

Socio-Economic Wellbeing and Human Rights-Related Experiences of People with Disabilities in Covid-19 Times in South Africa

Final report
26 January 2022

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Introduction

Following the outbreak of the Coronavirus (COVID-19) toward the end of 2019, the South African government declared a National State of Disaster on 15 March 2020 and introduced Level 5 lockdown from 27 March 2020. While necessary as a measure to contain the spread of COVID-19, the introduction of stringent Level 5 lockdown measures negatively impacted all South Africans and the economy. Almost overnight, jobs were shed, movement within and between provinces was curtailed, and most people had to remain at home unless they were shopping for essential groceries and food. Prioritised healthcare workers could continue to work under strict conditions. Non-essential businesses were temporarily closed. The South African Police Services (SAPS) and the South African National Defence Force (SANDF) were deployed to assist with the implementation of the lockdown procedures.

On 1 May 2020 the country moved to lockdown Level 4 and a phased relaxation was introduced. By 1 June 2020 the country had moved to Level 3 and the state had introduced some mitigation measures, including the distribution of food parcels, the social relief of distress grant (SRD), and had temporarily increased some social grants. Non-essential businesses were allowed to reopen, and learners and students began returning to schools and higher education institutions. On 23 June 2020 South Africa started its first COVID-19 vaccine trial.

While these events were unfolding in the early months of the pandemic, the disability sector became increasingly aware of challenges facing persons with disabilities in South Africa due to the control and mitigation measures implemented during Level 5 and 4 lockdown phases. Some press reports indicated increased difficulty in accessing transport, essential services, care services, food, and other basic needs. There were also reports regarding difficulty in accessing the mitigation measures such as food parcels and the SRD. Some South African disability scholars began conducting research with persons with disabilities and with Disability Support Organisations (DSOs) / Organisations for People with Disabilities (OPDs). Much of this work focused on specific types of disabilities or on general challenges faced by OPDs and persons with disabilities (McKinney, McKinney and Swartz, 2020; 2021).

Persons with disabilities are one of the largest minority groups in society, and yet one of the most marginalised. An estimated 15% of the world's population are persons with disabilities, 80% of whom live in developing countries (IASC, 2019; United Nations, 2020). In South Africa the official figures for persons with disabilities vary to a great extent, from 7.5% in 2011 (Stats SA, 2014) to 7.7% in 2016 (Stats SA, 2016) and 6.6% in 2019 (Stats SA, 2020). In 2016 the Department of Social Development (DSD) and Statistics South Africa (Stats SA) noted that at least 12% of the population over five years of age could have activity-limiting impairments of various degrees (DSD, 2016a). The National Department of Health put this figure at around 20% in 2016 (NDOH, 2019). This diversity exists despite these national surveys using the

preferred Washington Group Short Set (WG-SS) questions (WG, n.d.). This now widely used tool collects data about people's self-reported type and severity of functional difficulty, as a proxy for disability but does not ask about diagnosis of impairment or health conditions.

During the early months of the global pandemic the international Disability Rights Monitor group survey illustrated the circumstances of persons with disabilities around the world (Brennan, Allen, Arnold et al. 2020). Gradually literature on the situation for persons with disabilities in sub-Saharan Africa started to emerge (Ek and Larsen, 2021). As members of an informal network looking at issues affecting this group, some of the authors of this report realised that much of the research done was not specifically focusing on their perceptions during the pandemic and that it was not using the WG-SS questions. Having noticed a gap in the type of data being collected by other scholars and the media, this small informal network identified a need for a survey that would look at both experiences and perceptions of persons with disabilities focussing on lived experiences of socioeconomic impacts and access to human rights during the pandemic in South Africa.

At the time the University of Johannesburg (UJ) and the Human Sciences Research Council (HSRC) were collaborating on a similar exercise across the broad South African population, the UJ-HSRC COVID-19 Democracy Survey. The University of Cape Town (UCT)-based National Income Dynamics Survey group introduced the National Income Dynamics Study Coronavirus Rapid Mobile Survey (NIDS-CRAM) to consider the impacts of COVID-19 on South Africa. Both these studies were on-line digital and longitudinal surveys. Given the seemingly limited opportunities for funding a panel study, the HSRC and the National Council of and for Persons with Disabilities (NCPD) formed a partnership with disability scholars at the Institute for Development Studies (IDS), University of Sussex (UK). Together the organisations compiled a proposal and submitted this to the UK Research and Innovation Newton Fund COVID-19 Agile Response call for proposals in July 2020. This was approved and the study started in November 2020. Research ethics approval was obtained from the IDS and from the HSRC's Research Ethics Committee (Protocol No REC 1/11/20 9 December 2020).

This report summarises some of the key findings of the study, which was conducted on-line using Google Forms from the 1 July to 31 August 2021. All percentages displayed are rounded to the nearest percent and this may affect what is displayed in charts. While we cite some literature in this report a separate literature review was written by the team and was used to guide the research and focus the questions (Wickenden et al. 2021).

Purpose and methodology

Background

Based on media and research reports our interest is on the impact of COVID-19 and mitigation measures on persons with disabilities in South Africa and how this might impact on their rights and their wellbeing. Reports during initial four months of lockdown indicated that with people with disabilities were generally being overlooked by disaster relief measures and almost entirely ignored by pandemic directives, which focused more on controlling the spread of the Coronavirus rather than paying attention to the adverse effects they might cause for specific groups (literature review). Furthermore, discussions with various state officials and OPDs indicated that persons with disabilities were overlooked by the National Disaster Management Framework in various ways, including:

- Specific needs and circumstances ignored
- Diversity within the sub-population of persons with disabilities was not considered
- The Disaster Management Act (DMA) regulations more concerned with reducing infection (overlooked the need to mitigate various indirect effects of the pandemic and promulgated regulations)

It was also evident from reports that few specific state interventions included the need to consider persons with disabilities and thereby raising questions about the nature and type of support, who was reached, and the impact of COVID-19 control or mitigation regulations. To get some understanding of the circumstances of persons with disabilities the survey asked broad questions to explore the socioeconomic, and human rights related perceptions and experiences of South African residents with disabilities during the pandemic.

The study set out to hear the voice, attitudes, needs and circumstances of respondents who were individuals who were people with disabilities not organisations in the sector. Other studies have focused on these organisations. While the focus was not on children we encouraged parents, guardians and carers to assist provide consent and assist those under 18 should they wish to do participate. We also asked caregivers and family to assist those who found it challenging to complete the questionnaire online themselves.

After various delays the survey was open for responses online from 1 July to 31 August 2021. After the first round of piloting, we included the WG-SS questions. The final survey instrument consisted of 119 items. We opted for a self-definition of disability or impairment rather than a clinical diagnosis thus aligning with the WG-SS. As the vaccine debate was raging at the time and because various members of the research team were being requested to lobby for persons with disabilities, irrespective of age, to be prioritised to get the vaccine we included some questions related to the vaccine and the roll out. The final survey instrument comprised mainly quantitative questions, including some multiple response questions and options

where only one response was required. We included some free text qualitative questions where respondents could explain, clarify or provide a comment or suggestion.

Survey methodology

Due to COVID-19 and the lockdown regulations and to protect researchers and respondents from possible infection the survey was administered online. It was thus compliant with COVID-19 regulations in South Africa. We also had to comply with the Protection of Private Information Act of 2013, so we could not assemble a database of possible participants and contact them directly. Instead, we worked through different civil society, government and private organisations and enterprises and requested them to distribute the survey link on our behalf to their contacts. Those who received the link could then decide whether to respond to the survey and give their consent for their information to be used. Thus, the research team had no direct contact with the respondents or potential respondents outside of their own personal networks.

Response profile

The intention was to run the survey online for one month in July and to get response from between 3000 and 4000 persons with disabilities. However, due to an initial low response rate and the unrest in Gauteng and KwaZulu-Natal and other parts of South Africa, the survey was kept open until 31 August. The final number of valid cases (those who gave consent and agreed to participate in the study) was 1857. Those over 18 years accounted for 94.3% of the sample and 96% completed the survey without any assistance. Of the sample 87% self-defined themselves as a person with a disability.

Geographic spread of sample

Figure 1 indicates that most of the respondents came from Gauteng Province (64%), with 7% from the Western Cape and 6% from Limpopo. The high concentration of respondents in Gauteng is possibly attributable to the density of the population in this smallest province but more likely to the fact that the HSRC and the NCPD have a significant presence in this province and had more control over the management of the survey-link distribution process. The more rural provinces, such as the Northern Cape and the North West, may well have had challenges regarding Information and Communication Technologies (ICT) infrastructure. For example, it is often difficult to connect with colleagues in the Northern Cape because the mobile connections are weak except for in the two main towns of Kimberley and Upington. Similarly, the increase in load shedding during this period may also have frustrated respondents in particular areas.

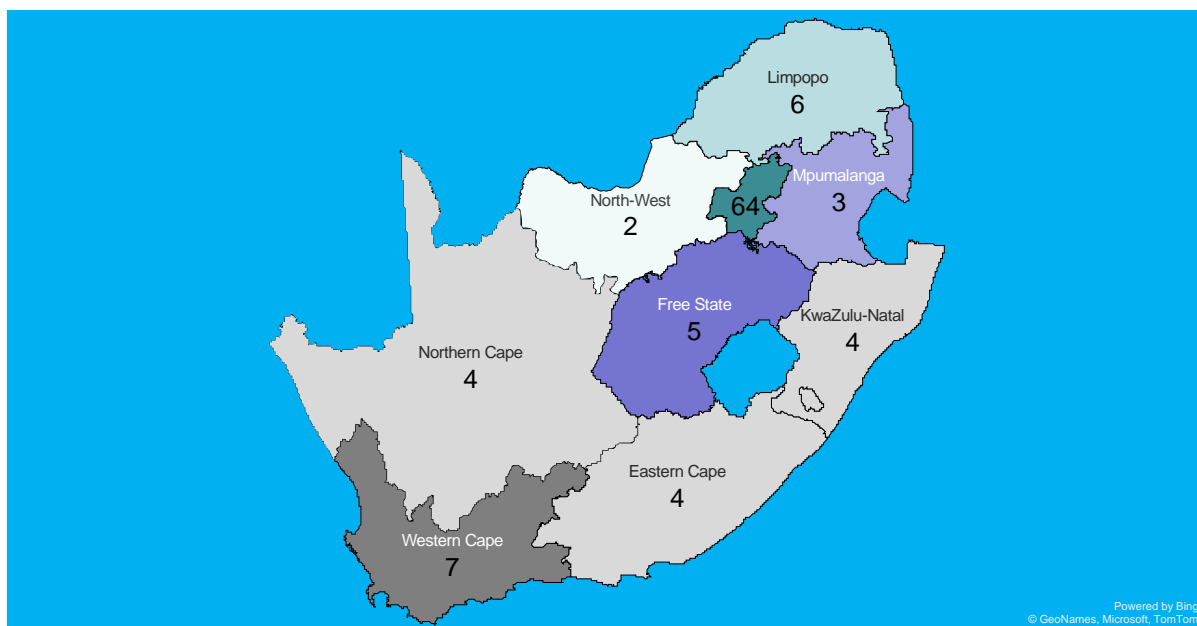


Figure 1: Provincial distribution of realised sample (%) (N=1857)

Methodological limitations

It must be noted that the findings presented relate only to the sample and is not necessarily representative of the whole population of persons with disabilities. While some cautious extrapolation can be done, the main challenge is, as noted above, that official figures of persons with disabilities vary from 7% to 20% of the South African population, indicating that many are undocumented and unrecorded. Hopefully the next Census will shed clearer light on the proportion of persons with disabilities in South Africa. We used a purposive voluntary sampling approach as opposed to a random or stratified sampling approach. We also used self-definition of disability as a criterion for opting to participate in the survey. In the survey covering letter and guide we included the following paragraph about disability:

Definitions of disability vary, and it is up to each person to decide whether they identify as a person with disabilities or not. The survey includes some questions about the type and level of difficulty you have, and it is up to you to decide about this. The study is not linked to any official information about your or your impairment or how disabling this is.

The reason for this is that there are many clinical definitions of disability used by different departments and organisations. Our decision to opt for self-definition aligns with the purpose of the WG-SS. It is important to note that the WG-SS methodology does not aim to capture prevalence of diagnosed impairments but people's perceptions of difficulty in functioning. It also notes that people have different understandings of the meaning of disability. So, the figures derived from the survey findings do not necessarily map onto other types of datasets which may report prevalence of types of impairments or health conditions. Furthermore,

some people may have lived for a long time with an impairment and become accustomed to it and therefore not consider it functionally challenging. So, while they may report that they are a person with at least one impairment they might not see this as being functionally challenging or socially or environmentally disabling.

As the methodology required online connectivity, participants who are literate may have been more likely to participate and this may explain why the education of participants is generally higher than that of the general South African population. The online nature of the methodology and the type of people who participated may have had an influence on the findings overall. For example, it would be expected that a sample with higher education levels than the general population may find accessing information about COVID-19 easier than a less-educated cohort. The format of this survey offered only limited space to gain knowledge about the contextual living conditions of respondents. Further qualitative inquiry may address this knowledge gap.

The survey instrument was long, with 119 items that required responses in most cases, and took about 35 to 45 minutes to complete. Thus, some fatigue could have been experienced by respondents, over which we had no control.

Self-administered surveys online or using other forms of distribution such as postal surveys are subject to limitations. Despite extensive piloting, we are uncertain if each item was clearly understood, and are unable to identify and explore possible misunderstandings or explore response inconsistencies that arise.

It must be noted that a survey is a snapshot in time, and this can lead to biases in responses to the survey. Common biases include: recall limitations; the predominance of current issues and concerns; and even that earlier concerns may have been resolved by the time of the survey or are overshadowed by more recent events. Media messages at the time can also influence responses. When respondents are assisted to complete the questionnaire, moreover, there can be some bias on the part of the person assisting them, which might result in inaccurate representation of their intended responses. However, this is unlikely to be a major cause for concern in this survey as only 4% (N=74) of the 1857 respondents were assisted.

Demographics of the sample

Persons with disability

The majority of the sample, 87%, identified themselves to be persons with disabilities.

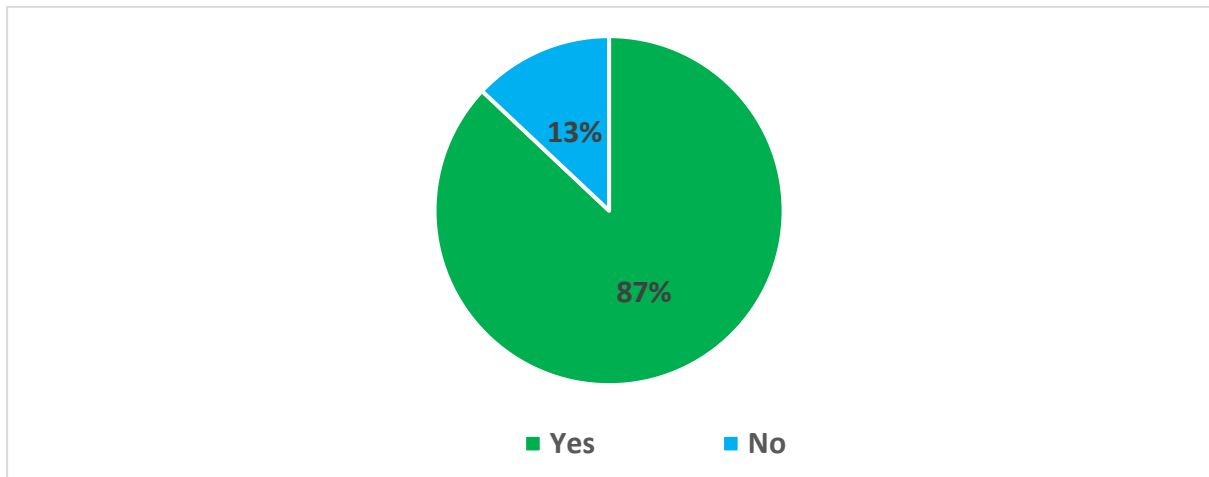


Figure 2: Survey respondents considering themselves to be persons with disabilities (%) (N=1857)

Gender distribution

In terms of gender just under 64% were male, 36% female, and less than 1% “other”. Almost 83% of the males considered themselves to be a person with a disability, as did 95% of the females. Figure 3 provides a disaggregation by identified gender and age range. The majority of female respondents (69%) came from the 18–34-year age group while the majority of male respondents (55%) were in the 35–64-year age group. While the percentage of those who identified themselves as “other” was extremely small, 82% came from the 18–34-year cohort. Just over half (52%) of the sample came from the 18–34-year cohort and 44% came from the 35–64-year cohort. Just under 2% were over 65 years of age and 2% were younger than 18. Overall, most of the respondents fall into the ranges of 18-34 years and 35-64 years.

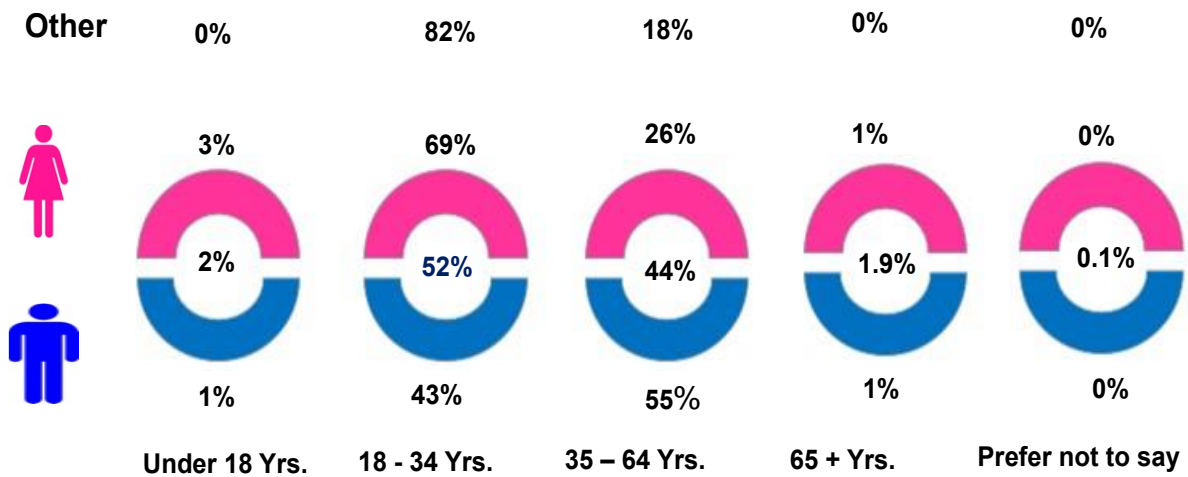


Figure 3: Respondents' identification in terms of gender and age (%) (N=1857)

Race

In Figure 4 shows that unsurprisingly, most of the respondents were Black African (83%) which mirrors the population distribution in South Africa. What is surprising is the very low share of respondents from the Coloured and Asian population groups and from the White group, although the latter is much larger than the former two racial categorisations.

