

THE IMPACT OF COVID-19 PANDEMIC ON PERSONS WITH DISABILITIES IN SOUTHERN AFRICA

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ABBREVIATIONS

ACCORD: African Centre for the Constructive Resolution of Disputes

FGDs: Focus Group Discussions

NGOs: Non-Governmental Organisations

PPEs: Personal Protective Equipment

OPDs: Organisations of Persons with Disabilities

SADC: Southern Africa Development Community

SAFOD: Southern Africa Federation of the Disabled

UNESCO: United Nations Educational, Scientific and Cultural Organization

WHO: World Health Organisation

FOREWORD

The impact of COVID-19 is perhaps more profound when viewed through the lens of persons with disabilities. The consequences are many and diverse and may vary from country to country and across the diversity of disabilities.

It has become evident that in the wake of the COVID-19 pandemic, governments worldwide have failed to protect the numerous rights of persons with disabilities. These include the rights to life, health, liberty, freedom from torture, ill-treatment, exploitation, violence, and abuse; the rights to independent living and inclusion in the community; and the right to inclusive education.

This report informs us that it is essential for responses to the COVID-19 pandemic to be adapted to the needs of diverse groups of persons with disabilities to ensure they adequately cater to their well-being. For example, for persons with psychosocial disabilities, total isolation in the quarantine may cause more harm to their health and well-being than the intended good.

Therefore, in the fight against COVID-19, it is fundamental to follow the motto of the United Nations Convention on the Right of Persons with Disabilities (UNCRPD): “Nothing about us, without us.” The slogan means that persons with disabilities should be involved in all processes and decisions made in the state. Persons with disabilities, through their representative organizations, are the ones who can better advise the political authorities to include the disability dimension in the prevention, mitigation, and monitoring plans related to this disease.

Let us fight the COVID-19 pandemic together. Persons with disabilities should not be left behind.

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EXECUTIVE SUMMARY

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. As part of preventive measures, many countries and cities across the globe closed schools, mandated restrictions on movement and gatherings.

Against this backdrop, this research sought to provide a broad understanding of diverse views and experiences of persons with disabilities in the wake of the COVID-19 pandemic in Southern Africa and draw specific recommendations on addressing the impact of the COVID-19 pandemic on persons with disabilities. SAFOD virtually conducted this research in Southern Africa Development Community (SADC) countries and physically documented community-level case studies in Lesotho, Namibia, and Botswana. Three qualitative data collection methods were used: interviews, focus group discussions (FGDs), and document analysis.

The findings confirm that the COVID-19 pandemic had merely amplified critical challenges that persons with disabilities were already facing before the pandemic emerged, such as worsening poverty, poor and inadequate social protection, rising unemployment, and poor access to services. Furthermore, the research confirms that disasters and emergencies often disproportionately impact the disability community, and the COVID-19 pandemic is no exception.

Despite the risks to COVID-19 infections among persons with disabilities, some COVID-19 national responses have rendered persons with disabilities to become worse off and more excluded. For instance, containment regulations in Lesotho, Botswana, and Namibia caused disruptions in the livelihoods of persons with disabilities; their primary sources of income mainly were piece jobs and small-scale businesses in the informal economy. Given the losses of employment and hours of work in the informal economy due to lockdown and other restrictions, incomes among persons with disabilities declined, thereby negatively affecting their ability to meet different household needs.

Secondly, the enforcement of some COVID-19 protocols in Botswana, Lesotho, and Namibia had not augured well with persons with disabilities. For instance, face masks became problematic for people with hearing loss who cannot lip read when their caregivers are covering their mouths with face masks. In addition, social distancing, isolation, and quarantine tended to be impractical for those with psychosocial disabilities who require physical contact and support from the caregivers daily. This research further highlights that confinement in homes during the COVID-19 pandemic increased the risk of various mental health problems among persons with disabilities.

Thirdly, the research found that access to information on the COVID-19 pandemic was a critical challenge among persons with disabilities, particularly those who require sign language, braille, or other accessible formats which were not available during the COVID-19 pandemic. Moreover, even television and radio messages on the COVID-19 pandemic tended to leave many persons with visual and hearing impairments. The COVID-19 pandemic had, therefore, shown glaring gaps in access to information as far as persons with disabilities were concerned.

Finally, regarding the trends on COVID-19 infections, fatalities, and vaccinations, the research found no such data on disability in Lesotho, Botswana, and Namibia, to allow disaggregation that would be important to shed light on the number of infections and fatalities among persons with disabilities. Moreover, no records indicated the extent to which duty-bearers had reached out to persons with disabilities in the ongoing COVID-19 vaccination campaigns.

