Save the Children

# THE HIDDEN IMPACT OF COVID-19 ON CHILDREN AND FAMILIES WITH DISABILITIES

A GLOBAL RESEARCH SERIES

PHOTO: SAVE THE CHILDREN

Save the Children

# THE HIDDEN IMPACT OF COVID-19

## ON CHILDREN AND FAMILIES WITH DISABILITIES

### A GLOBAL RESEARCH SERIES

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**Cover Photo:** GCCU/Save the Children

## Published by

Save the Children International
30 Orange Street, London WC2H 7HH, United Kingdom
Email: info@savethechildren.org
Website: www.savethechildren.net

**October 2020**

***Suggested citation***

Orsander, M., Mendoza, P., Burgess, M., and Arlini, S.M. (2020), The hidden impact of COVID-19 on children and families with disabilities. London, Save the Children International.

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# The **Hidden** Impact of COVID-19 on Children and Families with Disabilities

**Response overview**

31,683

public responses including

13,477

child responses aged 11-17

The study was implemented in 46 countries and resulted in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date.

## About the research

The research sampled three distinct population groups:
1. Save the Children program participants.
2. specific population groups of interest to Save the Children.
3. the general public.

A representative sample of Save the Children program participants with telephone numbers or email addresses was obtained in 37 of the 46 countries. The results presented in this report focus on data from our representative sample of 17,565 parents/caregivers and 8,069 children in our program participants group.

## KEY FINDINGS

### Household economies

83% of parents/caregivers with disabilities lost "more than half" of their income since COVID-19, compared to 66% of those without disabilities.

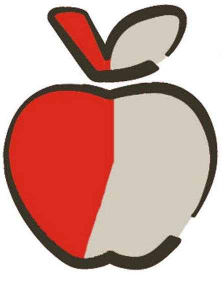
Among the parents/caregivers with disabilities who reported loss of household income:

**50%** reported losing their jobs

**49%** reported losing social safety nets they previously received

Due to income lost, households with disability reported trouble paying for

| Food | Utility bills | Rent | Fuel/transport |
|---|---|---|---|
| 81% | 31% | 28% | 16% |

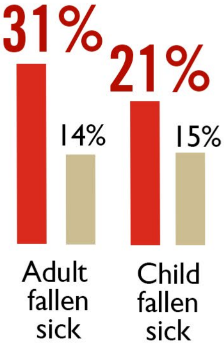


47% of parents/caregivers with disabilities reported being in food insecurity crisis and having to reduce the quality/size/frequency of meal intakes, compared to 35% of those without disability

### Health and Nutrition

A higher proportion of parents/caregivers with disabilities reported having adults and children fallen sick, compared those without disabilities

🟥 Parents/caregivers with disabilties
▨ Parents/caregivers without disabilities



Households with either a child or/and an adult with disabilities reported needing critical health services such as:

| COVID-19 Testing | medicine | in-person healthcare |
|---|---|---|
| 41% | 40% | 34% |

Households with either a child or/and an adult with disabilities reported needing essential items such as:

**66%** sanitizer

**64%** masks

**52%** food delivery

**43%** sanitary products

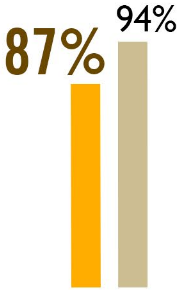
**31%** water delivery

59% of parents/caregivers with disabilities were unable to provide their children with regular health and rehabitilitation support

# KEY FINDINGS (contd.)

## Child Education and Learning

Only 78% of children with disabilities in this study attended school before COVID-19, compared to 90% of those without disability.



A smaller proportion of parents/caregivers of children with disabilities, compared to those without disability expected that their child would return to school

🟧 Parents/caregivers with disabilties
▨ Parents/caregivers without disability

**1 in 3** parents/caregivers with disabilties reported that their child did not have access to any learning materials at all

**7 in 10** children with disabilities reported needing home schooling/ learning materials

**6 in 10** children with disabilities reported not having someone to help them

**4 in 10** parents/caregivers of children with disabilities felt unable to support their children with learning

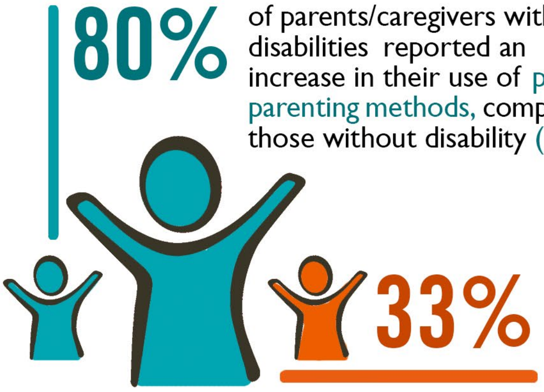
## Child Rights

A higher proportion of children with disabilities reported playing less

A higher proportion of children with disabilities reported sleeping less

A smaller proportion of children with disabilities could stay in touch with friends during COVID-19

🟦 Children with disabilities
▨ Children without disability

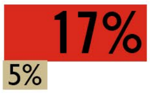


80% of parents/caregivers with disabilities reported an increase in their use of positive parenting methods, compared to those without disability (77%).

33% of parents/caregivers with disabilities also reported an increase in their use of negative parenting methods, compared to those without disability (21%).

## Child Protection

82% of parents/caregivers with disabilities reported reduced psychological wellbeing since the COVID-19 outbreak.

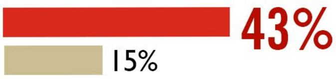


17% of parents/caregivers with disabilities reported being separated from their children due to COVID-19, compared to 5% of those without disability.

A higher proportion of children with disabilities reported an increase in negative feelings.

A higher proportion of children with disabilities showed signs commonly associated with distress.

A higher proportion of children with disabilities reported violence at home.



🟥 Children with disabilities
▨ Children without disability

# EXECUTIVE SUMMARY

## About the study

COVID-19 has spread rapidly within and between countries across the globe. Governments worldwide have implemented measures to contain the spread of COVID-19, including school closures, home isolation/quarantine and community lockdown, all of which have had secondary impacts on children and their households. Save the Children launched a global research study to generate rigorous evidence on how the COVID-19 pandemic and measures implemented to mitigate it have impacted on children's health, nutrition, learning, wellbeing, protection, family finances and poverty, and to identify children's and their families' needs during these times. The research also captures children's views and messages for leaders and other children.

The research was implemented in **46 countries** in June and July 2020 and resulted in the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, **with 31,683 parents/caregivers and 13,477 children aged 11–17** participating in the research. The research sampled three distinct population groups:

1. Save the Children programme participants;
2. Specific population groups of interest to Save the Children;
3. The general public.

A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in 37 countries.

## About this report

This report is one in a series presenting findings from the Global COVID-19 Research Study on The hidden impact of COVID-19 on children, available at: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series.

The results presented here focus on the impacts of COVID-19 on children and parents/caregivers with disabilities[1] and their families, drawing on data from our r**epresentative sample of 17,565 parents/caregivers and 8,069 children in our programme participants group.** Topics covered include impacts of COVID-19 on household economy, health and nutrition, child education and learning, child rights, relationships between children and their parents/caregivers, psychosocial wellbeing, family separation and household violence.

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[1] This study used the Washington Group Short Set Questions to determine disability status in adult parent/caregiver respondents and in one child that the parent/caregiver respondent answered questions about. While there may have been other adults and children in the household, disability information was not obtained for household members other than these two, making it hard to determine disability at the household level. Child respondents were not asked the Washington Group Short Set Questions. Instead, data matching was done between the indexed child and the child respondent by sex and age to determine child respondents' disability status.

# Key findings

## Overview

The results from this study show that the COVID-19 pandemic has exacerbated inequalities for children and their parents/caregivers living with disabilities. It also brings strong evidence that members of households where a person has disabilities can be disproportionately impacted even if they do not themselves have a disability.

Households with disability have disproportionately suffered income and job losses. The study suggests that households with disability are not receiving adequate government benefits, transfers and/or disability pensions in order to afford essential items and services needed to stay healthy. It seems that a large proportion of households with disability have lost their usual cash transfers or remittance flows since the start of the COVID-19 pandemic, including those from government, friends or family. Households with disability have greater needs, yet poorer access to health, hygiene and medical supplies and support. In particular, trouble paying for food and food insecurity have resulted in the households of parents/caregivers with disabilities using negative coping strategies. Further research is needed to assess how social protection systems can ensure that available government supports do, in fact, help to close the income gaps that have emerged since the pandemic.

Children with disabilities and children of male parents/caregivers with disabilities were less likely to attend school before the pandemic. But with school closures, children with disabilities and children whose parents/caregivers have disabilities who had been attending school are at greater risk of falling behind, and of not returning to school after the pandemic ends, compared to their peers. Children with disabilities are perceived by their parents/caregivers to have learned less during school closures than children without disabilities. This is largely because they are more likely not to have access to learning materials, receive less learning support and encounter other obstacles to learning. All efforts to promote quality remote learning, safe return to schools, increased access to quality learning materials and parental support for learning must therefore include targeted solutions for learners with disabilities and children whose parents/caregivers have disabilities.

The mental health and psychosocial wellbeing of children and parents/caregivers with disability has changed in various ways since COVID-19. Parents/caregivers observed increases in signs of distress at a higher rate among children with disabilities and chronic health conditions. Children with disabilities reported playing less, sleeping less, doing more chores and caring more for siblings/others since the COVID-19 pandemic. They are also less likely to be able to interact socially with their friends. However, on a positive note, the study shows that children with disabilities are more able to talk with adults in their household about COVID-19.

Violence was reported at a higher rate in households with parents/caregivers or children with disabilities and those households more frequently reported barriers to accessing domestic violence and mental health services. This indicates a need for more disability-inclusive approaches to child protection systems, case management and community-led child protection mechanisms.

By using disability-disaggregated data, this study has made it possible to identify inequalities in the impact of COVID-19 for persons with disabilities or those in their immediate environment. It is strongly recommended that all data measuring learning outcomes during school closures, return to school and permanent drop-out rates, violence against children and child protection, case management and access to services must be collected using disability disaggregation for both parents/caregivers and children so as to detect inequalities and make visible barriers faced by this group in order to design and implement durable solutions.

## Household economies of parents/caregivers with disabilities are disproportionately affected by COVID-19

- Half of all parents/caregivers with disabilities (50%) reported *losing their job* due to COVID-19, compared to 42% of those without disabilities.
- 83% of parents/caregivers with disabilities lost *"more than half" of their income*[2] since COVID-19, compared to 66% of those without disabilities.
- 49% of parents/caregivers with disabilities from households that had received government benefits/ social safety nets before COVID-19 reported the household had lost them since COVID-19, compared to 31% of parents/caregivers without disabilities.
- A higher proportion of households with disability, compared to those without, reported *"trouble paying"* for *rent* (28% vs 24%), *utility bills* (31% vs 24%) and *fuel* or *transport* (16% vs 15%) due to income lost since COVID-19.
- 47% of parents/caregivers with disabilities reported that they were in *food insecurity crises* – having to reduce the quality, size or frequency of meals as measured by the Reduced Coping Strategies Index – compared to those without disabilities (35%).

## COVID-19 has disproportionately disrupted access to health and nutrition for households with disabilities

- Parents/caregivers with disabilities were more likely to report having an adult family member (31%) or a child (21%) who had *fallen sick* since the COVID-19 outbreak than those without disabilities (14% and 15%).
- A higher proportion of parents/caregivers with disabilities, compared to those without, reported needing essential items such as *sanitiser* (66% vs 54%), masks (64% vs 50%), *food delivery* (52% vs 46%), *water delivery* (31% vs 18%) and *sanitary products* (43% vs 26%).
- More parents/caregivers with disabilities than those without reported needing *critical health services*, particularly *COVID-19 testing* (41% vs 28%), *medicine* (40% vs 32%), and access to *in-person healthcare* (34% vs 22%).
- 59% of parents/caregivers with a disability reported that they are unable to provide their child with their usual regular health and rehabilitation support, compared to 44% of those without a disability.

## COVID-19 has hindered children with disabilities and children of parents/caregivers with disabilities from learning effectively

- Only 78% of children with disabilities in this study *attended school* before COVID-19, compared to 90% of those without disabilities.
- A smaller proportion of parents/caregivers of children with disabilities (87%) expected that their child *would return to school,* compared to parents/caregivers of children without disabilities (94%).
- 34% of parents/caregivers with disabilities reported that their child did not have access to *any learning materials at all,* compared to 20% of parents/caregivers without disabilities.
- A higher proportion of children with disabilities (71%) reported needing *home schooling/learning materials,* compared to children without disabilities (51%).
- 60% of children with disabilities reported *"not having someone to help them"*, compared to 36% of children without disabilities.
- 38% of parents/caregivers of children with disabilities felt *unable to support* their children with learning, compared to 28% of parents/caregivers of children without disabilities.

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[2] Between 56% and 100% of their income.

## COVID-19 has had negative impacts on children's rights and the relationships between parents/caregivers and children

- More children with disabilities than children without disabilities reported *playing less* (55% vs 44%) and *sleeping less* (44% vs 12%) since COVID-19.
- Only 29% of parents/caregivers of children with disabilities reported that their child could stay in touch with friends during the COVID-19 pandemic, compared to 45% of parents/caregivers of children without disabilities.
- A higher proportion of parents/caregivers with disabilities (80%) reported an increase in their use of positive parenting methods, compared to parents/caregivers without disabilities (77%).
- However, a higher proportion of parents/caregivers with disabilities (33%) also reported an increase in their use of negative parenting methods, compared to parents/caregivers without disabilities (21%).

## COVID-19 has reduced psychosocial wellbeing and elevated child protection risks for children with disabilities and children of parents/caregivers with disabilities

- 82% of parents/caregivers with disabilities reported *reduced psychosocial wellbeing* since the COVID-19 outbreak.
- Parents/caregivers reported observing *changes in signs commonly associated with distress* at a higher rate among children with disabilities (69%), compared to those without disabilities (47%).
- A higher proportion of children with disabilities (86%) reported an increase in *negative feelings*, compared to children without disabilities (83%).
- 17% of parents/caregivers with disabilities reported being *separated from their children* due to COVID-19, compared to 5% of parents/caregivers without disabilities.
- 43% of child respondents with disabilities reported *violence at home*, compared to 15% of child respondents without disabilities.

PHOTO: SEIFU ASSEGED_SAVE THE CHILDREN

## Key recommendations

Save the Children values and advises working together with representative **Organisations of Persons with Disabilities (OPDs),** including associations of parents of children with disabilities, women with disabilities and youth with disabilities as well as other organisations representing specific minorities of persons with disabilities, across all recommendations.

### Recommendations for closing income gaps and improving access to government social protection and support for households with disabilities

- Address specific deprivations and vulnerabilities of households with disability by applying a **disability-sensitive lens in the design and implementation** of social protection.
- Expand **flexibility in eligibility criteria** for access to social protection for persons with disabilities to ensure more shock-responsive systems.
- In expanding social protection for children, governments should specifically aim towards the progressive achievement of **universal coverage.**
- Introduce **disability-specific cash benefits** that cover disability-related costs such as transportation, assistive devices, critical nutrition supplements, healthcare and extra support for persons with disabilities.
- **Disaggregate data by disability** in all cash and assistance distributions and recipient forms to monitor and generate evidence on the extent to which support actually reaches the families with disabilities most in need.

### Recommendations for inclusive and equitable access to and quality of health and nutrition

- Support families with disabilities to **receive accurate and accessible information** on COVID-19 risks, transmission mechanisms and preventative measures.
- Support families with disabilities to **access important information and basic items** for infection prevention such as water, masks, soap, sanitiser and sanitary products.
- Ensure that safe and nutritious food is **affordable and accessible for all** by financing and scaling up social protection schemes alongside measures to address livelihoods and food system challenges.
- Guarantee **access to basic food and markets** by considering long-term, costed nutrition plans that take into consideration different types of impairment.
- Ensure **accessible water points** and water supply are maintained.
- Ensure programme design and budgeting is i**nclusive and removes financial and non-financial barriers** for person with disabilities, to better access health and nutrition programmes and information.

### Recommendations for improving learning outcomes for learners with disabilities

- Develop back to school campaigns **with children with disabilities in mind** – distribute messages in accessible formats and provide support for families with children with disabilities.
- **Disaggregate data** on enrolments, learning interventions and outcomes and drop-out rates by disability to better support children with disabilities as they return to school.
- Provide continuous **teacher skills development** on inclusive and gender sensitive education, special pedagogy and accessible learning materials.

- Provide **effective, flexible and inclusive distance learning programmes,** especially interactive radio instruction and printed learning materials.
- Provide children with **access to different learning materials and resources,** appropriate to the learners' needs and abilities, using different modalities whenever possible, with particular follow-up for learners with disabilities.
- **Support parents/caregivers with disabilities** – particularly mothers – and parents/caregivers of children with disabilities in their role in home learning to enable them to increase interaction, support and play with their children.

## Recommendations for improved child protection and wellbeing among children and families with disabilities

- Ensure **child protection services are well resourced, inclusive and supported** including through increasing the numbers and reach of **disability-trained and skilled child protection workers.**
- Conduct additional research on **how and why children are being separated from family members** and whether new care placements are appropriate and temporary, especially in families where either the parent/caregiver or children have a disability.
- Ensure **inclusive reporting mechanisms and case management** are taking into consideration accessibility at each stage.
- **Collect disability-disaggregated data** across case management to ensure that future investments are disability-sensitive and reach children with complex and severe disabilities, as well as children with disabilities who have been separated from their families and are living in institutions or residential care.
- Scale up family **domestic violence services** and ensure that women and girls with disabilities can access services to prevent, address and mitigate gender-based violence that may have been exacerbated in the context of lockdown measures.
- Ensure programmes and messages of **positive parenting/parenting without violence are accessible,** take into consideration challenges arising in families with either children or parents/caregivers with disabilities and provide adequate solutions.

# INTRODUCTION AND AIMS

## Study background

On 30 January 2020, the WHO Director General declared the outbreak of coronavirus disease (COVID-19) a Public Health Emergency of International Concern (PHEIC) (WHO, 2020a), then on 11 March 2020 declared the COVID-19 outbreak a global pandemic (WHO, 2020b). The PHEIC remains in place at the time of writing (early October, 2020). The number of cases and deaths from the coronavirus outbreak continues to rise exponentially. As this report is being written, nearly 58 million people from more than 200 countries have been infected and over 1.3 million have died (World Health Organization, 23 November 2020).

The global coronavirus COVID-19 outbreak is already having a serious impact on global and national economies, health systems, education systems and more – and ultimately on the fulfilment of children's rights. A number of governments have implemented measures to contain the spread of COVID-19, ranging from social distancing and behavioural changes to home isolation/quarantine, school closures, business closures and community lockdown (Secon et al., 2020). Around 1.5 billion children and youth were affected by school closures in the first half of April 2020 (UNESCO, 2020).

In addition to the immediate impacts on children's health rights and those of their caregivers, the social and economic disruptions caused by the outbreak of COVID-19 present a range of other risks to children's right to education and to their wellbeing and protection. These may derive directly from the outbreak, from measures taken to respond to it and from wider economic and other disruption (Save the Children, 2020). The WHO's Coordinated Global Research Roadmap summarises the available literature on this topic:

> *"These measures all have secondary impacts. Quarantine, for instance, has impacts on the mental [5-7] and physical health [8] of populations… A rapid systematic review of publications reporting previous events of quarantine for infectious disease outbreaks, identified how knowledge of the disease, clear information regarding quarantine procedures, social norms, perceived benefits of quarantine, perceived risk of disease, and ensuring sufficient supplies of food, medicines and other essentials were important factors to promote adherence to the uncomfortable realities of quarantine measures [10]. Others have highlighted the critical role of trust, interpersonal and international cooperation that emerge in response to a collective effort in tackling a major public health crisis [11]".* *(WHO and R&D Blueprint, 2020: 60)*

## Research purpose

This research report presents selected findings from a large-scale cross-thematic research study on the impact of the COVID-19 pandemic on children and their families. The purpose of the study is to understand:

1. The impact of school closures, home isolation/quarantine and community lockdown on children's health, nutrition, learning, wellbeing and protection.
2. The economic impact of the COVID-19 pandemic on households with children.
3. The health, psychosocial, learning and protection needs of children during times of school closures, home isolation/quarantine and community lockdown.
4. Children's right to be heard when talking about COVID-19.
5. Children's messages for leaders and other children around the world.

This knowledge will be used by Save the Children and shared with governments, donors, partners and other stakeholders to inform the development of a variety of information products, services, programmes and policies across multiple sectors.

## Research questions

This research report presents findings addressing the impact of COVID-19 on children with disabilities, children of parents/caregivers with disabilities and households with members with disabilities. It specifically addresses the following questions:

What impact does the COVID-19 pandemic have on:

1. **Household economy and access to essential services and foods** for households with parents/caregivers and/or children with disabilities?
2. **Health and nutrition** and related needs of children with disabilities and children of parents/caregivers with disabilities?
3. **Education and learning** and related needs among children with disabilities and children of parents/caregivers with disabilities?
4. The **rights** of children with disabilities and children of parents/caregivers with disabilities **to social interaction, play, information and to be heard?**
5. The **relationships** between children with disabilities and children of parents/caregivers with disabilities and their parents?
6. The **mental health and psychosocial wellbeing** among children with disabilities, children of parents/caregivers with disabilities and among parents/caregivers with disabilities?
7. The experience of children with disabilities, children of parents/caregivers with disabilities and households with members with disabilities of **household violence** and **separation?**

## Inclusion of persons with disabilities in development and humanitarian action

**Persons with disabilities make up around 15% of the global population –** over a billion people – and this number is expected to double to 2 billion by 2050 (WHO, n.d.a). There are an estimated 93–150 million children with disabilities around the world UNICEF (n.d.a.).

The world has made tremendous progress for children in recent years but many children are still left behind. Children with disabilities are some of the most marginalised children in the world and are systematically stigmatised, discriminated against and treated with less dignity than other children. This can have detrimental effects on their lives into adulthood.

Children with disabilities are more prone to experience discrimination, exclusion, violence, stigma, abuse and neglect. Children with disabilities are three times more likely to be underweight and twice as likely to suffer from stunting and wasting (Barrantes, 2020). They are often deprived of appropriate care, education, healthcare, play and recreation and participation in their communities. They are also at much higher risk of violence, abuse, exploitation and infanticide. Disability in intersection with gender and other aspects of an individual’s identity and circumstances often further marginalises already excluded children.

Article 1 of the Convention on the Rights of Persons with Disabilities defines persons with disabilities as:

**“Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”**

There are **systemic barriers across sectors that perpetuate exclusion for children with disabilities from access to their rights.** In the health system, this includes a lack of quality and comprehensive early identification and intervention services. In the education system, there is a lack of accessible school facilities and an absence of suitable learning resources and trained teachers. In the child protection system, the barriers include disproportionate institutionalisation of children with disabilities and inadequate awareness and safeguards for the added risks of harm faced by children with disabilities. And in programmes to reduce poverty, barriers are the absence of non-discriminatory social protection schemes such as adequate child and disability benefit systems, and reduced access to skills development and livelihoods.

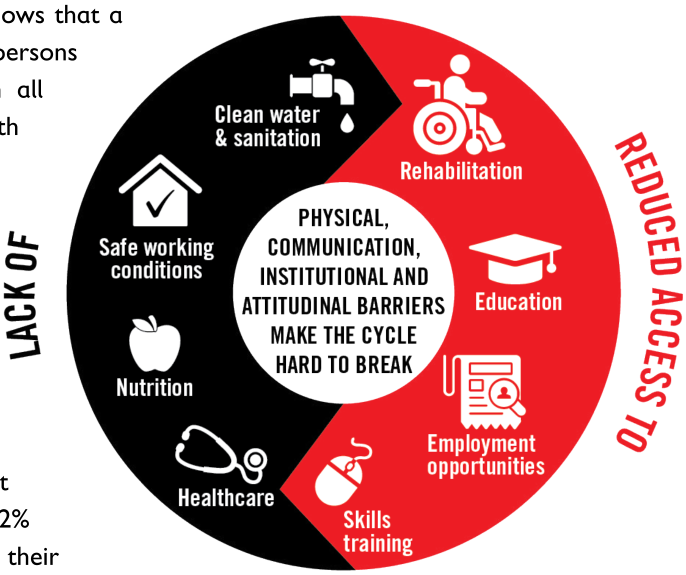
External factors also contribute to this marginalisation, such as geographic location, socio-economic status, migrant or refugee status and living in environments that face threats such as conflict and extreme weather events. These factors do not occur in isolation but rather intersect to produce complex and multi-layered stigmatisation, discrimination and inequality that is perpetuated across generations.

## Poverty and disability – a vicious cycle

The link between poverty and disability is inextricable. **Eighty per cent of persons with disabilities live in low-and middle income countries,** according to the UN Development Program (UNDP), and the World Bank estimates that **20% of the world's poorest people have some kind of disability.** Persons with disabilities are more likely to experience poverty (Groce et al., 2011) and higher rates of multiple deprivation as they are routinely excluded from mainstream health, education and economic opportunities (Mitra et al., 2011). Being poor can also increase the likelihood of disability due to injury and disease associated with poor nutrition, lack of clean water and unsafe work practices, or for children, unattended and unsafe play environments.

A study conducted across 22 countries shows that a multidimensional poverty gap between persons with and without disabilities is found in all countries. The gap is largest in Uganda with 90% for persons with disabilities and 57% for persons without disabilities (UNDESA, 2019)

Persons living with disabilities are more likely to be self-employed. A study covering 19 countries showed that 62% of persons living with disabilities were self-employed versus 53% without disabilities (UNDESA, 2019). Another observation that looked at eight low-income countries has 32% of persons with disabilities reporting that their workplace is hindering them from doing their job well or is not accessible (UNDESA, 2019)



Not only are persons with disabilities disadvantaged when it comes to opportunities for education, jobs and livelihood, they often also have additional disability-related expenses. This also applies to parents/caregivers of children with disabilities, who not only face particular challenges in accessing support, but typically also experience additional costs of living, such as those linked to the need for additional healthcare or the cost of mobility support and disability aids (eg, glasses, wheelchairs and social or therapeutic support).

PHOTO: TOM NICHOLSON_SAVE THE CHILDREN

Parents/caregivers of a child with disabilities may also have to give up working or reduce their working hours to care for their child. It is recommended, therefore, that additional allowances be made for children living with disabilities, in consultation with national civil society organisations that exist to represent and support persons living with disabilities. These include additional monetary allowances as well as ensuring that child benefit programmes are adapted to be suitable for their specific needs.

Although disability and the experiences of persons with disabilities are widely recognised as important contributions and perspectives for effective poverty reduction and human rights fulfilment work, disaggregated data and insight into the barriers faced by persons with lived experience of disability is largely missing across development and humanitarian efforts. Using disaggregated data for analysis and not only to establish prevalence is a new field for many and for Save the Children, it was important to collect disability-inclusive evidence and intentionally investigate the impact of the pandemic on children and families with disabilities. This led to disability-specific research questions for this study that aligned with the thematic areas covered by the survey. The study moves beyond looking only at children with disabilities as it also looks at parents and caregivers with disabilities and their children, as Save the Children recognises that these children are also impacted by disability. Barriers can be encountered by their parents/caregivers and entire households can be impacted if anyone in the family has a disability.

# RESEARCH DESIGN AND METHODS

This section provides a summary of the study research design and methods. The full Study Methods Report describes the methods and sample in detail, as well as the limitations of the design and methods. The full Study Methods Report is available here: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series.

This study was approved by the Save the Children US Ethics Review Committee (SCUS-ERC-FY2020-33). Approval was also obtained from local Independent Review Boards in the countries where the research was undertaken, if such bodies existed.

## Study populations and scope

This research study was carried out among current programme participants of Save the Children-led or partner-led programmes in the 37 countries listed in Table 1. The study was implemented only in those countries where local Save the Children or partner staff could quickly mobilise resources to carry out the study. These countries were not randomly selected and are therefore neither representative of all countries across the world, nor representative of all countries in which Save the Children operates.