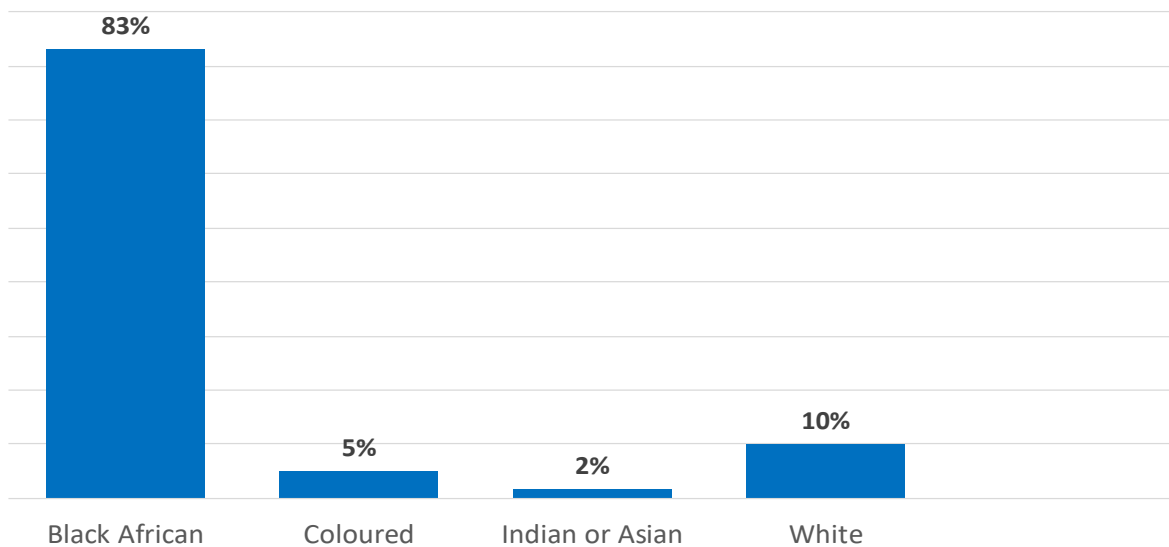


Figure 4: Share of respondents by racial categorisation (%) (N=1857)

Education

Interestingly, Figure 5 indicates that 40% of the respondents had a Grade 12 Certificate with a further 21% having a higher educational qualification. Of concern is that 26% had limited

primary and secondary school education and 12% had no formal schooling. The sample is more educated than the population of people with disabilities in South Africa (among whom educational levels are generally lower, with those having Grade 12 and higher being around 18%, according to DSD (2016a&b) and Stats SA (2019)).

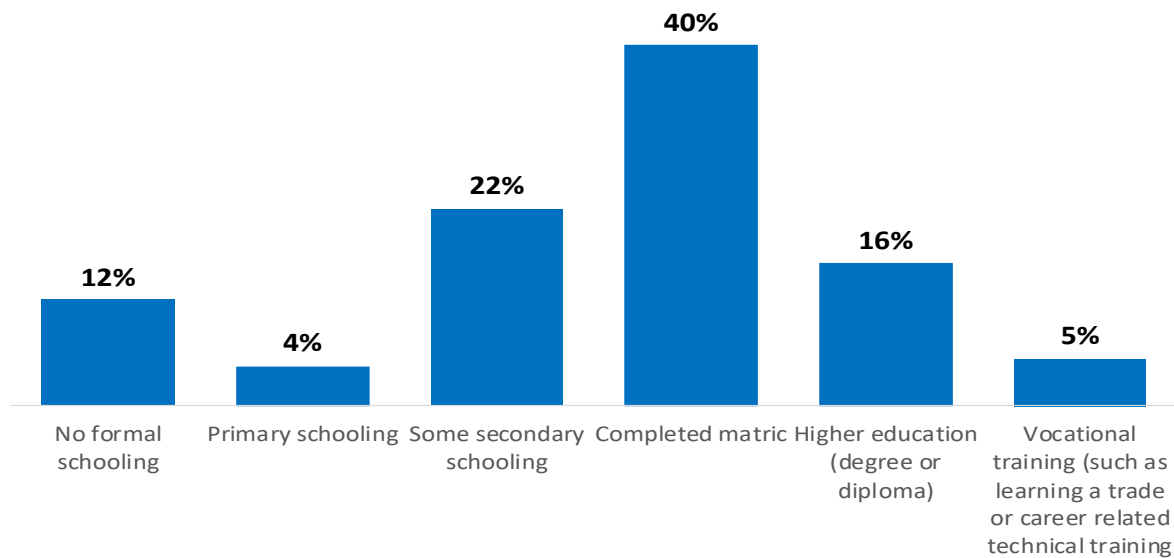


Figure 5: Respondent's educational levels (%) (N=1857)

Marital status

Three-fifths (61%) of respondents had never been married, while 2% were divorced, 2% were separated and 1% were either widows or widowers. Just under a third (31%) reported being married and 4% reported cohabiting or being in common law relationships.

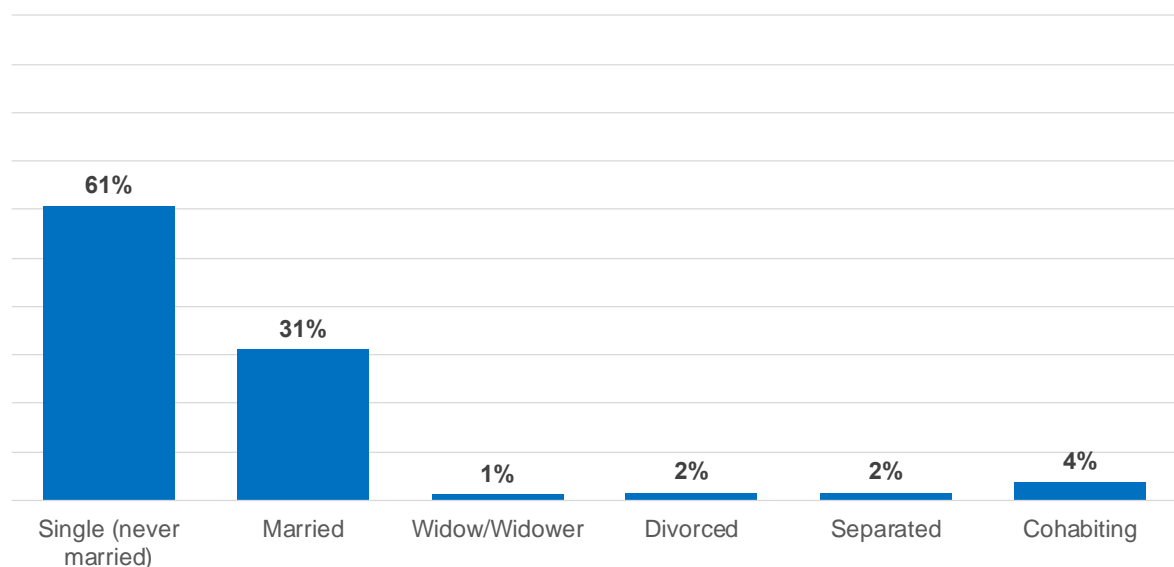


Figure 6: Marital status of respondents (%) (N=1857)

Disability in terms of the WG-SS

Using the WG-SS questions, respondents had to indicate their level of difficulty in all six functional domains. It must be noted that while the WG-SS questions were asked, we used self-identification of persons with disabilities rather than one of the recommended cut-off points for WG-SS categorisation such as “a lot of difficulty” in our sampling approach. The reality is that individual people in different circumstances may vary in how they self-identify with disability. Furthermore, some may have “some difficulty” or even “no difficulty” most of the time but find certain environments disabling. Figure 7 represents the combined results from the WG-SS questions.

More than 29% of respondents reported “some difficulty”, a “lot of difficulty” or “cannot do” in one of the six domains. Thirty-four percent of respondents reported having some visual challenges and those with hearing challenges amounted to 29%. Forty-seven percent had challenges with mobility and 36% had challenges with self-care. Over 36% had challenges with concentrating and remembering and around 30% had challenges with communication when using their home language.

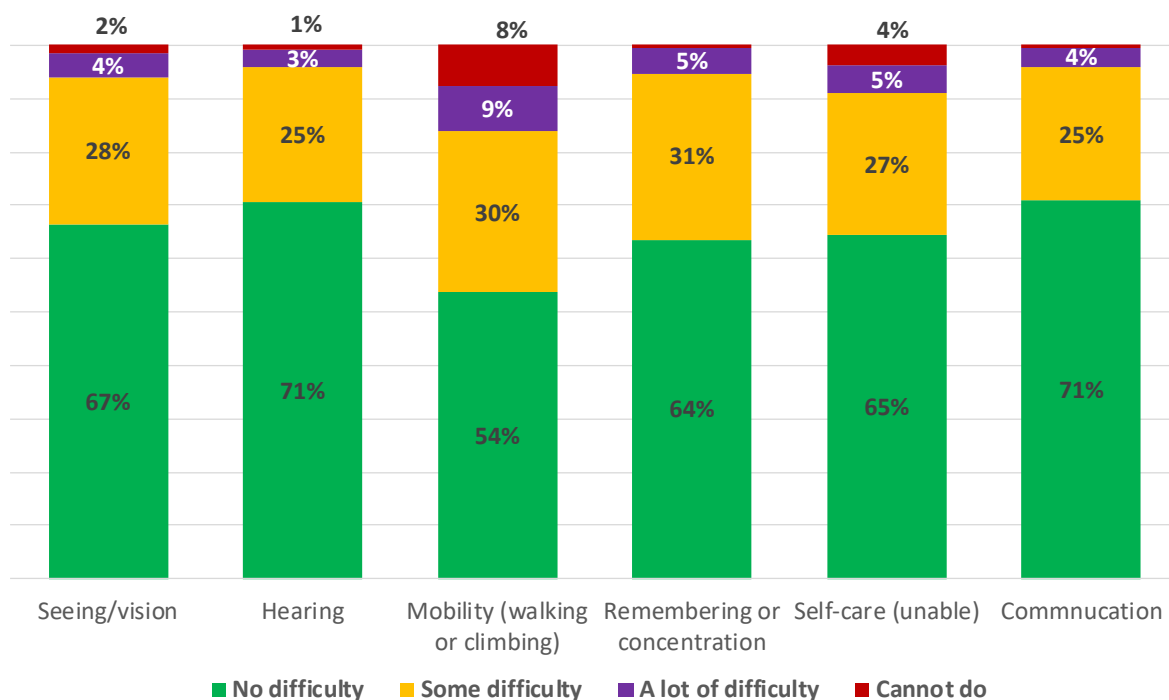


Figure 7: Self-reported functional difficulty in six WG-SS domains (%) (N=1857)

In a follow-up question to the WG-SS to determine if we had missed out types of difficulty or alternative descriptions of impairment, respondents reported upper body limitations, hand and arm limitations, organ problems, difficulty sitting, difficulty getting out of chairs, pain, anxiety / depression, tiredness, complex epilepsy, Albinism and Attention Deficit Hyperactivity Disorder (ADHD). This illustrates the ways in which people conceptualise their

difficulty and perhaps suggests that the WG-SS questions probably need to be administered in person and that the recently developed WG-SS Enhanced set might elicit more accurate or detailed responses about people’s needs for support.

Asked about how disabling respondents experienced their difficulty to be (Figure 8), almost half of the respondents said it was very disabling (46%) while almost a third (30%) considered it somewhat disabling. Of the remaining respondents 10% were uncertain, 9% did not really find their impairment to be very disabling, 2% were clear that their experience was “definitely not disabling”, and 3% did not know. This shows how complex and variable concepts and language around impairment and disability are and how diverse individual people’s usage of the terms is.

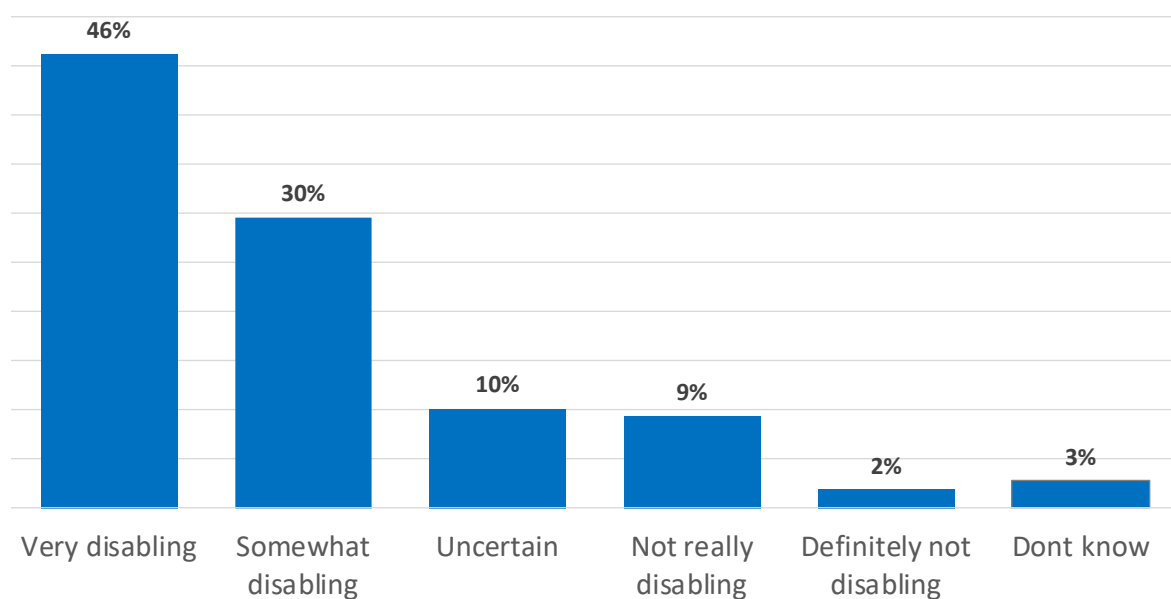


Figure 8: How disabling respondents experienced their difficulty to be (%) (N=1857)

Economic circumstances – pre- and during the pandemic

In line with the socioeconomic focus of the survey, it aimed to gauge individuals' perceptions of their economic circumstances and how these compared pre- and during the pandemic. Questions were asked relating to economic circumstances including: housing, access to water and sanitation, income, reliance on grants, changes in employment, concerns about the economic outlook during the pandemic, and future perceptions of economic circumstances.

Figure 9 shows that 43% were living in a township or RDP housing while 20% lived in a backyard room or shack and 11% lived in informal settlements. Only 5% reported living in rural areas, so most of the respondents are urban based. Around 0.5% live in a place of safety for the homeless or the elderly and 1.5% reside in state or private institutions for persons with disabilities. Only 16% of the respondents are living in suburban, homes, cottages, apartments or townhouses.

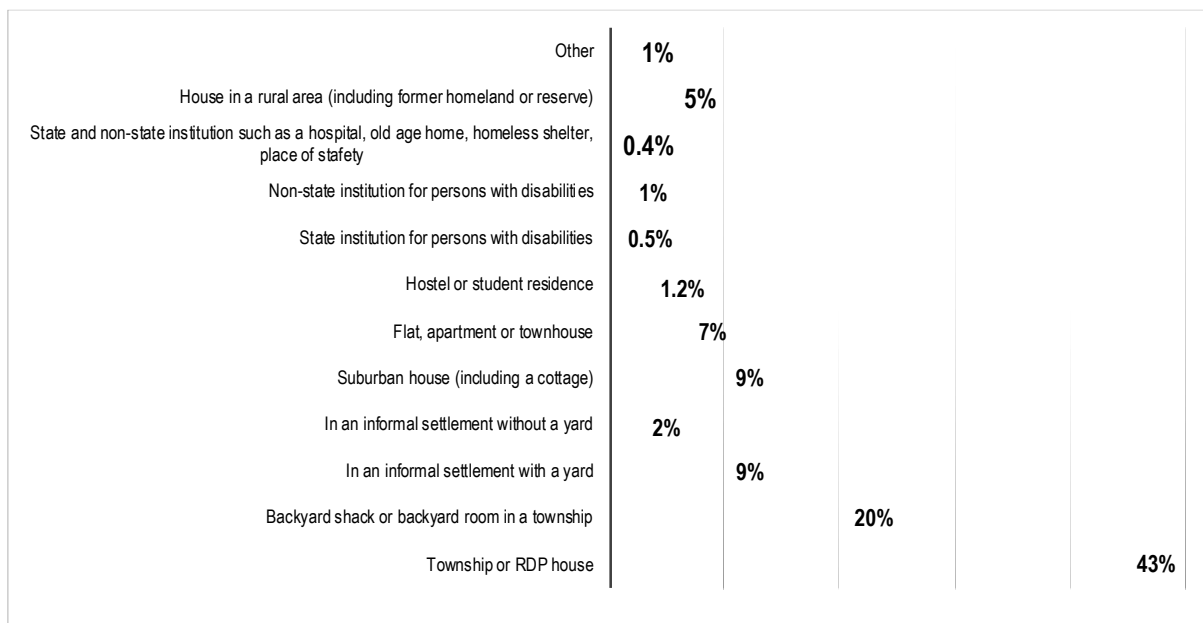


Figure 9: Type of housing of respondents (%) (N=1857)

Interestingly, 64% of respondents reported receiving a state social grant as indicated in Figure 10. While 25% were not getting any state assistance, 8% were in the process of applying for a state social grant. Around 3% felt that they were eligible for a disability grant but had been unsuccessful in getting one.

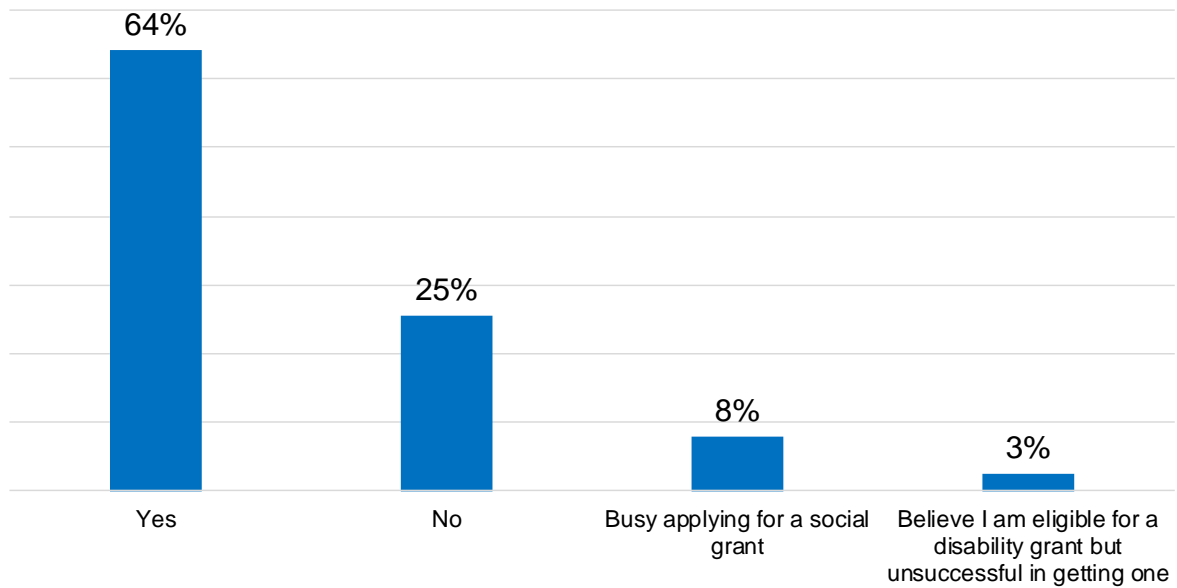


Figure 10: Receipt of a social grant from the government (%) (N=1857)

Exploring the type of grants received, we noted an interesting trend. Figure 11 shows that one third (33%) were getting the SRD, which is a temporary COVID-19 relief measure of R350/month and just under one third (31%) received a disability grant. Almost a fifth (19%) are not eligible for any social grant. While 10% receive an old age pension, 5% receive grants relating to children: Child Support Grant (3%); Foster Child Grant (1%) the Care Dependency Grant for children with disabilities (1%). A concern is that 33% of respondents are likely to lose their current grant, the SRD, over time as this is a temporary relief measure.