Therefore, this study recommends that on one the one hand, the Organisations of Persons with Disabilities (OPDs) demand the inclusion of persons with disabilities in all platforms related to the national and regional responses to COVID-19. On the other hand, the governments in Southern Africa should implement human-centered recovery programmes that are broad-based, focusing on employment creation, cushioning of income, and protection of rights of persons with disabilities.

Furthermore, governments should develop comprehensive national strategies to effectively manage the COVID-19 pandemic among various categories of persons with disabilities from a human rights-based approach.

1.0 INTRODUCTION

This report hinges on the impacts of the COVID-19 pandemic on persons with disabilities in the SADC region generally, and specifically in Botswana, Lesotho, and Namibia. The report also provides insights into possible interventions to advocate for the rights of persons with disabilities in the wake of the COVID-19 pandemic. The research aimed to demonstrate how the COVID-19 pandemic and national responses to the COVID-19 pandemic have impacted the rights and livelihoods of persons with disabilities in Southern Africa.

This research is a qualitative study that involves three data collection methods: interviews, focus group discussions (FGDs), and document analysis. The selection method for participation in the study was based on purposive sampling. A total of 55 semi-structured interviews were conducted for the first round targeting persons with disabilities as follows: Botswana (26), Lesotho (14), Namibia (15).

The second round of 23 semi-structured interviews was further conducted with key informants from eight countries in Southern Africa as follows: Botswana (1), Eswatini (3), Malawi (4), Mauritius (3), Mozambique (4), South Africa (2), Zambia (5), and Zimbabwe (1). These key informants, such as leaders/officials from the OPDs and other non-governmental organisations (NGOs), were deemed to have relevant expertise and knowledge related to the aim of the study.

Finally, to draw insights from practical experiences and knowledge regarding how persons with disabilities can respond to each other's ideas and generate personal views, a total of 7 FGDs were conducted as follows: Botswana (3), Namibia (2), and Lesotho (2).

The third data collection method was document analysis, covering reports/papers by SAFOD, United Nations agencies, other organisations, and researchers.

1.2 Contextual background

COVID-19 pandemic emerged when the world was still grappling with systemic socio-economic problems. According to the International Labour Office (2018), as of 2018, there continued to be a disconnect between growth and employment in Africa. High unemployment and working poverty prevailed as significant obstacles to socio-economic development. Approximately 33.6 percent of all employed people were living in extreme poverty as of 2016. Thus on less than US\$1.90 per day, and an additional 30.1 percent in moderate poverty, i.e., between US\$1.90 and US\$3.10 per day (International Labour Office, 2017). This trend entails that before the COVID-19 pandemic, over 230 million Africans were already living in either extreme or moderate poverty (International Labour Office, 2017).

Regarding persons with disabilities, a study by the United Nations (2018) showed that vital services like rehabilitation services, vis-à-vis physiotherapy, and speech therapy were always unavailable for people who needed them. And that 28 percent of such people

in South Africa could not access such services. Therefore, it implies that before COVID-19, persons with disabilities were generally already facing challenges linked to poverty, unemployment, lack of resources, and poor services.

Disability does not necessarily entail automatic susceptibility to the COVID-19 pandemic. There are persons with disabilities who have survived the onslaughts of the COVID-19 pandemic (American Psychological Association, 2020). However, some persons with disabilities have underlying health complications that the COVID-19 pandemic can worsen. Since such individuals require continuous assistance to cope with their daily survival, they are potentially exposed to COVID-19 infection as they closely interact with their caregivers, without which they may not carry their daily routines (World Bank, 2020).

In addition, persons with disabilities often carry the label of “high risk” to COVID-19 infections; that label alone can be a source of stress and anxiety (Shakespeare et al., 2020).

The Centre for Disease Control and Prevention (2020) summarises types of disabilities and the associated risks as follows:

- 1) People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members;
- 2) People who have trouble understanding information or practicing preventive measures such as hand washing and social distancing;
- 3) People who may not be able to communicate symptoms of illness.

Figure 1: A caregiver helping a person with a physical disability



Source: SAFOD

Figure 1 above demonstrates how persons with disabilities are likely to be infected by the coronavirus as they rely continuously on support from their caregivers. Such interaction requires strict adherence to the COVID-19 preventive measures, which include practicing hygiene frequently. Failure to do so can result in uncontrolled coronavirus transmissions between caregivers and the persons with disabilities they are looking after.

