons for not receiving care are the same as for medical care. Large proportions of persons with disability need assistive devices but only small fractions use devices that work well.

The data highlights the need to facilitate access to health services, including medical care and rehabilitation, and to assistive devices, and that special attention should be paid to the situation of men and boys in these areas.

Education

Altogether, approximately 87% of adults with disability have either no or only primary education, compared to approximately 79% of persons without disability, with women having worse outcomes. Although persons with disability, especially women, have a worse situation, the data shows that receiving proper education is a problem for all citizens.

Very large gaps between children aged 6 to 12 years old with and without disability are observed for primary education, with boys having worse outcomes. The proportion

of children aged 12 to 16 years old who are receiving or completed secondary education is very low for children without disability, approximately 1 in 5 children. The proportion for children with disability is even lower, 1 of 10 children. Large sex differences are observed: no girl in the complete sample has completed or is receiving secondary education. Proportions of persons with disability receiving education in mainstream facilities are lower than proportions of persons without disability, but gaps are not large. Fewer persons with disability, especially fewer women, participate in life-long learning opportunities.

The data highlights a structural problem with access to education that affects the complete population but is even worse for persons with disability and for girls. Facilitating the access to at least primary education, especially for girls with disability, could be set as a priority.

Livelihood

The indicator "having enough money for needs" unveils a structural problem that affects almost every person in the sample, independently of disability status: approximately 8% and 3,5% of persons with and without disability, respectively, do not have enough money for meeting needs. Sex differences show that men with disability have a "better" situation than women with disability: 5,5% of men but 1,5% of women with disability have enough money to meet their needs. Proportions of persons who are self-employed are generally low, around 20% for persons with no disability, with no gap between women with and without disability but a relatively large gap (ca. 10%) for men. Wage employement is generally rare in the region with 7,5% of persons without disability being employed. The proportion is lower for persons with disability, especially for women. Only 1 out of 3 persons with disability know how to access financial services, compared to approximately half of the persons without disability, and women have worse outcomes. Although approximately 28% of persons with disability know how to access social protection services, only ca. 16% (more men than women) receive such services.

The data shows an important structural problem regarding employment and lack of financial ressources. Persons with disability have a worse situation, especially women, and few persons with disability receive social protection services. Facilitating the access to work opportunities and improving access to social protection, especially for women, could be set as priorities.

Social

Approximately 70% of persons without disability feel valued as members of the community. The proportion for persons with disability is lower and unveils sex differences: approximately 57% of men but 45% of women feel valued as members of the community. Approximately 28% of persons with disability can decide about the personal assistance they need, with no sex differences. Some sex differences regarding making decisions about personal relationships are observed for persons without disability: approximately 70% and 60% of men and women, respectively, can decide about personal relationships. These proportions are meaningfully lower for persons with disability: approximately 48% and 40% of men and women, respectively, can decide about personal relationships.

No sex differences are observed regarding participation in culture and arts, but such opportunities are less available to persons with disability (50,7%) than to persons without disability (70%). The gap between persons with and without disability is larger for participation in recreation and leisure, especially for women: approximately 66% and 42% of men and women without disability can participate in recreational activities, compared to approximately 23% and 13% of men and women with disability, respectively.

Only 1 out of 5 persons with disability (ca. 20%) know their rights, compared to 40% of the persons without disability. No large sex differences are observed for persons with disability. Approximately 60% of the whole sample knows how to access justice, independently of disability status, with no sex differences regarding men and women with disability.

The data, especially data regarding feeling valued and deciding about personal relationships, highlight potential stigma towards persons with disability. Reasons could be further explored in qualitative work, and awareness interventions could be implemented. Participation of persons with disability in recreational activities is notably low for men and women with disability and could be fostered. Special attention to interventions targeting the improvement of knowledge of rights could be pursued.

Empowerment

The proportion of persons making important decisions in life is already relatively low in the sample without disability (50%) and even lower for persons with disability (approximately 24%), especially for women (approximately 16%). Generally, less than 1 in 5 citizens, 10% of men and approximately 15% of women with disability, think that the country provides persons with disability with the same rights as others. More men, with and without disability, than women believe that they can influence the community, but the gap between persons with and without disability is large with persons with disability feeling less empowered. Approximately 75% and 65% of persons without and with disability, respectively, voted in the past elections. While only 16,5% of the persons with disability, with no sex differences, are members of self-help groups, large proportions of men (ca. 78%) and women (ca. 65%) would like to participate in self-help groups. Approximately 15% of men and 9% of women with disability feel that they are adequately represented by DPOs.