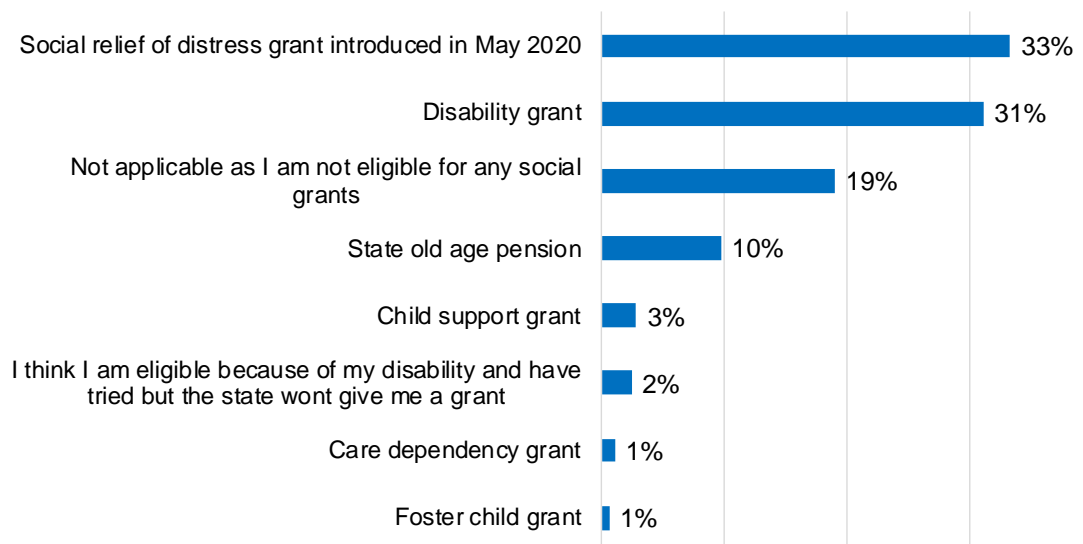


Figure 11: Type of social grant received (%) (N=1857)

Average monthly income

Figure 12 indicates that at the time of the survey 26% of the respondents earn less than R1 227.00 per month and while 14% earn between R1 228.00 and R2 500.00 per month, 33% earn between R2 501.00 and R5 000.00 per month. This means that 73% earn less than R5000.00 per month or R60 000 per annum. Approximately 10% earn between R10 001.00 and more than R40 000.00 per month. Income is derived from multiple sources and not only formal sector salaries and wages; thus, no reliable official figures exist for the average monthly take home earnings after tax. However, BankservAfrica (2021: 8) put the figure for salaries and wages after tax at R 15,125 in August 2021. Stats SA’s Quarterly employment statistics (2021) put the figure, before deductions, at R24,051. Figure 12 shows that at least 82% of respondents have income or earnings after deductions below R10,001 per month – well below the proposed current monthly averages.

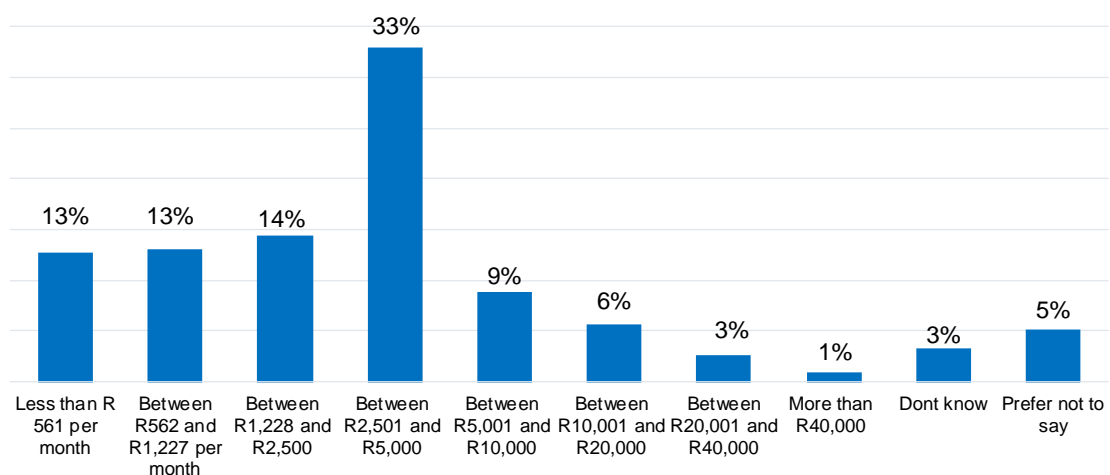


Figure 12: Respondents gross monthly average earnings (%) (N=1857)

Unsurprisingly an overwhelming 93% of respondents were concerned about their current financial situation. When asked if their concerns about their financial circumstances were different or the same as prior to the pandemic, 78% (Figure 13) were much more concerned and 13% said they were less concerned. Only 9% said they had the same level of concern pre- and during the pandemic.

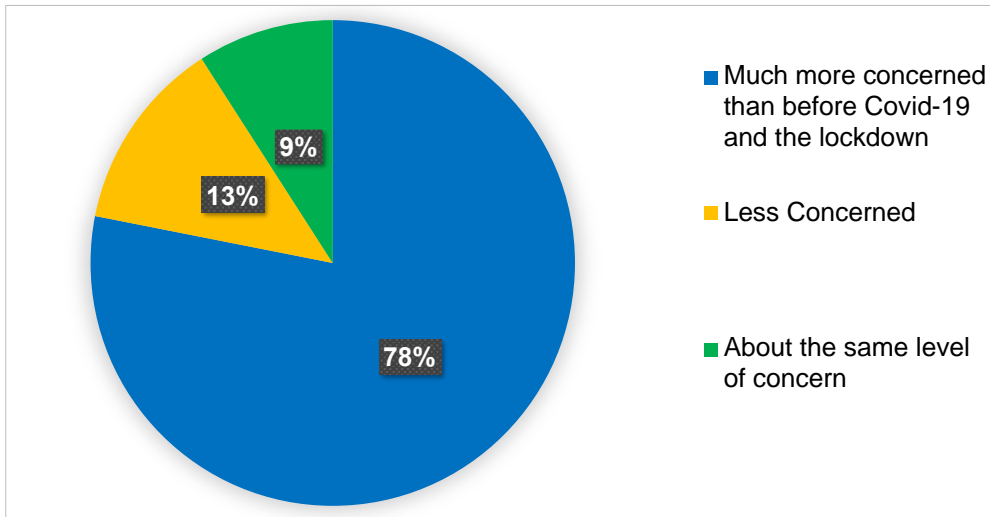


Figure 13: Concern about financial situation pre- and during lockdown (%) (N=1857)

To get some idea of what persons with disabilities were doing in terms of employment at the start of the lockdown on 27 March 2020 they were asked to select an option that best described their work status. Figure 14 shows that 37% of the respondents indicated that they were working fulltime or part-time or were self-employed and 35% were unemployed. The unemployment figure is similar to that of the general population at the time. While 2% were unable to work for health reasons 9% were permanently unable to work because of their disability. Only 2% were old age pensioners while 6% were looking after other household members and 8% were students.

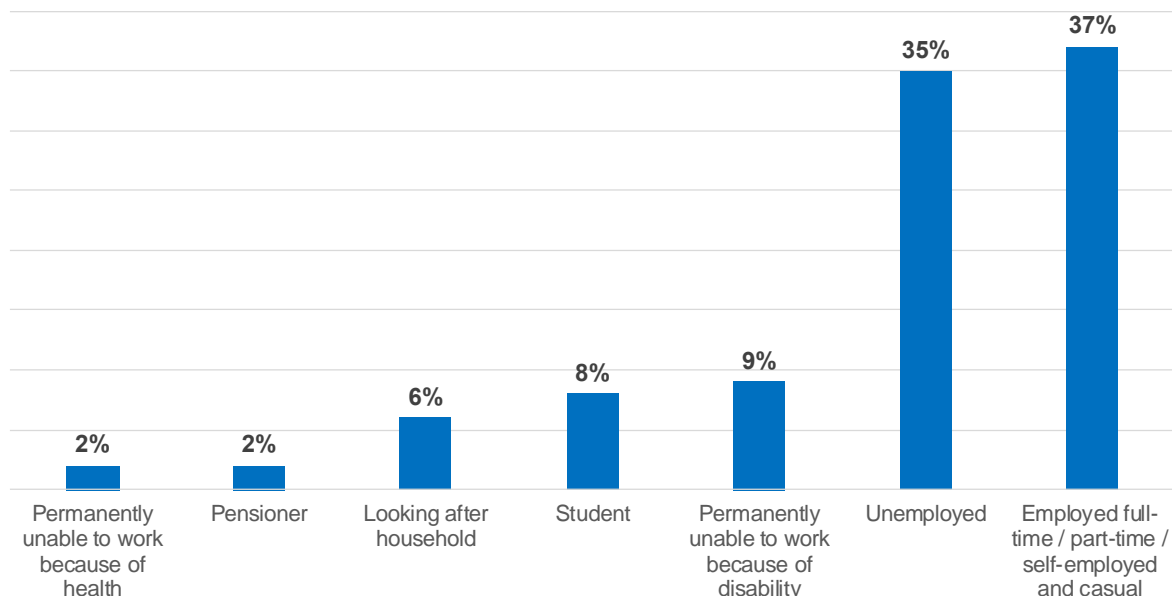


Figure 14: Respondents' work status at lockdown on 27 March 2020 (%) (N=1857)

Respondents were asked if there had been any changes in their employment circumstances because of the Pandemic and control measures introduced since 27 March 2020. In Figure 15,

4% did not know and 32% did not experience any of the options listed. Just under a third (29%) had not been in any form of employment since the beginning of the pandemic which roughly coincides with the share of unemployed indicated in Figure 14 (35%). From the remaining 35% of respondents, who seemed to be undertaking some form of employment, the pandemic and regulations resulted in 6% taking unpaid leave, 5% had their working hours reduced and 11% had the income from their employment reduced. Approximately 13% lost their jobs. So, while it is difficult for persons with disabilities to get employment at the best of times changes in employment conditions are similar to those experienced by persons without disabilities.

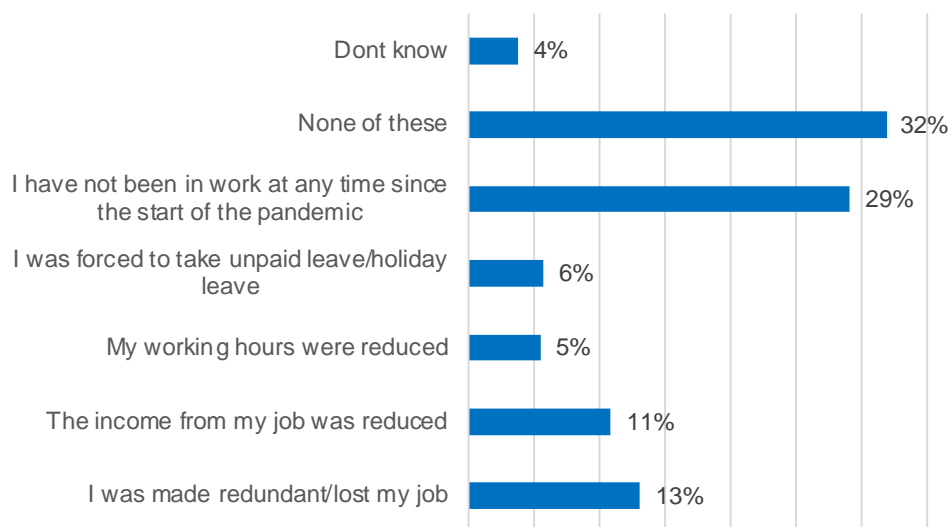


Figure 15: Change in employment circumstances because of the pandemic (%) (N=1857)

To assess whether respondents felt they were struggling financially we used a Likert-scale type question asking if they agreed with the statement “Due to my financial situation, as a result of lockdown, I have difficulties paying for my living expenses”. While 76% agreed with the statement 6% disagreed, 14% neither agreed nor disagreed and 4% did not know. In the last instance this might be due to the respondent not being in direct control of their finances, e.g., somebody living in a home or who is being cared for by family. When asked, using a similar scale, if their financial situation in terms of paying for disability related experiences had changed, 44% said it had remained the same, 49% stated that it had got worse, while 4% did not know and 4% said it had remained unchanged. With almost half the respondents stating that their disability related expenses were negatively affecting them as a direct or indirect result of the pandemic, this is cause for concern, especially as many are unemployed, and a similar number’s employment status had adjusted downwards because of the pandemic.

To gauge respondents outlook regarding their future financial wellbeing, they were asked how likely or unlikely is it that their personal economic/financial situation could get worse in

the next few months due to the economic consequences of COVID-19. Just over half (51%) Felt That It Was Unlikely, While 39% Felt That It Was Likely To Worsen And 10% Did Not Know/Had No Opinion On The Subject.

Psychosocial experiences

Beyond economic and financial effects of the pandemic and subsequent mitigation legislation, the survey explored the social and psychological wellbeing of respondents. Other studies reported that for the general South African population, as well as in other countries, the pandemic is having a serious negative impact on people's psycho-social wellbeing due to the fear associated with the pandemic and the often lengthy periods of isolation (self or officially imposed) due to restrictions on movement. At the beginning of the lockdown in South Africa the army and the police services were deployed to many areas to ensure adherence to travel restrictions and movement outside of homes and places of residence during and in between curfew periods. At the time, the media presented serious cases of abuse by the security services, including the loss of life, and the general anxiety experienced by South Africans about the unknown future direction of the pandemic. In this section we look at various psychosocial experiences and the encounters between persons with disabilities and law enforcement.

Emotional experiences during the pandemic and means of coping

In Figure 16, displaying multiple emotional experiences, it is evident that stress was felt by almost two-thirds of the respondents at some stage during the pandemic. Over half felt scared or depressed, while just under a third felt angry at times and only 23% felt happy at times. Between 41% and 44% reported feeling sad, lonely, frustrated and irritable or bored. Overall, the responses indicate many negative emotions experienced in response to the pandemic. These may well have long lasting negative effects as the pandemic continues and will need to be addressed.

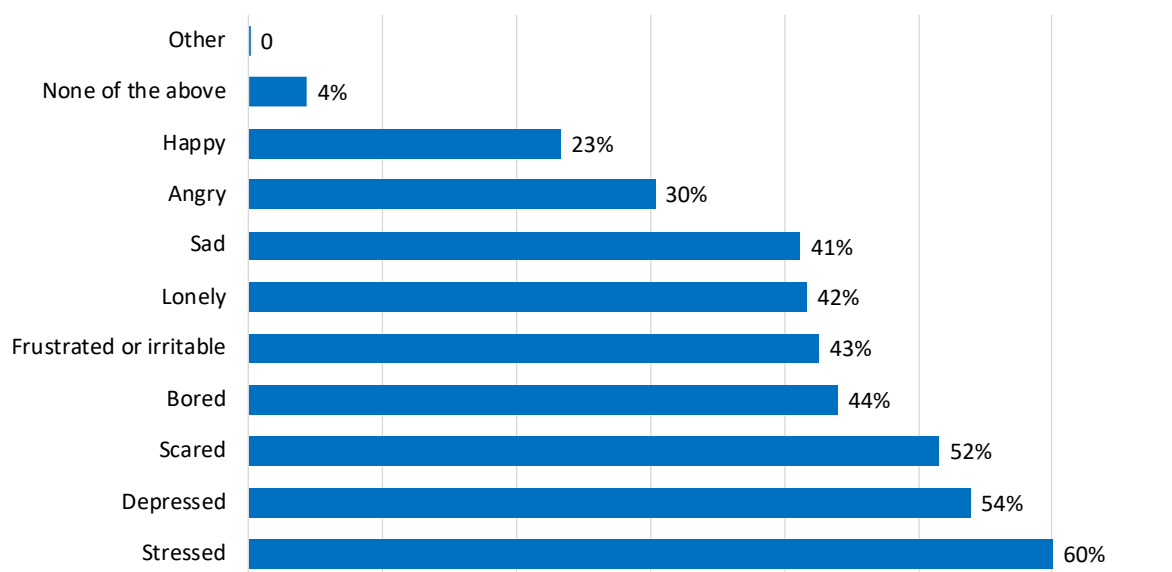


Figure 16: Emotional experiences of respondents under lockdown (MR) (%) (N=1857)

Respondents were asked about what measures they undertook to address negative emotions during the pandemic, noting that often normal forms of recreation and relaxation were curbed because of various disaster management regulations. Figures 17 and 18 respectively if and how people addressed the negative emotions. In Figure 17 we see that almost 70% of the respondents took measures to address negative emotions they experienced. Figure 18 indicates that 29% of the respondents sought professional mental health services to address negative emotions. Almost 50% undertook activities such as prayer, exercise and relaxation activities, engaged in reading and other forms of entertainment, and connecting and communicating with friends and family. At least one-fifth of the sample undertook other undisclosed activities and a concern here is that this could have included the use of drugs and alcohol as coping strategies.