However, for many people in Southern Africa, access to clean and running water remains one of the significant challenges. Thus, as is the case with many rural areas, it is almost impossible for people to strictly adhere to good hygiene and sanitation in the wake of the COVID-19 pandemic.

Furthermore, Shakespeare et al. (2021) discuss that the vulnerabilities of persons with disabilities during any outbreak emanate from their already marginalised status in society. Depending on the type of disability, persons with disabilities have been affected differently by the COVID-19 pandemic. For instance, people with hearing problems face challenges in accessing the information on the COVID-19 pandemic (Chalmers, 2020). In the modern era, digital spaces primarily transmit messages on COVID-19, which entails persons with disabilities and their families must have access to television, electricity, the Internet, and sign language interpretations.

The author further notes that even among those with access to televisions, it is still a challenge for people with both visual and hearing problems as there is sometimes no provision for sub-titles.

According to McKinney et al., 2020, at the initial stages of the COVID-19 pandemic, in some Southern African countries, essential needs for persons with disabilities, such as the interpretation of the health services through the interpreters, were not treated as critical, leaving some persons with disabilities at the risk of being infected. A study conducted by Ned et al. (2020) reveals that persons with disabilities require transport to access medical facilities. Specifically, it remains risky for those who rely on public transport as they can easily fall prey to the COVID-19 infection. The same study further indicates that some persons with disabilities cannot get their medication on time during strict lockdowns.

A study conducted by a consortium of partners led by Leonard Cheshire (2020) reports that due to the COVID-19 pandemic, about 68 percent of persons with disabilities in Kenya could not work, while 65 percent felt insecurity in their current jobs.

ACCORD (2020) demonstrates that some persons with disabilities rely on the socio-economic support of their families daily. The loss of jobs that accompanied business closures to limit the spread of the coronavirus meant some family members lost sources of income which directly affected those who relied on them financially. For example, UNESCO (2021) reports that due to lockdowns and loss of employment for many people in countries like Malawi, the proportion of people with disabilities who had three meals before the pandemic declined from 40% to 13%. Furthermore, the same study shows that for those who used to have just one meal per day, such people increased from 5% to 27%. This development, therefore, indicates the decline in food security among persons with disabilities in the wake of the COVID-19 pandemic.

Likewise, the lack of social insurance in many counties in the region meant persons with disabilities could not get state assistance during the dire periods of strict lockdowns. A policy brief by the United Nations (2020) states that globally, only 28% of persons with disabilities had access to disability benefits, out of whom only 1% came from low-income countries.

Based on this background, it is evident that persons with disabilities are confronted with limited access and, in some instances, no access to social protection.

Reports further highlight the increase in domestic violence on vulnerable groups due to confinement in one place. Some studies single out women and persons with disabilities as those impacted mainly by the COVID-19 pandemic.

In Zimbabwe, an assessment report by UNESCO (2020) discovered that 19.1% of respondents with disabilities reported having experienced some form of gender-based violence during the lockdown. Furthermore, during lockdowns, pupils with intellectual disabilities, especially those in schools, were left behind as some countries transitioned to online learning. The development placed a burden on their families to take over from where the schools left. Chalmers (2020) asserts that such exclusion deprives pupils of professional help from trained teachers and denies them the stimulation therapy they desperately need to cope with their studies.

In summary, Shakespeare et al. (2021) identify the following as key challenges that persons with disabilities face in the wake of the COVID-19 pandemic:

- 1) Barriers to inclusion of persons with disabilities in the COVID-19 response;
- 2) Failure to ensure the safety of persons with disabilities in congregate living or health facilities;
- 3) Failure to ensure access for persons with disabilities to food deliveries, Internet, COVID-19 testing and water, sanitation, and hygiene facilities;
- 4) Failure to give relevant persons with disabilities or their families or support workers evidence-based priority for COVID-19 vaccination or COVID-19 treatment where required;
- 5) Lack of or inadequate support for persons with disabilities living alone or where family members or support workers are self-isolating or affected by COVID-19;
- 6) Unclear public health messaging or lack of accessible messaging;
- 7) Postponement of required medical treatment, including rehabilitation.

2.0 RESULTS & KEY FINDINGS

Figure 2: A data collection assistant (left) in Namibia with one of the respondents during the survey



Source: SAFOD

This section presents the results and key findings of the study. The results and findings confirm the global impact of the COVID-19 pandemic on persons with disabilities, as discussed in Section 1.