The data stresses the need of strategies to empower persons with disabilities, especially regarding possibilities of influencing the community. Facilitating participation in self-help groups and fostering the contact with DPOs seem especially relevant, for men and women.

Quality of life

Quality of life is considerably lower for persons with disability in all aspects measured. This finding is consistent with all the inequalities unveiled by the CBR Indicators and might show the impact of inequalities on the lives of persons with disability. Measures taken to lower inequalities should impact quality of life and if the CBR program is successful, improvements are expected in five years.

7. Conclusions

As expected, persons with disability experience worse outcomes in nearly all components and elements of the CBR matrix, which is reflected in large differences in the quality of life between persons with and without disability. Importantly, the data unveils structural problems that affect all citizens, with and without disability, such as in education and livelihood.

The data highlights the need of facilitating access to health services, including medical care and rehabilitation, and to assistive devices, and that special attention should be paid to the health situation of men and boys in these areas. Structural problems regarding access to education affect the complete population but even more so persons with disability, especially girls. Facilitating the access to at least primary education, especially for girls with disability, could be set as a priority.

An important structural problem regarding employment is unveiled as well, and persons with disability, especially women, have worse outcomes. Facilitating access to work opportunities and improving access to social protection, especially for women, would be highly relevant. Potential stigma towards persons with disability is revealed by the social indicators and should be further clarified in qualitative work. The data also stresses the need of strategies to empower persons with disabilities, especially regarding possibilities of influencing the community, participation in self-help groups and in DPOs.

8. Limitations of the data collection

Data should be understood in the light of its limitations.

Data collection was pursued through a survey, and although associations of outcomes with disability and sex are highlighted, the data does not allow for inferences about causality. Furthermore, indicators provide a picture of the current situation but no explanations of why the situation is like it is. The data raises the issue of stigma, for instance, but this assumption can only be confirmed with further investigative work. Qualitative work is recommended for answering questions left open by the indicators.

Due to technical problems with the mobile application, data about assistive devices is only available for part of the population. Data may be therefore not reliable for the whole sample, although systematic differences are not observed.

9. Annex 1

HEALTH COMPONENT

This component includes general questions as well as questions tackling elements of health promotion, prevention, medical care, rehabilitation, and assistive devices. Some of the questions are derived from the *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/) and from the GALLUP Annual Consumption Habits Poll (http://www.gallup.com/poll/163772/americans-say-doctors-advise-health-habits.aspx).

Response options in blue must not be read aloud by the interviewer

Item	Question and response options	Explanations
H01	**In general, how would you rate your health today?** 1=Very good; 2=Good; 3=Neither poor nor good; 4=Poor; 5=Very poor	Respondents should evaluate their general health including physical and mental health.
H02	**On your last visit to a health-care provider, to what extent were you satisfied with the level of respect you were treated with?** 1 (Not at all); 2; 3; 4; 5 (Completely)	Respondent should rate how respectfully they were treated on their last visit to a health-care provider on a scale of 1 to 5, where 1 means not at all and 5 completely.
H03	**Has your (doctor, CBR worker, or any other health professional) ever discussed with you the benefits of eating a healthy diet, engaging in regular physical exercise, or not smoking?** 1=Yes; 2=No	Respondent should reflect on whether any health professional has ever discussed any actions that prevent illness. This includes eating a healthy diet including fruits and vegetables, regular hand washing, exercising regularly, not smoking, among others.
H05	**In the last 12 months, has there been a time when you needed health care but did not get that care?** 1=Yes; 2=No; 3=No need for health care in the past 12 months	Respondents should answer yes if they needed health care, but did not get it. They should answer no if they needed health care, but had no problems getting it. If the respondent did not need health care in the last 12 months then select the "No need for health care" option.
H06	**Which reason(s) explain(s) why you did not get health care?*** 1=Health-care facility too far away; 2=Could not afford the cost of the visit; 3=No transport available / accessible; 4=Transport not accessible; 5=Could not afford the cost of transport; 6=Were previously badly treated; 7=Could not take time off work or had other commitments; 8=Health-care provider's drugs or equipment were inadequate; 9=Health-care provider's skills were inadequate; 10=Did not know where to go; 11=Tried but were denied health care; 12=Thought you were not sick enough; 13=Other	If the respondent's answer is not listed in the response options, select "Other". **Record <u>all reasons</u> that the respondent indicates.** The cost of visit (response option 2) can refer to the medical fees, transit costs or any others costs associated to the visit.
H08	**In the last 12 months, has there been a time when you needed rehabilitation services, such as physical, occupational, or speech therapy, but did not get those services?** 1=Yes; 2=No; 3=No need for rehabilitation services in the past 12 months	Respondents should answer "yes" if they needed rehabilitation services, but did not get them. They should answer "no" if they needed rehabilitation services, but had no problems getting them. If the respondent did not need rehabilitation services in the last 12 months then select the "No need for rehabilitation services" option.