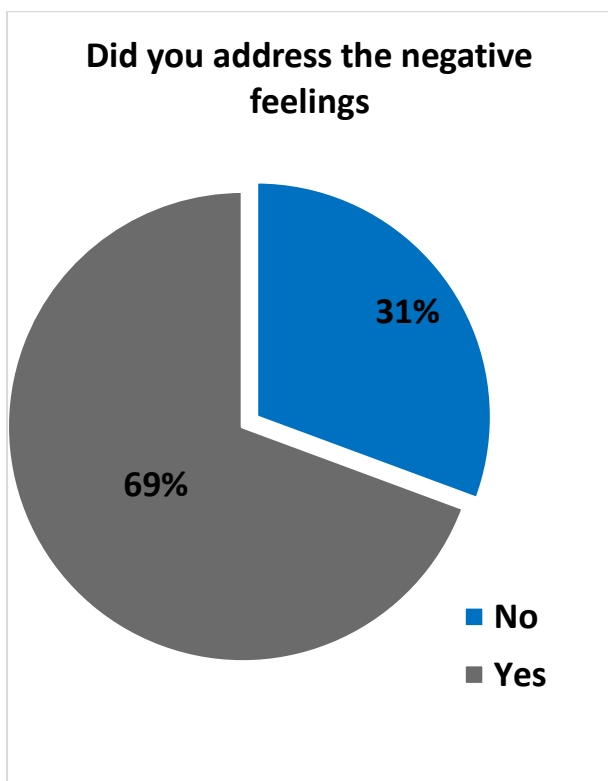


Figure 17: Whether respondents addressed any of the negative emotions they experienced during the pandemic (%) (N=1857)

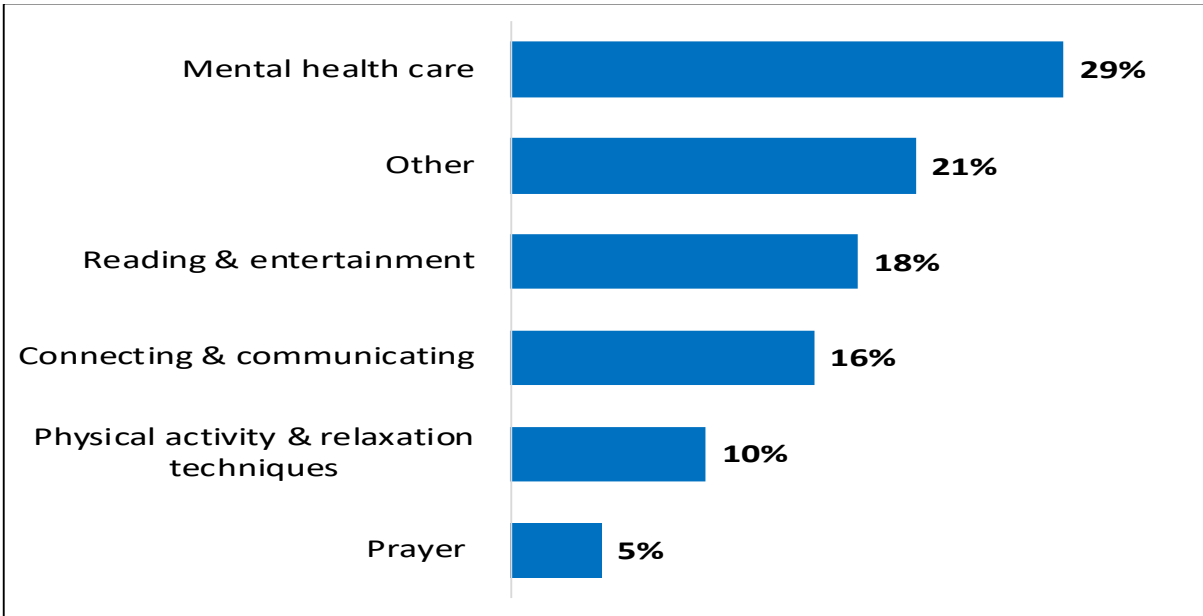


Figure 18: Measures undertaken by respondents to address negative emotions experienced during the pandemic (%) (N=1857)

When asked if they felt their current situation would worsen (Figure 19) almost 50% felt this was unlikely while 40% thought that this was likely. Around 11% were unsure what the future would hold for them.

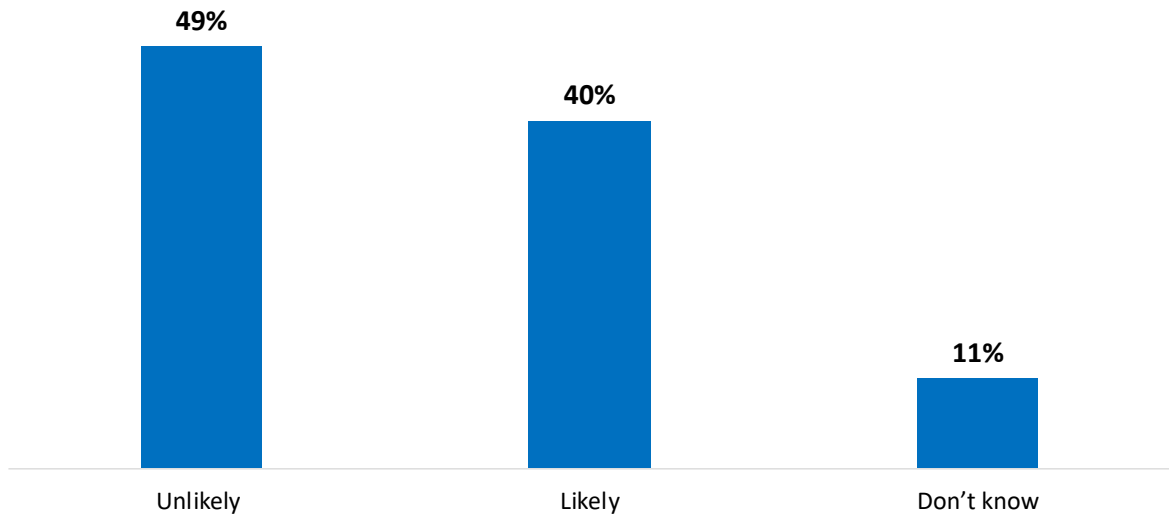


Figure 19: Likelihood of personal social situation worsening (%) (N=1857)

Experiences with law enforcement

Because of the initial media reporting of mistreatment and abuse by the security forces in certain townships in South Africa respondents were asked several questions about their encounters with the security services. This includes encounters at roadblocks, in the street

and outside their residences (Figure 20). At least 10% of the respondents reported not leaving their houses. Over half said that they had not been stopped and questioned why they were outside their house and where they were going, while 39% said they had had an interaction with the security forces and had not been questioned about why they were not inside their dwellings.

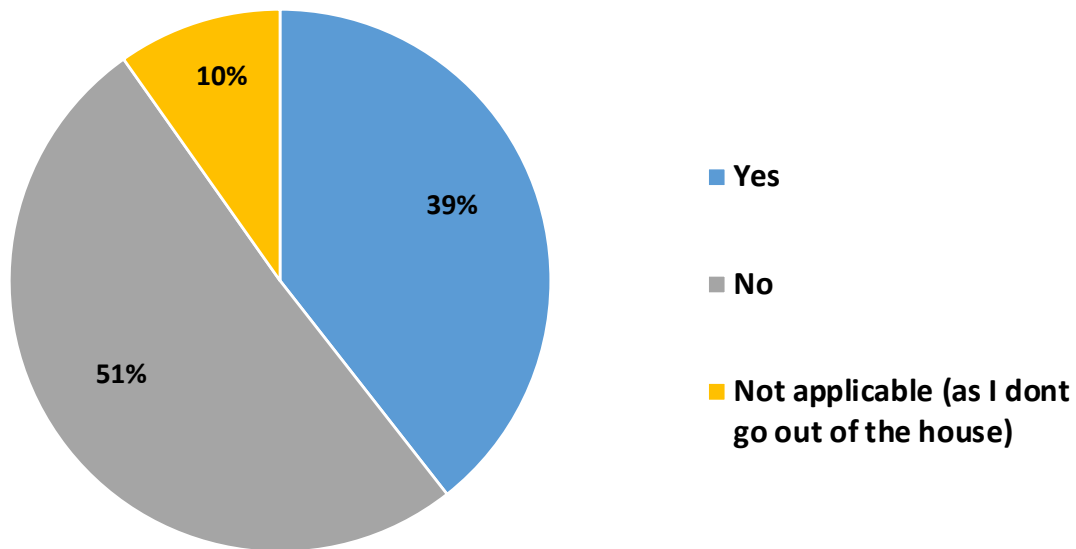


Figure 20: Whether respondents were questioned by law enforcement agents about why they were outside of their homes (%) (N=1857)

To determine if any of the respondents had experienced any direct harassment from law enforcement officials, they were asked to select from a list of possible experiences. The results of this multiple response question are displayed in Figure 21 and includes those who reported not leaving their homes. This is a different question to that represented in Figure 20. The former asks about being questioned when outside their homes while Figure 21 looks at harassment which could occur inside or outside of the home. Furthermore, it also includes harassment by non-law enforcement. In both questions N=1857. In Figure 21 we see that 70% reported that they had not been harassed physically or non-physically by anybody and 2% preferred not to disclose their experiences. What we do see are some reports of various types of physical and non-physical harassment from different sources or individuals. These experiences range between 18% and 24%. As this is a multiple response question some respondents will have experienced more than one type of harassment.

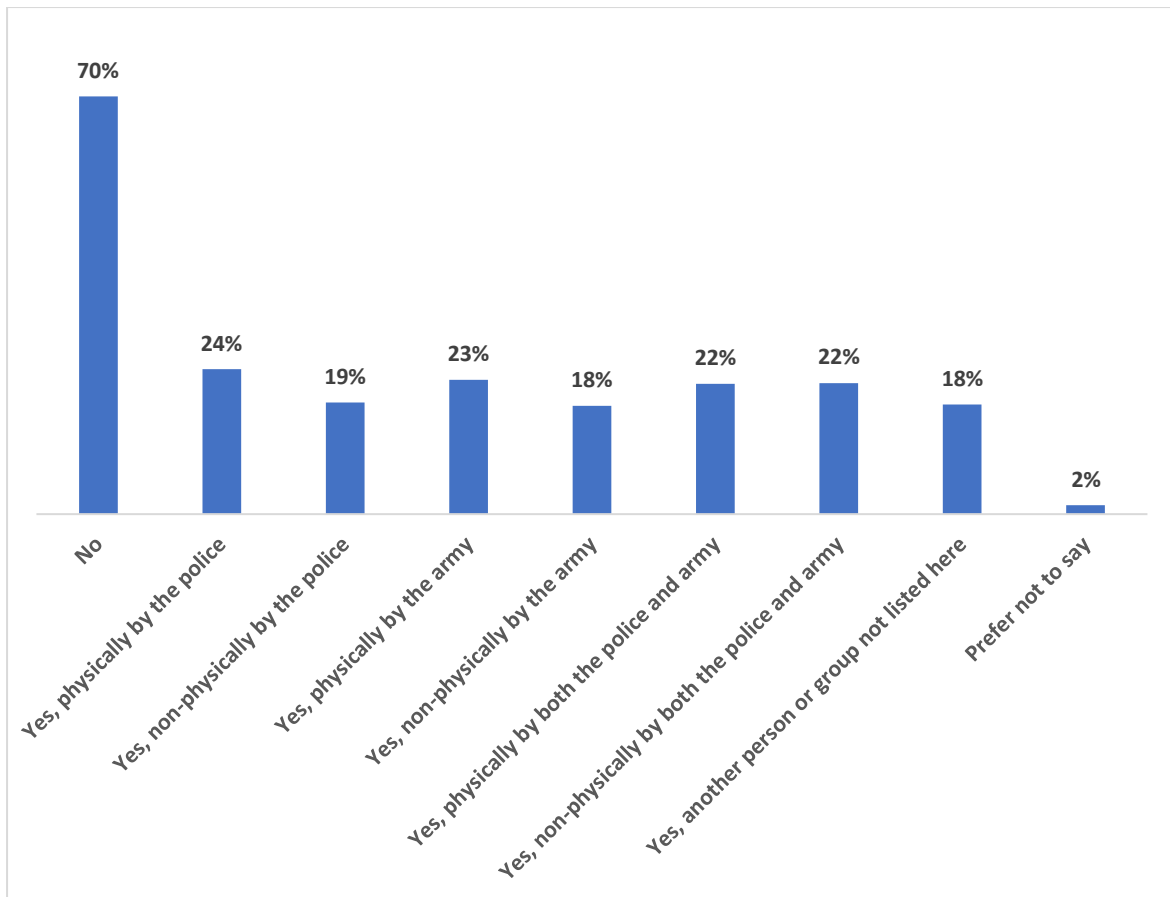


Figure 21: Direct harassment from law enforcement agents and others (MR) (%) (N=1857)

Respondents were asked if the security services had offered them any support during the pandemic. Figure 22 indicates that at least 36%, slightly more than one-third of the respondents received support from the security services.

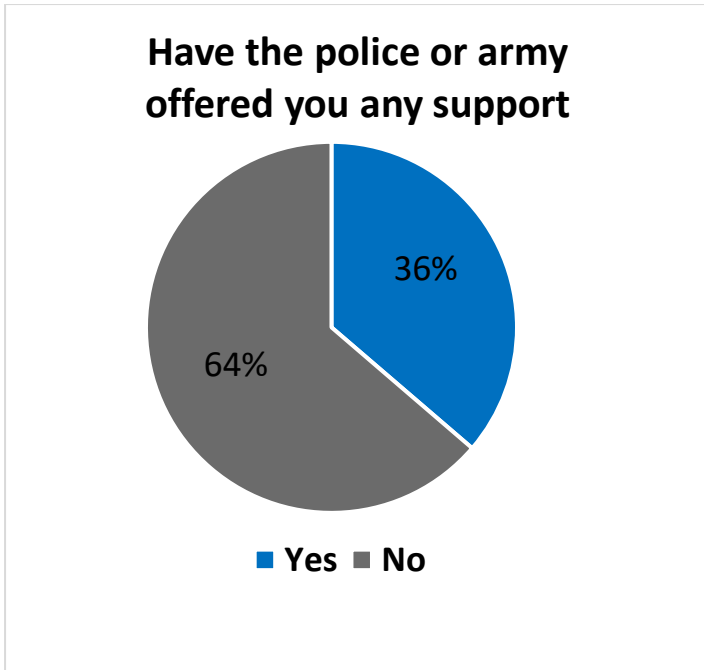


Figure 22: Was support offered by law enforcement agents during the pandemic (%) (N=1857)

As Figure 23 illustrates this support came in multiple forms. Almost half (48%) said that the security forces had assisted them with complying with safety and health regulations related to COVID-19. One Fifth (19%) indicated that the support had to do with personal protection and safety and 19% said that they had received general support, which was reported as help with affidavits and the certification of documents. Security services also helped with access to essential goods (10%) and to acquiring food parcels (4%).

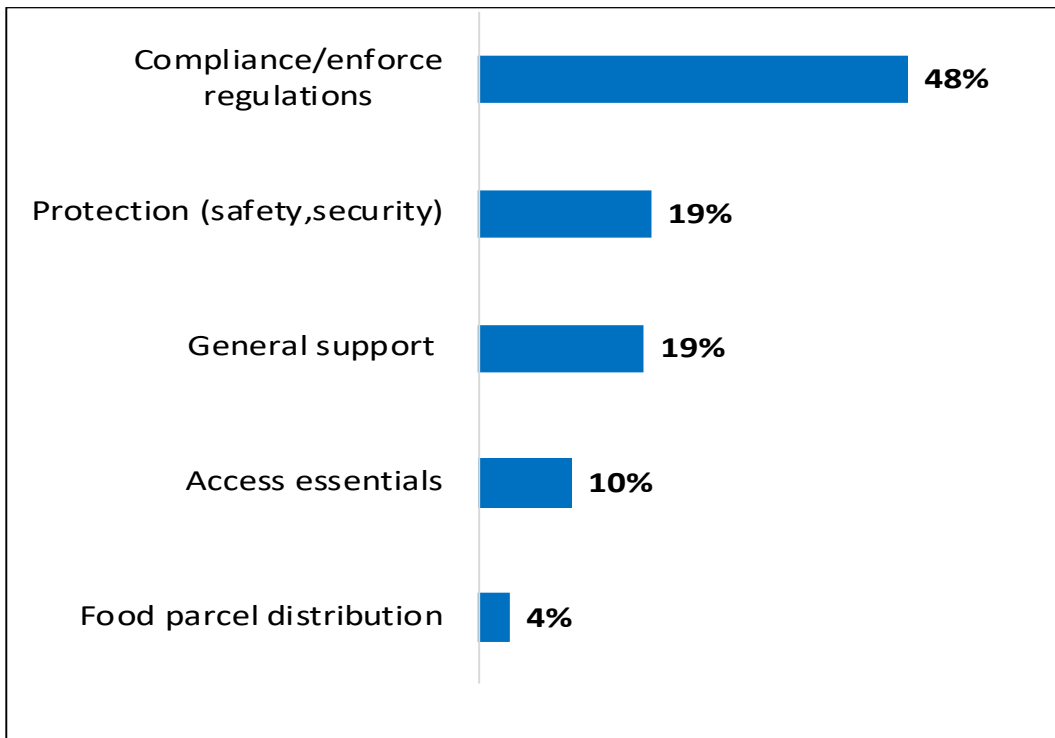


Figure 23: Types of support provided by law enforcement agents (% of N = 668)

Worst and best thing about lockdown

Continuing the theme of psychosocial experiences, respondents were asked to list the worst and best single thing or experience of lockdown. Figure 24 illustrates that economic conditions (43%) and the restrictions imposed on movement and accessing facilities, goods and services (20%) were most often reported, while accessing medical care was also seen as a challenge, by 12% of respondents.

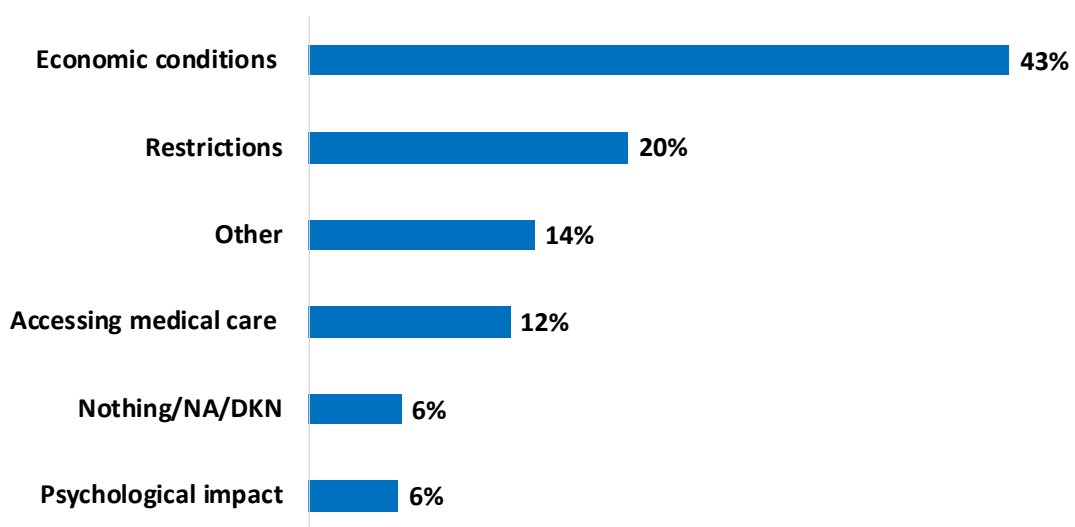


Figure 24: Worst single thing about lockdown (%) (N=1857)

When considering the best single aspect during lockdown (Figure 25), 57% said there was nothing that was good, while almost one-fifth (19%) rated staying at home / family time together as the best single experience. Learning new things (7%) and working from home (4%) were also seen as good outcomes of the pandemic.