Firstly, this section provides a general overview of the impact of COVID-19 on persons with disabilities in Southern Africa, followed by discussions along with the following themes: knowledge about COVID-19 pandemic, COVID-19 infections, the impact of COVID-19 and COVID-19 protocols on persons with disabilities.

Secondly, this section discusses the inclusivity of persons with disabilities in the ongoing COVID-19 responses by governments. In addition, it also explores how the COVID-19 pandemic has also impacted OPDs.

Finally, the section highlights the possible ways of support as suggested by persons with disabilities themselves.

2.1. General Overview

The study reveals that most of the persons with disabilities in the countries targeted by this research who have a source of income operate in the informal economy. Thus, they identify themselves as vendors and other traders without fixed location, small artisans in the clothing industry, carpentry sectors, and personal services, including catering, hairdressing and beauty salons, domestic work, and farm work.

The International Labour Organisation (2020a) has revealed that in Africa, millions of such workers in the informal economy are susceptible to exposure and severe infection of COVID-19. The International Labour Organisation (2020b) reports that risks to COVID-19 infection arise from poor working and living conditions for those who work in the informal economy. More particularly, germs, health hazards, and high proximity to others expose workers in the informal economy to increased risks of COVID-19 infections.

The informal economy in Southern Africa has been negatively impacted by the COVID-19 pandemic through loss of working hours and jobs, thereby leading to huge declines in earnings among the workers, some of whom are persons with disabilities. The International Labour Office (2020b) estimated that in Africa, the COVID-19 pandemic significantly impacted 325 million informal economy workers by April 2020, representing 83 percent of the total number of workers.

More particularly, persons with disabilities cannot protect themselves from infection or seek treatment, owing to the lack of information about COVID-19 in accessible formats. For instance, the information circulated by governments on how to prevent COVID-19 infections and what to do in case of illness is not readily available in sign languages, video captioning, alternative texts in images, and graphics understood by persons with disabilities (United Nations, 2020a). For this reason, persons with disabilities, the majority of whom are workers in the informal economy, became disproportionately vulnerable to COVID-19 infections and impacts in Southern Africa and beyond.

2.2 Knowledge about COVID-19 pandemic

The results show that the respondents generally had basic knowledge about the COVID-19 pandemic. They demonstrated some understanding of how it spreads and the preventive measures at the national level to contain COVID-19 infections. Examples of such preventive measures for which they expressed basic knowledge include frequent hand washing, using hand sanitizers, wearing face masks in public spaces, and maintaining social distancing of at least one metre.

“Information flow on the COVID-19 pandemic from the government to the grassroots has neglected people with visual impairments. There are no information and communication materials specifically designed for them.”

Respondent during an FGD in Lesotho

However, some respondents during the FGDs in Lesotho, Botswana, and Namibia indicated that for other categories of persons with disabilities, information on preventing and containing the coronavirus was not readily accessible. For instance, they cited the persons with visual and hearing impairments as examples of categories of disabilities for which information was not available in sign language and other accessible means, modes, and formats.

Table 1: Knowledge about COVID-19

Knowledge	Frequency	Percent
Knows about COVID-19	1	2.3%
Knows about COVID-19 and the dangers that it brings	1	2.3%
Knows about COVID-19 and spreads from one person to another	1	2.3%
An infected person can easily pass the virus when coughing if the mask is not on	1	2.3%
Frequently wash hands and COVID-19 has the same symptoms as flu	1	2.3%
Frequently use sanitizers and sit 1m apart from each other	1	2.3%
Failure to put on a mask when contacting an infected person can lead to the spread of COVID-19	1	2.3%
COVID-19 spreads mysteriously and is deadly	1	2.3%
COVID-19 spreads if one makes unnecessary movements without putting on masks	2	4.7%
COVID-19 spreads easily in crowded places	1	2.3%
COVID-19 kills, therefore, comply with COVID-19 protocols	4	9.3%
COVID-19 kills by affecting the lungs, which lead to difficulty in breathing	1	2.3%
COVID-19 is ruthless, causes trauma and harm	1	2.3%
Covid-19 is dangerous, wear masks and comply with COVID-19 protocols	3	7.0%