### Table 1. Countries where the research was implemented

| Region | Countries where the research was implemented among Save the Children programme participants |
|---|---|
| **Asia** | Afghanistan, Bangladesh, Cambodia, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka |
| **Eastern and Southern Africa (ESA)** | Ethiopia, Kenya, Malawi, Mozambique, Somalia, South Sudan, Uganda |
| **West and Central Africa (WCA)** | Burkina Faso, Niger, Senegal, Sierra Leone |
| **Middle East and Europe (MEE)** | Egypt, Lebanon, Syrian Arab Republic,<br>Albania, Kosovo |
| **Latin America and the Caribbean (LAC)** | Bolivia, Brazil, Colombia, Dominican Republic, El Salvador, Paraguay, Peru |
| **North America** | United States of America |
| **Pacific** | Papua New Guinea, Solomon Islands |

The survey questionnaire and Participant Information Sheet were translated using a back-translation process into 28 languages to facilitate uptake in all countries where the research was implemented.

## Sampling, recruitment and data collection mechanisms

The research was designed to obtain a representative sample of current Save the Children programme participants. Remote data collection methods had to be used due to the presence of COVID-19 and the risk of contracting or transmitting COVID-19 during in-person data collection. The study population was therefore necessarily reduced to only those programme participants with remote contact details (phone number or email) listed at the individual or household level. For this reason, the research can only be considered as representative of Save the Children programme participants with remote contact details in those countries where the study was implemented.

A random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in the majority of countries. A stratified random sample of current programme participants across all programmes (derived from a programme database of programme participants with contact details) was obtained in a few countries.

There were only two eligibility criteria for participation in the study:

1. Adult respondents (aged 18 and above) had to be parents and/or caregivers of children aged 0–17 living in the same household (Part 1 of the survey);
2. Child respondents had to be aged 11–17 (Part 2 of the survey).

Data was collected through a single online SurveyMonkey (Enterprise version) survey completed either directly by the respondents themselves or indirectly via an interviewer. The majority of programme participants, in the majority of countries, were reached by phone and invited to participate in the study. In these cases, an interviewer would talk through the survey and enter the participants' responses directly into the online survey on their behalf. Programme participants were also invited to participate in the study after being sent the survey link by email, text messaging, WhatsApp or other instant messaging platform. They could then complete the online survey in their own time using a device of their choice.

Permission for in-person interviews was granted in Papua New Guinea due to the absence of COVID-19 cases at the time of the study. The Papua New Guinea sample therefore included all programme participants, regardless of whether or not they had remote contact details. In the United States of America, a census of all current programme participants was obtained and the population invited to participate in the study through a printed flyer with a QR code linking to the online survey.

The minimum requirements for participation in the study were a confidence level of 90% and margin of error of 5%. For the majority of countries, this meant a minimum sample size of 273 adult respondents. A detailed description of the sampling approach and final response numbers per participating country are listed in the full Study Methods Report.

## Limitations of the research design

The sample is skewed:

- Towards programme participants with stable internet and/or phone access and who were willing to absorb the cost of receiving phone calls or using their data plan.
- Towards those who can speak or read and write in the languages that the survey has been translated into, and against those who cannot. To overcome this, efforts were made to translate the online survey into a range of languages and to engage interviewers who could speak local languages/dialects, verbally translate the survey questions (following a written and tested translation) and then enter the participant responses into the more mainstream language in the online survey on the participant's behalf.
- Towards those with time and interest and against those with limited time and less interest (self-selection bias).

This unfortunately biases the study sample against the most marginalised and deprived. Similarly, the sample is also skewed against those with certain disabilities. To foster inclusivity, survey respondents could engage the assistance of another when participating in the survey.

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## The survey questionnaire

Data was collected through a single survey divided into two parts. The first part was for the adult parent or caregiver and gathered household level information, as well as information specifically about the parent/caregiver and children in their care. This part of the survey questionnaire also prompted the parent/caregiver to think about one particular child ('the indexed child') and answer some specific questions about them related to COVID-19. Prompts in the survey were designed to prioritise the capture of data on school-age children, while still facilitating the collection of data on an even spread of children of different ages.

If the adult parent/caregiver had a child aged 11–17, they were then asked whether they consented to their child answering some additional survey questions – the second part of the survey. If the adult parent/caregiver consented, they passed the survey to their child, who then went through an assent process before being asked to answer the children's questions.

Only one adult and one child (aged 11–17) per household could complete the survey. If the adult had more than one child aged 11–17, then they could choose which child would complete the children's section of the survey.

There are various limitations with the questionnaire structure that are discussed in the full Study Methods Report. A notable limitation is that the survey questionnaire did not ask whether the child respondent was the same individual as the indexed child. This is a limitation of the survey that prevents comparison between adult reports on the child and the child's self-reports.

Being a self-report survey, there will likely be response bias, particularly for survey questions around parenting, family relationships, violence and income losses. Bias in self-reporting of income can involve a combination of expectation bias, privacy concerns and the general challenge of accurately reporting income for people (mainly rural and informal sector) with multiple income sources without triangulation.

## Data collected

The survey was designed to capture information across multiple sectors or themes, including household economies, health and nutrition, child education and learning, child protection and child rights. The survey questionnaire is presented in the full Study Methods Report. An overview of the data collected in the survey is shown in Table 2 below.

## Table 2. Overview of the data collected in the survey

| **Level of variable** | **Household level** | **Individual level** | | |
|---|---|---|---|---|
| **Respondent** | **Parent** | **Parent** | **Parent** | **Child** |
| **Subject of variable** | **Household** | **Parent** | **Indexed child** | **Child participant** |
| **Item** | • Schools closed (weeks)<br>• Home quarantine (weeks)<br>• Stores closed (weeks)<br>• Geography, migration and displacement<br>• Country/settlement type<br>• Migration and displacement due to COVID-19<br>• Parent/child separation due to COVID-19<br>• Number/gender of adults<br>• Number/gender of children<br>• Number of habitable rooms<br>• Household wealth<br>• Income lost (amount)<br>• Income lost (sources)<br>• Ability to pay for basic needs<br>• Coping strategies in home<br>• Government support and social protection floors<br>• Household physical health and nutrition<br>• How many household illnesses since COVID-19<br>• Barriers to medical care<br>• Barriers to medications<br>• Barriers to food and nutrition<br>• Barriers to other health/sanitation items<br>• Medical care, medication and other health/sanitation items needed | • Gender<br>• Age<br>• Minority status<br>• Disability status<br>• Relationship to children in household<br>• Parent's/caregiver's wellbeing and perceptions of family relationships<br>• Parent's / caregiver's feelings and worries<br>• Changes in relationships with children and in the household<br>• Violence in the home | • Gender<br>• Age<br>• Disability status<br>• Chronic health condition<br>• Children's learning and education:<br>• Attendance at school prior to COVID-19<br>• Access and use of learning materials<br>• Barriers to learning<br>• Teacher remote support for home-based learning<br>• Parent/caregiver support for children's home-based learning<br>• Perceptions of children's learning<br>• Likelihood of children returning to school after COVID-19<br>• Children's wellbeing and family relationships<br>• How children feel and sleep since COVID-19<br>• Changes in children's behaviour and sleep since COVID-19<br>• Children's contact with friends and doing activities for fun<br>• Children's safe use of the internet<br>• Child rights<br>• Whether parent/caregiver talks to their children about COVID-19<br>• Breastfeeding and infant nutrition practices, concerns and needs | • Gender<br>• Age<br>• Children's learning and education:<br>• Whether children feel they are learning at home<br>• What helps or stops children from learning at home<br>• Children's wellbeing:<br>• What children do to have fun<br>• What children miss and miss out on by not attending school<br>• Children's contact with friends<br>• How children describe their home situation<br>• What children have enjoyed most about being at home<br>• Children's rights:<br>• Children's right to information about COVID-19<br>• Children's right to be heard when talking about COVID-19<br>• Children's messages for leaders<br>• Children's messages for other children around the world |

## Measures, indices and specific variables

Details of measures, indices and specific variables are included in the full Study Methods Report. Disability is specifically addressed here because of its particular significance to this thematic report.

### The Washington Group Short Set of Questions on Disability

The study used the Washington Group Short Set of Questions on Disability (WG-SS) to identify disability of the adult respondent and the indexed child (WG, 2016).[3] The WG-SS is used to obtain information on difficulties a person may have in undertaking basic activities. It is the most widely accepted and used methodology for identifying disability as defined by the Convention on the Rights of Persons with Disabilities, which defines "persons with disabilities" as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UNGA, 2006). This is the definition used in this report.

The WG-SS looks at six functional domains: seeing, hearing, mobility, remembering/concentrating, self-care and communication. It does not include questions on all types of functional domains and therefore does not capture all types of disability, including psychosocial disabilities. According to the WG-SS, a disability is present if a respondent answered "a lot of difficulty" or "cannot do at all" in at least one of the six domains. Therefore, a person without a disability includes everyone who does not respond "a lot of difficulty" or "cannot do at all" in any of the domains.

**Partial responses to the WG-SS, for instance where the respondent did not answer all six domains, were counted as a non-response (unknown whether disability is present) unless one of the domains that was answered indicated disability.**

The WG-SS was asked of the adult parent/caregiver respondent and about one child in the household (the 'indexed child') by proxy of the adult respondent. Disability information was not obtained from or about any other household members due to the length of the survey and limitations with asking the WG-SS at the household level. Therefore, 'households with disability' refers to households where at least one parent/caregiver and/or one child has a disability. In this report, 'households without disability' refers to households where neither the adult parent/caregiver respondent nor the indexed child has disabilities.[4] However, it is likely that a proportion of these households do have members with disabilities that could not be counted in this study.

Since the WG-SS asks about difficulty in functioning, it is not applicable to very young children. Results on breastfeeding behaviours and practices have therefore not been disaggregated by disability status of the indexed child, only by disability status of the adult parent/caregiver respondent.

Child respondents in this study did not respond to WG-SS themselves. As described above, the indexed child may or may not also be the child respondent. Matching by age and gender was performed in order to transfer the disability status from the indexed child to the child respondent.

## Data analysis

Probability weighting was used to weight the beneficiary sample against the total beneficiary population. Regression analysis was performed using the F-Statistic test in STATA. A p-value of <0.05 was used to denote statistical significance.

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[3] It was not feasible to use the UNICEF Child Functioning Modules in this survey and therefore the WG-SS was used to identify disability in both adults and children.

[4] Our other reports in Save the Children's Global Research Series on The hidden impact of COVID-19 on children do not make comparisons at the household level.

The quotes featured in this report were selected following qualitative analysis of five open-ended survey questions answered by the child respondents. The qualitative analysis employed a conceptual content approach to identify key themes that children described. A framework method supported this approach, whereby a pre-emptive thematic framework, protocol and coding template were developed to support consistency in coding by numerous analysts coding for different countries and languages. The framework allowed flexibility to code inductively, and therefore new emerging themes could be added during the coding process. All of the children's open-ended responses were examined and coded, irrespective of any perceptions on saturation point. Quotes and case studies reported as a result of the qualitative data analysis are consistent with these key themes or are noted as particularly salient and important to the child respondent.

PHOTO: SONALI CHAKMA/SAVE THE CHILDREN

# STUDY SAMPLE NUMBERS AND CHARACTERISTICS

Data were collected from 17,565 parents/caregivers and 8,068 child respondents, from across the seven regions in which Save the Children operates: Asia, Eastern and Southern Africa (ESA), West and Central Africa (WCA), Latin America and the Caribbean (LAC), the Middle East and Europe (MEE), the Pacific and North America. The detailed characteristics of the programme participant respondents are presented in Table 3 below, showing unweighted frequencies and percentages.

More detailed breakdowns of the sample numbers and characteristics by region are presented in the separate Sample Characteristics report available at: https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series.

## Table 3. Save the Children programme participants, worldwide sample

| Variable | Adult respondent (parent/caregiver) | | Child respondent (11–17 years of age) | | Indexed child | |
|---|---|---|---|---|---|---|
| | Number of adult respondents | Percentage of adult respondents | Number of child respondents | Percentage of child respondents | Number of indexed children | Percentage of indexed children |
| **Total** | **17,565** | **100** | **8,069** | **100** | **16,110** | **100** |
| **Region** | | | | | | |
| Asia | 6,915 | 39.4 | 3,686 | 45.7 | 6,559 | 40.7 |
| ESA | 3,274 | 18.6 | 1,588 | 19.7 | 3,084 | 19.1 |
| WCA | 1,372 | 7.8 | 646 | 8.0 | 1,282 | 8.0 |
| LAC | 3,047 | 17.3 | 1,129 | 14.0 | 2,716 | 16.9 |
| MEE | 2,166 | 12.3 | 794 | 9.8 | 1,772 | 11.0 |
| Pacific | 251 | 1.4 | 140 | 1.7 | 235 | 1.5 |
| North America | 518 | 2.9 | 81 | 1.0 | 444 | 2.8 |
| Europe and others | 22 | 0.1 | 5 | 0.1 | 18 | 0.1 |
| **Gender** | | | | | | |
| Female | 10,554 | 60.1 | 4,336 | 53.7 | 8,075 | 50.1 |
| Male | 6,055 | 34.5 | 3,619 | 44.9 | 7,945 | 49.3 |
| Prefer not to say/other | 62 | 0.4 | 11 | 0.1 | 90 | 0.6 |
| Non-response | 894 | 5.1 | 103 | 1.3 | 0 | 0.0 |
| **Age** | | | | | | |
| 0–1 | N/A | N/A | N/A | N/A | 809 | 5.0 |
| 2–4 | N/A | N/A | N/A | N/A | 1,591 | 9.9 |
| 5–10 | N/A | N/A | N/A | N/A | 4,932 | 30.6 |
| 11–14 | N/A | N/A | 4,531 | 56.2 | 4,770 | 29.6 |
| 15–17 | N/A | N/A | 3,398 | 42.1 | 4,008 | 24.9 |
| 18–24 | 1,154 | 6.6 | N/A | N/A | N/A | N/A |
| 25–29 | 2,197 | 12.5 | N/A | N/A | N/A | N/A |
| 30–39 years | 6,363 | 36.2 | N/A | N/A | N/A | N/A |
| 40-49 years | 4,514 | 25.7 | N/A | N/A | N/A | N/A |
| 50-59 years | 1,804 | 10.3 | N/A | N/A | N/A | N/A |
| 60+ years | 744 | 4.2 | N/A | N/A | N/A | N/A |
| Non-response | 789 | 4.5 | 140 | 1.7 | 0 | 0.0 |
| **Disability status** | | | | | | |
| Has disability | 997 | 5.7 | N/A | N/A | 623 | 3.9 |
| Does not have disability | 15,337 | 87.3 | N/A | N/A | 12,582 | 78.1 |
| Non-response | 1,231 | 7.0 | 8,069 | 100.0 | 2,905 | 18.0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Has a chronic health condition** | | | | | | |
| Has health condition | N/A | N/A | N/A | N/A | 1,087 | 6.7 |
| Does not have health condition | N/A | N/A | N/A | N/A | 14,921 | 92.6 |
| Non-response | N/A | N/A | N/A | N/A | 0 | 0.0 |
| **Family member belongs to a minority group** | | | | | | |
| Yes | 4,588 | 26.1 | 2,168 | 26.9 | 4,318 | 26.8 |
| No | 10,400 | 59.2 | 5,041 | 62.5 | 10,098 | 62.7 |
| Prefer not to say | 540 | 3.1 | 202 | 2.5 | 498 | 3.1 |
| Non-response | 2,037 | 11.6 | 658 | 8.2 | 1,196 | 7.4 |
| **Relatively poor** | | | | | | |
| Poor (below median wealth index) | 6,278 | 35.7 | 3,506 | 43.5 | 6,278 | 39.0 |
| Not-poor (on or above the median wealth index) | 5,762 | 32.8 | 3,425 | 42.4 | 5,762 | 35.8 |
| Non-response | 5,525 | 31.5 | 1,138 | 14.1 | 4,070 | 25.3 |
| **Settlement type** | | | | | | |
| City | 5,099 | 29.0 | 2,268 | 28.1 | 4,863 | 30.2 |
| Large or small town | 2,912 | 16.6 | 1,218 | 15.1 | 7,618 | 47.3 |
| Village | 8,593 | 48.9 | 4,364 | 54.1 | 2,755 | 17.1 |
| Don't Know | 172 | 1.0 | 79 | 1.0 | 155 | 1.0 |
| Non-response | 789 | 4.5 | 140 | 1.7 | 719 | 4.5 |

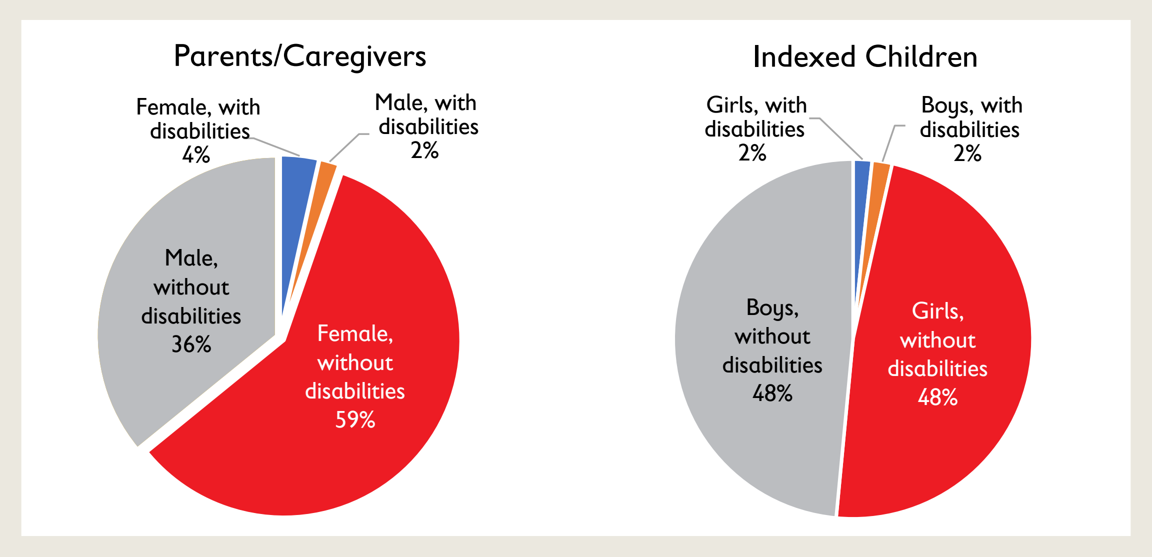
The Pacific and North America have not been covered in this report due to small sample sizes.

## Adults and Children with disabilities

Table 3 above shows unweighted frequencies and percentages. This section will provide a more detailed description of the parent/caregiver respondents with disabilities and the indexed children with disabilities using weighted percentages[5].

Six percent of the adult parent/caregiver respondents were identified as having a disability as per the Washington Group Short Set (4% females and 2% males), as were 4% of indexed children (2% male and 2% female), as shown in Figure 1.

### Figure 1. Proportion of parents/caregivers and indexed children aged 5–17 by disability status[6] and gender



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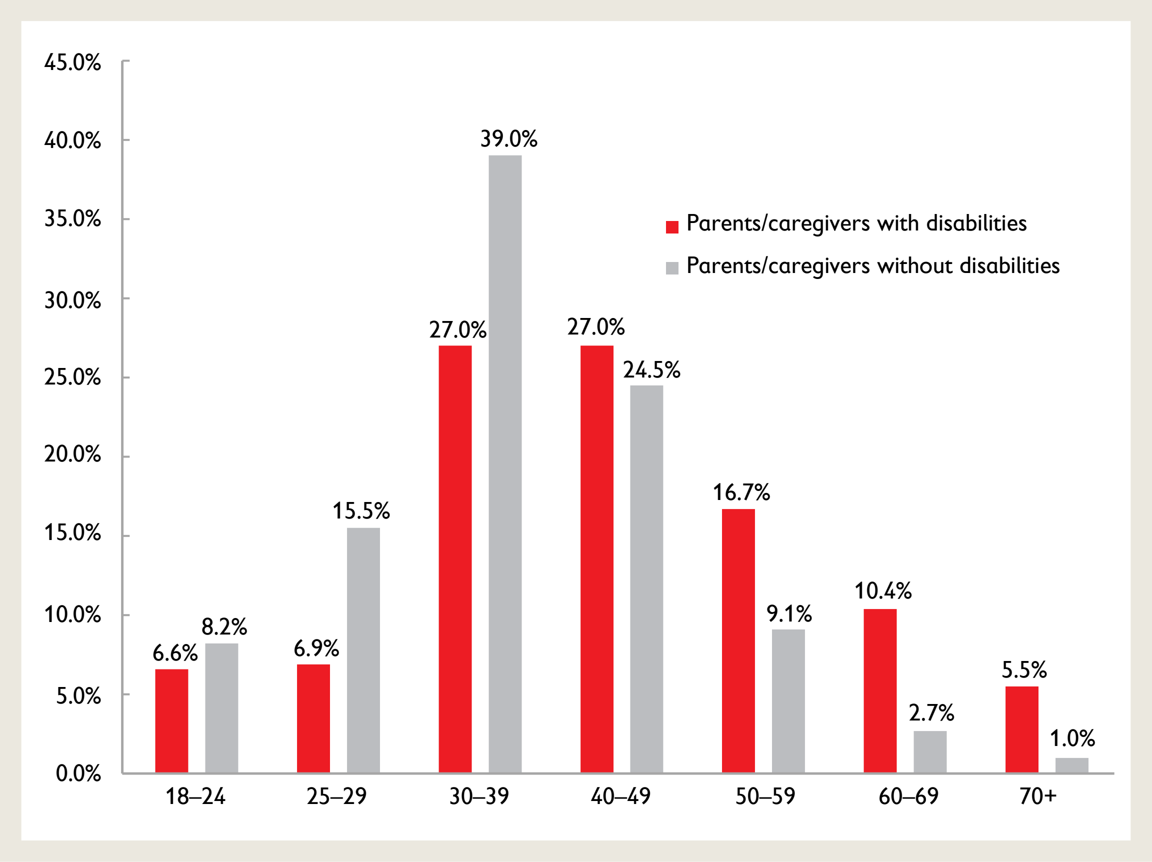
[5] Probability weighting was used to weight the programme participant sample against the total programme participant population when the sample was aggregated at the regional and global level. This is a valid statistical technique to re-balance the raw data so that it more accurately reflects the population in reality.

[6] Does not include the respondents who have answered "prefer not to say" to the question on their gender. Number for such responses was below 0.1%.

Looking at the age structure of parents/caregivers with disabilities, 60% were over the age of 40, compared to 37% of those without disabilities. Around one-third of the parents/caregivers with disabilities (33%) are 50 or older, compared to only 13% of those without disabilities. This is shown in Figure 2.

### Figure 2. Proportion of parents/caregivers by disability status and age



More than one-third of the parents/caregivers (39%) with disabilities have identified themselves as part of a minority group, compared to 25% of parents/caregivers without disabilities.

Parents/caregivers answered the Washington Group Short Set for the indexed child[7] if that child was five or older: referred to here as 'child disability status'. 4% of the indexed children aged five and older had disability in one or more functional domains (2% of girls and 2% of boys), as shown in Figure 1 above.

The age distributions of children ages 5–17 with and without disabilities look similar: around one-third of the children were between 5 and 10 years old, one-third were between 11 and 14 years old, and the rest were between 15 and 17 years old.

Among parents/caregivers with disabilities, one-quarter reported difficulty seeing, even if wearing glasses (25%), one-quarter reported difficulty walking (24%), less than one in five reported difficulty remembering or concentrating (17%), 14% reported difficulty with self-care (eg, washing all over or dressing), 10% reported difficulty communicating and 10% reported difficulty hearing.

Among indexed children with disabilities (reported by the parent/caregiver), the distribution looks different: less than one-quarter of the children had difficulty with self-care (22%), around one in five children had difficulty communicating (19%), 17% had difficulties remembering or concentrating, 16% had difficulty seeing, 14% had difficulty walking and 12% reported difficulty hearing. This is shown in Figure 3.

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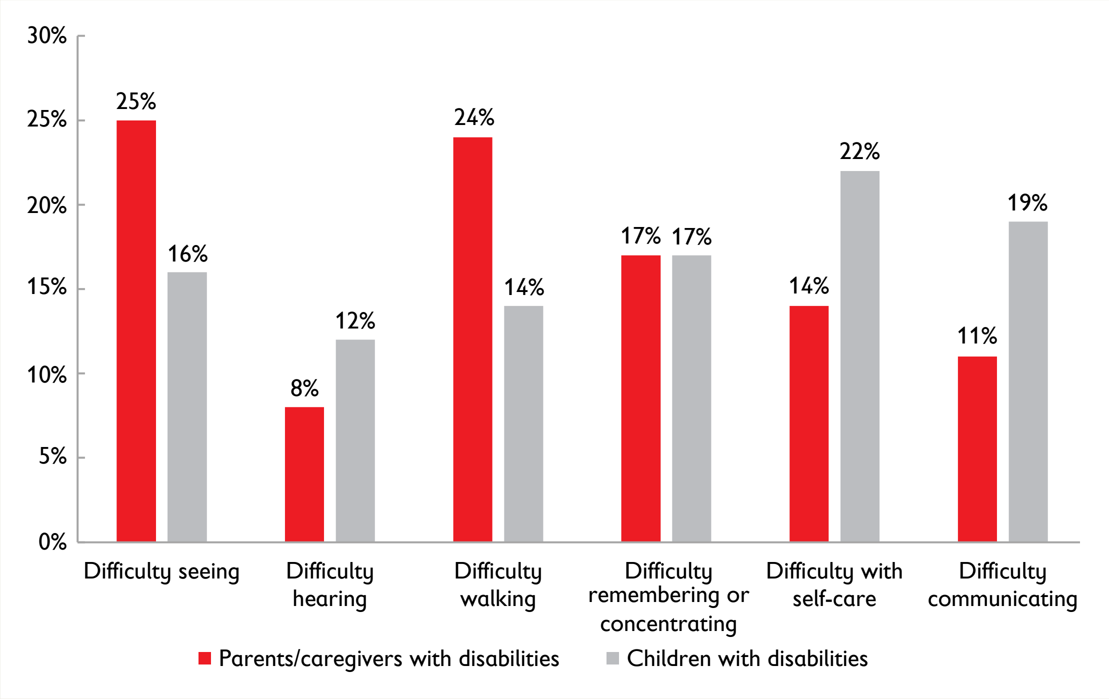
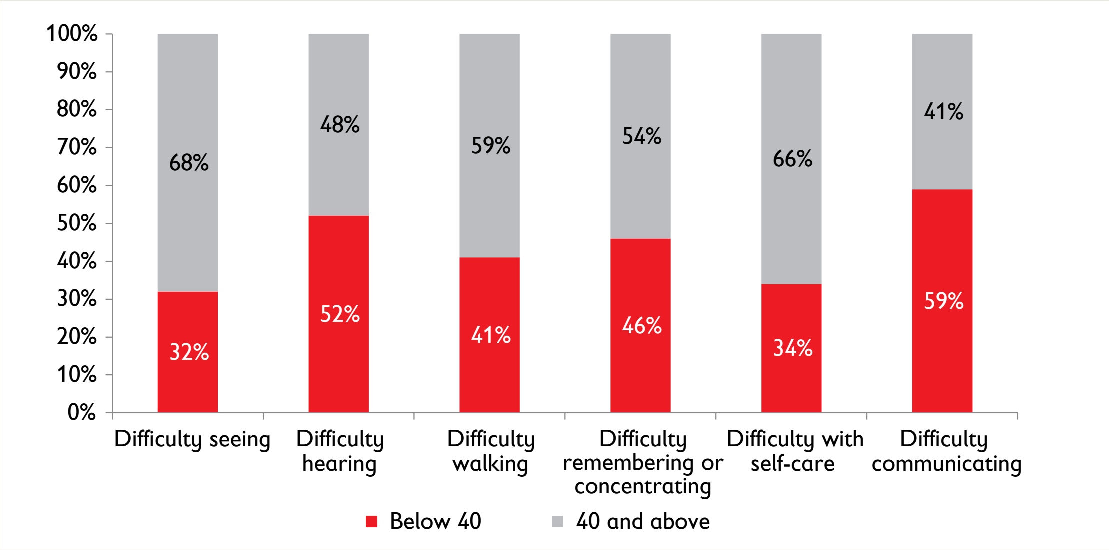
[7] The child that the parent/caregiver was asked to think and answer some specific questions about. This child may be different to the child respondent.

