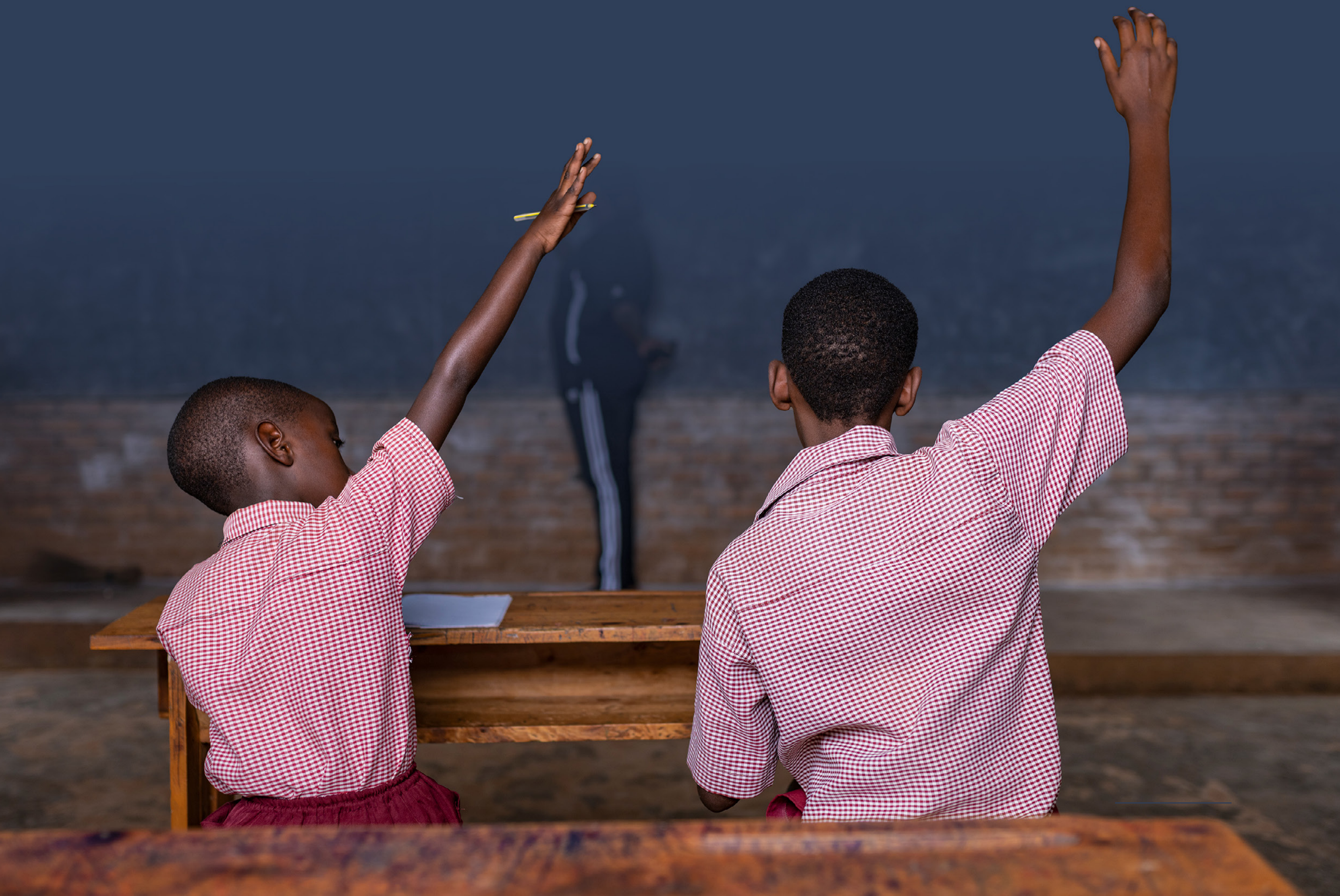
able child
AFRICA NETWORK

Amplifying the voices of children with disabilities

A survey to understand and amplify the experiences and priorities of children with disabilities in relation to their human rights



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The preparation of this survey and initial data analysis was led by Dennis Moogi. Following this, Maya Sethi conducted further analysis and wrote the final report, incorporating Dennis's contributions while expanding on the analysis to further align with the objectives of the Able Child Africa Network. The children and young people with disabilities who came forward to share their human rights experiences and priorities made this research possible.

We are enormously grateful to these contributors for their generosity of time and their willingness to speak openly about their experiences. We are also indebted to the following Able Child Africa Network members in Africa: Action Network for the Disabled (ANDY), The Action Foundation (TAF), Parents of Disabled Children Association of Malawi (PODCAM), Federation of Disability Organisations in Malawi (FEDOMA), Uwezo Youth Empowerment (UWEZO), Child Support Tanzania (CST), Uganda Society for Disabled Children (USDC), Zambia Association of Parents for Children with Disabilities (ZAPCD), and Zimbabwe Parents of Handicapped Children Association (ZPHCA).

Partner organisations and the Network leads made this possible by assessing and mobilising the respondents and supporting them to make decisions about participating and facilitating their involvement. Finally, big thanks go to the children, parents and teachers who welcomed the data collectors into their homes and schools to conduct the survey.

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Contents

01 Introduction

Children with disabilities are rarely asked directly about their thoughts, feelings, and desires. In Africa, surveys that capture their voices firsthand are scarce, making their perspectives largely unheard in research and decision-making. This report presents the findings of a survey conducted to understand the priorities and experiences of children with disabilities in East and Southern Africa regarding their human rights. This survey aimed to provide valuable insights into the challenges and barriers these children face and their needs and aspirations for a better world. By highlighting their voices, the report seeks to inform policy and programme development to better support the realisation of the rights of children with disabilities across the continent.

Background

There are 240 million children with disabilities in the world; half of whom do not complete primary school[1]. Many are invisible, stigmatised, hidden by their families and feel abandoned by their governments. Children with disabilities, especially in humanitarian settings, are among the poorest members of the population and one of the most marginalised and excluded groups in society.

The Convention on the Rights of Persons with Disabilities (CRPD)[2], adopted in 2006, further strengthened the rights of children with disabilities with a dedicated article on children (Article 7). This outlined the obligation on States to ensure the realisation of all rights for children with disabilities on an equal basis with other children, to promote their best interests, and to ensure their right to be heard and taken seriously. It incorporates, within its general principles (Article 3), respect for the evolving capacities of children with disabilities and their right to preserve their identities. It also introduces a general obligation (Article 4) to consult with children, through their representative organisations, when developing relevant legislation and policies, however in reality this rarely happens. The CRPD also calls on States to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the Convention (Article 31).

The CRPD focus on the disparities faced by children with disabilities and call for improvements in their access to services, and in their participation in all aspects of life. To achieve these goals, there is a need for improved data collection internationally, and specifically data collected through the participation of children with disabilities. The current lack of accurate data, which often fails to appropriately capture the voices and experiences of children with disabilities, impedes the development, implementation and evaluation of policies and programmes that would improve their lives.

It is with this backdrop that members of the Able Child Africa Network commissioned this research to gather the voices of children with disabilities in different contexts in East and Southern Africa.

Project overview

Founded in October 2023, the Able Child Africa Network is made up of nine organisations who were founded in and are based in Africa, and who work specifically on improving the lives of children with disabilities. The Network provides access to a wealth of knowledge to its members, both technical and operational, where like-minded organisations share expertise and build best practice. Network members come together to play a leading role supporting disability movements and other organisations of persons with disabilities in their respective countries, working to improve services, hold their governments to account and deliver lasting change for children with disabilities.

The members are:

- **Action Network for the Disabled (ANDY), Kenya**
- **The Action Foundation (TAF), Kenya**
- **Parents of Disabled Children Association of Malawi (PODCAM), Malawi**
- **Federation of Disability Organisations in Malawi (FEDOMA), Malawi**
- **Uwezo Youth Empowerment (UWEZO), Rwanda**
- **Child Support Tanzania (CST), Tanzania**
- **Uganda Society for Disabled Children (USDC), Uganda**
- **Zambia Association of Parents for Children with Disabilities (ZAPCD), Zambia**
- **Zimbabwe Parents of Handicapped Children Association (ZPHCA), Zimbabwe**

As part of the Network's creation, a growth strategy was developed to guide its evolution from formation to realisation, with a strong emphasis on being member led[3]. A key component of this strategy is to "contribute to coordinated systems of data collection to identify gaps and prove models of success." Additionally, the Network's Theory of Change aims to "raise the voices of children and young people with disabilities." This survey was a crucial first step in achieving that goal by directly gathering insights from children with disabilities, ensuring their voices are represented in available data.

This initiative marked the first consortium-wide project involving all Network members, building on previous surveys conducted with caregivers and teachers. However, unlike past efforts, such as those by UNICEF and Save the Children, which relied heavily on desktop research, this project directly engaged children, capturing their perspectives firsthand. Spanning seven countries and including children with diverse disabilities from both urban and rural settings, the survey provided a rich, authentic dataset. These insights are essential for shaping policies and guiding funding decisions to better support children with disabilities across East and Southern Africa.

02 Methodology

Survey development

The purpose and objectives of this survey were shared with Network members, who unanimously agreed on its significance. The Network led the development of the survey questions ensuring they were age-appropriate, culturally relevant, and easy for children to understand. Able Child incorporated the feedback from the members and the consultant to enhance clarity and relevance. The number of questions was deliberately limited to prevent overwhelming respondents while ensuring meaningful data collection. The language and terminology were kept simple, free of jargon, and suitable for children of different age groups and abilities.

Target and implementation

The survey aimed to collect responses from at least 120 children per Network member targeting a total of over 1,000 voices.

Before full implementation, the survey was piloted in Kenya with a local partner to assess feasibility. Based on feedback from the pilot, modifications were made to improve practicality before rolling it out across all participating countries. The survey was conducted using a digital platform, Accessible Surveys[4], which enabled real-time data collection over approximately one month.

Data collection

Data collection was conducted through guided interview sessions using a simple questionnaire tool designed on the Accessible Surveys platform. It was administered to children through guided interview sessions. The process was child-friendly and adapted to the individual needs and communication styles of respondents. Most of the questions were asked as open-ended questions and data collectors were then required to select the response category that best reflected each child's answer.

Data collectors were staff from each Network member organisation, all of whom received funding to support travel and staff time. All data collectors were familiar with working with children with disabilities, and many of them already knew some of the children they were interviewing. Prior to data collection, they were trained on the survey tool, ethical considerations and safeguarding, and techniques for creating a safe and comfortable environment for interviewing children with disabilities. They were also briefed on ensuring accessibility of survey venues and materials, as well as using child-friendly communication techniques. Where appropriate, children were encouraged to express themselves through drawing, storytelling, and role-playing in addition to verbal responses.

Sampling

Network members used purposive sampling to identify and support the respondents willing to take part in the survey. Purposive sampling is a non-randomised approach to selecting a sample group for research, whereby participants are chosen deliberately to align with the specific study objectives. In this case, the selected participants were children with disabilities. The sampling criteria ensured representation across different disability types, age groups, and cultural backgrounds.

The final sample included 1,043 children with disabilities (554 boys, 467 girls, 9 intersex and 13 unknown) from across the seven Able Child Africa Network countries. Thirteen responses lacked demographic data and were removed from the data, as it was not possible to disaggregate their responses.

Data cleaning and analysis

Quantitative data cleaning and analysis was conducted using STATA, before being exported to Excel for further analysis and visualisation through simple charts and graphs to ensure easy comprehension.

Qualitative data was reviewed and summarised, drawing out common trends and key quotes.

Ethical considerations

Special attention was given to ensuring that child respondents fully understood the survey process and could provide informed consent while also feeling free to decline or withdraw at any time. A disability inclusive and child-friendly consent document was created, clearly outlining key information, including the data collection process, how their data would be used, and who it would be shared with. This document was reviewed with each child before proceeding with the survey. For respondents under 18 (the majority of participants) parental or guardian consent was required. Children were first asked for their willingness to participate through an assent form before obtaining legal consent from their parent or guardian.

The survey strictly adhered to the Network's child safeguarding protocols, and any concerns were promptly reported to network leads. Additionally, a refresher safeguarding training session was conducted for network leaders, who then relayed key messages to their respective data collectors.

Limitations

While the survey provided valuable insights into the attitudes and experiences of children with disabilities in East and Southern Africa, several limitations should be acknowledged. The tool primarily focused on quantitative data, limiting the depth of qualitative responses and missing the nuance of individual experiences. Some questions may have been leading, potentially influencing responses, and these have been highlighted in the analysis below. Additionally, the survey was designed as an initial exploration rather than an in-depth study, serving as a foundation for future research. Plans are underway to build on this work, including scope to conduct a more detailed survey focusing on children with disabilities' perspectives on climate change and its impact on their lives.

There were also practical challenges in data collection, particularly due to connectivity issues. Many of the projects in Southern Africa operate in rural areas with limited internet access, making it difficult to submit surveys in real time. In some cases, data collectors had to restart the process due to network failures. While paper surveys would have avoided connection issues, the overall agreement was that online surveys would lead to less mistakes in data and more streamlined data analysis.

Lastly, an important gap in this study is the absence of data from children who do not attend school, meaning their experiences and barriers to education remain unexplored. Future research should aim to include these voices to provide a more comprehensive understanding of the challenges faced by children with disabilities in East and Southern Africa.

03 Demographic Characteristics

Country and Location distribution

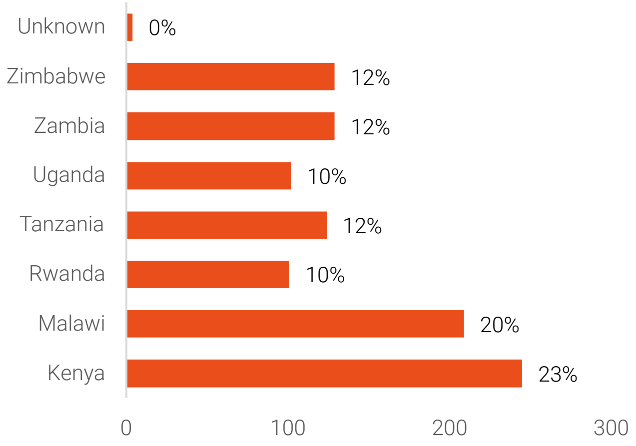

Figure 1. Distribution of respondents by country of origin

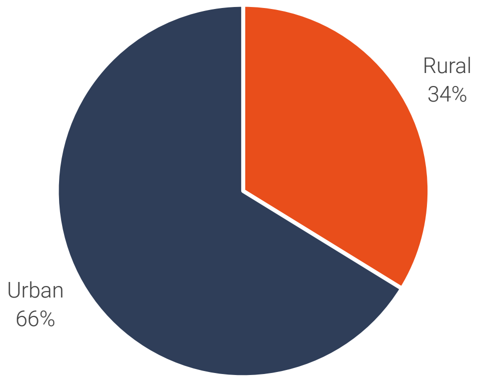

Figure 2. Percentage distribution of respondents by location

The majority of respondents originated from Kenya (23%, 245 children) and Malawi (20%, 209 children). The Able Child Africa Network has two members in Kenya and Malawi (compared to one member in each of the other countries), reflecting the larger proportion of respondents in these two countries. Uganda and Rwanda had the fewest respondents, each accounting for 10% of the total.

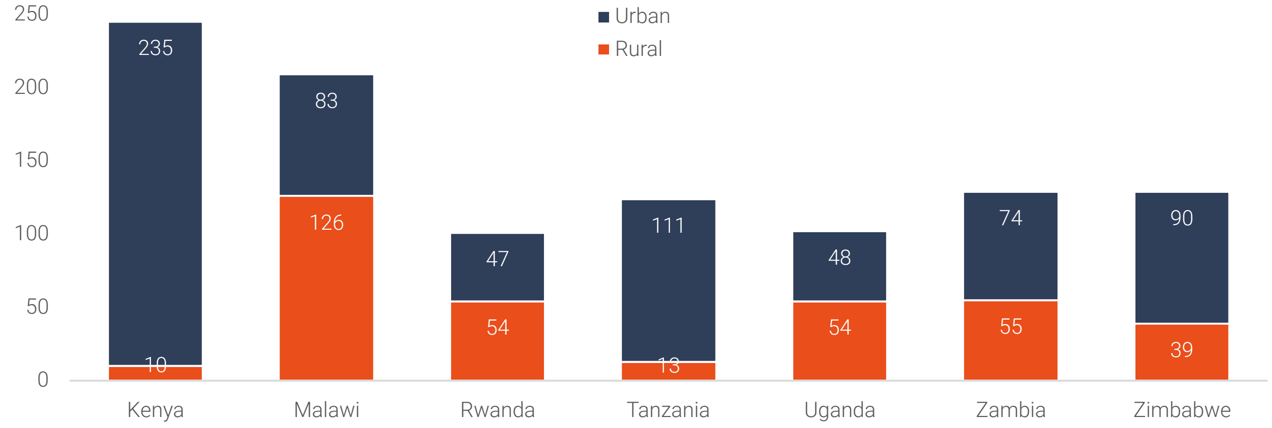

Figure 3. Distribution of respondents by country and rural/urban location

A large percentage of the respondents, 67%, reside in urban areas, while 34% live in rural areas. In Kenya and Tanzania, most respondents were from urban areas, while Malawi had a larger number of respondents living in rural areas than urban areas.

Disability type distribution

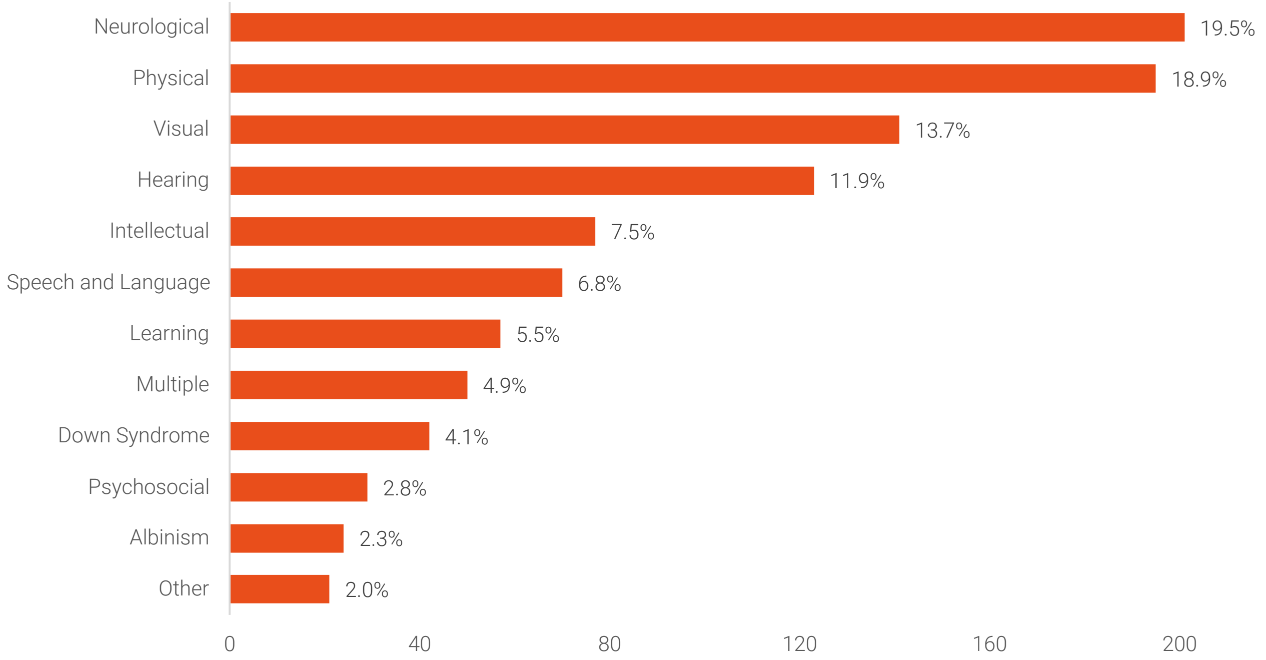

Figure 4: Distribution of respondents by disability type

The survey respondents represented a range of disability types[5] with the largest proportions having neurological disabilities (19.5%), physical disabilities (18.9%), and visual disabilities (13.7%). Hearing disabilities accounted for 11.9% of respondents, while intellectual disabilities made up 7.5%. Speech and language disabilities comprised 6.8%, followed by learning disabilities at 5.5%, and multiple disabilities at 4.9%. Other categories, such as Down Syndrome (4.1%), psychosocial disabilities (2.8%), albinism (2.3%), and other disabilities[6] (2.0%), represented smaller percentages of the total.