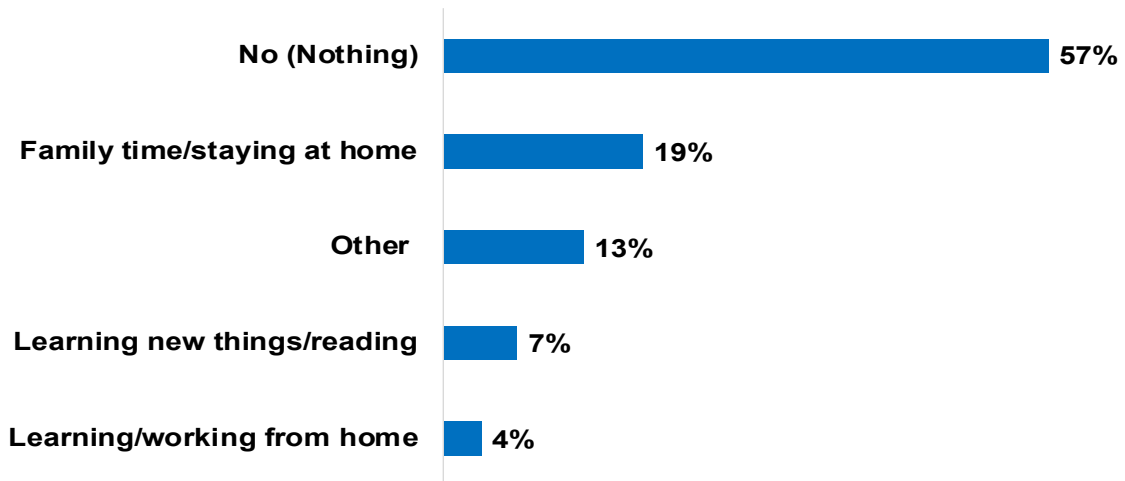


Figure 25: Best single aspect of lockdown (%) (N=1857)

Service challenges

Despite the South African government's attempts to control the spread of COVID-19, several challenges have been highlighted in the preceding sections. Mitigation was probably not the initial key concern as the immediate focus in March 2020 was on controlling the spread of the virus. The initial advisory committee on COVID-19 included only health and medical professionals; social scientists were included in the advisory committee months later when evidence showed that control strategies and regulations were having a negative impact on the population at large. It has been noted above and reported elsewhere that the mitigation measures provided were not disability inclusive.

Despite the increase in social grants and the introduction of the rather trivial SRD, many persons with disability in this study reported a negative impact on their income. While at least one-third were unemployed, many of those employed at the time of the lockdown lost jobs or had salary cuts during the period up to and including the survey.

To explore the circumstances of persons with disabilities during COVID-19 we wanted to elicit their experience of events in COVID-19 times, that were unique to the pandemic situation. Figure 26 illustrates that 12% did not have any of the listed challenges, while 28% had undisclosed challenges. Clearly a great concern is the experience of hunger and lack of income to purchase food during the pandemic. During the pandemic 39% of respondents and someone else in their household had gone to bed hungry, while 40% acknowledged that they had run out of money to buy food at some stage during the pandemic. More alarmingly, during the time of the survey (July and August 2021), 29% reported that either they or somebody else in their household had gone to bed hungry during the previous seven days. This illustrates that they were not benefitting sufficiently from relief measures 16 months after lockdown. Just over one third (36%) of respondents reported running out of soap and sanitiser, while 31% reported barriers to accessing transport when they needed it. Although the country has had power cuts and water shortages for several years, 42% and 34% respectively reported that they experienced an increase in the lack of access to electricity and water during the pandemic.

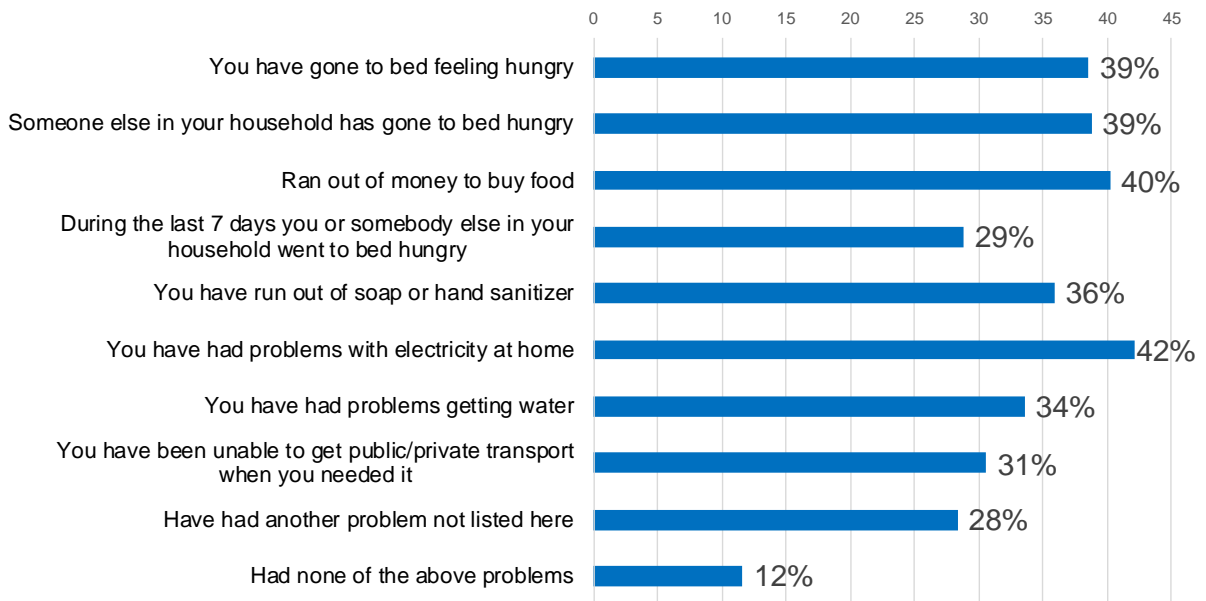


Figure 26: Events experienced during lockdown not normally experienced prior to the pandemic (MR) (%) (N=1857)

In order to gauge the awareness about the existence of special disability-inclusive interventions introduced by the state during the pandemic, we asked participants whether they were aware of these and what these were. Figure 27 shows that almost half (49%) of the respondents were unaware of any special forms of assistance, while 38% said they were aware of such interventions.

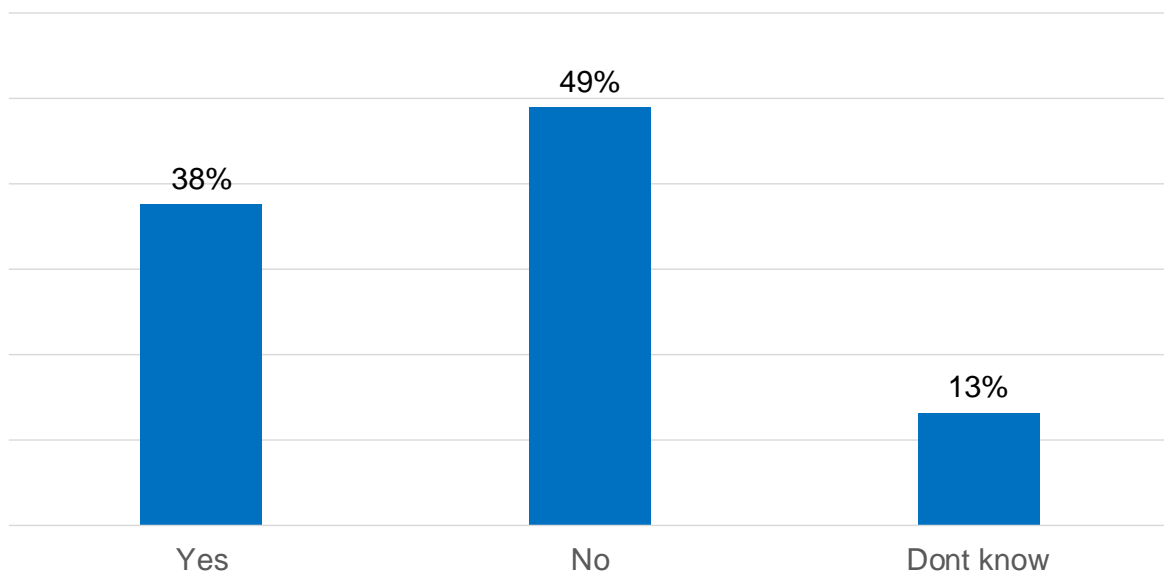


Figure 27: Awareness of government special forms of assistance (%) (N=1857)

In the follow-up question to the those who said they were aware (“Yes” in Figure 27), the following was noted:

- Increase in social grants and SRD but a limited period.
- Food parcel delivery – at the community centres and shopping centres.
- ICASA mandated that South African Sign Language be available when COVID-19 information is televised.
- I was aware of special forms of special assistant services – but these were interrupted.
- They said everything in place there but nothing of sort.
- I had [own] measures were in place.

These responses suggest that with the exception of the ICASA mandate most interventions were inadequate or not specifically directed at persons with disabilities or did not enable them to access the interventions. This is more strongly emphasised by statements from those who had responded “No” or “Don’t know” to the question.

- In the beginning there were grants and food parcels available but it didn't appear organised or efficient or enough.
- The conditions we confronted with during lockdown was really very bad.
- The increment on Disability grant but later taken away, why?
- Special measures put in place for people with disabilities were conspicuous in their absence.
- No captions on TV.

Respondents were asked where they accessed disability-related or necessary services. Figure 28 indicates that over one third (37%) accessed these services from state facilities and 25% accessed these from OPDs and other non-government organisations. Family and friends were often service providers or conduits to getting necessary services during the pandemic; 20% reported the importance of family or friends in accessing services. Less than one tenth (8%) obtained services from private facilities or service providers and 11% were not able to access the services they required.

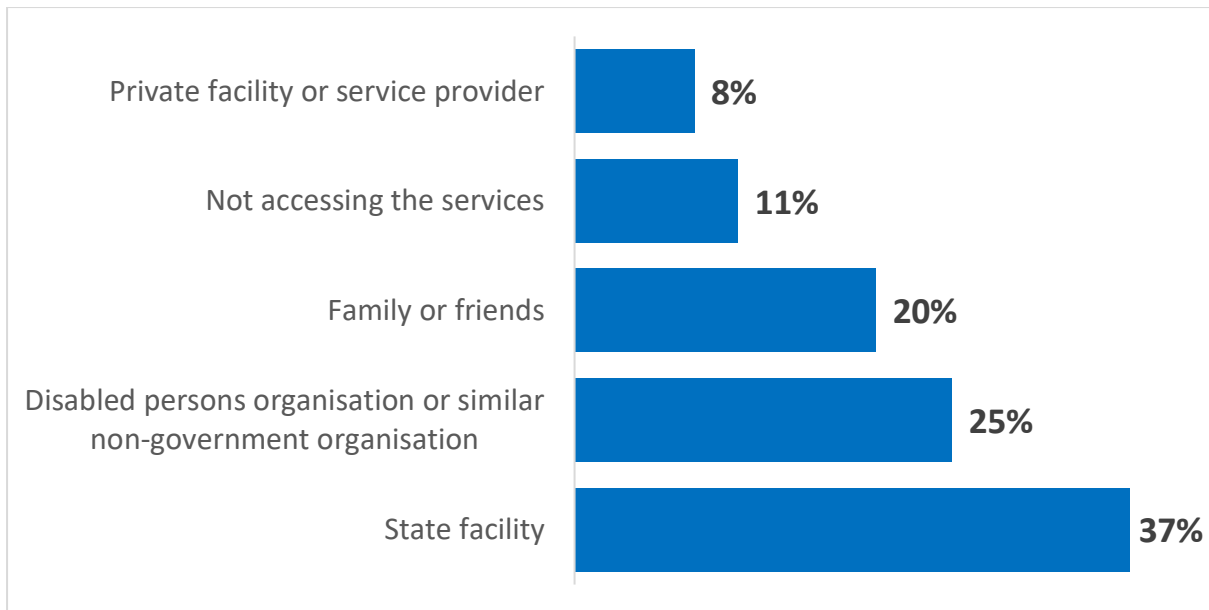


Figure 28: Types of disability-related services accessed (%) (N=1857)

When asked if they were able to receive all necessary disability-required support during the pandemic, 45% said that they could, 42% said that they could not and 13% did not know – for various reasons, for example, reliance on others to get the necessary services and products for them, and not being aware whether these people were struggling to get the services. Slightly less than half (45%) reported that their disability-required services were interrupted during the pandemic, and 39% said that these services were uninterrupted. Almost a fifth (19%) reported not requiring disability-specific services since the start of the pandemic. In a subsequent question 51% of respondents reported receiving services from OPDs and other NGOs, suggesting that many of these organisations were receiving higher demands for assistance from persons with disabilities as other support mechanisms weakened or failed them.

Accessibility to care services

General challenges exacerbated by COVID-19

People with disabilities who are dependent on support for their daily living have found themselves isolated and unable to cope during lockdown measures. Reports from disability organisations indicate that those living in institutions are particularly vulnerable and while care is provided, this can be interrupted or decrease because of staff and resource reductions due to the pandemic. They are also isolated from friends and family. Barriers for persons with disabilities in accessing health services and information intensified during the pandemic as were not seen as a priority for access to health and communication services. This section looks at care services, particularly the demand for and availability of these services during the pandemic. Figure 29 indicates that 60% (N=1112) of respondents reported a need for a caregiver or somebody to support them with daily activities.

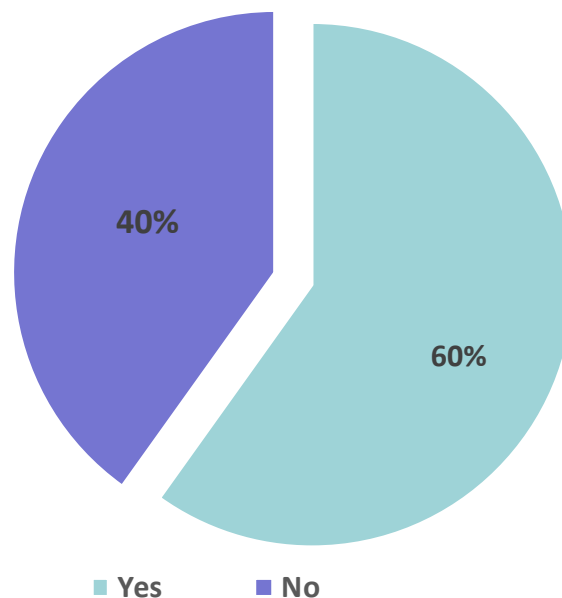


Figure 29: Requirement for a caregiver or somebody to support them in daily activities (%) (N=1857)

Of those reporting the need for daily care (N=1112), Figure 30 indicates that 73% of respondents reported an interruption in caregiver support because of COVID-19 and the lockdown. Approximately one-fifth (21%) reported no interruption in caregiver support, while 6% reported that the question was not applicable to them. It is possible that this 6% had other people to support them, such as family members or friends while carers were absent or they did not use the services of paid carers, relying exclusively on family and friends.

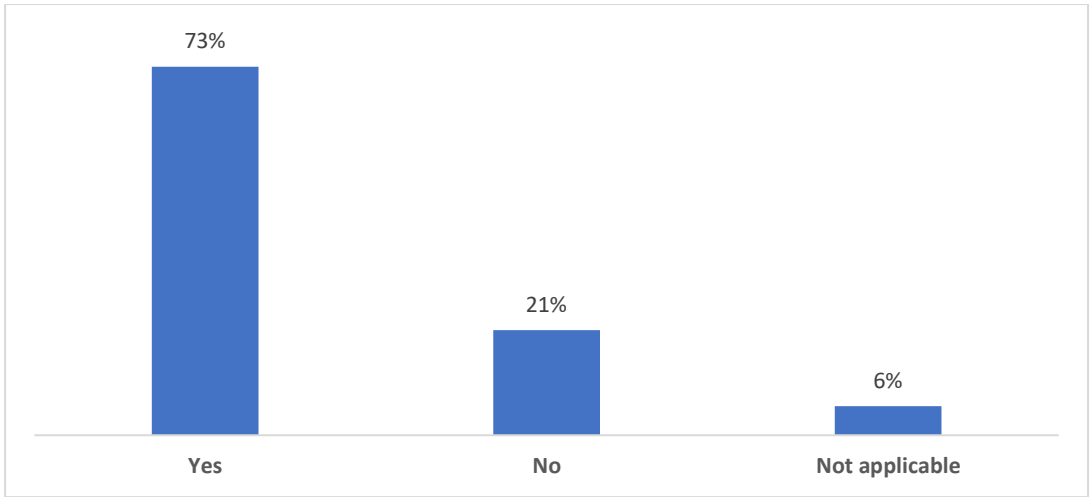


Figure 30: Interruption of caregiver support due to COVID-19 and the subsequent lockdown (%) (N=1112)

When asked how long the interruption in caregiver support had been for, 61% reported that this was a day, 10% reported a week, 9% a month and 9% reported interruptions lasting two or more months (Figure 31). Surprisingly, for 9% of the respondents the interruptions were ongoing at the time of the survey.