COVID-19 is dangerous and spreads through contact with an infected person	1	2.3%
COVID-19 is dangerous and affects the respiratory system	2	4.7%
COVID-19 is an airborne disease and spreads by coughing, saliva, and inadequate hygiene	3	7.0%
COVID-19 is airborne and spreads through the mouth, nose, and eyes	2	4.7%
COVID-19 is airborne and spreads through contact with an infected person	2	4.7%
COVID-19 has no cure and comply with COVID-19 protocols	1	2.3%
COVID-19 has brought stagnation to the world	1	2.3%
Coughing is a sign of COVID-19	1	2.3%
Comply with COVID-19 protocols	6	14.0%
Wear masks and maintain social distancing	1	2.3%
Do not know	3	7.0%
Total	43	100.0%

2.3 COVID-19 infections

Most respondents generally believed that one’s disability status exposes them more to the COVID-19 infection than those without disabilities. Examples were cited of persons with severe forms of disabilities, such as those with a lot of difficulties walking or climbing steps, seeing, or hearing as being more exposed to the risk of COVID-19 infection mainly because they need assistance from other people in their daily life.

Quite often, the COVID-19 status of the caregivers is unknown hence posing a risk of COVID-19 infection to persons with disabilities to whom they render care services.

“As a visually impaired person, you would sometimes get upset when people rebuke you for being physically close with your caregiver in this time of COVID-19.”

A respondent during FGD in Namibia

The interviews with key informants also showed that the available data on the spread of coronavirus, fatalities, and vaccines were not disaggregated by disability. Thus, from the onset, the lack of disaggregated data posed a challenge in determining the number of persons with disabilities infected by or succumbed to the COVID-19 pandemic.

It, therefore, poses a risk of neglecting disability-specific interventions when drawing national responses on the COVID-19 pandemic.

2.4. Impact of COVID-19 on persons with disabilities

The respondents highlighted that persons with disabilities lost jobs due to lockdowns, while others stated their small-scale businesses were negatively affected. Due to the

decline of income following job losses and business disruptions, the respondents highlighted that they eventually struggled to cater to their household needs like food.

Table 2: Impact of COVID-19 on people with disabilities

Impact	Frequency	Percent
The visually impaired were left out from the first lockdown	1	1.1%
Unplanned increased expenditure	1	1.1%
Those assisting us do not know our rights	1	1.1%
Their assistants may infect them	1	1.1%
They know about their rights	1	1.1%
They have not been negatively impacted	2	2.3%
They are affected by poverty	1	1.1%
There is stigma and discrimination from the society	1	1.1%
The rights are not exercised	1	1.1%
The rights are affected	2	2.3%
The impact of COVID-19 is the same on all humans	2	2.3%
The assistants no longer assist disabled	1	1.1%
Suffering from poverty, stress and depression	1	1.1%
Social distancing affects the mental health	2	2.3%
Recreational activities stopped	1	1.1%
Persons with disabilities need their assistants	11	12.6%
Not properly sensitised	1	1.1%
No resources to sustain persons with disabilities	1	1.1%
Negatively affected education and businesses	1	1.1%
Negatively affected by social distancing	5	5.7%
Negatively affected businesses	12	13.8%
Movement from one place to another is affected	2	2.3%
Losing jobs and dependents	1	1.1%
Left unemployed by the employers	14	16.1%
Increasingly dependent on social protection	1	1.1%
Impacted by covid-19 in many ways	3	3.4%
High risk of being infected by COVID-19	1	1.1%
Ensuring that COVID-19 protocols are obeyed	1	1.1%
Discrimination from the society	1	1.1%
Disabled persons succumb to COVID-19	2	2.3%
COVID-19 regulations are not inclusive	1	1.1%
Correct information about COVID-19 does not reach those with hearing impairment	2	2.3%
Affected education schedule	4	4.6%
Affected by anxiety and depression	1	1.1%
Do not know	3	3.4%
Total	87	100.0%

Another way the COVID-19 pandemic affected persons with disabilities was because children with disabilities, particularly those with visual impairment, lagged because they could not continue learning from home as the facilities were not available.

“Learning among the special-needs learners came to a halt during the lockdowns.... Learning could not continue online from home.”

A respondent during an FGD in Namibia

The situation contributed to the exclusion of many young people with disabilities since educational materials were not in accessible formats. Furthermore, they did not have access to relevant school-based assistive technology when they stayed home amidst lockdowns.

The adverse effects discussed in this sub-section ultimately culminated in the worsening of poverty and emergence of stress, anxiety, and other mental health problems, mainly due to increased isolation and uncertainty or fear about the COVID-19 pandemic.

“The regulation requiring us to stay at home to prevent the spread of the pandemic affected us mentally, mainly when one lost a means of earning income... during this time of COVID, some of us have been going through mental health problems.”

