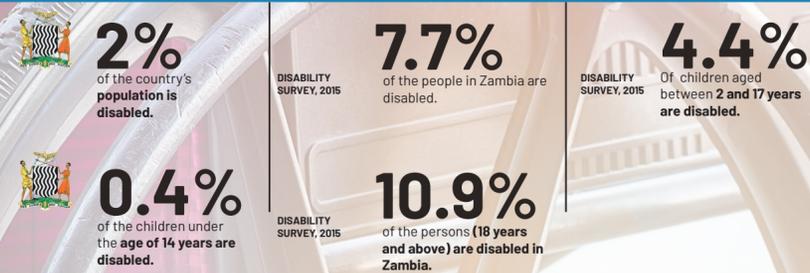


# DISABILITY AMONG CHILDREN IN ZAMBIA: CHALLENGES AND OPPORTUNITIES FOR IMPROVED NUTRITION



Disability prevalence statistics in Zambia vary among the World Health Organization (WHO), 2010 Census of Population and the National Disability Survey. WHO estimates indicate that 1.3 million persons in Zambia have some form of disability representing 10% of the entire population. On the other hand, the 2010 Census of Population and Housing indicates that 2% of the country's population is disabled and 0.4% are children under the age of 14 years (CSO, 2012). The 2015 National Disability Survey gives a more comprehensive prevalence profile of disability. The survey estimates that 7.7% of the population is disabled, 10.9% are adults 18 years and above and 4.4% are children aged between 2 and 17 years. The report further indicates that data on the cause of disabilities among children as reported; 40% being as a result of birth or congenital effects and 31% due to disease/illness.

**1.3 Million**



## DEFINITION OF DISABILITY



United Nations Convention on the Rights of Persons with Disabilities (CRPD) in promoting a human rights approach to disability defines Persons/people with disabilities as: **'people with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'**

(Article 1, UN 2006)

The concept according to the Convention moves away from the traditional, medical based perspective of disability characterized by focus on physical defects, to one that encompasses the attitude, environment and institutional barriers that limit or exclude persons with impairments from participation.

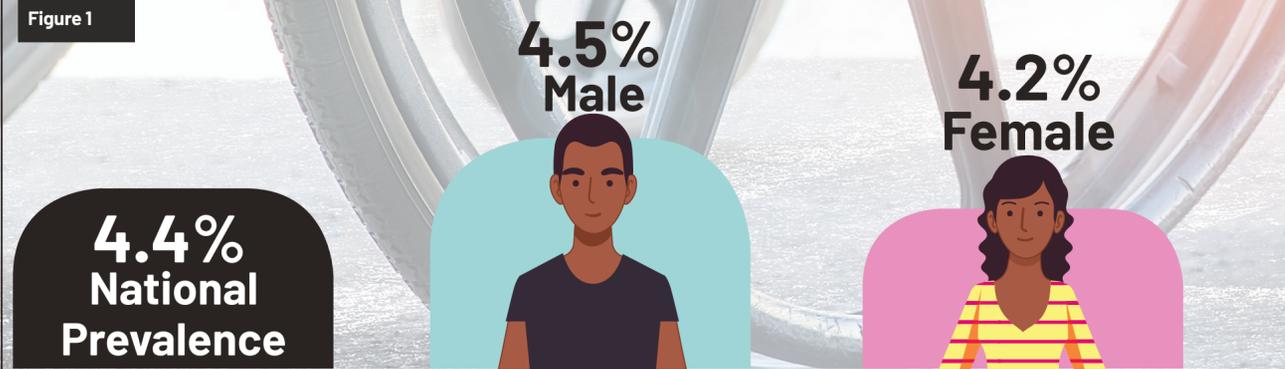
The Zambia National Policy on Disability defines disability as **'any restriction resulting from impairment or inability to perform any activity in the manner or within the range considered normal for a human being and would or would not entail supportive or therapeutic devices and auxiliary aids, interpreter, white canes, reading assistants, hearing aids, guide dogs or any other animal trained for that purpose.'**

(National Policy on Disability, 2013)

## PREVALENCE OF DISABILITY AMONG CHILDREN

Figure 1. Prevalence of disability among children 2-17 years by Sex  
The graph indicates that the prevalence of disability is higher in male children when compared to females and the national prevalence with an average of 4.4%.

