



BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

DISSERTATION REPORT

**The effects of Covid-19 on the livelihoods of children with disabilities (CWDs)
at Zimbabwe Parents of Handicapped Children Association (ZPHCA) in
Harare in Zimbabwe.**

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A research project submitted to the Department of Social Work in partial fulfilment of the requirements of the Bachelor of Science (Honours) Degree in Social Work.

2022

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DEDICATION

This dissertation is dedicated to my lovely parents and all my family members.

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I would like give thanks to the Almighty God for being protecting me throughout my studies until; the present day.

I also thank my supervisor, Mr Jaji who assisted me to designing the outcome of this research. I greatly acknowledge the support and love from my parents Mr and Mrs Mufunda and all my family members who supported me through finances, advices and prayers.

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ABSTRACT

This study aimed at exploring the impacts of Covid-19 on the livelihood of children with disabilities (CWDs) at Zimbabwe Parents of Handicapped Children Association (ZPHCA), located in Hatfield, in the capital city of Zimbabwe Harare. The study was guided by three objectives which are: to identify challenges faced by children with disabilities due to covid-19 pandemic at ZPHCA, to find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better and to identify the strategies that can be utilized to improve the livelihood of CWDs during Covid-19 pandemic. The study used qualitative methods to collect and analyze data. Availability sampling was applied to choose a sample of 20 research respondents for interviews and focus group discussions. Purposive sampling was applied to pull key informants. Four key informants were nominated through purposive sampling. The Social Model of Disability was applied as a theoretical framework which guided the study. The findings of the study indicated that CWDs were largely affected by the covid-19 pandemic in terms of accessing health services, educational services, food aid and other basic services although the government of Zimbabwe through DSD was providing these services but not to their full capacity. However, based on the ideas of the Social Model of Disability the government of Zimbabwe together with Non-Governmental Organization were trying to provide aid although the pandemic affected the provision of the required services by CWDs at ZPHCA. The findings also indicated challenges such as poor working conditions due to Covid-19 lockdown measure which put by the government to reduce the spread of the deadly pandemic and economic instability and high level of corruption affected the government of Zimbabwe in trying to provide services to children with disabilities during the covid-19 pandemic at ZPHCA. The findings also indicated that ZPHCA provided a very close monitoring on the health of CWDs and engaged in income generating projects (IGPs) such as poultry keeping and market gardening complementing the work of DSD in improving the livelihood of CWDs at ZPHCA. The study therefore recommends that ZPHCA should engage in more projects to promote self-sustainability during the hard times.

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LIST OF ABBREVIATIONS AND ACRONYMS

AMTO.....	Assistance Medical Treatment Order
BEAM.....	Basic Education Assistance Module
BUSE.....	Bindura University of Science Education
CWDs.....	Children with Disabilities
CRDP.....	Convention on the Rights of Persons with Disabilities
DSS.....	Department of Social Services
HIV/AIDS.....	Human Immune Virus/Acquired Immune Deficiency Syndrome
IGPs.....	Income Generating Projects
NASCOH.....	National Association of Societies for the Care of the Handicapped
NGOs.....	Non-Governmental Organizations
PSS.....	Psycho social support
WHO.....	World Health Organisation
UNICEF.....	United Nations International Children's Emergence Fund
ZBC.....	Zimbabwe Broadcasting Co-operation

CHAPTER 1: INTRODUCTION OF THE STUDY AND BACKGROUND OF THE STUDY

1.0. Introduction

This research study was designed to make an exploration of the impacts of Covid-19 on the livelihood of Children with disabilities at ZPHCA in Hatfield, Harare in Zimbabwe. Its main focus was on investigating on the effects of Covid-19 on the livelihood of CWDs at ZPHCA. It also aims at identifying the services that were being provided to CWDs during Covid-19 in Hatfield, Harare at ZPHCA, challenges faced by children with disabilities during the covid-19 period at ZPHCA. The research study will also include the strategies that were and can be utilized to improve the livelihood of CWDs as a direct response to the problems being faced by CWDs at ZPHCA during the covid-19 pandemic. Therefore, this chapter gives the background of the study from a global, regional and national point of view; statement of the problem and the significance of the research study. It also outlines the research objectives, research questions, study assumptions, study limitations and delimitations, definition of key terms and then conclusion.

1.1. Background to the study

According to the World Health Organization (WHO) (2015), there are more than 1 billion persons with disabilities worldwide. Research shows that almost 80% of persons with disabilities live in low-income countries (Botts & Owusu, 2015). Persons with disabilities living in low-income countries are more likely to be characterized by disadvantage and exclusion, such as lack of access to public health, education, and other social services (Singal et al., 2015). These individuals are often considered the poor of the poor due to their socio-economic condition and the lack of support. The United Nations estimates that about 80 million individuals are affected by disability in Africa. The cause of disability is attributed to quite a number of factors and these include birth defects, environmental hazards, conflicts, wars, and accidents. Though some of these conditions are preventable such as malnutrition and diseases, the lack of resources due to poverty tend to play a significant role.

The global crisis of Covid-19 is deepening pre-existing inequalities, exposing the extent of exclusion and highlighting that work on disability inclusion is imperative. United Nations (2020)

is of the view that people with disabilities are one of the most excluded groups in our society and are among the hardest hit in this crisis in terms of fatalities. Even under normal circumstances, persons with disabilities are less likely to access health care, education, employment and to participate in the community. They are more likely to live in poverty, experience higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community especially in developing countries such as Zimbabwe where they face exclusion at all level.

Children with disabilities are at greater risk of contracting Covid-19. Children experience barriers to implement basic protection measures due to their nature of disability such as hand-washing and maintaining physical distancing for several reasons that include lack of accessibility of water, sanitation and hygiene (WASH) facilities, a reliance on physical contact to get support; inaccessibility of public health information or being placed in institutional settings which are often overcrowded and unsanitary which put them at a greater risk of developing more severe health conditions and dying from Covid-19. WHO (2020) is of the view that they have greater health requirements and poorer health outcomes. For instance, they are more susceptible to secondary conditions and co-morbidities, such as lung problems, diabetes and heart disease, and obesity, which can worsen the outcome of Covid-19 infections. Difficulties in accessing health care services is a major challenge being faced by children with disabilities in Zimbabwe during this Covid-19 era due to different reasons that include lack of financial support to access quality health services. Young women and girls with disabilities experience difficulties or challenges accessing Sexual Reproductive Health (SRH), which is resulting in many children with disabilities engaging in unprotected sexual activities, unwanted pregnancies, child marriages and spreading of STIs. The barriers to have access to healthcare are further exacerbated during the Covid-19 crisis, making it difficult for children with disabilities to access timely and appropriate care. United Nations (2020), states that children with disabilities are at greater risk of discrimination in accessing healthcare and life-saving procedures during the Covid-19 outbreak. Due Covid-19 access to healthcare, rehabilitation and assistive technologies for persons with disabilities, including with respect to accessibility and affordability, can also be curtailed due to the increased pressure on healthcare systems.

Children with disabilities encounter stigma and discrimination in their daily lives (Adjei et al., 2019). The treatment of persons with disabilities is often ingrained in our beliefs about disability. Literature is full various beliefs about disability within the Zimbabwean society. Some believe the causation of disability is because of witchcraft activities or evil practices against individuals with disabilities and their families. Others feel it is because of mistakes or wrongdoings of family or persons with disabilities themselves, and thus as punishment from the gods. It could be in the form of visitation of ancestral spirits or God or the supreme being (God) (Botts & Evans, 2015; Denham et al., 2016). There is also the belief that children with disabilities possess evil spirits and these beliefs contribute to their maltreatment, including various forms of exclusion and in some communities results in death (Allotey & Reidpath, 2001). Most of these beliefs and cultural thought processes are inherently transferred and perpetuated by our traditional system via our oral tradition, which is a traditional African theoretical framework and passes from one generation to the other. Though some of these traditions may be false, it continues to persist because our forebears agreed and hence believed it (Owusu-Ansah, 2017). Stigma and discrimination that persons with disabilities encounter in their daily lives often resulting in life-threatening abuse and neglect, marginalization and exclusion (Adjei et al., 2013).

There is evidence that individuals with disabilities in Zimbabwe continue to encounter barriers and challenges in societies, which negatively affect their participation and inclusion in decision making. The effects of the barriers on children with disabilities in Zimbabwe could be profound because of attitudes that are deeply rooted in Zimbabwean socio-cultural beliefs and practices, which marginalize both children and persons with disabilities. These barriers can increase the vulnerabilities of children with disabilities to Covid-19 and exacerbate the effects of the pandemic on their lives. According to World Health Organization (2020b), persons with disabilities are at risk of contracting Covid-19 because they may have difficulties in observing basic hygiene measures. Those in Zimbabwe are more vulnerable in accessing healthcare because of the severity of the barriers. Although the WHO (2020b) recommends less touching to reduce the spread of Covid-19, children with disabilities in Zimbabwe must touch many items for physical support. For

instance, the physical environment is impeded with open gutters, buildings with no elevators or inactive elevators, narrow doors, and inaccessible ramps, which compels children with mobility disabilities to either crawl, supported and or hold on to handrails or be carried into buildings (Naami, 2019).

Due to lockdown regulations and restrictions, the livelihoods of children with disabilities and their families have been negatively affected which resulted in other social ills such as anxiety and increase in gender-based violence mainly faced by women and young girls with disabilities United Nations (2020). Economic instability and social isolation have increased children's vulnerability to violence, child labor and abuse. Meaney and Davis et'al (2020), argue that early reports indicate a substantial increase of domestic violence in the midst of lockdown measures, which has a particular impact on women and girls with disabilities. They went on to say given that both children and adults with disabilities are at much higher risk of violence than their peers without disabilities, it can be assumed that they are disproportionately impacted. Increased stigma and discrimination against persons with disabilities within communities has also been reported. For children with disabilities, the impact is likely to be more due to the existing stressors, environmental and information barriers, stereotypical traditional beliefs and practices which marginalize children with disabilities, stigma and discrimination, and employment and income insecurity. Families with children with disabilities are also more likely to have weak social capital because of stigma and discrimination. They may further have challenges connecting to the few support networks that they have because they are unlikely to have phones and other devices which have become the 'new normal' for communication. Children with hearing impairment are more likely to live in social isolation, not fully practicing their rights as children because of communication barriers.

Access to food and nutrition has been severely affected. Covid-19 has negative impact on support services as stated by the United Nations (2020). It further explained that for many children with disabilities, access to support services is essential to lead safe, healthy and independent lives. Measures which were put in place by the government to contain the spread of Covid-19 have resulted in significant disruptions to services, support systems and informal networks, such as

personal assistance, sign language and tactile interpretation, and psychosocial support. The economic impact of Covid-19 may also lead to even greater cuts within existing services in the post-pandemic period which resulted in reduction in food aid from the government, humanitarian organizations, churches, civil society organizations and individuals as a result of Covid-19 and lockdown measures which disturbed business operations thereby affecting the wellbeing of children with disabilities.

Due to Covid-19, most countries have temporarily closed education institution affecting all students, including students with disabilities United Nations (2020). It went arguing that covid-19 has a negative impact on children with disabilities because they are least likely to benefit from distance learning solutions. Lack of support, access to the internet, accessible software and learning materials is likely to deepen the gap for students with disabilities, hence they continue to face exclusion at all levels in communities. To reduce the disruptions in education, some countries are adopting remote learning practices. In these cases, however, students with disabilities are facing barriers on account of the absence of required equipment, access to internet, accessible materials and support necessary to permit them to follow online school programs since most of them are from low-income families. As a result, many students with disabilities are being left behind, particularly students with intellectual disabilities. The ‘new normal’ learning space which is virtual learning could be a challenge for every student. This means students should have access to workable computers and stable internet. Besides, online learning materials should be accessible for students with visual impairment and those who are deaf. While in school, they might have access to equipment and services such as screen readers, magnifiers, close captioning and subtitles services to make learning materials accessible, which might not be the case when they are at home and could impact their learning experiences during the pandemic era. Those at basic and senior high schools learn virtually via televisions. Persons with disabilities are over-represented among the poor (WHO, 2011; Naami, 2015) and could further be burdened with disability-related expense (WHO, 2020a). All of these could impact their access to computers, televisions and the internet for online learning, as well as their poverty situation and their educational attainment. Students with disabilities in rural areas, where poverty is more concentrated could be more vulnerable. They might not be able to afford computers and television sets. Even if they do, some of these areas are

yet to be connected to the national electricity grid. Thus, making accessibility to the internet problematic

1.2. Statement of the problem

Globally, covid-19 has become a topic of interest as it has affected the livelihood of children with disabilities in terms of accessing health care services, education, information and inequality in participation in decision making and accessing basic services. Children with disabilities continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence. The global crisis of COVID-19 is deepening pre-existing inequalities, exposing the extent of exclusion and highlighting that work on disability inclusion is imperative. Children with disabilities one billion people are excluded groups in our society and are among the hardest hit in this crisis in terms of fatalities.

In Zimbabwe children with disabilities continue to face challenges that has affected their livelihood, physical and mental wellbeing. Covid-19 resulted in reduction in service provision by the government. Inadequate social protection, healthcare benefits and familial support, coupled with disability-related expenses, added layers to the vulnerabilities of children with disabilities noted to be among the poorest of the poor. Households of children with disabilities because of covid-19 pandemic experienced material hardship which include food insecurity, lack of access to safe water and sanitation which might have increased their vulnerability to sexual abuse and exploitation especially young girls with disabilities since some of their sources of income were disrupted due to the new lockdown measures which were put in place by the government to reduce the spread of the deadly pandemic. In a rapid assessment which was carried out by the UNESCO (2020), which found out that due to lockdown regulations, the livelihood of children with disabilities have been negatively affected resulting in other social ills such as anxiety and increase in gender-based violence mainly faced by young girls. However, it is also important to note that the Zimbabwean government Covid-19 Response Strategy, unfortunately, paid little attention or does not specifically address the needs of children with disabilities. Therefore, the purpose of this research was to understand how covid-

19 pandemic affected the livelihood of children with disabilities which will pave way to the implementation of effective ways as a direct response to challenges being faced by children with disability due to the covid-19 pandemic.

1.3. Aims of the study

The aim of the study is to analyze how covid-19 pandemic has affected the livelihood of children with disabilities at Zimbabwe Parents of Handicapped Children Association (ZPHCA), Harare and suggest possible solutions that can be implemented in response to the challenges being faced by children with disabilities during the Covid-19 pandemic.

1.3. Research questions

The study will be underpinned by the following main and sub-questions;

- What are the effects of covid-19 pandemic on the livelihood of children with disabilities?
- What are the services that are being provided by the State, society, local and international donors to improve the wellbeing of children with disabilities?
- What are the measures that can be implemented to deal with challenges being faced by children with disabilities during this covid-19 era at zphca?