## Figure 3. Proportion of parents/caregivers and indexed children with disabilities by functional domain



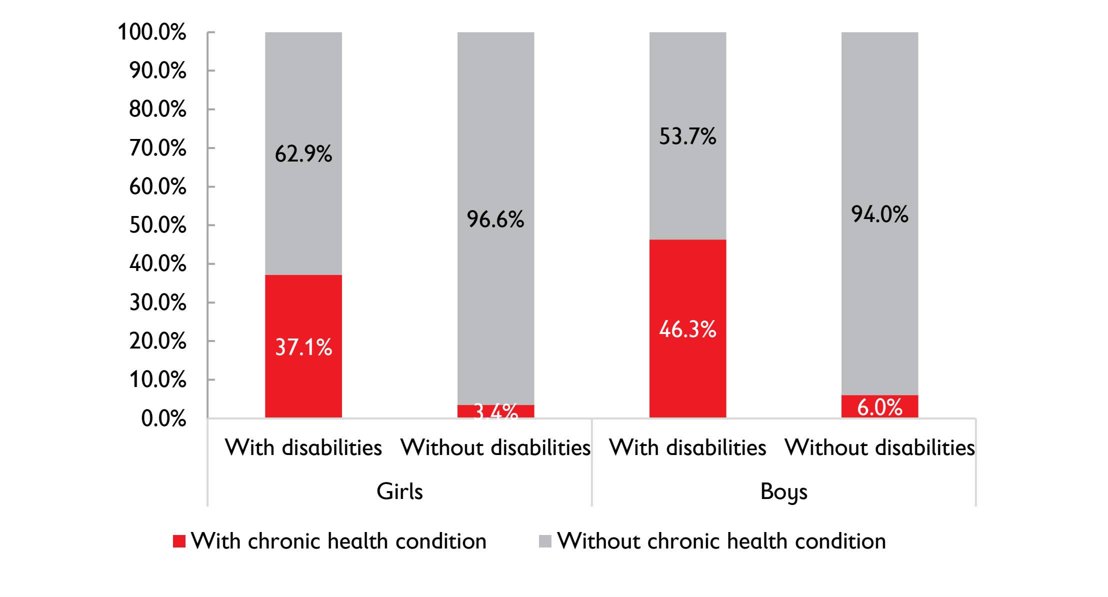
A higher proportion of parents/caregivers aged 40 and above reported having difficulty seeing (68%), with self-care (66%), walking (59%) and remembering or concentrating (54%), compared to those aged below 40, as seen in Figure 4.

## Figure 4. Proportion of parents/caregivers with disabilities below and above 40 years of age by functional domain



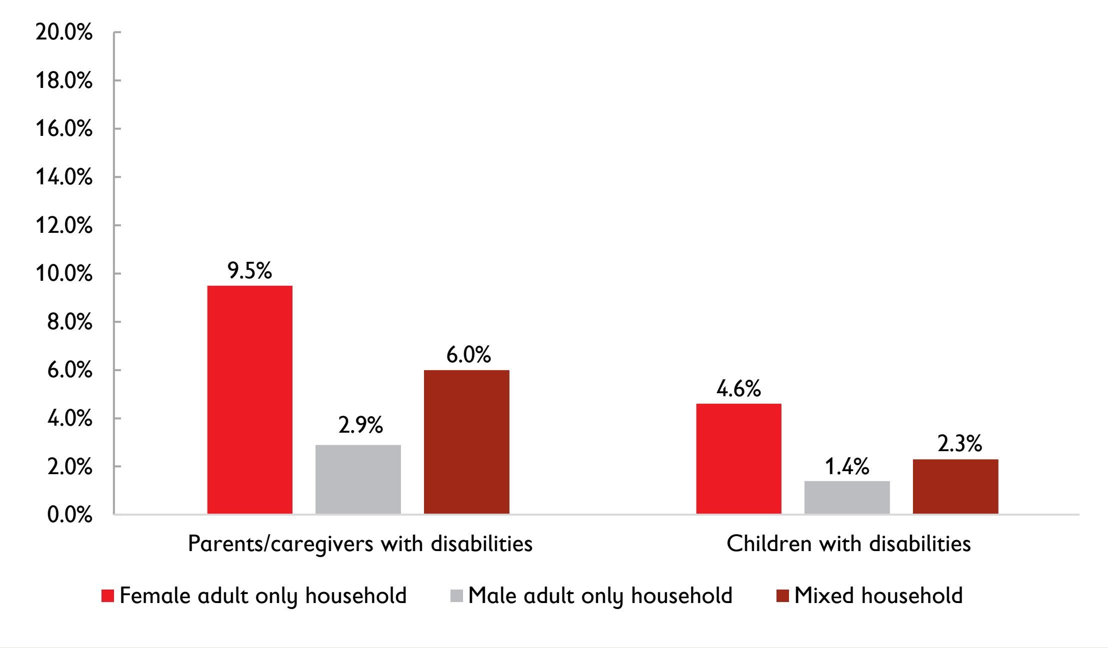
Parents/caregivers of a child with disabilities were eight times more likely to report that that child has a chronic health condition compared to parents/caregivers of a child without disability (42% vs 5%). Among children with disabilities, 37% of girls and 46% of boys have a chronic health condition, while among children without disabilities only 3% of girls and 6% of boys have a chronic health condition, as shown in Figure 5.

### Figure 5. Proportion of indexed children with a chronic health condition by disability status and gender



A parent/caregiver with disability and a child with disability was more frequently reported in female adult only households (10% and 5%, respectively) than in male adult only households (3% and 1%) or mixed households (6% and 2%). This is shown in Figure 6.

### Figure 6. Proportion of parents/caregivers and indexed children with disabilities by gender composition of adults in the household



# RESULTS

**The results from our study, presented here, show the differential impact of the COVID-19 pandemic on parents/caregivers with disabilities, children of parents/caregivers with disabilities, children with disabilities and parents/caregivers of children with disabilities, as well as their households.**

Results are presented in seven main sections:

1. The impact of COVID-19 on household economy
2. The impact of COVID-19 on health and nutrition
3. The impact of COVID-19 on child education and learning
4. The impact of COVID-19 on children's right to social interaction, play, information and being heard
5. The impact of COVID-19 on parent/caregiver and child relationships
6. The impact of COVID-19 on mental health and psychosocial wellbeing
7. The impact of COVID-19 on family separation and violence in the home

Please note that comparisons made between parents and caregivers with and without disabilities only relate to the sample of parents/caregivers who personally responded to the survey, and do not consider other parents or caregivers in the household.

Similarly, where comparisons are made between children with and without disabilities based on parent/caregiver reports on their child, this is only among the sample of indexed children aged 5–17 who the adult parent/caregiver respondent answered questions about, and not among all children in the household.

Where comparisons are made between responses from children with and without disabilities themselves, this is only among the smaller sample of child respondents aged 11–17 who were matched to the indexed child by gender and age, thereby enabling the disability status to be transferred.

'Households with disability' refers to households where either the adult parent/caregiver respondent or the indexed child has a disability. 'Households without disability' refers to households where neither of these have disabilities, even though it is likely that a proportion of these households will have members with a disability.

Since findings differentiate impacts on both parents/caregivers and children, findings are ordered by first presenting data comparisons between parent/caregiver respondents with and without disabilities, then parent/caregiver respondents of children with and without disabilities, then children of parents/caregivers with and without disabilities, 'indexed' children with and without disability and lastly child respondents with and without disabilities. Since only significant findings are presented, not all groups are included in each finding.

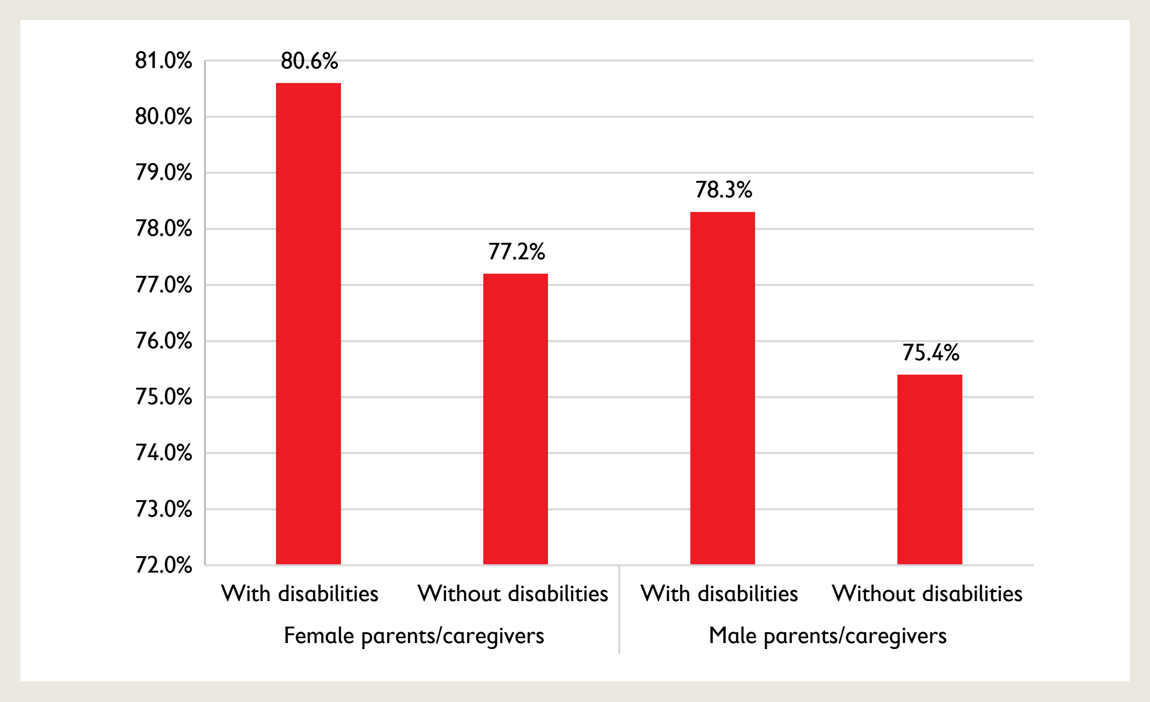
## The impact of COVID-19 on household economy

### Households with disability have disproportionately suffered income and job losses.

Our study shows that households where at least one parent/caregiver or child has a disability are highly represented among those affected most by the pandemic's economic repercussions. **More female (81%) and male (78%) parents/caregivers with disabilities reported losing income since COVID-19, compared to female (77%) and male (75%) parents/caregivers without disabilities.** This is shown in Figure 7.

> “This is a very stressful situation for everyone. My parents have a lot on their shoulders, especially since they are not working any more.”
>
> –15 year old girl with a disability who also has a parent/caregiver with a disability, Kosovo, when asked, “What worries you the most about the COVID-19 outbreak?”

**Figure 7. Proportion of parents/caregivers who reported income losses since COVID-19 by disability status and gender**



Among those who reported losing income since the COVID-19 outbreak, more than four out of five parents/caregivers with disabilities (83%) lost more than half of their income,[8] compared to 66% of those without disabilities. Parents/caregivers with disabilities suffered more severe income losses, with around 64% of them reporting losing more than three-quarters of their income, compared to 47% of those without disabilities.

More than two-thirds of female parents/caregivers with disabilities (69%) lost all or most of their income, compared to half of those without disabilities (50%). Male parents/caregivers with disabilities (55%) were also more likely to report losing all or more than three-quarters of their income than those without disabilities (44%), as shown in Figure 8.

More than nine out of ten parents/caregivers with disabilities (94%) who reported losing income since COVID-19, reported losing one whole source of income, compared to 84% for those without disabilities. Of these, **half of parents/caregivers with disabilities (56% male and 48% female) reported losing their job due to COVID-19, compared to 42% of those without disability**. Further, 49% of parents/caregivers with disabilities (39% male and 55% female) reported that another adult in the household had lost their job, compared to 31% of those without disabilities (18% male and 39% female). In addition, households with at least one child with disabilities appear to have incurred substantial income losses: more than half (54%) of adult respondents from these households reported losing their job.

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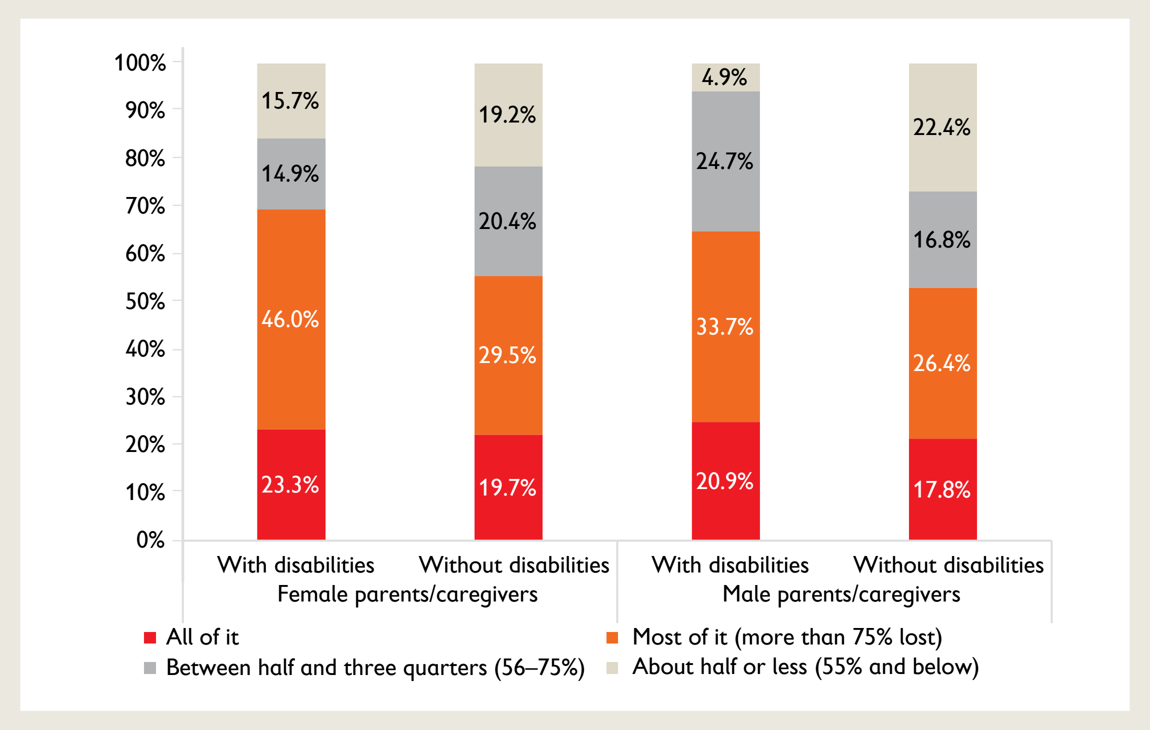
[8] Between 56% and 100% of their income.

> “That one day we will not have a house or food, my father lost his job and only mother is working.”
>
> – 12 year old girl with a disability, Mozambique, when asked, “What worries you the most about the COVID-19 outbreak?”

**Figure 8. The extent of income loss reported by parents/caregivers by disability status and gender**



## Households with disability are not receiving required financial support from governments

Parents/caregivers were asked whether they were receiving government benefits, transfers and/or disability pensions both *before and since the COVID-19 pandemic.* Before the COVID-19 outbreak, two out of five parents/caregivers with disabilities (43%) reported that at least one adult, a child or the household received government benefits/social safety nets, compared to one in four of those without disabilities (26%).

**However, the study found that half of the parents/caregivers with disabilities (49%) reported their household had lost their government benefit/social safety nets since the COVID-19 pandemic, compared to one-third (31%) of parents/caregivers without disabilities. Therefore, parents/caregivers with disabilities were 1.6 times more likely to have lost government benefits/social safety nets since COVID-19, in comparison to those without disabilities. This was higher for male parents/caregivers with disabilities (61%), compared to female parents/caregivers with disabilities (44%) and those male (37%) and female (27%) parents/caregivers without disabilities.**

The study also found that **parents/caregivers with disabilities (28%) were nearly three times more likely to report that they were no longer receiving their usual cash transfers or remittance flows from family or friends since COVID-19, compared to parents/caregivers without disability (10%).** This was higher for male parents/caregivers with disabilities (36%) compared to female parents/caregivers with disabilities (24%) and those male (11%) and female (10%) parents/caregivers without disabilities.

## Income losses are limiting the ability of households with disability to pay for essential items

A higher proportion of households where at least one parent/caregiver or child has a disability reported trouble paying for many essential items than households with no reported disability, as shown in Figure 9.

With regard to health and nutrition items, **a higher proportion of households with disability than those without reported trouble paying for health care (44% vs 35%) and medical supplies (29% vs 22%) due to income lost since COVID-19.** Interestingly, a slightly lower proportion of households with disability than those without reported trouble paying for food (79% vs 81%) and critical nutrition supplements (31% vs 33%).

> “My father is an only earning member and he go outside for work in this situation. If he is affected by COVID-19 we will be suffering.”
>
> –17 year old girl with disability who also has a parent/caregiver with disability, Bangladesh, when asked, “What worries you the most about the COVID-19 outbreak?”

As expected, a substantially higher proportion of households with disability, compared to those without, reported *trouble paying for disability services* (16% vs 1%), *support/care* workers (11% vs 2%) and *assistive devices* (10% vs 1%). Parents/caregivers with boys with disabilities reported more difficulties affording *disability services* (11%) and *assistive devices* (14%), compared to parents/caregivers with girls with disabilities (9% and 10%, respectively).

A higher proportion of households with disability (41%) also reported *trouble paying for learning resources* for children due to income lost since COVID-19, compared to those without disability (31%). There are also gendered differences observed among those reporting *trouble paying for children’s learning resources*, both between female parents/caregivers with (40%) and without (30%) disabilities and male parents/caregivers with (51%) and without disabilities (34%).

With regards to other essential items, **a higher proportion of households with disability, compared to those without, reported trouble paying for rent (28% vs 24%), utility bills (31% vs 24%) and fuel or transport (16% vs 15%) due to income lost since COVID-19.**

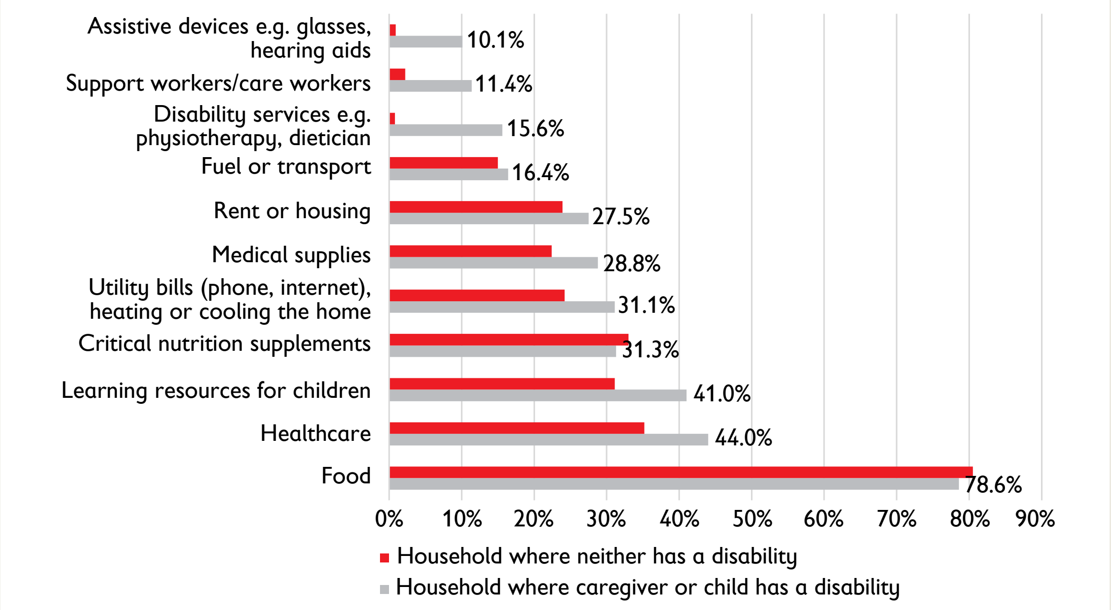
> “People will die without eating.”
>
> –17 year old girl with a disability, Bangladesh, when asked, “What worries you the most about the COVID-19 outbreak?”

In addition, trouble paying for food and food insecurity has resulted in parents/caregivers using negative coping strategies, such as relying on less expensive/less preferred food, borrowing food and money, reducing meal sizes to feed children, reducing the portion size of meals consumed in a day, or skipping meals during the day. When asked about if they used negative coping mechanisms, **a higher proportion of parents/caregivers with disabilities (47%) reported that they were in a food insecurity crisis, as measured by the Reduced Coping Strategies Index,[9] compared to those without disabilities (35%).**

---

[9] The Reduced Coping Strategies Index (rCSI) score is a proxy indicator that assesses the extent to which households rely on harmful coping strategies in the presence of food insecurity. These harmful strategies include eating less preferred foods, borrowing food or money from friends or relatives, limiting portions at mealtimes, limiting adult intake and reducing the number of meals per day. More information can be found in our full Study Methods Report.

### Figure 9. Proportion of parents/caregivers who reported trouble paying for essential items due to income loss by household disability status



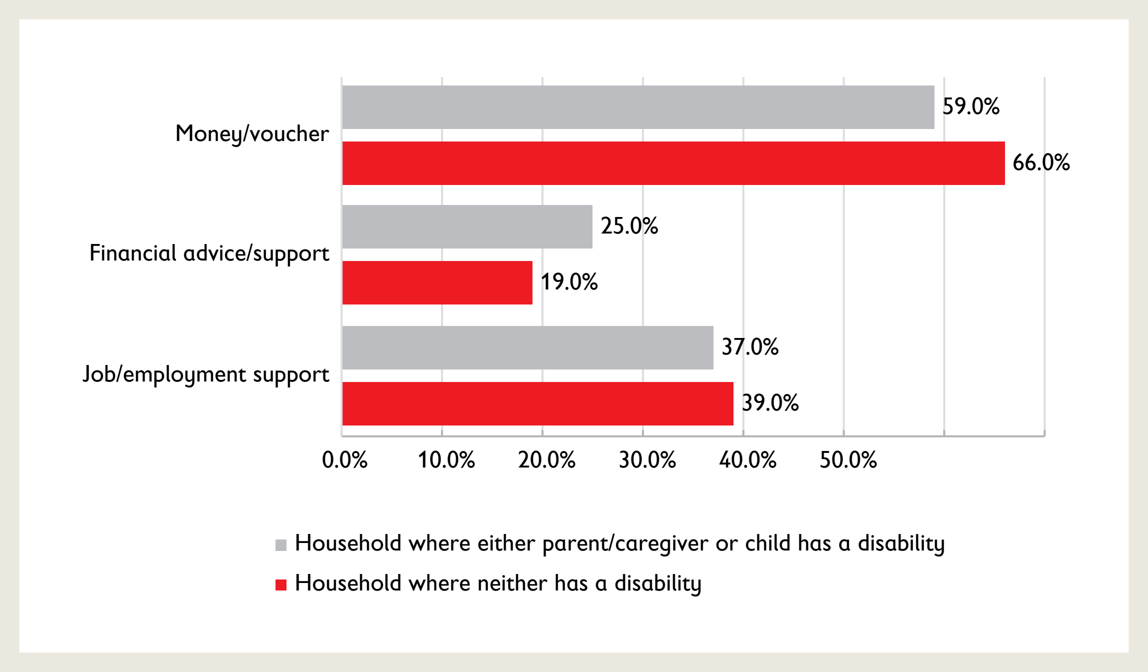
Affordability varied between parents/caregivers with disabilities across functional domains, as shown in Table 4.

### Table 4. Proportion of parents/caregivers who reported trouble paying for essential items due to income loss by functional domain

| Essential needs and services | Difficulty seeing | Difficulty hearing | Difficulty walking | Difficulty remembering or concentrating | Difficulty with self-care | Difficulty communi-cating |
|---|---|---|---|---|---|---|
| Disability services | 24% | 1% | 23% | 4% | 42% | 9% |
| Fuel or transport | 21% | 8% | 16% | 15% | 18% | 5% |
| Rent or housing | 33% | 31% | 24% | 16% | 13% | 13% |
| Medical supplies | 24% | 11% | 42% | 22% | 51% | 18% |
| Utility bills | 26% | 17% | 32% | 44% | 40% | 35% |
| Critical nutrition supplements | 49% | 19% | 35% | 21% | 37% | 12% |
| Learning resources for children | 50% | 20% | 34% | 20% | 50% | 45% |
| Healthcare | 41% | 14% | 47% | 37% | 41% | 60% |
| Food | 87% | 82% | 86% | 82% | 87% | 61% |
| Assistive devices | 15% | 6% | 2% | 1% | 15% | 8% |
| Support workers/ care workers | 3% | 1% | 6% | 14% | 20% | 31% |

Overall, when asked "what other supports do you need or think you will need during this time?", fewer parents/caregivers from households with disability reported needing money/vouchers (59%) than those from households without disability (66%). However, more parents/caregivers from households with disability reported needing financial advice/support (25%) than those without (19%). There was not a statistically significant difference between parents/caregivers from households with and without disability reporting the need for job/employment support, with almost two in five reporting this need. This is shown in Figure 10.

**Figure 10. Proportion of parents/caregivers who reported a need for 'other supports' during the pandemic by household disability status**



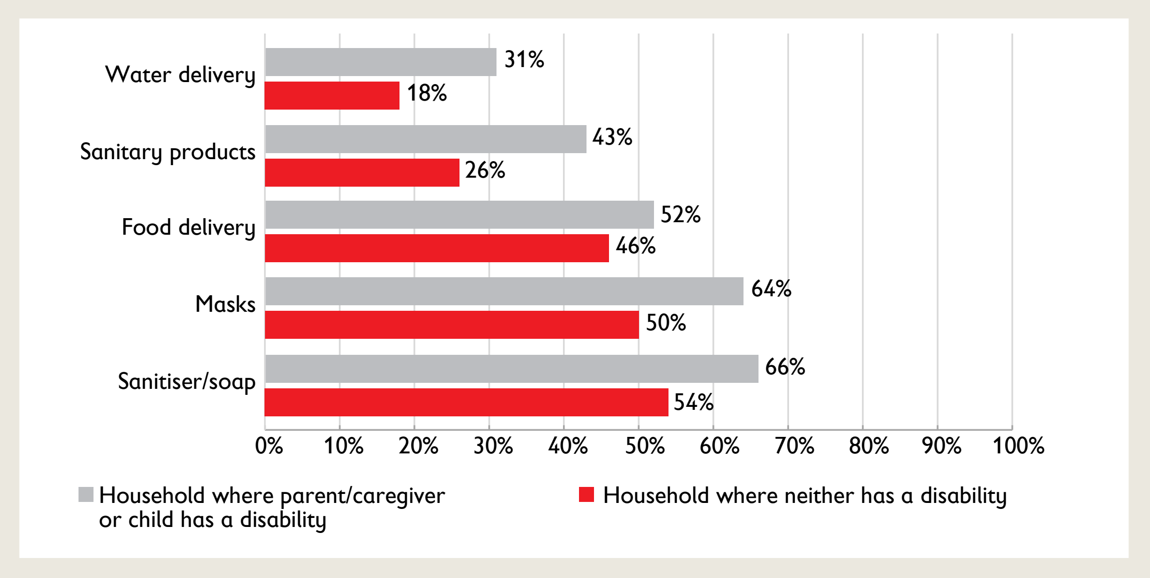
## The impact of COVID-19 on health and nutrition

### Households with disability have greater needs, yet poorer access to health, hygiene and medical supplies and supports

Over three-quarters of parents/caregivers with disabilities (79%) reported being worried about contracting COVID-19 when going out to get food, healthcare or medical supplies, compared to less than three-quarters (73%) of those without disabilities.