Figure 1



Source: Zambia National Disability Survey Report 2015

Prevalence %

## PREVALENCE OF DISABILITY AMONG CHILDREN 2-17 YEARS BY RURAL/URBAN

Figure 2. Prevalence of disability among children 2-17 years by Rural/Urban

Figure 2



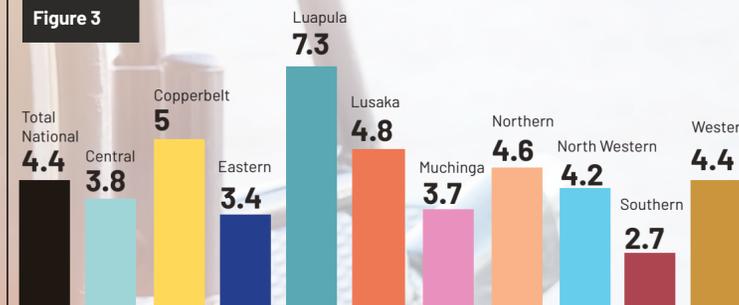
Source: Zambia National Disability Survey Report 2015

Prevalence %

As indicated above, the prevalence for urban disability is higher than that of rural areas and the national prevalence with an average of 4.4%.

Figure 3. Prevalence of disability among children 2-17 years by Province

Figure 3



Source: Zambia National Disability Survey Report 2015

Provincial data on child disability indicates that there are some provinces with higher prevalence of child disability when compared to the national average of 4.4%. However, some provinces have a lower prevalence rate when compared to the national average. Luapula has the highest prevalence of child disability at 7.3% and Southern at 2.7% with the lowest when compared to the national average and other provinces.

## OBSTACLES IN PROVIDING GOOD NUTRITION AMONG CHILDREN WITH DISABILITIES

- Poverty:** access to sufficient nutritious food is often an issue of concern to families who have a member with disabilities because of poverty and unequal distribution of resources within the household. Poverty is even more severe in female headed households which usually have minimal support from family members leading to most of them being economically inactive or involved in low income generating activities.
- Community misconception and stigma:** there is widespread misconception and stigma against children with disabilities in most societies. **Most of these children suffer from isolation, abuse and marginalization by communities and relatives in some cases.** Culturally, some parents isolate and hide their children with disabilities from society, subsequently hindering them from receiving the much needed help. A study conducted by the African Child Policy Forum in 2009 revealed that parents and immediate family members are the biggest perpetrators of violence against children with disabilities. In situations of limited resources, children with disabilities are excluded based on the incorrect belief that preserving their health and nutrition is lower priority than preserving those of a non-disabled child.
- Insufficient budgetary allocation to general child health:** over the years, there has been scaled up donor funding towards the fight against malnutrition and general child nutrition. While this has proved to be successful in the reduction of malnutrition with programs such as the 1,000 Most Critical Days in the child's life, Government budgetary allocation towards the general wellbeing of children has been reducing affecting the implementation of efforts towards child development.

## OPPORTUNITIES FOR IMPROVED NUTRITION FOR CHILDREN WITH DISABILITIES

- Social Cash Transfer:** the deliberate move by the Zambian Government to include persons with disabilities and their household as beneficiaries on the Social Cash Transfer (SCT) scheme offers an opportunity for improved nutrition among children with disabilities. It is well documented that Cash Transfers (CTs) directly affect overall household consumption and specifically household food consumption (Adato & Basset, 2009). In eight programmes in Sub-Saharan Africa (SSA) (Ethiopia, Kenya, Lesotho, Malawi, Mozambique, South Africa, Uganda and Zambia), food security improved as a result of receiving CTs as the majority of the transfer income was spent on food.
- The first 1000 Most Critical Days Project/Program (MCDP):** the MCDP, is a multi-stakeholder project that was implemented in Zambia between 2015 and 2017 to address child under-nutrition especially stunting among children 2 years and below. The first 1,000 days are critical in a child's life from conception to 2 years (pregnancy, infancy and toddler-hood). The MCDP aimed to bundle, strengthen and bring to scale a strategic subset of routine interventions proven to reduce stunting. This includes maternal nutrient supplementation, complementary feeding practices, growth monitoring, integrated management of acute malnutrition, dietary diversity and water and sanitation.

## RECOMMENDATIONS FOR IMPROVED NUTRITION FOR CHILDREN WITH DISABILITIES

- There is need to increase funding towards child nutrition and rehabilitation centres for children with disabilities. The increase in funding could go towards expansion of rehabilitation centres, which are usually far especially in rural areas and employing of more nutritionists and nurses that support children with disabilities in communities.
- Government is urged to consider using the multi-sectoral approach in funding towards nutrition programmes. The individual budgetary allocations to ministries are unlikely to reinforce one another as resources are being spread thinly. The multi-sectoral approach will lead to nutrition-specific budgeting, reporting and tracking thereby realizing value for money of nutrition interventions.
- There is need for deliberate efforts towards nutrition education for mothers and caregivers of children with disabilities. One such path can be through the Social Cash Transfer Scheme, which deliberately targets households that have children with disabilities. Caregivers can be trained in food preparation and food requirements for children with disabilities in order to improve nutrition among them.
- Government is urged to consider formulating and implementing a Social Protection Policy for persons living with disabilities. This policy will improve programme targeting for persons with all forms of disabilities.

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