The Effects of COVID-19 on Children and Youth with Disabilities in Africa

A statement from the Able Child Africa Partnership Network[1]

As the worldwide confirmed cases of coronavirus (COVID-19) grows into the many millions, global attention is now turned to Africa where the virus has now spread to virtually all nations on the continent, including Uganda, Kenya, Tanzania, Rwanda, Malawi and Zambia; countries where Able Child Africa works (April 2020). The health systems and social infrastructure in these countries are ill-equipped and will struggle to cope with the imminent crisis, with only 1 doctor is available per 10,000 in Uganda, compared to the European average of 34.[2]

Many people with disabilities in Africa live in poverty, suffer from complex medical conditions, experience widespread discrimination and face multiple barriers to accessing basic health care or social services. It has been well reported by the international disability sector that the inaccessibility, isolation and discrimination experienced by people with disabilities is likely to be exacerbated during the COVID-19 crisis. In light of emerging evidence, it is becoming increasingly clear that people with disabilities are disproportionately affected by COVID-19.[3]

Within this group, children and youth with disabilities are experiencing a unique set of challenges. Their lack of self-autonomy and their vulnerability, together with their disability, leads to compounding barriers of age and disability and puts them at a further disadvantage. Through evidence collated across our partnership network in Uganda, Kenya, Tanzania, Rwanda, Malawi and Zambia, we have identified ways in which children and youth with disabilities in Africa are particularly affected by COVID-19. Our findings and recommendations are outlined below:

1. Lack of disability and child-friendly resources on COVID-19

There is a lack of disability inclusive information on COVID-19, including health updates, hygiene advice and social distancing guidance[4]. There are even fewer examples of this information being offered in a disability inclusive *and child-friendly* format. For example, we have had reports of children with intellectual disabilities who have not understood any COVID-19 messaging published by the Kenyan Ministry of Health, as the materials are unsuited to their disability type and age group[5]. One of our partners in Malawi notes that while adults and children were observing social distancing on recent home visits, children with disabilities did not seem aware of government guidelines; placing themselves in danger by greeting non-family members with handshakes.[6] It has been reflected across our network that for children with disabilities who have not been helped to understand guidelines, quarantine measures have been particularly distressing, exacerbating the link between mental health and disability.

Recommendation: Ensure all public health communications are accessible *and child-friendly* recognising the double barrier that children with disabilities face in accessing information.

[1] This refers to a range of DPO's and disability focused organisations who work with children with disabilities in Africa including FEDOMA (Malawi), Sue Ryder Foundation in Malawi, Child Support Tanzania, Ugandan Society for Disabled Children, Action Network for Disabled Youth (Kenya) and Uwezo Youth Empowerment (Rwanda)
[2] World Health Organization's Global Health Workforce Statistics, OECD, 2015
[3] BOND Disability and Development Group Submission to the UK International Development Committee inquiry on the impact of coronavirus, April 16th 2020
[4] BOND Disability and Development Group Submission to the UK International Development Committee inquiry on the impact of coronavirus, April 16th 2020
[5] Evidence from Action Network for Disabled Youth in Kenya
[6] Evidence from Sue Ryder in Malawi

2. Children and youth with disabilities are unable to access vital healthcare

There have been several reports from our partners describing how many children and youth with disabilities with complex and life-threatening conditions have been unable to access the vital healthcare they need. Many children and youth with disabilities depend on peer networks, schools and other community structures to access health services. Lock down measures, particularly the closure of schools, has made this especially difficult for children with disabilities who are wholly dependent on others to attend medical appointments and collect prescriptions.[7] The closure of key services, most importantly schools, has also meant many children and youth with disabilities who rely on therapy sessions for mobility or growth in early childhood are experiencing setbacks in their developmental milestones.[8]

Where services are still functioning, many parents of children with disabilities are failing to get their children to appointments. This is mostly due to increased levels of poverty experienced by families of children with disabilities (who tend to be single parent families), alongside national travel restrictions.[9] Worryingly, our partner in Zambia has reported mothers of children with disabilities locking themselves and their children indoors for weeks on end, missing appointments and avoiding food shopping due to fear of infecting children with already weakened immune systems.[10]

Recommendation: Fund and support community-based solutions to COVID-19 related healthcare provision for families of children with disabilities.