**A higher proportion of households with either a parent/caregiver or a child with disabilities (87%) reported needing at least one of any essential items** (e.g. masks, sanitiser, food delivery, sanitary products) in their houses to stay healthy during the COVID-19 pandemic, compared to those without disabilities (80%). This applied to all essential items asked about in the survey, **such as sanitiser (66% vs 54%), masks (64% vs 50%), food delivery (52% vs 46%), water delivery (31% vs 18%) and sanitary products (43% vs 26%).** This is shown in Figure 11.

**Figure 11. Proportion of parents/caregivers who reported not having, but needing, 'essential items' in order to stay healthy during the pandemic by household disability status**



**More parents/caregivers with disabilities reported having an adult family member (31%) or a child who had fallen sick (21%) since the COVID-19 outbreak, compared to those without disabilities (14% for adult and 15% for child).** Parents/caregivers with at least one child with a disability (22%) or at least one child with a chronic health condition (27%) reported that a child in the household had fallen sick, compared to parents/caregivers who did not report having a child with a disability (16%) or chronic health condition (14%).

More than half of parents/caregivers with a child with disabilities or/and a child with chronic health condition (55%) reported that they were unable to provide their child with the usual regular health and rehabilitation services since the COVID-19 outbreak. The proportion was even higher for the parents/caregivers with disabilities (59%) compared to those without disabilities (44%).

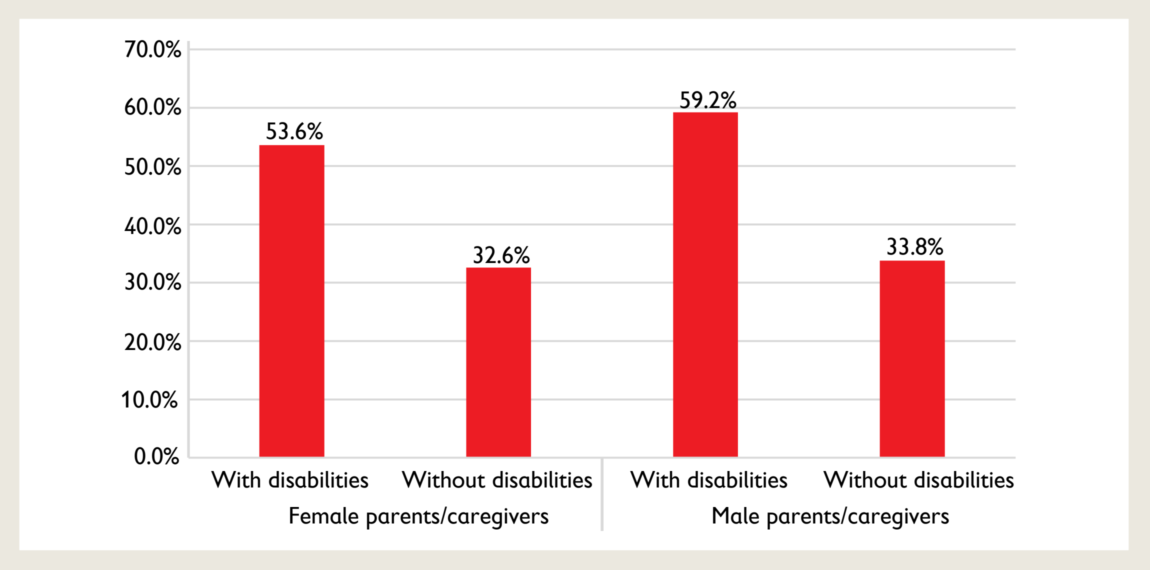
> "I am worried to get infected or my mom since she has an immune deficiency issue."
>
> –17 year old boy who has a parent/caregiver with disability, Lebanon, when asked, "What worries you the most about the COVID-19 outbreak?"

Nearly all parents/caregivers with disabilities (94%) and those with children with disabilities (96%) reported that their households' access to healthcare, medicine, medical supplies or items needed to stay healthy had been affected as a result of the COVID-19 pandemic.[10] Parents/caregivers with disabilities were 1.7 times more likely to report a barrier to accessing healthcare, medication or menstrual products, compared to parents/caregivers without disabilities. A higher proportion of male parents/caregivers with disabilities (59%) and female parents/caregivers with disabilities (54%) reported facing at least one barrier, compared to only one-third of those without disabilities (male 34%, female 33%). This is shown in Figure 12.

---

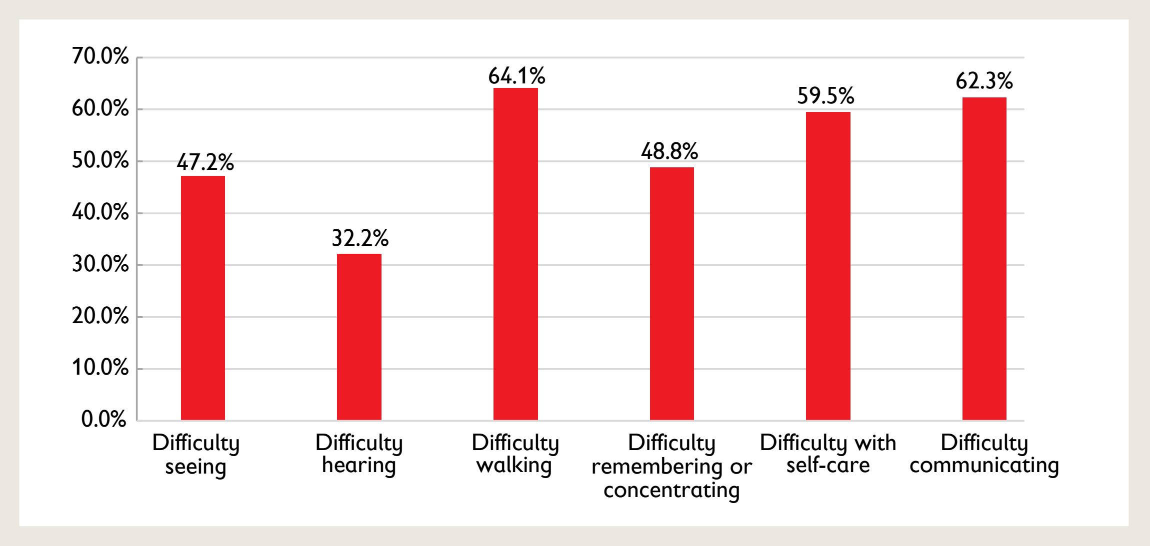
[10] Healthcare, medicine, medical supplies or items needed to stay healthy include: healthcare, medication and menstrual products; meat, dairy, grains, fruits and vegetables; masks; sanitiser/soap; water delivery; food delivery; sanitary products; COVID-19 tests; access to remote healthcare services; access to in-person healthcare; physiotherapy; counselling; mental health services; medication/medicine; domestic violence services; help with assistive devices; catheter; respite care; and access to regular health and rehabilitation services.

### Figure 12. Proportion of parents/caregivers who reported at least one barrier to accessing health care, medication or menstrual products by parent/caregiver disability status and gender



Across functional domains, more than half of parents/caregivers with disabilities reported at least one **barrier to accessing healthcare, medication or menstrual products. This was highest for parents/caregivers with difficulties in self-care (60%), walking (64%) or communicating (62%)**. Furthermore, around half of the parents/caregivers who reported that their children have difficulties in hearing (45%), self-care (46%), walking (53%), or communicating (60%) reported facing at least one barrier to accessing healthcare, medication or menstrual products, as shown in Figure 13.

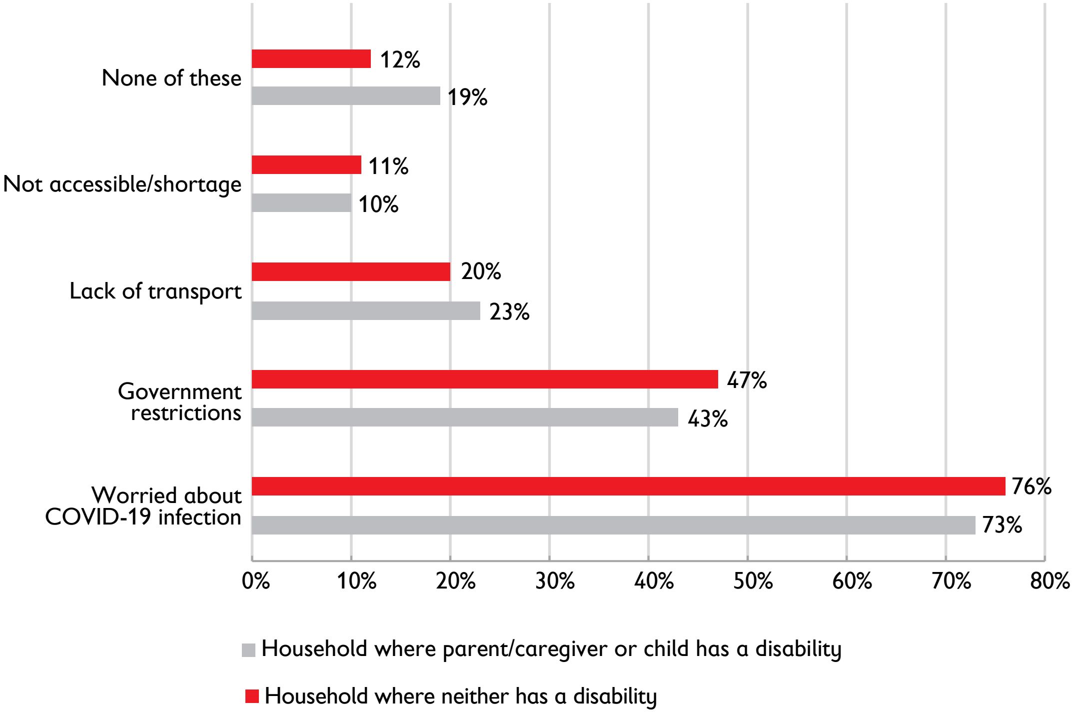
### Figure 13. Proportion of parents/caregivers with disabilities who reported at least one barrier to accessing healthcare, medication or menstrual products by functional domain



> **"Help disabled children especially in health and sanitation."**
>
> –17 year old boy with disability, Senegal, when asked,
> "If you were asked to write a letter to leaders in your country, what would you say?"

Barriers to accessing healthcare included the closure of healthcare centres or pharmacies, long queues resulting in not being assessed or treated and lack of availability of medicines and supplies. Nearly half of the households with at least one parent/caregiver or a child with disability (47%) reported that government restrictions have caused difficulties accessing essential services and goods compared to households without disability (43%), as shown in Figure 14.

**Figure 14. Type of barriers to accessing healthcare, medical supplies and food reported by parent/caregiver by household disability status**

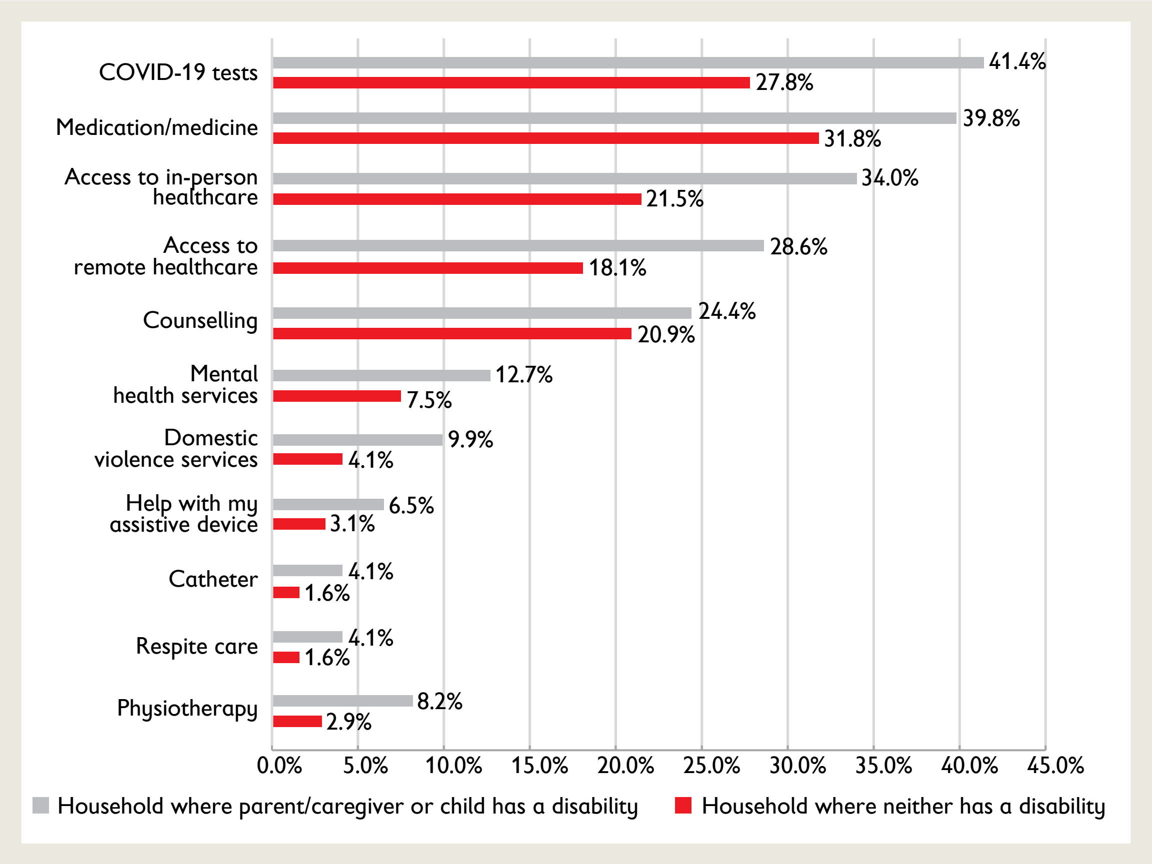


> “Outbreak infection as we don’t have personal protection like other people.”
>
> –14 year old boy who has a parent/caregiver with disability, Ethiopia, when asked, “What worries you the most about the COVID-19 outbreak?”

When asked what items or supports their households do not have but need in order to stay healthy, **more parents/caregivers with disabilities than those without reported a need for critical health services, particularly COVID-19 testing (41% vs 28%), medicine (40% vs 32%) and access to in-person healthcare (34% vs 22%).** This is shown in Figure 15.

Among those with disabilities, female household-heads reported being most affected: they were 1.3 times more likely than their male counterparts to report that their access to health and support services were affected since the COVID-19 outbreak.

## Figure 15. Type of items/supports not accessed by households reported by parents/caregivers by parent/caregiver and/or child disability status



Among parents/caregivers with disabilities, there were differences in the reported lack of access to essential services and goods across functional domains. This is detailed in Table 5.

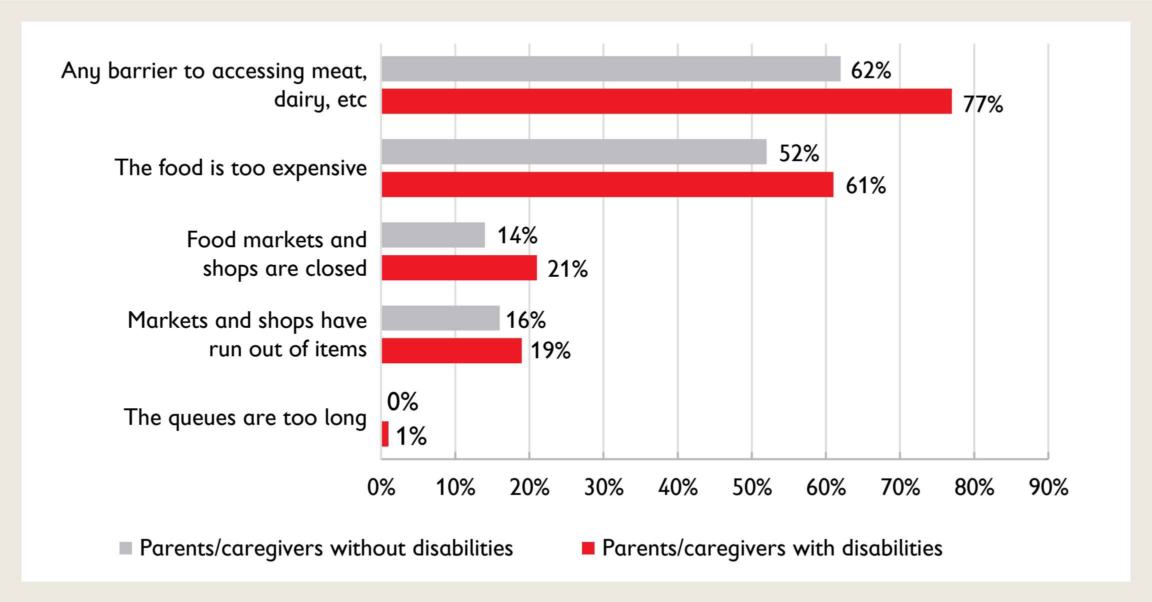
## Table 5. Proportion of parents/caregivers who reported lack of access to essential support services by functional domain

| Essential service | Difficulty seeing | Difficulty hearing | Difficulty walking | Difficulty Remembering or concentrating | Difficulty with self-care | Difficulty communi-cating |
|---|---|---|---|---|---|---|
| COVID-19 tests | 36% | 43% | 36% | 36% | 57% | 44% |
| Medication/medicine | 52% | 25% | 46% | 25% | 45% | 18% |
| Access to in-person healthcare | 31% | 24% | 31% | 16% | 44% | 45% |
| Counselling | 12% | 17% | 19% | 17% | 17% | 33% |
| Mental health services | 15% | 12% | 14% | 25% | 9% | 13% |
| Domestic violence services | 5% | 5% | 12% | 20% | 20% | 9% |
| Help with my assistive device | 2% | 3% | 16% | 18% | 15% | 14% |
| Catheter | 1% | 5% | 3% | 2% | 8% | 7% |
| Respite care | 1% | 2% | 7% | 2% | 2% | 2% |
| Access to remote healthcare services | 24% | 16% | 29% | 21% | 29% | 30% |
| Physiotherapy | 1% | 4% | 17% | 2% | 23% | 1% |

## Households with adults and children with disabilities have critical food and nutrition needs

Around **three out of four parents/caregivers with disabilities (77%) reported at least one barrier to accessing a diverse diet** of meat, dairy products, grains, fruits and vegetables since the COVID-19 outbreak, **compared to fewer than two-thirds of parents/caregivers without disabilities (62%).** A significantly higher proportion of parents/caregivers with disabilities (61%) reported that meat, dairy products, grains, fruit and vegetables were too *expensive*, compared to those without disabilities (52%). One in five parents/caregivers with disabilities (21%) stated that *food markets and shops were closed* during the pandemic compared to fewer than one in five parents/caregivers without disabilities (14%). The proportion of parents/caregivers with disabilities (19%) reporting that *food markets and shops had run out of items* was slightly higher than those without disabilities (16%). Few parents/caregivers with disabilities reported that *long queues* were a barrier to accessing food. This is shown in Figure 16.

**Figure 16. Proportion of households with barriers to accessing meat, dairy, grains, fruits and vegetables by parent/caregiver disability status**



There are no significant changes in continued breastfeeding reported between parents/caregivers with and without disabilities since the COVID-19 outbreak, with 95% continuing to breastfeed. However, this study found that a lower proportion of female parents/caregivers with disabilities (57%) reported breastfeeding their child (exclusively or non-exclusively) before the pandemic compared to those without disabilities (76%).

> **"Since my parents worked from home, we limited our food portions because my parents' income were reduced"**
>
> –17 year old girl who has a parent/caregiver with disability, Indonesia, when asked, "What worries you the most about the COVID-19 outbreak?"

## The impact of COVID-19 on child education and learning

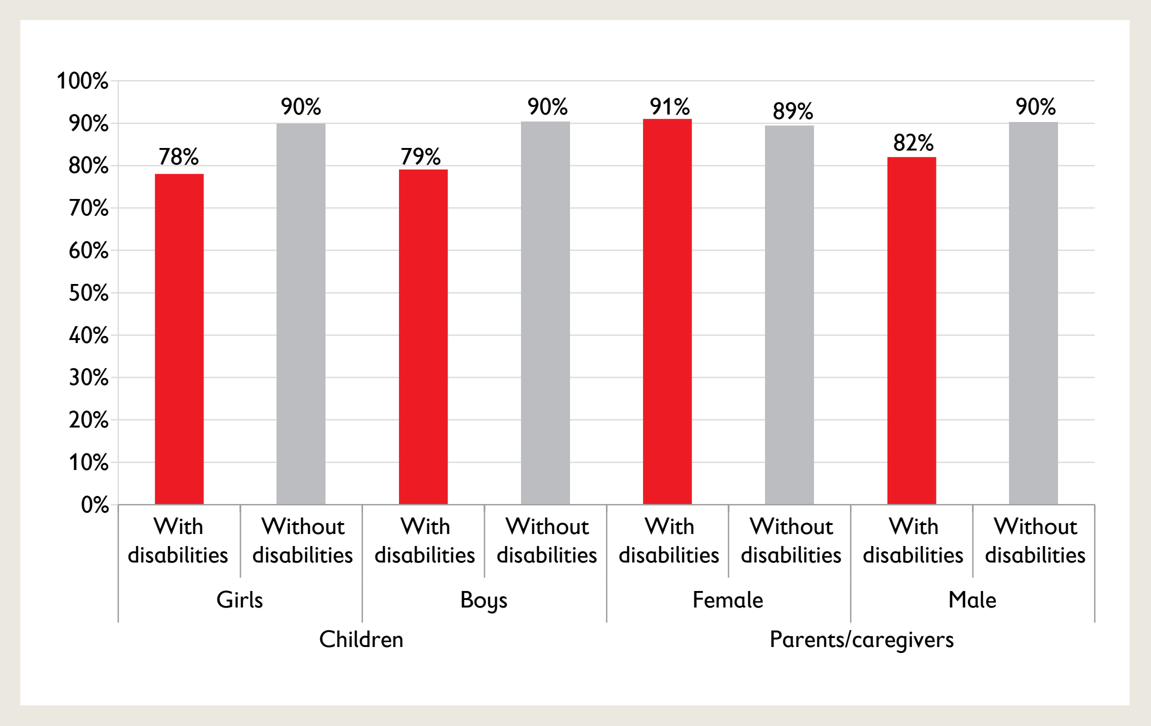
**Children with disabilities and children of male parents/caregivers with disabilities were less likely to attend school before the pandemic. Four out of five parents/caregivers of children with disabilities (78%) reported that their child with disability attended school before the**

**pandemic, compared to 90% of parents/caregivers reporting on their child without disability.** As shown in Figure 17, only around 78% of girls with disabilities and 79% of boys with disabilities attended school before the COVID-19 pandemic.

> **"Schools being closed and not sure about my future."**
>
> – 16 year old boy with disability, Afghanistan, when asked, "What worries you the most about the COVID-19 outbreak?"

There was no statistically significant difference in children's school attendance prior to COVID-19 by the disability of the parent/caregiver, however there were differences when this was combined with the parent's/caregiver's gender. 91% of female parents/caregivers with disabilities reported that their child was attending school before the pandemic, compared to 82% of male parents/caregivers with disabilities. This is also shown in Figure 17.

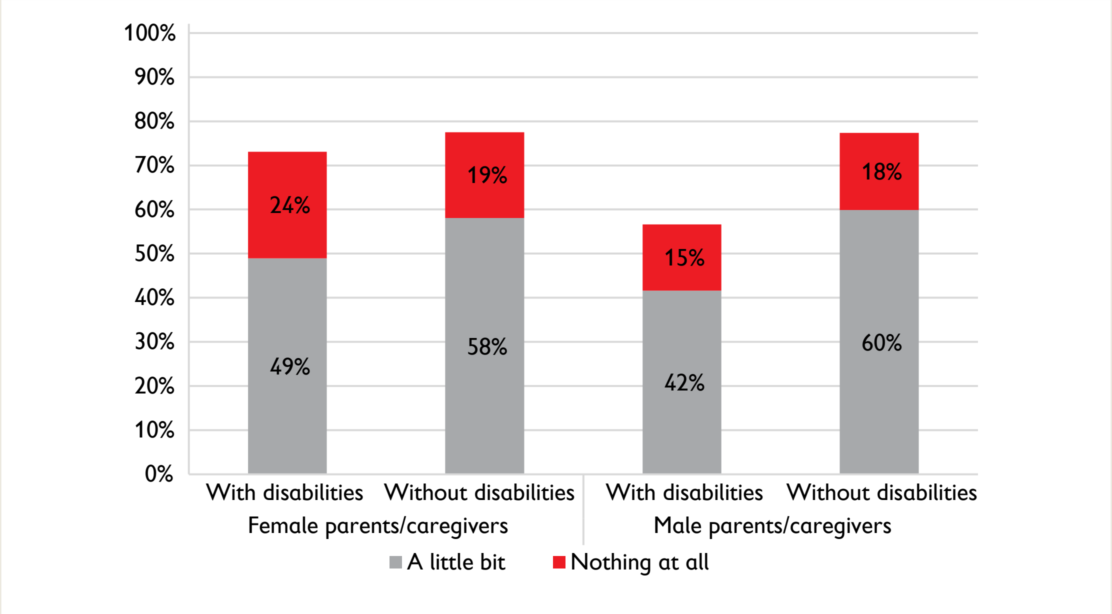
**Figure 17. Proportion of parents/caregivers reporting that their indexed child was attending school before COVID-19 by parent/caregiver and child disability status**



## Children with disabilities are perceived by their parents/caregivers to learn less

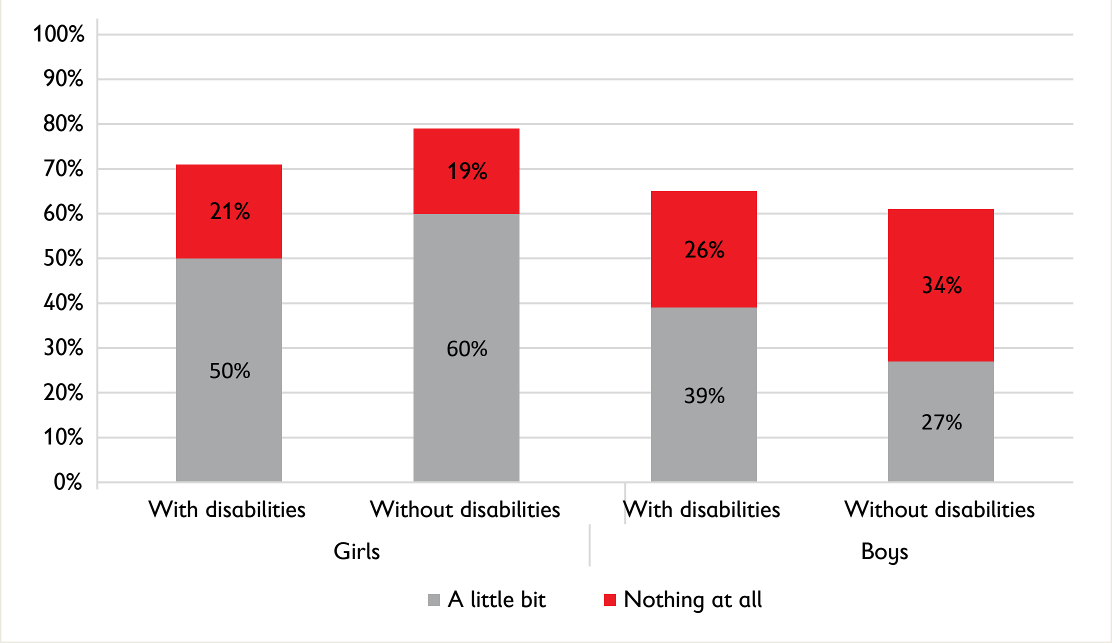
The disability status of parents/caregivers alone was not related to their perceptions of their child's learning during the pandemic. However, parents'/caregivers' disability status became related when combined with gender. **Close to one-quarter of female parents/caregivers with disabilities (24%) reported that their child was learning "nothing at all", compared to one-fifth of female parents/caregivers without disabilities (19%).** In contrast, a lower proportion of male parents/caregivers with disabilities (15%) reported that their children were learning "nothing at all", compared to male parents/caregivers without disabilities (18%). This is shown in Figure 18.