1.4. Research objectives

Guided by the research questions, the objectives of the study will be as follows;

- To identify challenges faced by children with disabilities due to covid-19 pandemic at ZPHCA.
- To find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better.
- To identify the strategies that can be utilize to improve the livelihood of CWDs during Covid-19 pandemic

1.5. Assumption

The underlying assumptions of the study is that CWDs are being excluded from getting basic services that include access to health services, education and food and nutrition due to quite a number reasons during the covid-19. The other assumption is that the government of Zimbabwe is not paying much attention to discrimination being faced by CWDs in their communities. Lastly, the study assumes that the government is able to improve the livelihood of CWDs living in rural areas during the Covid-19 crises.

1.6. Significance of the study

The research seeks to analyze how covid-19 has affected the livelihood of children with disabilities and to propose possible measures that can be put in place to deal with the challenges faced by children with disabilities. The study on the effects of Covid-19 pandemic on children with disabilities is of more importance since it will assist to come up with answers on how covid-19 has affected the livelihood of children with disabilities and to suggest possible measures that can be put in place as a direct response to the challenges being faced by children with disabilities. Children with disabilities living in low-income countries are more likely to be characterized by disadvantage and exclusion, such as lack of access to public health, education, and other social services (Singal et al., 2015). The research will help add literature how covid-19 has affected the livelihood of children with disabilities as it will take a deep look on the social, economic and political challenges faced by children with disabilities. Having noticed the challenges being faced by children with disabilities, this research will help the government of Zimbabwe to come up with frameworks that will help address the challenges faced by children with disabilities specifically which are inclusive in nature.

Therefore, the research will assist social workers working with children with disabilities and the Zimbabwe Parents of Handicapped Children Association (ZPHCA) with a deep understanding on how covid-19 has affected the livelihood of children with disabilities. The study will also increase the knowledge base in the field of child protection on ways to help and protect children in need of care.

1.7. Limitations of the study

The researcher is going to be affected by Covid-19 thereby affecting the research as there will be restrictions that will be protecting the participants. Due to economic instability in the

country, the researcher is also going to face financial challenges in order to carry out the research in terms of transport costs as well as some material resources that the researcher may require is going during the research such as interview guides for the participants. The researcher is also going to face a challenge to meet up with participants since most of them will be going to school almost every day and the research will be for a limited space of time.

1.8. Key definition

Disability

Disability has been described differently by researchers. Though a specific definition has not been universally accepted, it is worth noting that the common descriptor is the fact that it speaks to a person or groups of persons who are unable to function effectively in society due to a prevailing condition. In defining disability, it is worth noting the two schools of thought on disability, these are the medical and the social construction of disability. The medical model describes disability as an individual deficiency, illness or impairment in a person's body. The social model, on the other hand, describes disability as being socially constructed, that is, a condition attributed to the socio-economic and political disadvantage that limits one's ability to function effectively in society (Agbenyiga, 2003). The Disabled Persons Act of 1995, Zimbabwe government defines a person with disability as a person with physical, mental or sensory disability including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers inhibiting him or her from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of the society. According to the UNCRPD (2006), Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full participation in society on an equal basis with other members of society.

Child

The United Nations Convention on the Rights of the Child (UNCRC) defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier". Under the Legal Age of Majority Act (1982), any Zimbabwean under the age of 18 years is a minor.

Covid-19

According to WHO (2020), coronavirus disease is an infectious disease caused by the SARS-CoV-2 Virus.

Livelihood

In short livelihood can be defined as a set of activities essential to everyday life that are conducted over one's life span. The International Federation of the Red Cross and Red Crescent Societies (2020), defined livelihood as the capabilities, assets and activities required for people to earn money and secure a means of living.

1.9. Conclusion

In conclusion, the above chapter was an introduction to the research study on the impacts of Covid-19 on the livelihood of CWDs at ZPHCA, Hatfield in Harare Zimbabwe. It gave an insight on the background of the study and the statement of the problem. It also outlines the aim of the study, the objectives and the research question. This chapter also states the significance as well as the assumptions of the study. Limitations, delimitations and definition of key terms were also included in this first chapter.

CHAPTER TWO: LITERATURE REVIEW

2.0. Introduction

This chapter will discuss literature related to the impacts of Covid-19 on livelihood of CWDs. It is also going to be guided by the research objectives and questions in the existing knowledge. It is going to reveal on the theoretical framework of the study, global history on the impacts of Covid-19 on livelihood of CWDs, required services to CWDs by the government during Covid-19 pandemic, impacts of Covid-19 on service delivery, challenges faced by governments to provide better services to CWDs during the Covid-19 pandemic, strategies that can be utilized to improve service delivery to CWDs during Covid-19 pandemic, the situation of CWDs in relation to Covid-19 and social protection programs for CWDs in Zimbabwe.

2.1. Theoretical framework

This research is guided by theoretical frameworks that is, social model of disability.

2.1.1 Social Model of disability

The research is going to apply the social model of disability. The social model defines disability as the product of specific social and economic structures and aims at addressing issues of oppression and discrimination of people with disabilities, caused by institutional forms of exclusion and by cultural attitudes embedded in social practices. The social model of disability developed in reaction to the limitations of the medical model of disability (D'Alessio, 2011). The Social Model views disability as a consequence of environmental, social and attitudinal barriers that prevent people with impairments from maximum participation in society. According to the social model sometimes also referred to as the minority model, it is society 'which disables people with impairments, and therefore any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation' (Barnes, Mercer & Shakespeare, 2010). Oliver (1981), a disabled activist and lecturer, who also coined the phrase 'social model of disability', explained the need to focus on the social aspects of disability, especially how the physical and social environment impose limitations upon certain categories of people. The social model was created by disabled people themselves and looks at the barriers erected by society in terms of people with disabilities being able to participate fully in day-to-day life. The social model seeks to remove unnecessary barriers which prevent people with disabilities participating in society, accessing work and living independently. The social model asks what can be done to remove barriers to inclusion. It also recognizes that attitudes towards people with disabilities create

unnecessary barriers to inclusion and requires people to take proactive action to remove these barriers. This model is especially concerned with addressing the ‘barriers to participation’ experienced by persons with disabilities as a result of various social and environmental factors in society (O’Connell, Finnerty & Egan, 2008). From a socio-political viewpoint disability stem from the failure of society to adjust to meet the needs and aspirations of a disabled minority, hence they face exclusion from the society at all levels and the situation being also worsened by the covid-19 pandemic. This Model implies that the removal of attitudinal, physical and institutional barriers will improve the lives of disabled people, giving them the same opportunities as others on an equitable basis. For instance, if the problem lies with society and the environment, then society and environment must change. If a wheelchair user cannot use a bus, the bus must be redesigned so that it become accessible to everyone. The social model of disability proposes that what makes someone disabled is not their medical condition, but the attitudes and structures of society (Scope, 2016). The social model puts the focus on the individual and their unique needs and not on their condition and this person-centered approach helps develop positive attitudes in society.

2.1.1.2 Key disabling barriers from a Social Model of disability

✓ Attitudinal barriers

These are social and cultural attitudes and assumptions about people with impairments that explain, justify and perpetuate prejudice, discrimination and exclusion in society (Lisicki,2013). For example, assumptions that people with certain impairments cannot work, cannot be independent, should not have children, need protecting, are “child-like”, are “dangerous”, should not be seen because they are upsetting, are scroungers.

✓ Physical barriers

Lisicki (2013), describes physical barriers as barriers linked to the physical and built environment and cover a huge range of barriers that prevent equal access, such as stairs, narrow corridors and doorways, inaccessible toilets, inaccessible housing, poor lighting, poor seating, broken lifts or poorly managed street and public spaces.

✓ Information/Communication Barriers

These are barriers linked to information and communication, such as lack of sign language interpreters for people with hearing impairments, lack of provision of hearing induction loops, lack of information in different accessible formats such as easy read, plain English and large font.

Furthermore, from a Social Model perspective, to enable people with disabilities to achieve genuine independent living requires a range of support to be in place in society to counter the effects of discrimination and oppression. Below are the pillars of independent living from a social model perspective (Lisicki, 2013), which are:

- ✓ Appropriate and accessible information
- ✓ An adequate income
- ✓ Appropriate and accessible health and social care provision
- ✓ A fully accessible transport system
- ✓ Full access to the environment
- ✓ Adequate provision of technical aids and equipment
- ✓ Availability of accessible and adapted housing
- ✓ Adequate provision of personal assistance
- ✓ Availability of inclusive education and training
- ✓ Equal opportunities for employment
- ✓ Availability of independent advocacy and self-advocacy
- ✓ Availability of peer counselling.

The Social model of disability is dynamic and effective in that it focuses on barriers and solutions to such barriers and, in doing so, maps out an approach to inclusion and equality that is of benefit to society as a whole, not just people with disabilities.

2.1.1.3 Relevance of the social model of disability to the study

The social model of disability is relevant to the study as it helps recognize barriers that make life harder for children with disabilities during the covid-19 pandemic. Removing these barriers creates equality and offers CWDs more independence, choice and control over their lives. The Social Model, according to Professor Mike Oliver who coined the phrase in early 1980's, is a specific focus on the various social forces such as economic, political, social, cultural which results in CWDs disadvantage poverty and oppression. In other words, the social model of disability is a tool with which to provide insights into the disabling tendencies of modern society in order to generate policies and practices to facilitate their eradication (Barnes, 2012), hence applying the social model of disability to the study is crucial to create a favorable environment not only for persons with disability but for everyone. The model is relevant to the study as it seeks to give solution to the challenges that children with disabilities encounter, the barriers CWDs encounter include inaccessible education systems, inadequate disability benefits, discriminatory health and social support services, inaccessible transport, houses and public buildings and amenities, and the devaluing of CWDs through negative images in the media films, television and newspapers (Scully,2020). Hence the need for public health and policy responses to the Covid-19 pandemic, as well as broader public health, economic crises, need to be disability-inclusive in order to reduce any disproportional impacts on CWDs (Jesus et al, 2021). by identifying social barriers which should be removed, the social model is effective instrumentally in the liberation of people with disabilities. Oliver argues (2004) that the social model is a practical tool, not a theory, an idea or a concept. The social model demonstrates that the problems CWDs face are the result of social oppression and exclusion, not their individual deficits. This places the moral responsibility on society to remove the burdens which have been imposed and to enable CWDs to participate. Hence from the above points, it is clear that the social model of disability is relevant to the study.

2.1.1.4 Critique of the social model of disability

Social model is being criticized that it essentially further disables a child who is already living with disabilities, by not properly identifying the disability (Shakespeare, 2006). Shakespeare goes on to explain that, by doing this, we are taking away part of the person's identity, and more or less telling the person that even though they may have a disability, they should not recognize that disability. For instance, if we do not encourage a child with disability to at least attempt to stand up and walk on her own, or with the assistance of the walker, it could lead to much less leg

functioning, which could further impair her functioning. So essentially, by not encouraging a child to move around without the assistance of a walker, and just continue to use the wheelchair, we could potentially be further disabling her.

Owens (2015), argues that the majority of the criticisms of the social model of disability appear to be centered on a social constructionist interpretation of disablement which argues for the inclusion of embodied experiences in disability accounts. One argument is that the social model of disability does not engage with embodied experience, and although separating the body from culture has meant political gains it has been at the cost of people with disabilities' identities (Hughes and Paterson, 1997), gifting the body to medical interpretation. Chappell (1998) argues that it focuses on physical impairment and does not take difference into consideration. For example, people with learning difficulties may be excluded from a social model analysis because adjusting the social environment is not always possible, leaving personal and social differences unacknowledged and undifferentiated, rendering the social model of disability essentialist (Terzi ,2004) and limiting understandings of disability highlighting differences, and excluding experiences.

2.2. Covid-19 and the livelihood of children with disabilities: Global overview.

Globally Covid-19 has become a topic of interest hence it is going to be discussed on it impacts on the livelihood of children with disabilities. The COVID19 pandemic and its economic and social consequences has some children more than others especially CWDs. Nearly 240 million children worldwide or one in 10, live with disabilities and experience deprivation in indicators such as health, education and protection, according to a new report released by the UN Children's Fund (UNICEF, 2021). Children with disabilities are among the world's most disadvantaged groups (UNICEF,2020). Stigma and discrimination against them often lead to increased exposure to abuse and neglect, reduced access to basic services that include access to education, quality health services, clean water and sanitation, nutrition and general lack of recognition. OECD (2020), argues that in particular, Covid-19 intensify the risks of children experiencing maltreatment, violence at home, and poor nutrition, while lockdown measures reduce opportunities for children to participate in extra-circular activities, to come in contact with supportive adults at school and in the community, and to access the justice system and child protection services. In the context of the Covid-19 pandemic, such children with disabilities may face heightened risk of exposure, complications and death due to underlying conditions and pre-existing vulnerabilities as explained

by the (UNICEF, 2020). They are at higher risk of contracting the virus because they are more likely to live in congregate care and to be unable to practice prevention measures, such as the wearing of masks, handwashing and physical distancing. Patel (2020), argues that concern is mounting over the inadvertent effects of lockdowns, including increased anxiety and depression, and the exacerbation of pre-existing mental health issues. Such issues can worsen in the absence of community support networks. Patel goes on explaining changes to and the loss of structure and routines can take a heavy toll on children with disabilities, especially on those with intellectual and psychosocial difficulties. This means that children with disabilities may not understand and may not cope well with the sudden and major disruptions taking place. In response to the pressure of Covid-19, different countries-initiated programs that empowered children with disabilities with risk communication and community engagement knowledge that helped to improve childcare skills and feeding practices, especially during the pandemic (UNICEF,2020b). UNICEF (2020c), in response to the effects of Covid-19 UNICEF Georgia launched a special television broadcast and a Facebook-based platform geared towards helping parents of children with disabilities. While other countries like Lebanon and Mongolia launched child-friendly videos on COVID-19 messages that were accessible to children with hearing impairments. Cahapay (2020), argues that in Philippines easy-to-read materials, text captioning, braille, large format print, among others augmented the communication needs of children with disabilities. UNICEF (2021), explains that most countries in the world offered stimulus packages that supported the continuity of inclusive health and social services used by persons with disabilities, including rehabilitation, assistive technology and personal assistance devices.