Disability prevalence varied across countries. In Kenya and Zimbabwe, neurological disabilities were the most common, accounting for 32.1% and 30.5% of respondents, respectively. In Rwanda, nearly half of the children had a physical disability (45.5%), while in Malawi, the proportion of children with neurological (21.6%) and physical (19.7%) disabilities was nearly equal. In Tanzania, physical and intellectual disabilities were equally prevalent, each representing 18.5% of respondents. In Uganda, visual disabilities were the most common, affecting almost half of the children (49.5%), and this was also the most common disability type in Zambia, where it accounted for 27.9%.

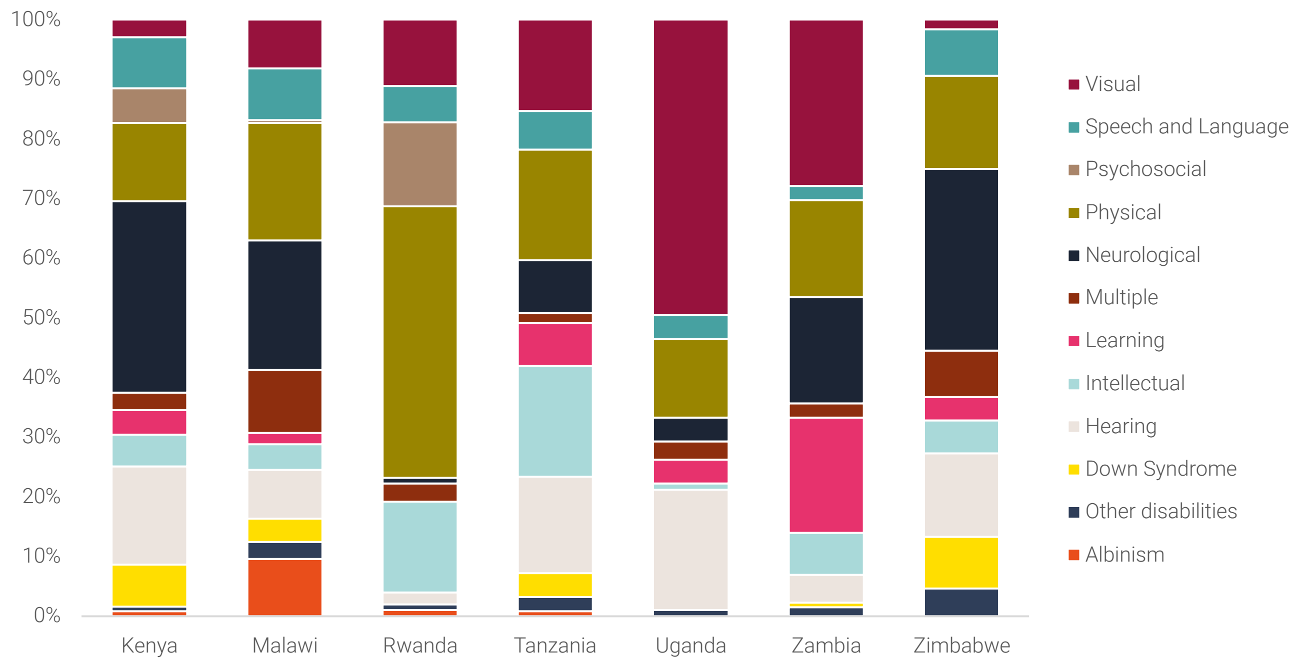

Figure 5. Percentage distribution of disability type by country of origin

No children with albinism were reported in Uganda, Zambia, or Zimbabwe. Malawi had the highest number of children with albinism, accounting for 20 out of the total 24. Similarly, no children with Down Syndrome were reported in Rwanda or Uganda, while Kenya and Zimbabwe recorded the highest numbers, with 17 and 11 out of the total 42, respectively. In addition, no children with learning disabilities were reported in Rwanda, and no children with psychosocial disabilities were recorded in Tanzania, Uganda, Zambia, or Zimbabwe. Malawi reported just one child with a psychosocial disability.

It's crucial to acknowledge that reported disability data may vary significantly between countries due to differences in definitions and categorisation of disability types. This could explain why certain categories show zero instances in some national reports. This should be considered when reading the findings.

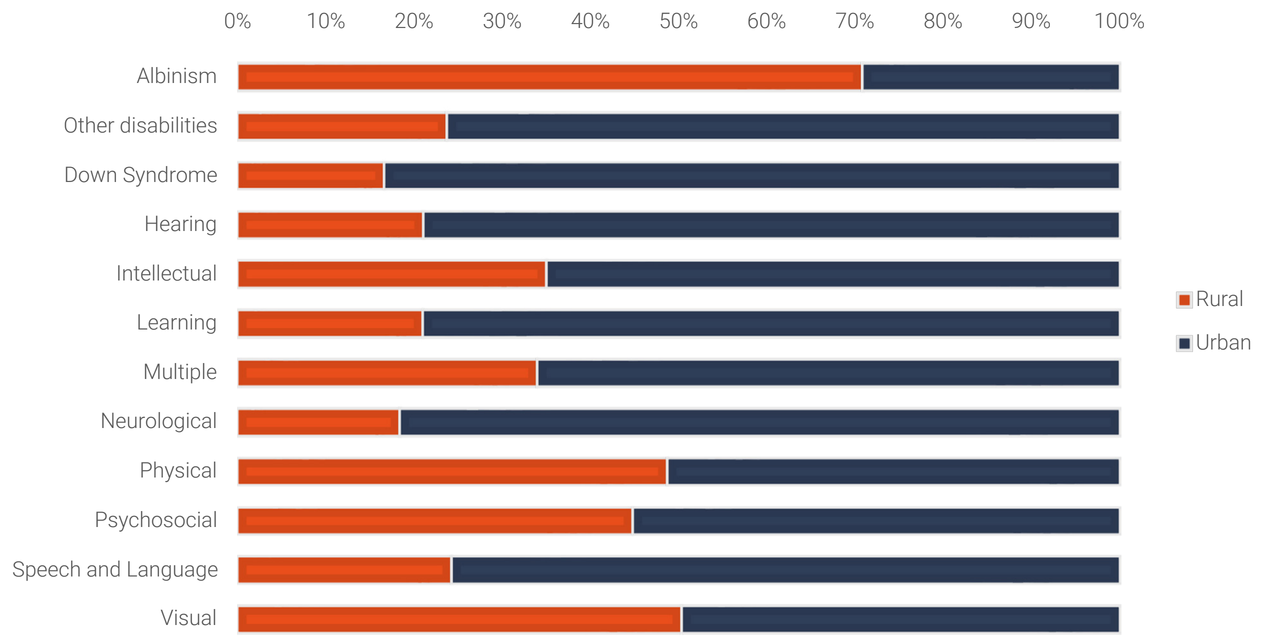

Figure 6. Percentage distribution of disability type by rural/urban location

The majority of disability types were more common in urban areas, with the exception of albinism, where 70% of children with this condition lived in rural areas. This is likely because most children with albinism in the survey were from Malawi, where 60.3% of respondents resided in rural areas.

Age distribution

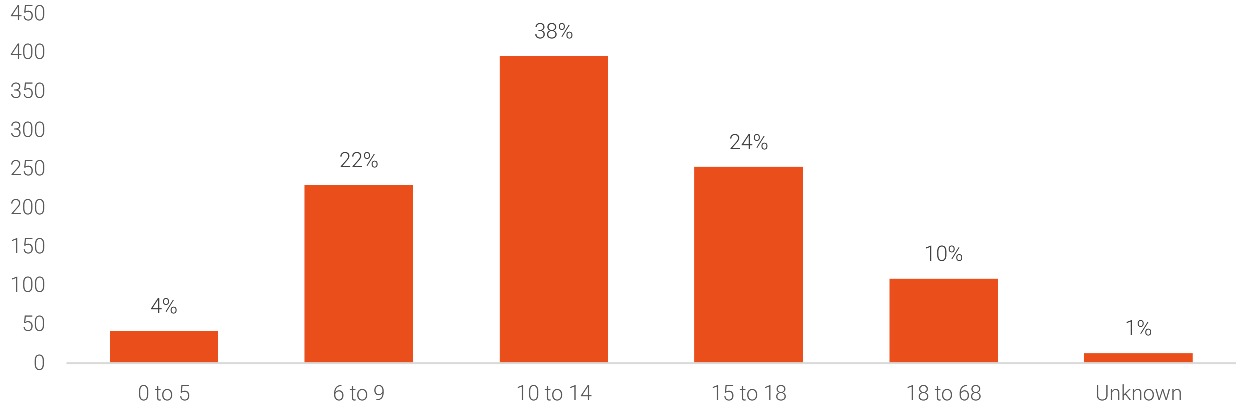

Figure 7. Age distribution of survey respondents

Most of the children with disabilities who participated in the survey were aged between 6 and 18 years old. The largest age group of respondents was 10 to 14 years, comprising 38%. This age group held the largest number of respondents across most of the countries, except for in Zambia, where more respondents (41%) fell into the 15 to 18 years age group. The next largest age group overall was 15 to 18 years at 25%, followed by 6 to 9 years, at 23% percent. This pattern was similar in Malawi, Rwanda and Uganda, while Kenya and Tanzania saw a larger number of respondents aged 6 to 9 years compared to those aged 15 to 18 years. In Tanzania, this is likely due to the Network member running their own Early Childhood school, which explains the larger proportion of younger respondents. In Zimbabwe there was a relatively even split between respondents in the 10 to 14 (25%), 15 to 18 (28%) and over 18s (30%) age groups. Some respondents were outside this range, with 4% (42) under the age of 5, 10% (109) above 18 years, and 1% (13) whose ages were unknown. Kenya had the largest proportion of respondents who were under 5 and Zimbabwe had the largest proportion of over 18s.

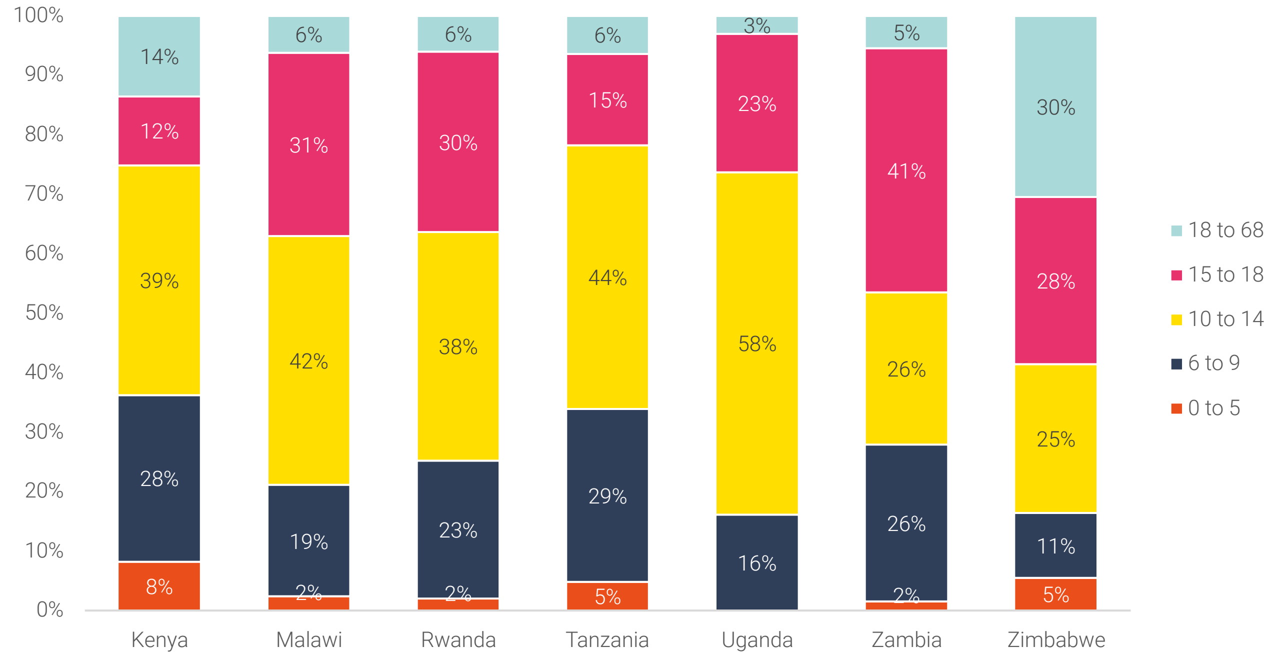

Figure 8. Percentage distribution of respondents' age by country

Gender distribution

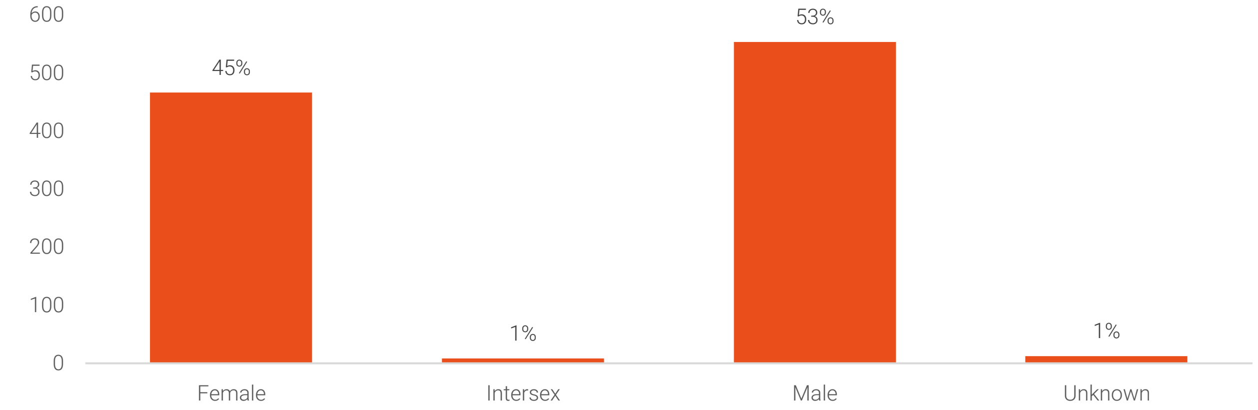

Figure 9. Distribution of respondents by gender

The survey captured data from 554 males (53%), 467 females (45%), and 9 (1%) intersex. All the intersex respondents live in urban areas in Tanzania, Zambia, Kenya and Rwanda. In Malawi, Rwanda and Uganda, more girls were surveyed, the remaining countries had larger numbers of male respondents. More female respondents were interviewed than male respondents in the rural locations compared to the urban locations which saw a greater number of male respondents compared to females.

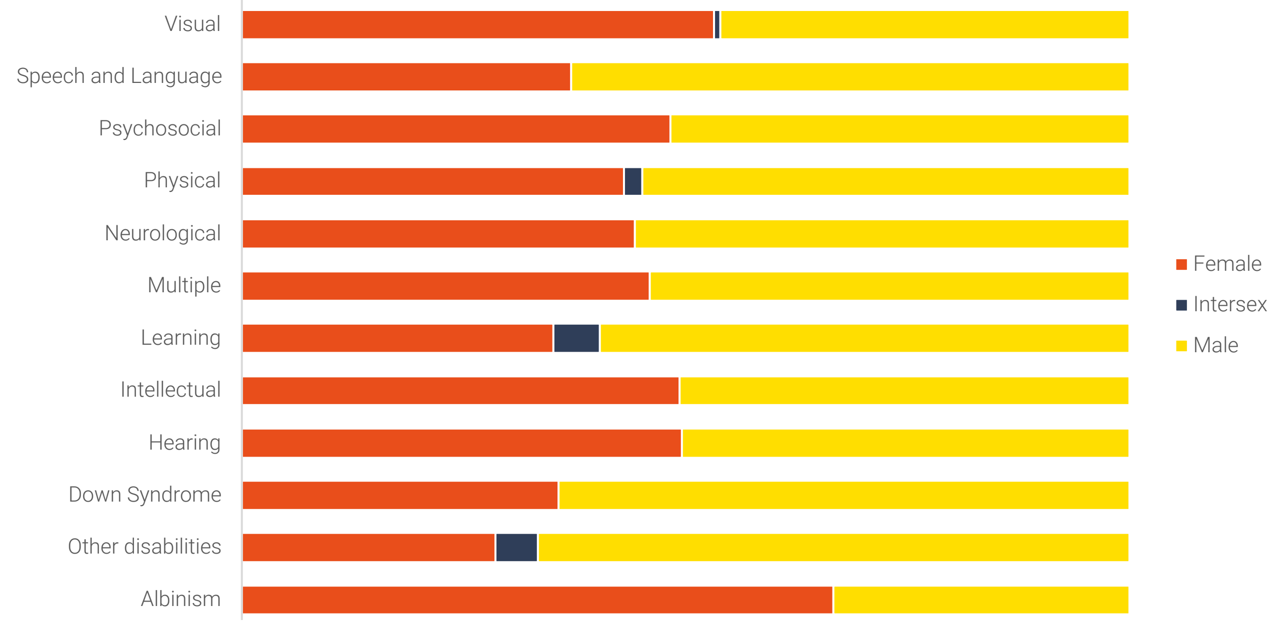

Figure 10. Gender distribution of respondents by disability type

When disaggregating disability types by gender, the overall pattern of a larger proportion of males compared to females (with a small fraction of intersex respondents) is consistent across most disability types. However, albinism and visual impairments stand out as the only categories with a relatively higher proportion of females compared to other disability types.

