



Inclusive Futures

Promoting disability inclusion

“This time of corona has been hard”- people with disabilities’ experiences of the COVID-19 pandemic in Kenya

A qualitative study undertaken as part of the Inclusion Works programme



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Easy read executive summary

- We asked 10 people with disabilities in Kenya to tell us about their lives during the COVID-19 pandemic. They had different types of disabilities such as intellectual, psychosocial, physical, and visual disabilities. We wanted to talk to them as they are not often asked about their lives.

What we found out

- The COVID-19 outbreak has made life worse for many people with disabilities as well as lots of other people.
- To stay safe from COVID-19 people were told to stay at home, which is called a lockdown. This meant people with disabilities and their families lost their jobs and could not pay for enough food and medicine. This made them very sad and worried.
- They managed by getting money or food from their other family members or friends, or by using the money they had saved, moving back to rural areas to grow food or by borrowing money. It was hard to help other people because everyone was having a hard time.
- Some people also got a little bit of help from the government, organisations of people with disabilities, or charities. But many people did not get any help from them. There were lots of problems with this support because many people with disabilities were not on the list of people who got money. Sometimes the money they were supposed to get did not reach them.

- People with visual disabilities use touch to understand the world. But during the COVID-19 outbreak touching things can be unsafe as the virus which makes you sick may be on things. People did not want to help them by touching them. This meant it was more difficult for them to get around and be independent.
- Not being able to meet other people who normally supported them was very hard for people with psychosocial disabilities.
- COVID-19 has changed how everyone lives. This was a shock for many people and made them unsure about what would happen to them and their families. Staying at home all the time made people unhappy. Not having enough money caused conflict in families. People felt scared and hopeless - like there was nothing they could do to make things better.
- After a while it was safer to leave home again. This meant some people got their jobs back and they felt happier as they had money to pay for things like food again. Other people were happy because they got used to how things are now and were less scared.
- But some people still did not have work or money to buy food and they were still sad and worried.
- It is important that the government and other organisations help people with disabilities during the COVID-19 outbreak. They should ask people with disabilities about what they need and how this help should be given to them.

Executive summary

The COVID-19 pandemic is deepening pre-existing inequalities. Emerging research suggests that people with disabilities across the world have experienced various rights violations and been disproportionately affected by the health, economic and social impacts of the COVID-19 pandemic and the responses to it.

The aim of this research was to explore how people with disabilities, who often are excluded from research, have experienced the evolving COVID-19 pandemic in Kenya. To better understand how it has affected jobseekers with disabilities, in-depth qualitative research was conducted in Kenya as part of the Inclusion Works programme.

Methodology

A narrative interviewing approach was selected. Telling stories is a natural and universal form of communication and enables participants to make sense of their experiences and focus on what matters to them. Each participant was given the opportunity to take part in two interviews, a few months apart. This enabled participants to feel more comfortable in sharing their experiences and indicated how these changed as the pandemic progressed. Participants were recruited with the help of organisations of people with disabilities (OPDs) and Sightsavers. Three of the 10 participants had intellectual impairments, three had psychosocial impairments, three had physical impairments, and one had a visual impairment. To remain safe during the pandemic, the interviews were conducted online or by phone, with reimbursement for data costs and support with technology. Participants' access and communication support needs were also met. Thematic analysis was conducted online by the IDS team and in-country researchers.

Findings

“Corona came and it changed everything.” (woman with physical impairment)

“Life has shifted. No money. It has been a struggle.” (woman with visual impairment)

The participants with disabilities and their families in Kenya experienced major negative economic impacts due to lockdowns and other pandemic restrictions and descended into (deeper) poverty as they or those they were dependant on lost their jobs, businesses, or other income. Interviewees reported reduced food consumption and hunger as they could no longer afford regular meals, and some feared they and their families would starve. Increased food and transport costs during the pandemic made things more difficult. People also struggled to afford rent, medical and communication costs. This financial crisis caused the interviewees and their families significant stress and mental pressure as they struggled to meet their needs. The loss of income and roles as breadwinners caused family tensions, and in some cases, increased gender-based violence was observed in the community. To survive during the worst of the pandemic and lockdown, many interviewees relied on financial support from external family members or friends, used up their savings or business capital, agreed to long-term payment plans, took out loans, or moved back to rural areas where they could live off the land. However, not everyone had access to these financial

coping strategies, and family and friends were often going through the same difficulties and struggled to help each other.

Many people with disabilities did not receive any assistance from any formal sources, with serious consequences. Government social protection assistance, which was a mix of existing social protection programmes and COVID-19 specific assistance, was not provided to many people with disabilities during the pandemic. Issues with the assistance included people with disabilities not being included amongst the list of beneficiaries; beneficiary lists being limited in ways that are not transparent or understandable; money not arriving when it was supposed to; insufficient amounts; differing amounts in different locations; labour programmes (cash for work) being inaccessible; and assistance going to caregivers rather than to people with disabilities themselves. Some of these issues were pre-existing and some emerged and intensified during the pandemic. The issues have led to confusions and concerns about corruption and disability discrimination. In consequence, Non-Government Organisations (NGOs) and in particular organisations of persons with disabilities were found to play an important role in supporting some people with disabilities to cope. They provided both emotional and practical support. However, some of these organisations struggled with lack of funds to do this work. This meant some people with disabilities expressed disappointment with how little organisations for or of people with disabilities did to support them and others during this time.

Access to healthcare was an issue for some people with disabilities. The lack of protective equipment made some doctors reluctant to treat patients with disabilities. Medicine ran out in some places, making it hard for some people with disabilities to access the medicine they needed to treat their condition. Some clinics used by people with psychosocial disabilities were closed during the pandemic which led some of them to relapse.

The pandemic has been particularly challenging for people with visual impairments, due to their reliance on touch, which is discouraged to reduce the spread of the virus. Before the pandemic they may have been given assistance by others, but this was much less likely now as people are worried about contact with strangers whose infection status is unknown. People with psychosocial disabilities were also particularly affected as social and physical distancing meant they were unable to rely on their usual support networks in the same way. In addition, having an invisible disability made things more challenging - if they were unable to follow the restrictions the authorities may be less tolerant about unintentional violations. The barrage of misinformation and scaremongering was also confusing for some of them. There were also concerns about the increase in sexual abuse of girls with disabilities during the pandemic.

The abrupt suspension of the 'old normal', the dramatic life changes, and the need to adapt meant that many participants experienced intense shock and fear as their usual life was completely disrupted. The loss of stability of usual lives resulted in disorientation and uncertainty about what would happen to them and their families, while the restrictions meant that life was lonely. People's usual support structures were affected which made it harder for them to cope. People felt hopeless, helpless and depressed in the worst times of the crisis. Some people found comfort in religion and trusting God to get them through the situation.

As restrictions eased and interviewees or their families were able to find work, life for some participants improved as they were able to meet some of their family's immediate needs.

Others also felt happier and more hopeful as they were less worried about COVID-19. However, many were unable to find work as restrictions lifted, and were still struggling to survive or thrive. Whilst the acute distress changed over time as people adjusted to the situation, the pandemic is not over, and so the uncertainty and difficulties continue.

Conclusion

The COVID-19 pandemic and government responses to it have had devastating and life-changing detrimental effects on people with disabilities. Disability inclusive approaches to the pandemic must be developed together with people with disabilities to ensure that the rights and fundamental freedoms of all persons with disabilities can be realised without discrimination of any kind on the basis of disability.

Muhtasari mkuu – Kiswahili Rahisi Kusoma

- Tuliwaomba watu 10 wenye ulemavu nchini Kenya watuambie kuhusu maisha yao kipindi cha gonjwa-tandavu la COVID-19. Walikuwa na aina tofauti za ulemavu kama vile ulemavu wa akili, ulemavu wa afya ya akili, ulemavu wa viungo, na ulemavu wa kutoona. Tulitaka kuongea nao kwa kuwa huwa hawaulizwi mara kwa mara kuhusu maisha yao.

Tulichokigundua

- Janga la COVID-19 limefanya maisha kuwa magumu zaidi kwa watu wenye ulemavu pamoja na watu wengine wengi.
- Ili wajikinge na COVID-19 watu waliambiwa wakae nyumbani, jambo linalofahamika kama 'lockdown'. Hii ilimaanisha watu wenye ulemavu na familia zao walipoteza kazi zao na hawakuweza kulipia chakula na dawa za kutosha. Jambo hili liliwafanya wawe na huzuni na wasiwasi sana.
- Walijikimu kwa kupewa pesa au chakula na wanafamilia wengine au marafiki, au kwa kutumia pesa waliyoweka akiba, kwa kurudi kijijini na kulima ili wapate chakula au kwa kukopa pesa. Ilikuwa vigumu kuwasaidia watu wengine kwa sababu kila mtu alikuwa na wakati mgumu.
- Baadhi ya watu pia walipata msaada mdogo kutoka kwa serikali, mashirika ya watu wenye ulemavu, au mashirika ya hisani. Lakini watu wengi hawakupata msaada wowote kutoka kwao. Kulikuwa na matatizo mengi katika usaidizi huu kwa sababu watu wengi wenye ulemavu hawakuwepo kwenye orodha ya watu waliopata fedha. Wakati mwingine pesa waliyopaswa kupewa haikuwafikia.