## Figure 18. Parent/caregiver perceptions of children's learning during COVID-19 by parent/caregiver disability status and gender



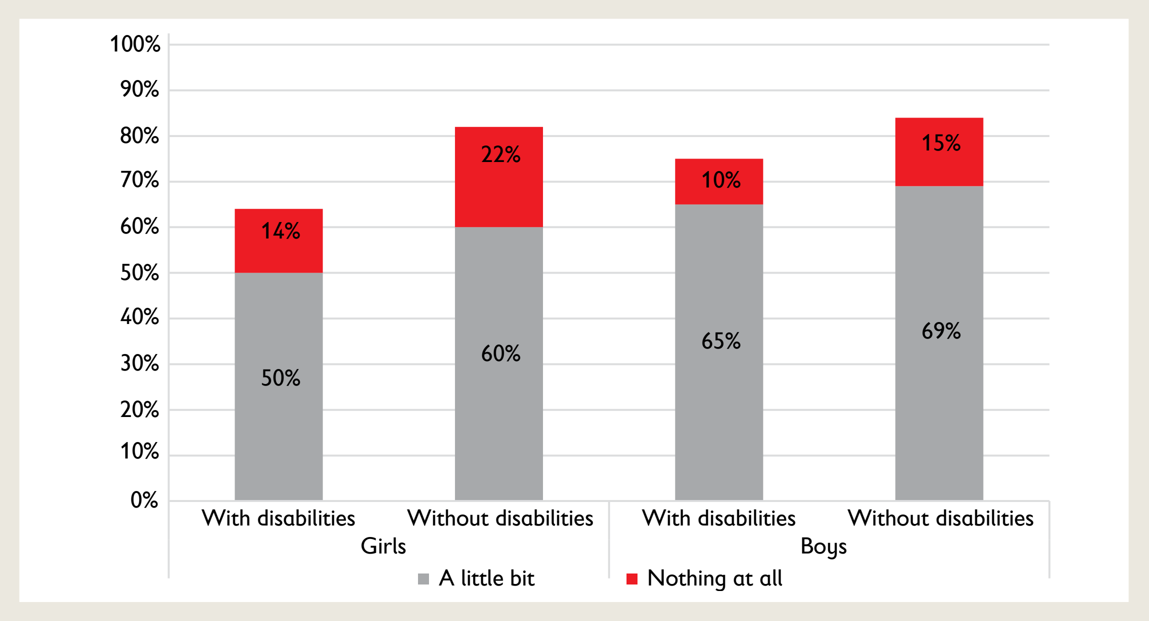
A higher proportion of parents/caregivers of boys with disabilities (65%) felt that their child was only learning *"a little"* (39%) or *"nothing at all"* (26%), compared to 61% of parents/caregivers of boys without disabilities (27% and 34% respectively). Surprisingly, more parents/caregivers of girls without disabilities (79%) reported that their child was learning *"a little"* (60%) or *"nothing at all"* (19%), compared to 71% of parents/caregivers of girls with disabilities (50% and 21%, respectively). According to parents/caregivers, girls with disabilities were more likely (71%) to learn *"a little"* or *"nothing at all"*, compared to boys with disabilities (65%), as shown in Figure 19.

## Figure 19. Parents'/caregivers' perceptions of children's learning during COVID-19 by child's disability status and gender



In contrast to parents'/caregivers' responses, higher proportions of both girls (82%) and boys (84%) without disabilities reported learning only *"a little bit"* and *"nothing at all"*, compared to girls (64%) and boys (75%) with disabilities. This is shown in Figure 20.

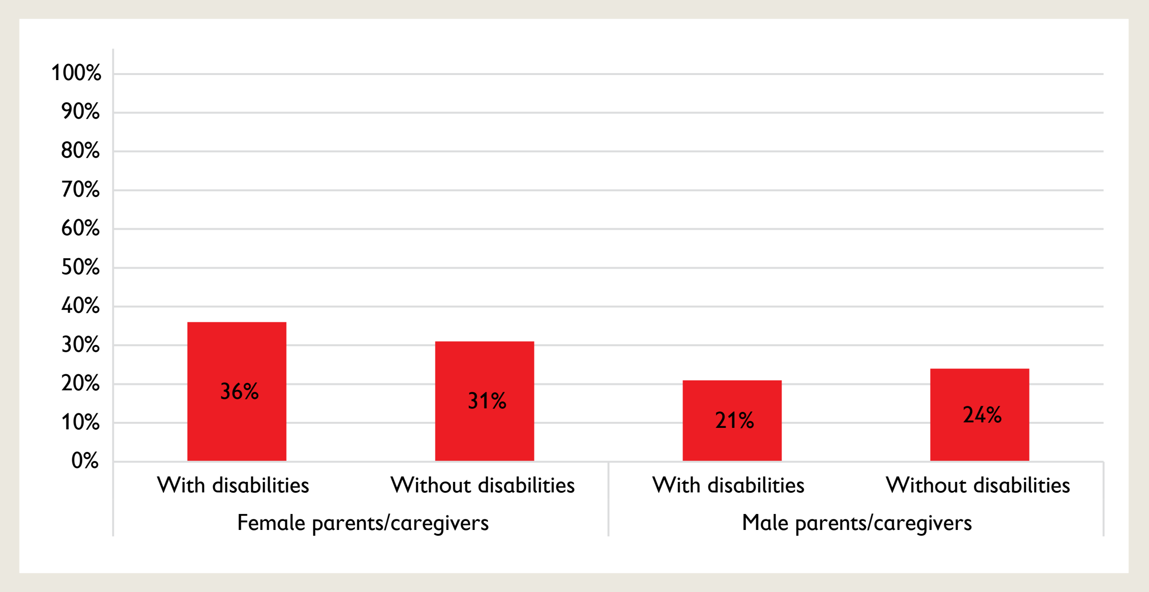
### Figure 20. Children's perception of their learning during COVID-19 by child respondent's disability status and gender



## Parents/caregivers of children with disabilities feel less able to support their child's learning

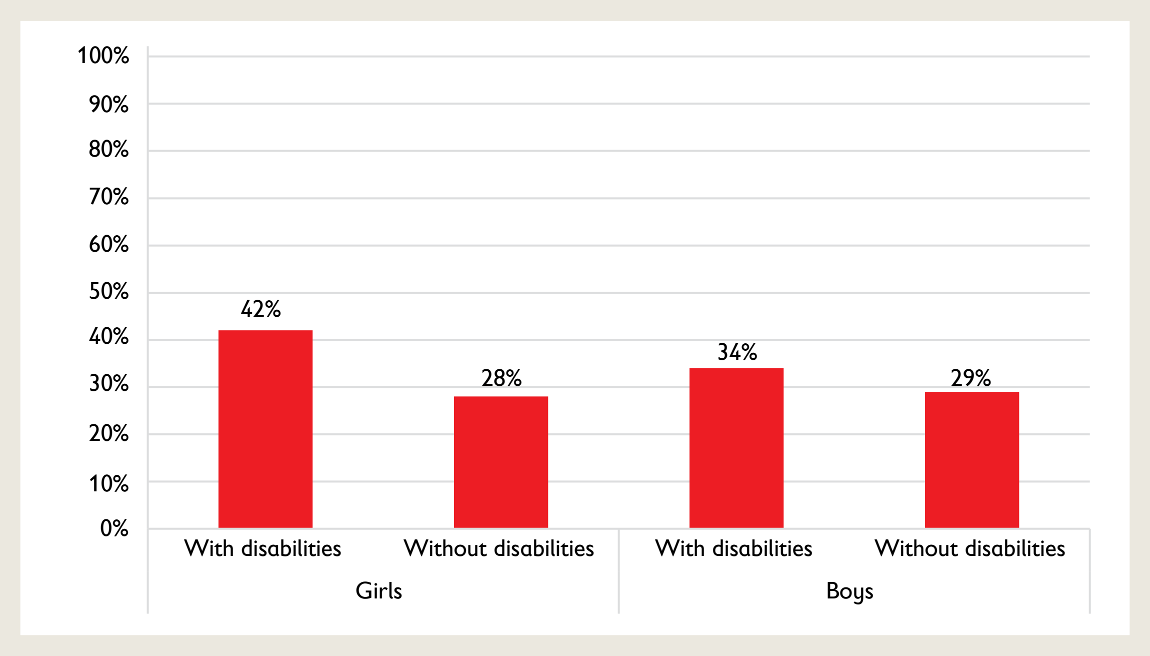
Female parents/caregivers with disabilities were more likely to feel unable to support their child's learning at home (36%), compared to female parents/caregivers without disabilities (31%), male parents/caregivers with disabilities (21%) and male parents/caregivers without disabilities (24%). This is shown in Figure 21.

### Figure 21. Proportion of parents/caregivers who reported not feeling able to support their children's learning at home by parent's/caregiver's disability status and gender



**A larger proportion of parents/caregivers of children with disabilities (38%) felt unable to support their children with learning than parents/caregivers of children without disabilities (28%).** More parents/caregivers of girls with disabilities (42%) reported feeling unable to support their child's learning than those of boys with disabilities (34%) and girls or boys without disabilities (28% and 29%, respectively). This is shown in Figure 22.

### Figure 22. Proportion of parents/caregivers reporting feeling unable to support child's learning at home by child's disability status and gender



## Disability status of parents/caregivers appears to impact more than disability in children on teacher support during school closures

Parents/caregivers with disabilities were more likely (73%) to report that their child had *no contact from teachers* than parents/caregivers without disabilities (66%). Three-quarters of female parents/caregivers with disabilities (76%) reported that their child had had no *check-ins* from teachers.

Parents/caregivers of children with disabilities were *less likely* (60%) to report their child being *without any teacher follow-up* than parents/caregivers of children without disabilities (66%). Also, children with a chronic health condition were more likely (70%) than children without a chronic health condition (66%) to be without *teacher check-ins,* according to their parents/caregivers.

A higher proportion of parents/caregivers of children with disabilities, compared to parents/caregivers of those without, reported that their child had had at least one teacher check-in[11] (43% for girls with disabilities vs 36% for girls without disabilities and 37% for boys with disabilities vs 32% for boys without disabilities).

> "Not having gone to school until now."
>
> –17 year old girl with disability, Senegal, when asked,
> "What worries you the most about the COVID-19 outbreak?"

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[11] Teacher check-in includes: more than once per day, once a day, a few times a week, once a week and less than once a week.

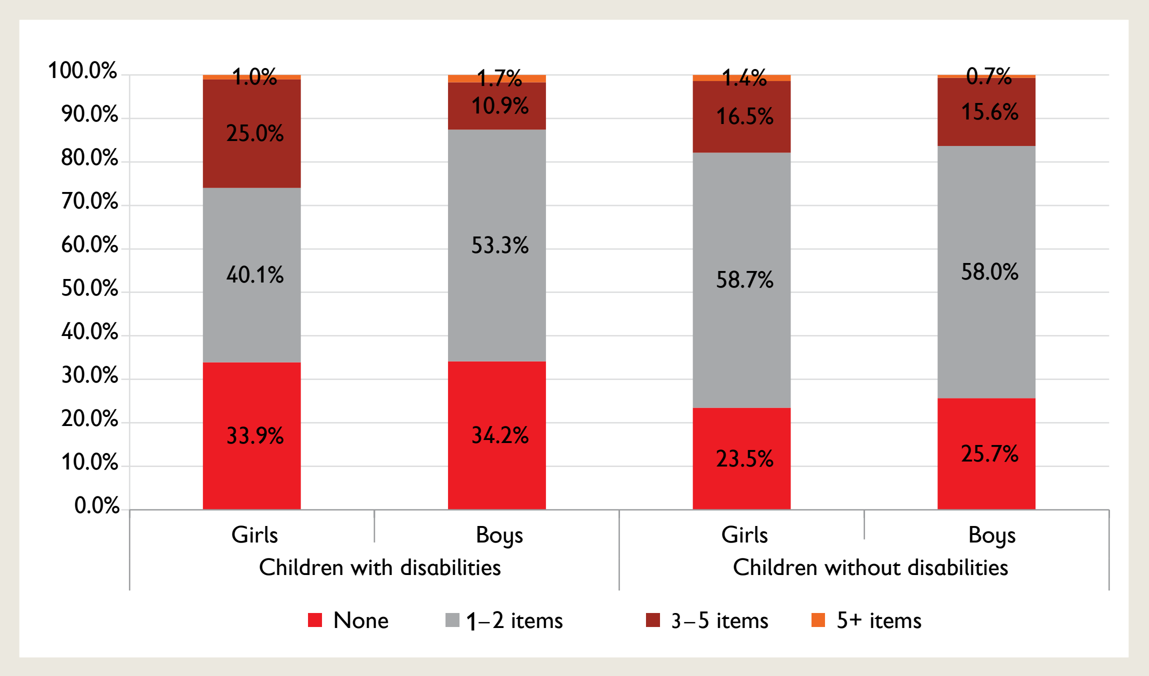
## Having no access to learning materials is more common among children with disabilities

Around **one in three parents/caregivers with disabilities (34%) reported that their child did not have access to any learning materials at all, compared to one in five parents/caregivers without disabilities (20%).**[12] A higher proportion of parents/caregivers of children with disabilities (28%) reported *"no access"* to education materials compared to 21% of parents/caregivers of children without disabilities.

Parents/caregivers with disabilities reported a higher need for internet access (12%) than those without disabilities (9%).

Only 40% of girls with disabilities and 53% of boys with disabilities had, according to their parents/caregivers, *one or two learning materials,* compared to 58% of children without disabilities, as shown in Figure 23.

### Figure 23. Children's access to learning materials according to parents/caregivers by child's disability status and gender



There were no differences in the use of learning materials between children with and without disabilities according to their parents/caregivers, except for the use of radio programmes and phone apps. Slightly lower proportions of children with disabilities used radio programmes (2%) and phone apps (2%), compared to those without disabilities (5% and 7%).

When asked, *"What other supports do you need or think you will need during this time?"*, parents/caregivers with disabilities reported needing greater support with *home schooling/learning materials* (55%), compared to those without disabilities (41%). Similarly, a higher proportion of parents/caregivers of children with disabilities (50%) reported needing children's home *schooling/learning* materials, compared to parents/caregivers of children without disabilities (45%). A higher proportion of children with disabilities (71%) reported needing home *schooling/learning* materials compared to children without disabilities (51%.)

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[12] Learning materials include worksheets/activity sheets; textbooks; braille books; reading books; electronic books; educational radio programmes; educational TV programmes; educational apps for phone or tablet; educational programs to use on computer; and internet.

> **"…give more support to the children, because not all of us can study with the TV programme Learn at Home. Some kids can, but not all."**
>
> –11 year old girl with a parent/caregiver with disability, Peru, when asked, "If you were asked to write a letter to leaders in your country, what would you say?"

## Children with disabilities are more likely to report obstacles to learning

Children (aged 11–17) were asked about the obstacles to learning that they experienced. The results are shown in this section, ordered by the obstacles experienced by children with and without disabilities and by children of parents/caregivers with and without disabilities.

The most common obstacle to learning reported by all child respondents, regardless of disability, was access to appropriate support for their learning: *"I need help and no one can help me"*. **A much higher proportion of children with disabilities (60%) reported not having someone to help them, compared to children without disabilities (36%). More than half of the girls (57%) and boys (64%) with disabilities reported not having someone to help, compared to girls (35%) and boys (64%) without disabilities. Around half of the child respondents with a parent/caregiver with disabilities (51%) reported needing help and having no one to help, compared to 37% of children of parents/caregivers without disability.**

The second most commonly reported challenge was *"not understanding homework"*, which children with disabilities (53%) were twice as likely to report as those without disabilities (27%). Around 51% of girls and 55% boys with disabilities reported *"not understanding homework"*, compared to 24% girls and 30% boys without disabilities. Over one-third of children of parents/caregivers with disabilities (35%) reported the challenge of not understanding homework, compared to just over one-quarter of children of parents/caregivers without disabilities (27%).

Furthermore, a higher proportion of girls with disabilities reported that *"someone else is always using the computer, TV or radio"* (12%) and *"I have paid work to do"* (11%), as compared to girls without disabilities (4% and 2%, respectively). This is shown in Table 6.

### Table 6. Children report on the barriers to learning continuity at home by child's disability status and gender

| Learning obstacle | Children with disabilities | | Children without disabilities | |
|---|---|---|---|---|
| | Girl | Boy | Girl | Boy |
| Child needed help and no one could help her/him | 57% | 64% | 35% | 38% |
| Child did not understand the homework or activities | 51% | 55% | 24% | 30% |
| Family did not have enough data to access internet for learning | 40% | 31% | 23% | 19% |
| Child had too many chores to do | 18% | 10% | 19% | 8% |
| Someone in the family was always using the computer, TV or radio | 12% | 3% | 4% | 6% |
| Child could not be bothered | 5% | 5% | 8% | 11% |
| Child had paid work to do | 11% | 1% | 2% | 2% |

> **“Stop the online classes because we don’t understand anything.”**
>
> –17 year old boy who has a parent/caregiver with disability, Paraguay, when asked, “If you were asked to write a letter to leaders in your country, what would you say?”

A higher proportion of children of male parents/caregivers with disabilities (35%) and children of female parents/caregivers with disabilities (26%) also reported *“not having enough data for learning using the internet”*, compared to those of male and female parents/caregivers without disabilities (18% and 21%, respectively). Five percent of children of parents/caregivers with disabilities reported not being able to learn because they were *“getting paid for work”*, compared to 2% of children of parents/caregivers without disabilities. This is shown in Table 7.

**Table 7. Children report on the barriers for learning continuity at home by parent’s/caregiver’s disability status and gender**

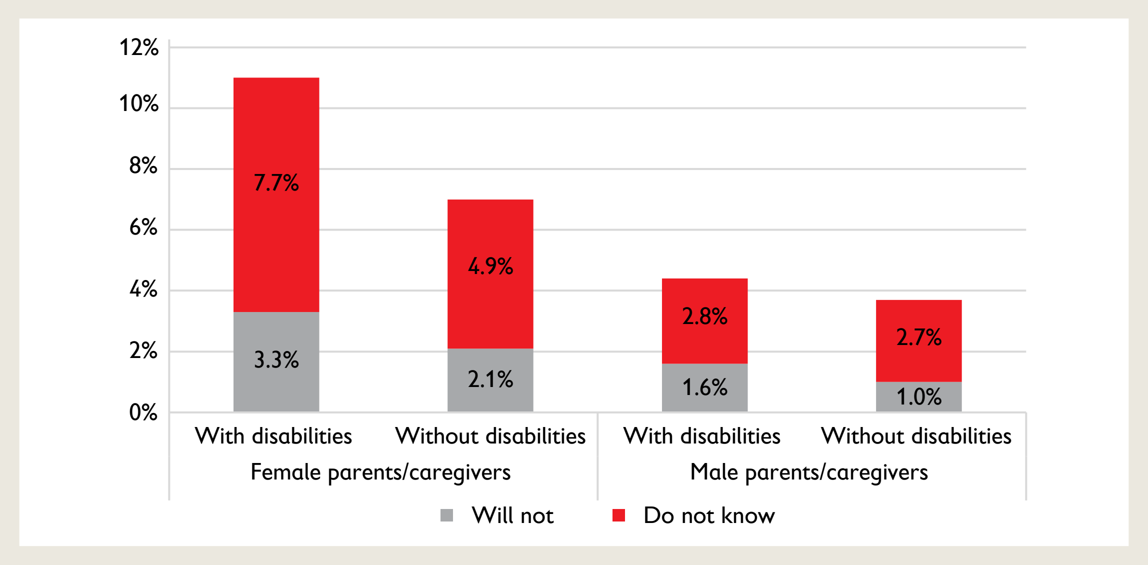
| Learning obstacle | Parents/caregivers with disabilities | | Parents/caregivers without disabilities | |
|---|---|---|---|---|
| | Female | Male | Female | Male |
| Child needed help and no one could help her/him | 48% | 56% | 36% | 38% |
| Child did not understand the homework or activities | 35% | 35% | 30% | 25% |
| Family did not have enough data to access internet for learning | 26% | 35% | 18% | 21% |
| Child had too many chores to do | 14% | 12% | 15% | 17% |
| Someone in the family was always using the computer, TV or radio | 8% | 4% | 7% | 4% |
| Child could not be bothered | 4% | 9% | 8% | 11% |
| Child had paid work to do | 4% | 6% | 2% | 2% |

As a consequence of school closures, **one in five children with disabilities (19%) reported losing access to school meals (lunch) compared to 10% of children without disabilities.** A much higher proportion of girls with disabilities (18%) reported losing access to lunch, compared to girls without disabilities (7%).

## Children with disabilities and children of parents/caregivers with disabilities are less likely to return to school

Parents/caregivers with disabilities (91%) had a lower expectation that their child would return to school than parents/caregivers without disabilities (94%). As shown in Figure 24, a higher proportion of female caregivers with disabilities (11%) were uncertain (8%) or thought their children would not return to school (3%), compared to the proportion of male caregivers with disabilities (5%), of whom 3% were uncertain and 2% thought their children would not return to school.

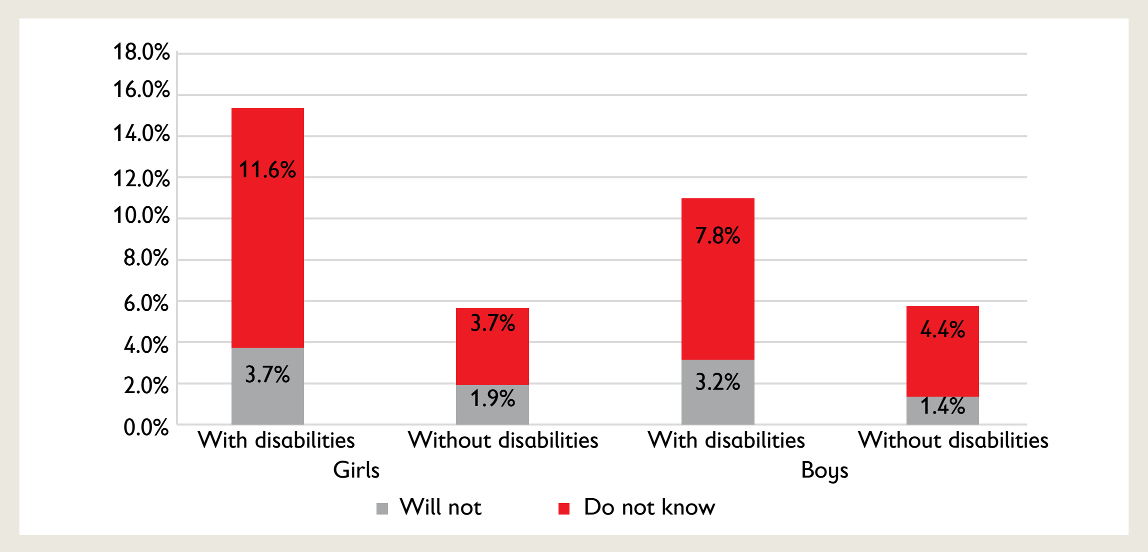
**Figure 24. Parents'/caregivers' expectations that their child 'will not' or 'do not know' whether they will return to school by parent/caregiver disability status and gender**



> "I am really worrying about my future studies and career."
>
> –11 year old girl with a parent/caregiver with disability, Sri Lanka, when asked, "What worries you the most about the COVID-19 outbreak?"

A smaller proportion of parents/caregivers of children with disability (87%) expected that their child would return to school, compared to parents/caregivers of children without disabilities (94%). Specifically, parents/caregivers of a child with disability were more likely (13%) to respond 'no' or 'don't know' to the question on the expectation of their child returning to school than parents/caregivers of children without disabilities (6%). Parents/caregivers of girls with disabilities were more than twice as likely (16%) than those of girls without disabilities (6%) to respond 'no' or 'don't know' to the question of return to school. This is shown in Figure 25.

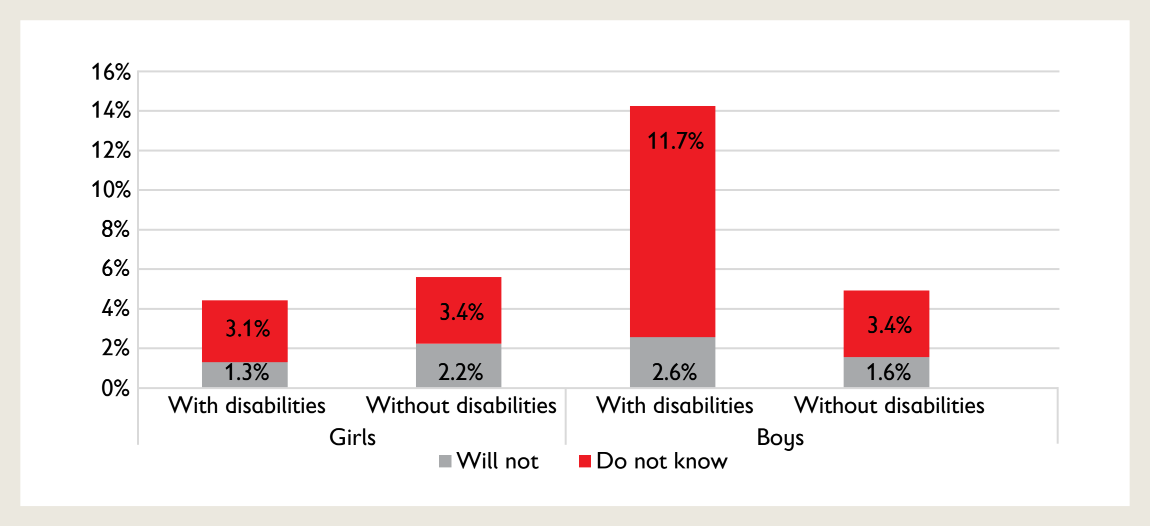
**Figure 25. Parents'/caregivers' expectations that their child 'will not' or 'do not know' whether they will return to school by child's disability status and gender**



Additionally, parent/caregiver expectations that their child will return to school are significantly lower when also reporting the child has a chronic health condition (91%) than for children without a chronic health condition (94%).

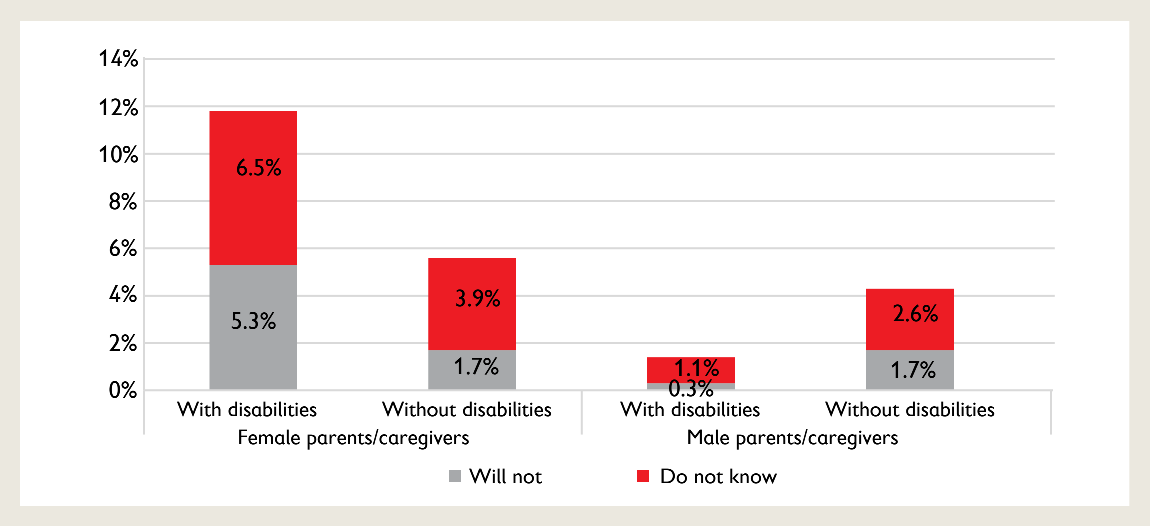
Amongst child respondents, 15% of the boys with disabilities reported they did not expect to return to school (3%) or they were uncertain about returning to school after COVID-19 (12%), compared to 4% of the girls with disabilities, 5% of the boys without disabilities, and 5% of the girls without disabilities, as seen shown in Figure 26.