A respondent during an FGD in Namibia

Some respondents further reported that visually impaired people suffered more because of the curfews, which meant that at certain times, their caregivers would have to leave them much earlier in instances where they did not stay in the same place.

2.5. COVID-19 protocols

The respondents indicated that persons with disabilities continue to be negatively affected by COVID-19 protocols, as shown in Table 3 below.

Table 3: Whether COVID-19 protocols affect the rights of persons with disabilities

Impacts of COVID-19 protocols	Frequency	Percent
Visually impaired are affected as they cannot social distance	1	1.5%
Restriction of movement has affected persons with disabilities	2	3.0%
Some persons with intellectual disabilities drink sanitizers	1	1.5%
Persons with disabilities are not taken care of by the government	1	1.5%
Persons with disabilities are not informed about the COVID-19 protocols	1	1.5%
Persons with disabilities are not affected	11	16.7%
Persons with disabilities are affected	38	57.6%
Not easy for persons with disabilities to observe protocols	1	1.5%

It has affected even those without disabilities	1	1.5%
Businesses are affected because of adherence to social distancing	2	3.0%
All categories of disability are affected	1	1.5%
Do not know	6	9.1%
Total	66	100.0%

Most of the participants (57.6%) responded that persons with disabilities were affected, while 16.7% believed that persons with disabilities were not affected. Those who stated that persons with disabilities were affected cited the following reasons, among others: persons with disabilities needed personal assistance, and others could not lead everyday lives with social distancing; people with disabilities did not enjoy the right to participate fully and effectively in planning and making decisions that affect their lives; most persons with disabilities did not have access to communication, health services, mobility, and other essentials.

“The use of masks has disadvantaged those with hearing impairment, especially those who rely on lip-reading. They no longer can understand those who cannot communicate with sign language to know what they are saying.”

A respondent during an FGD in Botswana

The respondents also highlighted that it was difficult for persons with specific disabilities to practice social distancing, particularly those who depend on being helped by others in their everyday lives, such as people using wheelchairs, the visually impaired, and those with hearing impairment. Social distancing for such persons is difficult because they constantly need the services of personal assistants or relatives.

“Persons with disabilities find it difficult to social distance themselves, and others cannot move alone... the government must adjust these regulations to make them more disability friendly.”

A respondent during an FGD in Botswana

Mandatory isolation and quarantine involve separating individuals from their loved ones, regular activities, and routines for infection prevention. However, for persons with psychosocial disabilities, total isolation and quarantine after testing positive for COVID-19 or following close contact with someone infected by COVID-19 may not practically work. Such people constantly require psychosocial support from caregivers daily. Instead, isolation and quarantine may have devastating consequences for people with psychosocial disabilities.

Furthermore, the key informants highlighted that governments in Botswana, Lesotho, and Namibia did not provide some categories of persons with disabilities or their families or support workers evidence-based priority for COVID-19 vaccinations or COVID-19 treatment where required.

2.6. Impact of COVID-19 on OPDs

The COVID-19 pandemic negatively affected Organisations of Persons with Disabilities (OPDs) as planned activities had been put on hold or cancelled altogether during the lockdowns. In some instances, the offices of OPDs remained closed; hence persons with disabilities could not access services from these organisations.

“The day-to-day operations of OPDs have been affected in the sense that they no longer hold meetings... Holding frequent meetings has stopped because the authorities have introduced regulations that significantly reduce the number of people who can gather in one place and the duration of such gatherings.”

A respondent during an FGD in Botswana

The national and regional OPDs resorted to connecting with fellow workers, persons with disabilities, and other stakeholders through online platforms. However, though virtual activities have been possible, the cost of data (Internet) and poor connectivity have been a stumbling block for some OPDs in Botswana, Lesotho, and Namibia to undertake online activities.

Table 4: Impact of COVID-19 on organizations representing persons with disabilities

Impacts COVID-19 pandemic	Frequency	Percent
Visiting offices for persons with disabilities is limited	1	2.0%
Slowed down the daily operations of NGO's	1	2.0%
Programmes are not progressing as scheduled	1	2.0%
Operations were affected	10	19.6%
Operations are not affected	1	2.0%
Not aware of any disability organization	7	13.7%
No longer hold meetings with the members	10	19.6%
Mental health is affected	1	2.0%
Meetings are no longer held, and they cannot be conducted visually	1	2.0%
Lack of access to funding posed by COVID-19	3	5.9%
Do not know	14	27.5%
Both individuals and organizations are affected	1	2.0%
Total	51	100.0%

In the wake of the COVID-19 pandemic, most international cooperating partners have drastically cut financial and material support to most OPDs. This development has negatively affected the services and operations of the OPDs.