- Watu wenye ulemavu wa kutoona wanatumia mguso kuielewa dunia. Lakini katika kipindi cha janga la COVID-19 kugusa vitu ilikuwa si salama kwa kuwa virusi vya maambukizi vinaweza kuwa kwenye vitu. Watu hawakutaka kuwasaidia kwa njia ya kuwagusa. Hii ilimaanisha ilikuwa vigumu zaidi kwao kutoka sehemu moja kwenda nyingine na kujitegemea.
- Kutoweza kukutana na watu ambao kwa kawaida huwa wanawasaidia ilikuwa jambo gumu sana kwa watu wenye ulemavu wa afya ya akili.
- COVID-19 imebadili jinsi kila mtu anavyoishi. Hii iliwashtua watu wengi na kuwafanya wakose uhakika kuhusu mustakabali wao na familia zao. Kuka nyumbani wakati wote kuliwafanya watu wakose furaha. Kutokuwa na fedha za kutosha ilisababisha migogoro katika familia. Watu waliingiwa na hofu na kupoteza matumaini – kana kwamba hakukuwa na chochote walichoweza kukifanya ili kurekebisha mambo.
- Baada ya muda ikawa salama kutoka tena nyumbani. Hii ilimaanisha baadhi ya watu walirejea kazini na kufurahi kwa sababu walipata tena pesa ya kulipia vitu kama chakula. Baadhi ya watu walikuwa na furaha kwa sababu walikuwa wamezoea jinsi mambo yalivyo sasa na hawakuwa na hofu sana.
- Lakini baadhi ya watu bado hawakuwa na kazi au pesa ya kununua chakula na bado walijawa huzuni na wasiwasi.
- Ni muhimu kwamba serikali na mashirika mengine yawasaidie watu wenye ulemavu katika kipindi cha janga la COVID-19. Wanapaswa kuwauliza watu wenye ulemavu kile wanachohitaji na namna gani msaada huu unapaswa kutolewa kwao.

Muhtasari mkuu - Kiswahili

Gonjwa-tandavu la COVID-19 linaongeza hali iliyopo ya kukosekana usawa. Utafiti mpya unaonesha kwamba watu wenye ulemavu duniani kote wamepitia ukiukaji wa haki mbalimbali na wameathiriwa isivyo kawaida na madhara ya kiafya, kiuchumi na kijamii ya gonjwa-tandavu la COVID-19 na juhudi za kukabiliana nalo. Lengo la utafiti huu lilikuwa kuangazia jinsi watu wenye ulemavu, ambao mara nyingi hawashirikishwi kwenye tafiti, walivyoguswa na mageuzi ya gonjwa-tandavu la COVID-19 nchini Kenya. Ili kuelewa vizuri jinsi gonjwa hili lilivyowaathiri watu wenye ulemavu wanaotafuta kazi, utafiti yakinifu wa kina ulifanywa nchini Kenya kama sehemu ya programu ya Inclusion Works.

Mbinu

Mbinu ya mahojiano ya simulizi ndiyo ilichaguliwa. Kusimulia hadithi ni njia ya asili na inayokubalika duniani kote ya mawasiliano na inawawezesha washiriki kuelezea uzoefu wao na kuweka mkazo kwenye jambo muhimu kwao. Kila mshiriki alipewa fursa ya kushiriki kwenye mahojiano mara mbili, yaliyopishana kwa miezi michache. Hii iliwawezesha washiriki kuhisi kuwa na utulivu zaidi kushirikisha uzoefu wao na kuonesha jinsi uzoefu huu ulivyobadilika kadri gonjwa-tandavu lilivyokuwa likikua. Washiriki walipatikana kwa msaada wa mashirika ya watu wenye ulemavu (OPDs) na Sightsavers. Washiriki watatu kati ya 10 walikuwa na ulemavu wa akili, watatu walikuwa na ulemavu wa afya ya akili, watatu walikuwa na ulemavu wa viungo, na mmoja alikuwa na ulemavu wa kutoona. Ili kujikinga na gonjwa-tandavu hili, mahojiano yalifanyika mtandaoni au kwa simu, na washiriki kulipiwa gharama za intaneti na usaidizi wa teknolojia. Tulikidhi pia mahitaji ya ufikio na usaidizi wa mawasiliano ya washiriki. Uchambuzi wa mada ulifanyika mtandaoni kupitia timu ya IDS na watafiti waliokuwepo nchi husika.

Matokeo

“Corona imekuja na kubadilisha kila kitu.” (mwanamke mwenye ulemavu wa viungo)

“Maisha yamebadilika. Hakuna pesa. Hali imekuwa ngumu.” (mwanamke mwenye ulemavu wa kutoona)

Washiriki wenye ulemavu na familia zao nchini Kenya walipitia matatizo makubwa ya kiuchumi kutokana na ‘lockdown’ na vikwazo vingine vilivyotokana na gongwa-tandavu na kuingia (zaidi) kwenye umaskini kwa kuwa wao au wale waliokuwa wakiwategemea walipoteza kazi, au kipato kingine. Wahojiwa waliripoti kupunguza ulaji wa chakula na njaa kwa kuwa hawakuweza tena kumudu milo ya kawaida, na baadhi walihofia kwamba wao na familia zao wangekufa njaa. Ongezeko la gharama za chakula na usafiri katika kipindi cha gonjwa-tandavu ilifanya mambo yawe magumu zaidi. Watu pia walihangaika kumudu gharama za kodi, dawa na mawasiliano. Janga hili la kiuchumi liliwaletea wahojiwa na familia zao mfadhaiko na shinikizo la akili kwa kuwa iliwawia vigumu kukidhi mahitaji yao. Upotevu wa kipato na nafasi kama mkimu mkuu ilisababisha mivutano ya kifamilia, na katika baadhi ya matukio, ongezeko la ukatili wa kijinsia ulishuhudiwa kwenye jumuiya. Ili kusalimika na gonjwa-tandavu hatari zaidi na ‘lockdown’, wahojiwa wengi waliishi kwa usaidizi wa kifedha kutoka kwa wanafamilia wa nje na marafiki, walimaliza akiba zao au mtaji wa biashara, walikubali utaratibu wa malipo ya muda mrefu, walichukua mikopo, au walirejea

vijijini ambako wangeweza kuishi kwa kutegemea kilimo. Hata hivyo, si kila mtu aliweza kuifikia mikakati hii ya kukabiliana na hali ya kiuchumi, na wanafamilia na marafiki nao pia walikuwa wakipitia magumu hayo hayo na iliawia vigumu kusaidiana.

Watu wengi wenye ulemavu hawakupokea usaidizi wowote kutoka vyanzo vyovyote rasmi, jambo lililowasababishia madhara makubwa. Usaidizi wa usalama wa kijamii kutoka serikalini, ambao ulikuwa mchanganyiko wa programu zilizokuwepo za usalama wa kijamii na usaidizi mahsusi wa COVID-19, haukutolewa kwa watu wengi wenye ulemavu wakati wa gonjwa-tandavu hili. Matatizo ya usaidizi huu yalihusu watu wenye ulemavu kutojumuishwa kwenye orodha ya wanufaika; orodha za wanufaika kupunguzwa kwa njia ambazo hazikuwa wazi au kueleweka; pesa kutowasili wakati mwafaka; kiasi pungufu cha pesa; kutofautiana kwa kiasi cha pesa katika maeneo tofauti, pesa kwa kazi (cash for work) kutopatikana; na msaada kupelekwa kwa walezi badala ya watu wenye ulemavu wenyewe. Baadhi ya matatizo haya yalikuwepo tangu awali na baadhi yaliibuka na kupamba moto katika kipindi cha gonjwa-tandavu. Matatizo haya yamesababisha mvurugo na wasiwasi kuhusu rushwa na ubaguzi kwa watu wenye ulemavu. Matokeo yake, Mashirika Yasiyo ya Kiserikali (NGOs) na hasa OPDs yalikuwa na mchango mkubwa katika kuwasaidia baadhi ya watu wenye ulemavu kukabiliana na hali. Yalitoa usaidizi wa kihisia na kivitendo. Hata hivyo, baadhi ya mashirika haya yalitapatapa kwa ukosefu wa fedha za kufanya kazi hii. Hii ilimaanisha baadhi ya watu wenye ulemavu walisikitika jinsi mashirika kwa ajili ya au ya watu wenye ulemavu yalivyofanya juhudi ndogo sana kuwasaidia wao na wengine katika kipindi hiki.

Ufikio wa huduma za afya ilikuwa tatizo kwa baadhi ya watu wenye ulemavu. Ukosefu wa vifaa vya kujikinga ilifanya baadhi ya madaktari kusita kuwatibu wagonjwa wenye ulemavu. Dawa ziliisha katika baadhi ya maeneo, na kufanya iwe vigumu kwa baadhi ya watu wenye ulemavu kupata dawa za kutibu maradhi yao. Baadhi ya kliniki zilizotumiwa na watu wenye ulemavu wa afya ya akili zilifungwa kipindi cha gonjwa-tandavu na kusababisha baadhi yao kufikwa na hali mbaya ya kiafya.

Gonjwa-tandavu hili limekuwa changamoto hasa kwa watu wenye ulemavu wa kutoona, kutokana na utegemezi wao wa kugusa, jambo linalokatazwa ili kupunguza kuenea kwa virusi. Kabla ya gonjwa-tandavu hili walikuwa wakisaidiwa na wengine, lakini hii ilikuwa ngumu sana kwa sasa kwa kuwa watu walihofia kugusana na watu wasiowajua ambao hali zao za maambukizi hazijulikani. Watu wenye ulemavu wa afya ya akili nao pia waliathiriwa hasa kwa kuwa agizo la kutokaribiana na wengine ilimaanisha hawakuweza kutegemea mitandao yao ya kawaida ya usaidizi kwa njia waliyozoea. Aidha, kuwa na ulemavu usionekana ilikuwa changamoto zaidi – ikiwa watu hao wangeshindwa kuzingatia makatazo, mamlaka zingeweza kuwa na ustahimilivu kidogo kwa makosa ya bila kukusudia. Lundo la taarifa potofu na kutishana ni mambo ambayo pia yaliwachanganya baadhi yao. Kulikuwa pia na wasiwasi kuhusu ongezeko la unyanyasaji wa kingono kwa wanawake wenye ulemavu kipindi cha gonjwa-tandavu.