H09	**Which reason(s) explain(s) why you did not get that rehabilitation service?*** 1=Rehabilitation facility too far away; 2=Could not afford the cost of the visit; 3=No transport available; 4=Transport not accessible; 5=Could not afford the cost of transport; 6=Were previously badly treated; 7=Could not take time off work or had other commitments; 8=The rehabilitation service provider's drugs or equipment were inadequate; 9=The rehabilitation service provider's skills were inadequate; 10=Did not know where to go; 11=Tried but were denied health care; 12=Thought you were not sick enough; 13=Other	The cost of visit (response option 2) can refer to medical fees, transit costs or any others costs associated with the visit. If the respondent's answer is not listed in the response options, select "Other". **Record <u>all reasons</u> that the respondent indicates.**
H10	**Do you use any aids to help you get around such as a cane, crutch, or wheelchair; or to help you with self-care such as grasping bars, hand, or arm brace?** 1=Yes, and it works well; 2=Yes, but it doesn't work or isn't appropriate; 3=No, but I need it; 4=No, because it's broken or not appropriate; 5=No, I don't need it	Mobility aids are, for instance, a cane, crutch, wheelchair, walking frame, prosthesis or orthopedic device, among others. Aids for self-care are, for instance, hand braces, arm braces or grasping tools, among others.
H11	**Do you use any visual aids, such as glasses or a white cane?** 1=Yes, and it works well; 2=Yes, but it doesn't work or isn't appropriate; 3=No, but I need it; 4=No, because it's broken or not appropriate; 5=No, I don't need it	Visual aids are, for instance, glasses or books with large print, a white cane or guide dogs, among others.
H12	**Do you use anything to help you hear or communicate better?** 1=Yes, and it works well; 2=Yes, but it doesn't work or isn't appropriate; 3=No, but I need it; 4=No, because it's broken or not appropriate; 5=No, I don't need it	Hearing or communication aids are, for instance, usual hearing devices, a visual or vibrating alarm, a cochlear implant or a voice amplifier, among others.
H13	**Do you know how to keep your *assistive device* in good working condition?** 1=Yes; 2=No; 3=Not applicable	This refers to the respondent either being able to repair or maintain the assistive device themselves so it works as it should, or knowing someone who can repair or maintain it for them.

EDUCATION COMPONENT

The component includes general questions as well as questions tackling the elements of early childhood, primary, secondary and higher education, non-formal education and lifelong learning. One question in this section was taken from the *UNICEF MICS3 Questionnaire for Children Under Five* (http://mics.unicef.org/tools?round=mics3) and one from the *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/). **Response options in blue must not be read by the interviewer aloud.**

Item	Question and response options	Explanations
E01	**What is the highest level of education you have achieved, or are working to achieve?** 1=No schooling or never completed any grade; 2=Elementary education; 3=Vocational education; 4=Professional training; 5=Secondary school; 6=College; 7=University; 8=Post-graduate studies; 9=Other	Targets highest level of education completed (either at a formal school or at home). For example, if the respondent attended 3 months of the first year of elementary school but did not complete the year, record "No schooling or never completed any grade". The categories of educational levels vary across countries and country-specific guidance for how to complete this question is needed.