2.2.1. Covid-19 and the livelihood of children with disabilities: National overview

Zimbabwe is one of the countries hit by Covid-19 pandemic and it is affecting service delivery by the government to CWDs. According to the World Health Organization (WHO) (2021), Zimbabwe has recorded 4 604 deaths from 03 January 2020 to 24 September 2021, and most of the deaths are adults' deaths. It is also among the countries with CWDs affected by Covid-19 in many different ways as illustrated by United Nations (2020). Covid-19 has caused poverty, loss of learning time leading to unwanted pregnancies to girls and reduction to essential healthy services among others. Thus Covid-19 has affected service delivery by the government to CWDs. Gumbo (2020), argues that in research which was done in Chiredzi South, most children highlighted educational services as the major challenge they faced by CWDs. These include no access to online lessons, stationery

and non-availability of special teachers. Thereby being excluded from accessing educational services. Access to food and nutrition has been severely affected. Food aid from government, humanitarian organizations, churches, civil society organizations and individuals has been reduced, as a result of COVID-19 and lockdown measures having disrupted business operations (UNESCO, 2020). Lack of adequate food has big repercussions on children's diet, growth level and ability to cope with their disabilities. Hence, this can lead to malnutrition, wasting and deterioration of their mental functionality leading to a dysfunctional generation of children with disabilities (Gumbo,2020). As stated by the United Nations Policy Brief -A Disability Inclusive Response to Covid-19, released in May 2020, access to services such as healthcare, education, justice, accessible information has been severely affected by the lockdown restrictions put in place to reduce the spreading of the coronavirus. The banning of informal livelihood activities such as vending and begging has led to persons with disabilities including children experiencing acute challenges, as their sources of income have been disrupted. According to the study, income per month for persons with disabilities in the sample shrunk by 50% from ZW 2160.00 (US\$43) per month pre-Covid-19 to ZW1080.00 (US\$13) per month during Covid-19 period. This is against a poverty datum line of ZW 17957.00 (US\$219) per month for a family of five, hence the livelihood of CWDs has been largely affected (UNESCO,2020). Women and girls with disabilities experience challenges accessing Sexual Reproductive Health (SRH) services, a challenge that has been exacerbated by the pandemic. United Nations (2020), illustrated that there is also increased gender-based violence and sexual gender-based violence against women and girls. Hence the government of Zimbabwe is not able to cater for these children by providing them equipment's for online learning which are inclusive in nature so that they can shun from vending and begging in the streets. A total of 12 619 vulnerable children were reached with community-based psycho-social support (PSS) interventions including at child safe spaces in Zimbabwe (UNICEF, 2020). Studies are still underway on the issue of Covid-19 pandemic as it remains a problem in Zimbabwe especially in rural areas as they lack adequate services to counter the pandemic and also, they lack information. Therefore, Covid-19 is affecting the livelihood of children with disabilities in both rural areas and urban areas.

2.3. Required services to CWDs by the government during Covid-19 pandemic

Covid-19 has and is affecting services delivery by the Governments to OVC's. Healthy systems and education systems among other services to children have been affected by the pandemic in many countries globally. According to Dejongh (2020), disruptions to society due to Covid-19 pandemic have had a heavy impact on children that is on their safety, their well-being, their future only to mention a few since they affect their day-to-day livelihood. Therefore, as a result of the impacts on Covid-19 to the livelihood of children with disabilities, UNICEF working with the government therefore calls for requirements to CWDs. Thus, the government has the duty to provide these services during the Covid-19 pandemic. The services include keeping children healthy and well nourished, reach children with water, sanitation and hygiene, keeping children learning, support families to cover their needs and care for their children, protect children from violence, exploitation and abuse among other important services.

Therefore, the study is going to apply these services as some of the services need by CWDs from the government during the Covid-19 pandemic. In terms of healthy, DSD was or is supposed to ensure that it provides protective equipment to CWDs at ZPHCA to prevent Covid-19 to CWDs. DSD was and is supposed to provide proper hand-washing and hygienic practices to organizations that is ZPHCA for the protection of CWDs health from the spread of Covid-19. DSD was or is supposed to provide educational materials which are inclusive and disability-friendly to CWDs under ZPHCA in terms of improved technologies so that CWDs can easily access education in these times where inequalities in accessing education are increasing in terms of technology. Government should also scale up social protection measure in terms of programs and policies that can help improve the wellbeing of families of children with disabilities under ZPHCA care in terms of health care, food and education. Thus, DSD under the government should meet the requirements of CWDs' needs that help improve their livelihood during the Covid-19 pandemic.

2.4. Impacts of Covid-19 on livelihood of CWDs in Developed Countries.

In developed countries like Zimbabwe, Covid-19 impacted on the education system of children. Taking England as an example, according to Edge Foundation (2020), researchers surveyed 230 students aged 16 years and above in England between 28 March and 20 April 2020, and found that they were far more likely to be concerned about grades and transitions than not seeing their friends while their schools are closed due to Covid-19. Thus, showing that Covid-19 has impacted negatively to educational as a service delivered by the government to vulnerable children that

include CWDs as it was affecting their grades and children were more concerned about it. In addition to this, most vulnerable children and young people during the Covid-19 crisis were supposed attend school physically but despite the government guidance that vulnerable young people should still attend school during lockdown, the Department of Education in England published figures suggesting that only a few of vulnerable children have been attending school (Edge Foundation, 2020). In England also, Covid-19 led to changes in daily routines of children, social connections due to school closures leading to loneliness thereby affecting their mental health (Edge Foundation, 2020). In most developed countries, mental health of children can be regarded as a special priority which needs government intervention through social workers to help restore the normal functioning of these children. To add more, the Children Commissioner for England, Anne Longfield, stated that an estimated two million children in England are in homes where there is either a problem with drug or alcohol abuse, domestic violence or serious mental health problems, thus making them vulnerable children and more to that more than 128 000 children were living in temporary accommodation, nearly 200 000 children were referred to social services but not getting help (Edge Foundation, 2020). This shows how Covid-19 has affected the government of England to cater for the children with disabilities and this might be due to lack of resources by the government caused by the pandemic.

2.5. Impacts of covid-19 on CWDs in Developing Countries

Covid-19 has become a topic of interest in developing countries especially in the African region as poverty is also one of the factors in developing countries in Africa contributing to the effects of Covid-19 on the livelihood of children with disabilities. In developing countries, mainly in Africa, Covid-19 has affected CWDs most of them living in rural. Taking for example, United Nations Children's Fund (UNICEF) (2020), explains that vulnerable children in rural areas that is adolescent girls, children with disabilities, children on the move, children in detention or in care institutions and those in areas affected by violence are being affected by Covid-19 and the short, medium and long-term impacts of Covid-19 to these vulnerable children can no longer be ignored. Covid-19 has negatively affected on support services. For many children with disabilities, access to support services is essential to lead safe, healthy and independent lives since most of them are from low-income families (Meaney & Davis, 2020). Measures to contain the spread of COVID-19 have resulted in significant disruptions to services, support systems and informal networks,

such as personal assistance, sign language and tactile interpretation, and psychosocial (United Nations, 2020).

In addition, A Rapid Assessment report (November, 2020) on the effects of COVID-19 on persons with disabilities, highlighted that, Covid-19 pandemic has had far-reaching effects on the education, child rights and social well-being of children. The worst affected are children with disabilities, children staying in informal settlements, children infected and affected by HIV/AIDS, child headed families, and “children on the move”, amongst other vulnerable groups of children. The closure of schools from March 2020, only to be reopened in October, affected the education calendar of 2020. This disrupted CWDs’ continuous access to learning, and reduced opportunities for growth and development through playtime and sports activities. Access to education, and the quality of education, was heavily compromised due to the shift to alternative education delivery methods. The majority of CWDs were not able to engage in online learning especially those in rural areas. The ZIMSTAT Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES) and Telephone Monitoring Survey report (2020), illustrate that in rural areas, only one quarter of children engaged in distance learning, while in urban areas this proportion was 70 percent. For many children with disabilities in rural areas are from low-income families were left with no access to smart phones with learning applications and those who could not afford mobile data to access the applications, were left out in accessing educational materials. Also, e-learning platforms that were established by schools in Zimbabwe for instance were not accessible due to network challenges especially in rural areas, too expensive for the urban poor and those in rural areas, hence they were not accessible to everyone and some were not disability friendly. Save the Children (2020) also stipulates that Covid-19 research results for developing countries in the West and Central African region shows that poverty rate among children in the age group of 0-17 years jumped to 10% and with a risk of further increase to 20% or even more. Thus, this also includes CWDs living in rural areas. Hence Covid-19 has impacted on the education, support system, security and also health of children with disabilities in developing countries especially in Africa.

2.6. National impacts of covid-19 on children with disabilities

Zimbabwe is one of the developing countries hit by Covid-19 pandemic and it is affecting the livelihood of children with disability across the country. The issue of HIV and AIDS is not to be avoided when talking about children with disabilities. However, AIDS epidemic has been

overshadowed by Covid-19 with witnessed deaths around the world and also particularly Zimbabwe leaving many children including children with disabilities in urban and rural areas orphaned (Global AIDS, 2020). According to the World Health Organization (WHO) (2021), Zimbabwe has recorded 4 604 deaths from 03 January 2020 to 24 September 2021, and most of the deaths are adults' deaths. Zimbabwe as a developing country is among the countries with vulnerable children affected by Covid-19 in different ways as illustrated by United Nations (2020). Covid-19 has caused poverty, loss of learning time leading to unwanted pregnancies to young girls including girls with disabilities and reduction to essential healthy services among others service. The Zimbabwe Service Availability and Readiness Assessment Report of (2015), illustrated that the country's health delivery system was inadequate in terms of human resources, medical products, vaccines, technology, infrastructure, health financing, health information, service delivery. Thus, Covid-19 has affected the livelihood of children with disabilities in terms of accessing quality health services as well as service delivery by the government to children with disabilities and other vulnerable children.

Public health facilities which include community, district clinics, provincial hospitals, infectious diseases hospitals and tertiary referral hospitals such as Parirenyatwa and Mpilo and among others, face several challenges, including lack of equipment to handle severe cases (limited intensive care unit beds and ventilators), lack of PPE, staff shortage and human resources challenges and this has limited their capacity to provide basic healthcare during the Covid-19 pandemic (UNESCO, 2020). Hence the government is not able to cater for these services to CWDs by providing them access to quality health services, access to information in ways which are disability friendly and other basic services to counter the pandemic and improve their livelihood. Studies are underway on the issue of Covid-19 pandemic as it remains a problem in Zimbabwe especially to CWDs as they lack adequate services to counter the pandemic and also, they lack information. Therefore, Covid-19 is affecting the provision of quality health services by the government of Zimbabwe to children with disabilities which is negatively affecting their wellbeing as mentioned above both in rural and urban areas.

Persons with disabilities were also adversely affected by the impact of Covid-19 on the informal sector. The UNESCO Rapid Assessment report (November 2020) on the effects of Covid-19 on persons with disabilities asserted that a majority of people with disabilities survive on informal

sector activities such as vending and begging in the streets. This means that children with disabilities who relied on begging in the streets were heavily affected by the Covid-19 since their support system was cut down during the Covid-19 lockdown which was meant to reduce the spread of Covid-19. The report notes that lockdown restrictions, which saw incomes shrink by 50% from “ZW 2160.00 (US\$43) per month pre-COVID-19 to ZW1080.00 (US\$13) per month, against a poverty datum line of ZW 17957.00 (US\$219) per month for a family of five, significantly impacted on people with disabilities. This shows that children with disabilities faced difficulties to access support from the government, NGOs and private individuals due to travel restrictions imposed by the government during the lockdown period. This was confirmed in various media reports, taking for an example, an article published by Spotlight Initiative in December 2020 quotes Mary Mushayi, a 58-year-old woman with a disability, who highlighted that when the borders closed, their relatives could not send them groceries and they could not move around even to collect their parcels due to limited transportation. Therefore, Covid-19 is affecting the livelihood of children with disabilities making it more difficult to access basic services as mentioned above.

2.7. Challenges faced by the governments to improve the livelihood of CWDs during the covid-19 pandemic in developed countries

Covid-19 has affected different governments in developed countries in terms of provision of services that help improve the livelihood of CWDs. Services provided by the government to CWDs include equal access to quality health services, education, access to informal and technology, hygiene and sanitation, safety, nutrition and other social services. Due to these impacts of covid-19, many governments were unable to continue providing these basic services. Resource constraints is one of the challenges faced by governments in developed nations to services to CWDs during the pandemic. According to UNICEF (2020), students lacking access to technology which was needed for e-learning (mobile cell phones and other assistive gadgets) have limited means to continue with their education. This shows that resource constraints are a major problem that has affected the provision of educational services to CWDs in developed nations. For instance, in Canada and the United States of America, education authority announced the cut of their education budget to make space for the required spending on health and other social services. The cuts off of budget reveals that there has been a lack of resources due to the impacts of covid-19.

2.8. Challenges faced by governments in developing nations to improve the livelihood of CWDs during the covid-19 pandemic.

In most developing countries, lack of resources is one of the major challenges faced by governments to provide quality services to children with disabilities during the covid-19 pandemic. Hence the subsection is going to focus more on developing nations especially in Africa where some countries were affected by lack resources due to covid-19 which made the cut education budget to finance other sectors that include health sectors. The government of Kenya, policymakers have identified both development spending on tertiary education and basic education curriculum reform as a necessary cut to support the country's covid-19 response during the pandemic (Al-Samarrai, Gangwar &Gala, 2020). The politicization of government sponsored food aid and Government subsidized mealie meal vouchers by ruling party officials and some Government officials also impacted on people who were perceived to be supporters of the opposition even when they desperately needed food assistance and among them include families of CWDs. A report by Amnesty International (2020), shows that ruling party officials, some traditional leaders and Government officials were distributing food aid in a partisan manner and they were discriminating against perceived opposition supporters. This reveals that families of CWDs who were perceived to be supporters of the opposition where were having changes to access other basic services such as health, education and sanitation in developing countries like Zimbabwe.

2.9. Challenges faced by the Zimbabwean government to improve the livelihood of CWDs during the Covid-19 pandemic.

The Zimbabwean government as one of the developing countries have faced the challenge of lack of resources in trying to provide better services to CWDs during the Covid-19 pandemic. This lack of resources is one of the challenges which has affected Zimbabwean government and has led to stressful environment which can lead to physical and mental health issues especially to CWDs, it has also affected learning and education, health, food insecurity to children, compromised child safety. Chineka & Kurevakwesu (2021), illustrated that stressful environments as a result of Covid-19 impacts have long been associated with physical and mental health of children including CWDs. The government is lack conducive environment so that those vulnerable children who would have lost their families would go and cope with the situation there. Thus, this challenge can be categorized under lack of resource constraints by the government. Due to high rates of unemployment in Zimbabwe, the introduction of online learning in Zimbabwe places a significant

economic burden on already resource strapped families of CWDs (Chineka & Kurevakwesu, 2020). This reveals that children under the care of these parents were now vulnerable and this worsened the gap and inequalities in terms of accessing education between those children who have resources and those who do not have resources. In terms of health, Chineka & Kurevakwesu (2020), argues covid-19 in Zimbabwe has brought about threats to child survival and health especially CWDs as a result of economic hardships experienced by families as a result of consequence of Covid-19 pandemic. Thus, this in turn will negatively affect the diets and health of CWDs. Chineka & Kurekwekwesu (2020) also argue that Covid-19 also affected the health of children leading to malnutrition, as most of the children in developing countries like Zimbabwe relied on school feeding programmes in which these programs were affected by the pandemic.