04 Survey findings

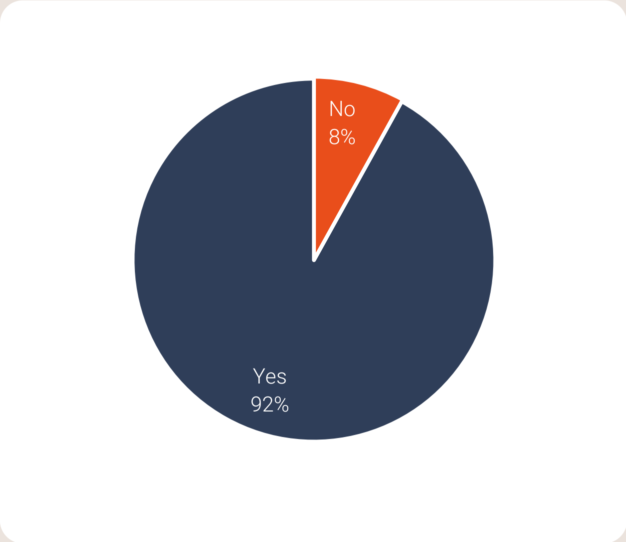

Figure 11. Responses to: Do you like to go to school?

Part 1: Education

Do you like to go to school?

Children were asked whether they enjoyed going to school and their reasons for doing so. A significant 92% of respondents (952 children) reported that they liked attending school. When disaggregated by disability type, all children with learning disabilities (100%) said they enjoyed school. Over 90% of children with Down Syndrome, as well as those with hearing, intellectual, physical, psychosocial, speech and language, and visual disabilities, also expressed this sentiment. Additionally, more than 80% of children with albinism, multiple or other disabilities, and neurological disabilities said they liked going to school. These differences in responses across disability type may be linked to factors such as bullying related to appearance, or limited accessibility in schools for children with complex disabilities whose needs are not accommodated.

All the children surveyed in Zambia reported that they liked going to school, which is an overwhelmingly positive result. However, it is important to consider whether their responses reflected their true feelings or if they answered in a way that they felt was expected of them, particularly if interviewed in the presence of school staff or caregivers. By contrast, Malawi had the lowest proportion of children who said they enjoyed school, yet this figure remained high at 79.8%, indicating that the majority of respondents across all countries had a positive attitude towards attending school.

Why do you like to go to school?

Over half of the children who liked attending school (549) said it was because they enjoyed learning and their lessons, indicating a strong intrinsic motivation for education. This was followed by 32% (305 children) who highlighted the opportunity to play with friends and socialise, emphasising the importance of peer relationships. A smaller proportion of children mentioned that they liked school because of the meals or support they received from adults (6%) or because it provided an escape from home or family life (5%), underlining the value of pastoral care in schools.

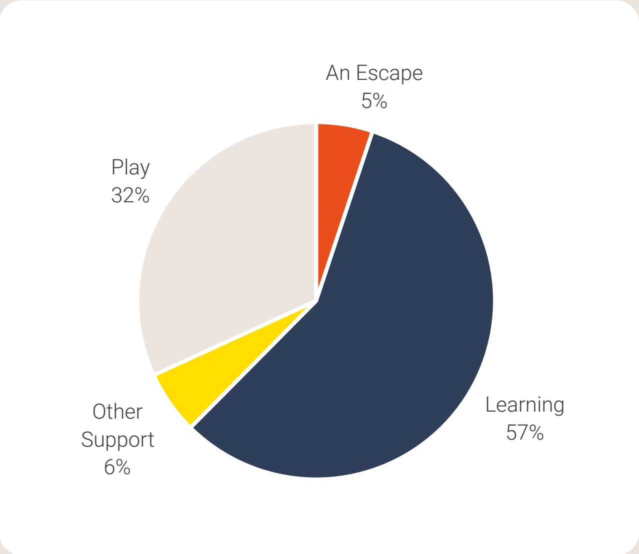

Figure 12. Responses to: Why do you like to go to school?

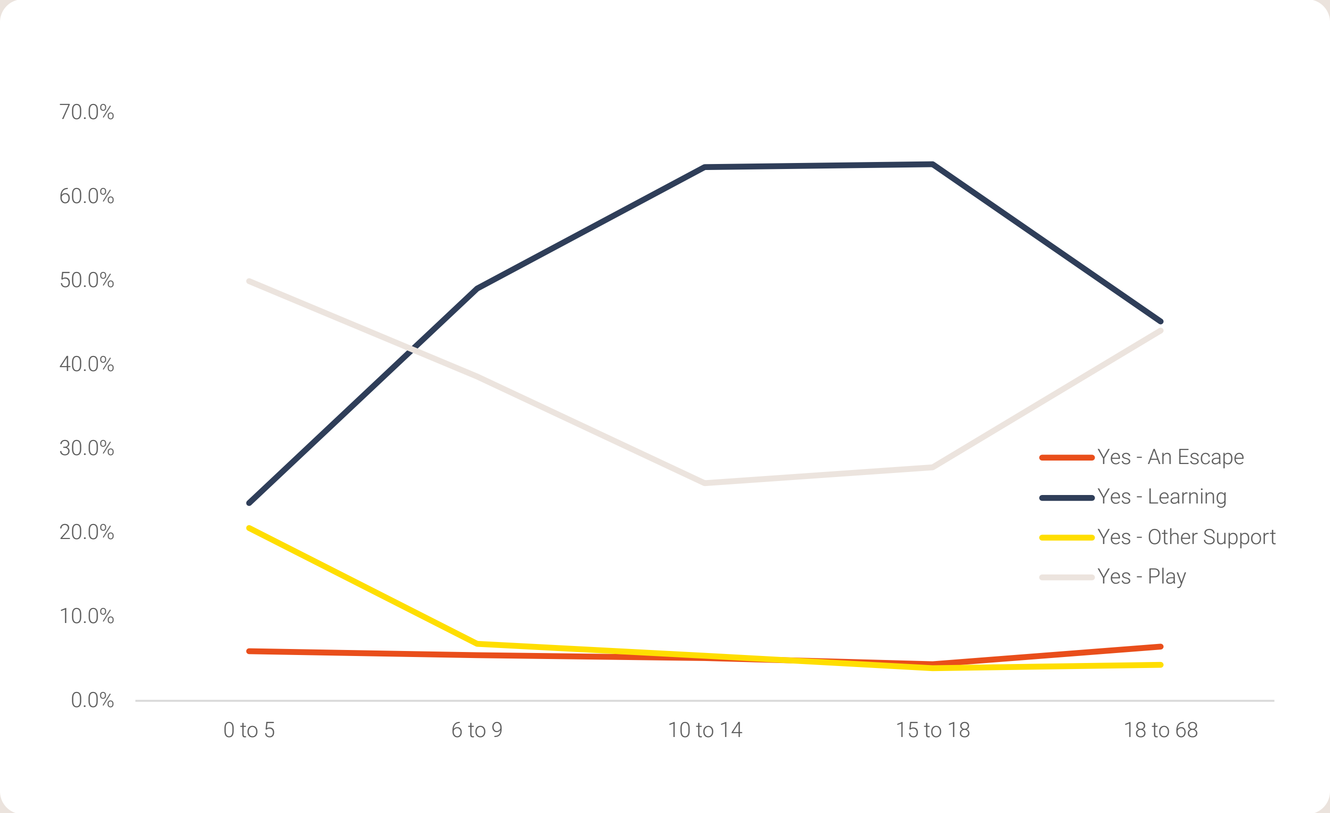

Figure 13. Reasons children like going to school, disaggregated by age

I like to learn and enjoy my lessons

Across the various demographic characteristics, learning was always the most common reason for children liking school.

Age-related patterns, shown in Figure 13, reveal that enjoyment of learning increases significantly from early childhood, peaking at over 60% in the 10-14 age group, before slightly declining among older students. This suggests that as children mature, they become more engaged in their studies, though engagement may taper off in late adolescence, potentially due to academic pressures or external factors like employment responsibilities or family expectations.

I like to play with my friends and socialise

In Kenya, a larger proportion of children (46%) cited play and socialising as their main reason for enjoying school, compared to 40% who prioritised learning. This suggests that school environments in Kenya may be particularly valued for their social aspects, which could have implications for inclusive education policies and extracurricular programming.

The relative importance of socialisation changes with age. Among the youngest children (0-5 years), play was the most important factor (as seen above), but as children grow older, learning takes precedence. Interestingly, there is a resurgence in social motivation at age 18, suggesting that peer connections regain significance in late adolescence.

I like to get out of my house or get away from my parents/ family

For children under five, receiving additional support, such as school meals, was a more significant reason for attending school. However, as children grew older, this became a less important factor. While this is a smaller percentage, it highlights the role of schools in addressing broader social and economic inequalities. For children facing food insecurity or lacking support at home, school provides essential resources that contribute to their overall wellbeing and ability to engage in learning.

I like to eat at school or get any other support I need from adults

In Malawi, a significantly higher proportion of children (17.3%) reported that they liked going to school because it provided an escape from home. This suggests that more children in Malawi may lack supportive home environments. This finding aligns with responses to a later question, in which 20% of children in Malawi said they did not feel happy at home (further analysis on this question follows below).

Certain disability groups also stood out in this area. Among children with albinism, 20.8% cited school as an escape, which could be linked to the stigma and discrimination they face at home or in their communities. Similarly, 10% of children with speech and language disabilities expressed this sentiment, suggesting that communication barriers at home may make school a more welcoming space for them.

There was also a gendered pattern in this response: as girls grew older, they were more likely to report that they enjoyed school as an escape from home, whereas the opposite was true for boys. This could reflect growing household responsibilities, gender-based expectations, or even safety concerns for older girls, all of which may make school feel like a refuge. This difference may also reflect broader social and cultural factors influencing children's experiences at home and in school.

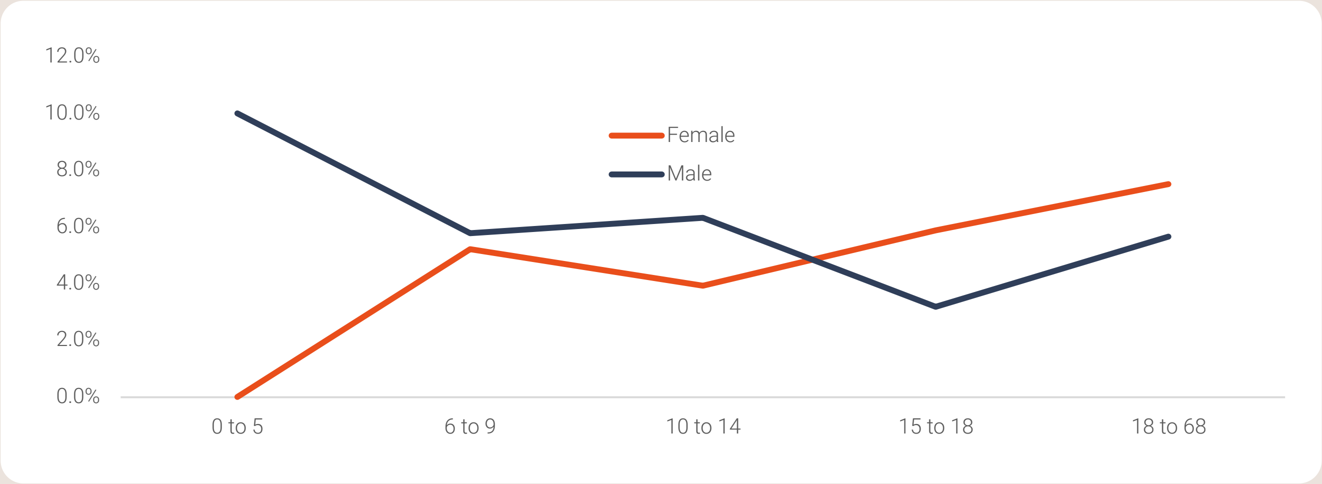

Figure 14. Percentage of children who like school as an escape from home or family disaggregated by age and gender

Why do you not like to go to school?

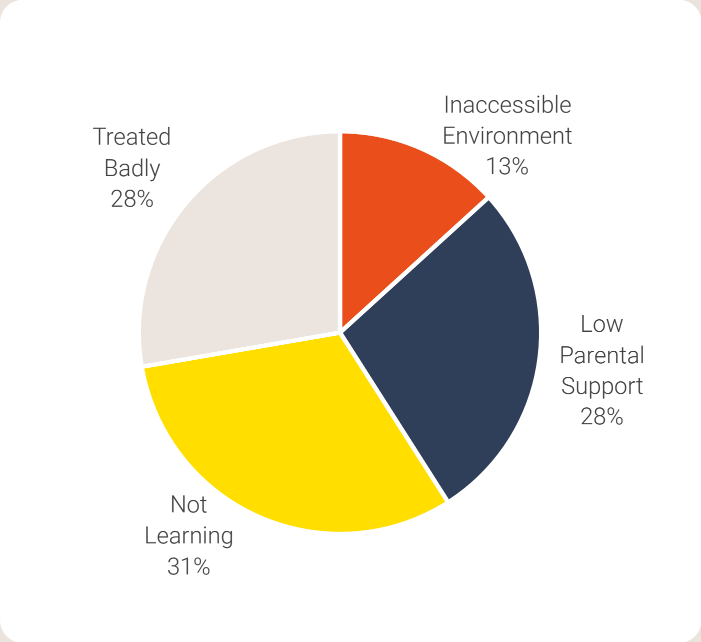

Figure 15. Reasons children gave for not liking school (taken from those who do not enjoy attending)

The number of children who disliked school was significantly lower (84 children, 8% of all respondents), making it more challenging to identify clear trends. However, it remains essential to explore their reasons in greater depth to address the barriers preventing children with disabilities from enjoying and thriving in school.

Among those who reported disliking school, 31% (26 children) cited not understanding the lessons or finding them boring or difficult as their main reason. This suggests that these children struggle with the curriculum and require additional academic support.

Another 28% (23 children) reported disliking school due to feelings of isolation, bullying, or intimidation, while another 28% (23 children) attributed their dislike to parental barriers, such as parents not allowing them to attend or being unable to afford schooling. Additionally, 13% (11 children) stated that they disliked school due to difficulties accessing toilets, drinking water, or feeling unsafe.

These findings highlight a need to continue addressing the social and cultural barriers that hinder children's access to education. They also emphasise the significant impact of negative social experiences on children's attitudes towards school. Even with a marginally higher, yet negligible, statistical impact, accessible lessons are clearly a significant concern for children. The fact that this is a cited reason for school avoidance underscores the importance of addressing accessibility in the classroom. Acting on these challenges require targeted interventions, such as anti-bullying programmes, parental awareness campaigns, and teacher training to implement inclusive instructional strategies and foster positive peer interactions, as well as providing funding to create more accessible learning environments.

I don't understand my lessons or find them boring or difficult

All four children with albinism who reported disliking school cited learning difficulties as their main reason. While this is a small number, it represents 17% of all children with albinism who participated in the survey, making it an issue worth exploring further. These four children, all from rural Malawi and interviewed by the same Network member, also indicated that they would change their lessons, teachers, or teaching methods if given the opportunity. This suggests that the issue may be specific to a particular school, Network member, or local education system.

Similarly, children with hearing disabilities were more likely to cite learning difficulties, with the majority of these responses also coming from rural Malawi, reinforcing the need for targeted interventions, such as sign language training for teachers and improved classroom accessibility. This further suggests that there may be systemic challenges in teaching and schooling in rural Malawi.

I feel isolated, bullied, or intimidated at school

Among the girls who reported disliking school (37 children), 31.6% cited mistreatment, compared to 22.7% of the boys (44 children) who disliked school. Given the nearly equal number of girls and boys who reported disliking school, this suggests that girls with disabilities may be more vulnerable to exclusion or discrimination within school settings, reinforcing the need for gender-sensitive inclusion strategies.

Across the countries surveyed, mistreatment was the most common reason for disliking school among children in Kenya (6), Rwanda (2), and Tanzania (1). However, due to the relatively small sample sizes, these findings should be interpreted with caution.

I cannot go to the bathroom or drink water, or I feel unsafe

Although relatively few children cited inaccessibility as a reason for disliking school, a clear pattern emerges where younger children are disproportionately affected. A striking 25% of children under five who disliked school reported that they struggled with bathroom access, drinking water, or feelings of insecurity. However, this percentage declines sharply as children grow older, dropping to just 4.3% among 15–18-year-olds. While there is a slight uptick again after age 18, the overall trend suggests that environmental accessibility issues are particularly problematic for the youngest students. This decline with age may indicate that older children have either developed coping mechanisms, adjusted their expectations, or become more independent in navigating school infrastructure. Alternatively, it could reflect that younger children are more physically vulnerable and require greater assistance in managing school facilities.

A particularly notable finding is that urban children were far more likely to report inaccessibility as a challenge compared to their rural counterparts – 21.7% of urban children who disliked school cited this as a reason, compared to just 2.56% of rural children. This challenges common assumptions that urban schools are better equipped; instead, it suggests that while urban schools may have more formal infrastructure, they may also have higher student populations, limited accessibility accommodations, or inadequate maintenance of critical facilities like toilets and drinking water.

My parents don't let me/ don't want me to or can't afford for me to go to school

The issue of low parental support among the children who reported not liking school is particularly acute for children with psychosocial disabilities (100%), Down syndrome (66.7%), intellectual disabilities (66.7%), multiple disabilities (60%), and other disabilities (66.7%). These high percentages suggest that children with these disabilities often face systemic exclusion from education due to family circumstances.

However, when looking at the total sample, these groups each represent less than 12% of all children with these disabilities surveyed. This suggests that while the issue is severe for those affected, it may not be a widespread experience for all children within these disability categories. Nonetheless, even if only a subset of families are preventing their children from attending school, this highlights a significant equity gap in education access.

Most children with disabilities who participated in this study enjoy school, but their reasons vary by age, gender, and location. While learning was the primary motivation, socialisation was particularly important, and younger children often rely on support services like meals and adult assistance. In this study it appears as though barriers to education remain highly localised, requiring targeted interventions. In rural Malawi, high rates of learning difficulties highlight the need for improved teacher training, curriculum adjustments, and accessible materials.

Social inclusion efforts must also be strengthened, especially for girls with disabilities, who reported higher rates of mistreatment, underscoring the need for gender-sensitive policies and stronger anti-bullying initiatives. Family dynamics play a crucial role in school attendance and enjoyment, with some children, particularly in Malawi and certain disability groups, seeing school as an escape from difficult home environments. Additionally, parental constraints, whether financial or due to lack of support, remain a significant obstacle for some children with disabilities.

If you could change something about your learning experience, what would it be?