2.7. Government responses on COVID-19 pandemic

Besides the lockdowns and other restriction measures on COVID-19, the governments in Southern Africa have also been implementing a range of economic and social policy responses to support businesses, protect workers, and cushion other vulnerable groups in the population. These policy responses by governments have varied from country to country, as shown in Table 5 below.

Table 5: Monetary & fiscal policy measures on COVID-19 pandemic in Southern Africa

Monetary & fiscal policy measures	Countries
Removal of income tax for low-income earners	Botswana
Refund of VAT to small-medium scale enterprises	Mozambique.
Reduction of taxes like VAT for specific services/commodities and corporate taxes	Mozambique.
Distribution of food items and other basic needs to the poor	South Africa, Angola, Botswana.
Implementation of wage subsidy schemes	Botswana, Namibia.
Reduction in bank rate, waiver of penalties, rescheduling of loan repayments	Botswana.
Extension of deadline to file and pay the corporate income tax	South Africa, Namibia, Angola, Malawi.
Subsidies on public utilities such as water	Namibia.

Source: SATUCC (2020) and ITUC-Africa (2020).

The respondents stated that persons with disabilities were never included in COVID-19 responses at the national and regional levels.

“...we are not included in national responses on the COVID-19 pandemic; we are only included in paperwork when they need information for their records but not to attend to our daily needs.”

A respondent during FGD in Namibia

The respondents further indicated that while persons with disabilities are mentioned in policy responses on the COVID-19 pandemic at the national level, no specific interventions target persons with particular types of disabilities. For instance, respondents in Lesotho, Botswana, and Namibia, indicated that social protection interventions implemented by the government during the COVID-19 pandemic excluded some persons with disabilities who also greatly needed the support.

“I also used to get the food basket from the government, but later they removed me from the list of beneficiaries during an assessment by social workers, who told me that my wife would take care of me.”

A respondent during FGD in Botswana

2.8. Required support

The following is the consolidated list of the support the respondents indicated that the persons with disabilities required in the wake of the COVID-19 pandemic:

- 1) Introduce systematic identification of vulnerable persons with disabilities and their unique needs during the COVID-19 pandemic.
- 2) Ensure the following to all categories of persons with disabilities:
 - a. Provision of loans for them to start or stimulate their small-scale businesses
 - b. Imparting skills training in various areas depending on their talents.
 - c. Provision of Personal Protective Equipment (PPEs).
 - d. Make awareness messages on the COVID-19 pandemic available in accessible formats to all persons with disabilities.
 - e. Ensure availability of assistive devices and sign language interpretation to those who require such.
 - f. Provision of relief items, wage subsidies, and cash grants to cushion them from the devastating impacts of the COVID-19 pandemic.
 - g. Ensure their representation in the national COVID-19 response platforms.

3.0 CONCLUSION & RECOMMENDATIONS

This study has highlighted that the COVID-19 pandemic has negatively affected the livelihoods of persons with disabilities and the operations OPDs. Income levels declined during the COVID-19 pandemic because employment opportunities, including piece jobs, had decreased.

For instance, persons with disabilities were no longer actively involved in income-generating activities in the informal economy. The lockdowns and other COVID-19 restrictions disrupted their income earnings.

Another challenge the persons with disabilities continued to face in the wake of the COVID-19 pandemic was that the format for disseminating information on the COVID-19 pandemic was, in most instances, not accessible to persons with various types of disabilities, especially for persons with hearing, visual and intellectual impairment.

The COVID-19 protocols did not augur well with specific groups of persons with disabilities to a certain extent. For instance, people with hearing impairment who relied on lip-reading felt short-changed, as wearing masks impeded effective communication as far as they were concerned.

In this context, to address the challenges faced by persons with disabilities in the wake of the COVID-19 pandemic, OPDs in collaboration with governments, cooperating partners, and other stakeholders should consider the following recommendations:

3.1 Recommendations for OPDs

1. Intensify awareness among persons with disabilities and their families on COVID-19 pandemic: signs and symptoms of COVID-19, its causes and how to prevent them by, for example, using sign language and other accessible means, modes, and formats that persons with disabilities understand;
2. Engage governments on policies that promote sustained growth and increased employment, adoption of new technologies, ensuring that persons with disabilities possess appropriate skills to transition from the informal economy to the formal economy;
3. Demand for the inclusion of persons with disabilities in all platforms that relate to the national, regional, continental, and global responses to COVID-19 pandemic;
4. Collaborate with development partners and CSOs to provide food and other relief items to persons with disabilities in need of such support in an accessible manner.