2.10. Strategies that can be utilized to improve the livelihood of CWDs during Covid-19 pandemic.

2.10.1. Strategies utilized in Developing countries

Some of the strategies used in developing countries to improve the livelihood of CWDs by provision of services during covid-19 pandemic include provision psychosocial support through radios and televisions. For instance, Global Partnership for Education Report (GPE), (2021), illustrate that to keep learning going for vulnerable children during closure and after reopening due to the pandemic, GPE supported the development of educational radio programming in Zambia, including the translation of radio content for the youngest learners into five local languages and also sign language for CWDs. GPE contributed to the purchase of 11 000 solar-powered radios which benefited vulnerable children especially those in remote areas in Zambia. Public awareness and sensitization campaigns were aired on community radio stations to provide psychosocial support and minimize the negative impact of school closures on gender-based violence, child marriages and pregnancy and the radio campaign one million children and adults in Zambia (Global Partnership for Education Report, 2021). This reviews the efforts to improve accessing to education via social media by the Zambian government to children including CWDs although the methods were not accessible to every child due nature of their disability.

Global Partnership for Education Report (2020), illustrate that the GPE provide grants to schools in Zambia, nearly 2000 of them purchased water tanks, hand washing stations, liquid soap, sanitizers and face masks to protect students from the impact of covid-19, thus improving health services to vulnerable children who could not access these services. Online and home delivery

service provision is also one of the strategies utilized in developing countries to make services accessible to CWDs during Covid-19 pandemic. Taking for example, due to Covid-19 physical distancing and lockdown measures which were put in place to reduce the spread of the virus made it difficult for members of the public to easily find and access health services, the Online Reservation and Case Management Application that allows any member of the public to easily make reservations for health services using a smartphone, introduced by FHI 360 (Family Health International) in Namibia and Zambia among other developing countries in Africa particularly , (The United States President’s Emergency Plan for AIDS Relief (PEPFAR), 2021). FHI 360 is a non-profit human development organization which aims to improve lives in lasting ways by advancing integrated, locally driven solutions. Therefore, online service delivery was utilized in developing countries to improve the provision of service in an accessible manner to CWDs and other vulnerable children through the help of humanitarian organizations.

2.10.2. Strategies utilized in Zimbabwe

Across the globe, governments have responded to the crisis in different ways. The most common response measures, however, have been the implementation of fiscal stimulus packages, complete or partial lockdowns and movement restrictions, and the enforcement of basic hygiene practices such as regular hand washing and social distancing. Since the onset of the pandemic, the Government of Zimbabwe has instituted a number of policy, institutional and operational measures to combat and contain the pandemic and reduce its negative impact, especially on the livelihood of children with disabilities and other vulnerable members of society. In Zimbabwe, in order to improve the livelihood of CWDs during the pandemic to enhance child development especially of CWDs, Non-Governmental and government departments should embark on awareness raising. Chineka & Kurevakwesu (2020), notes that awareness raising can be on child-protection related issues updated to include information concerning Covid-19 prevention, particularly on prevention measures and how to access treatment. Thus, improving the provision of services to CWDs during pandemic.

Chineka & Kurevakwesu (2020), also argues that there is also need to provide PSS to children, parents and caregivers to alleviate the increase of stress and anxiety resulting from Covid-19. They further explain that there is need in each locality to identify and train families on the provision of family-based alternative care, as well as supporting children to cope with grief and loss, in the case

of bereaved children for children whose caregivers fall ill and hospitalised. According to the American Institute for Research (2015), illustrated that the cash transfer programmes to children in Zimbabwe have been less effective considering the amount that is given to a food poor family and as of August 2020 the government of Zimbabwe said it will be giving ZW\$300 which is equivalent to USD\$3. Therefore, there is need to improve on these cash transfer programmes by the DSD so that CWDs may be helped with their nutritional needs.

In addition , Chineka & Kurevakwesu (2020), notes that to improve provision of educational services to vulnerable children the government together with non-state actors need to come up with measures to help parents and caregivers continue schooling children at home in line with the radio lessons being broadcasted by the Zimbabwean Broadcasting Corporation (ZBC) and one way of doing this is by supplying the needed learning materials which are inclusive to everyone (disability friendly) to deprived children and those in rural areas. This may improve the provision of service to CWDs as they will have access to online and radio learning. Therefore, Zimbabwe can also utilise some of the strategies from developed nations to improve the provision of services to CWDs during the covid-19 pandemic.

2.11. Situation of CWDs in relation to Covid-19 in Zimbabwe

Zimbabwe is one of the developing countries in Africa hit by Covid-19 and as a result of the pandemic, measures have been put in place by the government aiming to reduce the spread of the corona virus, through imposing national lockdown and school closures as covid-19 regulations. This affected children with disabilities as most of them children lacked enough e-learning materials in education to cope with the new online learning strategy. The covid-19 pandemic has affected on the right to education and social well-being of children. According to a ZIMSTATS PICES report (2020), a majority of children as of July 2020 were not able to engage in online or distance learning and the worst affected were those in rural areas where only one quarter of children engaged in distance learning. UNICEF (2010) suggests that Zimbabwe has one of the highest rates of vulnerable children in the world with 25% of all the children in Zimbabwe either staying with terminally ill parents or one or both parents having died due to HIV and AIDS related causes of death. Thus, this means that the percentage has increased due to Covid-19 pandemic as many adults died due to the pandemic leaving many children orphaned including CWDs. The National AIDS Council of Zimbabwe (NAC 2014), reported that by 2014, Zimbabwe had 889,319 vulnerable

children. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2020), highlighted that the combined effect of the humanitarian crisis that is cyclone Idai and the COVID-19 pandemic has made more than 853 000 children to acute need in education which include children not enrolled in school, children with disabilities and other vulnerable children living with HIV. Thus, the pandemic is turning children into vulnerable children as some are being used to vend in the streets and begging in the streets, giving other another problem of child labour. UNICEF (2020), shows that a total of 12 619 vulnerable children including children with disabilities were reached with community-based psycho-social support (PSS) interventions including at child safe spaces. Therefore, this reveals the effort by the government of Zimbabwe and NGOs service to services that improve the livelihood of children with disabilities.

2.12. Social Protection Programmes for CWDs in Zimbabwe

As a result of the increasing number of CWDs in need of support in Zimbabwe, Zimbabwe introduced a number of child social protection programmes for the protection of CWDs in partnership with United Nations agencies and other non-state actors. These programmes include Basic Educational Assistance Module (BEAM), Institutional Care, Assistance Medical Treatment Order (AMTO).

2.12.1. Basic Educational Assistance Model (BEAM)

Basic Educational Assistance Model (BEAM), is one of the forms of Government of Zimbabwe's wider strategy of social protection for children. The objective of the programme is to enhance access to primary and secondary education to children with disabilities and other vulnerable children. Masuka, Banda, Mabvurira & Frank (2012), argue that the primary objective of BEAM is to reduce the number of children dropping out of school and reaching out to children who have never been to school due to economic hardships. Masuka, Banda, Mabvurira & Frank (2012), also added that BEAM also caters for orphaned or vulnerable children with ill, with disabilities and those from low-income families This programme is administered by the ministry of education working hand in hand with DSD. BEAM Assessment (2010), shows that the scheme is excluding categories of vulnerable children such as those with learning difficulties as well as those who live far from schools and these factors among others compromises the programme's consistency, transparency, sustainability and quality making it difficult for children with disabilities and vulnerable children to depend on the programme as a form of social protection

2.12.2. Assistance Medical Treatment Order (AMTO)

Assistance medical treatment order is a form of assistance provided by government as a voucher to vulnerable children to facilitate access to public or government health services such as clinics, provincial and national hospitals (Masuka et.al, 2012). Masuka et.al (2012) goes on to explain that this programme is administered by the ministry of health together with DSD. The voucher under this programme covers the cost of treatment in hospital and subsequent check-ups for a period whose duration varies depending on nature of illness and the services are accessed only in government hospitals. DSD authorities are the ones responsible for issuing out vouchers after the community and the institution at which the vulnerable child is staying has reported the requirements for the CWDs to DSD. However, due to resource constraints this programme has faced some challenges since the government sometimes lack funds to provide medication and sometimes lack professionals in government hospitals due to brain drain.

2.12.3. Institutional care

This type of protection is offered in institutions for the protection and maintenance of children with disabilities, homeless and other vulnerable children. Masuka et.al (2012), argues that the government through DSD provides financial support in form of grants to children in institutions that are registered by the Department of Social Development in terms of Part V of the Children`s Act. As of August 2020, the government of Zimbabwe said it will be giving ZW\$300 which is equivalent to USD\$3 per child per month of which the amount is little when it comes to catering for the basic needs CWDs in institutions. However, this scheme has a lot of challenges as highlighted by Masuka et.al (2012), who argues that there have been reports indicating that institutional grants supposed to be paid by government are erratic. This means that some applications may take time to be processed leading to these grants to take a longer period to be issued out.

2.13. Conclusion

In conclusion, this chapter is an in-depth discussion of the impacts of Covid-19 on the livelihood of children with disabilities in terms of accessing quality services during the pandemic. It provides the discussion on global, regional and the local context on the impacts of Covid-19 on CWDs. Critiques on the impacts of Covid-19 on the livelihood of children with disabilities having argued in this chapter and one of them is that school closures caused as result of the pandemic has created rural-urban divide as the education sector have opted for remote schooling and CWDs in most

rural areas are not able to afford the materials needed for remote or online learning and the strategies are not inclusive and disability friendly. School closures as result of Covid-19, disadvantaged vulnerable children especially children with disabilities as they previously most relied on face-to-face service delivery, in both education and in health for effective service delivery which is important to improve their wellbeing. The chapter also argue on the fact that lack of resources is one of the challenges affecting the provision of service by the governments especially in most developing countries particularly in Africa. Theoretical framework that is, the social model of disability has been discussed in relation to the livelihood of CWDs in terms of service provision during the pandemic as well as its relevance has been discussed.

Chapter 3: Methodology

3.0. Introduction

The scope of this study was to explore the impact of Covid-19 on the livelihood children with disabilities during the covid-19 pandemic at Zimbabwe Parents of Handicapped Children Association (ZPHCA), in Harare. This chapter focuses on the methodology that was employed to collect data and the design in which the research was veiled into. The chapter is also going to address the issues pertaining the population under study, sampling methods, sample size, data collection methods and data collection tools. It is also going to look into data analysis procedure, limitations and delimitations of the study and ethical considerations concerning the study. Adding on, this chapter will focus on validity, reliability and feasibility of the study.

3.1. Research Approach

The researcher applied qualitative research approaches for the study. Kabir (2016), argues that data produced in qualitative approach is mostly non-numerical, usually descriptive and nominal in nature. Most of the times data collected may capture feelings, emotions and perceptions of individuals or participants point of view towards a subject of interest. Qualitative research approaches had an advantage that it was flexibility in terms of its approach to both the researcher and the participants. Therefore, the researcher applied qualitative research approach because through qualitative approach the researcher understood the situation behind emotions, feelings and perceptions of participants at ZPHCA, thereby making it easy for the researcher to understand the impacts of covid-19 on the livelihood of children with disabilities under ZPHCA, in Harare. The researcher also compares the feedbacks basing on the number of participants who gave similar responses to the study.

3.2. Research Design

The researcher used exploratory case study under qualitative research design when he did his research. According to Heale & Twycross (2017), case study is defined as an intensive, systematic investigation of a single individual, group, community or some other unit in which the researcher examines in-depth data relating to several variables. Hence, exploratory case study attempts to define questions of a subsequent study or to determine the feasibility of research procedures as highlighted by (Hancock & Algozzine, 2016). Therefore, the researcher employed exploratory case study in his research and it largely helped him to understand the impacts of Covid-19 on the

livelihood children with disabilities at ZPHCA. However, case study had its limitations in the sense that the researchers was the only one who interpreted the participant's feedbacks and this led to different interpretations over the same situation.

3.3. Population under study

Population under study according to Majid (2017), is defined as the study's targeted population that it intends to study. Schutts (2013), target population is a large collection of individuals, groups and objects which the research is interested in generalizing the conclusion of the scientific study. In this study, the researcher targeted children with disabilities both male and female under ZPHCA. These included those CWDs whom are catered for by ZPHCA but they live around Harare

3.4. Sample size

Kumar, Talib, & Ramayah (2013) in Memon, Ting, Cheah, Ramayah, Chuah & Cham (2020) defines sample size in terms of the total number of subjects in the sample. Sample size is important as it sufficiently describe the phenomenon of interest and address the research questions at hand. For the case of the study, the researcher dealt with a sample size of 24 individuals, (20 CWDs, that is 10 girls and 10 boys under ZPHCA, 1 respondent from ZPHCA coordinator, 1 respondent from ZPHCA project officers who are also fieldworkers' and 2 respondents from ZPHCA support group leaders. Hence, the sample size that the researcher dealt with was of 24 individuals (among them include 4 key informants as explained above).

3.5. Sampling methods

For the study, the researcher applied non-probability sampling method in his research. It is a convenient way for researcher to assemble a sample with little or no cost and for those research studies that do not require representativeness of the population, (Verma, Gautam, pandey, Mishra & Shujka, 2017). This method was more or less based on the principle of availability, not on prescribed formula or guidelines that is the researcher dealt with the participants who were on the ground or available on the specific period of time.

3.5.1 Purposive sampling

The researcher applied purposive sampling which is a non-probability sampling to select 4 key informants. Neuman (2006) notes that in purposive sampling one or few are selected to take part in study because they are considered outstanding with the variables which the researcher is concerned about. It is also based on subjects with experience and knowledge about the impacts of covid-19 on the livelihood of CWDs at ZPHCA. Kothari (2005), notes that this is a very important

sampling method in the sense it focuses on respondents who have the idea of the topic in question and the respondents can provide adequate and reliable information. The researcher purposively selected 4 key informants based on their knowledge to the issue under study. This will ensure that the researcher gather reliable data.

3.5.2. Availability sampling

Availability sampling is also another sampling method under non-probability sampling method that was used by the researcher. Availability sampling is selecting participants because they are often readily and easily available (Taherdoost, 2020). In this sampling method the researcher made use of the participants who were available at the time. The advantage of using this method was that it was at least time consuming. Thus, participation was based on availability and the researcher managed to pick 20 CWDs using the technique that is those who were at ZPHCA. Therefore, this method was applied to CWDs who were available at the specific period of time that the researcher was at ZPHCA for the case of the study.

3.6. Data collection methods

According to Kabir (2016), data collection method is a method used in the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes. The research was on the impacts of Covid-19 on the livelihood of children with disabilities and the researcher applied primary method of data collection which include interviews and others methods as discussed above.