E02	**Where did/do you receive your education?** 1=Regular institutions; 2=Specialized institutions; 3=Home-schooling; 4=Other forms of education	A "regular institution" refers to mainstream schools, while "specialized institutions" refer to schools or facilities organized specifically for students with disabilities or special needs. **If the respondent attended more than one type of instruction, select all that apply.**
E03	**Does *[NAME]* attend any organized learning or early childhood education programme, whether offered by a private or government facility, including kindergarten or community child care?** 1=Yes; 2=No	This can be a formal programme such as a government, school or office-run kindergarten or day programme, or an informal programme such as a day-care programme run by a community member.
E04	**Do you participate in learning opportunities to improve your skills for everyday life or work?** 1=Yes; 2=No	This can be formal or informal education or training programmes. For example secondary school or university, trade school, learning through an apprenticeship programme, distance or online learning programmes, among others.

LIVELIHOOD COMPONENT

The component includes general questions as well as questions tackling financial services, employment, and social security benefits. Some of the used questions are derived from the Alpha-Version of the WHO Web Based *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/). **Response options in blue must not be read aloud by the interviewer.**

Item	Question and response options	Explanations
L01	**What is your current working situation?** 1=Not working and looking for work; 2=Not working for wages and not looking for paid work; 3=Working for wages or salary with an employer (full- or part-time); 4=Working for wages, but currently on sick leave for more than 3 months; 5=Self-employed or own-account worker; 6=Working as unpaid family member (e.g. working in family business); 7=Retired because of the health condition; 8=Retired because of age; 9=Early retirement; 10=Other	Respondents should think of their current working situation. If their response does not match an option, select "Other".
L02	**Do you have enough money to meet your needs?** 1=Not at all; 2; 3; 4; 5=Completely	Ask this question regardless of the respondent's state of health or whether the person is employed or not. Determine the respondent's view of how his or her financial resources (and other exchangeable resources) and the extent to which these resources meet the needs for a healthy and comfortable life style. Focus on what the respondent can afford or cannot afford which might affect quality of life. Individual interpretation of "enough" and "meeting my needs" may vary greatly. Ensure that questions are framed to allow this variation to be accommodated. Answer should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.
L04	**Do you know how to get *financial services* such as credit, insurance, grants, savings programs?** 1=Yes; 2=No	These can be any financial services from a bank, community microfinance provider or other provider of funds. The financial services should be related to the respondent's work.

LIVELIHOOD COMPONENT

The component includes general questions as well as questions tackling financial services, employment, and social security benefits. Some of the used questions are derived from the Alpha-Version of the WHO Web Based *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/). **Response options in blue must not be read aloud by the interviewer.**

Item	Question and response options	Explanations
L05	**Do you currently benefit from any social protection programme, such as loss of income through old age, sickness or disability??** 1=Yes; 2=No	Social protection programmes refer to public assistance that is funded either by general tax revenues or contributory schemes including welfare, poverty or needs-based compensation, accident or unemployment insurance, pension schemes.
L06	**Do you know how to get social protection against loss of income resulting from old age, sickness or disability?** 1=Yes; 2=No	Social protection programmes refer to public assistance that is funded either by general tax revenues or contributory schemes including welfare, poverty or needs-based compensation, accident or unemployment insurance, pension schemes.

SOCIAL COMPONENT

The component includes general questions as well as questions tackling the specific elements. Some of the used questions are derived from the Alpha-Version of the WHO Web Based *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/) and from the WHO Quality of Life-BREF (http://www.who.int/substance_abuse/research_tools/whoqolbref/en/).

Response options in blue must not be read aloud by the interviewer.

For all questions of this section, answers should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.