### Figure 26. Children's expectations that they 'will not' or 'do not know' whether they will return to school by child's disability status and gender



The disability status of parents and caregivers was not associated with their expectations of whether or not their child would return to school after COVID-19. However, looking at the gender and disability status of the caregivers/parents, twice as many children of female parents/caregivers with disabilities (12%) reported that they would not (5%) or were uncertain (7%) to return to school after COVID-19, compared to 5% of children of female parents/caregivers without disabilities (2% would not and 4% were uncertain). This is shown in Figure 27.

### Figure 27. Children's expectations that they 'will not' or 'do not know' whether they will return to school by parents'/caregivers' disability status and gender



> “Not returning to school.”
>
> – 15-year-old boy with a parent/caregiver with disability, Egypt, when asked, “What worries you the most about the COVID-19 outbreak?”

## The impact of COVID-19 on children’s right to social interaction, play, information and being heard

### Children with disabilities report playing less, sleeping less, doing more chores and caring more for siblings/others

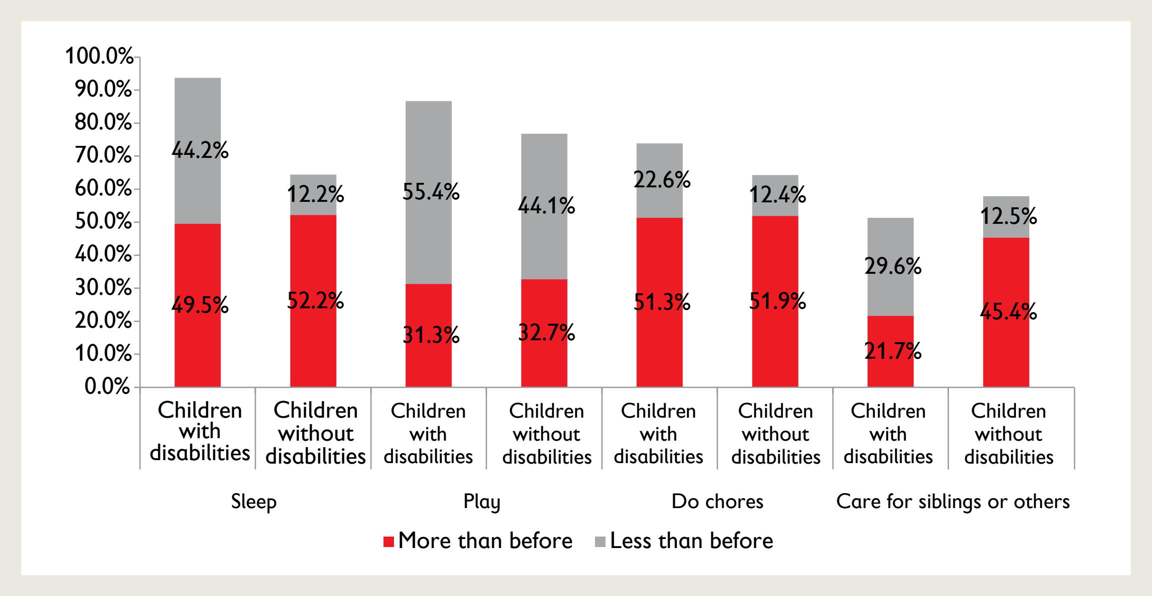
**More children with disabilities themselves (55%) reported playing less than children without disabilities (44%).** Boys with disabilities (68%) were more likely to report *playing less*, compared to boys without disabilities (41%), girls without disabilities (47%), and girls with disabilities (48%), as shown in Figure 28.

**Almost half of the children with disabilities (44%) reported sleeping less since the COVID-19 outbreak, compared to children without disabilities (12%).** Specifically, girls with disabilities (57%) were more likely to report that they *sleep less* than girls without disabilities (14%), boys with disabilities (23%) and boys without disabilities (10%).

More than half of **children with disabilities (51%) and without disabilities (52%) reported having more chores to do since the COVID-19** outbreak than before, with a stark difference based on gender. Aligned with the strong prevalence of normative, traditional gender roles in the society, around 71% of girls with disabilities and 61% of girls without disabilities reported an increase in household chores, compared to 40% of boys without disabilities and 20% of boys with disabilities.

More children without disabilities (45%) reported an increase in having to care for siblings or others since the COVID-19 outbreak than those with disabilities (22%). A lower proportion of girls with disabilities (26%) and boys with disabilities (39%) reported an increase in having to care for siblings or others, compared to girls without disabilities (50%) and boys without diabilitities (40%).

**Figure 28. Changes in children’s activities since COVID-19 according to child respondents by child’s disability status**



> “I don’t know because my mom is the only adult and she has leg injury and we have to help her.”
>
> – 16-year-old boy with a parent/caregiver with disability, Colombia, when asked,
> “What can adults in your home do differently during the outbreak of COVID-19?”

## Children with disabilities are less likely to be able to interact socially with their friends

**Only 29% of parents/caregivers of children with disabilities reported that their child could stay in touch with friends during the COVID-19 pandemic, compared to 45% of parents/caregivers of children without disabilities.**

A slightly higher proportion of children with disabilities reported *not staying in touch with friends* (60%), compared to those without disabilities (54%). Boys with disabilities were the most deprived of social interaction during the COVID-19 pandemic, with around 67% of them reporting that they had not been in touch with their friends (in person or virtually), compared to boys without disabilities (45%) and girls with (55%) and without disabilities (61%).

> “Lack of free movement.”
>
> – 17-year-old boy with disability who also has a parent/caregiver
> with disability, Albania, when asked,
> “What worries you the most about the COVID-19 outbreak?”

## Children with disabilities were able to talk about COVID-19 with adults in their household

The study showed some positive results, where **children with disabilities have either similar or better access to information and ability to talk about COVID-19 with adults in their house**. There was no significant difference between the parents/caregivers with and without disabilities in reporting on how often they discussed the COVID-19 pandemic with their children or whether the child had someone to talk to about it. Nearly all parents/caregivers with disabilities (94%) and without disabilities (92%) reported that they had “sometimes” or “often” discussed the COVID-19 pandemic with their children.

About one-third of parents/caregivers of children with disabilities (32%) reported that their child *did not have someone to talk about their concerns*, compared to less than one-quarter of those of children without disabilities (23%).

> “Talk more with me and with my brothers and sisters”
>
> –13 year old boy with disability who also has a parent/caregiver
> with disability, Paraguay, when asked,
> “What can adults in your home do differently during the outbreak of COVID-19?”

A lower proportion of children with disabilities (51%) stated that they could *"express their concern"* about COVID-19 with the adults in their house, as compared to children without disabilities (59%). Still, when asked more about their communication about COVID-19 with adults in the house, a higher proportion of children with disabilities, compared to those without disabilities, reported that they could *ask questions* (75% vs 65%), *were listened to* (55% vs 46%), were *asked their opinion* (39% vs 33%), and could *make decisions together* (41% vs 20%). And a much higher proportion of girls with disabilities, compared to boys with disabilities, reported that they can *ask questions* (82% vs 64%), were *asked their opinion* (44% vs 30%) and could *make decisions together* (49% vs 28%).

> "I worried of not being able to meet my friends"
>
> –13 year old girl who has a parent/caregiver
> with disability, Albania, when asked,
> "What worries you the most about the COVID-19 outbreak?"

We asked children,

**"If you were asked to write a letter to leaders in your country, what would you say?"**

This is what they answered.

**"Let's help children with disabilities. They need hygiene, educational and clothing items."**

**—11-year-old girl with a disability who also has a parent/caregiver with disability, Kosovo.**

**"Kindly help the poorer people like us. And also reopen the schools very soon."**

**—16-year-old girl who has a parent/caregiver with disability, Sri Lanka**

**"I want to be safe."**

**—16-year-old girl with a disability, Lebanon.**

**"Please help poor families and daily laborers as they are not able to make a living."**

**—15-year-old boy who has a parent/caregiver with disability, India.**

**"I would tell our country leaders to look after children from an education and health perspective because they are the future of the country."**

**—13-year-old boy with disability, Senegal.**

**"Do more for children, especially those in difficult [financial] settings. There are so many people out there that have no income."**

**—11-year-old boy with a disability who also has a parent/caregiver with disability, Kosovo.**

We asked children,

**"What message do you have for children in other countries affected by COVID-19?"**

This is what they answered.

> **"I want every kid out there to be only happy and keep smiling. Don't let anyone control you because if you were meant to be controlled you would come with a remote. So keep smiling and remember it's okay to say no."**

**—11-year-old girl with disability who also has a parent/caregiver with disability, Bangladesh.**

> **"Everything will be back to normal very soon. So please don't lose your hopes and be strong."**

**—16-year-old girl who has a parent/caregiver with disability, Sri Lanka.**

> **"I would tell them to stay positive, that they can be careful, that they stay calm and everything will be okay, that they are good people, and to try and meet a Scout group near where they live, that would make them happy."**

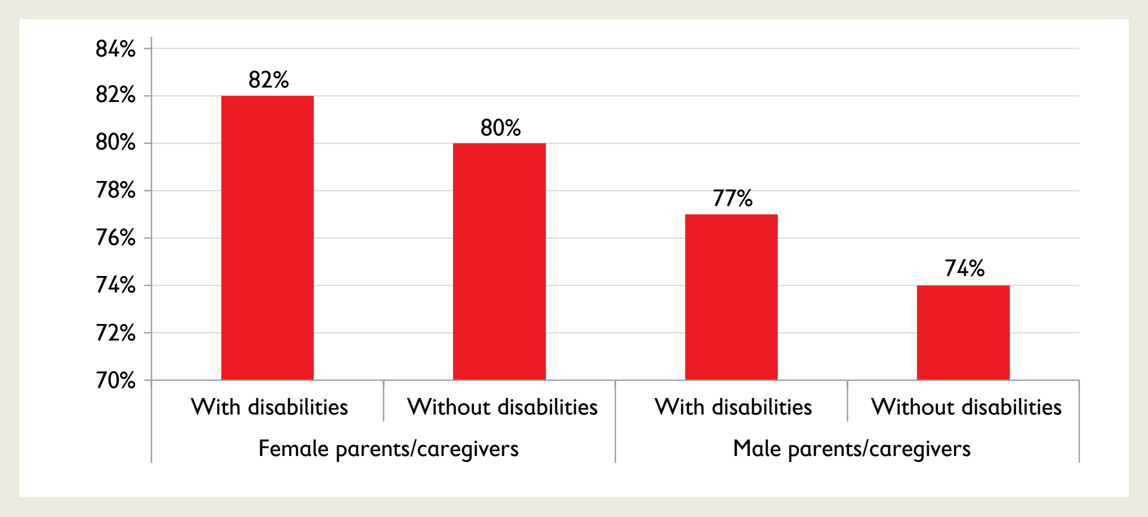
**—14-year-old girl who has a parent/caregiver with disability, Argentina.**

## The impact of COVID-19 on parent/caregiver and child relationships

### Parents/caregivers with disabilities reported positive changes in their parenting practices

A higher proportion of parents/caregivers with disabilities (80%) reported an increase in their use of positive parenting methods, compared to parents/caregivers without disabilities (77%). A higher proportion of female parents/caregivers with disabilities (82%) reported an increase in their use of positive parenting methods, compared to female parents/caregivers without disabilities (80%), male parents/caregivers with disabilities (77%) and male parents/caregivers without disabilities (74%), as shown in Figure 29. Positive parenting methods include spending more time with the children, having a greater bond with the children, showing more love and affection toward the children and being more responsive to their children's needs.

**Figure 29. Proportion of parents/caregivers reporting increases in positive parenting methods by parent/caregiver disability status and gender**



> **"I enjoy studying, taking care of my siblings, playing with them and helping them in their studies."**
>
> –16 year old girl with a parent/caregiver with disability, Afghanistan, when asked, "What have you enjoyed most about this time?"

### Parents/caregivers with disabilities reported engaging in less learning and playing activities

Parents/caregivers were asked about the number of activities they engage in with their children.[13] A higher proportion of male parents/caregivers with disabilities (23%) reported to not engage in any activity with their children, compared to female parents/caregivers (14%) and male and female parents/caregivers without disabilities (15% and 13%, respectively). A lower proportion of parents/caregivers with disabilities reported *playing outdoors* or *exercising together* (20%) and involving child in everyday activities at home (44%), compared to parents/caregivers without disabilities (28% and 47%, respectively).

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[13] Activities asked about were; read from a book; tell stories; drawing, art or craft activities; play music, sing songs, dance or do other musical activities; play with toys or games indoors; play outdoor games or exercise together; involve child in everyday activities at home, such as cooking; watch TV or movies together; none of these.

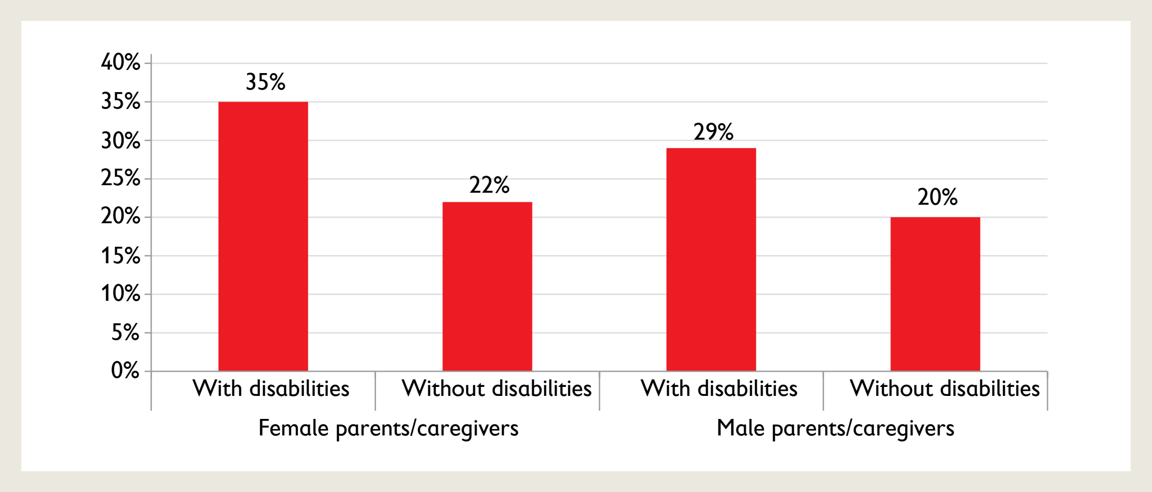
Parents/caregivers of children with disabilities engaged more in d*rawing, art or craft activities* (19%) and *playing with toys or games indoors* (35%) than parents/caregivers of children without disabilities (10% and 25%, respectively). Otherwise, there was no significant difference between how parents/caregivers of children with or without disabilities engaged in activities with their children at home.

### Parents/caregivers with disabilities also reported using negative parenting methods more since COVID-19

**Parents/caregivers with disabilities (33%) were also more likely to report an increase in using negative parenting methods with their children since COVID-19, compared to parents/caregivers without disabilities (21%).** Negative parenting methods include spending less time with the child, being more frustrated and less patient with the child's behaviour, speaking less calmly to the chid, resorting to yelling, being more aggressive towards the child and using physical punishment. More than one-third of female parents/caregivers with disabilities (35%) reported using negative parenting methods, compared to their counterparts without disabilities (22%) and male parents/caregivers with disabilities (29%) and without disabilities (20%), as show in Figure 30. **The exception to this trend was in West and Central Africa, where parents/caregivers without disabilities reported the highest use of negative or violent parenting methods.**

> **"Be more patient with us."**
>
> – 12 year old girl with a disability, Burkina Faso, when asked, "What can adults in your home do differently during the outbreak of COVID-19?"

**Figure 30. Proportion of parents/caregivers reporting increases in negative parenting methods by parent/caregiver disability status and gender**



## The impact of COVID-19 on mental health and psychosocial wellbeing

### Parents/caregivers with disabilities cope better emotionally than parents/caregivers without disabilities

**Overall, a lower proportion of parents/caregivers with disabilities (82%) reported reduced psychosocial wellbeing[14] than parents/caregivers without disabilities (90%)**. Nearly three-

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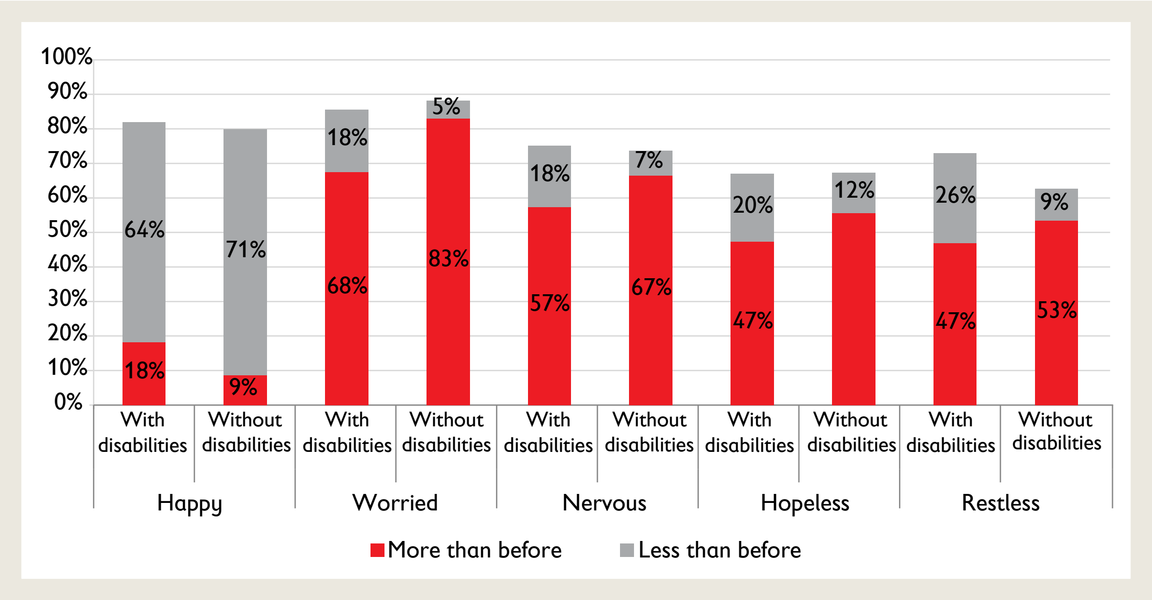
[14] Measured by changes in how often they feel lonely, worried, nervous, hopeless, restless or fidgeting, like everything is an effort, worthless or depressed.

quarters of parents/caregivers without disabilities (71%) and around two-thirds of parents/caregivers with disabilities (64%) reported feeling *less happy* than before the COVID-19 outbreak. Parents/caregivers without disabilities felt *more worried* (83%) and *more nervous* (67%) since the pandemic started than parents/caregivers with disabilities (68% and 57%, respectively). The same was true for feeling *more hopeless* and *feeling restless or fidgety* where parents/caregivers without disabilities reported a higher increase than those with disabilities (56% vs 47% and 53% vs 47% respectively), as shown in Figure 31 and Table 8. There was a stark difference in feeling *hopeless* between male and female parents/caregivers with disabilities. More than half of female parents/caregivers with disabilities (53%) reported feeling *more hopeless* compared to one in three male parents/caregivers with disabilities (37%).

## Figure 31. Changes in parents'/caregivers' psychosocial wellbeing since COVID-19 by parent/caregiver disability status



Note: The changes in parents'/caregivers' feelings (i.e., lonely, restless/fidgety, feeling like everything is an effort, worthless or depressed) are not reported in this figure, as they show no statistical difference between those with disabilities and without disabilities.

## Table 8. Proportion of parents'/caregivers' reports on their psychosocial wellbeing by functional domain

| Feeling | Difficulty seeing | Difficulty hearing | Difficulty walking | Difficulty remembering and concentrating | Difficulty self-care | Difficulty communicating |
|---|---|---|---|---|---|---|
| Happy[a] | 60% | 56% | 60% | 45% | 45% | 77% |
| Worried[b] | 72% | 87% | 73% | 79% | 59% | 57% |
| Nervous[b] | 59% | 72% | 63% | 73% | 49% | 61% |
| Hopeless[b] | 40% | 56% | 52% | 52% | 47% | 52% |
| Restless or fidgety[b] | 44% | 50% | 49% | 44% | 36% | 42% |
| Able to cope[b] | 45% | 64% | 55% | 46% | 40% | 56% |
| Lonely[b] | 31% | 43% | 50% | 41% | 37% | 43% |
| Like everything is an effort[b] | 38% | 59% | 55% | 37% | 36% | 38% |
| Worthless[b] | 45% | 64% | 55% | 46% | 40% | 56% |
| Depressed[b] | 63% | 79% | 64% | 65% | 53% | 68% |

Note: a less than before; b more than before.

PHOTO: SHAWN MILSAPS / SAVE THE CHILDREN

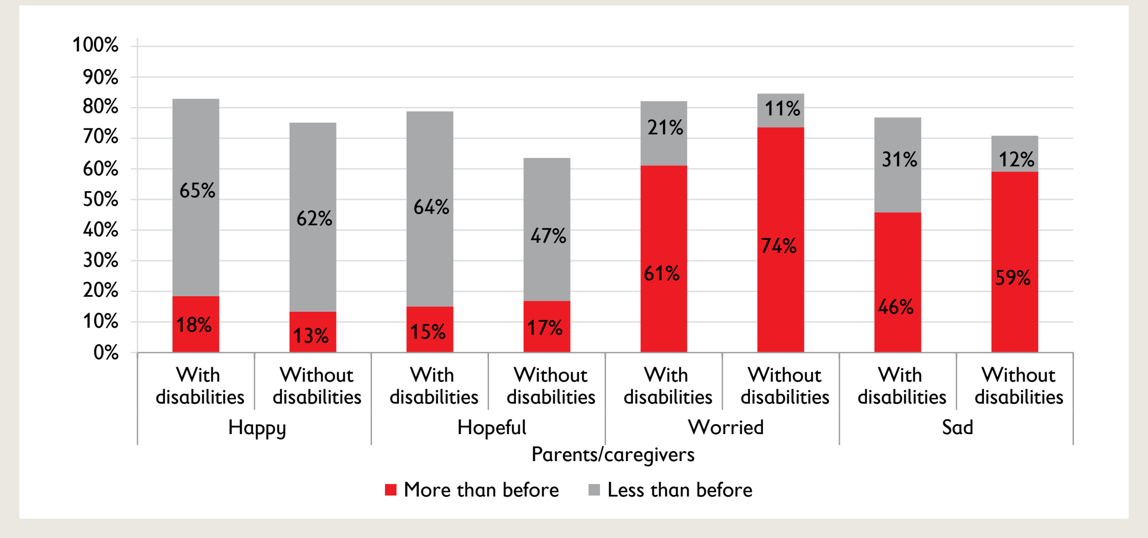
## The mental health and psychosocial wellbeing of children with and without disabilities was impacted by COVID-19

**A higher proportion of parents/caregivers with disabilities (86%) reported their child *expressed negative feelings* about the global COVID-19 situation,** such as **worry, anxiety, sadness, and fear, compared to parents/caregivers without disabilities (76%).**

More children of parents/caregivers with disabilities (64%) reported feeling *less hopeful* than before, compared to children of parents/caregivers without disabilities (47%). Surprisingly, they also reported *lower rates of feeling more worried (61%) or more sad* (46%), compared to 74% and 59% respectively for children of parents/caregivers without disabilities, as shown in Figure 32.

> “Nothing we are suffering we need food to survive no enjoyment during this COVID-19.”
>
> – 14 year old boy with a parent/caregiver with disability, Ethiopia, when asked, “What have you enjoyed most about this time?”

**Figure 32. Changes in child’s wellbeing since COVID-19 as reported by children by parent’s/caregiver’s disability status**

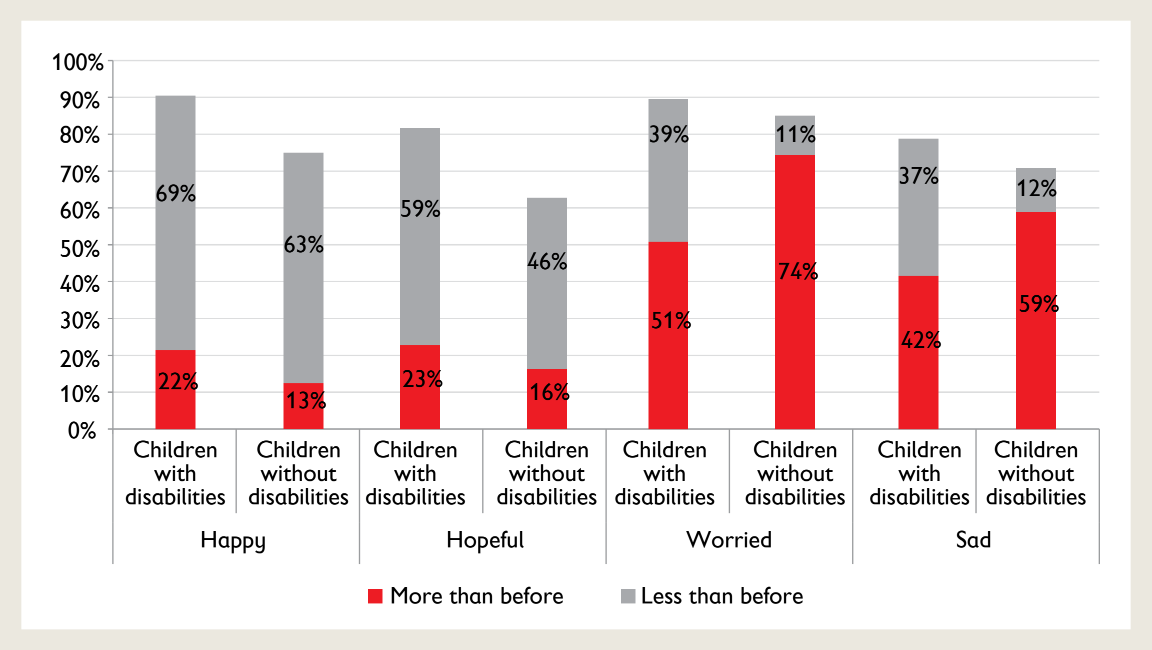


> “I’m worried about the virus and miss my friends in school.”
>
> – 13 year old girl with a parent/caregiver with disability, Kosovo, when asked, “What worries you the most about the COVID-19 outbreak?”

**A higher proportion of children with disabilities (86%) reported an increase in negative feelings, compared to children without disabilities (83%** Boys with disabilities (90%) reported the highest increase in negative feelings, compared to girls with disabilities (83%) and girls (83%) and boys (83%) without disabilities.

A higher proportion of children with disabilities reported feeling *less happy* (69%) and *less hopeful* (59%), compared to children without disabilities (63% and 46%, respectively). However, a lower proportion of children with disabilities reported feeling *more worried* (51%) and *more sad* (42%), compared to children without disabilities (74% and 59%, respectively), as seen in Figure 33.