3. Water, Sanitation and Hygiene (WASH) facilities, emergency health packages and funding are not accessible for children and youth with disabilities

Many of the hygiene packs provided to prevent infection of COVID-19, or for example, the hand-basins, sinks and communal water pumps people are expected to use for handwashing during the pandemic, are inaccessible and only provided in adult sizes. In Zambia, our partner reflects that many children with disabilities are unable to wear the government-provided face masks as they are too big, or are easily removed by children with disabilities who do not understand their purpose.[11] For this reason, our partner in Rwanda is providing their own child-friendly and disability inclusive emergency packs for families of children with disabilities, as government emergency packs are not suitable.[12]

Recommendation: Ensure all healthcare packages are accessible *and* child friendly.

Families of children with disabilities are also usually left out of information channels provided by Disabled People's Organisation (DPO) networks which tend to be adult focused. As a result, these families are less aware of government welfare packages available to them in response to COVID-19. The Kenyan government has asked people with disabilities to register with local authorities to receive financial support, but there are concerns many isolated families of children with disabilities will fail to access initiatives such as these due to a lack of awareness.[13]

Recommendation: Ensure opportunities for financial assistance include and are communicated to parents of children with disabilities.

Note. Whilst it is important recognise the specific medical challenges children and youth with disabilities face as a result of COVID-19, the pandemic is also having a devastating impact on this group beyond the immediate health risks.

[7] Evidence from UWEZO Youth Empowerment, Rwanda
[8] Evidence from Action Network for Disabled Youth in Kenya and UWEZO Youth Empowerment, Rwanda
[9] Evidence from UWEZO Youth Empowerment, Rwanda
[10] Evidence from ZAPCD, Zambia
[11] Evidence from ZAPCD, Zambia
[12] Evidence from UWEZO Youth Empowerment, Rwanda
[13] Evidence from Action Network for Disabled Youth in Kenya

4. Increased financial pressure on families of children with disabilities

Research demonstrates a strong correlation between poverty and disability[14]. The families of children with disabilities tend to be among the poorest in the communities where we work. Parents of children with disabilities are usually engaged in informal, unreliable employment and live with just enough for the basic and immediate necessities. The restrictions on movement, and consequently paid work, has therefore meant that many families of children with disabilities are on the brink of starvation. One mother of a child with disabilities in Rwanda reported 'I can't buy more than one bar of soap for all of us, we haven't had a proper meal in two days and we are a family of 6.'[15] In Zambia, we have received reports of families of children with disabilities being unable to pay water bills, buy soap, or buy the face masks required by the government to be worn when food shopping.[16] The closure of schools has only exacerbated this crisis, as many children with disabilities depend on school feeding programmes run by parent support groups that are no longer running. All these factors mean that the risks to survival faced by families of children with disabilities during this pandemic are acute and life-threatening.

Recommendation: Direct humanitarian emergency response and welfare funds to families of children with disabilities, with possible ring-fencing financial allocations for this group.

5. Inaccessible education for children and youth with disabilities

We are seeing global gains made in inclusive education being threatened by the current pandemic. Global school closures have seen a rise in alternative education and edtech (Internet, TV, radio etc.) being used to support access to remote learning during the pandemic. All our partners have reported that resources being shared through edtech are not disability inclusive. In Kenya, the Institute for Curriculum Development (KICD) has provided e-learning materials nationwide, but has failed to distribute these materials in accessible formats .[17] In Malawi, the government is working with mobile networks to provide free online courses, but again these are not provided in accessible formats. In Tanzania and Kenya, educational radio broadcasts have been the main way through which the majority of children are receiving an education; a service almost entirely inaccessible for children with hearing impairments.[18] In our education projects, many children with disabilities are provided with individualised learning plans adapted to suit their needs, and the generic content of the curriculums being provided through edtech are failing to address their specific learning requirements.