Item	Question and response options	Explanations
S01	**Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say?** 1=Not at all; 2; 3; 4; 5=Completely	This includes the respondent's opinion on people showing them consideration and treating them with respect.
S02	**Do you get to make decisions about the personal assistance that you need (who assists you, what type of assistance, when to get assistance)?** 1=Not at all; 2; 3; 4; 5=Completely	Personal assistance can be anything that supports the respondent in their daily activities, such as support for self-care, mobility, maintenance of performance at school or work, home-making or home-maintenance, or child care.
S03	**Do you get to make your own decisions about your personal relationships, such as friends and family?** 1=Not at all; 2; 3; 4; 5=Completely	Respondents should think about the attitudes of family, friends and community members, and the amount of freedom they have when initiating, maintaining or terminating personal relationships. Personal relationships include informal social relationships (friends, neighbors, peers, acquaintances), and family relationships.
S04	**Do you get to participate in artistic, cultural or religious activities?** 1=Not at all; 2; 3; 4; 5=Completely	This includes going to art galleries, cinemas or theatres, engaging in crafts or hobbies, playing musical instruments, attending church, temple, mosque or synagogue, traditional rituals and practices, among others. The point can be made that this does not just refer to whether or not they participate, as they may not be something they wish to do. However, the respondent should reflect on whether it would be possible to participate if it is something she or he wanted.

SOCIAL COMPONENT

The component includes general questions as well as questions tackling the specific elements. Some of the used questions are derived from the Alpha-Version of the WHO Web Based *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/) and from the WHO Quality of Life-BREF (http://www.who.int/substance_abuse/research_tools/whoqolbref/en/).

Response options in blue must not be read aloud by the interviewer.

For all questions of this section, answers should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.

Item	Question and response options	Explanations
S05	**Do you get to participate in community recreational, leisure and sports activities?** 1=Not at all; 2; 3; 4; 5=Completely	This includes any form of informal or organized play and sports, physical fitness programmes, relaxation, amusement or diversion, engaging in games with rules or unstructured games such as playing chess or cards or children's play. The point can also be made that it does not just refer to whether or not they participate, as they may not wish to participate. However, the respondent should reflect on whether it would be possible to participate if it is something she or he wanted.
S06	**To what extent do you know your legal rights?** 1=Not at all; 2; 3; 4; 5=Completely	This means legislation, regulations and standards including laws, customary law, religious law, international laws and conventions that govern the administration of justice.
S07	**Do you know how to access the justice system?** 1=Yes; 2=No	Justice system refers to both formal and informal systems, courts, tribunals and other agencies for hearing and setting legal and criminal disputes, attorney representation, services of notaries, mediation, arbitration, and correctional and penal facilities, or community networks (see Glossary of Terms).

EMPOWERMENT COMPONENT

The component includes general questions as well as questions tackling the specific elements. Some of the used questions are derived from the Alpha-Version of the WHO Web Based *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/) and from the WHO Quality of Life-BREF (http://www.who.int/substance_abuse/research_tools/whoqolbref/en/).

Item	Question and response options	Explanations
M01	**Do you get to make the big decisions in your life? For example, deciding who to live with, where to live, or how to spend your money?** 1=Not at all; 2; 3; 4; 5=Completely	Respondents should evaluate to what extent they can make their own choices about big decisions such as deciding where to live, or who to live with, how to spend the own money. Answers should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.
M02	**Do you think that the policies in your country provide people with disabilities equal rights as other people?** 1=Not at all; 2; 3; 4; 5=Completely	Rights include freedom of speech, association, religion, protection against unreasonable search and seizure, the right to legal counsel such as a lawyer, the right to a trial, protection against discrimination. Answers should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.
M04	**Do you get to influence the way your community is run?** 1=Not at all; 2; 3; 4; 5=Completely	This refers to developing the community environment for greater accessibility and safety, or adaptation of policies and practices as needed, among others. Answers should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.
M05	**Did you vote in the last election?** 1=Yes; 2=No	This question targets whether the respondent has voted or not in the last election; no further information should be requested.

EMPOWERMENT COMPONENT

The component includes general questions as well as questions tackling the specific elements. Some of the used questions are derived from the Alpha-Version of the WHO Web Based *Model Disability Survey* (http://www.who.int/disabilities/data/mds/en/) and from the WHO Quality of Life-BREF (http://www.who.int/substance_abuse/research_tools/whoqolbref/en/).

Item	Question and response options	Explanations
M06	**Are you a member of a *self-help group*?** 1=Yes; 2=No, but I would like to; 3=No, I don't want to	A self-help group can be any informal, voluntary group of people who come together to address their common problems, or interests. For example: mothers' group, diabetes group, among others.
M07	**To what extent do you feel Disabled People's Organizations adequately represent your concerns and priorities?** 1=Not at all; 2; 3; 4; 5=Completely	A Disabled People's Organization, or DPO, is a united group that advocates for the rights of people with disability in order to influence decision makers in governments and all sectors of society. DPOs usually exist at the regional or national levels. Answers should be given using a scale of 1 to 5, where 1 means not at all and 5 completely.

