

CBR AFRICA NETWORK

Report on the Impact of COVID-19 on Persons with Disabilities in Africa

1. Introduction

CBR Africa Network (CAN) is an independent Non-Governmental Organisation that facilitates networking and information sharing on disability, Community-Based Rehabilitation (CBR) and inclusive development within Africa. With this mandate, CAN developed a tool in May 2020 to evaluate the effects of COVID-19 and its restrictions on persons with disabilities around Africa.

Persons with disabilities are part of populations described globally as vulnerable. According to the World Disability Report (2011), these constitute at least 15% of the world's population. Persons with disabilities are particularly at risk to COVID-19, in addition to other inequities they face in accessing healthcare services due to inaccessible health information and environments, as well as selective medical guidelines and protocols that often exacerbate their discrimination. With this in mind, CAN sought to find out the effects of COVID-19 to persons with disabilities in Africa.

2. Methodology

In order to collect data on the effects of COVID-19 on persons with disabilities in Africa, CAN used the survey method. This involved a questionnaire with ten short questions, which were sent out to CAN members electronically using the mail chimp.

For analysis of data we used a combination of the survey monkey and Microsoft Excel. In total the CAN secretariat received 220 responses to the tool. The next section provides the findings.

3. Presentation of Findings

3.1 Introduction

On the whole, responses were obtained from 36 countries of Africa and a few from outside Africa. These are distributed in the table below:

Table: Country of Operation for the Respondents

Country	No of Individuals
Algeria	1
Benin	1
Burkina Faso	2
Burundi	1
Cape Verde	2
Côte d'Ivoire	7
Cameroon	12

Central African Republic	1
Congo Brazzaville	1
Democratic Republic of Congo	5
Egypt	1
Eswatini	1
Ethiopia	10
Ghana	7
Kenya	9
Madagascar	2
Malawi	8
Mali	2
Morocco	1
Mauritius	2
Mozambique	2
Namibia	11
Niger	1
Nigeria	4
Republic of South Sudan	5
Rwanda	3
Senegal	2
Sierra Leone	1
Somalia	2
South Africa	17
Tanzania	14
Tchad	3
Togo	5
Uganda	20
Zambia	27
Zimbabwe	5
Outside Africa	22
TOTAL	220

3.2 Serving or not Serving Persons with Disabilities

Respondents were asked to indicate whether or not they served persons with disabilities in their organisations. Only 4% of the respondents said they did not directly work with Persons with disabilities and the remaining 96% noted that they worked with and served Persons with disabilities.

The follow-up question was for respondents to mention what services their organisations offered to Persons with Disabilities

From the responses it was clear that respondents offered various services to persons with disabilities. These included the following: rehabilitation services, physiotherapy, occupational therapy, psychosocial therapy, family sensitisation, teaching children with disabilities, transportation services, awakening (medical and sports) activities, facilitation to access mainstream services, capacity building, disability and development consultancy, registration of Persons with Disabilities and DPOs, provision of assistive devices, education support, livelihood empowerment, health support, lecturing in disability and rehabilitation, training in income generating activities, sign language training, lobbying, counselling and mentorship programmes.

Respondents were further asked how they informed persons with disabilities about COVID-19. The responses were as follows:

- 8% of respondents answered that they used sign language;
- 13% said they used New Information and Communication Technologies (NICTs), Braille, large print documents, documents for easy reading or video recordings;
- 20% said they used the social media;
- 21% said they used the conventional media (radio, articles, television and newspapers); and
- 37% used a combination of all the methods mentioned above.

3.3 Challenges Faced When Passing on Information about COVID-19 to Persons with Disabilities

Respondents were asked what challenges they faced while trying to pass on information about COVID-19 to Persons With Disabilities. The challenges can be summarised as follows:

- The state of Cape Verde, especially the national information service, did not address disability; hence making it immensely difficult to get out messages to all Persons with disabilities.
- Communicating with people with deafblindness requires personal contact, which was not acceptable due to social distancing.
- Information on COVID-19 was very limited leading to a lot of misinformation and speculations
- Lack of public transport due to lockdown and high costs for alternative means of transport made it difficult to reach all persons with disabilities.
- Quite a number of persons with disabilities do not have access to the Internet, and where it is available it is expensive. As a result there was no access to the social media yet a lot of information was shared there.
- Information was not converted for easier understanding for some categories of persons with disabilities such as FALC (Easy to read and understand) materials for people with intellectual disabilities.
- The messages on COVID-19, especially in media institutions, were not inclusive because they did not take into account the specificities of disability, in particular Braille or in sign language.
- Illiteracy among persons with disabilities prevented them from having access to written information.
- Majority of persons with disabilities do not have smartphones; yet a lot of information was disseminated by phone, like sign language videos.
- In some rural parts of the continent there are no radio and television transmissions; hence making it hard for proper information dissemination.
- At the beginning of the crisis several persons with Disabilities were skeptical and resistant to the preventive measures. Some people did not understand how serious COVID-19 was; meaning you had to do it over and over again before they understood
- There was the high cost of distribution of materials to the communities including the cost of sign language interpreters moving to all areas.
- Language Barriers between the different villages with different local languages.
- Poverty that led to inability to afford sanitizers and masks.
- For people with intellectual disabilities there were possibilities of them forgetting the regular application of preventive measures; tiredness to stay confined; and no entertainment except television
- Fear of exposure to the infection led some individuals not to go into the community to distribute information about COVID-19 to persons with disabilities and their families.

- Including persons with disabilities in development programs has not been taken seriously by most development actors. This is proven by the absence of structures and equipment to facilitate the dissemination of information to persons with disabilities.
- Due to the requirement of social distancing we are unable to gather for support group meetings.

3.4 Effects of COVID-19 to Persons with Disabilities

Respondents were asked if they knew any Persons with Disabilities who had been affected by COVID-19 and which disabilities were these

70% of the respondents indicated they did not know any PERSON WITH DISABILITY who had been affected by COVID-19. The 30% who said they knew some persons with disabilities affected by COVID-19 mentioned the following disabilities: physical disability, visual impairment, hearing impairment, clubfoot, Down syndrome, blindness, chronic disability, mental disability, leprosy, cerebral palsy and epilepsy.

A follow-up question was for respondents to explain how Persons with Disabilities were affected by COVID 19 and the subsequent restrictions.

- 49% of the respondents indicated that Persons with Disabilities ran out of food and other household essentials due to a lockdown in their local areas.
- 19% indicated that persons with disabilities missed essential medical treatment due to the lockdown in their local areas.
- 18% mentioned that they lost work and income for them and their families.
- 7% noted that Persons with Disabilities lost their loved ones and caretakers.
- 4% indicated that Persons with Disabilities were directly infected by the Corona Virus.

Additionally, they faced the following challenges due to COVID 19:

- Mental/issues caused by isolation and loneliness.
- Lack of psychological support during this time
- Disruption of the academic calendar
- High levels of discrimination, especially for the deafblind who felt left behind in terms of information because their communication is through touch

3.5 Suggested Remedies to the COVID-19 pandemic

respondents were asked that apart from social distancing, hand-washing and self-isolation, what other remedies had their governments put in place to protect Persons with Disabilities against COVID-19.

In general, most governments put restrictions into place like total and partial lock downs, curfews, no public transport, closure of all places of worship, closure of schools, banning of social gatherings above a certain number, putting warnings against physical contacts with people outside your home, advise on sanitising, work from home order and information dissemination on social media. Several tried to provide food to the people in need, support in hygiene products, financial support where need be, supply of masks and provision of helplines for those who are suspected to have the virus.

Below are provisions that particular governments around Africa put in place directly for persons with disabilities:

- Cote d'Ivoire- Sign language for the transmission of alot of the information.
- Egypt-Paying financial aid to the poor and Persons with Disabilities
- Eswatini-The Government has been encouraging the nation to support Persons with Disabilities and they have asked them to register so as to receive food parcels in their communities.

- Ethiopia- Financial support for the Federation of Persons with Disabilities from Addis Ababa city council (2.1 Million ETB); Sign-language translation on COVID-19.
- Kenya- Cash transfers to persons with severe disabilities and additional support to vulnerable groups.
- Morocco-The spots are accompanied by sign language a digital platform -capsules for Persons with Disabilities.
- Namibia-Information on COVID-19 is available in Sign Language on some platforms.
- Rwanda - The public TV has accommodated sign language interpretation in the COVID-19 pandemic related communications; provision of food and hygiene materials to needy people including Persons with Disabilities
- South Africa- Increase in amount paid out to people receiving the Disability grant; develop guidelines for quarantine of Persons with Disabilities, and information on how to take care of assistive devices; advocated for captioning to be done so that our deaf beneficiaries can have access to critical information given through public briefings on TV by the President and all relevant stakeholders; advocated for the production of deaf-friendly face masks to ensure that health workers and other providers of essential services are able to communicate with people with hearing impairments effectively; and assisted organisations with needy items as long as they had direct links with their clients.
- Tanzania-We have come up with a project to educate the caregivers to take all preventive measures because we know that persons with disabilities, especially children and people with visual impairment need caregivers most of the time.
- Zambia - Have provided sign language for all TV updates on TV from Ministry of Health and the COVID-19 programmes; have tried to remove persons with disabilities from the streets, especially those living on alms giving and put them in institutions; have provided persons with disabilities with food though not sufficient to see them through the partial lockdown; government has been also sensitizing the deaf through sign language on TV
- Zimbabwe-Government promised to disburse RTGS \$200 (\$5USD) to every vulnerable household as a cushion against effects of lockdown.