3.6.1. Unstructured interviews

The researcher managed to applied interviews in his study by using unstructured interviews. According to Kabir (2016), unstructured interviews are defined as conversations which help build rapport with respondents, getting respondents to open-up and express themselves in their own way. McGill (2016), also explains unstructured interview is an interview process in which questions are asked not systematized across candidates, and the interviewer focuses on open discussion to evaluate candidates. The idea on using this method is that, one response can create another question which was not part of the questionnaire document. The researcher managed to interview 4 key informants (1st respondent is the coordinator of ZPHCA, 2nd respondent is the ZPHCA project manager, 3rd and 4th respondent were ZPHCA support group leaders. This involved asking questions and getting answers from participants for the purpose of the study, thus the researcher

asked questions and got various answers from key informants at ZPHCA. Unstructured interviews were useful because they provided a platform for the researcher and the respondent to discuss and share experiences and also the participants were able to give more data which was not even on questionnaire documents. Face to face unstructured interviews also helped the researcher to discuss into detail specific issues with the respondents that affect the livelihood of children with disabilities.

3.6.2. Focus Group Discussion

The researcher also managed to use focus group discussion as a method of collecting data from CWDs at ZPHCA. Kabir (2016), of the view that focus group discussion brings together a small homogeneous group (usually 6 to 12 persons) to discuss topics on a study agenda. The data was collected through semi-structured group interview process with CWDs at ZPHCA. Kabir (2016) defines semi-structured interviews as interviews in which the interviewer develops and uses an interview guide with a list of questions and topics that need to be covered during the discussion process, usually in a particular order and the interviewer follows the guide, but is able to follow topical trajectories in the conversation that may stray from the guide when he feels this is appropriate. This method was applied this method of collecting data to CWDs at ZPHCA. Focused group discussions are important in the sense that they created a platform where the respondents discussed, argued and were able to provide collective ideas and answers. The focus group discussions lasted for an average of 30 minutes and they were held at ZPHCA at the back of the yard. The researcher divided participants that is CWDs into groups of 6, hence the researcher dealt with 4 groups.

3.7. Research instruments

Research instruments refers to devices that were used to collect data during a research study. The researcher used the following research instruments in his study:

3.7.1. Interview schedule guide

According to Bird (2016), an interview guide consists of a list of the high-level topics that one plans on covering in the interview with the high-level questions that one wants to answer under each topic. Therefore, the researcher made use of an interview guide at ZPHCA which helped him to guide conversation that he had with the participants with the aim of collecting relevant and

reliable information important to satisfy the research objectives. The research instrument also allowed the participants to express themselves fully as the interview guide was structured using both unstructured and semi-structured questions. The interviews took an average of 30 minutes and data was collected through recording using a mobile phone during the interviews process.

3.7.2. Focus group discussion guide

The researcher managed to use focus group discussion guide to collect narrative information during focus group discussions with CWDs at ZPHCA. A focus group discussion guide consists of questions that guide researchers when they gather people from similar experience and backgrounds together to discuss a specific topic of interest (Guest, Namely, Taylor, Eley & McKenna, 2017). Therefore, the researcher used focus group discussion guide to understand group of different age groups and gender on CWDs at ZPHCA that is on what they have been experiencing during the covid-19 pandemic which affected their wellbeing. The discussions took an average of 30 minutes and the researcher recorded the sessions using his cell phone and as well as jotting down some important points.

3.8. Data collection procedure

The researcher submitted a university letter to Department of Social Development (DSD) in Harare offices in request for the permission to conduct his research at ZPHCA. After the letter was approved, the researcher went to ZPHCA offices in Hatfield to submit the letter which was approved by DSD from the University so that the social worker in charge at ZPHCA can also approve to the researcher to carry out his study. The letter was also approved by the social worker in charge who is also the project manager at ZPHCA. The researcher arranged with the office staff at ZPHCA on the days and time the research was going to be conducted. The researcher took 5 days to do his research. The researcher managed to collect data through interviews and focus group discussions. Interviews were conducted with everyone who was in the sample and focus group discussions were conducted with children with disabilities at ZPHCA.

3.9. Data analysis and presentation

The data collected was qualitative in nature, so to analyse the research findings, the researcher described and evaluated the data using the approach that are going to be discussed. Data collected from interviews was analysed parallel to data that was collected through focused group discussions with aim of exposing relations and contradictions of the data in order to create a cohesive paradigm. The study applied thematic analysis on qualitative data analysis. Thematic analysis is a

method for systematically identifying, organising, and offering insight into, patterns of meaning which are themes across a dataset as highlighted by (Braun & Clarke, 2012). The researcher followed the six-phase approach to thematic analysis to familiarise himself with the data, generate initial codes, search for themes, review potential themes, define and name themes and the produce the report as highlighted by (Braun & Clarke, 2012). According to Braun & Clarke (2012):

- ✓ The first phase includes familiarising with the data and engaging yourself in the data by reading and re-reading textual data and listening to audio-recorded during the research. Therefore, the researcher familiarized himself with the collected data by reading transcripts of interviews as well as listening to audio that he recorded during interviews and group discussions with children with disabilities at ZPHCA
- ✓ The second phase include generating codes that are crucial from the collected data. Hence, the researcher identified concepts from the theme that were in line with the researcher's topic.
- ✓ The third phase includes reviewing coded data into potential themes and gathering data relevant to each theme. Therefore, the researcher related information gathered into potential themes that were of importance useful for research.
- ✓ The fourth stage includes reviewing potential themes in relation to the coded data and entire data set. On this stage the researcher checked the relationship between the analyzed data and the themes of the research.
- ✓ The fifth stage focuses more on defining and naming the themes and state what is unique and specific about each theme. Thus, the researcher was able to name themes from the collected data as well as making sure that they were in line with the research aims, objectives and questions.
- ✓ At the last phase, the researcher did an analysis and wrote a report. Braun and Clarke (2012) notes that

The report produced should be able to convince the reader of the validity of the data analysis as highlighted by (Braun & Clarke, 2012). At this phase, qualitative data that was collected were in line with the research topic, aims, objectives and questions and then analysed them in relation to the impact of covid-19 on livelihood of CWDs at ZPHCA.

Therefore, the researcher applied the stages mentioned above systematically as highlighted in the research study above. One of the advantages of using this thematic analysis was that it provided steps of data analysis as he was first time researcher.

3.10. Limitations of the study

The researcher was to economic meltdown in the country, the researcher also faced financial challenges in order to affected by lack of resources as the participants were unable to travel from their place of residents to ZPHCA thereby affecting the research because the participants could not cover transport costs. An issue of confidentiality need to be considered in protecting the wellbeing of CWDs.

3.11. Delimitations of the study

The researcher was only limited at ZPHCA and had children with disabilities under ZPHCA. The study mainly covered CWDs ranging from 12 to 18 years at ZPHCA because most of them within the age range stated, are literate.

3.12. Ethical considerations

According to Kabir (2016), research ethical standards promote the values that are essential to collaborative work, that include, accountability, mutual respect, and fairness (Kabir, 2016). The researcher took into account the following research ethical considerations below:

✓ Informed consent

According to Flemming & Zegwaard (2018), participants must be fully informed of what will be asked of them, how the data will be used, and what, if any, consequences there could be. Flemming and Zegwaard went on to explain that also the participants must provide explicit, active, signed consent to taking part with the research study, including understanding their rights to access to their information and the right to withdraw at any of their points. Therefore, explaining how the data was going to be used to the participants is what the researcher did as well as making sure that they signed an informed consent to participate in the research study

✓ Avoidance of harm

The research also considered the potential of harm to the participants, the researcher, community, and the organization. Flemming & Zegwaard (20218), argues that when considering the potential for harm, the approach should be, in descending order, to isolate, and minimize the risk, with the

participants being fully informed on what are the risks. Before the commencing of the study, the researcher informed the participants if there were any harm in participating in the study as well as making sure that the environment where the interviews and group discussions were conducted were conducive for the participants.

➤ **Voluntary participation**

According to Akaranga & Makau (2016) voluntary participation implies the fact that a person knowingly, voluntarily, intelligently, and in a clear way, gives his consent. The researcher had to make sure that participants were aware that they were participating voluntarily in the research study as well as explaining to them that they were not forced to participate in the research.

3.13. Feasibility of the study

Engel and Schutt (2013) are of the view that, feasibility is the ability to conduct a study with time and resources available. Therefore, the study was successfully carried out by the researcher since the researcher was allowed to conduct his research study at ZPCA and also participants who are CWDs and key informants were willing to participate in the research study.

3.14. Chapter summary

This chapter elaborated the qualitative research methodology utilized by the researcher in the study. This chapter also highlighted challenges that were faced by the researcher in trying to reach the participants. The chapter provided a description of how data in the next chapter was gathered and analysed.

Chapter 4: Data analysis, presentation and discussion of findings

4.0. Introduction

The purpose of this chapter is to present, analyse and discuss the data collected in a bid to understand the challenges faced by children with disabilities during the pandemic. Qualitative data that is going to be presented in this chapter was collected through unstructured interviews, focused group discussions. These data collection methods helped the researcher to discuss into detail specific issues with the respondents observing their feelings, emotions, words and attitudes thereby illustrating the link between this chapter and the objectives of this study which are detailed in the first chapter.

4.1. Biographical information

The table that follows is presenting the biographical information of key informants.

Pseudonym	Occupation	Marital status	Gender	Age	Years in service
Mrs Makwara	ZPHCA national coordinator	Single	Female	58	28
Mr Garanowako	ZPHCA project officer	Married	Male	29	8
Mrs Chidi	ZPHCA support group leader. (caregiver)	Married	Female	52	17
Mrs Maseche	ZPHCA support group leader (caregiver)	Single	Female	48	10

Findings from the research shows that the key informants had an age range of 25 to 60 years. The findings show that out of the 4 key informants, 2 respondents were married and the other 2 were

single mothers. It also shows that 2 out of the 3 respondents were female. It also shows that the caregiver had 8 years and above in services at ZPHCA.

Table 2. Professional qualifications of key informants

Pseudonym	Certificate	Diploma	Degree	Master
Mrs Makwara	✓	✓	✓	
Mr Garanowako	✓	✓	✓	
Mrs Chidi	✓			
Mrs Maseche	✓			

Table 2 shows professional qualifications of key informants from the research findings of the study. It shows that the caregiver had at least and the project manager and the coordinator both had a diploma and degree in social work.

4.2. Services that were being provided to CWDs during Covid-19 at ZPHCA.

This section will focus on the types of services that were provided to children with disabilities at ZPHCA during the covid-19 pandemic.

4.2.1. Health services

Respondents (17) indicated that they used to access health services from public hospitals around the country before Covid-19. The issue was the organization was able to help CWDs through referrals and medical support finance. Due to covid-19 the organization was financially drained and the network system was heavily disrupted and children were unable to access health services from the public health hospital due covid-19 regulations. One of the respondents who is a child with epilepsy said this:

“Hatichakwanisa kuenda kuchipatara sezvo tisiri kubvumidzwa kufamba nekuda kwe lockdown uyezve kuchipatara ndikaenda tinonzi hakuna mishonga tinodzoka tisina kubatsirwa.kubva pakatanga covid-19 kunyangwe zvazvo mishonga ichimboshaikwa” (Meaning that access to public hospitals was limited due to lockdown measure which restricted individual to travel from one place to the other with the aim of reducing the spread of the virus and also pressure on health facilities which increased shortages of medication due to covid-19.)

4 key informants also indicated that DSD has been trying to provide most of the services to CWDs at ZPHCA during the Covid-19 period. One of the participants said that:

“The DSD through president’s office managed to improve on the health needs of CWDs during the pandemic by providing protective clothing, sanitary pads for girls, face masks, hand sanitizers and other materials needed to counter the pandemic”

Therefore, from the findings from the key informants, it reveals that access to health services was limited to CWDs as compared to the situation before covid-19.

4.2.2 Food assistance

All respondents including the 4 key informants indicated that food assistance was provided through the DSD by the government then distributed by ZPHCA although they were not sustainable in nature and not all CWDs managed to access these services. One of the respondents (Support group leader) had to say this:

“...Hurumende irikubatsira munguva ye Covid-19 nekutipa ma food hampers kuvana vanehurema kuvandudza hutano hwavo asi rubatsirwo rwacho nderwenguva diki, zvakare hazvikwane vana vakawanda vanehurema nokudaro vamwe vanoshaya.” (This means that the DSD through the government has managed to provide us with food assistance although it does not sustain us and our families and it does not cover everyone in need).

Therefore, food assistance was of important to CWDs at ZPHCA during the pandemic although it was not sustainable in nature and not accessible to every child with disabilities. Another participant who is a child with cerebral palsy and Hemiplegia had to say this:

“Taimbowana rubatsiro kubva kuhama dziriku South Africa covid-19 isati yatanga asi ikozvino hakuna chichauya nokuda kwekuti mabhazi haachafambi zvake hama dzacho dzkaomerwawo parizvino...” (Meaning that, before the covid-19 we used to get financial support from our relative in South Africa but due to covid we no longer receive any assistance since buses and other public were banned during the Covid-19 period).

Therefore, this reveals that Covid-19 has disrupted the support system for CWDs at ZPHCA to access financial assistance from their relative in and outside the country meant to improve their nutrition and wellbeing.

4.2.3. Education

From the responses from all the respondents excluding 4 key informants, it was clear that services such as educational, health and food assistance services among other services were decreasing

compared to what they used to get before the covid-19 pandemic at ZPHCA thus, a decrease in support system at ZPHCA, due to pandemic. One of the respondents had to say this:

“Before Covid-19 we used to go to school but now schools are closed we are unable to access school via online learning because we do not afford the required gadgets and internet bundles to attend lessons online.”

Other 8 respondents elaborated some of the online learning methods were accessible to everyone depending on the nature of disability since most of them requires different assistive devices to enhance their learning during the covid-19 pandemic.

“...dzimwe nziradzavakushandiswa kudzidza nadzo vamwe vedu hatidzikwanise nokuda kwehurema hwedu semuendaniso zvepa radio vamwe vasinganzwi havakwanise kudzidza zvakare paTv vamwe havaone nokudaro tose hatikwanise kudzidza...”

Therefore, this reveals that covid-19 has negatively affected the provision of educational services to children with disabilities by the government as their rights as some of them are unable to access education because of particular reason that inaccessible online learning to CWDs, lack required gadgets necessary for distance learning as well as unfriendly-disability ways employed by the government.

4.3. The impact of Covid-19 on the livelihood of CWDs at ZPHCA.

Some of the respondents (5) indicated that Covid-19 had affected their livelihood in different ways at ZPHCA. One of the respondents who is one of the key informants had to say this:

“...services should be made accessible in manners which are disability friendly, at equal basis and at all levels of the society. Services include access to education, health, nutrition, information and technology and these services help enhance the wellbeing of CWDs so that no one is left behind during the covid-19 pandemic.”