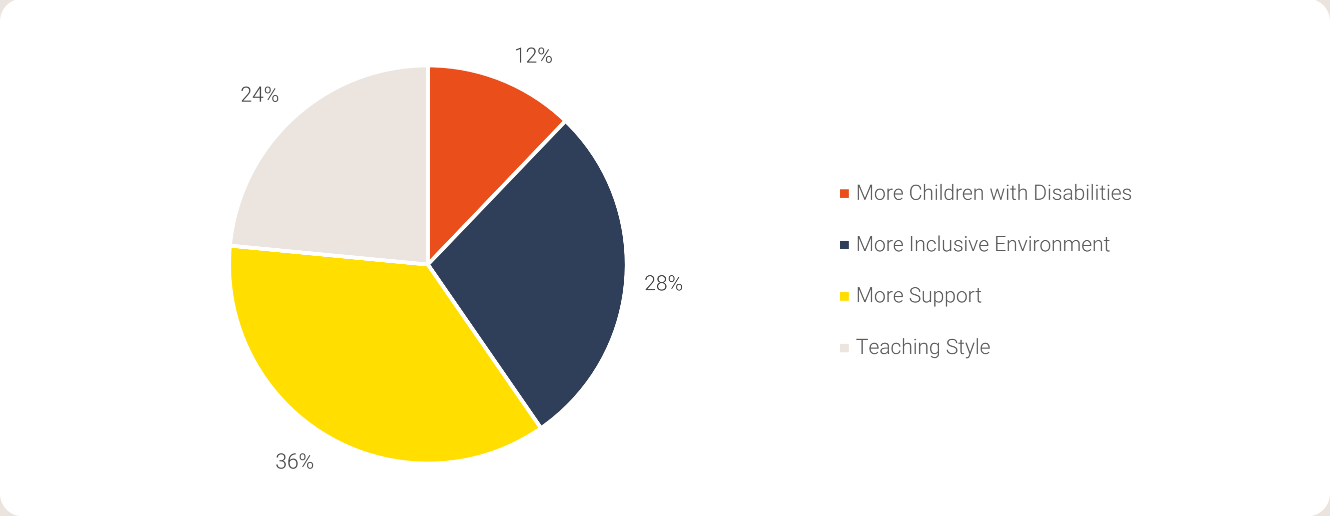

Figure 16. Responses to: If you could change something about your learning experience, what would it be?

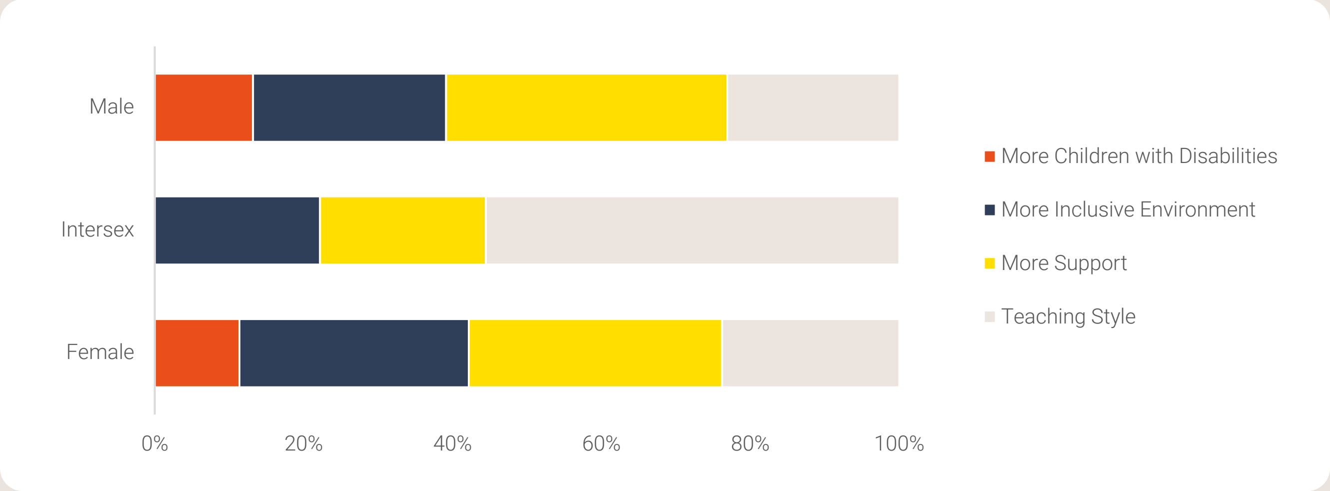

Figure 17. Percentage of responses to changes in their learning experience, disaggregated by gender

When asked what they would change about their learning experiences, the most common response (36% of respondents) was the desire for more of the things they need, such as food, support staff, books, or peer buddies. Following this, 28% wished for a more inclusive school environment, 24% wanted changes to their lessons, teachers, or teaching methods, and 12% expressed a preference for attending a school with more children with disabilities like themselves.

These responses highlight the diverse challenges children with disabilities face in education. While some struggle with the quality of instruction, others require better resources or a more inclusive and accepting environment. Overall, these experiences were similar for both girls and boys, with some variation among intersex children. However, with only nine intersex participants, it is difficult to draw meaningful conclusions. Nevertheless, the variation in responses across different demographics, as described below, suggests that educational barriers are shaped not only by disability but also by factors such as location, gender, and school culture.

> **I would change my lessons, my teachers or the way I was being taught**

The proportion of children who wanted to change lessons, teachers, or teaching approaches remained consistent across the different demographics. However, for children with albinism, Down syndrome, hearing disabilities, psychosocial disabilities, and other disabilities, this was the most common response.

A particularly striking pattern emerged in rural Malawi, where all children with albinism who disliked school cited learning difficulties as their primary concern, and all of them selected this response. Additionally, five children with albinism who did enjoy school still expressed a need for changes in lessons or teaching styles. Given that all these children were from rural Malawi and interviewed by the same Network member, this suggests a localised issue, possibly linked to inadequate teacher training, a lack of accommodations, or ineffective curriculum adaptations for children with disabilities.

This finding highlights the need for targeted interventions in specific regions, ensuring that teachers are equipped to meet the diverse learning needs of students with disabilities.

> **I would have more of the things I need (food, support staff, books, peer buddies)**

Among children who liked school, the need for additional support was the most common response among both girls (35.8%) and boys (39.4%). This suggests that while these children enjoy attending school, their ability to fully engage and thrive in the learning environment is still hindered by a lack of necessary resources. It was also the most common response across most of the disability types, except for children with albinism, hearing, psychosocial, visual and other disabilities, who prioritised other factors.

However, this was not the case in Zambia, where children who liked school were more likely to prioritise a more inclusive environment over material resources. This could indicate that schools in Zambia are less welcoming and accessible for children with disabilities, making the creation of a more inclusive environment a higher priority. It could also suggest that, although children with disabilities in Zambia may have access to adequate support services, they still face social or structural barriers that prevent them from fully participating in school life.

Another notable trend is that children living in urban areas (39.1%) were more likely to express a need for additional resources compared to those in rural areas. This could reflect differences in expectations, where urban students may be more aware of what they are lacking, whereas children in rural areas may have normalised limited access to resources. Alternatively, it may indicate disparities in resource distribution, with urban schools being better equipped but also serving more students with higher support needs.

> **I would change the school environment to make it more inclusive**

The need for a more inclusive school environment was a greater priority for girls who disliked school, with 35.1% selecting this response, compared to just 13.6% of boys. This significant gender disparity suggests that girls with disabilities may face additional barriers, including lack of accessible bathrooms, gender-based discrimination, exclusion, or a lack of tailored support, that make school environments less welcoming or accessible for them.

More children with visual disabilities (44%) reported wanting a more inclusive school environment compared to other disabilities. At a country level, this was the most common request from children in Uganda (49%) and Zambia (38.6%), indicating that inclusivity remains a significant challenge in these contexts. These findings underscore the importance of school-wide interventions, such as disability awareness programmes, teacher training, and policy reforms, to create learning environments where all children feel valued and supported.

> **I would go to a school where there are more children like me (children with disabilities)**

For boys who disliked school, the most common request (36.4%) was to attend a school with more children with disabilities, this was the second most common response among girls who disliked school (32.4%). In contrast, among children who liked school, this was the least common response, suggesting that those who are already comfortable in their school environment may feel a greater sense of belonging, even in schools with fewer peers who share their disability.

Looking across disability types, none of the children with albinism said they would like to see more children like them. In contrast, 100% of children with psychosocial and other disabilities who disliked school identified this as a reason. It was also the most common response among children with intellectual disabilities (66.7%), visual disabilities (50%), neurological disabilities (44%), and Down syndrome (50%) who reported disliking school. Among children who did like going to school, however, this was consistently the least common response across all disability types.

An exception to this pattern was observed in Rwanda, where 26.1% of boys who liked school still wished for more children like them to be present. This could indicate that while these boys enjoy school, they may still feel socially isolated or prefer to engage with peers with shared experiences.

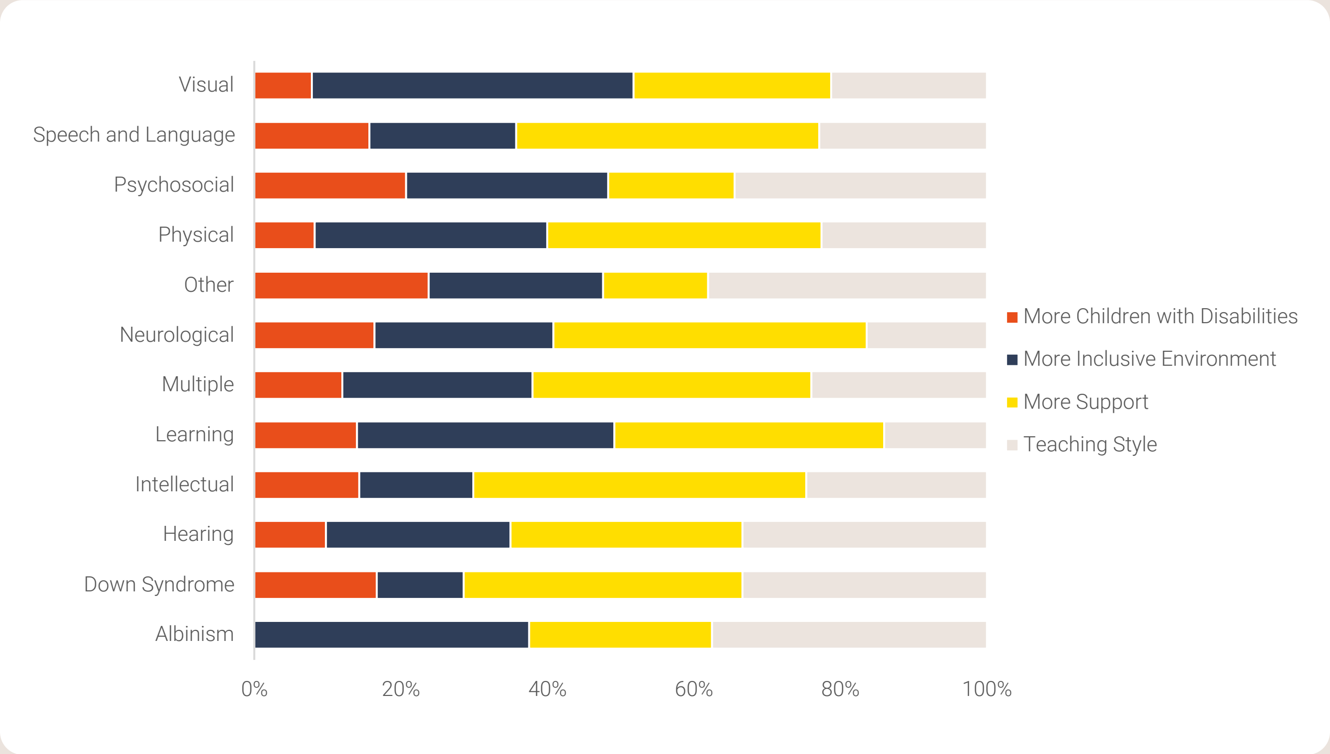

Figure 18. Percentage of responses to changes in their learning environment, disaggregated by disability type

These findings highlight the dual role of peer presence in shaping school experiences: for children who struggle in school, having more peers with disabilities may provide a sense of solidarity and support, while for those who are already thriving, other factors, such as inclusive policies, teacher support, and school culture, may be more influential in determining their overall satisfaction.

Key findings

The survey findings reveal that while an overwhelming majority of children with disabilities said that they enjoy school, driven primarily by a love of learning and the social connections it fosters, there are important nuances. Variations across disability types, age groups, and regions indicate that while some children benefit from supportive, resource-rich environments, others face significant challenges such as inaccessible teaching methods, bullying, or logistical barriers. These insights highlight the need for tailored, context-specific interventions that not only address material and pedagogical gaps but also nurture a culture of inclusion and respect within schools. The children with disabilities who participated in the survey had a range of ideas for what they would change about their learning experience, which can help to inform future initiatives aimed at supporting children with disabilities in Southern and East Africa.

- **Overall, children with disabilities express a high enjoyment of school, however there are contextual nuances to this:** A striking 92% of children reported liking school. However, this level of satisfaction varied across disability types (e.g. 100% for children with learning disabilities versus 80% for children with multiple disabilities) and countries (e.g., 100% in Zambia versus 79.8% in Malawi). This variation highlights the contextual differences and specific disability-related challenges that shape educational experiences.
- **Learning, enjoying their lessons and socialisation are significant motivating factors for children with disabilities to attend school:** Over half of the children who enjoyed school cited a love of learning and their lessons as the main reason. Playing with friends was also an important motivator for school, with 32% of respondents mentioning this. Younger children especially valued play, whereas older children valued learning, although there was a resurgence in social motivation among 18-year-olds, highlighting how the importance of learning and social connections changes over time.
- **Barriers and challenges for enjoying school remain despite efforts but remain nuanced:** Although only 8% of children reported disliking school, their concerns were significant. Key issues included difficulty understanding lessons, feelings of isolation or bullying, and parental or logistical barriers. These challenges varied by context indicating a need for targeted interventions to support the most vulnerable groups.
- **There continues to be a need for multifaceted and tailored interventions for children with disabilities to facilitate their attendance of and engagement in school:** Variations in their enjoyment of school and the reasons why, as well as their wishes for change, across disability types suggest that interventions (like inclusive teaching strategies, anti-bullying programmes, material resources and improved accessibility) need to appropriately address the distinct needs of different groups. The data also

suggest that interventions should be context-specific, rural Malawi, for instance, may benefit most from teacher training and curriculum adaptation, whereas Zambia may need broader inclusivity initiatives.

- **Resource gaps, inclusive school environments and teaching quality were all seen as key areas for change among children with disabilities:** The most common request (36%) was for more resources, such as food, support staff, and learning materials. Additionally, 28% wanted a more inclusive school environment, while 24% wished for changes in lessons, teachers, or teaching methods. Notably, 44% of children with visual disabilities prioritised inclusivity, and 39.1% of urban students highlighted resource shortages.

Next steps

- Continue offering targeted teacher training and curriculum development for inclusive education, particularly focusing on rural areas.
- Implement robust, child-led, anti-bullying and inclusion programmes, aimed at both students and their parents.
- Strengthen resource allocation in schools to enable children with disabilities to thrive.
- Provide funding to create more accessible learning environments and classrooms.
- Conduct further research to explore deeper the challenges children with disabilities face in attending and enjoying school. This should be in addition to a survey or qualitative research that capture the voices of children with disabilities who do not attend school, to identify barriers and challenges for them in attending and enjoying school.

Part 2: Understanding their rights

Some people say all children should be treated the same, no matter what. What do you think?

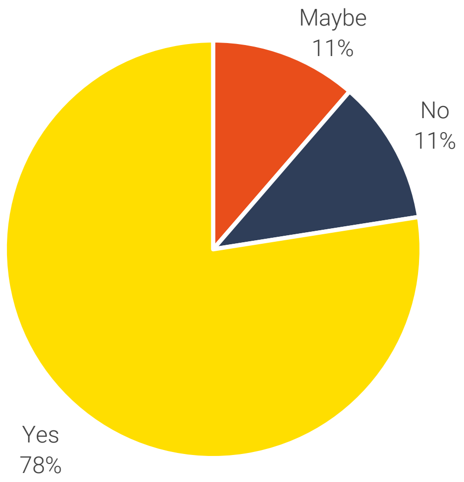

Figure 19. Responses to: Some people say all children should be treated the same, no matter what. What do you think?

This question aimed to assess the children's understanding of their right to equality and equal treatment. They were asked whether they believe they should be treated the same as children without disabilities.

Overall, the majority of children (78%) confidently affirmed that all children should have equal rights, regardless of disability or other circumstances. However, 11% were unsure or believed equal rights only applied in some cases, while another 11% disagreed entirely. These findings indicate strong awareness and acceptance of equality among most children.

However, it is concerning that **1 in 5 children did not agree with the statement**, which is a striking proportion. For children with disabilities, equal rights should be a fundamental guarantee, and such a high level of disagreement suggests that significant numbers of children may not be experiencing equality in their daily lives. This points to more than just a gap in understanding; it may reflect real, ongoing experiences of exclusion, discrimination, or unequal treatment. The presence of this uncertainty and disagreement highlights the need to better understand how rights are communicated, upheld, and experienced in practice. Personal experiences of inequality may also shape these perceptions, underscoring the need for further investigation and targeted efforts to address disparities.

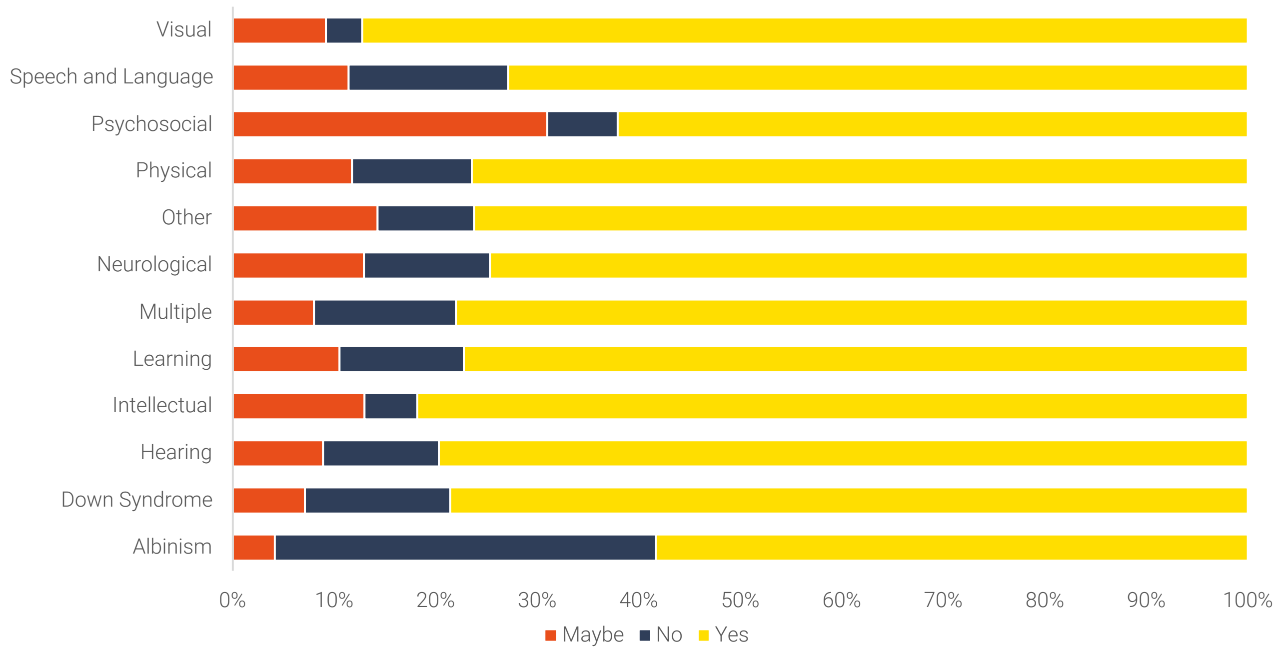

Figure 20. Percentage of responses to whether all children should be treated the same, disaggregated by disability type

When disaggregating by disability type, most children agreed with the principle of equal treatment, with over 70% responding "Yes" across all groups. The strongest agreement came from children with visual impairments (87.2%) and intellectual disabilities (81.8%), suggesting that these children particularly value the principle of fairness. Agreement was also higher among urban children (82.1%) than their rural counterparts.