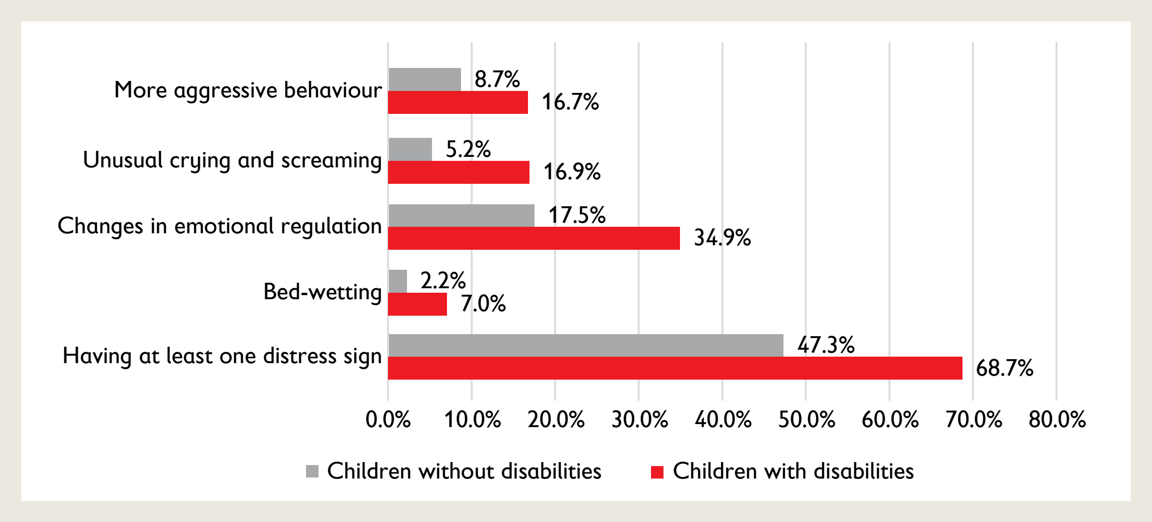
## Figure 33. Changes in child's wellbeing since COVID-19 as reported by children by child's disability status



## Parents/caregivers observed changes in signs of distress at a higher rate among children with disabilities and chronic health conditions

**Parents/caregivers reported observing changes in signs commonly associated with distress[15] at a higher rate among children with disabilities (69%), compared to those without disabilities (47%).** More parents/caregivers of children with disabilities than those of children without disabilities reported observing a change in the child's behaviour such as bed-wetting (7% vs 2%), emotional regulation (35% vs 18%), unusual crying or screaming (17% vs 5%) and more aggressive behaviour (17% vs 9%). This is shown in Figure 34.

## Figure 34. Proportion of parents/caregivers who reported changes in children's behaviour by child's disability status



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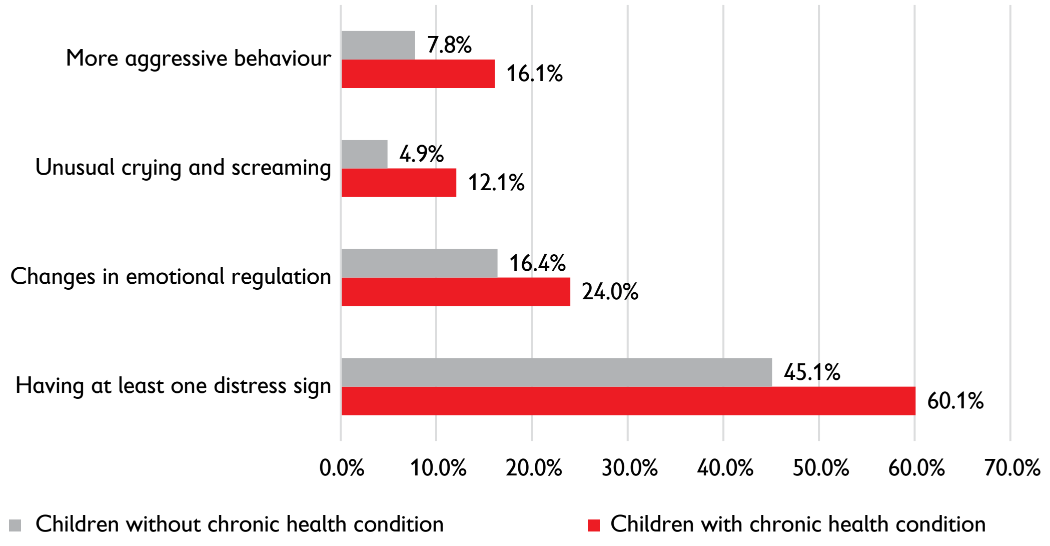
[15] Signs of distress include higher levels of unusual crying and screaming, more aggressive behaviour or violence and bed-wetting, as well as changes in emotional regulation. Although these signs often are seen as signs of distress in children it is important to note that for children with disabilities and those with chronic health conditions they may occur for other reasons relating to their specific impairment, condition or treatment and therefore not be as reliable when using them as determinants for wellbeing.

> **“I’d ask for more opportunities for persons with disabilities. Our life is always in quarantine. We stay in isolation and hopeless about the future.”**
>
> –17 year old girl with disability, Kosovo, when asked “If you were asked to write a letter to leaders in your country, what would you say?”

According to parents/caregivers, children with chronic health conditions also showed higher levels of signs of distress, with 60% reported to have at least one distress sign, compared to those without chronic health conditions (45%). Children with chronic health conditions were more likely than those without to show emotional regulation changes (24% vs 16%), unusual crying or screaming (12% vs 5%) and more aggressive behaviour (16% vs 8%), as shown in Figure 35.

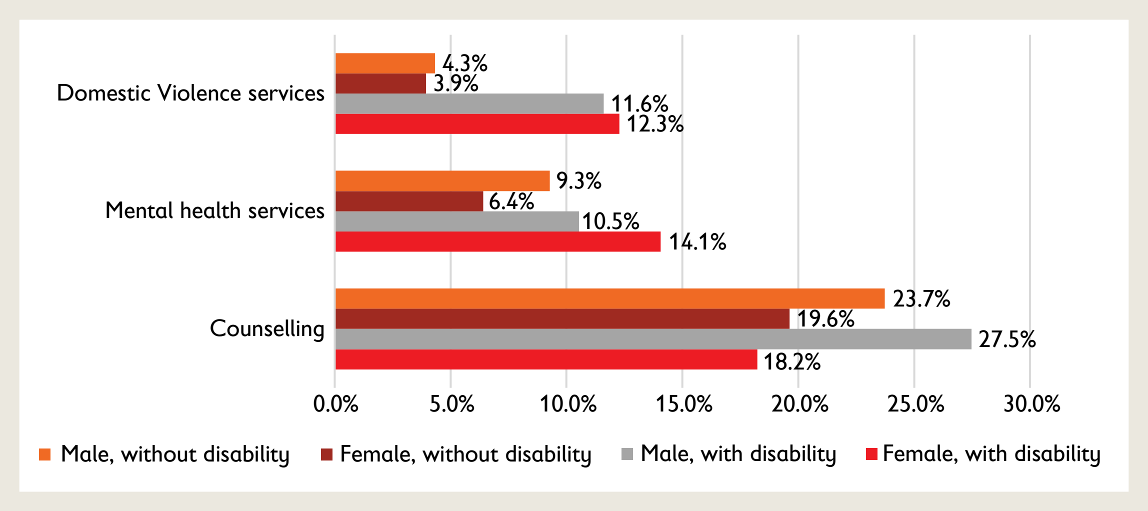
**Figure 35. Proportion of parents/caregivers who reported changes in children’s behaviour by child’s chronic health status**



## Access to child protection and mental health and psychosocial support

More than one in ten parents/caregivers with disabilities (12%) reported needing, but not being able to access, *domestic violence services*, compared to 4% of parents/caregivers without disabilities. Thirteen percent of parents/caregivers with disabilities reported not being able to access needed *mental health services*, compared to 8% of parents/caregivers without disabilities. Female parents/caregivers with disabilities were more likely to report the need to access *mental health services* (14%) and *domestic violence services* (12%), compared to female caregivers without disabilities (6% and 4%, respectively). Male parents/caregivers with disabilities (28%) reported a higher need for *counselling services*, compared to their male counterparts without disabilities (24%), female parents/caregivers without (20%) and with disabilities (18%), as seen in Figure 36.

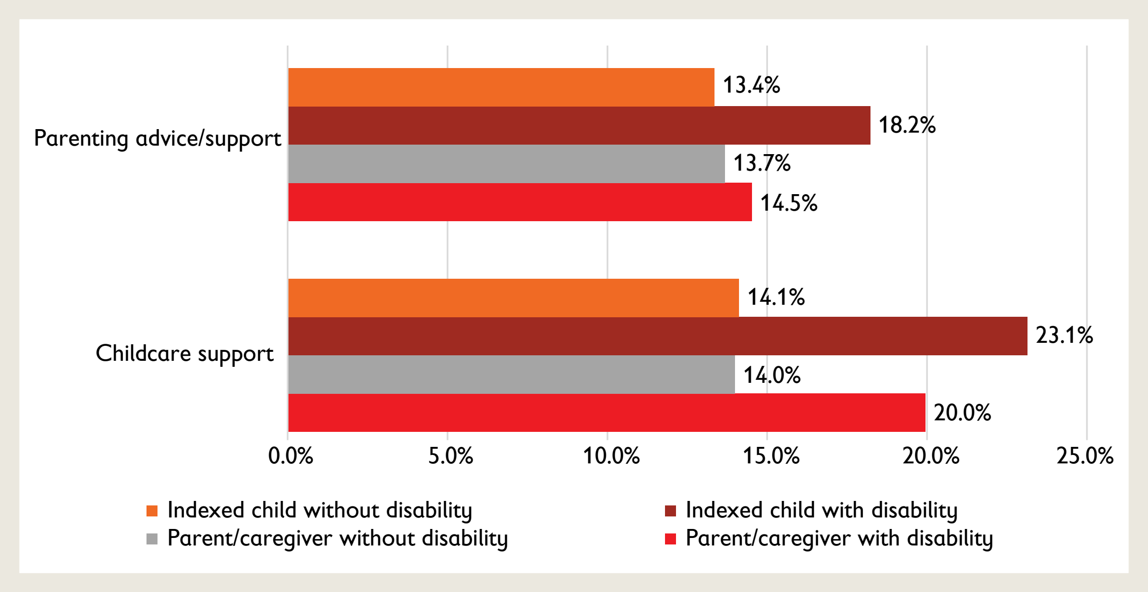
### Figure 36. Proportion of parents/caregivers who reported needing, but not being able to access, counselling, mental health services and domestic violence services during the pandemic by parent's/caregiver's disability status and gender



Among parents/caregivers of children with disabilities, a higher proportion reported not being able to access *counselling services* (30%), *mental health services* (13%) and *domestic violence services* (9%), compared to parents/caregivers of children without disabilities (22%, 8% and 4%, respectively).

**One in five parents/caregivers with disabilities (20%) reported needing childcare support, compared to 14% of parents/caregivers without disabilities.** Nearly one-third of male parents/caregivers with disabilities (30%) reported needing childcare support, compared to male caregivers without disabilities (18%), their female counterparts with disabilities (15%) and without disabilities (12%). Almost one in four parents/caregivers *of* children with disabilities (23%) reported needing *childcare support* and 18% of them reported asking for *parenting advice/support*, compared to 14% and 13% respectively of parents/caregivers of children without disabilities. This is shown in Figure 37.

### Figure 37. Proportion of parents/caregivers who reported the need of parenting advice/support and childcare support during the pandemic by parent's/caregiver's disability status and indexed child disability status



> “Spend more time looking after us.”
>
> – 12 year old boy with disability, Senegal, when asked,
> “What can adults in your home do differently during the outbreak of COVID-19?”

## The impact of COVID-19 on family separation and violence in the home

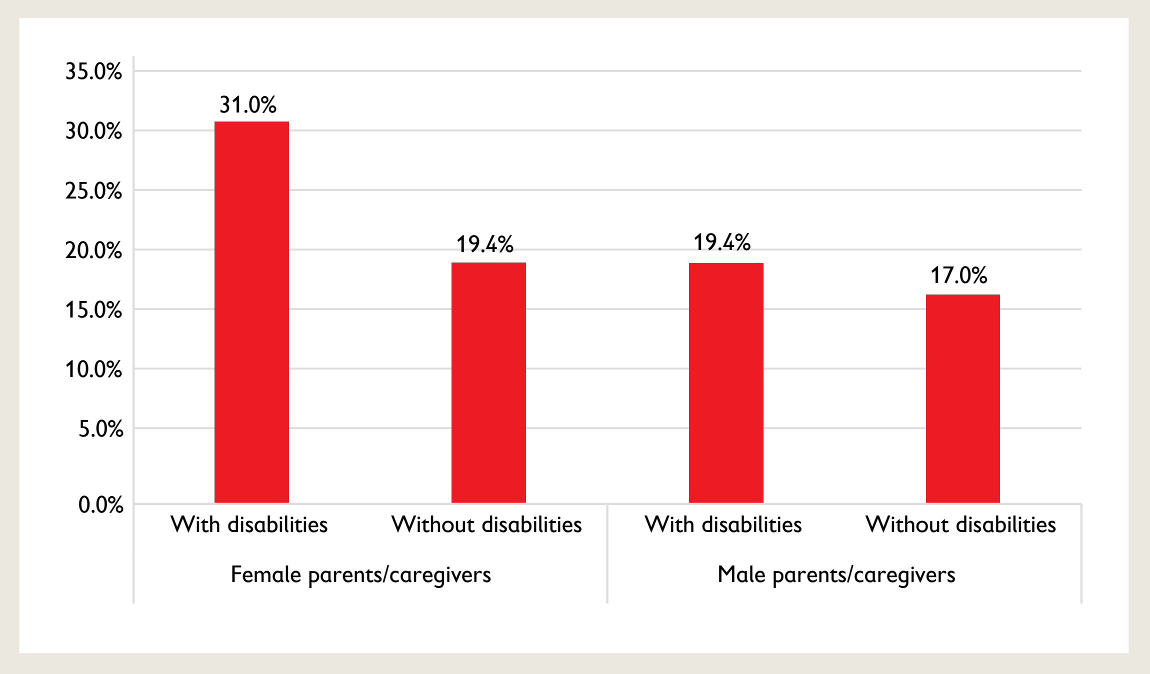
### More parents/caregivers with disabilities reported being separated from their children

**A significantly higher proportion of parents/caregivers with disabilities (17%) reported that they had been separated from their children due to COVID-19, compared to parents/caregivers without disabilities (5%).** The rate was highest in East and Southern Africa, where 27% of the parents/caregivers with disabilities reported separation from children, compared to 7% of the parents/caregivers without disabilities.

### Violence was reported at a higher rate in households with parents/caregivers or children with disabilities

**A higher proportion of parents/caregivers with disabilities (26%) reported violence in the home[16] than parents/caregivers without disabilities (19%).** Female parents/caregivers with disabilities (31%) were most likely to report violence in the home, compared to male parents/caregivers with disabilities (19%), female parents/caregivers without disabilities (19%) and male parents/caregivers without disabilities (17%), as shown in Figure 38.

**Figure 38. Proportion of parents/caregivers who reported violence at home by parent/caregiver disability status and gender**



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[16] Violence reported by adults includes adults yelling too often or being aggressive towards children, resorting to physical punishment too often and also reports on general violence in the home.

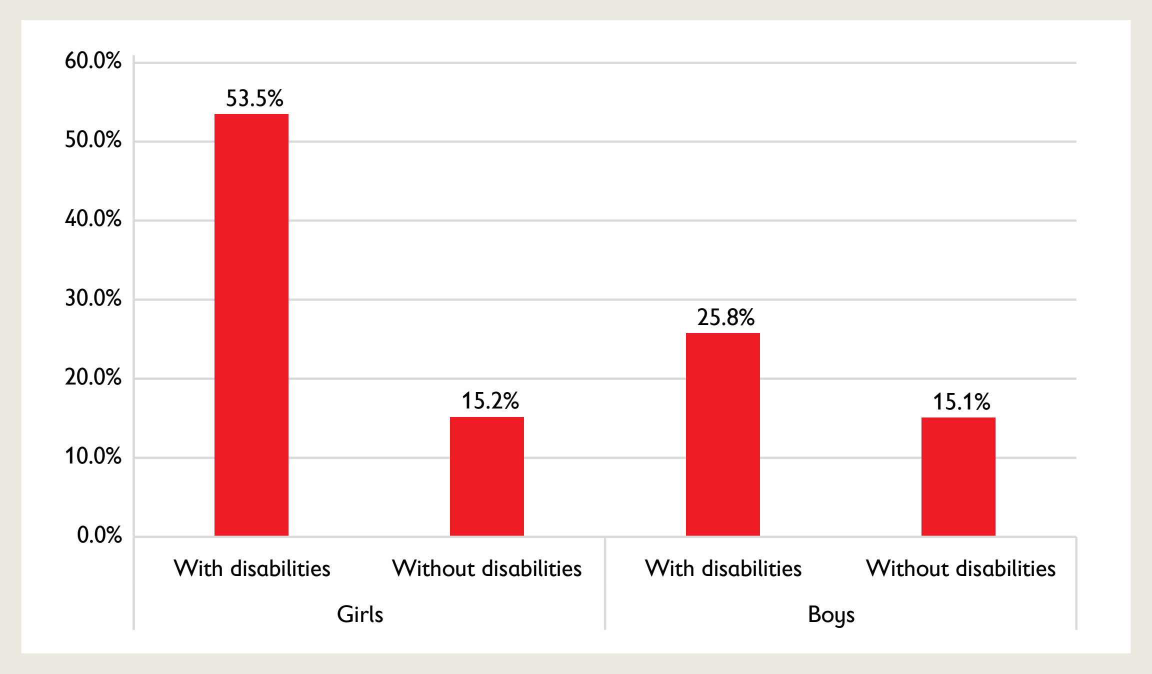
> “Please make safety & proper treatment to children with physical disability.”
>
> –11 year old girl with disability, Bangladesh, when asked,
> “If you were asked to write a letter to leaders in your country, what would you say?”

**Overall, reports of violence were higher in households where the parents/caregivers or children have disabilities. Nearly one-third of children of parents/caregivers with disabilities (30%), reported violence at home,[17] compared to 16% of children of parents/caregivers without disabilities**.

**A worryingly much higher proportion of children with disabilities (43%) reported violence in the home, compared to those without disabilities (15%).** Girls with disabilities were most likely to report violence in the home (54%), compared to boys with disabilities (26%) and girls and boys without disabilities (both 15%), as shown in Figure 39. However, there were relatively few reports from girls with disabilities of children being hit or verbally abused (10%). Instead, girls with disabilities were more likely to report other types of violence, such as an adult being hit or verbally abused (23%), violence happening daily (29%) and violence happening sometimes (20%), compared to girls without disabilities (6%, 3% and 5%, respectively).

> “Avoid quarreling often or shouting.”
>
> –17 year old girl with disability, Philippines, when asked,
> “What can adults in your home do differently during the outbreak of COVID-19?”

**Figure 39. Proportion of children reporting violence in the home by child’s disability status and gender**



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[17] Violence reported by children includes report on the child and/or adult being hit or verbally abused and also report on the violence that happened daily, sometimes, or occasionally

PHOTO: AMAR LEVINE_SAVE THE CHILDREN

# CONCLUSION AND ANALYSIS

## Adults and children with disabilities in the study

Five percent of all adult parent/caregiver respondents to this survey were identified as having a disability as per the Washington Group Short Set (3% of females and 2% of males), as were 4% of indexed children (2% male and 2% female). This is considerably lower than the proportion for the global population,[18] indicating either that programme participants with disabilities may be underrepresented in Save the Children programmes in the countries where the study was conducted, or that they were particularly hard to reach with the remote survey methods used. Whatever the case, efforts should be made to ensure that persons with different types of disabilities benefit from programmes the same way as others and that programme participants with disabilities are represented in a way that reflects disability prevalence in any one community. With this limitation in mind, the data provides important insights to help fill evidence gaps on disability and COVID-19. It also shows why disability disaggregated data is so important and how it can help identify specific inequalities and help programme design.

## The impact of COVID-19 on household economy for families with disabilities

### The need for more secure income among parents/caregivers with disabilities

The economic impact of COVID-19 has been widespread and severe. Surveyed families with a parent/caregiver or a child with disabilities are more affected by loss of income and reduced ability to pay for essential services and items than those without disabilities. This supports global data showing that persons with disabilities and their households are more likely to live in poverty (UNDESA, 2019).

Half of all parents/caregivers with disabilities (56% male and 48% female) reported *losing their job* due to COVID-19, compared to 42% of those without disabilities. A higher proportion of female (81%) and male (78%) parents/caregivers with disabilities reported *losing income* since COVID-19, compared to female (77%) and male (75%) parents/caregivers without disabilities. A majority (83%) of parents/caregivers with disabilities lost *more than half* of their income[19] compared to those without disabilities (66%).[20] Before the COVID-19 pandemic, persons with disabilities, especially women, already faced a number of attitudinal, physical and informational barriers to work and were already much more likely to be unemployed than persons without disabilities, to work in informal sectors or be self-employed (UNDESA, 2019). Additionally, many countries have insufficient social protection coverage for persons with disabilities that often does not support their participation in the labour market. It therefore becomes even more important to enhance skills-building and employment opportunities for persons with disabilities in the formal labour market.

### The effects of income loss

With reduced income, households with disability increasingly struggled to pay for essential services and products. A higher proportion of households with disability than those without disability reported

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[18] Around 15% of the global population – over a billion people – lives with some form of disability, of whom 2–4% experience significant difficulties in functioning. Many of these people require assistive technologies such as low-vision devices, wheelchairs or hearing aids. This number is expected to double to 2 billion by 2050.

[19] Between 56% and 100% of their income.

[20] All of it; Most of it (more than 75% lost); More than half (56–75%); About half (45–55%); Less than half (25–44%); Less than a quarter (less than 25% lost).

trouble paying for healthcare (44% vs 35%) and medical supplies (29% vs 22%), due to loss of income since COVID-19. As expected, a substantially higher proportion of households with disability than those without disability reported trouble paying for disability services (16% vs 1%), support/care workers (11% vs 2%) and assistive devices (10% vs 1%).

A higher proportion of households with disability, compared to those without, reported trouble paying for learning resources for children (41% vs 31%), rent (28% vs 24%), utility bills (31% vs 24) and fuel or transport (16% vs 15%) due to income lost since COVID-19.

Study results show that, in regards to negative coping mechanisms, a higher proportion of parents/caregivers with disabilities were 'in crisis' (47%), compared to parents/caregivers without a disability (35%). As a result of food insecurity, parents/caregivers used negative coping strategies such as relying on less expensive/less preferred food; borrowing food and money; reducing meal sizes to feed children; reducing portion size of meals consumed in a day; skipping meals during the day. This suggests that their ability to 'bounce back' from the pandemic may be limited unless markets and products are more easily available and possible to reach and use without cost and transport barriers, for example. Social protection schemes and other cash assistance programmes must be designed to be shock-responsive (ie, able to quickly adapt to meet emerging needs). This can help households enhance economic resilience and the ability to 'bounce back' more easily. To remove barriers to access, it is recommended that emergency relief and response plans include assistive devices as non-food items, to quickly respond to the immediate needs arising for persons with disabilities, who may have lost access to rehabilitation services or are unable to cover costs for assistive devices, support services and aids (WHO, n.d.b).

## The need for better access to financial services and planning

The study found that parents/caregivers with disabilities were nearly three times (28%) as likely to report that they were no longer receiving their usual cash transfers or remittance flows from family or friends since COVID-19, compared to parents/caregivers without disability (10%).[21] This was more common amongst males with disabilities (36%) than females with disabilities (24%). Reliance on alternative and often more expensive financial services can reduce or undermine long-term financial saving and investment, and increase vulnerability to health and income emergencies. Therefore, it is important that physical and online banking are accessible for persons with different types of disabilities (UNDESA, 2019).

## The need for more shock-responsive and improved access to social protection and government support for households with disability

Despite these impacts, government social protection support is not reaching a significant proportion of those survey respondents badly hit by the pandemic. Before the outbreak, two out of five parents/caregivers with disabilities (43%) reported that the household was receiving government benefits/social safety nets for the household or an individual in the household, compared to one in four of those without disabilities (26%). This finding is positive as it indicates that such supports were available to persons with disabilities, who often experience much higher costs of living than others.[22] However, since the COVID-19 outbreak, half of the parents/caregivers with disabilities (49%) reported that the household has *lost their government benefit/social safety nets,* compared to one-third of parents/caregivers without disabilities (31%).

Further research is needed to understand why this has happened. But to build back better and address the social protection coverage gap, countries must protect current investments in social protection, scale up further to expand child-centred benefits, and make special provisions to reach children with disabilities who are particularly vulnerable and excluded. It is important to ensure flexible eligibility criteria that are not strictly limited to social insurance contributions, participation in the formal economy or the possession of a 'Disability Identification Card', since many persons with disabilities may not have access

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[21] This finding could be explained by a sub-set of countries driving and skewing the total result.

[22] Having a moderate disability increases the cost of living by about a third of average income, and having a severe disability increases the cost of living by more than 40 per cent of average income (UNDESA, 2019).

to these. Matching or complementing disability criteria with poverty criteria could help ensure better access to government support for persons with disabilities living in poverty. Coverage could also be increased by working with networks of representative Organisations of Persons with Disabilities (OPDs) and parents' associations who can ensure that information about eligibility and application for social protection schemes reaches and is understood by persons with disabilities in communities.

To help improve coverage, analysis of equitable access to social protection should be included in efforts to monitor children's rights under the Convention on the Rights of the Child (UNCRC) and the rights of persons with disabilities under the Convention on the Rights of Persons with Disabilities (UNCRPD). This monitoring should examine the barriers experienced by families with disability and take into account intersectional identities.[23]

## The impact of COVID-19 on health and nutrition for families with disabilities

### The need for disability inclusive COVID-19 responses and prevention measures

Over three-quarters of parents/caregivers with disabilities (79%) reported being worried about contracting COVID-19, compared to less than three-quarters (73%) of those without disabilities.

More parents/caregivers with disabilities reported having an adult family member (31%) or a child (21%) who had fallen sick since the COVID-19 outbreak, compared to those without disabilities (14% and 15%, respectively). Similarly, a higher proportion of parents/caregivers of children with disabilities (22%) reported having any child in the household fallen sick, compared to the parents/caregivers of children without disabilities (16%).

A higher proportion of households with either a parent/caregiver or a child with disabilities (87%) reported needing at least one of any essential items (eg, masks, sanitiser, food delivery, sanitary products) in their houses to stay healthy during the COVID-19 pandemic, compared to those without disabilities (80%).

As children with disabilities and parents/caregivers who rely on personal assistance for self-care, movement and placement may be less likely to independently follow precautions such as physical distancing or washing hands, their risk of becoming infected and spreading the virus can be increased. COVID-19 responses should include accessible information on disease control but also specific information on how parents/caregivers of children with disabilities or chronic health conditions can prevent transmission when supporting their children, especially with activities that require close physical contact such as personal care and feeding. Information on how to keep assistive devices clean should also be prioritised.

### The need for continued access to and use of health and nutrition services and essential items for adults and children with disabilities

59% of parents/caregivers with disabilities reported that they are unable to provide their child with their regular *health and rehabilitation services,* compared to 44% of those without disabilities. Almost half of the households with a child with a chronic health condition (45%) indicated that they have not been able to provide regular *health and rehabilitation services* for that child since the COVID-19 outbreak. This figure increased to 55% in households where the child with a chronic health condition also had a disability.

Parents/caregivers with disabilities were 1.7 times more likely to report a barrier to accessing *healthcare, medication or menstrual products,* compared to parents/caregivers without disabilities. When asked what items their households do not have but need in order to stay healthy, more parents/caregivers with

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[23] The right to social protection is enshrined in human rights, including the UN Convention on the Rights of the Child (1989), the Universal Declaration on Human Rights (1948) and Article 28 of the UN Convention on the Rights of Persons with Disabilities.

disabilities than those without reported the need for *critical health services*, particularly COVID-19 testing (41% vs 28%), *medicine* (40% vs 32%) and *access to in-person healthcare* (34% vs 22%).