4.3.1. Limited access to educational services

Covid-19 affected the provision of quality service that include health, educational, access to information and technology and food security assistances from DSD. In terms of education, one of the respondents had to say this:

“...before the closure of schools, we were able to attend lessons physically, interact with other students at school and also having sporting activities after lessons at school but due to covid-

19 pandemic it is now difficult to attend school due to lack of resources required to access distance learning...”

Another respondent who was one of the key respondents had to say this:

“Online learning which was introduced to counter the impacts of the pandemic on the education system was not disability friendly in nature which means that CWDs were being left behind in term of access educational services during the pandemic because of the nature of their disabilities. This loss of learning time is leading different social ills that are affecting our CWDs such early marriages, sexual abuse, drug abuse, domestic violence and among others...”

A child with epilepsy explained that:

“...tirikumba zvinorema kwazvo kune vamwe vedu vanehurema kuti vakwanise kudzidza nekuti kumba hatikwanisi kuwana ma special teachers vanokwanisa kudzidzisa zvatinonzwisisa isu vakaremara nokudaro hatina mukana wekuwana zvidzidzo zvakakodzera nokuda kwe covid-19 yakaita kuti zvikoro zvivharwe nokudaro tinosara muzvidzidzo...” (While we are staying at home, we are unable to access special teachers for CWDs who really understand us in terms how we learn which is making it more difficult to access education during the pandemic which forced the closure of schools)

4.3.2 Limited or no access to health services

16 respondents indicated that there was limited access to public health facilities which include community, district clinics, provincial hospitals, infectious diseases hospitals and tertiary referral hospitals such as Parirenyatwa and Mpilo and among others. One on the key informants had to say this:

“CWDs with disabilities faced challenges of limited access to health services during the covid-19 pandemic this was due to the regulations which were put in place by the government aiming to reduce the spread of the pandemic but the regulations were not allowing the transportation of individuals, hence children with disabilities were unable to access health services.”

One of the respondents had to say this:

“We were excluded from accessing health services and covid-19 vaccines which were meant to protect individuals from contracting the deadly virus. Other ordinary persons were able to access the covid-19 vaccines and us as CWDs were not allowed to take the vaccines for our own safety as highlighted by the World Health Organization hence we are being left behind in terms of accessing health services.

One of the respondents who happen to be a mother of a child with disabilities at ZPHCA (Support group leader) had to say this:

“...although services are still functioning, many parents of children with disabilities are failing to get their children to medical appointments. This is due to increased levels of poverty experienced by families of children with disabilities who in most cases tend to be single parent families and at the same time low-income families, as well as national travel restrictions. This affected us more because we as mother of children with disabilities decided to lock ourselves and our children indoors for weeks during the beginning of the lockdown in March 2020, missing medical appointments and avoiding food shopping due to fear of infecting children with already weakened immune systems.”

Another respondent has to say this:

“We faced challenges to access Water, Sanitation and Hygiene (WASH) facilities, emergency health packages and funding during the pandemic because many of the hygiene packages provided by the government to prevent infection of covid-19, for example, the hand-basins, sinks and communal water pumps people were expected to use for handwashing during the pandemic, are inaccessible and only provided in adult sizes.”

This reveals that covid-19 has negatively affected the livelihood of children with disabilities since they were facing challenges to access quality health services, access to WASH facilities to prevent infections, equal access to medication such as covid-19 vaccines to counter the pandemic and access to health information especially about covid-19. This challenges of limited access to quality health services were further worsened by the pandemic.

4.3.3. Lack of disability and child-friendly resources on Covid-19

Respondents highlighted that there has been a lack of disability inclusive information on covid-19, including health updates, hygiene advice and social distancing guidance. One of the key informants said this:

“...we received reports of children with intellectual disabilities who have not understood any Covid-19 messaging published by the Ministry of Health, as they are using materials which are unsuited to their disability type and age group, hence the need for disability friendly and child friendly resources on covid-19...”

4.3.4. Unavailability of income during the pandemic era

Three respondents highlighted that most parents of children with disabilities relied on informal trading which was banned during the first phase of the pandemic from March to August 2020. One of the respondents aged 17 years said this:

“...Misika inotengesera vabereki vedu yakavharwa pakatanga lockdown muna March 2020, mari yekutenga chikafu kumba yaishakwa pamwe pachoto taiswere bota zuva rese...” (Our parents rely on informal trading where we can get income to buy food and other stuffs but it was banned in March 2020 making it difficult to buy food for consumption”

Another respondent said this:

“... we used to get financial assistance from our relatives in South Africa but due to covid-19 regulations our relatives could not send us money and food because the movement of public transport was banned and also, we were unable to travel to town to withdraw money...”

Another respondent said this:

“... parents of children with disabilities highlighted that some local leaders were making it difficult for parents with children with disabilities to access humanitarian aid from NGOs because of political reasons and they were affected politically, because their parents are victims of political intolerance and they were also painted with the same brush...”

This reveals that covid-19 has affected the support system of children with disabilities, hence unavailability of income during the pandemic. This affected CWDs to access health services, food,

education and other basic services since their parents could not afford them and also political interference has affected the livelihoods of some children with disabilities by denying them access to food aid.

4.4. The challenges faced by the government to improve the livelihood of CWDs in terms of providing quality services during the Covid-19 pandemic at ZPHCA.

Nine respondents indicated that some challenges that the government is facing in trying to provide quality services to CWDs include high levels of corruption, economic instability and resource constraints

4.4.1. High levels of corruption

Five respondents indicated that high levels of corruption are one of the major challenging issues that the government of Zimbabwe is facing in trying to provide quality services that are crucial to improve the livelihoods of children with disabilities during the Covid-19 pandemic.

One respondent said this:

“... because of corruption the Department of Social Development (DSD) is unable to provide basic service to CWDs due to high levels of corruption within the DSD higher offices making it impossible for services like Harmonized Social Cash Transfers (HSCT) to reach the intended beneficiaries...”

Another respondent said this:

“...pakangotanga covid-19 Social welfare haina kumbotibatsira sezvayaimboita ndinoona sekuti zvinhu zvatnofana kunge tichibatsirwa nazvo zvinoperera kuma offices ekumusoro isu kuno hatina chatichawana...” (Since the beginning of covid-19 we no longer get any assistance from DSD, and I think this is because of corruption)

4.4.2. Economic instability

Participants (four)indicated that the pandemic disrupted provision of basic public services in health, education and social protection, which were strained prior to the pandemic, affecting vulnerable groups in the country including children with disabilities.

One of the key informants said this:

“... the pandemic put pressure on strained public resources, worsening implementation challenges, severely affecting service delivery in health, education and social protection.”

Another key informant said this:

“... following a prolonged period of doctor strikes, reduced working hours for nurses, and limited and slow access to personal protective equipment which initially contributed to a decline in the coverage and quality of essential health services due to economic instability hence affecting the livelihood of children with disabilities during the covid-19 pandemic”

Another respondent who is a child with disabilities said this:

“... ndinoona sekuti economy yedu yakadonha nokudaro hurumende yenyika yeZimbabwe iri kukundikana kupa rubatsiro rwakakwana kuvana vakaremara zvinova zvirikuita kuti matambudziko anosanganikwa nawo nevana munguva ino yeCovid-19 awedzere...” (I think the economy is not stable making it more difficult for the government of Zimbabwe to provide CWDs with required quality services during the covid-19 pandemic).

This shows that the challenges that the government have been facing in trying to provide quality services to CWDs during the covid-19 pandemic is to some extent due to economic instability which result in children from poor individuals facing higher risks of becoming chronically ill or impaired since they have low access to health care, high levels of under nourishment and usually live in unsafe environments and aspects that result in higher risk of illness and injury.

4.4.3. Resource constraints

Two respondents indicated that majority of children as of July 2020 were not able to engage in online learning due to lack of resources needed for one to be able to access gadget such as smart phones, tablets and computers including being able to access internet and the worst affected were those in rural areas. This has the risk of widening the emerging and growing inequalities in accessing education.

One of the respondents said this:

“...chinoita kuti vana vedu vasare muzvidzidzo zvavo kushaikwa kwezvekushandisa zvinodikanwa nevana vakaremara munguva ino yecovid-19 nekuti vamwe vana vanokwanisa kuita disatance learning nekuti vane zvekushandisa zvakakwana isu vamwe vedu hatikwanisi kutenga maphone

anodiwa nekuti mari yacho hatina nokudaro vana vanoramba vachisara kumashure maererano nekuwana dzidzo.” (CWDs are unable to access e-learning education because they do not afford to buy the required gadgets and other assistive devices to access distance learning hence, they are left behind)

Another respondent highlighted that:

“... impact of COVID-19 on the health delivery system, which was already underfunded undermined the right to health for CWDs. Public health facilities faced several challenges which affected their capacity to provide basic and emergency healthcare during the pandemic, for example, the lack of equipment, limited intensive care unit beds and ventilators. Some health facilities were closed after covid-19 infections were reported, such that several people failed to access critical health services.”

This shows that due to lack of resources in the country the government through DSD is unable to provide quality services needed by children with disabilities during the pandemic so that they can have equal access to education and other basic services. The issue of resource constrains was further worsened by covid-19 which forced the government to introduce lock down measure in order to reduce the spread of the deadly virus which affected not only children with disabilities but nation at large.

4.5. The strategies that can be utilized to improve the livelihood services delivered to OVC’s during Covid-19 pandemic at TCCC.

4.5.1. Provision of disability and child-friendly resources on covid-19

Provision of disability and child-friendly resources on covid-19 is one of the strategies indicated by respondents to improve the livelihood of children with disabilities during the pandemic.

One respondent said:

“The government should make information on covid-19 accessible in an inclusive manner, including health updates, hygiene advice and social distancing guidance to assist children with intellectual disability so that no one is left behind.”

4.5.2. Educational assistance

Respondents indicated that the government should provide education support, this covers availability of textbooks, stationery, school fees and specialized teachers with proper protective

requires upgrade of telecommunication infrastructure for children to access public radio lessons and conduct some online lessons. This will help children living with illiterate guidance who cannot help them with learning while at home. One of the key informants said:

“...vana veduwo vanodawo zvakanyanya kuenda kuchikoro nevamwe nokudaro hurumende yedu inofana kuvabatsirawo nezvikwanisiro zvinoenderana nehurema hwawo kuti vakwanise kuwana dzidzo zvinosanganisira mafoni, makubhuku uyu zvinovadzivirira kubva ku Covid-19” (The government should provide educational assistance to CWDs that include e-learning material such as cell phones, stationery and other protective equipment so that our children can access education on equal basis with others)

Therefore, the responses given by the respondent clearly shows the need for education assistance for CWDs from the government through DSD so that everyone can access educational services at equal basis and at all levels of the society.

4.5.3. Health support

Respondents indicated that they need health support especially for chronic needs ones who rely on medication during the pandemic to improve their livelihood. One of the respondents said:

“Local health centers should be provided with our chronic drugs rather than for us to travel to hospitals and buy the drugs in private pharmacies. This is becoming expensive and difficult for us to access the medication.”

This shows that health services are one of the major services needed by CWDs during the pandemic to improve their wellbeing hence, expecting to improve on provision of quality health services that are inclusive and disability friendly.

4.5.4. The need for social support from society

Respondents indicated the need for social support from the society to improve the self-esteem of CWDs during the pandemic. One of the key informants said:

“...children with disabilities required social support from society this includes fellowship with others, recognition and free movement. Most children felt isolated by the restriction movements, they were no longer playing with their friends and interacting with their Christian families at churches. This was further raising a sense of rejection and low self-esteem within themselves.”

The response reveals the need for government and other non-state actors to focus more on community sensitization and educating the society about disability so that the community become more friendly to CWDs during and after the pandemic.

4.5.5. Regular supply of services to avoid shortages

Regular supply of services to avoid shortages to CWDs in times of crises was one of the strategies that was recommended by the respondents. One respondent also added that:

“...DSD should regularly provide food assistance and they should implement programs to cater for all children so that they all go to school without failure due to reasons to do with financial problems...”

Hence, this reveals how Covid-19 had affected the livelihoods of CWDs in terms of accessing service at ZPHCA to the extent that a recommendation of regular supply of services to organization was opted by the respondents so as to avoid problems and breaking the regulations that may be imposed during the times of crises such as unnecessary movements.

4.6. Discussion of findings

The purpose of this research was to explore impact of Covid-19 on the livelihood of children with disabilities during the covid-19 pandemic at Zimbabwe Parents of Handicapped Children Association (ZPHCA) in Harare. The researcher managed to interview four key informants that included ZPHCA coordinator, project manager and two support group leaders at ZPHCA. Lastly researcher also managed to have 4 focus group discussions with CWDs with each group having 6 participants.

The first objective was to identify challenges faced by children with disabilities due to covid-19 pandemic at ZPHCA. The study indicated that children with disabilities faced different challenges during the covid-19 pandemic that include limited access to educational services, limited or no access to health services, lack of disability and child-friendly resources on covid-19 and also unavailability of income during the pandemic. From the findings above it's important to note that children with disabilities have limited or no opportunity to participate in societal roles due to the limitations of disability. Children with disabilities experience discrimination, poverty, school dropouts, health problems, sexual abuse and are victims of HIV and AIDs. This is also supported by the social model of disability which identifies systemic barriers, derogatory attitudes, and social exclusion which make it difficult or impossible for individuals with impairments to attain their

valued functioning. Hence, limited access to basic services and limited opportunity to participate in societal activities at all levels and at equal basis made it difficult for CWDs to exercise their fundamental rights during the covid-19 pandemic.

Adding on, through focus group discussions, research indicated that most CWDs experienced limited or no access to educational services hence, they were left behind from exercising their fundamental rights during the covid-19 pandemic. The majority of CWDs were not able to engage in online or distance learning and the worst affected were those in rural areas. The ZIMSTAT Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES), Telephone Monitoring Survey report (2020), support that in rural areas, only few children, including CWDs engaged in distance learning, while in urban areas this proportion was 70%. For urban-based children, learning was mostly delivered through mobile applications and parental assignments, but this also meant that children from poor urban families including CWDs with no access to smart phones with learning applications or those who could not afford mobile data to access the applications, were left out in accessing educational materials. Section 75 of the Constitution of Zimbabwe (2013), provides for the right to education for every child. Section 27 of the constitution obliges the state to ensure that education is accessible to all without discrimination, the research indicate that the government of Zimbabwe failed to provide adequate educational services which are disability friendly to CWDs during the pandemic at all level of the society and at equal basis.

However, the research findings indicate that some children with disabilities had been assisted with assistive devices such as wheel chairs, talking devices such as a talking thermostat, magnifiers and large print materials by non-state actors that include US Embassy, UNICEF and Chinese Embassy. Assistive devices in the US government are defined as any item, piece of equipment or product system that is used to increase, maintain, improve functional capabilities of individuals with disabilities (The Assistive Technology Act, 2004). Assistive devices help children with learning needs so that they are not left behind due to their nature of disability. According to Neilson, Kapor and Zimmerman (2018), inclusive education, is able to help reduce discrimination by enabling individuals with and without disabilities to grow up in a disability friendly environment where they can interact with others and fully exercise their rights. This therefore creates a foundation for a society without discrimination.