However, children with psychosocial disabilities showed the highest level of uncertainty, with 31.03% responding "Maybe." This suggests that their experiences of inclusion may be more complex or inconsistent, leading to mixed feelings about whether all children are truly treated the same. Similarly, children with learning, neurological, and intellectual disabilities expressed some hesitation, indicating that their experiences of equality may be more nuanced. Children in rural areas also expressed more uncertainty than their urban peers (15.7% compared to 9.1%), suggesting potential differences in how children are treated based on location.

These differences are likely influenced not only by structural inequalities but also by deeply rooted cultural norms and beliefs around disability, which often remain more entrenched in rural areas. In some contexts, children with certain disabilities, particularly intellectual or psychosocial disabilities, are often seen as "less than" or fundamentally different to their peers, due to assumptions about having a lack of autonomy and ability, which may explain their greater uncertainty around equal treatment.

Children with albinism stood out as the group most likely to disagree, with 37.50% responding "No", all of whom were from rural Malawi. This suggests that many of these children feel equal treatment is not a reality, likely due to the unique challenges they face, including vision impairments, sun sensitivity, and social discrimination, often exacerbated by cultural beliefs and stigma surrounding albinism. However, since 70% of the respondents with albinism in this study were from rural Malawi, this trend may be influenced by location rather than albinism alone. It is difficult to determine whether these findings apply to all children with albinism across the seven countries or are specific to those in rural Malawi.

More broadly, disagreement was higher among rural children overall (16%) compared to their urban peers, reinforcing the idea that disparities in treatment may be more pronounced outside urban centres. These findings suggest that addressing inequality requires not only improving access to services and support but also tackling the underlying social and cultural attitudes that perpetuate discrimination, particularly in rural communities.

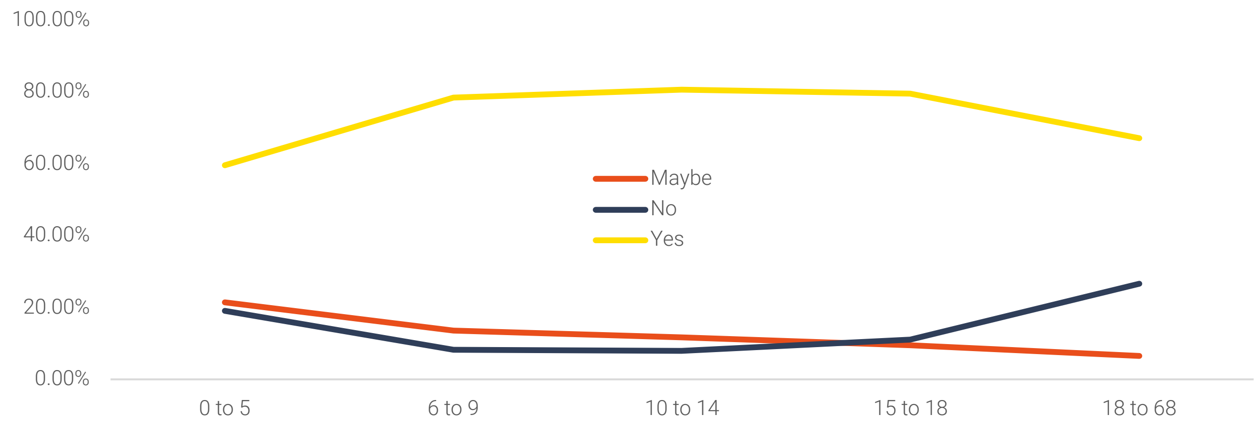

Figure 21. Percentage of responses to whether all children should be treated the same, disaggregated by age

Age also played a role in levels of uncertainty. The highest proportion of "Maybe" responses came from children under five (21.4%), which reflects their early stage of exploration and developing understanding of the world. As children grew older, uncertainty decreased, dropping to 6.42% among those aged 18 and over. However, disagreement with the statement followed a different pattern. While younger children were more likely to say “No” (19.1%), this percentage declined in middle childhood but increased again in the 18+ age group, where 26.6% disagreed. This suggests that as children transition into adulthood, they may develop a more critical perspective on whether equal treatment is genuinely upheld in practice.

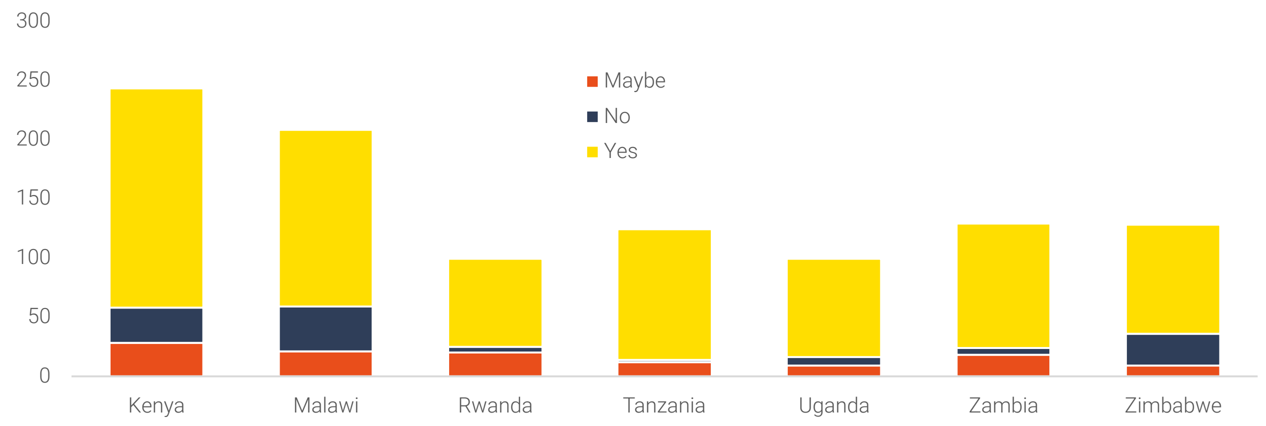

Figure 22. Percentage of responses to whether all children should be treated the same, disaggregated by country

The data also reveals differences across countries in perceptions of equal treatment. The highest proportion of respondents agreeing with this statement were found in Tanzania (88.7%), Uganda (83.8%), and Zambia (81.4%), suggesting a strong belief in fairness among children in these countries. However, some countries showed more uncertainty or disagreement. Rwanda had the highest percentage of “Maybe” responses (20.2%), indicating that many children were unsure whether equal treatment exists in reality. Meanwhile, Zimbabwe (21.1%) and Malawi (18.3%) had the highest levels of disagreement, suggesting that children in these countries are more likely to perceive inequality in their daily lives.

These findings highlight a widespread belief in equal rights, but also reveal significant variations based on disability type, location, age, and country. The fact that some children, particularly those with psychosocial disabilities, those living in rural areas, and those in Malawi and Zimbabwe, expressed greater uncertainty or disagreement suggests that equal treatment is not always experienced in practice. This may, in part, reflect the broader challenges faced in countries and regions with fewer resources, limited infrastructure to support disability rights, and less developed inclusive services. Such conditions can make it harder to uphold the principles of equality in everyday life. These findings underscore the need for targeted interventions to address disparities, promote inclusive environments, and ensure that equality is more than just an abstract principle, but a lived reality for all children.

Do you think teachers, parents, relatives or your siblings and friends treat you same as other children?

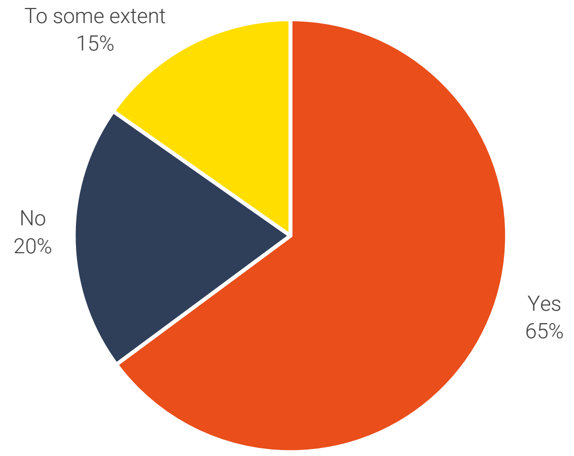

Figure 23. Responses to: Do you think teachers, parents, relatives or your siblings and friends treat you same as other children?

Following on from Q3 the children were asked to describe their experiences with teachers, parents, relatives, friends, and siblings. The findings indicate a significant gap between the belief in equal treatment and the lived reality of children with disabilities. While 65% of respondents feel they are treated the same as their peers, this is lower than the number of children who previously agreed that all children should be treated equally. This suggests that while children are aware of their rights, 1 in 3 children (35%) do not consistently experience them in practice, highlighting a significant gap between the recognition of equal rights and their real-world application, suggesting that awareness alone is insufficient. This reinforces the need for practical, on-the-ground changes in attitudes, behaviours, and systems to make equal rights for children with disabilities a lived reality, not just a concept that children are taught.

The data also reveals variations in perceived fairness across countries. Zimbabwe (77.3%), Tanzania (76.6%), and Zambia (70.5%) have the highest agreement rates, indicating stronger perceptions of fairness and inclusion. These results were contrary to what was expected in these countries, suggesting a need for further investigation and understanding. In contrast, Rwanda stands out with the highest levels of perceived inequality (44.4%), suggesting that deep-rooted stigma continues to affect children with disabilities. Kenya (25.5%) and Malawi (20.2%) also report notable levels of disagreement, reinforcing the idea that attitudes towards disability are shaped by cultural and societal factors. Uncertainty is highest in Malawi (21.6%) and Uganda (20.2%), pointing to inconsistent experiences – some children feel accepted while others face exclusion.

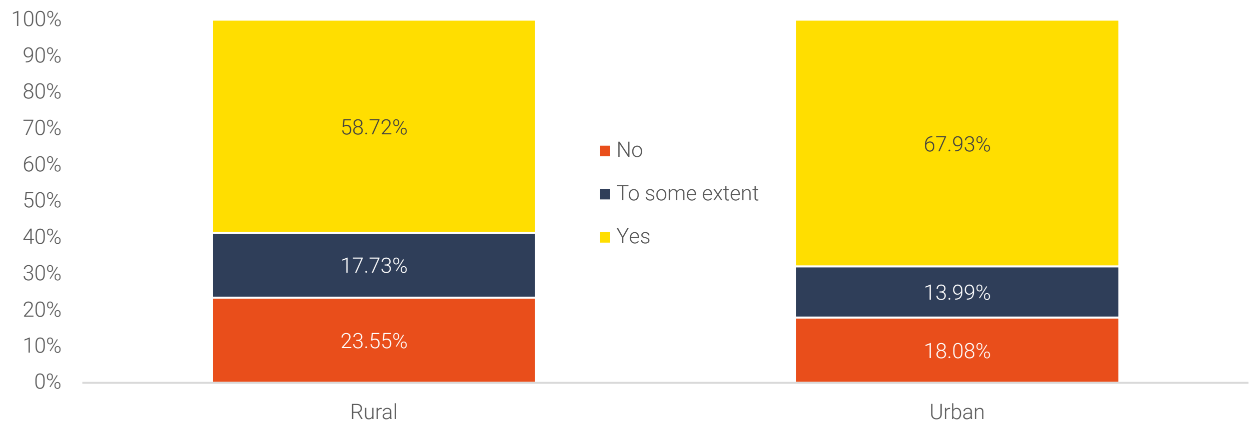

Figure 24. Percentage of responses to whether children feel they are treated the same, disaggregated by location

More children in rural areas reported unequal treatment than those in urban settings. Specifically, 41.3% of rural children indicated they did not receive the same treatment as their peers (23.6% said "no," and 17.7% said "to some extent"). This reinforces concerns about limited access to inclusive education and disability awareness in rural areas. One child noted that

> "teachers from upper classes do not accept me,"

highlighting how exclusion is not only geographical but also structural, with some educators failing to embrace inclusive practices. Others face language barriers, particularly those with hearing impairments, as one respondent stated,

> "many teachers do not know sign language."

This reflects a broader issue—even when children with disabilities are in school, a lack of resources and awareness can undermine their inclusion.

Age also plays a role in shaping perceptions of equality. Children under 5 and over 18 reported the highest levels of perceived inequality, with 31.0% and 29.4% responding 'No' to being treated the same as their peers. This suggests that very young children may struggle with inclusion due to their dependency on caregivers, while older individuals may have developed a more critical awareness of discrimination over time. In contrast, children aged 6-18 report lower levels of perceived inequality, with the highest agreement (68.4%) among 10–14-year-olds. This could indicate stronger inclusion during school years, where children may benefit from structured support systems. However, the decline in perceived fairness beyond 18 suggests that inclusion efforts are not sustained into adulthood, raising concerns about long-term access to education, employment, and social participation for people with disabilities.

The type of disability also influences experiences of equal treatment. Children with psychosocial disabilities (41.4%) and speech and language disabilities (31.4%) report the highest levels of perceived inequality, indicating that children whose disabilities are less visible often face greater exclusion. One respondent shared,

> "because of my disability, most teachers look down on me,"

reinforcing the idea that bias plays a significant role in shaping how children are treated. In contrast, children with visual (12.1%), learning (12.3%), and intellectual disabilities (16.9%) report the lowest levels of disagreement, suggesting that these disabilities may be better recognised and accommodated in some contexts.

Beyond the classroom, peers play a crucial role in shaping experiences of inclusion or exclusion. Many children report experiencing bullying, mockery, and outright aggression. One respondent stated,

> “some kids are bullies, they throw stones at me at school and at home,”

while another shared,

> “some friends laugh at me that I am not normal.”

The persistence of stigma and social exclusion reinforces the need for stronger peer education and anti-bullying measures. Even among those who feel supported, there is a distinction between being treated equally and being treated differently out of pity. One child noted,

> “they treat us with sympathy instead of empathy,”

suggesting that while there may be goodwill, it does not always translate into genuine inclusion.

Family dynamics present a more positive picture, with many children highlighting the crucial role of parents and siblings in fostering acceptance and self-worth. One child shared,

> “parents do love me a lot and treat me with great respect,”

while another stated,

> “siblings are much better because they learn from parents.”

However, extended family members and relatives are often less understanding, with one respondent noting,

> “relatives are really difficult for me.”

This suggests that awareness efforts need to go beyond immediate caregivers to ensure broader community support.

Despite the challenges, some children express a strong belief in equality and self-worth, with one stating,

> “there is nothing in me that is not in any other person.”

Others find motivation in the support they receive, as one child shared,

> “they treat me even better than other children at school and this gives me strength to work harder.”

However, these positive experiences are not universal. The gap between belief in equal treatment and lived reality highlights the need for continued efforts to turn principles of inclusion into everyday practice.

Key findings

The survey underscores a strong belief in the principle of equal rights among children with disabilities, with most affirming that all children should be treated equally. However, the lived reality tells a different story. Significant gaps exist between this belief and everyday experiences, particularly in rural areas where discrimination, bullying, and exclusion are more pronounced. The mixed responses indicate that while awareness of rights is high, systemic and cultural barriers continue to hinder the full realisation of equality in practice. This underscores the need for sustained, targeted efforts to ensure that equality is not just an ideal, but a lived reality for all children with disabilities.

- **Children with disabilities show mixed views on equal treatment, with 1 in 5 children disagreeing with the idea that all children are treated equally:** While 78% of children with disabilities agreed that all children should have equal rights, 1 in 5 (22%) did not fully support this idea. This suggests that a significant minority either question or do not experience equal treatment in their daily lives.
- **A significant gap exists between belief in equality and lived experience, with 1 in 3 children not experiencing the same treatment as their peers:** Although progress has been made in promoting inclusion, only 65% feel they are treated the same as their peers. This 13-percentage-point gap between belief in equality and experience highlights that awareness of rights does not always translate into real-world equality. Discrimination, exclusion, and social stigma persist, despite support from

some parents, teachers and community members, which hinders inclusion. This is particularly prominent in Rwanda where 44.4% of children with disabilities said they do not experience equal treatment.

- **Rural children with disabilities face more unequal treatment:** Children with disabilities in rural areas are more likely to feel unequal treatment, with 16% disagreeing that all children should be treated equally, and 41.3% stating they do not experience the same treatment as their peers. This suggests that limited access to inclusive education and awareness contributes to inequality in rural settings.
- **Bullying and social exclusion remain major barriers to equality for children with disabilities:** Many children with disabilities reported experiencing bullying, mockery, and even physical aggression from their peers. This ongoing stigma and discrimination reinforce the need for stronger anti-bullying measures and peer education to promote inclusion.

Next steps

- Working with children with disabilities, launch community and school-based awareness campaigns to translate rights into everyday practice. Engaging key stakeholders (parents, teachers, local leaders) in creating inclusive environments that bridge the gap between theory and practice.
- Strengthen policies and anti-discrimination measures, especially in rural settings to ensure that children with disabilities can realise their rights, as identified by the UNCRPD.
- Conduct a deeper investigation into how children with disabilities perceive their rights and experience treatment within their communities. Exploring the role of key stakeholders, parents, teachers, peers, and the wider community, through the perspectives of children with disabilities to provide critical insights into the barriers they face and the support systems that shape their daily lives.

Part 3: Life at home

Do you feel happy when you are at home?

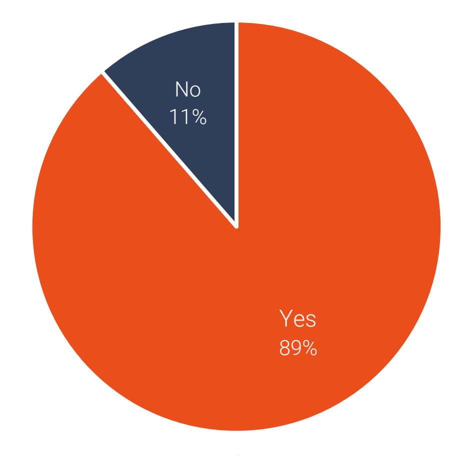

Figure 25. Responses to: Do you feel happy when you are at home?

The survey sought to understand the children's sense of happiness at home. Overall, 89% of respondents reported feeling happy at home, while 11% did not. This suggests that, overall, homes provide a supportive environment for children with disabilities in the surveyed countries.