“The government should revise a policy that states that a person with a disability whose caregiver is engaged in an economic generating activity shouldn’t receive the state’s exceptional support meant for all vulnerable groups.”

A respondent during FGD in Botswana

3.2 Recommendations for Governments

1. Build citizens' resilience to withstand, adapt to, and recover from natural disasters, pandemics, and major economic crises. They can achieve this by, among others, diversifying the export structure for increased export earnings and strengthening social protection systems, vis-à-vis pensions, benefits, access to health care, just to mention a few.

Furthermore, in addressing these challenges, the governments should ensure the following two-thronged approach:

- a. They support a human-centered recovery from the COVID-19 pandemic that is broad-based, focusing on employment creation, cushioning of income, and protection of rights of persons with disabilities.
 - b. They implement recovery strategies that promote a transition to more inclusive, resilient, and sustainable jobs for all.
2. Develop a comprehensive strategy detailing how the COVID-19 pandemic would best be managed among persons with disabilities;
 3. Make available hand sanitizers, facemasks, face shields, and other COVID-19 preventive measures to vulnerable persons with disabilities free of charge. This should include procurement and distribution of transparent facemasks to persons with deaf/hearing impairment who rely on lip-reading;
 4. Provide accessible learning materials to pupils with various types of disabilities to help them to continue learning during the COVID-19 pandemic.
 5. Ensure all-inclusive and gender-responsive social protection facilities that address the distinctive realities and needs of persons with disabilities and their families during the COVID-19 pandemic, including, for example, the cash transfer programmes.

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5.0 APPENDIX: Interview Guide

For one-on-one interview, enter the respondent's biographical info in the Table below

NAME (Optional)	
AGE	
GENDER	
TYPE OF DISABILITY*	
EMPLOYMENT STATUS*	

1. What do you know about Covid 19?
(Potential follow-up question: how does it spreads from one person to another?)
2. How are people with disabilities impacted by covid 19?
3. How are rights of persons with disabilities affected by COVID-19 pandemic?
(Potential follow-up question: What harms are being caused by the responses to COVID-19 with regards to the rights of persons with disabilities? Which categories of persons with disabilities? Why?)
4. How has the COVID-19 pandemic affected the operations of organizations representing persons with disabilities?
5. Are you aware of any longer-term measures being applied in some countries (income replacement, retraining etc.) to address the impacts of the pandemic on persons with disabilities? If yes, explain.
6. To what extent are persons with disabilities included in COVID-19 responses at national and regional level?
(Potential follow-up questions: How satisfied are you?)
7. Do you know Disability Person's Organizations in your area?
(Potential follow-up questions: What solidarity actions are organizations representing persons with disabilities /civil society taking to provide support or how are they responding? How satisfied are you with their responses?)
8. Do Covid 19 responses/ protocols affect the rights of persons with disabilities? How?
9. What initiatives can communities come up with to support people with disabilities?

10. What are the government's efforts are you aware of in response to the impact of Covid-19 on persons with disabilities?
11. What recommendations do you suggest regarding addressing challenges associated with COVID-19 persons with disabilities?
(Potential follow-up questions: outline specific recommendations for the government, for civil society, for DPOs, etc.)
12. What opportunities can people with disability leverage from covid-19 pandemic?
(Potential follow-up questions: explore different contexts e.g., economic empowerment, etc)

NOTES:

- (a) Potential follow-up questions can either be asked or not asked depending on how the respondent(s) has/have articulated the main question (theme).*
- (b) More probing questions not listed in this guide are encouraged, so long such questions are within the theme(s).*
- (c) If a question has already substantively addressed above, no need to repeat it.*
- (d) Feel free to rephrase any question in a way that makes more sense to both interviewer and respondent, depending on the context.*

***Examples of Disability Types:**

1. Physical Impairments
2. Spinal Cord Disability
3. Vision Disability
4. Cognitive/Learning
5. Hearing Disability
6. Invisible Disabilities
7. Brain Disability
8. Psychological Disorders
9. Other (specify)

***Examples Employment Status:**

1. Employed
2. Self-employed
3. Unemployed
4. Employed & self-employed



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