QUALITY OF LIFE

This section covers respondents' opinions about their quality of life. WHO defines Quality of Life (QoL) as an individual's perception of their position in the cultural context and value systems in which they live and in relation to their goals, expectations, norms and concepts. It is a broad concept affected in a complex way by the physical health, psychological state, personal beliefs, social relations of a person and their relationship in order to emphasize characteristics of their environment. The WHO Quality of Life Instrument (WHOQOL) is used to measure Quality of Life. The WHOQOL has been developed for multiple cultural scenarios, allowing the results of different populations and countries to be compared. The questions have many uses, including their use in medical practice, research, auditing, and policy-making. The eight questions included are adequate for calculating a quality of life score.
Blue response options should not be read aloud by the interviewer.
For all the questions in this section, answers should be given using a scale of 1 to 5, where 1 means no little and 5 completely.

Item	Question and response options	Explanations
Q01	**In the last 30 days, how would you rate your quality of life?** 1= Very good; 2; 3; 4; 5=Very poor	Examine how respondents assess their overall quality of life.
Q02	**Are you satisfied with your health?** 1= Not at all ; 2; 3; 4; 5=Completely	Examine how the respondent assesses your overall health.
Q03	**Are you satisfied with your ability to carry out your daily life activities?** 1= Not at all ; 2; 3; 4; 5=Completely	Explore the respondent's ability to accomplish the activities of everyday life. Activities of daily living include: personal care and proper care with the property. Focus on the respondent's ability to conduct activities that he or she is likely to need to do on a daily basis. The degree to which people depend on others to help them with their daily activities is likely to affect their quality of life as well.
Q04	**Are you satisfied with yourself?** 1= Not at all ; 2; 3; 4; 5=Completely	Determine how the respondent feels about himself. The answers can range from feeling very satisfied (completely) to feeling extremely unsatisfied (not at all) about yourself. Respondents can interpret this question significantly and relevantly to their position in life. For example, self-esteem depends on how the respondent performs the activities at work; at home or as he or she is seen and treated by others.

		In some cultures, self-esteem is the esteem felt in the family, rather than individual self-esteem.
Q05	**Are you satisfied with your personal relationships?** 1= Not at all ; 2; 3; 4; 5=Completely	Determine how the respondent feel about the companionship, love, and support he desires for the intimate relationship(s) in his or her life. Include all kinds of affectionate relationships, such as friendships, marriages, and heterosexual and homosexual relationships. Determine the respondent's ability and opportunity to love and be loved, as well as to relate intimately to others, both emotionally and physically. That includes: • The way the respondent feels he can share moments of joy and suffering with the people he loves, as well as the feeling of loving and being loved, • Physical aspects of intimacy, such as embrace and touch.
Q06	**Are you satisfied with the conditions of the place where you live?** 1= Not at all ; 2; 3; 4; 5=Completely	Examine the principal place where the respondent lives (and, at the very least, sleeps and maintains most of his or her personal items) and the impact it has on the person's life. Evaluate the quality of the residence in relation to comfort and to be a comfortable place for the person to live. Factors to consider: • Crowding; available space; cleaning; privacy opportunities; available facilities (such as electricity, bathroom, drinking water); and the quality of site construction (such as leakage and moisture). • Immediate neighbourhood quality around the house. Ask questions that include the common word for 'home', where the person usually lives with his or her family. However, the questions are asked to include people who do not live in a place with their family, such as refugees or people living in institutions. Generally, it would not be possible to ask questions to allow the homeless to respond meaningfully.
Q07	**Do you have enough energy for your daily life?** 1= Not at all ; 2; 3; 4; 5=Completely	Determine the energy, enthusiasm and perseverance that the respondent possesses to carry out daily activities and other activities, such as recreation. The reports can range from demotivating fatigue to adequate levels of energy, and to feeling really alive. Tiredness can result from a number of causes, for example, illness, nervous problems, depression, or over exertion.