However, regional differences emerged. Malawi (19.7%) and Kenya (14.8%) had the highest proportions of children reporting unhappiness at home compared to Tanzania (4.8%) and Rwanda (5.1%).

Experiences also varied by disability type. Children with albinism were evenly split between feeling happy and unhappy, indicating diverse home life experiences. Meanwhile, 78% of children with multiple disabilities reported feeling happy at home, suggesting that more complex needs may create additional challenges. Conversely, over 90% of children with Down syndrome, as well as those with physical, psychosocial, speech and language, visual, and other disabilities, felt happy, highlighting differing levels of home support and wellbeing.

Age also influenced responses. Happiness peaked at 94.3% among 6–9-year-olds but declined in older age groups, reaching 78.8% for those over 18. This may reflect increasing responsibilities and expectations as children grow older, warranting further exploration.

There was little difference in this response across the genders, 89.4% of boys, 88.9% of intersex children and 87.8% of girls responded that they felt happy at home. This suggests that factors other than gender may play a more significant role in influencing children's happiness at home, such as family dynamics, support systems, or broader social and economic conditions.

Why do you feel happy at home?

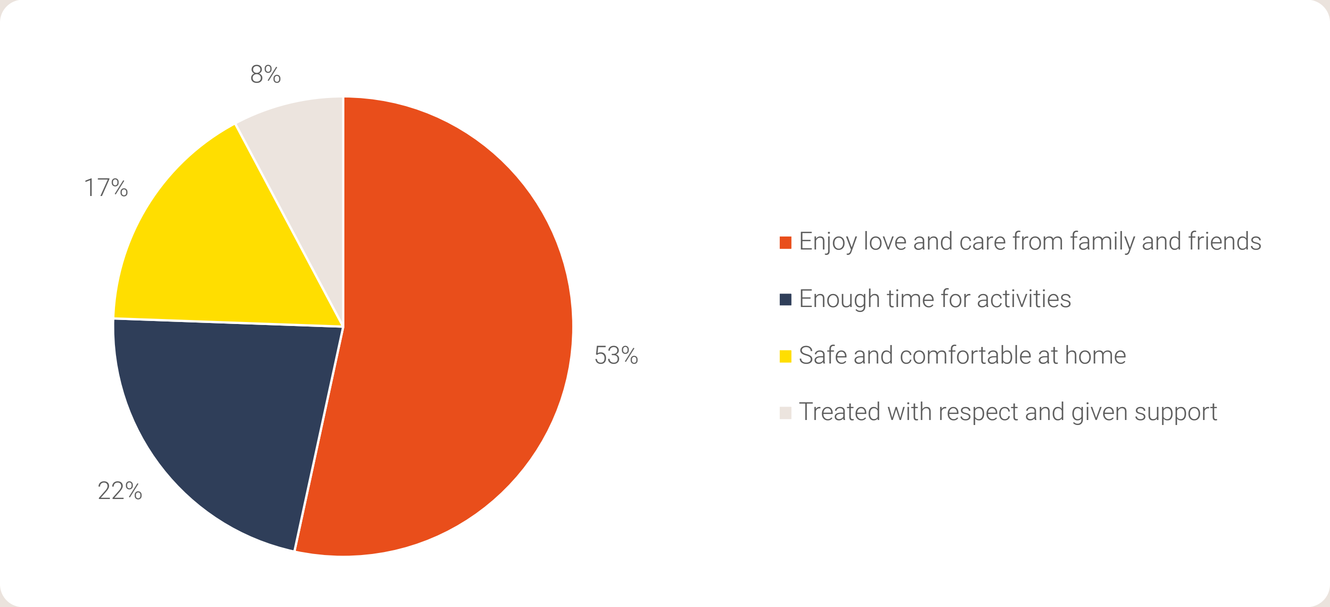

Figure 26. Responses to: Why do you feel happy at home?

Among the children who reported feeling happy at home over half (494 children) attributed their happiness to the love and care by their family members and friends, which accounted for 47.5% of all respondents. While 23% (205 children) mentioned having enough time with their favourite toys, books and activities that they enjoy doing at home, and 17% (154 children) felt safe and comfortable at home surrounded by familiar people. However, only 8% (72 children) reported being treated with respect and receiving the support they needed to be comfortable.

Since children could select only one reason, these findings suggest that love and care from family members play the most significant role in their happiness, followed by opportunities for enjoyable activities and a sense of safety. The relatively low percentage of children selecting respect and support as their primary reason does not necessarily mean they lack these experiences—rather, it may indicate that love, activities, and safety are more immediately important to them. However, it remains unclear whether this lower selection is due to a lack of respect and support at home. Further research would be needed to explore this aspect in more detail.

The reasons children felt happy at home remained consistent across the different variables. As a result, there is limited scope for further analysis, as the patterns outlined in Figure 26 were consistently reflected across these groups.

Why do you not feel happy at home?

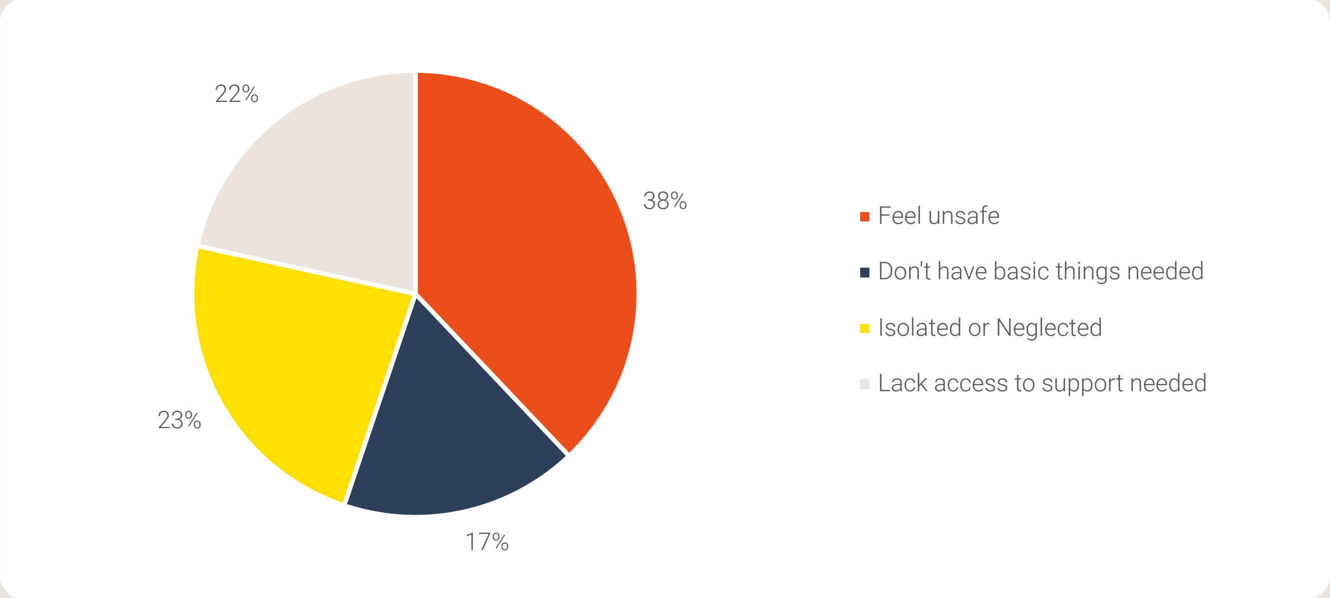

Figure 27. Responses to: Why do you not feel happy at home?

Although only 117 respondents (11%) reported not feeling happy at home, which makes it difficult to identify clear trends across different demographics, it is still important to explore the reasons behind this to better understand the challenges children with disabilities may face in their home lives. A deeper exploration of these reasons would be valuable to ensure that appropriate interventions can be developed.

Among the children who reported feeling unhappy at home, the primary reason was feeling unsafe (38%, 44 children), followed by feeling isolated or neglected (23%, 27 children), lacking necessary support (22%, 25 children), and not having their basic needs met (17%, 20 children). These findings highlight critical areas for intervention to improve the home environment for these children, emphasising the need for enhanced safeguarding, emotional support, and access to basic necessities. 61% of these children's unhappiness at home is linked to feeling unsafe or neglected, which is deeply concerning and underscores the urgent need for safeguarding measures, greater family support, and a more inclusive approach to addressing the specific needs of children with disabilities at home and in their wider communities.

While there was considerable variation in the responses when disaggregating the data, the small number of children who reported unhappiness at home limits the ability to draw firm conclusions. For example, 100% of children with a psychosocial disability who reported feeling unhappy at home cited feeling unsafe. However, this was based on a single child, while the remaining 28 children with psychosocial disabilities indicated that they felt happy at home. Given the small sample size, this finding – along with the others in this section – is not statistically significant.

Further research focused on the home life experiences of children with disabilities is recommended to explore these patterns in greater depth and provide more reliable conclusions.

What would you like to have more of or do more of at home?

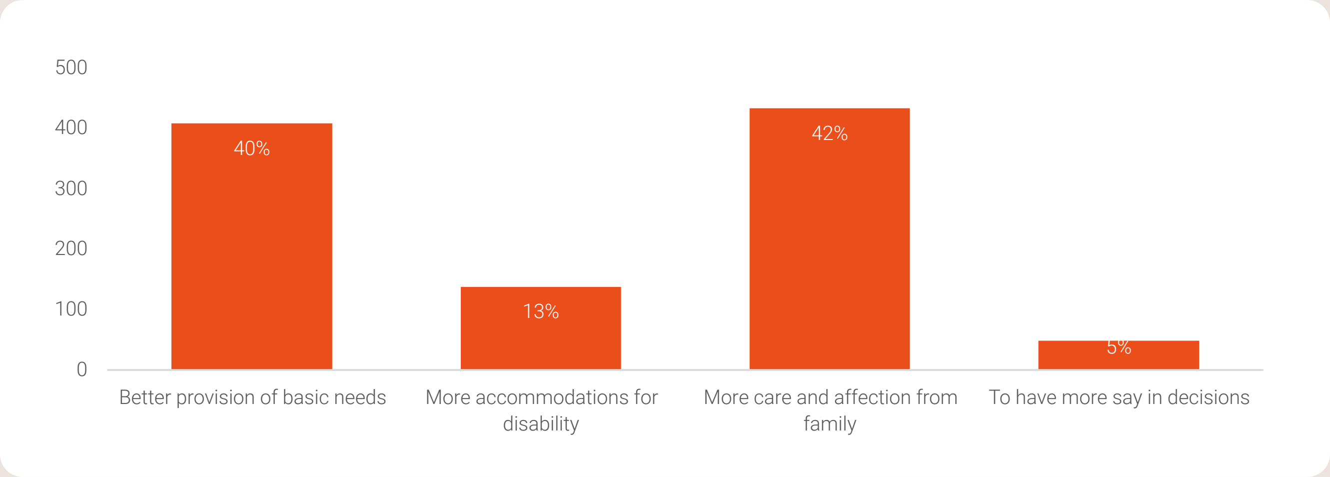

Figure 28. Responses to: What would you like to have or do more of at home?

When asked what they would like to have more of or do more of at home, the two most common responses were for more care and affection from my family (42%, 433 children) and better provision of basic needs (40%, 408 children). 13% of respondents (138 children) said they wanted more accommodations for their disability, while just 5% (49 children) said they wanted to have more say in decisions that affect them. These findings highlight that, for many children, emotional support, particularly love and affection from their families, holds greater value than material resources or equipment. This underscores the importance of fostering a nurturing environment, as such emotional connections are vital for their development and overall wellbeing.

When looking across the data set for all the questions on home life, it is interesting to see that over half (57%) of the children who said they would like more care and affection from their family, also said that they are happy at home because they enjoy love and care by their family. Among those who reported feeling unhappy at home, 40% said they wished for better provision of basic needs, 30% wanted more care and affection, 23% sought greater accommodations for their disability, and 7% wanted more influence over household decisions. In contrast, among children who were happy at home, fewer (12%) expressed a need for disability accommodations, while a larger percentage (44%) still wished for more care and affection. These findings reinforce the significant role of emotional support and nurturing family relationships in the wellbeing of children with disabilities across East and Southern Africa.

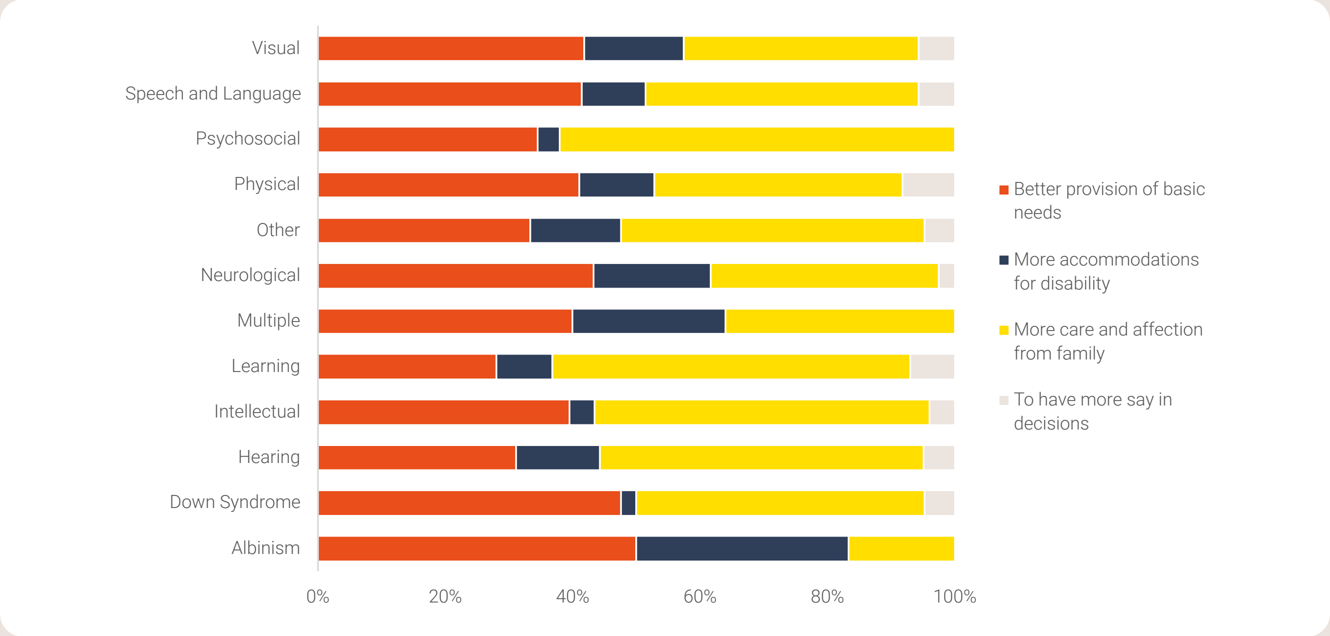

Figure 29. Percentage of responses to what children would like more of at home, disaggregated by disability type

More care and affection from my parents/carers and/or siblings (feeling loved or play)

The need for affection was particularly pronounced among children with hearing, intellectual, and psychosocial disabilities, with over 50% selecting this option. This preference also varied by age, with more than half of children under six expressing a desire for more affection, though this steadily declined to 30.6% among those over 18. This trend suggests that as children grow older, their expectations of emotional support may change, or they may prioritise other needs. In response, targeted programmes could focus on fostering emotional connections throughout different life stages, ensuring sustained support into adolescence and adulthood. Geographically, children in Zambia (65.9%), Tanzania (55.6%), and Kenya (49.6%) were the most likely to express this need, suggesting that cultural or socio-economic factors may influence perceptions of family support in these countries. The qualitative responses further illustrate the deep emotional needs of children with disabilities. Many children expressed a strong desire for family members to spend more time with them, communicate with them, and include them in everyday life. Some spoke about feeling left out due to communication barriers, such as a child who shared,

> “They have to communicate with me, not leave me alone because I don’t hear”.

Others simply wished to feel loved, asking for more toys, books, and playtime with family members. A few responses pointed to a need for inclusive play spaces, such as one child who wished for a seesaw to enjoy. This strong emphasis on play suggests that recreation is not only a source of joy but also an important aspect of a child’s social and cognitive development. Ensuring that children, particularly those with disabilities, have opportunities to engage in play and leisure activities can significantly enhance their wellbeing.

Many children also expressed a desire to participate more in household activities. They wanted to help with chores, cook, clean, and contribute to daily family life. Responses such as

> “To do more house chores and help mama”

and

> “To be involved and given equal opportunity in house chores”

indicate a strong willingness to take on responsibilities and be seen as active members of the household. This challenges common perceptions that children with disabilities are overly dependent and incapable of contributing. Encouraging their involvement in daily activities can foster independence, build confidence, and promote a sense of belonging within the family.

Better provision of basic needs (food, shelter, clothing, medicine, etc.)

Better provision of basic needs, such as food, shelter, clothing, and medicine, was the highest priority for some groups, particularly children with albinism, Down syndrome, and multiple, neurological, physical, and visual disabilities. Nearly 50% of children in these groups stated that they wanted greater access to essential resources, potentially reflecting the economic and accessibility challenges their families face. Unlike the desire for care and affection, the need for better provision of basic needs increased with age, peaking in adolescence. While only 19% of children under five prioritised this, the figure rose to 42.4% among 10–14-year-olds and 41.7% among those over 18. This trend suggests that as children grow, their awareness of material needs increases, potentially reflecting greater personal responsibility or an evolving understanding of financial hardships within their household.

In Uganda, this was by far the most common response, with 72.7% of children highlighting the need for better provision of basic necessities. This sentiment was almost evenly split between children in rural and urban areas, suggesting that economic challenges impact families across different settings. Children in Rwanda (51.5%) and Malawi (47.8%) also frequently expressed this need. These findings underscore the importance of economic support programme, and improved access to healthcare and education for families of children with disabilities.

Education and access to essential resources were also significant concerns for many children. Some expressed a desire for more books, more time to study, and better learning support. One child stated,

> “I need more time with my books because I am a slow learner”

while another mentioned the need for access to transport to get to school. These responses suggest that, for some children with disabilities, education remains a challenge due to a lack of resources or support. In addition to education, several children spoke about financial struggles, particularly in accessing healthcare. One child said

> “Sometimes my grandmother lacks money to buy some medicine for my eyes, I have no health insurance”

highlighting how economic hardship can further disadvantage children with disabilities. Others expressed a desire for parents to be better educated about their rights and needs, reinforcing the idea that greater awareness and targeted support for families are essential.

More accommodations for my disability (equipment, modifications or access needs)

Although fewer children overall prioritised the need for more disability accommodations, those with albinism (33%) and multiple disabilities (24%) were the most likely to do so, which may be due to the need for more day-to-day support in relation to their individual needs. In contrast, children with Down syndrome, intellectual disabilities, and psychosocial disabilities were far less likely to select this option, with fewer than 5% mentioning it as a key concern. Zimbabwe had the highest proportion of children seeking more accommodations (24.2%), though it remained the third most common response overall. These findings suggest that while disability accommodations may not be a universal priority, they are essential for specific groups who face heightened barriers to accessibility.