The study shows inequalities in need for, access to and use of healthcare services. In addition to primary healthcare needs, some children with disabilities may need consistent access to medicines, healthcare and disability-specific services such as physiotherapy, occupational therapy, carers/support workers, counselling, play therapy, nutritionists and paediatricians. When health services are redirected towards the COVID-19 response and lock-downs and curfews restrict movement and access to transport, this can increase barriers for persons with disabilities and their families. It is therefore important to ensure continuation of health and rehabilitation services, but also to look at community-based solutions where parents/caregivers of children with disabilities or with disabilities themselves can access continued support. Exploring remote and online solutions to healthcare, prescriptions for medication and product delivery could also increase access.

Three-quarters (77%) of parents/caregivers with disabilities reported at least one barrier to accessing meat, dairy products, grains, fruit and vegetables since the COVID-19 outbreak, compared to 62% of those without. Parents/caregivers with disabilities were also more likely to report that diverse foods were *too expensive,* compared to those without disabilities (61% vs 52%). Removing barriers to food markets and products (transport, lack of cash, availability of affordable food items and delivery of food) is therefore important. Cash assistance can also help to overcome some of these barriers.

## The impact of COVID-19 on access to education and children's learning

COVID-19 has had a significant and negative impact on learning for children with disabilities among the respondents, an effect that is even more pronounced when gender is also considered. These trends are visible across all aspects of education: access to school before and after the pandemic, learning outcomes, availability of educational materials and parental support. Children whose parents/caregivers have disabilities also face increased challenges. For both groups, these barriers to learning are more frequently reported by households with disability.

### The need for improved solutions to remote and distance learning for children with disabilities and children of parents/caregivers with disabilities

Remote learning is a challenge for everyone. Inequitable access to necessary technology and dramatic shifts in instructional methodology have meant that many children are struggling to maintain learning. But distance learning has proven to be a greater challenge for children with disabilities.

Children with disabilities face unequal access to learning materials. Most of the children with disabilities (71%) reported needing home schooling/learning materials, compared to half of the children without disabilities (51%). According to parents/caregivers, 28% of children with disabilities had *"no access"* to education materials, compared to 21% of children without disabilities.

On the positive side, parents/caregivers of children with disabilities were more likely to report *at least one check-in*[24] with teachers during school closures than parents/caregivers of children without disabilities (43% of girls with disabilities and 37% of boys with disabilities vs 36% of girls and 32% of boys without disabilities). While this indicates that some teachers are trying to provide additional support to children with disabilities, it is noteworthy that parents do not think that this has carried over into learning outcomes. While 19% of parents/caregivers of children without disabilities reported that their child was learning *"nothing at all"*, that figure jumped to 24% among parents/caregivers of children with disabilities.

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[24] Teacher check-in includes: more than once per day, once a day, a few times a week, once a week and less than once a week.

In order for the right to education to be fulfilled for children with disabilities and children whose parents have disabilities during the COVID-19 pandemic, improved solutions need to be identified to ensure that remote and distance learning include appropriate support and materials necessary for them to learn.

### The need for increased support to parents/caregivers with disabilities and parents/caregivers of children with disabilities to support their children's learning from home

When COVID-19 closed schools, parents and caregivers were faced with the sudden and critical task of serving as their child's primary in-person educator. Many parents/caregivers felt overwhelmed by or unprepared for this task, but again the negative impact was much greater among children and adults with disabilities, and even more pronounced when gender was considered. Female parents/caregivers with disabilities were more likely to feel *"unable to support"* their child's learning at home, compared to their peers without disabilities (36% vs 31%), male parents/caregivers with disabilities (21%) and male parents/caregivers without disabilities (24%). Furthermore, 38% of parents/caregivers of children with disabilities felt *"unable to support"* their children with learning, compared to 28% of parents/caregivers of children without disabilities.

Children with disabilities reported similar concerns. 60% said *"I need help and no one can help me"*, compared to 53% of children without disabilities. Children with disabilities were also twice as likely to report *"not understanding homework"* (53% vs 27% of children without disabilities).

Parental support for learning is recognised as critical to a child's educational experience. Among the respondents, parents/caregivers of children with disabilities and parents/caregivers with disabilities themselves report needing more support to effectively play this critical role. There is a stark gender divide, with female parents/caregivers feeling less confident of their ability to support their children, and parents/caregivers in general feeling less confident about supporting girls with disabilities. This suggests that parents/caregivers receive different levels of support and encouragement in their role and that there is enduring stigma against the capacity and potential of girl children. In order for the right to education to be fulfilled for children with disabilities and children whose parents/caregivers have disabilities during the COVID-19 pandemic, increased support must be provided to parents/caregivers alongside efforts to reduce stigma about the ability of children with disabilities, particularly girls, to learn.

### The need for specific measures in back to school programmes to ensure that children with disabilities and children of parents/caregivers with disabilities do not permanently drop out of school

Any period of transition or disruption to education comes with the risk of increased rates of drop-out, and the COVID-19 pandemic is no exception. Children with disabilities, who were already less likely to be enrolled in school before the pandemic, are also at an increased risk of not returning once the pandemic ends. Only 87% of parents/caregivers of children with disabilities among the respondents expected that their child *would return to school*, compared to 94% of parents/caregivers of children without disabilities. There was a similar pattern among parents/caregivers with disabilities, especially among females. Only 88% of female parents/caregivers with disabilities expected that their child *would return* to school, compared to 93% of female parents/caregivers without disabilities.

Uninterrupted access to schooling is critical in achieving the right to education, and it is highly concerning that children with disabilities are at an increased risk of dropping out during the COVID-19 pandemic. In order for the right to education to be fulfilled for children with disabilities and children whose parents have disabilities following the COVID-19 pandemic, back to school programmes must be planned inclusively and work to build back better so that school systems are more inclusive and appropriate for children with disabilities. This will include ensuring that teachers and school staff are trained to provide the inclusive support that children require, as well as ensuring that key messages about school opening and services available are provided in a way that is accessible to children and parents/caregivers with disabilities. Organisations of Persons with Disabilities (OPDs) should be engaged throughout the back to school campaign process to ensure that key barriers for children with disabilities are identified and addressed from the outset.

## The impact of COVID-19 on children's right to social interaction, play, information and be heard

### The importance of effective awareness-raising and monitoring of rights of children with disabilities and children of parents/caregivers with disabilities

Children with disabilities reported *playing less* (55%) and *sleeping less* (44%) since the COVID-19 outbreak, compared to children without disabilities (44% and 12% respectively). 71% of girls with disabilities and 61% of girls without disabilities reported an increase *in household chores,* compared to boys with (20%) and without disabilities (41%). Keeping children socially 'isolated' also affects their wellbeing. 60% of children with disabilities reported *not staying in touch with friends,* compared to 54% of children without disabilities.

On a positive note, a higher proportion of children with disabilities compared to those without disabilities reported that they *could ask questions* (75% vs 65%), *were listened* to (55% vs 46%), *were asked their opinion* (39% vs 33%) and could *make decisions together* (41% vs 20%), which was a very positive finding.

It is recommended that programmes targeting families with psychosocial support, parenting and coping in general integrate a child rights perspective and emphasise the importance of opening dialogues between children and adults in the home. Children with disabilities have the same rights as children without disabilities, and Article 23 of the UNCRC states that children with disabilities should be able to actively participate in their community and recreation. Article 30 of the UNCRPD specifically mentions the rights of children with disabilities to equal access to participation in play, recreation, leisure and sporting activities. Monitoring of rights should include an analysis of these articles and examine how children have been affected by the pandemic and how it relates to violations of their rights.

## The impact of COVID-19 on parent/caregiver and child relationships

The study highlights the importance of disability inclusive programmes for positive parenting and violence prevention. Although a higher proportion of parents/caregivers with disabilities (80%) reported an increase in their use of *positive parenting methods* compared to parents/caregivers without disabilities (77%), 33% of them also reported an increase in using *negative parenting methods,* compared to 21% of parents/ caregivers without disabilities. Almost one in four male parents/caregivers with disabilities (23%) reported *not engaging in any kind of activities* with their children, compared to 14% of female parents/caregivers with disabilities and male (15%) and female (13%) parents/caregivers without disabilities.

Systems of peer support are often most effective for parents/caregivers of children with disabilities as they allow a space to express feelings (positive and negative), share knowledge, parenting methods and solutions to day-to-day challenges which many parents/caregivers who do not have children with disabilities may not understand or relate to. Most representative Organisations of Persons with Disabilities (OPDs) already have such systems, which mainstream organisations should link to when delivering positive parenting programmes.

Parents/caregivers with disabilities and their children, and children with disabilities and their parents/ caregivers, should be involved as active participants in the design, facilitation and mentoring of parenting without violence programmes. Since attitudes towards isolation can put children and family members with disabilities at risk of abuse it is important to engage adults and children with disabilities as early as possible in violence prevention programmes so that the design of such programmes incorporates changing of attitudes. This includes language and treatment specifically.

**The study highlights the need to increase access for parents/caregivers with disabilities and parents/caregivers of children with disabilities to a range of services, and for community-led and peer-based child protection solutions.**

When reporting on changes in their children's behaviours, parents/caregivers reported observing an increase in signs commonly associated with distress at a higher rate among *children with disabilities* (69%), compared to those without disabilities (47%).

A larger proportion of parents/caregivers with disabilities reported not being able to access needed *domestic violence services* (12%) and *mental health services* (13%), compared to parents/caregivers without disabilities (4% and 8%, respectively). Parents/caregivers of children with disabilities also reported not being able to access *counselling services* (30%), *mental health services* (13%) and *domestic violence services* (9%), more than parents/caregivers of children without disabilities (22%, 8% and 4%, respectively).

20% of parents/caregivers with disabilities and 23% of parents/caregivers *of* children with disabilities reported needing *childcare support* compared to 14% of both parents/caregivers without disabilities and parents/caregivers of children without disabilities.

It is important to note that signs commonly associated with distress in children may not be that for all children with disabilities. For example, bed-wetting can be due to spinal cord injuries or muscle control issues and aggressive behaviours and crying can be due to specific impairments such as Autism Spectrum Disorder or other syndromes. Nevertheless the study found that parents of children with disabilities reported an increase in these behaviours during COVID-19 at a higher rate for children with disabilities than for those without disabilities. More research and information is needed around what signs of distress look like in different children and to prepare parents/caregivers on how to detect possible distress and what to do about it. The best advisors of this can be other parents/caregivers themselves, which is why it is so important to strengthen community-led solutions and peer support groups. This can often also help with 'coping' skills and emotional wellbeing as parents/caregivers of children with disabilities as well as children of parents/caregivers with disabilities often take on caring roles and thus may have a greater need for counselling services, formal or informal. The study findings point to greater unmet need among parents/caregivers with disabilities and children with disabilities for a range of protection services and family supports. That should be addressed in national and local planning.

## The impact of COVID-19 on mental health and psychosocial wellbeing

### The study highlights that COVID-19 causes changes in emotional and psychosocial wellbeing

Overall, *a lower* proportion of parents/caregivers with disabilities reported reduced psychosocial wellbeing than parents/caregivers without disabilities (82% vs 90%). There were however some gendered differences among parents/caregivers with disabilities as 53% of the females reported feeling *more hopeless* compared to 37% of the males.

86% of parents/caregivers with disabilities reported their child *showing negative feelings* about the global COVID-19 situation such as *worry, anxiety, sadness* and *fear,* compared to 76% of parents/caregivers without disabilities.

86% of children with disabilities reported an increase in negative feelings compared to children without disabilities (83%).

These findings show the importance of inclusive mental health and psychosocial support services for both adults and children with disabilities. As this study did not use an extended set of disability disaggregation data, it was not possible to detect psychosocial disabilities and therefore not possible to determine which of the respondents may have pre-existing mental health conditions. The study did however focus on changes in wellbeing and thus indicates that – regardless of pre-existing mental health conditions – parents/caregivers with disabilities were emotionally negatively impacted in some ways, while showing better coping skills in other ways. The findings raise the question of whether living with a disability, with greater exposure to exclusion, stigmatisation and other barriers, can in fact also lead to increased resilience in times of crisis or if it only leads to negative effects caused by disruptions of social interaction and important support systems. Further research on this would be interesting.

## The impact of COVID-19 on family separation and violence in the home

### The need for further research and understanding of separation and violence experienced by families with disability

More research is needed to understand why children of parents/caregivers with disabilities are reported to have been separated from parents/caregivers during the pandemic, whether alternative arrangements are appropriate and safe, and whether and when families are reunified. 17% of parents/caregivers with disabilities reported that they have been separated from their children due to COVID-19, compared to 5% of parents/caregivers without disabilities. Further investigation is needed to understand barriers experienced by parents/caregiver with disabilities in relation to their parenthood, both in terms of parenting and the attitudes and presumptions of society. There is a broad legal and human rights basis for keeping families together and both the UNCRC and UNCRPD are very clear on this. While this is not captured in this study, further monitoring is needed of the situation of children in out-of-home care. Children with disabilities are institutionalised and abandoned at higher rates than children without disabilities. During COVID-19 a number of governments took preventive measures including closing residential institutions, with children being returned to their places of origin without full assessments of child protection needs and appropriate supports.

A higher proportion of parents/caregivers with disabilities reported *violence in the home* than parents/caregivers without disabilities (26% vs 19%). Female parents/caregivers with disabilities were more likely to report *violence in the home* than male parents/caregivers with disabilities (31% vs 19%). Nearly one-third of children of parents/caregivers with disabilities (30%) reported *violence at home,* compared to 16% of children of parents/caregivers without disabilities. A worryingly higher proportion of children with disabilities (43%) reported *violence in the home,* compared to those without disabilities (15%).

The study showed higher rates of violence against both adults and children being reported in homes with parents/caregivers with disabilities and in homes with children with disabilities. With the reduced operation of schools, residential and day care centres, parents/caregivers of children with disabilities may have found themselves spending more time caring for children with complex needs, with reduced supports such as home visits for physiotherapy and counselling. It was not possible from this study to understand the extent to which such violence is disability related or not. Nonetheless, the findings shows the urgent need for appropriate, accessible and inclusive violence prevention programmes and services. These include child protection systems (both formal and community-led) and gender-based violence prevention and services as well as positive parenting programmes for both children and adults with disabilities. Risks and patterns of violence in relation to disability must be understood by both policy makers and implementers and parents and children with disabilities must be able to feel part of their communities and to have access to the resources that exist there. This means both that disability is spoken about in a positive way and that there is a free and safe space to share feelings and be open about risk behaviours that can lead to violence so that support can be identified and provided.

# RECOMMENDATIONS

## Recommendations for closing income gaps and improving access to government social protection and support for households with disabilities

### For policy makers

- Ensure disability employment services to support adults with disability to find and maintain paid employment.
- Address specific deprivations and vulnerabilities of households with disability by applying a **disability-sensitive lens in the design and implementation of social protection** packages and ensuring quality basic services are reaching households with members with all types of disabilities.
- Expand **flexibility in eligibility criteria for access to social protection** for persons with disabilities who do not hold Disability Identification Cards or equivalent, to ensure more shock-responsive systems that can help families with disabilities to more easily 'bounce back'.
- In expanding social protection for children, governments should specifically **aim towards the progressive achievement of *universal* coverage**. Applying the principle of universality to all children, particularly in their early years, and ensuring links to other essential services, will bring the most return on investment, and ensure no child is left behind. However, **specific needs of children with disabilities also need special attention** eg, disability support and specific benefits.
- Introduce **disability-specific cash benefits** and ensure that there is coverage of disability-related costs, including such items as transportation, assistive devices, critical nutrition supplements, healthcare and extra support for persons with disabilities, and facilitate access to these supports.
- Include disability status as one of the eligibility selection and household vulnerability criteria for mainstream social assistance programmes.

### For implementers

- Ensure that COVID-19-related food security and cash assistance programmes **include disability status as a criterion for eligibility** given the findings that families with adults or children with disabilities are disproportionately affected by COVID-19. Consider **providing additional cash or food top-ups** for these families as well.
- Collaborate with **representative Organisations of Persons with Disabilities (OPDs)** to ensure that; their constituents are **aware of available support and rights to government support;** households with disabilities are **identified** and distribution is **accessible.**
- Introduce **disability-specific cash benefits** that cover disability related costs such as transportation, assistive devices, critical nutrition supplements, healthcare and extra support for persons with disabilities.
- Disaggregate data by disability in all cash and assistance distributions and recipient forms to monitor and generate evidence on the extent that support actually reaches the families with disabilities most in need.

*For specific recommendations on disability-inclusive COVID-19 adaptations to cash transfer programming read Save the Children's Tip-Sheet on Disability Inclusion during COVID-19 and Cash Transfers.*

## Recommendations for inclusive and equitable access and quality of health and nutrition

### For policy makers

- Make **public and private health services free at the point of use** during COVID-19 for parents/caregivers with disabilities and children with disabilities from poor households.
- Conduct **studies and research to better understand financial and non-financial barriers to healthcare and rehabilitation services** during COVID-19 among parents/caregivers with disabilities and parents/caregivers of children with disabilities. Strengthen health systems to remove such barriers to ensure **universal health coverage.**
- Support families with disabilities to **receive accurate and accessible information** on COVID-19 risks, transmission mechanisms and preventive measures and increase their confidence in the use of healthcare services **to effectively treat, accommodate and support** family members with disabilities.
- Increase the use of communication channels such as social media, TV and radio as effective platforms to **disseminate accessible and targeted key information** on COVID-19 to persons with disabilities, including child-friendly formats.
- **Ensure that safe and nutritious food is affordable and accessible for all** by financing and scaling up social protection schemes alongside measures to address livelihoods and food system challenges.
- Guarantee **access to basic food and markets by considering long-term, costed nutrition plans** that **take into consideration different types of impairments** and can provide children with disabilities with access to food even when markets are closed.
- **Map households with reduced access to water supply and ensure that accessible water points** are made available to communities so that persons with disabilities can use them.

### For implementers

- Support families with disabilities to **access important information and basic items for infection prevention such as masks, soap, sanitiser and sanitary products** by identifying and engaging with representative Organisations of Persons with Disabilities (OPDs) and families with disabilities.
- Ensure programme **design and budgeting is inclusive and removes financial and non-financial barriers** for persons with disabilities, to better access health and nutrition programmes and information.
- **Supplementary food distributions and water supply support** should be offered to individuals and households with disabilities who cannot access food and water without support due to barriers and inaccessibility.
- Ensure that health systems and health personnel are able to provide adapted **information on nutritious foods in accessible formats** to parents/caregivers with disabilities and parents/caregivers of children with disabilities as well as **key messages on nutrition and feeding mechanisms pertaining to different types of disabilities.**
- Include **assistive devices as non-food items** in emergency response plans and recovery plans to remove barriers to accessing health services, food markets, and support networks.
- **Cash transfers should be coupled with nutrition messaging** to achieve the greatest impact on nutrition outcomes.

*For specific recommendations on disability-inclusive COVID-19 adaptations to health and nutrition programming read Save the Children's [Tip-Sheet on Disability Inclusion during COVID-19 on Health and Nutrition.]*

## Recommendations for improving learning outcomes for learners with disabilities

### For policy makers

- **Develop back to school campaigns with children with disabilities in mind** – distribute messages in accessible formats and **work with Representative Organisations of Persons with Disabilities** (OPDs), including parents of children with disabilities and their associations, to identify and address key barriers to enrolment.
- Provide **effective, flexible and inclusive distance learning programmes,** especially interactive radio instruction (Carroll et al., 2020) and printed learning materials, with a focus on reaching the most marginalised children, particularly girls with disabilities.
- Explore avenues for **providing children with more individualised support during school closures,** such as home visits or regular check-ins from teachers.
- Support schools providing remote learning with **disability-inclusive online safety information,** including protocols for teachers communicating directly with students through remote learning.
- **Disaggregate data on enrolments, learning interventions, learning outcomes, and drop-out rates by disability using UNICEF Child Functioning modules** or other approved tools to understand the proportion of learners with disabilities, effectiveness of support and drop-out, and take follow-up action as children with disabilities return to school.
- Develop and **implement longer-term strategies to increase access to accessible technology** to equip children for future school closures and disruption.

### For implementers

- Work in partnership with **representative Organisations of Persons with Disabilities** (OPDs), including parents of children with disabilities and their organisations, **to better understand barriers to learning and the reasons for possible drop-out, identify children with disabilities not being supported in learning from home** and create parent support groups.
- Implement **specific strategies to support children with disabilities to return to school** while giving particular attention to safety and protection concerns. This should include consulting with children to identify the type of support that they need and providing necessary training and materials to teachers and parents to maximise the child's support once they return.
- Ensure **key messages on education are provided in accessible formats** to parents/caregivers with disabilities and to parents/caregivers of children with disabilities. Include messages particularly targeted towards girls with disabilities, who are most likely to be left behind.
- **Support teachers to adapt and provide accessible and inclusive approaches to remote learning** to ensure that children with disabilities (especially girls) and children of parents/caregivers with disabilities do not fall behind or permanently drop out from school.
- Provide continuous **teacher skills development on inclusive and gender-sensitive education, special pedagogy and accessible learning materials** – including support for wellbeing, mental health and psychosocial support – so that they can adapt to new circumstances in schools as part of the frontline response and recovery and to supporting inclusive distance learning when some schools remain closed or have to close again.

- Provide children with **access to different learning materials and resources, appropriate to the learners' needs and abilities,** using different modalities whenever possible with particular follow-up for learners with disabilities.
- Support parents/caregivers with disabilities – particularly mothers – and parents/caregivers of children with disabilities in their role in home learning through support groups (ie, learning circles for parents), social and behaviour change communications and mental health and psychosocial support, **to enable parents/caregivers to increase interaction, support and play with their children.**
- Collaborate with inclusive education centres and institutions in-country and abroad to best **understand practices that work for learners with different disabilities,** and channel guidance to teachers.
- **Collaborate with organisations of persons with psychosocial disabilities** to create links to existing support systems and services for parents/caregivers or children who are identified and may need further community-based support or referrals.

  *For specific recommendations on disability-inclusive COVID-19 adaptations to education programming read Save the Children's Tip-Sheet on Disability Inclusion during COVID-19 and Inclusive Education.*

## Recommendations for improved child protection and wellbeing among children and families with disabilities

### For policy makers

- Conduct additional research to better understand:
  - **How and why children are being separated from family members** and whether new care placements are appropriate and temporary, especially in families where either the parent/caregiver or children have a disability;
  - **Barriers and enablers to access to family or domestic violence and mental health services** for parents/caregivers with disabilities and parents/caregivers of children with disabilities.
- Ensure **child protection services are well resourced, inclusive and supported** including through increasing the numbers and reach of **disability-trained and skilled child protection workers** that can effectively address barriers to access for persons with disabilities and conduct disability-inclusive case management.
- Ensure that **all aspects of child protection systems** – including laws and policies, law enforcement agencies and child protection services – **take into account the violence experienced by children with disabilities,** including neglect, verbal abuse, over-protection, physical restrictions and abandonment and make sure that this applies to all types of disabilities including the most complex and severe.
- Ensure that **social services and child protection systems are in place and accessible** for all children and their parents/caregivers regardless of type of disability, including: inclusive reporting mechanisms; accessible investigations; child- and disability-friendly and safe counselling services; referral pathways to access psychosocial support, protection to victims of violence and rehabilitation services.
- Ensure COVID-19 responses include a disability impact assessment to ensure that they actively address rather than exacerbate disability-related vulnerabilities or inequalities.
- Ensure **inclusive reporting mechanisms and case management** are taking into consideration accessibility at each stage.

- **Collect disability-disaggregated data** across case management to ensure that future investments are disability-sensitive and reach children with complex and severe disabilities, as well as children with disabilities who have been separated from their families and are living in institutions or residential care.
- Support the **provision of mental health and psychosocial support (MHPSS)** to tackle mental ill-health in both adults and children with disabilities and their immediate family resulting from isolation and lockdown measures and collaborate with **representative organisations of persons with psychosocial disabilities** as a complement to public services for the purpose of ensuring access to relevant services and referral pathways.
- Family **domestic violence services should be scaled up** to prevent, address and mitigate gender-based violence that may have been exacerbated in the context of lockdown measures and ensure that women and girls with disabilities can access services. Collaborate with **organisations of women and/or youth with disabilities** to ensure inclusive service provision and access.

## For implementers

- Parents/caregivers that have children with disabilities should be provided with **training on how to care for and support their children.** This should include; where to get support, which organizations to contact, which departments to contact, how they can best support their child and their specific type of disability, national disability laws and about child rights and the UNCRPD.
- Tailor programming to **identify and support parents/caregivers with disabilities and parents/caregivers of children with disabilities to prevent child separation,** in collaboration with Representative Organisations of Persons with Disabilities (OPDs) and their families and community-based rehabilitation (CBR) or community based inclusive development (CBID) providers.
- Ensure programmes and messages of **positive parenting/parenting without violence are accessible**, take into consideration challenges arising in families with either children or parents/caregivers with disabilities and provide adequate solutions.

  *For specific advice on disability-inclusive COVID-19 adaptations to child protection programmes read Save the Children's Tip-Sheet on Disability Inclusion during COVID-19 on Child Protection.*

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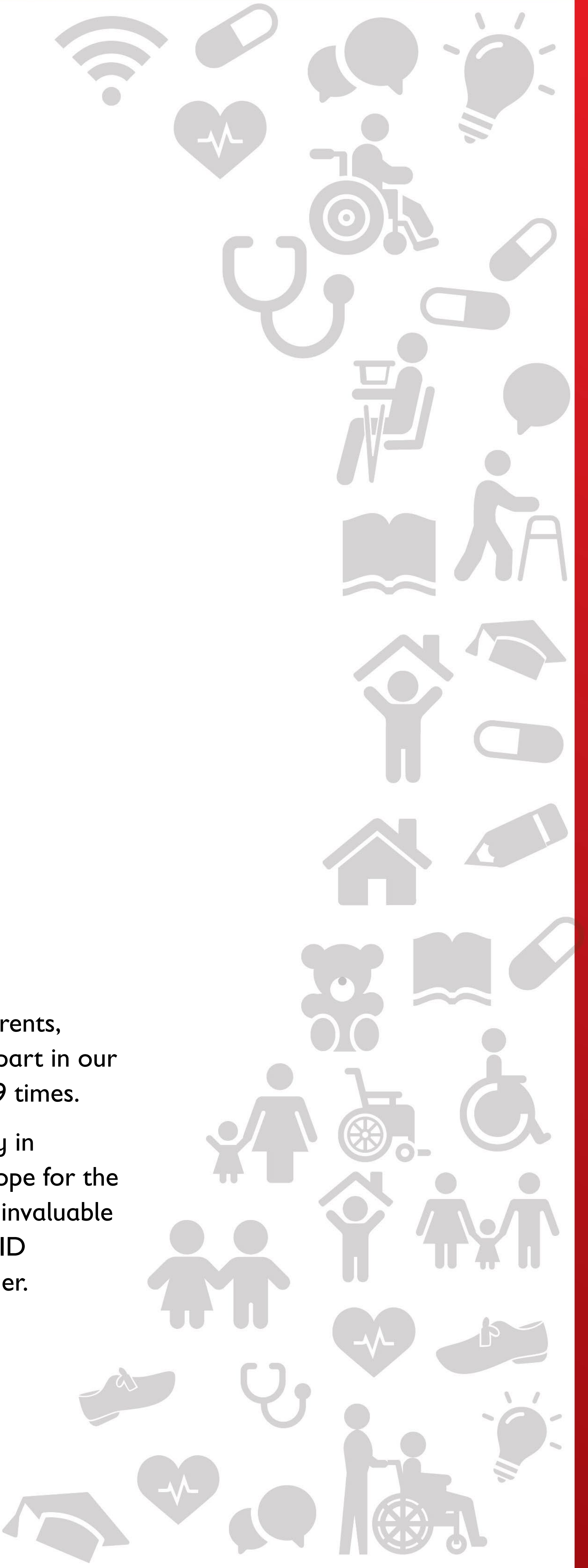

A heartfelt thank you to all the parents, caregivers and children who took part in our global research in these COVID-19 times.

Your candid responses and honesty in expressing your concerns, fears, hope for the future were beneficial & will prove invaluable to develop Save the Children COVID response and advocacy work further.

A heartfelt thanks for all of us
at Save the Children

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