Kupotea ghafla kwa 'ukawaida wa zamani', mabadiliko makubwa ya maisha, na haja ya kuzoea ilimaanisha washiriki wengi walipata mshtuko na hofu kwa kuwa maisha yao ya kawaida yalivurugika kabisa. Upotevu wa uthabiti wa maisha ya kawaida uliwasababishia bumbuwazi na mashaka kuhusu mustakabali wao na familia zao, huku vikwazo vikimaanisha kwamba maisha yatakuwa ya upweke sana. Mifumo ya kawaida ya usaidizi ya watu iliathiriwa na kufanya iwe ngumu sana kwao kuzoea hali. Watu walihisi kukata tamaa,

kukosa msaada, na kushuka moyo katika nyakati ngumu zaidi za janga hili. Baadhi ya watu walipata faraja katika dini na kumtumaini Mungu awapitiche salama katika hali hii.

Kadri vizuizi vilivyozidi kulegezwa na wahojiwa au familia zao kuweza kupata kazi, maisha ya baadhi ya washiriki yaliimarika kwa kuwa waliweza kukidhi baadhi ya mahitaji muhimu ya familia zao. Wengine pia walikuwa na furaha na tumaini zaidi kwa kuwa hawakuwa na hofu sana kuhusu COVID-19. Hata hivyo, wengi hawakuweza kupata kazi baada ya vizuizi kuondolewa, na bado iliwawia vigumu kuishi au kustawi. Ingawa taabu kubwa hii ilibadilika baada ya muda kwa kuwa watu walizoea hali, gonjwa-tandavu halijatokomezwa, kwa hiyo mashaka na ugumu bado unaendelea.

Hitimisho

Gonjwa-tandavu la COVID-19 na juhudi za serikali kukabiliana nalo ni mambo yaliyoleta athari mbaya sana na zenye madhara yaliyobadilisha maisha kwa watu wenye ulemavu, Mbinu jumuiishi zinazozingatia maono ya watu wenye ulemavu kwa wakati huu wa janga kubwa lazima ziandaliwe pamoja na watu wenye ulemavu ili kuhakikisha kwamba haki na uhuru wa msingi wa watu wenye ulemavu unatambuliwa bila ubaguzi wa aina yoyote kwa misingi ya ulemavu.

Introduction

The COVID-19 pandemic is deepening pre-existing inequalities, including those faced by people with disabilities (UN, 2020). At the beginning of the COVID-19 pandemic serious concerns were raised about the possible impacts of the pandemic for people with disabilities and their families, and whether the national and local support for populations during the pandemic would be sufficiently disability inclusive (IDA, 2020; UN, 2020). Guidelines were produced by key organisations suggesting ways to avoid the predicted exacerbation of the disadvantaged position of people with disabilities in many contexts (IDA, 2020; IDA and IDDC, 2020; ILO, 2020; Inclusion International, 2020; OHCHR, 2020; WHOa, 2020; WHOb 2020).

Initially information about the situation for people with disabilities was scarce, but as the pandemic has progressed emerging evidence indicates that they have experienced various rights violations and been disproportionately affected by the health, economic and social impacts of COVID-19 (COVID-19 DRM, 2020). People with disabilities are especially at risk of catching and dying from COVID-19, due to a combination of lack of accessible information about COVID-19 prevention, increased barriers to health care, reduced support or care, or, for some, increased clinical vulnerability (Webster, 2020; HI, 2020a; Goyal et al., 2020; COVID-19 DRM, 2020; i2i, 2020; HI, 2020b). Barriers to education, already present for children with disabilities, have increased with school closures and the move to online learning has generally not considered their access needs (Goyal et al., 2020; COVID-19 DRM, 2020; Nagari, 2020). Various surveys have found that the pandemic has negatively affected the incomes of people with disabilities and their households as they have lost their jobs, resulting in increased food insecurity (HI, 2020b; HI, 2020a; Goyal et al., 2020; i2i, 2020; Ahmed et al, 2020; Christensen, 2020a; Christensen, 2020b). Pre-existing disability related stigmatisation, discrimination and violence are reported to have increased during the outbreak (HI, 2020a; UN, 2020; Goyal et al., 2020; COVID-19 DRM, 2020; Christensen, 2020a, WEI 2020; Christensen, 2020b), and the mental health of people with disabilities has been severely affected by the enforced isolation of lockdowns and other restrictions (COVID-19 DRM, 2020; Sale et al 2020; Goyal et al., 2020).

These emerging findings suggest the global pandemic has led to the predicted negative consequences for people with disabilities. However, more evidence is needed to fully understand what has happened to people from different impairment groups and living in diverse situations across the world during the pandemic. In particular, there is limited in-depth understanding about how people with disabilities in low-and-middle income countries have experienced the evolving COVID-19 situation from their perspective.

The Inclusion Works (IW) programme, funded by the UK's Foreign, Commonwealth, and Development Office (FCDO), involves a consortium of 10 organisations working in four countries over four years (2018-2022). It aims to create and test innovative approaches to improve the long-term economic empowerment and inclusion of people with disabilities in formal employment. The programme has responded to the ongoing COVID-19 pandemic in a variety of ways, including this research, which has been conducted through collaboration with international and local partners, including Organisations of Persons with Disabilities

(OPDs¹), and in line with United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) principles (UN, 2007).

This report highlights the findings of this in-depth qualitative research with jobseekers with disabilities involved with the Inclusion Works programme in Kenya. The study explored their lived experiences over two different phases of the COVID-19 pandemic using a narrative interviewing approach, which involved them directly in communicating their experiences and focused on their priorities and perceptions, as well as gathering their own recommendations on pandemic responses.

Country Context

The first COVID-19 case in Kenya was reported on 13 March 2020 by the Ministry of Health. Numbers have been rising steadily since then, with the country going through the second wave around September 2020. As of 5 February 2021, the WHO notes that in Kenya there have so far been 101,159 confirmed COVID-19 cases with 1,769 deaths (WHO, 2021).

As an immediate reaction to COVID-19 and with increasing numbers, the Ministries of Health and Interior and Coordination of National Government instituted a number of measures to manage infections in the country. As early as 15 March 2020, the government put the following measures in place: travel from countries with COVID-19 cases restricted with only Kenyan citizens and those with resident permits allowed in-country with a mandatory two-week quarantine; closure of all educational institutions; a work from home order for all private and public sector employees; a toll-free number was set up for the public to report suspected cases; and there was a ban on all social gatherings (Owino, 2020).

These measures were ramped up as numbers increased and COVID-19 incidences went beyond Nairobi and Mombasa. These included: a ban on all flights in-country; cessation of movement in and out of the Nairobi Metropolitan area², Mombasa, Manderu Kilifi and Kwale between mid-April and July 2020; a dusk to dawn curfew, which was initially 7pm to 5am, then 9pm to 4am and later relaxed to 10pm to 4am towards the end of 2020.

Between July and September 2020, the government relaxed some of the guidelines. For example, places of worship opened up guided by strict instructions from the Inter-Religious Council of Kenya; and all physical meeting spaces had to be set up following the Ministry of Health and WHO guidelines. There was a phased opening of schools, which was rolled out in October 2020 with complete opening of schools in January 2021; and an increase in the number of people who could attend burial and marriage ceremonies.

COVID-19 and the restriction measures put in place had a huge impact on the economy and households. A Development Initiatives research report noted that the worst hit sectors included labour force, housing, transport, health, trade and tourism as the supply and demand of goods and services was significantly hampered. This report also noted that the country was at the same time dealing with a locust invasion that had affected grazing land

¹ Organisations of Persons with Disabilities (OPDs) are also sometimes referred to as Disabled People's Organisations (DPOs)

² In June 2020 there was a cessation of movement in and out of Eastleigh which is within the Nairobi Metropolitan.

and crops; as well as floods that led to the death of over 200 people in central and northern Kenya. These and the restrictions on movement affected the transport of food from neighboring countries and across counties leading to increased pressure in households with regards to access to food (Were & Ngweno, 2020; Owino, 2020).

Furthermore, with the curfew, work from home order and depressed business, many employers downsized their operations and workforce by either sending workers on unpaid leave, making some redundant or letting go of others. This made an already tough situation worse – DI noted that World Bank data recorded a fall from a 75% labour participation rate in 2019 to 56.8% in April 2020. This affected women more (at 48.8%). This negatively affected households' ability to buy food and pay rent - according to Kenya National Bureau of Statistics, 30.5% of renters were unable to pay their rent on time with only 8.7% of landlords waiving rental charges for their tenants (Owino, 2020). A survey of five informal settlement in Nairobi in May 2020 found that 84% of respondents reported losing complete or partial income due to COVID-19 (Population Council, 2020). Women were more likely than men to have completely lost their job/income (47% compared to 36% of men) (Population Council, 2020).

Research with 312 people with disabilities in April and May in Kenya (and Bangladesh) found that in Kenya, 68% reported not being able to work, while 65% felt insecurity in their current jobs (i2i, 2020). More than 92% of respondents in Kenya said their daily lives had been affected as a result of limited transport, restricted movement, a lack of available necessities, lack of contact with others at school, church and social functions, reduced income and the loss of their job or income. 45% of respondents in Kenya were not getting the support required to live safely and independently and 39% reported experiencing disability discrimination, including exclusion from vital services (i2i, 2020).

