BACKGROUND

It has been recognized by global leaders that children with disabilities are disproportionately impacted by COVID-19. However, it is not yet known how exactly and to what extent. As governments and civil societies adapt their policies and programs in response to the pandemic, inequities and a lag in progress for children with disabilities persist. This assessment describes the perceived impacts of COVID-19 on children with disabilities and their families in Lusaka, Zambia.

METHODOLOGY

In October and November 2020, the Catholic Medical Mission Board (CMMB) Zambia, in collaboration with St. Catherine’s University (Saint Paul, MN, USA) and SPOON (Portland, OR, USA), conducted semi-structured interviews at the family, community, health facility, and government levels in three low-income communities in Lusaka (Misisi, Kanyama, and Chawama). Thirty-nine families with children disabilities, six community leaders, seven health facility staff, and two government officials were interviewed.

RESULTS

No family interviewed reported a confirmed COVID-19 illness in their household. However, 31% of respondents reported having a family member with symptoms. Figure 1 presents the perceived negative impacts that COVID-19 and related containment measures had on children with disabilities.

“**I am not able to fully take care my child because I have to look for money so I leave him home.**” Female, 60+ years, Kanyama

**KEY TAKEAWAYS**

- Most families reported a major loss of income resulting in food insecurity (79%), housing instability (67%), stress (36%), and increased risk of child separation and neglect (18%).
- Many families reported loss of access to health services for their child such as physiotherapy (33%). Most children did not attend school prior to the pandemic.
- Most families reported receiving little to no financial assistance.
- COVID-19 and related containment measures have impacted the lives of children with disabilities and their families to a great extent. There is an urgent need for disability-inclusive responses that deliberately address the needs of children with disabilities and their families, notably uninterrupted access to adequate food, inclusive education, rehabilitation therapy, and income-generating activities.

**I am not able to fully take care my child because I have to look for money so I leave him home.**” Female, 60+ years, Kanyama
Families reported that the pandemic greatly impacted their food consumption (79%) and housing and livelihood (67%). This, in turn, impacted their stress levels and caregiving practices. Key health services like physiotherapy were no longer available. Of the few children who attend school (28%), most report schools have closed or reduced hours. 79% reported eating less or consuming food with lower nutritional value due to COVID-19.

Major themes reported by families and corroborated by community leaders, health facility staff, and government representatives are summarized in Table 1. Key stakeholders interviewed reported the need for interventions, such as consistent and adequate food support and cash transfers, for households with children with disabilities.

NEXT STEPS
These findings will inform the design of a larger, more in-depth assessment in Zambia to 1) evaluate the disparate impact of COVID-19 and its response measures on children with disabilities compared to children without disabilities; and 2) provide an evidence base that stakeholders can use in their COVID-19 response and recovery planning.

"It’s often difficult when I think of my future with my child.” Female, 20-29 years, Misisi

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