Recommendation: Alternative education provision should be fully accessible and based on individual needs.

Within the contexts where we work, the education of children with disabilities is often not prioritised, particularly for families who are forced to choose between educating one child over another. Children with disabilities are also more likely to drop out of school than their peers, and there is a real risk that those who leave school now may not return.[19] All of this means the education of children with disabilities is disproportionately deteriorating during the pandemic, putting them at an increased disadvantage and further reducing their ability to fully participate in society in the future.

Recommendation: Ensure inclusive education is fully financed following the pandemic as a priority.

[14] World Health Organization and World Bank (2011), World Report on Disability
[15] Evidence from UWEZO Youth Empowerment, Rwanda
[16] Evidence from ZAPCD, Zambia
[17] Evidence from Action Network for Disabled Youth in Kenya and UWEZO Youth Empowerment, Rwanda
[18] Evidence from Child Support Tanzania and from Action Network for Disabled Youth in Kenya and UWEZO Youth Empowerment, Rwanda
[19] IDDC Inclusive Education Task Group response to COVID-19, April 2020

6. Increased safeguarding risks for children and youth with disabilities

Children with disabilities are at a higher risk of all types of abuse, neglect and harm, when compared with their peers without disabilities. Children with disabilities are 3.7 times more likely to be victims of violence and 2.9 times more likely to be victims of sexual violence[20]. The context of the current pandemic has put many children with disabilities at further risk. Children with disabilities are most likely to experience abuse or sexual assault in their homes and are more likely to be abused by those who care for them. The closure of schools has given perpetrators more opportunity to abuse children with disabilities and shield instances of abuse due to lockdown measures. In Uganda, we have received reports of caregivers abusing children with disabilities by removing their wheelchairs and restricting their movement or ability to access community WASH facilities.[21] Lockdown conditions have also meant communities and schools are less able to protect girls with disabilities who are at increased risk of sexual assault. We have had one case reported where a girl with intellectual impairments was raped on a road that is normally busy near to her house.[22]

Recommendation: Ensure effective consultation and engagement with children and youth with disabilities when planning current and post COVID-19 responses to ensure they are fully protected.

Increased poverty also leads to neglect of children with disabilities, with many families forced into tough decisions choosing only to feed, clothe and keep their children without disabilities clean. Furthermore, the global movement to create inclusive safeguarding systems is in in its early stages, and any existing support networks which specifically protect children with disabilities are no longer functioning, with no interpreters, special needs teachers, parent support groups or local disability officials to report cases of abuse to. [23]

Recommendation: Invest in Disabled People's Organisations (DPOs) as key structures which provide community-based, inclusive safeguarding guidance and support for children and youth with disabilities during COVID-19.

Able Child Africa believes that the most effective way of combatting the challenges faced by children and youth with disabilities is to listen them. This remains true in the current global health crisis. If we empower children and youth with disabilities to understand and explain the multifaceted challenges they experience, we are better equipped to combat them. We believe the best way to achieve this is to support and empower local Disabled People's Organisations (DPOs) and disability-focused organisations working with children and youth with disabilities. These organisations are best placed to engage with these groups, providing them with the individualised support they need, and to advocate directly to those who can make a positive impact on their lives. Through this crisis, we will be working with our partnership network to ensure that our funded work, advocacy and future plans take into consideration the voice and unique set of experiences of children and youth with disabilities.

Special thanks to the following organisations within the Able Child Africa Partner Network for their contributions to this statement:

Ugandan Society for Disabled Children
Action Network for Disabled Youth (Kenya)
Child Support Tanzania
UWEZO Youth Empowerment (Rwanda)
ZAPCD (Zambia)
FEDOMA (Malawi)
Sue Ryder Foundation in Malawi

[20] Jones L et al. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. Lancet, 2012
[21] Evidence from Ugandan Society for Disabled Children
[22] Evidence from Child Support Tanzania
[23] IDDC Inclusive Safeguarding Task Group response to COVID-19