To have more say in decision that affect me (have more say or listened to more)

The desire for greater involvement in household decisions was consistently low across all disability types, countries, age groups, and genders. However, since children could only select one response, it is possible that while this was not their top priority, it may still be an important factor for more children than the data suggests. This raises questions about whether children with disabilities feel included in decision-making at home or whether they perceive their voices as less valued. The qualitative responses support this, with some children expressing a desire to be trusted with responsibilities, such as one child who stated,

> “To have more time to study, be my own, be trusted that I can do things given”.

These findings raise important questions about whether children with disabilities feel that their voices are valued within their families or if they prioritise more immediate needs, such as emotional support and material wellbeing. Further qualitative research could explore whether this result reflects a lack of agency within households or if children prioritise more immediate needs, such as emotional support and material wellbeing.

Key findings

Most children with disabilities reported a sense of happiness at home, largely attributable to the love, care, and familiar routines provided by family members. Yet, a notable minority experience feelings of unsafety, neglect, or unmet basic needs. The variations, both by country and by type of disability, suggest that while many families provide supportive environments, others struggle with emotional and material challenges. This contrast calls for a closer look at family support mechanisms and safeguards to ensure that all children feel secure and valued in their own homes. While many children interviewed wished for more care and affection and better resources at home, there was a wide variety of thoughts on what they would like to do or have more of at home which can inform future interventions.

- **While the majority of children with disabilities reported happiness at home, there were variations based on context, age and disability type:** While 89% of children with disabilities reported feeling happy at home, those with Down syndrome were the most likely to feel happy (over 90%), while children with albinism had mixed responses, suggesting differing home life experiences based on the type of disability. Regional differences in responses also highlights the need for context specific interventions.
- **For many children with disabilities emotional support, love and affection from their families hold greater value than material resources:** Nearly half (47.5%) of children with disabilities cite love and care from their families as a key reason for their happiness, and 42% express a desire for more affection. This preference for emotional support, whether the children were happy or unhappy at home, underscores the importance of a nurturing home environment for children with disabilities and the universal need for children to feel loved.
- **Of the children with disabilities who do not feel happy at home, 2 in 3 reported feeling unsafe or isolated:** Among the children who reported unhappiness at home, 61% cited feeling unsafe or neglected, underscoring the need for improved safeguarding and greater emotional support for children with disabilities in their homes.
- **Provision of basic needs remains important for many children with disabilities:** 40% of children with disabilities expressed a desire for better access to basic needs, especially those with albinism, Down syndrome, and multiple disabilities. In Uganda, this figure rose to 72%. Further exploration of the specific types of basic needs these children prioritise could help tailor interventions more effectively.

Next steps

- Implement targeted safeguarding and support initiatives for families of children with disabilities. Supporting the families of children with disabilities to have the appropriate knowledge and resources to provide a nurturing, loving environment for their children.
- Encourage inclusive family practices that emphasise communication and active participation in household decision-making and home life.
- Conduct qualitative research to further capture the voices of the children, their families and people in the community, to gain a richer understanding of the experiences of children with disabilities at home, as well as their desires for change, to better inform interventions.

Part 4: Climate change

Does bad weather stop you from doing things or going places in your neighbourhood?

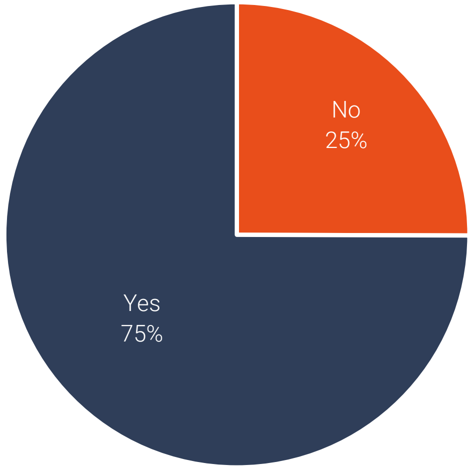

Figure 30. Responses to: Does bad weather stop you from doing things or going places in your neighbourhood?

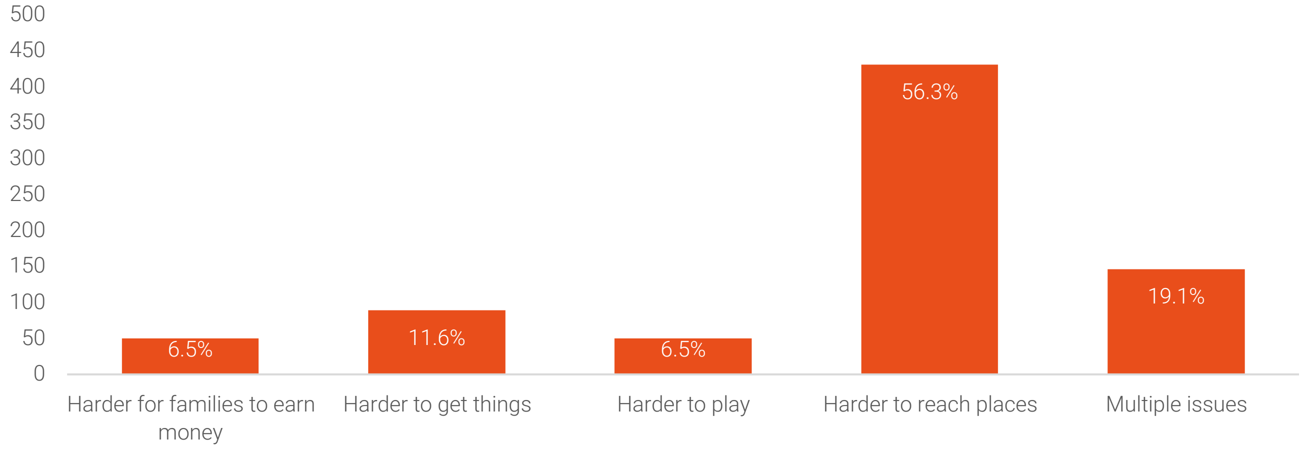

Figure 31. Percentage of responses to how bad weather affects children

The survey assessed the children views on how bad weather[7] affects their activities and what can be done to help them in that situation. Three quarters of the children indicated that they experience challenges in doing things such as accessing essential services, attending school, and engaging in social activities during periods of bad weather.

It makes it harder for me to get where I need to go (school, hospital etc.)

The most reported issue was difficulty reaching places such as schools, hospitals, and markets, affecting 56% of respondents. One child explained

> “Transport from home to school during rainfall is a challenge, sometimes requiring the use of a motorcycle, which is expensive.”

Poor infrastructure and a lack of accessible transport were particularly problematic in rural areas, such as Zambia (87.2%) and Uganda (70%), where flooding and extreme weather create major barriers to movement. For those with multiple (70%), learning (63%) and visual disabilities (69.5%), bad weather poses an even greater risk, significantly limiting their ability to participate in daily activities. One child shared,

> “In our country, the greatest issue lies entirely on us who are wheelchair-bound. The roads are really bad, and travelling from one area to another becomes really tough.”

The inability to travel freely and independently, whether due to poor roads, inadequate transportation, or extreme weather, not only presents logistical challenges but also leads to social isolation. Children with disabilities may be unable to engage with their peers, attend school regularly, or participate in community activities. This sense of isolation can have significant psychological and developmental impacts. Many children called for stronger, more stable roads, bridges, and safer play areas, with one stating,

> “We should create accessible environments at school and home.”

It makes it hard to get things we need (like medicine, food from the farm etc.)

For 11.6% of children, bad weather makes it harder to obtain basic necessities such as food, medicine, and hygiene products. This challenge was particularly severe for children with albinism in areas where heatwaves and drought are prevalent, due to their specific medical and protective needs. This was also commonly reported in urban Zimbabwe (28.3%). Many children expressed the urgent need for protective gear to help them manage these conditions, such as one child who requested,

> “To help us with sunglasses and be in a safe place where there is no dust.”

It makes it hard for our families to make money (stops families from working)

While financial difficulties were a less common response (6.5%), some children expressed concern about their families’ ability to earn money during extreme weather. This impact was more noticeable among older children and young adults, who may be more aware of their household’s financial struggles and the linkages between bad weather and economic hardship. One child highlighted the severity of the issue, saying,

> “The weather is one issue, but the most difficult thing now is hunger. It was raining, but our parents got nothing, and now we are suffering due to hunger and starvation.”

It makes it harder to play (sewage, pollution, loss of green spaces making it harder to play)

Bad weather also disrupts play and social interactions, particularly among younger children. 6.5% of children stated that they struggled to play outdoors due to flooding, pollution, or a loss of green spaces. This issue was particularly concerning in Kenya, where 39.1% of children mentioned the lack of play areas as a problem. One child suggested,

> “My prayer is that there are many disabled children in this area, and having a tent to play and socialise will be the best way whether it is raining or not.”

Multiple issues

Many children experience overlapping challenges. The data suggests that under 5s and those in rural areas are more likely to face multiple barriers simultaneously. Two-thirds of children in Rwanda reported multiple issues, and this was also the most common response for children with psychosocial issues. This highlights the need for holistic interventions that address accessibility, economic support, and essential services in an integrated way.

What do you think we should do to help children like you when the weather is bad?

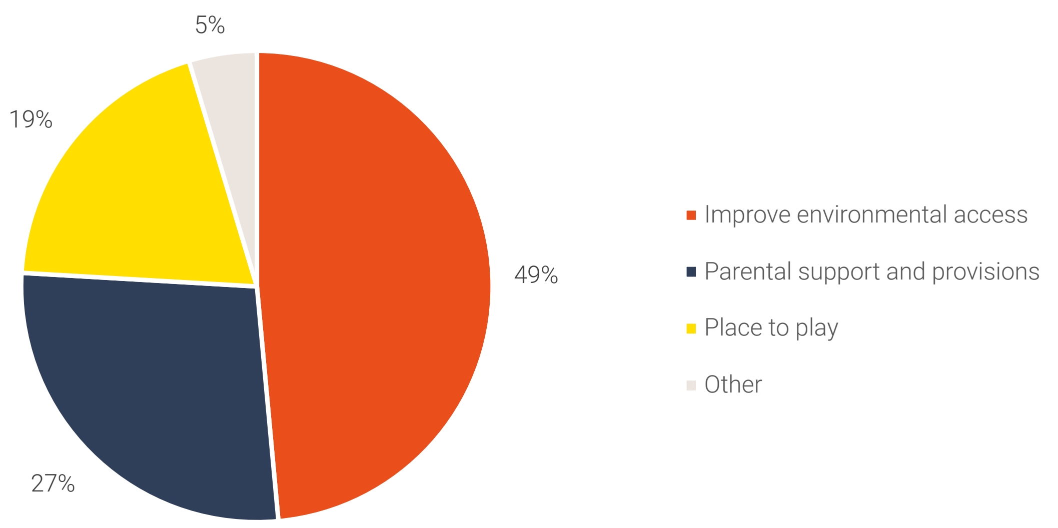

Figure 32. Percentage of responses to what should be done to help children when the weather is bad

When asked what the Able Child Africa Network member could do to support children with disabilities during extreme weather, 49% prioritised mobility and access to transport, such as school buses, improved roads, and assistive devices like wheelchairs. A significant proportion (27%) also emphasised the need for economic support to ensure their families could continue working and providing for them. Safe places to play were another key concern for 19% of the children, particularly for children in urban areas, where 23.2% expressed a need for inclusive recreational spaces. Children repeatedly called for protective equipment, including umbrellas, raincoats, warm clothing, and sunglasses. One child plainly stated,

> “I need an umbrella to be able to go to school.”

Another suggested,

> “During the rainy season, we should be given raincoats and umbrellas.”

Others stressed the importance of medical support, particularly for those with visual impairments and mobility challenges.

Beyond practical solutions, some children advocated for policy changes and community involvement. They suggested climate awareness campaigns, collaboration with governments, and attitudinal change initiatives to ensure long-term, sustainable improvements for children with disabilities. One child summarised this well, saying,

> “We should create an inclusive environment.”

Key findings

The responses to this survey indicate that adverse weather conditions and the broader impacts of climate change exacerbate pre-existing barriers for children with disabilities, curtailing their ability to fully participate in community life. Children's experiences point to a pressing need for community environments that are resilient, adaptable, and can ensure safety and access even in extreme conditions. Their suggestions call for proactive and inclusive measures to prepare for, respond to, and recover from climate-related challenges.

- **Three out of four children with disabilities said they experience challenges during bad weather:** 75% of the children with disabilities reported experiencing difficulties in performing daily activities and accessing places during extreme weather, highlighting the significant barriers posed by adverse conditions.
- **Bad weather creates significant mobility barriers for children with disabilities:** Bad weather significantly impedes the ability of children with disabilities to access essential services such as school, hospitals, and markets, with 56% reporting difficulties. Nearly half (49%) of the children identified mobility as a priority area of support, emphasising the need for better transport solutions, improved infrastructure, and assistive devices such as wheelchairs. Children with multiple, learning, and visual disabilities were most likely to report this challenge.
- **Bad weather hampers access to basic necessities for children with disabilities:** For 11.6% of children, extreme weather conditions make it difficult to obtain essential items like food, medicine, and hygiene products. Children with albinism are particularly vulnerable to heatwaves and droughts due to specific medical needs. Protective gear, such as sunglasses and raincoats, was frequently mentioned as a vital necessity to help them manage these weather conditions.
- **Children with disabilities seek economic support for their families during extreme weather:** A significant number of children (27%) emphasised the importance of supporting their families' economic stability during bad weather. This includes ensuring that parents can continue to work and provide for their children. Bad weather can exacerbate economic hardship, and children with disabilities recognise the importance of stability and income for their families to cope with these challenges. This was particularly prominent amongst the older children.
- **Children with disabilities seek policy changes and community involvement for long-term solutions:** Beyond immediate support, some children expressed a desire for broader policy changes, climate awareness campaigns, and community involvement to create sustainable, long-term solutions. They advocated for collaboration with governments and attitudinal change initiatives to ensure that the needs of children with disabilities are consistently addressed in the context of climate change and extreme weather events.

Next steps

- Integrate disability-inclusive practices into local climate resilience and disaster preparedness plans, ensuring that the voices of children with disabilities inform these practices and that their needs are met. This should include ensuring that financial and livelihood needs are considered and addressed.

- Invest in accessible community infrastructure that remains usable during extreme weather events.
- Develop community support networks and emergency protocols that specifically address the needs of children with disabilities, to limit their isolation and ensure they can access necessary resources to meet their basic needs.
- Work with children with disabilities to develop policy and advocacy campaigns around climate change, to ensure that children with disabilities are part of the climate change conversation.
- Consider exploring additional data points, such as income levels or employment status, to provide deeper insights into economic barriers.
- Conduct additional research to identify other issues that children with disabilities care about within their communities and explore what they would like to do to see change.

Part 5: Hopes and dreams

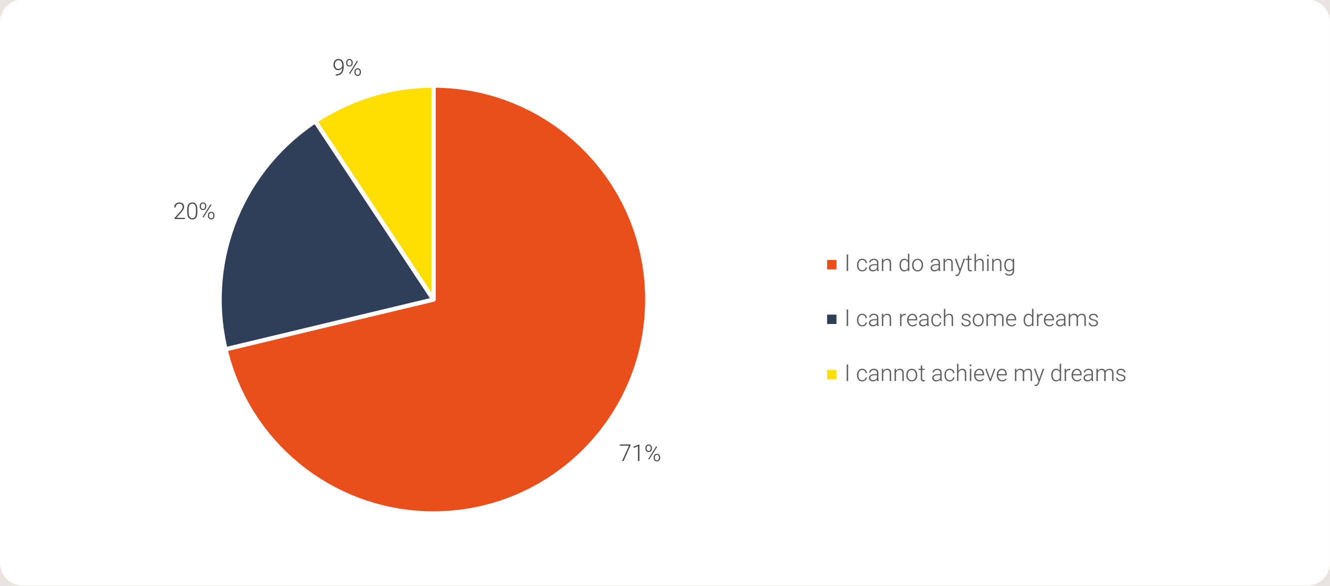

Figure 33. Percentage of responses to what statements best describe children with disabilities' hopes and dreams for the future

The majority of respondents (71%) stated that they have the same dreams and aspirations as any other child. While 29%, or **1 in 3 children, felt that they could not reach all of their dreams**, with 20% feeling that their disability limits what they believe they will be able to achieve, and 9% feeling that they are unable to pursue the things they want because they are different.

Notably, optimism about having the same aspirations as others declined with age. While 78.6% of children under five agreed with this statement, only 62.4% of those over 18 felt the same. Furthermore, 16.5% of over-18s believed that their disability would prevent them from reaching their dreams, suggesting that as they get older, the reality of the limitations and barriers, stemming from injustice and inadequate provisions for people with disabilities, becomes increasingly clear.

Children in Uganda and Tanzania were the most optimistic, with 87% and 82% respectively agreeing that they could achieve anything, just like their peers. In contrast, optimism was lower in Kenya (64.6%), Rwanda (65.7%), and Malawi (65.4%). These three countries also had the highest proportions of children who felt their disabilities might limit them in achieving some of their dreams, at 21%, 24.2%, and 25.5% respectively. Children in Zimbabwe were perhaps the least hopeful, with 18% believing their disability would prevent them from reaching their dreams. This group was largely composed of male adolescents with neurological disabilities living in urban areas, who had otherwise responded positively to earlier questions in the survey. This suggests that, despite receiving support at home and school, more needs to be done within wider communities to foster inclusion. The presence of positive role models may also help children see what is possible.

Looking at different disability types, children with multiple disabilities were the most likely to say that they could only achieve some of their dreams (36%) or none at all (36%). This reinforces earlier findings that children with multiple disabilities face additional barriers and unmet needs due to the societies in which they live and require more comprehensive support to ensure full participation and inclusion. Similarly, children with neurological (57.2%), intellectual (64.9%), or other (66.7%) disabilities were less convinced that they could achieve anything, suggesting that stigma and barriers persist for these groups. Conversely, children with albinism were the most optimistic—none reported believing they could not achieve their dreams, while 91.7% agreed that they could do anything.