The government did respond with some economic measures to cushion formal and informal businesses. Some of these include: 100% income tax waiver on individuals with a monthly salary of less than KES 24,000 and a reduction of both income and corporation taxes by 5%; turnover tax was reduced by 2% for all micro, small and medium enterprises; VAT reduced by 2%; an additional KES 10 billion was earmarked for social protection in the form of cash transfers to the elderly, orphans and the vulnerable; COVID-19 emergency fund was created; KES 5 billion was allocated to counties to fight COVID-19; KES 500 million was earmarked to clear arrears to people with disabilities in the form of cash transfers (Were & Ngweno, 2020; Owino, 2020). The country also received about USD 2 billion in aid and grants (Igunza, 2020; The World Bank, 2020a; The World Bank, 2020b).

A review of the success of these economic measures and aids and grants identified challenges (Were & Ngweno, 2020; Owino, 2020). The main challenge faced in Kenya was alleged corruption. An investigative piece dubbed 'The COVID Millionaires' by Nation Media, one of the leading Media houses in the country, revealed widespread corruption in government and state agencies (Igunza, 2020; Nation Media, 2020; Wafula & Oketch, 2020). This led to discussions and investigations by the Senate Health Committee and national investigative offices. This matter is yet to be concluded. The country has also seen doctors and nurses going on strike because of delayed pay; lack of medical insurance; and inadequate and low quality personal protective equipment (PPE) (Aljazeera, 2020; Obulutsa, 2020).

In the longer term COVID-19 will have a massive impact. Conversations with International Budget Partnership in Kenya show that the country saw a significant increase in external and domestic debt levels - with a notable increase in domestic debt. According to government reports the country borrowed KES 888.8 billion for financial year July 2019 to June 2020. 76% (KES 671.6 billion) of this was borrowed between 1 January and 30 June 2020 (GoK, 2020, GoK, 2021). Additionally, KES 425 billion was borrowed between June and December 2020 (note of this, 91% is domestic borrowing). Debt in 2020 (January – December) almost doubled considering debt levels in 2019 (January – December) which was KES 776 billion (National Treasury, 2020; The Kenya Gazette, 2021). Although these monies were borrowed partly for COVID-19 response, there are gross issues of transparency and accountability that have been sighted with regards to monitoring allocation and use of funds across the board. Furthermore, an increase in domestic debt is negatively impacting Kenyan businesses as they are now not considered attractive in the local debt market. Regardless of whether debt is external or domestic, Kenyans will be paying for a long time for these funds and together with increased taxes and decreased public spending, this will slow down the ability of families to bounce back as government debtors come calling.

Research process and methods

The research aimed to better understand how people with disabilities have experienced the evolving COVID-19 pandemic in Kenya (similar studies were also conducted in Bangladesh, Nigeria, and Uganda). This study focussed on involving participants who were job seekers in the Inclusion Works programme and sought to include those from the most marginalised impairment groups such as people with intellectual and psychosocial impairments, who are often excluded from research.

With the UNCRPD as a guiding framework, a research design was developed using qualitative methodologies, as these were deemed to be most appropriate for generating subjective knowledge from within a context (Tracey, 2013; Braun and Clarke, 2013; Hammett et al, 2015; UN, 2007). A narrative interviewing approach was selected for several reasons:

- Telling stories is a natural and universal form of communication - this method is accessible to everyone regardless of education level, language competence or communication mode (Jovchelovitch and Bauer, 2000).
- By recollecting and sequencing experiences as stories, participants make sense of their experiences.
- As a teller-focused method, evidence about what matters to participants is generated, rather than using pre-determined questions to investigate topics that may be of less concern to them (Hydén, 2014).
- This approach can generate insights on situational, emotional and relational aspects, that may not emerge from researcher-directed interviews.

Each participant was given the opportunity to take part in two rounds of interviews, separated by a few months. The purpose of undertaking two rounds of interviews was first to gain deeper insight both as trusting relations and thus openness developed between

participants and researchers, and because the narratives were anticipated to flow more easily as the interviewees' expressive confidence increased. Second, this provided an additional processual lens, to enable some insight on how disabled participants interpreted and responded to COVID-19 as the pandemic progressed over time.

An experienced participatory researcher from Kenya led the data collection process. The Institute of Development Studies (IDS) team developed the research processes and materials, provided training and supervisory accompaniment for the local researcher, and led the analysis process. Extra researcher training on dealing with sensitive issues and the communication needs for different impairment groups was provided by the wider team and partners.

Participants were recruited from the pool of jobseekers with disabilities involved in some way with the Inclusion Works programme, including those from often excluded populations, such as people with intellectual disabilities and people with psychosocial disabilities. Support from Sightsavers Kenya and partner Organisations of People with Disabilities (OPDs): Users and Survivors of Psychiatry; Kenya Association for the Intellectually Handicapped; Embrace Inclusion; Kikuyu District Disability Network; and Kiambu County Disability Network, was crucial to reaching these participants. The local researchers worked with them to purposively reach beyond those usually asked to participate, and to ensure inclusion of a range of participants, a gender-balance, and a range of ages.

To ensure that both the participants and researcher remained safe during the research process, the narrative interviews were undertaken online or by phone, which is an accepted approach (Holt, 2010). The researcher was encouraged to conduct interviews on online communication platforms such as Microsoft TEAMS or Zoom and use the video function when possible. This was both to aid relationship building and effective communication, which was particularly important for those such as the participants with intellectual disabilities, who may rely more on body language, gestures, or facial expressions. Data costs were reimbursed. The choice of platform was ultimately informed by each individual participant's preferences, capacities and access to technology.

Ethics approval for this work was obtained from the IDS ethics committee. To mitigate heightened ethical risks compared with face-to-face interviewing (such as the additional difficulties of reading dynamics or responding supportively if strong emotions arose), the research process involved three calls with each participant during the first interview round.

On the first call the research purpose and process were explained, including consent and anonymisation, the right to withdraw, and the analysis and reporting plans. The participant's access and communication support needs were also discussed prior to the interview, which enabled necessary accommodations to be made.

On the second call participants were asked for verbal consent to be involved. This gave them time and space after the first call to decide whether to participate, reducing any perceived pressure to participate. The interview was conducted after verbal consent was gained and the participant confirmed that they felt secure and their access needs were being met. After an initial introduction, a narrative interview proceeds by asking one very general and open question (Jovchelovitch and Bauer, 2000):

Participants were asked to share how the COVID-19 situation had developed for them, and impacted on their lives.

The interviewer reassured them that they could share experiences in any way they liked but encouraged the story-form by suggesting they start at the beginning, when they first heard about the pandemic, and then relate what happened afterwards up to the present. Prompts and follow-up questions were used to ask for specific examples, or to expand on the key aspects interviewees chose to talk about.

Finally, there was a third call to ensure that the participant was feeling alright and still happy to be involved.

The second round of interviews followed a similar process. It was anticipated that the second round of interviews would involve greater openness and narrative flow due to developing relations between the researcher and participant.

A face-to-face participatory thematic analysis process was planned, involving the researcher and some participants. However, this plan had to be adapted due to ongoing COVID-19 restrictions. To minimise risk and comply with regulations, a series of collective analysis sessions were undertaken online, involving the IDS team and the in-country researchers from the four countries. Prior to undertaking the analysis, the researchers were provided with thematic analysis training.

The analysis sessions included an initial reading of the first interviews, and the sharing of interview narratives. From the data, themes were generated and compared across countries. Following discussion and debate, the themes were then clustered to produce a first-level analysis. Overarching themes, such as gender, impairment specific aspects, emotions and economic/financial impacts were established. The IDS team-members each analysed the remaining interviews using one of these lenses. After the second round of interviews had been conducted, a second analysis session was held, where additional themes were generated based on the current situation in each country. New insight was compared with the detailed first round analysis. This validated previous themes and indicated data saturation, but there were also changes in impacts and feelings, as well as some additional overarching themes. Collectively generating overarching meanings and interpretations, ensured that this synthesis was grounded in local perspectives.

Participants

A table detailing the characteristics of the participants can be found in [Annex 1](#). In total 10 participants took part in the study. Gender parity was achieved, with five males and five females. Three out of the 10 participants disclosed that they had intellectual impairments, three had psychosocial impairments, three had physical impairments, and one had a visual impairment. The participants were young or middle aged, aged between 21 and 49. Two participants had attained primary, one secondary, and six tertiary education, while the level of education for one participant was unknown. Seven participants had some form of job or income, but most were not in full time employment but in wage work and/or running small businesses which have been severely affected by COVID-19. One was unemployed and two were students. Two participants were married, and the rest were single. The majority lived in urban areas, with two currently living in semi-rural areas. About half depended on others,

while the other half had people depending on them. All but two participants were interviewed twice.

Findings

Two different types of interlinking themes emerged from the narrative interviews in Kenya: overarching ‘subjective’ experiences themes and ‘concrete’ material impacts.

‘Concrete’ (material) themes illustrating the tangible impacts were clearly identified. These fall into two main types, with links and overlaps between them. There are the economic/financial impacts and people’s experience of the structures, systems and civil society responses to the pandemic. Then there are individual (and intersecting) identity related experiences linked to people’s gender and/or impairment type and disability status.