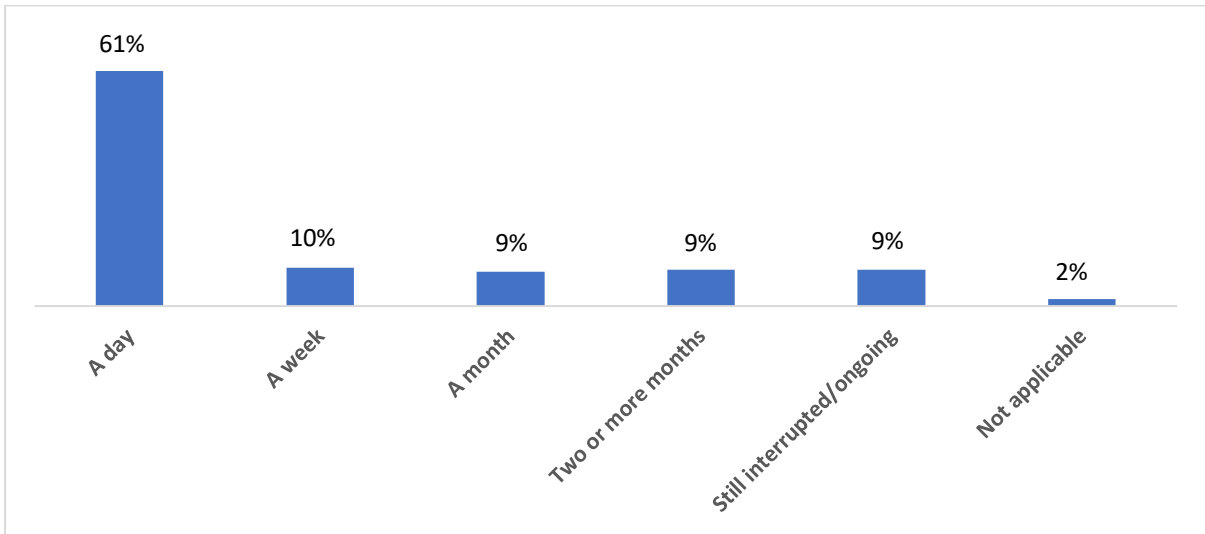


Figure 31: How long was the interruption in accessing care (%) (N=850)

Perceptions of the state’s handling of the pandemic

The survey included several questions that focused on perceptions and experiences of the state’s handling of the pandemic. These questions included accessibility to knowledge about COVID-19, accessibility to government and other official communications about COVID-19, including national updates on the prevalence of the disease and the mitigation measures in place. The wearing of facemasks became compulsory, and an enforced law, with criminal prosecution likely in the event of disobedience, was enacted soon after 27 March 2020 and remains in place. Questions were asked about challenges in complying with this regulation and about difficulties in interpersonal communication when wearing a facemask. Questions were also asked about perceptions of the state’s handling of the pandemic and the disability-inclusiveness of the state and its actions during the pandemic. These are discussed in three subsections.

Communication and information accessibility

The survey asked several questions to probe the awareness of persons with disabilities about COVID-19 and to examine if there were any barriers to their ability to access this information.

Three-fifths of respondents (60%) reported challenges in accessing information about COVID-19. However, when asked about ease of access to information in the context of their specific disability, 73% reported that accessing information was easy, 8% said it was difficult, and 18% reported that it was neither easy nor difficult ('in-between') (Figure 32).

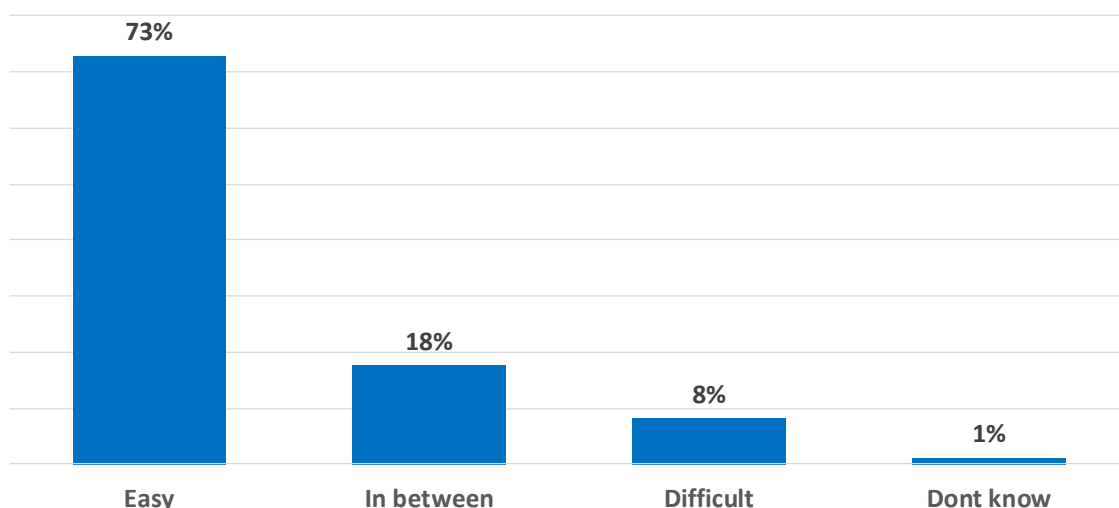


Figure 32: Ease of access to information in the context of participant’ disability (%) (N=1857)

To gauge the specific barriers to accessing information about the Coronavirus a multiple response question was asked in which respondents could select more than one of the options provided. Figure 33, which displays multiple responses to different types of challenges, indicates that 1% reported that they did not have the necessary assistive devices to see or read information. Responses to the remainder of the options range from 24% to 41%. What stands out are challenges about understanding the language of communication (41%), difficulty in reading printed media (37%), and not having easy access to a television (31%) or a radio (29%) Slightly less than one third, presumably those who had access to television (and radio), reported inability to hear the broadcasts, inability to see the SASL interpreter, and the complete lack of closed captions throughout the broadcasts. These challenges impact negatively on communication for deaf and hearing- and visually-impaired respondents.

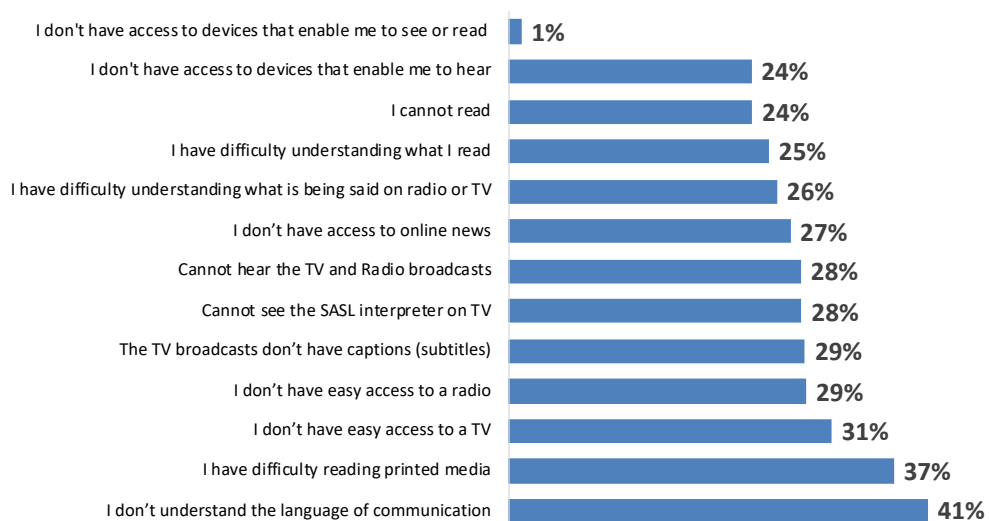


Figure 33: Challenges in accessing information (MR) (%) (N=1857)

Respondents have diverse sources from which to access information about COVID-19 and related regulations. Figure 34 indicates that almost two-thirds (62%) acquired their information from the President's monthly addresses on the public broadcaster SABC Television, while 38% relied on television broadcasts by the Minister of Health. Slightly more than half acquired information from family and friends. Between 42% and 47% of respondents relied on general media reports and information provided by medical professionals. Just under one-third obtained information from various government agents, excluding the Department of Health and the Presidency (30%), 31% obtained information from disability support organisations, and 29% got information from their caregivers. Despite multiple options, the trend is that a lot of information is sourced from the President's monthly addresses, commonly known as *family meetings*.

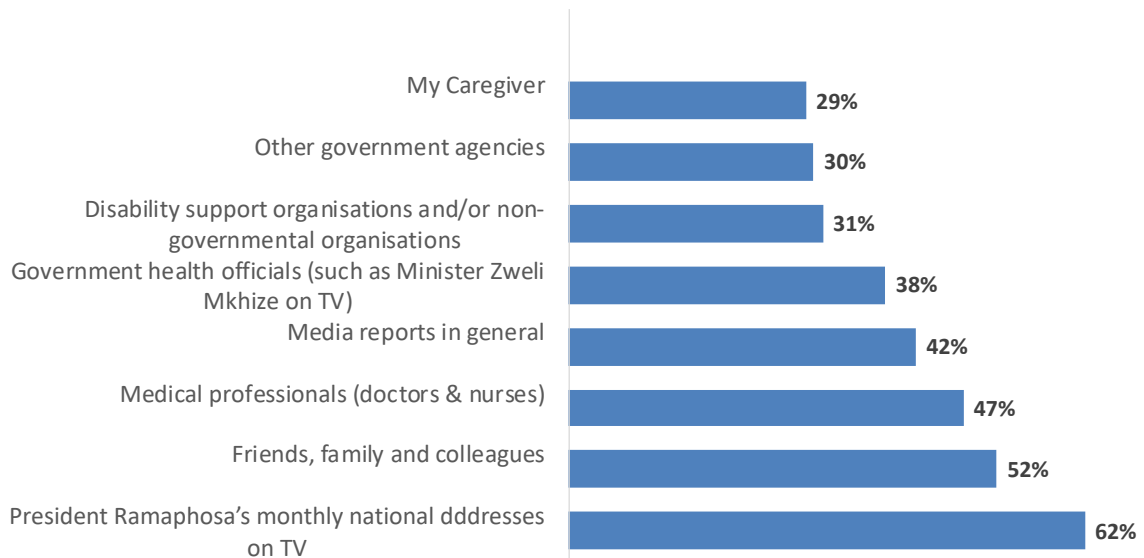


Figure 34: Main sources of information about the Coronavirus pandemic and the measures taken (MR) (%) (N=1857)

Figure 35 reveals the need for better forms of communication that are disability inclusive. It indicates that 73% of the respondents sourced their information about COVID-19 from television broadcasts. In contrast around half or less than half of the information on COVID-19 was sourced from other media, including social media – which has come under attack during 2021 for seemingly providing misinformation.

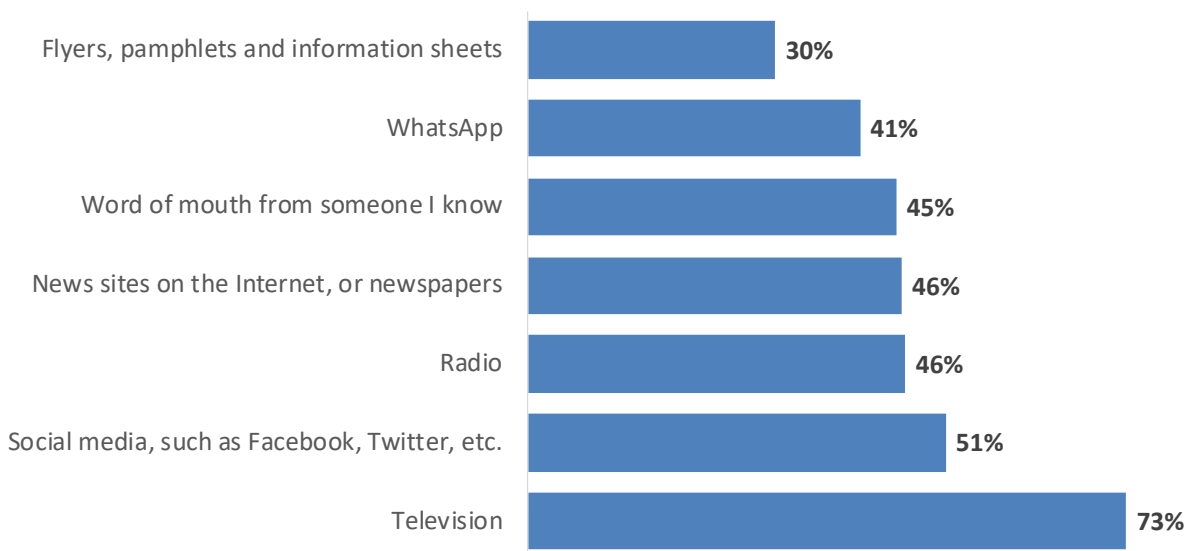


Figure 35: Main platforms for receiving information about the COVID-19 pandemic and the measures taken (MR) (%) (N=1857)

To determine respondents' level of knowledge of COVID-19 we asked how much they felt they knew about COVID-19. Figure 36 indicates that most respondents felt they knew a lot

(60%), while just under one third (29%) reported knowing a fair amount and 9% reported only knowing a little. A combined 2% reported knowing nothing at all or were unsure about how much they knew.

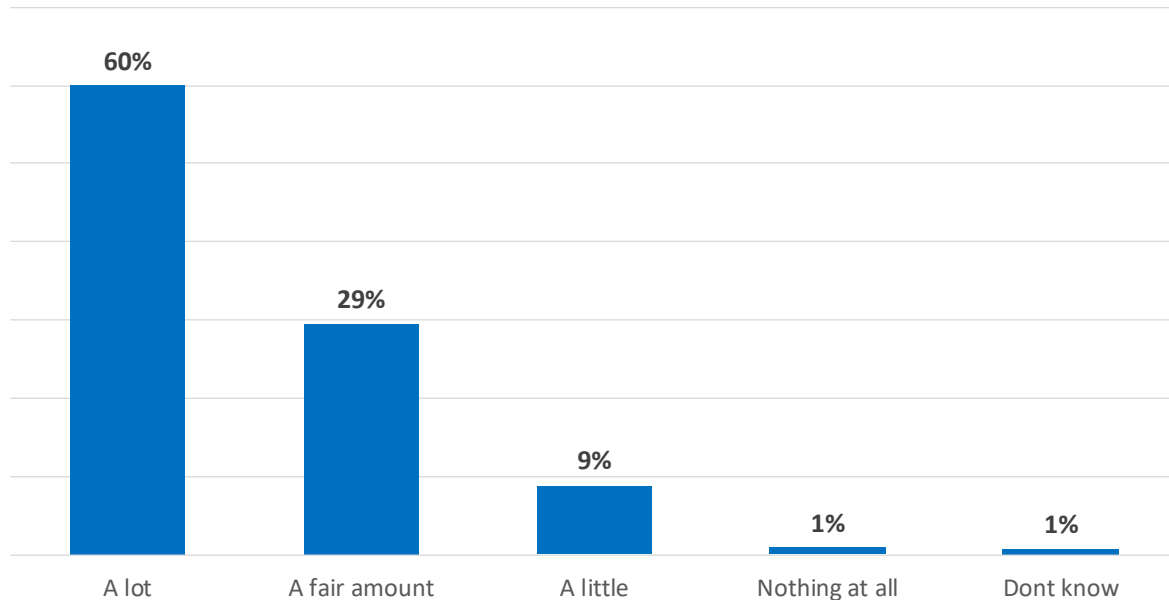


Figure 36: Knowledge about COVID-19 (%) (N=1857)

Challenges when wearing a facemask

Since shortly after the imposition of lockdown level 5 and throughout the various levels of lockdown, including the current level 1, it has been a criminal offence not to wear a mask in public places or in private gatherings. Respondents were asked if they had had challenges wearing a mask and if they had had challenges in communicating whilst they and others were wearing a mask. Figure 37 indicates that around 30% had experienced challenges. These were due to wearing assistive devices, such as hearing and visual assistive devices, the need to lip read and see facial expressions, or being unable to put a mask on by themselves. Generally, people are unable to hear others speaking while wearing a mask, and this is a great barrier for those who are hearing impaired or need to lip-read. The figure also indicates that the majority, 67%-69%, did not have challenges wearing a mask or communicating while wearing a mask or while others were wearing a mask.

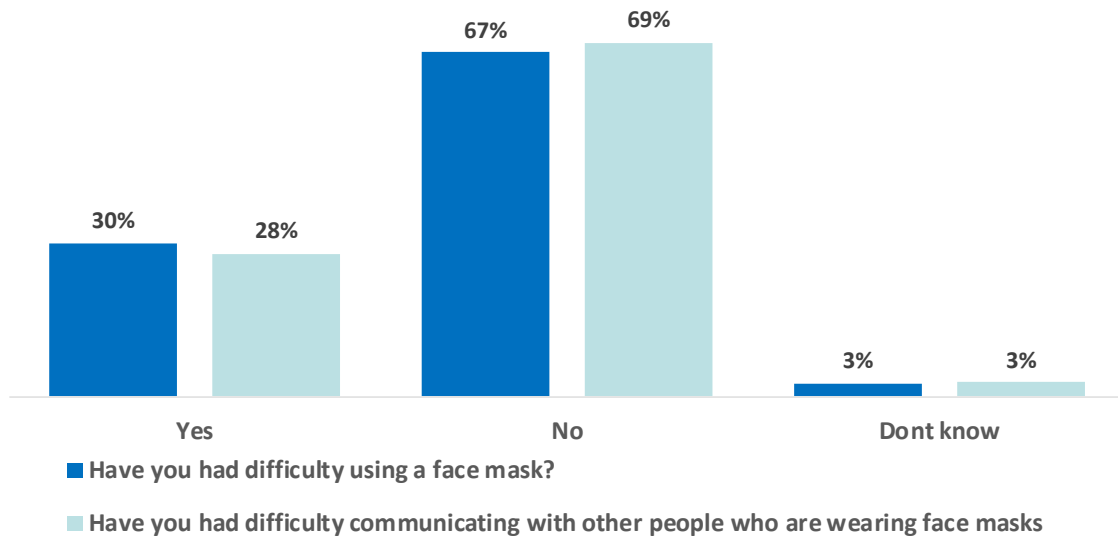


Figure 37: Experience of challenges when wearing a face mask (%) (N=1857)

Perceptions of government's handling of the pandemic

Respondents were asked to indicate their perceptions about the government's handling of the pandemic and their perceptions of how non-governmental organisations (NGOs) were doing so. Figure 38 illustrates that their attitudes were the same for the government generally, for the government health and social sector, and for the NGO sector. Around 50% felt that all three sectors were doing a bad job and around 30% felt they were doing a good job, while 10% were ambivalent about the performance of these three sectors.