Finally, respondents were asked to suggest other ways through which the government could assist Persons with Disabilities during the COVID 19 pandemic. The following were the suggestions given:

- Provide accessible and inclusive hand washing facilities, and should come up with specific disability guidelines on curbing the spread of COVID-19
- Extend free distribution of sanitizers, masks and practice positive discrimination in food distribution
- Governments should reach out to persons with disabilities not only in towns but in rural areas as well.
- Provide accessible learning materials to children with disabilities at home so they could also benefit from e learning
- Include Persons with Disabilities in the various response teams
- There is need to sensitize persons with disabilities on the causes and prevention of COVID-19 in local languages because most persons with disabilities are illiterate.
- Persons with disabilities should be availed information in accessible format, for example in Braille as most of them are isolated
- there is need for continuous identification of Persons with Disabilities who might be infected with COVID-19 for treatment and follow-up
- We have suggested to the DGAS to increase awareness of the risks of co-morbidity with people who are on medical treatment for leprosy and food support to reduce the related effects of the breakdown of income-generating activities.

- We suggest that the government coordinate with associations and organisations of persons with disabilities, as they are the most accessible to their beneficiaries with disabilities.
- Include DPOs and promote persons with disabilities representation on COVID-19 taskforces at all the different levels of operations.
- Start home to home awareness & education program
- Provision of PPEs to Persons with Disabilities.
- Governments should withdraw reservation on article 11 of the UNCRPD and give more consideration to Persons with Disabilities in such situations.
- Do daily press conferences and TV programmes on COVID-19 in Sign Language, which is not the case presently
- Provide counselling services for persons with disabilities and check them for mental wellness.
- Provide vehicles for persons with disabilities to go for their treatment, especially those whose parents don't have vehicles
- Given that most Persons with Disabilities have other underlying health conditions, it is important that extra measures are put in place for them as they fall under the high risk category likely to catch the COVID-19 by nature of their various disabilities.
- Give clear indications to physical rehabilitation professionals, as well as to Persons with Disabilities and to associations that support them on the measures to be taken.
- Involve occupational therapist to continue training clients with disabilities in performing their routines like the essentials of washing hands, sanitizing, handling objects independently etc.
- Issue clear guidelines on services that will continue and how they will continue (e.g. around assistive devices, acute care rehab and home/community rehab services for selected cases.
- Social protection, emergence support, livelihoods services and improve policies implementation to combat Gender based violence, provision of smart phones to Persons with Disabilities and train them on how to use the devices
- develop friendly designs for people with special needs, especially people with disabilities, and treat them like other people and not be discriminated against in society
- Ensure respect and protection of the rights of Persons with Disabilities as enshrined in international and national instruments during this COVID-19 pandemic
- Ensure that Persons with Disabilities who are infected have equal access to quality healthcare services without discrimination of any kind.
- Cater for the needs of persons with mental illness and Epilepsy who entirely depend on drugs to live healthily by setting up clear guidelines on how they are to access their medication while minding their safety during this pandemic.
- Conduct community outreach activities to identify and rescue Persons with disabilities who are ill-treated at home or within communities during this pandemic and provide adequate support to them in a manner that respects their human rights.
- Ensure that Persons with disabilities who are homeless during the period of social isolation are not mistreated by authorities and are provided with water, food and shelter on equal basis with others. They should have access to well-supplied and clean sanitation facilities, as well as testing and treatment, without discrimination, and in a manner that respects their human rights.
- Consult and actively involve NUDIPU and the representative organizations of Persons with disabilities in Uganda on how best to respond to the COVID-19 outbreak in a disability-inclusive manner.

- Persons with Disabilities that may require quarantine should be put in places with reasonably accommodative facilities such as toilets and accessible infrastructure to ease their mobility, among other support services.
- All security agencies involved in the COVID-19 response should be briefed about disability management, that is, how to handle disability issues and persons with disabilities. This briefing and sensitization should be done at all levels.

CONCLUSION

Persons with Disabilities have largely not been included in the fight against COVID-19. Since the world is still grappling with the pandemic, governments have an opportunity to put steps in place to help these individuals and their families.