Overall, these findings indicate a strong sense of optimism and belief in equality among most children, suggesting that they do not see their differences as barriers to their goals and ambitions. This reflects a positive self-perception and confidence in their ability to achieve their dreams. For those who felt limited in what they could accomplish, this perception may stem from societal attitudes, lack of support, or personal experiences of discrimination and marginalisation. Finally, for those who believed they would not be able to reach their dreams due to their disability, the findings suggest a deeper sense of limitation, potentially linked to issues of self-esteem, inclusion, and inadequate support. It is also possible that these children are facing significant violations and barriers that feel insurmountable.

Imagine you had superpowers to change one thing about the world to make it better for children like you. What would it be?

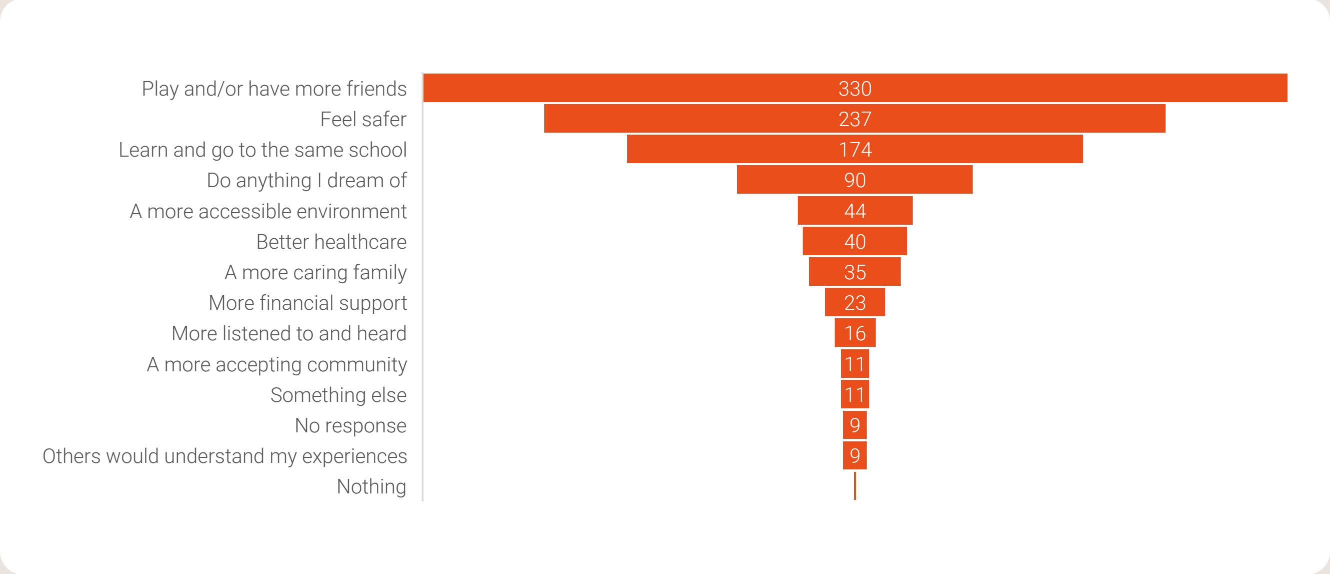

Figure 34. Responses to what statements best describe what children would change about the world to make it better for them

The top three changes that respondents gave in response to making the world better for children like them were to play and/or have more friends (32%), feel safer (23%) and learn and go to the same school (16.9%).

The responses from children with disabilities highlight that their top priorities for making the world better focus on social inclusion, safety, and equal access to education. The most common wishes were to have more friends (32%), feel safer (23%), and learn and go to the same school as others (16.9%), reflecting a strong desire for connection, belonging, and security. These findings reinforce the importance of emotional wellbeing and support for children with disabilities and underline the need for stronger safeguarding approaches within schools and communities.

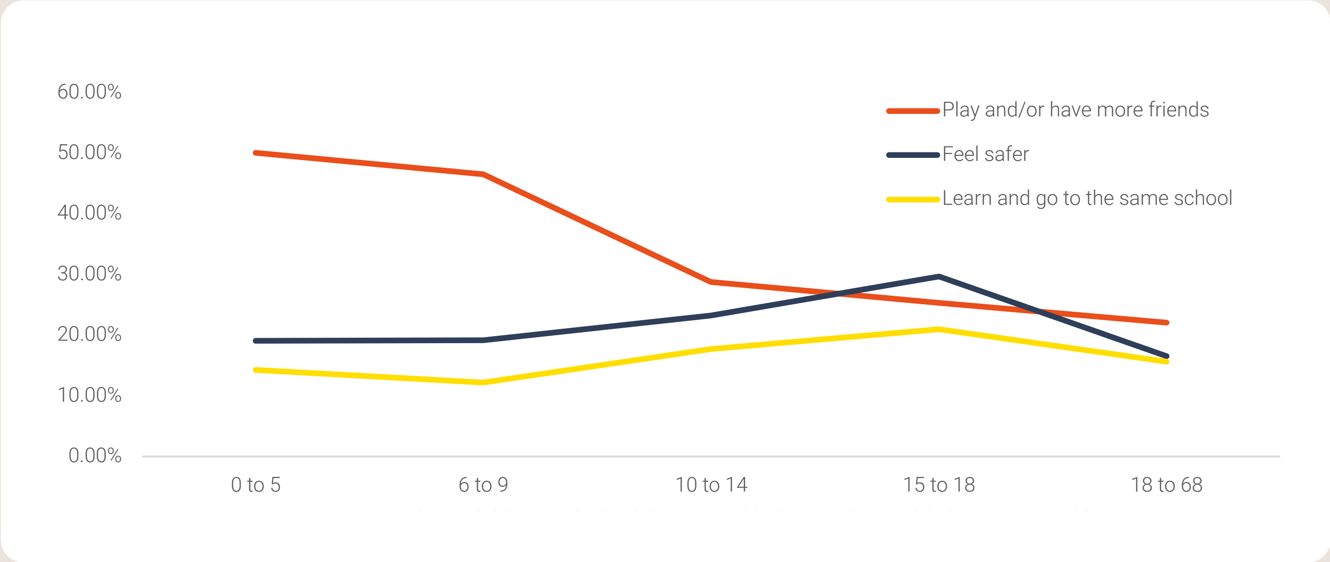

Figure 35. Responses to how children with disabilities would change the world, disaggregated by age

The disaggregated data reveals clear shifts in priorities as children age. Among the youngest respondents, social interaction is paramount, with 50% of 0–5-year-olds and 46.5% of 6–9-year-olds wishing for more opportunities to play and make friends. However, as children grow older, their focus moves towards feeling safe and having equal access to education, with nearly 30% of 15–18-year-olds prioritising safety, just over half of which were girls. This change likely reflects an increased awareness of societal risks and a growing demand for improved safeguarding measures in both community and school environments.

Gender differences are also apparent. For example, girls are less inclined to prioritise play (30%) and more likely to aspire to

> “To do more house chores and help mama”

(11.1% of girls compared to 6.5% of boys) indicating a desire for broader opportunities.

Country-specific findings also vary from the overall trends. In Malawi, almost half of the children emphasised safety (45.7%) which suggests that there is a strong need for better safeguarding initiatives in Malawi. While in Zimbabwe, 21.9% expressed a wish to do anything they dream of, and Ugandan children more frequently mentioned the need for financial support (17.2%) and better healthcare (14.1%). These differences in priorities highlight the ways in which children with disabilities' experiences vary based on contextual and regional factors.

Looking across disability types, the responses are fairly consistent with the overall findings, however children with albinism diverge from the norm with just 8.3% mentioning play and friends. Instead, they tended to focus more on learning and going to school and were also more likely to mention accessible environments (12.5%) compared to their peers with different disabilities.

Responses for this question were also captured in narrative form and many of the children expressed a strong desire for inclusion, equality, and accessibility, highlighting the barriers they face and the changes they would make if they had the power to do so. **Their responses fell into several key themes:**

1. Equal access to education and support

Many children prioritised education as a fundamental right that should be accessible to all. They called for improved learning environments, inclusive teaching methods, and better provision of assistive devices. One child stated,

> “To improve the learning environment at school to be inclusive.”

Another emphasised the need for accessible materials, saying,

> “Provision of assistive devices and learning materials in schools.”

Some children also highlighted the importance of teacher training to better support students with disabilities.

2. Changing societal attitudes and eliminating discrimination

A significant number of children wished to change how society perceives disabilities, advocating for equal treatment and respect. One child stated,

> “People should know that disability is not inability.”

Others called for awareness campaigns to educate communities about the potential of children with disabilities:

> “I will provide education to the community that they should treat us the same as other children.”

3. Improved infrastructure and accessibility

Accessibility was a major concern, with many children highlighting the need for better roads, transportation, and school infrastructure. One child explained,

> “If I had power, I would make sure roads and school buildings are accessible for all children.”

Others mentioned creating inclusive play areas so that children with disabilities could participate in social and recreational activities:

> “Create more playing spaces and innovate inclusive games.”

4. Provision of basic needs

Several children recognised the economic struggles faced by families with disabilities, calling for food, shelter, and healthcare support. Some emphasised the importance of medical care and assistive technology, such as one child who stated,

> “I would provide glasses to all persons with visual impairment.”

Another mentioned the need for warm clothing and personal care items, saying,

> “Buying diapers and provision of heaters and warm clothes would make sure that all persons enjoy the same as others.”

5. Political representation and leadership

Some children saw leadership and political change as key to improving their lives. One child expressed a desire to become a leader and advocate for others:

> “If I have power, I will invite my fellows with hearing impairments and appoint them as leaders in various places.”

Others wished to enter politics to directly influence policies that affect children with disabilities:

> “I will convince them to work hard if I become a member of parliament.”

6. A world without disability

Some responses reflected a wishful perspective, with children imagining a world where disabilities no longer exist. Statements such as

> “No one should have a disability”

and

> “I would make sure all children like me can be helped with all their needs”

suggest a longing for a world free from the struggles they face.

7. Economic empowerment and employment

A few older children focused on economic independence, highlighting the need for vocational training and financial support. One child shared,

> “I would like to have someone to teach me how to sew clothes.”

Another expressed a desire to improve their family’s economic situation through agriculture and job opportunities.

Key findings

The aspirations shared by children with disabilities are both visionary and grounded in their daily realities. Their dreams reflect a desire for transformative change; a world that is more inclusive, equitable, and supportive across all aspects of their lives. These voices offer valuable insights into what a better future could look like and serve as a call to action for policymakers and stakeholders to align initiatives with the hopes of the very people most affected by current shortcomings.

- **Children with disabilities generally remain optimistic about their future, but this decreases with age:** While 71% of children believe they share the same dreams as their peers, optimism declines with age. Fewer older children feel they can achieve everything they aspire to, with 29% overall feeling limited by their disability and only 62.4% of those over 18 maintaining full optimism.
- **Children with disabilities often perceive significant limitations in reaching their dreams:** About 20%, or 1 in 5, felt that their disability restricts their potential, while 9% believed that being different hinders their ability to pursue their ambitions, reflecting experiences of discrimination and marginalisation.
- **Children with disabilities show shifting priorities in what they would change about the world as they age:** Younger children prioritise social interaction, with 50% of 0–5-year-olds and 46.5% of 6–9-year-olds wishing for more play and friends. In contrast, nearly 30% of 15–18-year-olds focus on feeling safe, underscoring the growing importance of robust safeguarding in schools and communities.
- **The levels of optimism for children with disabilities varies significantly in different country contexts:** Those in Uganda (87%) and Tanzania (82%) were highly optimistic about achieving their dreams, whereas lower optimism levels were found in Kenya (64.6%), Rwanda (65.7%), and Malawi (65.4%). These point to regional disparities in support and inclusion.

- **Children with disabilities have a varied sense of what change they would like to see in the future:** Their varied responses—ranging from increased social opportunities and enhanced safety to improved access to education—underscore the diversity of hopes and ambitions within this group, offering valuable insights to inform tailored interventions and future research.

Next steps

- Create platforms for ongoing dialogue and participatory policy-making where the voices of children with disabilities directly inform decision-making.
- Pilot projects that translate these aspirations into tangible community and educational initiatives.
- Foster long-term partnerships between families, schools, and community organisations to ensure that children's visions are continuously reflected in practice.
- Conduct participatory qualitative research with children with disabilities to provide richer, narrative insights into the personal and cultural dimensions that shape these hopes, which can be used to support further policy and advocacy campaigns for the rights and futures of children with disabilities.
- Conduct an evaluation of how current policies and interventions align with these aspirations to identify gaps and opportunities for more effective, inclusive programming.

Conclusions

This survey offers a unique, child-centred perspective on the lived experiences and aspirations of children with disabilities in East and Southern Africa. The findings reveal a complex landscape where notable progress is impacted by persistent, multifaceted challenges. While these children with disabilities expressed resilience and hope, nearly one-third of them reported not experiencing equal treatment, and the older children, in particular, articulated a critical awareness of systemic shortcomings. These insights underscore the need for multidimensional, context-specific, and regional interventions.

An overwhelming majority of children were enthusiastic about attending school, driven by a genuine love of learning and the value of social interaction. Yet, the data reveals significant disparities in the quality and accessibility of education. Inadequate infrastructure and teaching methods, especially in rural areas, leave some students feeling isolated. Moreover, social and emotional barriers such as bullying, stigma, and systemic neglect highlight that inclusive education must extend beyond physical access to encompass emotional and social wellbeing. These educational challenges are directly linked to broader issues in rights realisation and future aspirations.

While 78% of respondents affirmed that all children should be treated equally, 1 in 5 disagree or are unsure, pointing to a stark disconnect between the idea of equality and their daily experiences. Many children with disabilities face unequal treatment both at school and at home, with 1 in 3 reporting discrimination. This disparity is especially pronounced in rural settings and among certain disability types, emphasising the need for targeted, context-specific interventions and robust awareness campaigns to bridge the gap between rights in principle and rights in practice.

Children with disabilities clearly prioritise emotional support, love and affection, over material resources or equipment, indicating that a nurturing home environment is key for their overall development and wellbeing. Alongside the essential role of emotional support, there remains a clear need for better provision of basic necessities to accommodate their unique challenges. While 89% of children report feeling happy at home, those who do not typically cite safety concerns and isolation, which are issues that affect nearly two-thirds of unhappy respondents. This is a troubling finding that requires urgent attention. These findings suggest that material and emotional supports must be integrated, alongside clear and robust safeguarding interventions, to ensure a holistic approach to supportive and happy home environments for children with disabilities.

Adverse weather conditions, intensified by climate change, exacerbate existing barriers by limiting access to essential services and safe transportation. Poor infrastructure and economic hardships during extreme weather not only impede school attendance but also affect access to healthcare, nutrition, and educational support. These challenges compound long-term disparities and highlight the critical need for resilient, accessible community planning that considers the unique needs of children with disabilities.

Despite these challenges, the children's hopes and dreams shine through with optimism and a call for transformation. Their aspirations, which range from immediate improvements in safety and inclusion to broader societal shifts, reveal a deep desire to see their voices shape policies and practices that affect their lives. This positive vision for the future, however, is balanced by a more critical perspective among older children who are increasingly aware of systemic barriers and evolving needs.

Concerns around safeguarding and support emerged consistently across multiple settings, with children with disabilities frequently citing issues of safety, isolation, and discrimination as critical barriers. The desire to feeling safe was a particularly strong theme when children with disabilities spoke about their hopes for the future. This emphasis on safety points to the critical need for stronger safeguarding measures across all environments, whether in schools, at home, or in public spaces.

Older children provided more nuanced and critical insights into systemic inequities, suggesting a need for longitudinal research to track how their experiences and aspirations evolve over time. Trends across age groups reveal key shifts: younger children focus more on play and socialisation, while older children become increasingly aware of accessibility barriers in education, unequal treatment, economic struggles, and limitations in their home environments. Their outlook on the future also tends to become more cautious, suggesting that lived experiences gradually erode early optimism.

Finally, the diversity of experiences across disability types, age groups, geographic locations, and cultural contexts underscores the necessity for tailored, context-specific interventions rather than one-size-fits-all approaches. Understanding these variations is crucial to designing policies and programs that genuinely address the unique needs of children with disabilities. Further data collection going deeper into each one of these areas individually and exploring the diversity of experiences would strengthen this evidence base and continue to intensify the voices of children with disabilities.

In summary, while children with disabilities in East and Southern Africa show remarkable resilience and a strong commitment to equality, the journey toward fully realising their rights remains challenging. Addressing these issues will require a coordinated, multi-sectoral response that includes tailored educational reforms, robust economic and social support, infrastructural improvements, and the active involvement of children in shaping policies. The survey's compelling evidence calls for targeted investments and sustained advocacy to transform these insights into lasting, meaningful change.

Key recommendations

The findings indicate clear avenues for both targeted intervention and further research. Below is a list of overall recommendations, with recommendations specific to the five sections of the survey detailed separately at the end of each section of parts one to five, under 'next steps'.

Programme funding and intervention priorities

- Invest in comprehensive safeguarding programmes and anti-bullying initiatives that address discrimination in schools and the community, ensuring that policies are not only in place but actively enforced.
- Prioritise funding for teacher training, curriculum adaptations, and accessibility improvements, particularly in rural areas where challenges are acute.
- Allocate resources to support family wellbeing initiatives, including counselling services and community programmes that enhance emotional and material support at home.
- Fund projects that integrate disability-inclusive practices into local disaster preparedness and community infrastructure to mitigate the effects of climate change.

Research gaps and future studies

- Conduct participatory qualitative research into each of these areas to further grow the evidence base and amplify the voices of children with disabilities.
- Expand the survey to include children with disabilities who are not enrolled in school and reach out to more children with disabilities not currently involved with Able Child Africa Network interventions, ensuring that a broader and more representative range of voices is captured.
- Undertake comparative studies across different disability types, regions, and socio-economic contexts to better understand the diversity of experiences and to fine-tune interventions accordingly.
- Evaluate existing programmes to determine which strategies are most effective in bridging the gap between policy ideals and lived experiences, particularly regarding safeguarding and inclusion.

References

1. UNICEF 2021: https://data.unicef.org/resources/children-with-disabilities-report-2021/
2. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities
3. https://www.ablechild.org.uk/wp-content/uploads/2024/06/Able-Child-Network-Model_UK-Version_FINAL.pdf
4. Accessible Surveys adapts to the individual needs and preference of the diversity of respondents, presenting questions in a range of ways that best suit the person answering the survey: https://accessiblesurveys.com/
5. The survey data pulled a larger variety of disability types than the data shown above as these were condensed into fewer categories to allow for simpler data analysis.
6. Other disabilities (number of respondents in brackets) included Epilepsy (5), Hydrocephalus (4), Sickle cell (2), Spina Bifida (2), Deafblind (1), Dyslexia (1), Sensory (1) as well as other – unlabelled (5)
7. Bad weather refers to extreme weather changes as a result of climate change, such as excessive rainfall, flooding, drought and heat waves

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