To add on, the study indicated that CWDs experience challenges to exercising their fundamental rights during the covid-19 pandemic that include having access to quality health services. During interviews, key informants indicated that many children with disabilities were unable to access health services during the covid-19 pandemic. This is supported by the social model theory which identifies systemic barriers, derogatory attitudes, and social exclusion, which make it difficult or impossible for CWDs to attain their valued functioning. Thus, the study indicated that CWDs were among the worst affected by the disruptions to the health system. Zimbabwean government's covid-19 response strategy was not disability inclusive and could not adequately provide access to essential health services for CWDs in line with the International Disability Alliance (IDA). This can be supported by the UNESCO Rapid Assessment report (2020), on the effects of covid-19 on persons with disabilities highlighted that, during the lockdown period, free medical care for persons with disabilities became even harder to access due to travel restrictions which was a measure to reduce the spread of the deadly virus, which resulted in drugs running out of stock at designated places. The study indicated that the majority of CWDs have no medical aid, yet they ought to be treated regularly for special conditions including skin cancer, asthma, schizophrenia, brain tumor, heart problems and breast cancer. This became even more difficult for CWDs at ZPHCA due to the lockdown. This is justified by the responses which were given by participants during the interviews. This may be due to economic instability in the country and corruption.

Moreover, research findings indicated that due to unavailability of income during the covid-19 lockdowns which was a measure put by the government to reduce the spread of covid-19 virus, many CWDs were heavily affected in terms of having access to healthy food and nutrition. Covid-19 has been linked to increased food insecurity and malnutrition worldwide. The study indicated that parents of children with disabilities at ZPHCA are amongst the poor in communities, mostly engaged in informal, unreliable employment and live with just enough for the basic and immediate necessities. This is supported by the social model of disability which also demonstrates the correlation between poverty and disability. This shows that, the restrictions on movement, and consequently paid work, has major effects on the livelihood of CWDs in terms of having food on their tables and having access to basic services. In research carried out in Zambia by SPOON, Catholic Medical Mission Board (CMMB) Zambia and St. Catherine's University in 2020 on Health Impact Assessment in a bid to understand the effects of covid-19 on children with disabilities and their families, they found that almost all families were facing new challenges in accessing standard

housing, loss of income, and access to food. Among surveyed families of CWDs, 79% faced a loss of food or nutrition during the pandemic. Therefore, this explains some of the responses which were given by participants during interviews which put CWDs at a higher risk of all types of abuse, neglect and harm due to covid-19 which resulted in unavailability of income.

In addition, the study indicated that CWDs faced challenges to having access to disability and child-friendly resources on covid-19 such as disability inclusive information on covid-19, including health updates, hygiene advice and tips to their caregivers and social distancing guidance. The research indicated that there are more CWDs who are unable to access information on covid-19 and even fewer examples of this information being offered in a disability inclusive and child-friendly format. The impacts of covid-19 on the livelihood of CWDs can be explained by the social model of disability which state that people are disabled by barriers in society, such as buildings not having a ramp, inaccessible toilets, people's attitudes, like assuming people with disability can't do certain things. Hence, the need by the government, NGO and communities to provide services which are inclusive in nature and in child-friendly format.

The second objective of the study was to find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better. The study indicated that there was a reduction in the quantity and quality of services that are required to be provided to CWDs at ZPHCA during the covid-19 lockdown period. This explains why most children with disabilities at ZPHCA indicated that they no longer get enough assistance from DSD and civil society organization during the covid-19. Thus, supported by the social model of disability which reveals how the society or environment make it difficult or impossible for individuals with impairments to attain their valued functioning (Barnes, Mercer & Shakespeare, 2010). Hence, the provision of services to CWDs by the DSD is to alleviate poverty and to improve the wellbeing of children with disability during and after covid-19.

In addition, the research gave an insight on assistance received by ZPHCA from DSD and NGOs to help CWDs. The research findings indicated that educational, health, psychosocial support, counseling and food assistance services were being provided by DSD during the Covid-19 pandemic but they were unable to cover all the needs of CWDs. This explains why most CWDs and all key informants agreed on the provision of educational services to children with disabilities during the covid-19 period, although some children also indicated that the provision of educational

services was unfairly because services are not provided in a disability-friendly and child-friendly format and some could not afford to use online platform for learning. Taking for example, Texas Education Agency released guidance for educators teaching remotely in relation to identifying children who may be at risk of exploitation as a result of the Covid-19 pandemic and school closures (Jimenez, Bravo-Balsa, Brotherton, Dang, Gardner, Gul, Lucas, Such, & Wright, 2021). Thus, some developed nations education agencies were able to provide educational services to vulnerable groups among them include children with disabilities during the covid-19 pandemic.

Furthermore, the study also indicated that there are other organizations besides DSD who provided and are still providing support to CWDs at ZPHCA during the Covid-19 pandemic. Findings of the study indicated that Non-Governmental Organizations, individual donors, Community Based Organizations (CBO's), Community and churches participate in providing services to CWDs at ZPHCA. This is supported by the social model of disability which encourages the need for community and to participate in improving the environment so that it becomes disability friendly to improve the livelihood of CWDs. The study indicated that these organizations and individuals were complementing the work of DSD in providing services to CWDs at ZPHCA. This justifies the responses from CWDs indicated that they also received support from NGO's although the support was maybe limited due to economic constraints and lockdown restrictions which sometimes limited NGO's from providing services to their full capacity. This is supported by Chakawarika (2011), who is the view that the inadequacies of the state and the market, citizens across the globe have developed Non-Government Organizations to deal with a diversity of social needs. Thus, this appraises the role of NGOs in provision services to CWDs. The research also shows that individual donors also participated in provision of services during the pandemic. This is justified by responses given by 8 CWDs and all key informants responses. This indicated that individual donors are playing important roles in providing services to CWDs at ZPHCA during Covid-19 period. This may be due to the fact that they are private donors hence, they are sometimes are not affected by the economic situation.

Lastly, six of the CWDs responses and all four key informants' responses indicated that churches were active in providing services to CWDs at ZPHCA. Thus, these organizations complemented the role of DSD in terms of provision of services even though there is need to first consult the authorities at ZPHCA on types of services needed by CWDs, so that they provide services in line

with the context or situation. Therefore, the Zimbabwean government is required continue to provide a conducive environment for NGOs so that they can provide aid especially in hard times such as pandemics.

The last objective was to identify the strategies that can be utilize to improve the livelihood of CWDs during Covid-19 pandemic. The respondents indicated that different strategies can be applied by the government through DSD and also that are being already applied to improve the livelihood of CWDs at ZPHCA and these include home schooling, regular supply of services to avoid shortages, formulation of programs that are disability-friendly in terms of education and other basic services and improvement of communication at the DSD offices. Therefore, the above strategies are in line with the social model of disability which support the approaches that can be used by DSD to compact the impacts of covid-19 to improve the wellbeing of CWDs during and after covid-19 period. The respondents also pointed out that they are also carrying out strategies to improve the livelihood of CWDs at ZPHCA in that there are, also home schooling CWDs through the help of social workers, close monitoring children and also carrying out agricultural projects to improve food security. In terms of psychosocial support and counselling, UNICEF (2020) states that a total of 12 619 vulnerable children including CWDs were reached with community-based psycho-social support (PSS) interventions including at child safe spaces in Zimbabwe as a direct response to the challenges being faced by CWDs.

In terms of home schooling as a strategy that can be utilized to improve the livelihood of CWDs, Chineka & Kurevakwesu (2020), is of the view that, to improve and continue educational services, the government and non-state state actors need to come up with measures to help parents of CWDs and caregivers continue schooling children while at home in line with the radio lessons and programs being broadcasted by the Zimbabwean Broadcasting Corporation (ZBC) and the only way of doing this is by supplying the required learning materials which are disability and child-friendly in nature to CWDs and those in rural areas. By providing disability friendly learning it means that the government and NGOs will be addressing the environment barriers that limit CWDs from having access to education during the covid-19. This is further explained by the social model of disability which identifies systemic barriers, derogatory attitudes, and social exclusion, which make it difficult or impossible for individuals with impairments to attain their valued functioning, hence the need to work towards removal of such barriers so that educational services and other

basic services are made accessible to everyone at equal basis. Thus, the introduction of ZBC as a learning platform for children including CWDs during Covid-19, hence context specific solution. On regularly supply of services to avoid shortages in nutritional needs specifically, American Institute for Research (2015) argue that the cash transfer programmes being implemented by the government of Zimbabwe to vulnerable children in Zimbabwe have been less effective considering the amount that is given to families of CWDs since most of them are from low-income families and as of August 2020 the government of Zimbabwe highlighted that it will be giving ZW\$300 per person which is equivalent to USD\$3 which cannot cover basic nutritional needs. Therefore, there is need to improve on these cash-based transfer programmes by the DSD so that CWDs may be able to afford their nutritional needs.

4.8. Chapter Summary

This chapter gave an insight and analyzed the research findings on the impact of Covid-19 on livelihood of children with disabilities (CWDs) at Zimbabwe Parents of Handicapped Children Association (ZPHCA) in Harare in Zimbabwe. The findings in this research revealed challenges faced by CWDs during the covid-19 pandemic, services that were being provided to CWDs during Covid-19 and strategies that can be utilize to improve the livelihood of children with disabilities during Covid-19 pandemic and these findings were aligned to the objectives of the research. The next chapter will look at the summary of the findings and recommendations of the study.

Chapter 5: Summary of findings, conclusions and recommendations

5.0. Introduction

This chapter drew out a summary, conclusion and recommendations for the whole study. It presents conclusions from the research findings that is on challenges that were being faced by CWDs at ZPHCA in Harare during Covid-19, services that were provided by government to CWDs at ZPHCA, the challenges faced by the government to provide better services TO CWDs during the covid-19 pandemic as well as the strategies that can be utilize to improve the services delivered to CWDs during Covid-19 pandemic as recommendations towards addressing the impacts of Covid-19 on the livelihood of CWDs at ZPHCA in Harare, Zimbabwe.

5.1. Summary of findings

The study aimed to investigate on the impact of Covid-19 on the livelihood of children with disabilities at ZPHCA. The study was carried out in Hatfield, in Harare. The study was guided by three objectives which were to identify challenges being faced by CWDs during the covid-19 pandemic, identify the services that were being provided to CWDs during Covid-19 at ZPHCA, to explore the impact of Covid-19 on the service delivery and to identify the strategies that can be utilized to improve the livelihood of CWDs during Covid-19 pandemic at ZPHCA. The social model of disability was used as a guiding framework of the study. The study applied qualitative research approaches. To collect qualitative data, the researcher made use of unstructured interviews and focus group discussions. Twenty CWDs at ZPHC were sampled through availability sampling and purposive sampling to participate in the study whereas the four key informants were chosen using availability sampling also.

5.1.1. Impacts of Covid-19 on the livelihood of children with disabilities.

The study findings revealed that Covid-19 affected the livelihood of CWDs in terms of having to basic services such as educational, health, counselling, psychosocial and other services including food assistance services. In terms education, some of the children were not able to get back to school because their parents and families fear that their children would get infection since they are at risk of contracting the deadly virus due to different reason as stated by the WHO. Also due to loss of funds by ZPHCA, DSD and NGOs who were also affected by Covid-19, this resulted in ZPHCA failing to provide educational assistance to CWDs at ZPHCA. It can also be argued that, due to resource constraints by DSD which was worsened by covid-19, this has forced DSD to have a cut in the number of children to be enrolled in BEAM program thus also affecting CWDs at

ZPHCA. On health services, due to travel restriction measures which were put by the government, CWDs were unable to get access to quality health services during the covid-19 pandemic. However, findings also show that ZPHCA staff regularly monitor the health of CWDs during Covid-19 period and also provide hygiene kits.

5.1.2. Services that were being provided to CWDs during Covid-19 at ZPHCA

On the services that were being provided to CWDs during Covid-19 at ZPHCA the study findings revealed that DSD mostly provided services to CWDs not on a regular basis. The findings also showed that educational and food assistance services were the most provided services at ZPHCA during Covid-19 period as there were also the most affected services by Covid-19. Findings also justify that other organizations such as, NGOs and individual donors were involved in providing services to CWDs at ZPHCA and the findings also revealed that some of the services provided by these organizations were not addressing the challenges that CWDs were facing during the covid-19 pandemic, thus there were not that much effective.

5.1.3. Strategies that can be utilized to improve the livelihood of CWDs at ZPHCA during Covid-19 pandemic

From the research findings, one can note that there were some strategies that were suggested by participants to DSD to improve the livelihood of CWDs at ZPHCA. It can be argued that some of the challenges were already being utilized by ZPHCA staff and caregivers during the Covid-19 period but they needed enough support from the DSD and Non-state actors. One of the strategies include home schooling for CWDs and this was already being utilized at ZPHCA through the assistance of social workers and caregivers who assisted CWDs with homework. Another strategy that can be utilized by DSD is that of regularly supplying services to ZPHCA to avoid shortages especially on basic needs such as food assistance services as justified by the findings. Close monitoring of children at ZPHCA is also another strategy that can be applied by ZPHCA to make sure that CWDs are protected from other health problems associated with covid-19. Lastly, addition of staff by DSD to avoid work overload was also another strategy that was proposed from the research findings to improve the provision of services to CWDs that are crucial in improving the livelihood of CWDs.

5.2. Conclusions of the study

Basing from the research findings, the research study reached at the following conclusions:

The study concluded that due economic meltdown in the country, DSD under the government faced shortages of funds to provide basic services to CWDs during the covid-19 pandemic, thus affecting their day-to-day errands which needed vehicles to be used to provide services at ZPHCA. Resource constraints at DSD under the government can also be blamed for the cut of numbers of children that were enrolled in the BEAM program during the Covid-19 pandemic.

Another conclusion from the research study basing on the research findings was that, other organizations were concerned in the provision of services to CWDs at ZPHCA during Covid-19 period. However, it can be noted that these organizations lacked knowledge on the type of services that CWDs required during Covid-19 period at ZPHCA. It can be concluded that the organization lacked consultation before providing services to CWDs at ZPHCA, thus leading to the provision of haphazard services. The research study also reached the conclusion that, as much as ZPHCA wanted to endeavour in their own self-sustaining projects, the projects did not yield the expected results because the projects lacked interventions from other organizations in terms funding and knowledge.