The ‘subjective’ experience themes broadly reflect the participants’ feelings and experiences during the initial COVID-19 crisis and its continuation over a couple of months. These emotions arose in response to the loss of the stability of known life, the ‘old normal’, the pandemic risks and the lockdown restrictions, and the uncertain journey towards a ‘new normal’. We interpreted these emotions as ‘floating above’ and ‘weaving through’ participants’ experiences expressed as more ‘concrete’ or material themes. Overall, strong themes of de-stabilisation, disorientation and uncertainty were experienced due to the extraordinary situation, with subthemes of shock, confusion, fear, loss, stress, conflict, anxiety, despair and depression in various forms.

We describe these themes and bring to the fore the voices of the participants in the following section. Quotes are identified as from individuals by gender and impairment type, and interview ID number (A or B before the number indicate whether the quote comes from the first (A) or the second (B) interview).

Concrete, material and system related impacts

Economic impacts

In parallel with many other people globally, the majority of our interviewees with disabilities and their families in Kenya experienced major negative economic impacts due to lockdowns and other pandemic restrictions and descended into (deeper) poverty as they or those they were dependant on lost their jobs, businesses, or other income.

“[COVID-19] majorly affected finances.” (woman, psychosocial, IWCOVKYA1)

“Now, we don’t get money.” (man, intellectual, IWCOVKYA10)

“Unfortunately, with COVID and all so many things have changed. Mostly the work we do. Things have changed. Financially it has been a bit unstable.” (man, physical, IWCOVKYA8)

Especially affected by the economic impacts were those with existing financial pressures prior to the outbreak. These circumstances included unemployment or wage labour

consisting of unstable employment in the informal sector, common amongst many people with disabilities due to existing barriers to work, as well as those with family dependants and single parents.

“Honestly corona has really affected me... When it started at least at that time I could live well with my family. I would get odd jobs here and there and we would eat. I would even be called for jobs. But these days even being called for a job is difficult.” (woman, physical, IWCOVKYA5)

Those who were still able to do their job, either because it could be done from home or fitted around curfew, were doing better than others who had lost their job or income.

Interviewees reported reduced food consumption and going hungry as they no longer had the money to pay for regular food for themselves and their family.

“I slept hungry.” (woman, psychosocial, IWCOVKYA1)

“I have with me, my late sister’s children. I have to take care of them. Now, even taking care of them is difficult. What we have to do is say for example, have lunch and then skip supper so that we have something to eat tomorrow.” (woman, physical, IWCOVKYA5)

The situation was not helped by increased food and transport costs during the pandemic. Rent was also a major concern as people struggled to pay it.

“Life has shifted. No money. It has been a struggle. Especially for the basics – rent. Since we are not moving, we are in the house therefore it means that consumptions is very high in terms of food, you want to survive and there are some bills you have to pay.” (woman, visual, IWCOVKYA4)

Some people were forced to choose between paying for food and for their medical treatments. For instance, one leader of a support group for people with psychosocial disabilities noted across her two interviews that:

“Sometimes, you find that you do not have money to buy medicine. You find you do not have mood stabilisers... you find you are down and cannot control your moods. You are always low” (woman, psychosocial, IWCOVKYA1).

“I am sure there are those who still ask themselves, ‘will I go for a session or buy food?’.” (woman, psychosocial, IWCOVKYB1)

This financial crisis caused the interviewees and their families significant stress and pressure as they struggled to meet their and their families’ needs.

“I worry my child will be born malnourished. You find you are stressed; you have nowhere to turn for help as this is not the time to call others to help. It was hard. Honestly it was hard.” (woman, psychosocial, IWCOVKYA1)

The loss of income caused family tensions and left people with disabilities feeling guilty and sad for becoming dependant or for not being able to provide for their dependants.

“Other people in the family also have their problems. They have their families. They cannot take care of their families and take care of mine. So even if you go, they will be looking at you as a burden. They will be looking for a way to get rid of you.” (woman, physical, IWCOVKYA5)

These financial difficulties applied not only to our interviewees with disabilities but also to the people with disabilities they knew in their communities.

“[People with disabilities] are also going through a difficult time... Money is a problem. I even meet with some in the town centers begging.” (man, intellectual, IWCOVKYA10)

“You know before COVID people [with disabilities] were struggling and now with COVID, this is worse... Those I have tried to talk to see this as the end of their lives.” (man, physical, IWCOVKYA7)

“Most of the people with disability or rather my friends have been in schools, campuses, some of them have been doing the skilled work – leather and tannery. Most of them have not been permanently employed. So you see when everything has been restricted, they have to stay at home and most of them have families. So it is very difficult to run their lives.” (woman, visual, IWCOVKYA4)

In order to survive during the worst of the pandemic and lockdown, many interviewees relied on financial support from external family members or friends, used up their savings or business capital, agreed to long-term payment plans, moved back to rural areas where they could live off the land, and/or took out loans.

“[The landlord] had said, after three months, that we should leave the house because we cannot pay... But we spoke to him. ... I told him we would pay all the money. He knows us. I told him we had always been paying on time. We told him it was just because of Corona. I told him once we settle, we would pay the money. He then said it was okay.” (woman, psychosocial, IWCOVKYA1)

“You may have put savings aside but now we have eaten them up. I thank God where I come from we do not buy that much food. We get everything from the farm. So you see our survival here is much better. We don't have to think about eating. But for those guys who are in urban areas, I have no idea how they are surviving.” (man, physical, IWCOVKYA8)

However, not everyone had access to these financial coping mechanisms and family and friends were often going through the same difficulties and struggled to help each other.

“Luckily enough my parents have been very supportive. Even though they cannot meet all the needs. They are not working. They also depend on the other children and very little is being given.” (woman, psychosocial, IWCOVKYA2)

Some participants expressed their distress that they were unable to help their friends and family as they were in need themselves and did not have the resources to help others. They

observed that this was an issue for others and that people were withdrawing as they could not provide practical help.

“Now, people are quiet. You see, someone might want to call and check up on you to find out how you are doing but if this person finds that the one they are calling needs help, how will they be helped? You find that you had better stay silent because even if you want to help someone in this time it is difficult.” (woman, psychosocial, IWCOVKYA1)

Some of our interviewees also managed to survive the economic shock as a result of more formally provided relief from government NGOs, OPDs, whereas most received no such assistance as discussed next.

Social assistance and services

Government social protection assistance, which was a mix of existing social protection programmes and COVID-19 specific assistance, was not provided to many people with disabilities during the pandemic. Issues with government social assistance during the pandemic included people with disabilities not being included amongst the list of beneficiaries; beneficiary lists being limited in ways that are not transparent or understandable; money not arriving when it was supposed to; insufficient amounts; differing amounts in different parts of the country; labour programmes (cash for work) being inaccessible; and assistance going to caregivers rather than to people with disabilities themselves. Some of these issues were pre-existing and some emerged during the pandemic.

“The money we are to receive under ‘Innua Jamii’ (government programme) is not being received.... They told us that people with disabilities’ caregivers would be expected to collect the money on their behalf. But you find that when the money is being distributed, there is no person with disabilities who receives their money.” (woman, physical, IWCOVKYA5)

“I don’t think it is everyone who received the cash transfer. It has become like a fight, with people asking why they are not receiving the funds and they have disability cards...The funds were distributed last week, but I know not everyone received the funds....the kind of number that was asked [for the beneficiary list] is not comparable to the number of those in need in the villages. Those in need in the villages are many. I cannot say that everyone is happy. You can find, maybe one or two people received but there are 30-40 people that are still in need.” (man, physical, IWCOVKYA7)

“The government is giving money but it is not reaching those who need it. Sometimes it is sent to others like guardians, but these use the money.” (man, intellectual, IWCOVKYA10)

This has resulted in a lot of confusion about official relief and some concerns about corruption at different levels of government amongst the interviewees.

“It feels like money is going into people’s pockets. As I told you we are on the system but we are not receiving the money. This could mean that this money is going into someone’s pocket.” (woman, physical, IWCOVKYB5)

“I think it was a selection [for Kazi Mtaani, cash for work programme] being done in a way of darkness, like nepotism... I would not say the process was clear because most people did not know what was happening.” (man, physical, IWCOVKYA7)

“The government stated that they were going to release about 6 billion that was to cater for the programme. I think they are doing the best they can. Sometimes the guys governing us... I don’t know what kind of policies they use.... But we know when the government raises these kinds of funds there is some levels or offices it passes through. I think this is where the misappropriation happens.” (man, physical, IWCOVKYB7)

As well as corruption, some interviewees felt that the reasons they had not received social protection during the pandemic was that disability discrimination was occurring and they felt forgotten by the government.

“There was some money that was being given out but unfortunately that money has not reached the people up till now. I say so because I was meant to be one of the beneficiaries. But it did not reach me. But I heard there were people who were receiving KES 1,000 every week. But for those so called vulnerable I don’t think they were people who actually got that money. We don’t know how that actually happened. Whether the list was changed or anything. I am not sure. So actually, the government has done zero to kind of support the vulnerable people.” (man, physical, IWCOVKYA8)

“The government then came up with this programme to give youth jobs. They should consider people with disabilities... You find that those with disability are just at home with no information. Or they are not remembered. You find that most of the times people with disabilities are forgotten.” (woman, psychosocial, IWCOVKYA1)

“If the government wanted to know where and who people with disabilities are, they would not be unable to. But they do not care about us. They have forgotten us.” (woman, physical, IWCOVKYA5)

“[The government] are not looking to support people with disabilities. We feel left out.” (woman, physical, IWCOVKYB5)

Non-Government Organisations (NGOs) and in particular OPDs were found to play an important role in supporting some people with disabilities during the pandemic. In addition to some financial support, some OPDs supplied hygiene kits or food packages to people with disabilities or connected them to available support. Others worked to raise awareness of disability rights and particular support that was needed. OPDs also played an important role in maintaining mental health by creating channels and platforms to allow people with disabilities to socialise and discuss their problems.