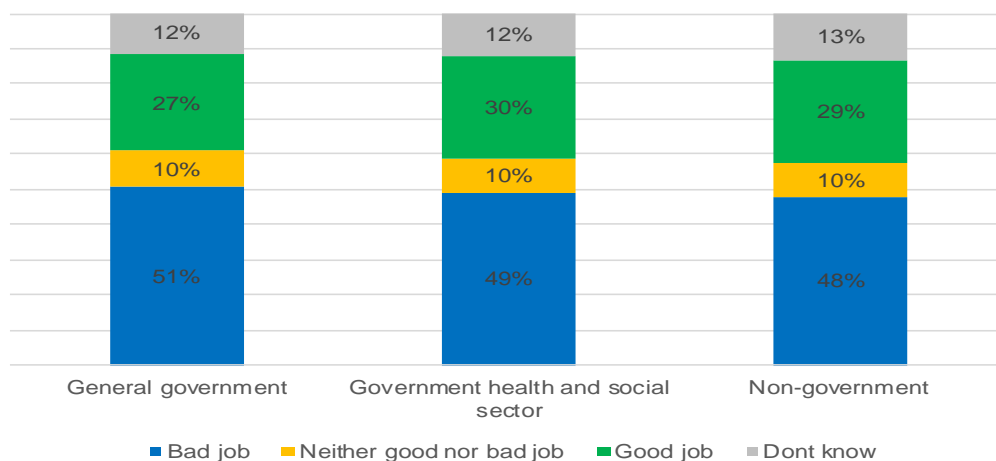


Figure 38: Perceptions about different agencies performance in accommodating the needs and rights of persons with disabilities in their responses to the pandemic (%) (N=1857)

Given the speed with which South Africa moved into the harsh lockdown level 5 and given the length of time spent at this level, along with the transitions into different lockdown levels,

respondents were asked to indicate the degree of severity that each level had imposed on them until the time of the survey. Figure 39 shows that between 69% and 61%, felt that lockdown levels 5, 4 and the adjusted level 4 were “Harsh”, and that level 3 and adjusted level 3 seemed to be the most acceptable levels, with 50% or more stating that these were “About right”. Those who responded ‘Don’t know’ ranged from 1-2%

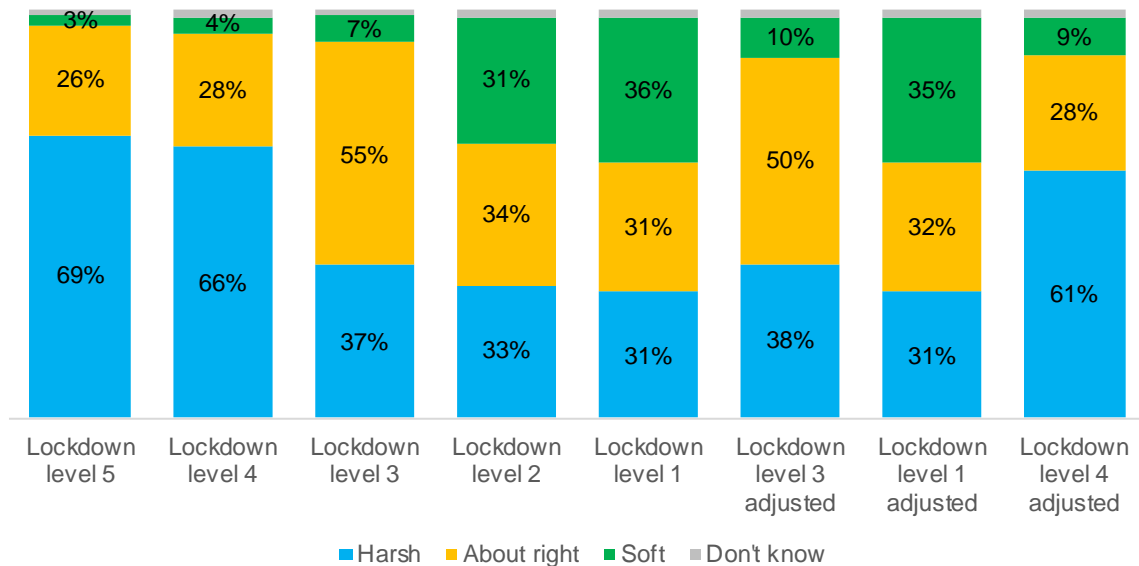


Figure 39: Perceptions about the appropriateness of the restrictions imposed during lockdown levels between March 2020 and end of June 2021 (%) (N=1857)

The questionnaire asked respondents if they felt that the government had adequately taken the needs of persons with disabilities into account in its response to the pandemic (Figure 40). Almost surprisingly – in that over half had been very critical of the government generally and of the health and social sector (see Figure 38) – 54% believed the government had taken the needs of persons with disabilities into account. Less than one-fifth (18%) felt that this was not the case, 7% did not know and 20% reported uncertainty in response to this question.

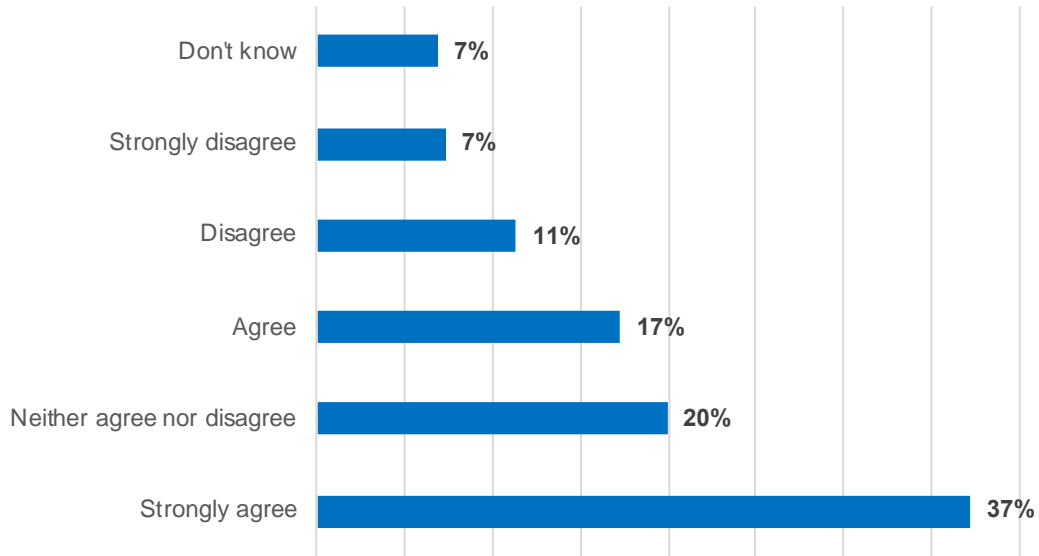


Figure 40: Extent of agreement that government had taken the circumstances and needs of persons with disabilities into account in its response to the pandemic (%) (N=1857)

Vaccine demand

In the months leading up to the survey, there was and remains a large debate among the general population of South Africa about the efficacy and purpose of COVID-19 vaccines. ‘Anti-vaxers’ refuse to get the vaccine while many others are pro-vaccination. About a month before the launch of the survey on 1 July 2021, research team members received many requests to lobby government for the prioritisation of the vaccine for persons with disabilities in South Africa. As a result, we produced a news piece to this effect (Hart, Bohler-Muller and Wentzel, 2021) and included questions on the vaccine and COVID-19 experiences in the survey instrument. Other scholars have noted the challenges about health service access encountered by persons with disabilities in South Africa (Kathard, Padrath, Galvaan and Lorenzo, 2020) and about triage practices (McKinney, McKinney and Swartz, 2020; 2021) during the pandemic. Internationally, challenges with access to the vaccine by persons with disabilities were reported (Epstein, Ayors and Swenor, 2021) prior to our finalising the survey questionnaire.

Figure 41 shows that only 20% of respondents did not know anybody, including themselves, who had contracted COVID-19. Most respondents reported knowing somebody either within or outside of their household who had contracted the virus. Over one-third (36%) had contracted COVID-19 at the time of the survey.

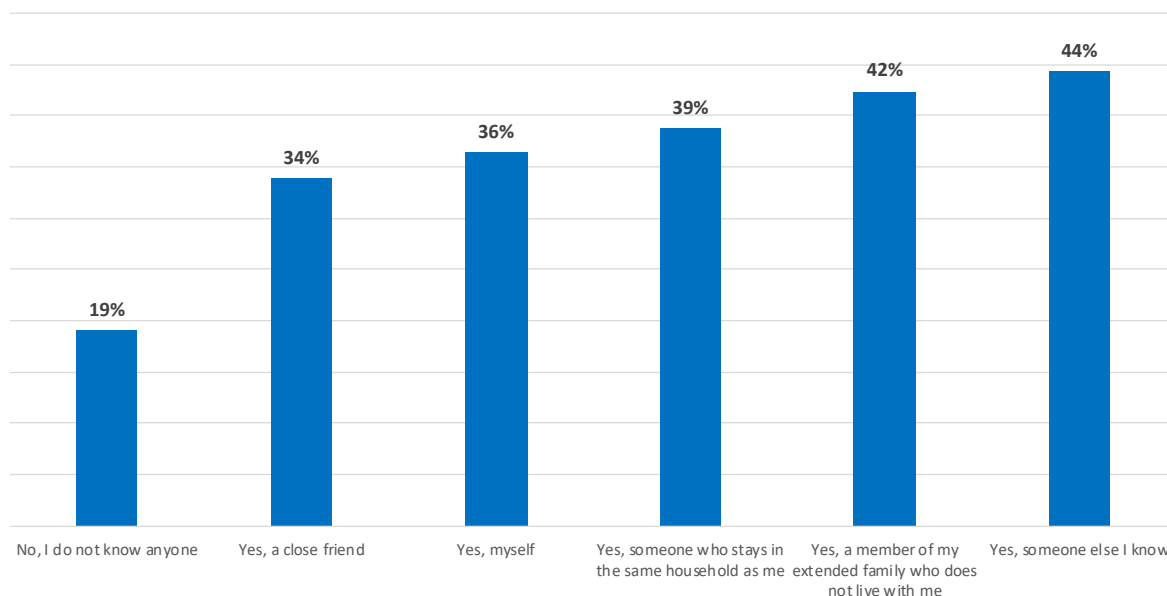


Figure 41: Personal knowledge of anyone who currently has coronavirus (MR) (%) (N=1857)

Consideration of the relationship between self-declared wealth status and contracting COVID-19 or knowing somebody in their extended family who had contracted COVID-19, Figure 42 indicates that respondents who considered themselves poor were more likely to report having contracted COVID-19 (70%). A similar finding pertains to respondents knowing

somebody in their extended family who had contracted COVID-19, with 58% of the poor indicating that they had a member in their extended family who had contracted COVID-19.

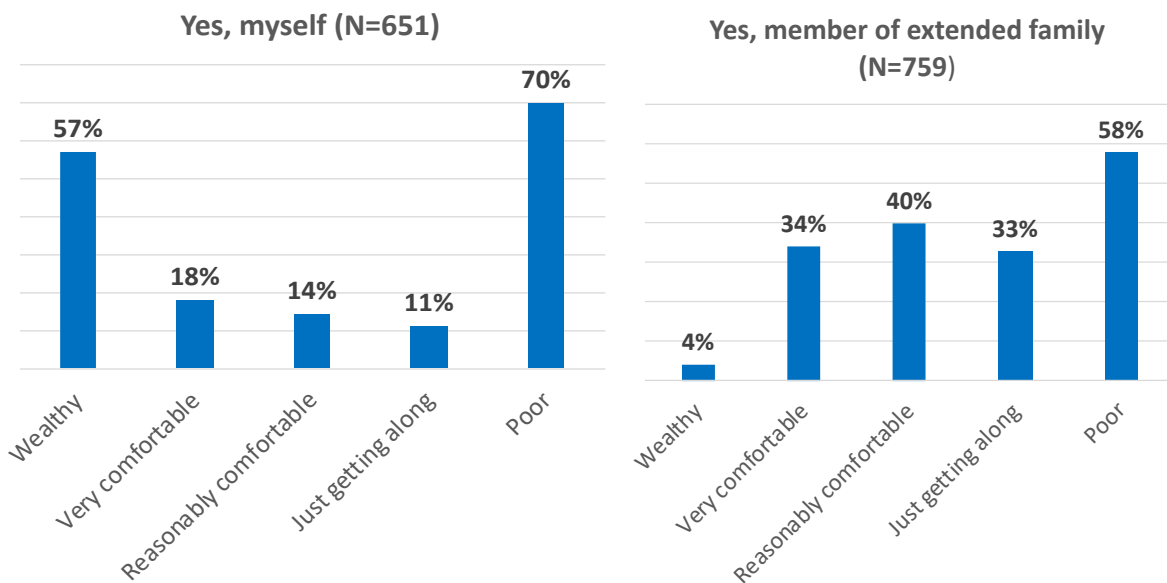


Figure 42: Personal knowledge of anyone currently with COVID-19 in relation to self-declared wealth status (MR) (%) (N=1857)

Respondents were asked how likely they felt it was that they might get infected with COVID-19 during the next few months. Figure 43 indicates that 64% felt there was little chance of this and 22% felt there was some chance. Understandably, given the uncertainty and often not having knowingly encountered somebody who has the virus, 11% reported not knowing their likelihood of infection. The figure also shows that 2% responded that they had already been infected while in Figure 41, 36% reported they had already had COVID-19. Note that this question and responses, about likelihood of infection is a different question from that represented in Figure 41, which asks about awareness of persons who have been infected. It is therefore unsurprising that the percentage in Figure 41 and that in Figure 40 relating to infection are so different. The former is focusing on knowledge about different categories of people who have been infected and the latter of the likelihood of infection. Hindsight reveals that those infected can be reinfected and also infected by the more recent COVID-19 variants, but perhaps with fewer complications and effects.

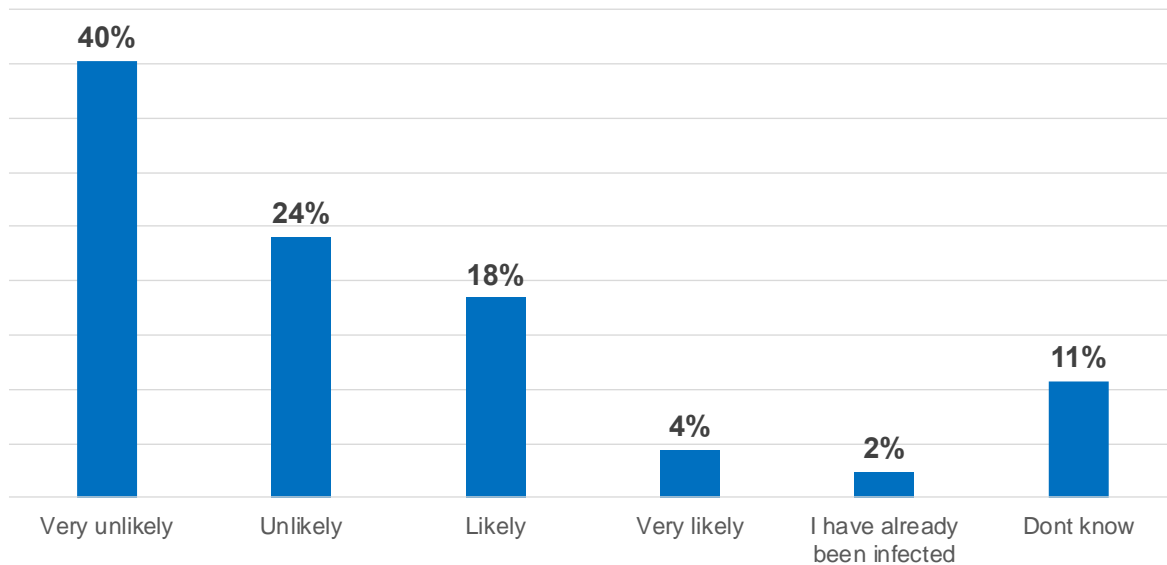


Figure 43: Perceived likelihood of being infected with Coronavirus in the next few months (%) (N=1857)

When the likelihood of getting infected is presented in terms of gender (Figure 44,) we see that there was very little gender difference in people’s expectations that they would get infected.

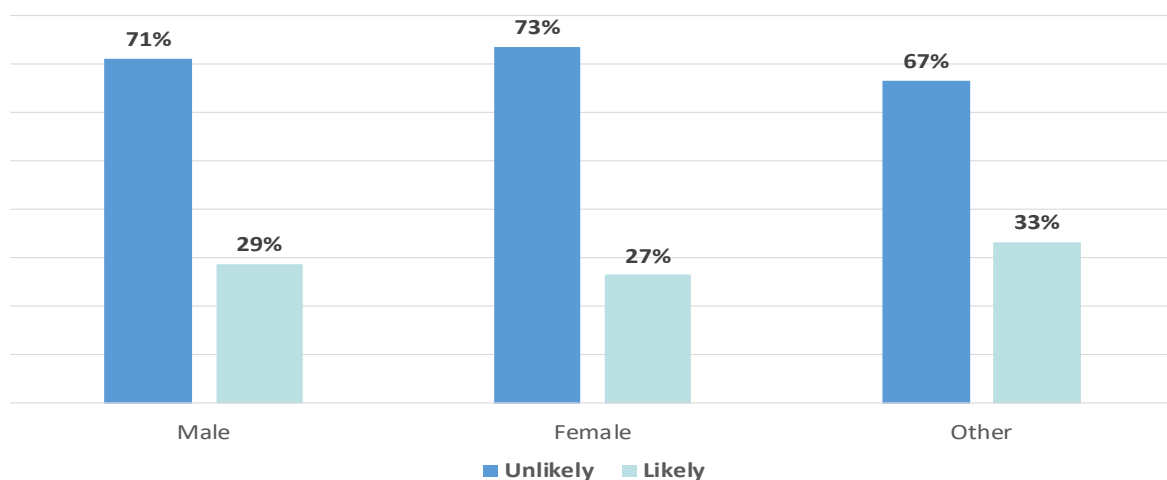


Figure 44: Perceived likelihood of being infected with Coronavirus in the next few months, by gender (%) (N=1857)

Although the majority felt it was unlikely that they would get infected in the next few months, there was overwhelming demand within this sample to get vaccinated. Figure 45 indicates that 85% were willing to get vaccinated, in comparison to 7% who were unwilling. Only 5% had already been vaccinated and 3% were uncertain if they would get the vaccine in the future. The main reasons for wanting to get vaccinated (drawn from the qualitative responses) include protection against Coronavirus, prevention of Coronavirus, and to prevent serious illness due to pre-existing health conditions.

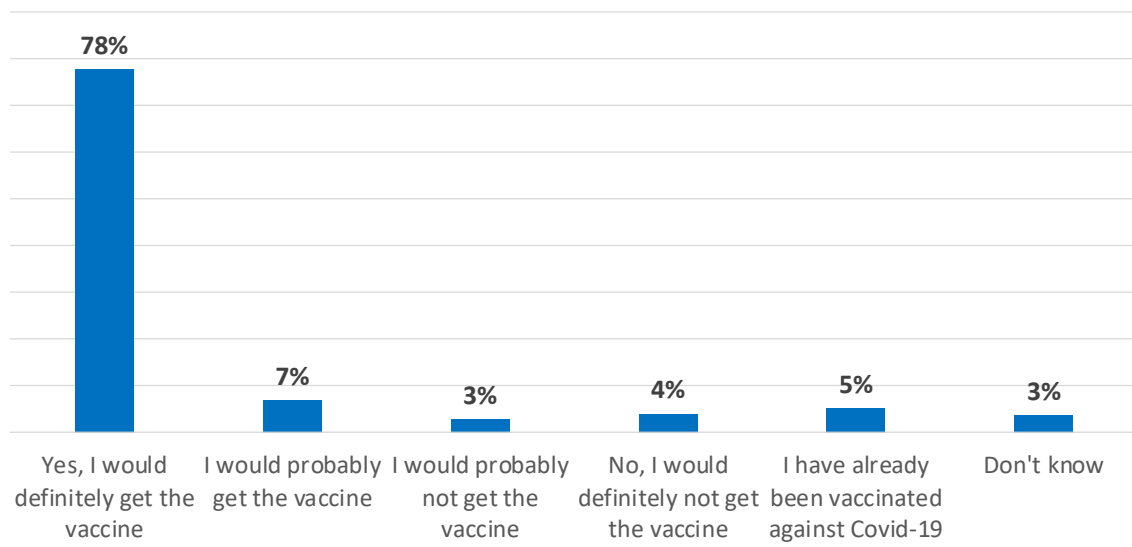


Figure 45: Likelihood of taking a COVID-19 vaccine if it was available (%) (N=1857)

Future expectations

A disability-inclusive disaster framework was approved by Cabinet in December 2015 as part of the *White Paper on the Rights of Persons with Disabilities and The Implementation matrix: 2015-2030*. Several questions in the survey focused on awareness and consultation in this regard. Figure 46 indicates that 53% of respondents were unaware of the framework and at least 49% had not been involved in consultation around it, while 10% were uncertain if they had been consulted. One should bear in mind that consultation is usually undertaken through organisations and state departments that work with representatives of persons with disabilities and that individuals are not normally directly approached other than through these channels or to publicly comment on drafts. Workshops involve scholars and activists and they do not always reflect the demands or needs of individuals or even all types of disability.