In addition, from the finding's nepotism is taking place upon distribution of services, henceforth the researcher would like to recommend to the government of Zimbabwe to put measures that guides the provision of services to ensure that services are fairly distributed. This will enable justice and equality in terms of accessing services. The study also concludes that most of the children with disabilities are willing to do projects like sewing and agricultural projects so that they can self-sustain and reduce the burden on their families. The welfare of the children with disabilities is of paramount importance, hence the need to create an environment where they can fairly exercise the rights like any other child.

5.3. Recommendations

This research study explored the impact of Covid-19 on the livelihood of children with disabilities CWDs at Zimbabwe Parents of Handicapped Children Association (ZPHCA) in Hatfield, Harare, Zimbabwe. Therefore, this section will provide recommendations which will help in reducing the impacts of Covid-19 and any pandemic in future. The following were the recommendations which were drawn from the conclusions:

- CWDs at ZPHCA and other child protection institutions should be trained to do practical jobs such as agriculture projects, welding and carpentry they can self-sustain even during

hard times such as Covid-19, they will be able to do the jobs on their own without external assistance.

- Other organizations and individuals who willing to provide services during and after pandemics to ZPHCA should first consult the staff so that they align with what is required to curb the disaster to avoid provision of haphazard services to ZPHCA and this will enhance effective and efficiency service provision in the future.
- Awareness campaigns are recommended to concertize the community with knowledge on disability issues to enlighten the society that disability is not inability. This will enable the society to view disability in a positive way and accommodate disability households in community gatherings. Awareness campaigns should also be enacted to communicate the services being provided to the children with disabilities. Therefore, awareness campaigns enable the information to spread fast in different ways which are disability friendly.
- The government should sponsor empowerment programs that will assist children with disabilities to start their projects such as poultry keeping and welding to reduce dependence syndrome and promote self-sustainability.

5.4. Chapter Summary

The above chapter gave a summary of research findings; it also gave the conclusions basing on the objectives and also gave recommendations which will help in reducing the impacts of any crises in the future. It also emphasized on the summaries of the challenges that were being faced by CWDs during the covid-19 pandemic, services that were being provided at ZPHCA during Covid-19 period and suggested strategies that can be utilized to improve the livelihood of CWDs during and after the pandemic. Lastly, this chapter listed some recommendations which will help future researches concerning the study.

Reference

- Akaranga, S.I & Makau, B.K. (2016). Ethical Considerations and their Applications to Research: A Case of the University of Nairobi, *Journal of Educational Policy and Entrepreneurial Research*, Vol.3, No. 12. 2016. Pp. 1-9.
- Al-Samarrai, S., Gangwar, M. & Gala, P. (2020). *The impact of the Covid-19 pandemic on education financing*. May 2020.
- Al-Samarrai, S., Gangwar, M. & Gala, P. (2020). *The impact of the Covid-19 pandemic on education financing*. May 2020.
- Bird, C. (2016). *Interview Guide, in Perspectives in Data Science For Software Engineering*.
- Braun, V. & Clarke, V. (2012) Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC: American Psychological Association.
- Chineka, T. S. & Kurevakwesu, W. (2021). Challenges for child welfare and development during the COVID-19 pandemic in Zimbabwe. *African Journal of Social Work*, 11(4), 209-215.
- Chineka, T. S. & Kurevakwesu, W. (2021). Challenges for child welfare and development during the COVID-19 pandemic in Zimbabwe. *African Journal of Social Work*, 11(4), 209-215.
- Council of Europe Report (2021). The COVID-19 pandemic and children: Challenges, responses and policy implications, March 2021.
- Council of Europe Report (2021). The COVID-19 pandemic and children: Challenges, responses and policy implications, March 2021.
- Dejongh, F. (2020). Protecting the most vulnerable children from the impact of coronavirus: An Agenda for action. *Global coordination is urgently needed to prevent this healthy crisis from becoming a child-rights crisis*, 21 September 2020.
- Dejongh, F. (2020). Protecting the most vulnerable children from the impact of coronavirus: An Agenda for action. *Global coordination is urgently needed to prevent this healthy crisis from becoming a child-rights crisis*, 21 September 2020.

- Dhlembeu, N. (2010). *The Department of Social Services: Training Manual/Handbook on Child Care and Protection*, Harare, Ministry of Labour and Social Services.
- Donnelly, R., Patrinos, H. A., & Gresham, J. (2021). *The Impact of COVID-19 on Education-Recommendations and Opportunities for Ukraine*. April 2021.
- Donnelly, R., Patrinos, H. A., & Gresham, J. (2021). *The Impact of COVID-19 on Education-Recommendations and Opportunities for Ukraine*. April 2021.
- Ecpat International (2020). Why children are at risk of sexual exploitation during covid-19, November 2020.
- Edge Foundation. (2020). *The Impact of Covid-19 on Education: evidence on the early impacts of lockdown*. London: Edge Foundation. June 2020.
- Global Partnership for Education Report (2021). Zambia: Making the return to learning safe and inclusive, April 2021.
- Gray, M., Midgley, J., & Webb, S. A. (2012). *The SAGE Handbook of Social Work*. London: SAGE Publications Ltd.
- Gray, M., Midgley, J., & Webb, S. A. (2012). *The SAGE Handbook of Social Work*. London: SAGE Publications Ltd.
- Gumbo, O. (2020). Covid-19 lockdown measures on Zimbabwean populace. Zimbabwe. *Advance in social sciences*. Research Journals, 2020.
- Hancock, D. R. & Algazzine, B. (2016). *A practical guide for beginning researchers*. New York, NY: Teachers College Press.
- Heale, R. & Twycross, A. (2017). *What is a case study?*
- Hill, K. (2015). *Critical analysis of Maslow's Hierarchy of Need*.
- Jimenez, E., Bravo-Balsa, L., Brotherton, V., Dang, M., Gardner, A., Gul, M., Lucas, B., Such, L., & Wright, N. (2021). *Risks and Impacts of Covid-19 for Modern Slavery Survivors in the UK and the USA: Rapid Evidence Review*. Rights Lab.

- Jimenez, E., Bravo-Balsa, L., Brotherton, V., Dang, M., Gardner, A., Gul, M., Lucas, B., Such, L., & Wright, N. (2021). *Risks and Impacts of Covid-19 for Modern Slavery Survivors in the UK and the USA: Rapid Evidence Review*. Rights Lab.
- Kabir, S.M.S. (2016). *Methods of Data Collection, Basis and Guidelines for Research: An Introduction Approach for All Discipline*. Book Zone Publication, ISBN: 978- 984- 03- - 9565- 8, Chittagong-4203, Bangladesh.
- Majid, U. (2017) *Research Fundamentals: The research question, outcomes, and background*. URNCST Journal, 24 October: 1(2).
- Marx, J. D., Broussard, C. A., Hopper, F. A., & Worster, D. (2012). *Social Work and Social Welfare: An Introduction*. Boston: Pearson Education, Inc, publishing as Allyn & Bacon.
- Masuka, T, Banda, R.G. & Mabvurira, V. 2012. *Preserving the Future: Social protection programmes for orphans and vulnerable children in Zimbabwe*. Volume 2 No.12 (special Issue-June 2012) international Journal of Humanities and Social Sciences.
- Masuka, T, Banda, R.G. & Mabvurira, V. 2012. *Preserving the Future: Social protection programmes for orphans and vulnerable children in Zimbabwe*. Volume 2 No.12 (special Issue-June 2012) international Journal of Humanities and Social Sciences.
- Ministry of Labour and Social Services. (2011). *National Action Plan for Orphans and Vulnerable Children Phase 11 2011-2015*. Harare, Ministry of Labour and Social Services.
- Ministry of Labour and Social Services. (2011). *National Action Plan for Orphans and Vulnerable Children Phase 11 2011-2015*. Harare, Ministry of Labour and Social Services.
- Mitchell, F. (2020). *In Rural Communities, COVID-19 Increase Heathy Development Challenges for Children of Color*, 4 December 2020.
- National AIDS Council 2014. Accessed on 18/12/21 at www.nac.org-zw
- National AIDS Council 2014. Accessed on 18/12/21 at www.nac.org-zw
- Onah, F.O. (2015). *Human Resource Management*. 4th Edition. Enugu: John Jacob's Classic Publishers Ltd.

- Organization of Economic Cooperation and Development (OECD). (2020). *Combatting COVID-19's effect on children*, 11 August 2020.
- Organization of Economic Cooperation and Development (OECD). (2020). *Combatting COVID-19's effect on children*, 11 August 2020.
- Patel, K. (2020). Mental health implications of covid-19 on children with disabilities. *Asian Journal Psychiatry*, 2020.
- PEPFAR, (2021). The Online Reservation and Case Management App (ORA), November 2021.
- PEPFAR, (2021). The Online Reservation and Case Management App (ORA), November 2021.
- Save the Children, (2020). *THE IMPACTS OF COVID-19 ON CHILDREN IN WEST AND CENTRAL AFRICA: LEARNING FROM 2020*.
- Save the Children, (2020). *THE IMPACTS OF COVID-19 ON CHILDREN IN WEST AND CENTRAL AFRICA: LEARNING FROM 2020*.
- Scully, J.L. (2020). Disability, disablism and covid-19 pandemic triage. *J Bioethical Ing* 2020.17
- Shakespeare, T. (2013). The social Model of disability studies. *The disability studies*. Fourth Edition, New York, 2013.
- Tay, L. & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of Personality and Social Psychology*, 101(2); pp. 354–365.
- UNICEF DATA. (2020). Education and Covi-19. September 2020.
- UNICEF DATA. (2020). Education and Covid-19. September 2020.
- UNICEF Mozambique. (2020). *The Impacts of COVID-19 on Children in Mozambique*, June 2020, PN-01.
- UNICEF Mozambique. (2020). *The Impacts of COVID-19 on Children in Mozambique*, June 2020, PN-01.
- UNICEF, CASS & GoZ (2010). *A Situational Analysis on the Status of Women`s and Children`s Rights in Zimbabwe, 2005-2010*, Harare, Unicef, CASS and GoZ:.

UNICEF, CASS & GoZ (2010). *A Situational Analysis on the Status of Women`s and Children`s Rights in Zimbabwe, 2005-2010*, Harare, Unicef, CASS and GoZ:.

UNICEF. 2010. *A Situational Analysis on the status of Women`s and Children`s Rights in Zimbabwe 2005 – 2010. A Call for Reducing Disparities and Improving Equity*. Available at:www.unicef.org/Zimbabwe/SitAn-2010.

UNICEF. 2010. *A Situational Analysis on the status of Women`s and Children`s Rights in Zimbabwe 2005 – 2010. A Call for Reducing Disparities and Improving Equity*. Available at: www.unicef.org/Zimbabwe/SitAn-2010.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA), (2020). *Zimbabwe Situation Report*, June 2020. Al-Samarrai, S., Cerdan-Infantes, P. & Lehe, J.D. (2019). *Mobilizing Resources for Education and Improving Spending Effectiveness: Establishing Realistic Benchmarks Based on Past Trends*. World Bank Policy Research Working Paper (8773).

United Nations Office for the Coordination of Humanitarian Affairs (OCHA), (2020). *Zimbabwe Situation Report*, June 2020.

Wyk B.V (2016). *Research Design and Methods: Part 1*. University of Western Cape. South Africa.

APPENDICES

APPENDIX 1: CONSENT FORM

Topic: **The effects of Covid-19 on the livelihoods of children with disabilities (CWDs) at Zimbabwe Parents of Handicapped Children Association (ZPHCA) in Harare, Zimbabwe.**

My name is **Malvin Mufunda** and I am a fourth-year student at Bindura University of Science Education doing a Bachelor of Science Honours Degree in Social Work. I am doing educational research on the topic mentioned above for the partial fulfilment of my studies' requirements. I have considered it important to interview you to get primary information on the impacts of Covid-19 on the livelihoods of CWDs at ZPHCA. Therefore, your contribution towards this study is greatly appreciated.

Ethical considerations:

1. Participation is voluntary in this study.
2. Information collected in this research shall be for academic use only and kept confidential.
3. The research to be confined to the topic.
4. Termination in terms of participation is allowed.

Thank you

Participant's Signature

Date

Researcher's Signature

Date

1. What strategies do you think the government should employ to improve the livelihood of CWDs at ZPHCA during the covid-19?
2. What would you want the society to do to improve the provision of service to CWDs?
3. What are your recommendations for DSD in service delivery for it to be effective at ZPHCA during the Covid-19 pandemic?

Section D: Strategies that can be utilize to improve the livelihoods of CWDs during Covid-19 pandemic.

1. What strategies do you think government/ NGOs should employ to improve the livelihood CWDs during and after Covid-19.
2. From your general assessment, what do you think the community should do to improve delivery the provision of services to CWDs?
3. What are your recommendations for DSD in service delivery for it to be effective at ZPHCA during the Covid-19 pandemic?

APPENDIX 3: FOCUS GROUP GUIDE: CWDs at ZPHCA

Topic: The effects of Covid-19 on the livelihoods of children with disabilities (CWDs) at Zimbabwe Parents of Handicapped Children Association (ZPHCA) in Harare, Zimbabwe.

SECTION A

Challenges faced by CWDs during Covid-19

1. What are the challenges that as CWDs facing due to Covid-19?
2. How do you overcome such challenges?
3. Do you have access to basic services during covid-19 pandemic?
4. What challenges do you face towards the opportunities you come across?

Section B: To find out the services being provided to CWDs during Covid-19

1. What services have you been receiving at ZPHCA by DSD before the Covid-19 pandemic?

2. What services are you accessing from DSD during the Covid-19 pandemic overall from the services you are receiving from them? How effective are they?
3. Do you think the services can help improve living standards of CWDs at ZPHCA during and after Covid-19?
4. What is your overall comment on the services being provided by DSD?

Section C: Strategies that can be utilize to improve the livelihoods of CWDs during Covid-19 pandemic.

1. What strategies do you think government/ NGOs should employ to improve the livelihood CWDs during and after Covid-19?
2. From your general assessment, what do you think the community should do to improve delivery the provision of services to CWDs?
3. What are your recommendations for DSD in service delivery for it to be effective at ZPHCA during the Covid-19 pandemic?



**ZIMBABWE PARENTS OF
HANDICAPPED CHILDREN ASSOCIATION**
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25 March 2022

RE: APPROVAL LETTER FOR MR MALVIN MUFUNDA TO CARRY OUT A RESEARCH
AT ZIMBABWE PARENTS OF HANDICAPPED CHILDREN ASSOCIATION.

The above matter refers.

Following your request to carry out a research at our organization (Zimbabwe Parents of Handicapped Children Association) permission is hereby granted to that effect. The research must be confined to your topic which reads: The impacts of Covid-19 on the livelihood of children with disability in Harare. A case study of Zimbabwe Parents of Handicapped Children Association (ZPHCA). Please note that data collected thereof must be used for no other purposes other than academic purposes. To that effect, confidentiality must be upheld and no other parties apart from the university lecturers must access information about the organization and its children

Yours faithfully

Mutenure T
Administrator



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