However, for some OPDs, especially smaller groups, there was little money with which they could support their members. One treasurer of a support group noted:

“You find that the money in the account is not enough to help everyone. It is little... So you feel (inaudible sound, like breathing out), you want to help them but you do not have the ability. Even when you talk to the USP leadership, you see that and they say that they also have a challenge. They want to help but it’s difficult.” (woman, psychosocial, IWCOVKYA1)

As a result, it was clear that many people with disabilities, including our interviewees, slipped through the net and did not receive any assistance from any formal sources, with serious consequences for their experiences of the pandemic.

“Government is trying to do something but there are still those who need the support and are being left out. There are a lot of gaps that needs to be bridged.” (man, physical, IWCOVKYB7)

“You stay without food and only survive by the grace of God.” (woman, psychosocial, IWCOVKYA1)

“I don’t see the government doing anything. We have been told we just have to live with the disease, take precautions, wash your hands but when it comes to other things like financing, I don’t think we are going to get anything.” (man, physical, IWCOVKYA8)

Some participants noted their disappointment with how little they felt organisations for or of people with disabilities did to support people with disabilities during this time. There was a feeling that they were not checking up on people with disabilities or if they did ask people how they were doing it was just for informational purposes and they were not providing the necessary and requested support. In addition, there is a feeling that the advocacy these organisations engage in with the government is not producing results, as the government is still leaving people with disabilities out of the response to the pandemic.

“During this time of corona, these [disability] organisations are not checking up on people... I call the organisation to ask for help OR they call me and ask me how they can assist me and I tell them I only want food. But you find they don’t do anything. It feels like it is a formality to get information to say what people with disabilities are going through – they cannot afford to buy food or pay rent or buy medicine, some have relapsed. They just want to get information but they are not doing anything about it. There is a difference between getting information and helping someone who is in need.” (woman, psychosocial, IWCOVKYA1)

“We are not featuring in the discussions. I don’t understand this government.... We have talked for a long time. We have sent our leaders and it is like the message isn’t getting where its meant to go. And I do not understand this. It may be that our leaders are not taking the message or are being bribed. We elected them to represent us but they are not doing their job.” (woman, physical, IWCOVKYB5)

Access to health services was noted by some participants to be an issue. The lack of protective equipment made some doctors reluctant to treat patients with disabilities. Medicine ran out in some places, making it hard for some people with disabilities to access the medicine they needed to treat their condition. Some clinics used by people with psychosocial disabilities were closed during the pandemic which led some of them to relapse. However, other clinics adapted to the situation and ensured those that needed medicine had access to them.

“[The hospital] is not fully accessible. Because, the doctors are complaining that they are in fear. They do not have the masks. They were saying people come to see them and they have dirty masks and are afraid to treat children. You find these children are drooling with lots of mucus coming out. So they fear a lot” (man, intellectual, IWCOVKYB9)

“The day before last, we were trying to find some medicine and we could not find them. It seems they are out of stock. I think they cannot come in because of corona. You find that some pharmacies are closed. You will also find that therapy, if you cannot afford to have a private doctor you suffer a lot. These therapy doctors are meant to help especially those who cannot make sounds. So this becomes difficult for those who need the therapy.” (man, intellectual, IWCOVKYA9)

In addition, participants felt that government restrictions and lockdown did not consider the access needs of different groups of people and most importantly people with disability. It was a blanket lockdown, that did not think through or make exceptions for the impact on different groups.

Impairment impacts

In addition to the existing challenges faced by people with disabilities and the inaccessibility of social assistance provision, the pandemic has been particularly challenging for people with visual impairments, due to their reliance on touch. During the pandemic, touch increases the risk of infection and is discouraged to reduce the spread of the virus. Whereas before the pandemic they may have been given assistance by others this was much harder now as people are worried about coming into contact with strangers whose infection status is unknown.

“Sometimes you may go to a place and ask someone to help you cross the road. Now you see someone is very afraid because you don’t know them. You are also risking. You don’t know if people are following the precautions we are being given...Because just going to town and you don’t know which place is safe. This is just because COVID is involved. But previously I would just go. Now, my fear for COVID has brought everything to a pause. You just fear. Some people are afraid to touch you.” (woman, visual, IWCOVKYA4)

People with psychosocial disabilities were also especially affected as social distancing meant they were unable to rely on their usual support networks in the same way. In addition, having an invisible disability made things more challenging if they were unable to follow the current restrictions as the authorities may be less understanding of unintentional violations. The barrage of misinformation and scaremongering was also challenging for some of them.

“You find that for those who have psychosocial disability, when they are in a crisis or they have relapsed they may be out during curfew hours. You may not even know since they are not people who look like those who have wheelchairs or crutches. People may not understand that this person is unwell or has a disability.” (woman, psychosocial, IWCOVKYA2)

“What I did is that I stopped listening to the news. Because it was really affecting me. I avoided crowds and information that is being given by people – just someone talking about anything. Because it was so confusing and it is not giving the right information. So I only stayed with the Ministry of Health and then any information that would not scare me or confuse me more. Information that I can relate with, that I can live with it. Information that is positive.” (woman, psychosocial, IWCOVKYA2)

Gender impacts

Participants noted that the conditions of the pandemic had changed relations in the home between men and women, which had led to increased tensions, and in some cases increased gender-based violence in their communities (although none mentioned personally experiencing any gender-based violence). This increased tension and violence was felt to be due to men and women being forced to be home at the same time and for extended periods of time (because of curfew, working from home guidelines or partners not having work). There was a feeling that being in a shared space for an extended period of time was testing family conflict resolution processes. This was because partners could see and experience each other’s faults which led to disagreements and couples then having to respond to these conflicts either by violence, talking things through or silence. In addition, the change to men’s role as a breadwinner due to their loss of work played a role in their frustrations and their partners frustrations with them. It resulted in men feeling stressed and depressed as they were no longer able to be useful and provide for their families.

“For the women they don’t have the freedom they used to have, like the chama (group) meetings they used to go for. They don’t have that much freedom.” (man, physical, IWCOVKYA8)

“Since now most [men] are not working or lost their jobs. They are now spending most of their time at home. So they are not connecting well with their ladies.” (man, physical, IWCOVKYA8)

“I would say men are not stable. When you just look in their faces, they are not okay. Even though the home is not broken but you find each is living separately. There is cold war in the homes. No one is telling the other to leave but they are at war.” (man, physical, IWCOVKYA7)

“A lot of men with disabilities have a lot of problems. One thing, they have married someone who is not a person with disabilities. This person used to go for some work but now cannot go. The woman will think there is nothing this man is helping the family with. Sincerely, the woman will go away. The men are lamenting – wondering what they are going to do. They see they

were okay and things were going well but now there are problems that are pulling them apart.” (woman, physical, IWCOVKYA5)

The shock of change in role due to the inability to work was also noted to be an issue for career women.

“I would say most women in Kenya are housewives. Some of the housewives are okay. But some of the career women are going through a hard time. They are at home and they are not used to it”. (woman, visual, IWCOVKYA4)

However, our interviewers observed that these tensions decreased as men earned income again after the restrictions eased and they could work again. Although the mental impact of the crisis is likely to stay with people for a while.

“Men who knew they have to go home with something, as the head of the home...and you know these are men. They have their own activities. They never got home that early. It was hectic initially as everyone was under the same rule. Now they have time, they can go out and get income. This is helping in the family.” (woman, visual, IWCOVKYB4)

“The violence somehow reduced but you realise that some of them, or most of the people will be left with mental issues.” (woman, psychosocial, IWCOVKYA2)

Participants also noted that there were reports in the news of girls with disabilities being abused during the pandemic by family members and the wider community.

“As you have been watching on news, you have seen people defiling young children (girls) with mental disability and any kinds of disability. They are being defiled by their uncles, relatives, neighbours. In a way, Corona is affecting the society. People are becoming immoral, inhuman. Just because they see these girls at home all the time.” (woman, psychosocial, IWCOVKYA1)

There was concern that this is contributing to the high pregnancy rate amongst girls. One participant with intellectual disabilities noted her concerns about going outside due to these risks.

“The women have to protect themselves. When she goes outside, she might get pregnant just like that... If I was to go out with you, maybe you should be protecting me and giving me options or another way”. (woman, intellectual, IWCOVKYA3)

Subjective, emotional effects

As is illustrated in discussing the more concrete themes so far, like others worldwide, the participants with disabilities in this study went through emotional journeys during the COVID-19 period. This was in response to the abrupt suspension of the ‘old normal’, the dramatic life changes, and the need to adapt to the new situation.

Initially many participants experienced intense shock and fear as their usual life was completely disrupted.

“When I heard there is corona in Kenya it was so scary. Just watching the TV and seeing what is happening in other countries it was like this is now a death sentence. It was like we would die, everyone is going to die, what would happen?” (woman, psychosocial, IWCOVKYA2)

“Corona came and it changed everything.” (woman, physical, IWCOVKYA5)

“COVID is something that came without saying. It found people by surprise. I can say most of them are in a confused state.” (man, physical, IWCOVKYA7)

The loss of the stability of usual lives, resulted in disorientation and uncertainty about what would happen to them and their families. It made things feel very difficult and uncertain for people. There was a sense of life being interrupted for some.