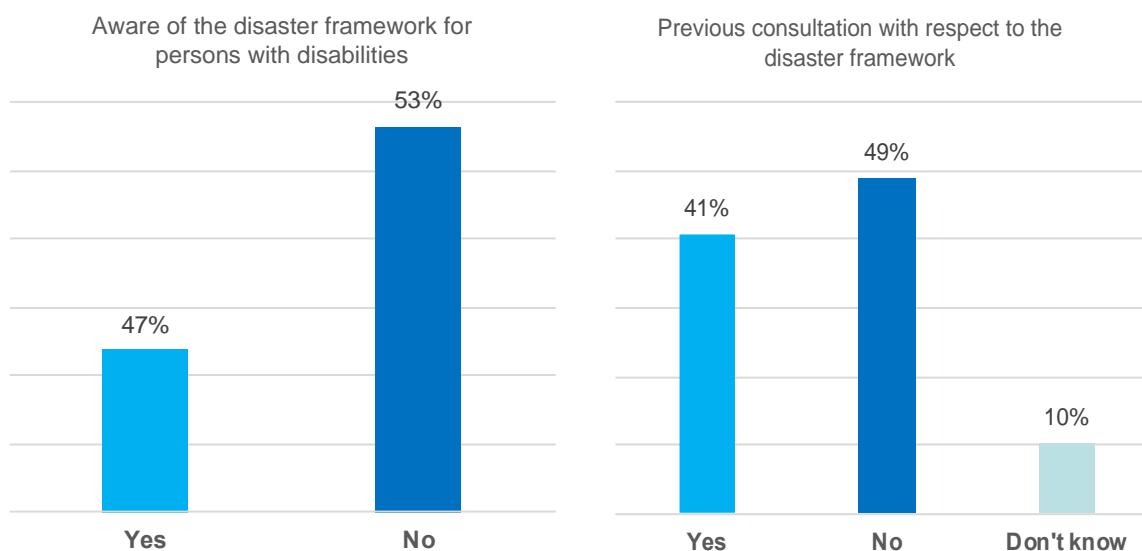


Figure 46: Awareness of and previous consultation around the disaster framework for persons with disabilities (%) (N=1857)

Because it appears that little in terms of Section 3.5 has been achieved or acted upon, respondents were asked about their agreement with statements about how the disaster framework could be enhanced. Figure 47 indicates that almost three-quarters of respondents (71%) felt that they should be consulted and asked to provide input into the framework. A slightly lower percentage (60%) felt that their inputs were / would be taken seriously by government, and 83% believed the state should monitor the circumstances of persons with disabilities during disasters to ensure that they were catered for, and that reasonable accommodation would be applied to their diverse circumstances and needs.

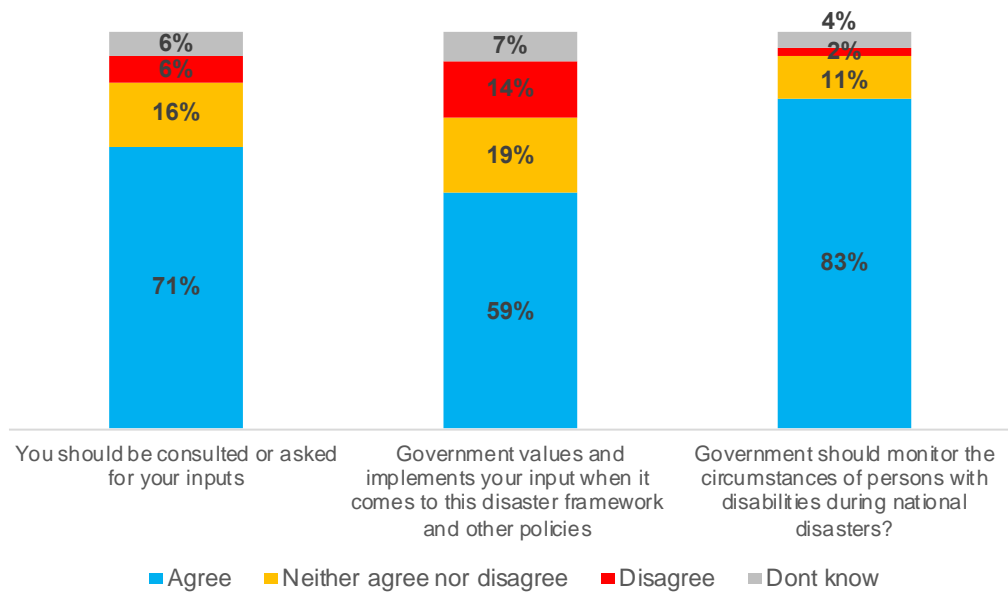


Figure 47: Respondents views on possible government actions to enhance the disaster framework for persons with disabilities (%) (N=1857)

Because the evidence has indicated that little has been done since the framework was tabled in *The Implementation matrix: 2015-2030* (DSD, 2016b), respondents were provided with a list of interventions with which they were asked to agree or disagree concerning government support in times of disasters, including the COVID-19 pandemic. Multiple responses to this question are provided in Figure 48. Most respondents were in favour of the government increasing the value of social grants for poorer households (70%), while a slightly smaller percentage (61%) were in favour of the creation of a grant to be given to all South Africans during the pandemic irrespective of their financial wellbeing to assist them financially. This is analogous to the Basic or Universal Income Grant, which has been debated for decades. Slightly more than half the respondents (52%) felt that food parcels should be provided to all who needed them. Just over half (51%) were in favour of the Social Relief of Distress grant. Just under half (46%) were in favour of the government ensuring that services for people with disabilities are not disrupted and that their wellbeing is ensured and that specific needs catered for. Slightly less (42%) were in support of the government creating a special unit or task team to ensure that the rights of persons with disabilities were acknowledged and upheld during the pandemic.

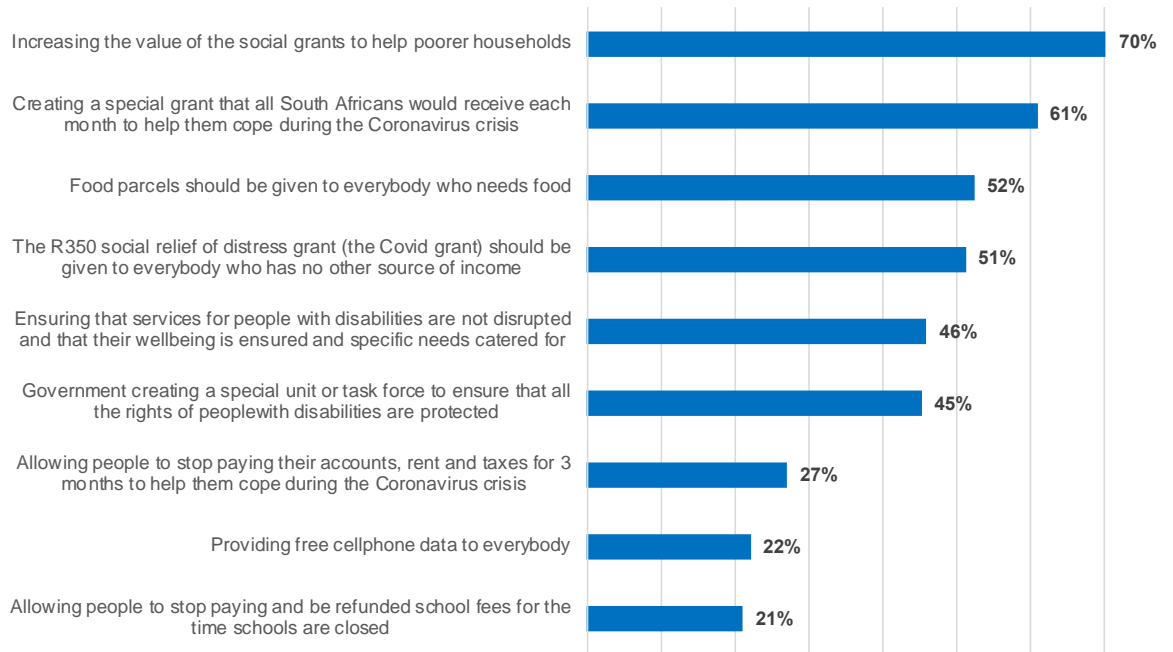


Figure 48: Interventions recommended to be supported by Government (MR) (%) (N=1857)

Discussion

During any national disaster we would anticipate some disruption of services, but two points are evident from the findings. Firstly, there seems to have been little recognition of the particular support needs of people with disabilities and secondly, increasing the rate and provision of services for and reaching persons with disabilities has been slow, suggesting a lack of disability inclusiveness in the COVID-19 control, mitigation and especially the relief measures. Most respondents, slightly less than two-thirds, appeared dependent on non-state service providers at some point, and some noted that the state interventions they were aware of seemed unfocused or insufficient. The large number of respondents who experienced hunger during the pandemic and even 16 months into the pandemic supports this finding. Hunger was not something they had previously experienced. Similarly, the disruption in carer services, interrupted access to rehabilitative and other disability services is a serious oversight and is due to the failure of government to initially recognise and include these services as key for persons with disabilities in the initial disaster regulations.

Communication is one of the main means of sharing information about COVID-19 and changes in disaster management regulations. It is crucial during disasters that people receive and understand messages in diverse formats so that they can be assured that their health, rights and other interests are being addressed and that government is responding inclusively and accountably. Access to such communications would help reduce any fear and anxiety brought about by the pandemic and would also increase the trust in government and its handling of the pandemic. Television is the main means of communicating the President's monthly messages about COVID-19 and updating the population on changes in the regulations relating to lockdown levels. Other officials also use television as a main source of communication. That almost one-third of respondents did not have adequate access to television is of concern. Furthermore, there are several other challenges relating to accessing televised information (see Figure 33). These must be overcome as a matter of urgency if messages from government are to reach persons with disabilities. For example, the presence of SASL interpreters on television is extremely laudable but within the broader context of hearing impairment or loss, it is ironic that prepared live speeches by the President and other Ministers are not televised with any form of captioning. Surely these speeches can be provided an hour or two beforehand to broadcasters so that captioning is prepared and made available during the live speech.

It could be argued that unfocused or insufficient pandemic interventions are a result of inadequate awareness on the part of people without disabilities and their failure to make these interventions inclusive to persons with disabilities, as the former do not understand the specific and diverse needs of persons with disabilities. However, while this argument has some merit, it is evident this cannot be the only reason. The survey provided evidence of support from the security services and showed that in some instances the security services

aided communities and persons with disabilities in particular and in multiple ways. It would be desirable if the percentages in Figure 22 were reversed so that more rather than fewer persons with disabilities had been assisted by the security services. However, this is something that can be addressed by improved community liaison and disability mainstreaming within the security and other essential services.

With the development and Cabinet approval of the *White Paper on the Rights of Persons with Disabilities* (DSD, 2016a) and *The Implementation matrix: 2015-2030* (DSD, 2016b) greater clarity and emphasis has been placed on the rights of persons with disabilities in South Africa. As there is no specific Act for the protection of persons with disabilities, these documents are fundamental in guiding the realisation of the rights of persons with disabilities. The latter document (DSD, 2016b) stipulates in section 3.5 what must be done by the Department of Constitutional Governance and Traditional Affairs (COGTA) to ensure adequate inclusion of persons with disabilities in the National Disaster Management Framework (NDMF) of 2015. Nevertheless, in the research leading up to the survey, it was reported that COGTA had done very little and had not made tangible progress in specifically including persons with disabilities in the NDMF. The National Disaster Management Council (NDMC) within COGTA preferred to take the stance that the Disaster Management Act of 2003 and the NDMF included persons with disabilities as (de facto) citizens of this country and as members of vulnerable households, but neither make any definite mention about them as a group with specific vulnerabilities. This is an abject failure to recognise the marginalisation and difference in vulnerability confronted by persons with disabilities. A review, as part of the larger study, reveals that out of the approximately 150 disaster regulations promulgated until July 2021, only a handful focused on persons with disabilities, and these were largely promulgated by the DSD and the Department of Basic Education (DBE) but had a strong emphasis on protection from the virus and the distribution of protective gear and equipment to safeguard workers and learners. Even these actions seem inadequate considering the needs of the many who are not on any system and would not engage with these state employees.

The *Implementation matrix* (DSD, 2016b) provides broad guidelines for disability inclusiveness and on how omissions should be addressed and what needed to be done by 2019 and also by 2030. Section 3.5 focuses on protection during situations of risk and disaster, stipulating that the target was 100% completion by 2019. However, this appears still to be work in progress as no tangible evidence was found as to any progress having been made. What has been experienced during the pandemic so far is that there is no evidence of capacity to trace, track or subsequently provide relief and mitigation services to, or develop regulations that directly accommodate persons with disabilities. Rather, the main support has been to temporarily increase the various social grants provided by DSD and the South African Social Security Agency (SASSA) and introduce the inadequate SRD grant. While the first round of food parcels was provided by the provincial DSDs, SASSA national office soon took this on as its responsibility, encountering many challenges that delayed the subsequent rollout (PMG,

2020; Seekings, 2020). The onus on addressing the disadvantages experienced by persons with disabilities during pandemics appears to have been on the under-resourced network of OPDs.

As the first target date of the *Implementation matrix* was 2019, and had not been realised by 2021, this has had serious repercussions for persons with disabilities and for levels of trust in government and probably explains why there was a lot of dissatisfaction reported towards government by respondents. Section 3.5.1 undertook to “Review all government disaster management plans to ensure provisions for persons with disabilities in emergencies.” However, according to various government officials this has not happened. Section 3.5.2 stipulates that persons with disabilities must be provided with accessible disaster relief services. National and provincial disaster management centres must ensure that psychosocial support service personnel have the capacity to assist persons with disabilities. The evidence suggests that this has not been fully realised; and has been noted above where it is evident that negative emotions feature strongly (Figure 16). Approximately one-third of respondents had access to and made use of state facilities. But reliance for psychosocial support seems to be more skewed towards the private sector, DSOs and other sources, or not at all, rather than seeking support from the state.

Section 3.5.3 stipulates the need to “Provide accessible emergency services”. Municipal emergency services must put in place reasonable accommodation support systems and trained emergency personnel to ensure equitable and immediate access to these services for persons with disabilities. Again, the evidence suggests that this is not in place. There is a strong reliance on non-state individuals and organisations; and while some respondents report receiving support from the security services, others report intimidation, harassment and even physical violence from law enforcement. When considering the vaccine rollout, we see that despite the high demand for vaccination by respondents, desired because people know that they are at increased risk because of a clinical vulnerability, it is evident that the various health and emergency services and the government legislators face serious obstacles in terms of understanding about disability inclusion, responsiveness and in the way they attempted to control the spread of COVID-19 and its impacts.

From the survey it is apparent that many negative impacts have been felt and needed services have been interrupted during the pandemic, including loss of income and employment, increased challenges in accessing transportation and thus increased barriers to accessing essential and disability specific services. Access to food and essential services was hampered by transportation challenges, both due to government regulations but also the discriminatory attitude of transport owners and operators. We also note that food security and the provision of electricity and water have been an increased challenge for respondents, and that these were more severe than what they had previously experienced. A lack of water and electricity negatively impacts on health and hygiene, making persons with disabilities more likely to be

susceptible to the Coronavirus and other diseases. The lack of food security as an unanticipated and previously unexperienced occurrence is of major concern, given the significant number of respondents who found themselves in this situation. There is strong support among respondents for disability disaggregated monitoring during disasters and during this pandemic (83%) so that they can receive assistance. Persons with disabilities must also be consulted on the development and finalisation of the framework (71%).

Conclusions

No specific measures are in place to address the particular needs of the diverse sector of the population who are persons with disabilities in South Africa – they are problematically simply included into the category of vulnerable households. Additionally, when the pandemic hit South Africa and lockdown was introduced on the 27 March 2020 there was no baseline list of people identifying as having a disability and specific support needs. Thus, any likely interventions might have been communicated to and seemingly reached mainly those who were existing grant recipients at the time of Lockdown.

The need to make the disaster risk framework disability inclusive is urgent now and for post-pandemic recovery. There appears to be little communication across government departments and between government and DSOs / OPDs. For example, there is no evidence of the sharing of existing datasets or compiling of new ones based within different departments and organisations, which makes mapping or tracing of persons with disabilities impossible. This prevents those most in need and those who are most vulnerable from accessing much-needed services. Therefore, these organisations must be consulted in improving the disaster risk framework. While a saddening episode in human history, there is much that can be learned from the COVID-19 pandemic that can enable the protection of the rights of persons with disabilities and provide lessons to make South Africa more disability-inclusive, aware and responsive – not only during future pandemics, but also in general. Currently persons with disabilities remain marginalised and vulnerable in almost all spheres of life – a situation exacerbated during pandemics and disasters as the survey results show.

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Acknowledgements

We are grateful to the United Kingdom Research and Innovation Newton Fund Agile Response (Grant EP/V04317X/1 GCRF_NF362) for funding this research. We thank those people with disabilities in South Africa who responded to the online survey and formed the data set used in this chapter. We appreciate the insights and support of our colleagues at the National Council of and for Persons with Disabilities and the Human Sciences Research Council's Developmental, Capable and Ethical State research division, who helped in the research process and provided valuable inputs during the study. We acknowledge the grant management support provided by the Institute of Development Studies (UK). This is our original work, and the views expressed do not reflect those of any other party.

Suggested citation:

Hart, T.; Wickenden, M.; Thompson, S.; Davids, Y.D.; Pienaar, G.; Ngungu, M.; Majikijela, Y.; Rubaba, T.; Molongoana, N.; Bohler-Muller, N.; Wentzel-du Toit, T.; Kalis, A.; Boya, L. and Mofokeng, M. (2022), Socio-Economic Wellbeing and Human Rights-Related Experiences of People with Disabilities in Covid-19 Times in South Africa, Brighton: Institute of Development Studies, DOI: [19088/IDS.2022.013](https://doi.org/10.1080/IDS.2022.013)