“It has been a hard time. This time of corona has been hard...now with no work, and others being on unpaid leave, you find that taking care of yourself is difficult. And when you look at others, they have their own stress. This is how it has been. It has been tough.” (woman, psychosocial, IWCOVKYA1)

“It has delayed my plans.” (man, physical, IWCOVKYA7)

The need to stay at home due to lockdown and other restrictions to stay safe were experienced as making life lonely and neglected.

“[Corona] has made me not leave the house... I do not get to go anywhere... The others can leave the house and go and continue their lives outside the house. I am forced to stay home.” (woman, intellectual, IWCOVKYA3)

“Now we are just in the house so that we are not infected. But what this means is that no one has time for you... when you are at home you are isolated. You are just there. It is like you are locked in a room.” (man, intellectual, IWCOVKYA9)

People’s usual support structures were affected which made it harder for them to cope.

“You are always low. Before we would always meet with friends for a cup of coffee and talk. But now this is not there.” (woman, psychosocial, IWCOVKYA1)

The pandemic lockdowns and other restrictions clearly created much worry and distress for people with disabilities. People felt hopeless, helpless and depressed in the worst times of the crisis.

“It has really spoilt our lives.” (woman, physical, IWCOVKYA5)

As noted in the sections, above, the financial crisis caused people much distress and worry as they did not know how to provide for themselves and their families. For some this had really serious consequences for their mental health. The lack of money for medical support

resulted in the relapses of some people with psychological disabilities. The distress for some is so great that they have committed suicide.

“You find that for these cases, people have depression and they are looking for someone to help and they are not receiving help and therefore choose to kill themselves. You find those who have mental illness and do not have money to buy medicine opt for suicide. So this is how we are losing young people with good and bright futures.” (woman, psychosocial, IWCOVKYA1)

Not being able to afford communications contributed to interviewees feelings of helplessness and isolation as it made it hard for them to stay in touch with their friends and DPO members. A chairperson of one support group noted that:

“Now I just have to call [the support group members] and find out how they are. Now unfortunately I do not know whether this will continue. My income is not as it was. So calling them, I have to look for more money, maybe borrow or something. Because I have to keep on knowing how they are doing.” (woman, psychosocial, IWCOVKYA2)

Some people found comfort in religion and trusting God to get them through the situation.

“Somehow by the grace of God we have managed. But it has been a major challenge.” (woman, psychosocial, IWCOVKYA1)

“By the grace of God I got a job online for one week, 10 days so I stayed home.” (man, physical, IWCOVKYA8)

“We are waiting on God to help us.” (woman, physical, IWCOVKYB5)

It is important to understand the emotional impacts of the pandemic, as subjective feelings such as frustration or lack of hope are a barrier to people’s agency, which is needed in the COVID-19 circumstances to adapt to the ‘new normal’.

Changes over time – concrete circumstances and emotional responses

The second interviews indicated that life for some people in their communities had slightly improved as restrictions eased and the curfew changed so that some people were able to start work again. The same improvement was true for a few participants as family members, or interviewees themselves, were able to find work again. This covered some of their family’s immediate needs and eased their mental stress and worries for these respondents.

“There is some progress on my side. It is not as tough as it was back then... For now, things have changed, and we hope they will change for the better.” (man, physical, IWCOVKYB8)

“[My business] has started to pick up. Its slow, you might find that its good this week, the other week is good and the one after things change – starts to decrease. Even though it is not stable one can be able to cater for needs.” (man, physical, IWCOVKYB7)

Others had turned to alternative ways of making money, especially small businesses, and were feeling a bit more optimistic about their ability to survive.

“I started a business to sell free range chicken. This is what I am working on, to see where it will go. It been two weeks so far. Hopefully it will bring me a good income.” (woman, psychosocial, IWCOVKYB1)

However, many interviewees and their family members were still unemployed, and the conditions of those who found work again were often worse than before, with lower wages and fewer hours. Many of the interviewees with disabilities were unable to find employment despite their best efforts, including as a result of disability discrimination. This meant many people were still struggling to survive or thrive.

“Things are even worse. You know why? People with disabilities are working in funny jobs. It is hard to find someone who wants to support a person with disability.” (woman, physical, IWCOVKYB5)

“We have not gone back to the way things used to be.” (man, intellectual, IWCOVKYA9)

“My husband hasn’t been paid as yet. He has not received his salary, this has been since April... so with finances we are still in the same space.” (woman, psychosocial, IWCOVKYB1)

The provision of government social assistance has not really improved and participants were despairing and felt neglected.

“You remember I shared the Inua Jamii Programme. We still have not received funds from this... They are not looking to support people with disabilities. We feel left out. We feel no one is talking about us. Imagine, no one is talking about us. We ask ourselves, ‘have we just been thrown out, just like that?’” (woman, physical, IWCOVKYB5)

We observed feelings changing for particular interviewees, such as the level of fear and emotional distress either decreasing or being perpetuated. Not surprisingly, the differences in subjective emotions experienced were related to the participants’ particular material situation. Some people felt happy and hopeful again by the time the second interview occurred. This was either because their material circumstances had improved after the initial negative economic shock, as they or their family members were earning again, or because they were less worried about COVID-19.

“It is a little bit better now. I had to take it on with the information that is being provided. It is not as scary as it was. Because now we understand... I understand that COVID is here to stay. So it is not as scary as it was.” (woman, psychosocial, IWCOVKYB2)

People adapted to new routines and felt less frustration. Life became more normal for people again or offered people the opportunity to reassess things.

“I would say people are continuing with their lives. It is normalising..... It has shut down people’s lives but now at least people are waking up and continuing with life.” (woman, visual, IWCOVKYB4)

“Corona may have come with negative things but it also came in a positive way. Because it gave people room to rethink.” (man, physical, IWCOVKYB7)

Technology and the move online also offered some participants opportunities they would not have had before.

“Now we are using phones more than before. In the past we used them for other things but now one has to use it in a wise way. You find there are things that happen and you don’t know about them. Now you can find out about them and you can be involved.” (man, physical, IWCOVKYB7)

Overall however, whilst the acute distress changed over time as people adjusted to the situation, the pandemic is not over, and so the uncertainty and struggle continues.

“We are still going to struggle until the end – it ends, a miracle and everything is back to the way it was. And at that point we have to start from zero or farther than that.” (man, physical, IWCOVKYA8)

Validation workshop

A joint online data validation event for the participants in Kenya and Uganda was held in mid-May, giving them the opportunity to share and learn from each other. All interviewees were invited and provided with data bundles to enable participation, as well as some representatives from NGOs and OPDs involved in the Inclusion Works programme. While not everyone was able to attend and some people had internet issues which meant they were unable to attend the whole session, 9 interviewees from Kenya and 8 from Uganda participated in the validation workshop. The main findings from the two countries were presented and then participants had the opportunity in small country groups to discuss whether the key themes reflected their experiences and if they had anything else to add.

The participants validated the findings and emphasised how the pandemic, the restrictions, and their impacts had disrupted their lives and resulted in trauma, fear, stress, and hunger. People in Uganda felt that the government had not really considered people with disabilities, while in Kenya people felt that the government had made an effort, but corruption and other issues meant that many people with disabilities were missing out on assistance. People emphasised that with COVID-19 here to stay, what was needed was not handouts or being reliant on well-wishers but income-generating support to help people cope both financially and emotionally, such as training and help setting up small businesses. There is also a need to strengthen organisations of people with disabilities so they can better support all people with disabilities. The participants also had the opportunity to ask questions of people in the other country and learn more about their respective experiences.

Achievements and limitations of the study

The use of narrative interviewing as a specific type of very flexible qualitative interview allowed for a focus on interviewees' own concerns and helped generate insights on situational, emotional, relational and dynamic aspects that can be missed by researcher-directed interviews. However, this approach was harder for inexperienced researchers than more conventional interviews, especially when conducted remotely, which resulted in more direct questioning prompts than intended, especially to some participants with intellectual impairments when the researchers struggled to get communication flowing. Despite this, the study generated rich and deep evidence on the interviewees' feelings, and some insight into the nuances of contextual impacts by gender, impairment and other intersecting influences such as relative poverty or access to assistance. Some participants noted how much they appreciated the process and the opportunity to share and analyse their experiences.

Researchers found interviewees communicated more openly in the second round due to the developing relations between them, as we had hoped. We thought this was also due to both the researchers and participants developing confidence in the research approach and what was expected.

Efforts were made to work with OPDs to recruit a diverse group of people with disabilities but unfortunately it was not possible to recruit participants from all impairment groups. Efforts were made to successfully recruit participants from groups who are often particularly marginalised: people with psychosocial and people with intellectual disabilities, whose voice is often not heard in research. As the participants were recruited from the Inclusion Works programme, and therefore identified as 'jobseekers', their experiences and perspectives do not represent the whole range of types of people with disabilities in Kenya. We were not setting out to be representative. For example, the participants educational level is probably higher, and they have perhaps had more opportunities than a broader sample from within the Kenyan disability community would have had.

Despite the use of two interviews giving us the opportunity to understand how experiences of the pandemic changed over time, it still is ongoing, so what is presented cannot be the full story of our interviewees' experiences of COVID-19.

Additionally, interviewing people remotely using online platforms or phones to ensure safety, is inevitably limiting and unsatisfactory for some participants and for the interviewers, and limits the process to those with access to the relevant technology. Although we made great efforts to ensure that the process was inclusive and accessible, including paying for the internet data used so that people could afford to take part, we recognise that it was less inclusive and accessible than a face-to-face process would be.

We had originally hoped to have a face-to-face participatory analysis process in Kenya which would ideally have involved at least some interviewees who were available to attend. However sadly this was not possible given the travel restrictions. Some participants expressed an interest in hearing about others' experiences and reading the report. The easy read and executive summary versions have been translated into Swahili and will be distributed to those who requested to see them, along with the full report.

Participants' recommendations

Existing pandemic responses have been criticised for not directly including the perspectives of people with disabilities in their design and implementation, therefore interviewees were asked for their recommendations for responses to COVID-19 and future pandemics. Below are the main recommendations from the participants. They suggest more disability inclusive responses to the current situation and future pandemics are needed.

As well as participants making recommendations that were pandemic related and disability-specific, there were also suggestions that were rather general, arguably relevant to non-pandemic situations, and indeed some were not necessarily disability specific. This should be recognised, and in response we have combined and edited the recommendations to some extent.

For the Inclusion Works programme

- Show care for people with disabilities by
 - Supporting OPDs to call and check up on people with disabilities they work with. These could be through funds to support regular checkup phone calls
 - Offering support packages
 - Sharing information on support packages being offered
- Consider providing support to caregivers and children of persons with disability
- Manage employers' expectations (that a person with a disability can and should do multiple jobs e.g. be a receptionist and do deliveries)
- Bring people with disabilities interviewed together to hear from each other and interact. This can also be done for those who are part of the wider programme
- Consider business startup support

For local organisations including OPDs

- Community:
 - Sensitised on how to support or take care of those with disability (specifically psychosocial and intellectual impairments) especially in times when they are vulnerable or can easily be taken advantage of
 - Be made aware that they are the primary support system for people with disabilities in their community especially during the lockdown
 - Talk with and offer those with intellectual disability options of what they can do over and above staying in the house
- NGOs/OPDs
 - Should advocate on behalf of and with people with disabilities for disability inclusion in the pandemic response and recovery efforts

- Mobilise support from donors to support people with disabilities and their groups in training and business startups in response to the economic impact of the pandemic. In line with this, it is important to be transparent and accountable to people with disability about the different programmes being implemented
- Empower and skill people with disabilities (e.g. independent life skills) to improve their resilience to the pandemic and its aftermath. Furthermore, provide more direct support to those in need. For example, those who need to buy medicine or pay for therapy sessions (as they are not working or their parents are not in a position to support them)
- Partner with private sector for skills capacity building
- Be transparent and accountable to people with disabilities about the different programmes they are implementing
- Simplify and shorten procedures for support to people with disabilities and/or explain why people with disabilities have to go through lengthy procedures
- Design and implement sustainable and empowering programmes/projects. These could include partnerships with private sector for skills building; should include advocacy on behalf of and with people with disability to improve their access to credit from commercial banks; for programmes that support people with disability, procedures should be simplified and shortened; and should not be designed to be extractive (getting information from people with disability without also providing follow-up support) and/or disempowering
- Employers:
 - Manage their expectations on giving dual roles to people with disabilities with different impairments
 - Make websites friendly for use by people with disabilities
 - Sensitise/Equip customer care staff on how to communicate/interact with people with disabilities with different impairments

For national government

- Information about the pandemic and more generally:
 - Should be friendly and easily understood by people with all impairments
 - Be clear on the official information sources as there was a lot of fake news
 - Should be consistently passed through official sources
 - At community level, use community structures to pass on information
 - Information for the cash for work programmes should be widely distributed so that people know what is happening or on offer
- Ensure access to food and water during the pandemic and afterwards

- Inclusion should be done differently. It is not about setting aside something specifically for people with disabilities. People with disabilities should be included in everything
- Ensure they have the correct data on people with disabilities as these would have helped roll out interventions during the pandemic
- Government support through the social protection programmes e.g. Inua Jamii
 - Should register more people with disabilities
 - The remittance system should be sorted out e.g. use Mpesa
 - Timely bank deposits
 - Timely, open and transparent communication on when funds are to be received, amounts and periods these amounts are to cover
 - Open, transparent and consistent processes to recruit Kaazi Mtaani youth
 - Designs of cash for work programmes to consider kinds of work people with disabilities can do and be designed in a way that includes different impairments. Selection of those who join should be transparent
 - Open, transparent and consistent communication at each stage
 - Reconsider remittance procedure – especially insisting that the caregiver to be present when funds are being remitted
 - Targeted support to people with disabilities in slums (this could include food) and those in the creative industry
- All processes targeting people with disabilities should be simpler, faster, easier and potentially be done at one point e.g. designated counters at Huduma Centers where all required documents can be applied for and processed
- Management of government agencies and social protection programmes supporting people with disabilities:
 - Government leaders e.g. President/relevant ministries should follow up/check up on those managing the programmes and agencies. They should put in place checks and balances
- Ensure educational institutions have reasonable accommodations in place (all facilities are accessible) including for online learning during lockdowns
- Communicate on how key essential services targeting people with disabilities can be accessed e.g. medication, therapy among others during the pandemic
- Increase funding to organisations/agencies supporting people with disabilities
- Work together with OPDs to come up with strategies to reach out to people with disabilities and support them during the pandemic
- Set aside emergency funds that support business in times of crisis to at least cover key costs e.g. paying staff and utilities

- Collaborate with private sector for skills capacity building
- Support people with disabilities and their families with food and farming implements
- National Council for Persons with Disability:
 - Set aside emergency funds that support people with disability during crisis/disasters
 - Improve on their communication to people with disabilities who put in applications for support
 - Faster turnaround on applications for support
- Government support through the various agencies working with people with disabilities e.g. National Council for persons with disability, should revise their age limits for those they support (currently at 45 years and below); and include support to caregivers, children of people with disabilities
- Listen to people with disabilities: speaking their mind or agitating for their rights does not mean they are having an episode relating to their impairment
- Make sure the 5% employment of people with disabilities requirement is fulfilled by companies
- Should implement all recommendations previously shared, learn from that implementation and adopt lessons to move forward
- Systematic change is required. Not pity
- Support people with disabilities based on what they are already doing (this includes additional plans they have based on what they are doing)
- Invest in changing the mindset of those managing and/or working on programmes targeting people with disabilities – they are there to work for people with disabilities to safeguard earmarked resources

Conclusions

This research has shown that the COVID-19 pandemic has had devastating and life-changing detrimental effects on people with disabilities' lives in Kenya. It has halted their life plans and its consequences will affect their future after the pandemic ends. The participants who took part in our narrative interviews illustrated that the impact of the COVID-19 pandemic has been wide-ranging and extreme in some cases. The data shows some recurrent themes emerging in the accounts of the lives of people with disabilities due to COVID-19. These include a negative impact on finances, emotional wellbeing, relationships, access to social protection and opportunities.

Many of the impacts were found to interact with each other (for example, losing employment - leading to financial concerns – leading to deteriorating mental health). Some of the impacts affected the whole community, but for people with disabilities the impacts often seem to be

exacerbated or compounded by their pre-existing difficulties resulting from barriers and disability discrimination. This reflects findings elsewhere that the pandemic has deepened pre-existing inequalities.

Starting the pandemic from a position of unemployment or insecure employment in the informal sector meant that the financial impacts hit people with disabilities harder, especially as the informal sector was particularly affected by the lockdown and pandemic restrictions. Food insecurity was a major issue, especially for those in urban areas who were unable to grow their own food and many people with disabilities and their families were going hungry. The stress of the financial difficulties was very hard for people and caused tensions in many families. For men, not being able to fulfil their role as breadwinner, seemed to cause much anguish and frustration. Relying on family and friends for support was hard as the pandemic's impacts were wide-ranging in their communities and most people were affected. Using up savings or taking loans in an attempt to survive also makes it harder for people to restart their lives when the pandemic ends.

There were clear frustrations and disappointment from our participants with the lack of social assistance provided by the different government social protection programmes. Despite the financial difficulties they faced, people with disabilities were not being included on beneficiary lists, and when they were, the promised money often failed to reach them. This reflects wider issues with the social protection response during the pandemic (including corruption), previous issues with the social protection system which did not cover many people with disabilities, and possible disability discrimination. While NGOs and OPDs provided needed support, this was often inadequate due to resourcing issues. This left some people feeling disappointed and disillusioned with the lack of practical help from the wider disability movement.

Despite some improvement as restrictions eased, people with disabilities were still struggling. Where possible they were trying to find new work to provide for themselves, but this was challenging in an environment that continues not to be disability inclusive.

To conclude, our data showed that people with disabilities have been marginalised by the pandemic and government responses to it. Inclusive approaches must be developed to ensure that the rights and fundamental freedoms of all persons with disabilities can be realised without discrimination of any kind on the basis of disability.

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Annex 1 – Participants’ table

Gender		Impairment							Age*			Education**				
Male	Female	Physical	Visual	Hearing	Intellectual	Psychosocial	Other	Multiple	<29	30 to 49	50>	None	Primary	Secondary	Tertiary	Other
5	5	3	1	0	3	3	0	0	4	6*	0	0	2	1	6	1

Occupation***				Marital status			Location			Dependence****				Times interviewed	
Employed/works	Unemployed	Student	Other	Married	Single	Other	Rural	Urban	Semi	Depends on others	Others depend on them	Neither	Unclear	Once	Twice
7	1	2	0	2	8	0	0	8	2	4	3	1	2	2	8

*Age of one participant unknown, but estimated as early 30s.

** College education included under ‘tertiary’. Other includes religion-based education and informal education.

*** The occupation category of ‘other’ included volunteers, and those with caring responsibilities who were not actively seeking employment.

**** The dependence category was open to interpretation by data collectors, as it was a category of interest decided after the interviews has been conducted so data was not systematically collected about it.