

# SNAPSHOT

## Feedback on Covid-19 Response Strategy for Persons with Disabilities in Southern Africa

Tuesday, August 11, 2020

# Research Background

Tuesday, August 11, 2020

# About SAFOD

- The Southern Africa Federation of the Disabled (SAFOD) is the umbrella network of national federation of Disabled People's organizations (DPOs).
- Headquartered in Gaborone, Botswana, we mainly work in ten countries in Southern Africa, as of August 2020.
- The countries include Angola, Botswana, eSwatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe.
- In each of these countries, we coordinate our programs and activities through the affiliate federations.

# About COVID-19

- Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.
- What started as an epidemic limited primarily to China sometime in December 2019 has now rapidly grown a global pandemic.
- COVID-19 has affected everyone, directly or indirectly;
- COVID-19 is affecting the health and socio-economic status of people in both developed and developing countries alike.

# Why Persons with Disabilities?

- People with different forms of disabilities are not spared.
- They generally have more health-care needs than others
- Their needs are both standard and linked to impairments.
- They are, therefore, more vulnerable to the impact of low quality or inaccessible health-care services than others
- In response, SAFOD has drafted the COVID-19 Response Strategy for Persons with Disabilities in Southern Africa.
- The strategy proposes a list of interventions targeting persons with disabilities and their carers.

# Why this Survey?

- Considering that there is a lot we are still learning about this pandemic.
  - This survey is, therefore, mainly targeted at persons with disabilities in Southern Africa to:
    - a) understand how COVID-19 is them
    - b) How they feel about the ongoing response interventions at the local community, national and even regional levels.
    - c) Inform SAFOD's own regional response strategy.
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# Summary of Results

Tuesday, August 11, 2020

# # of Respondents

**30**

**Total Responses**

Date Created: Wednesday, April 08, 2020

Complete Responses: 23

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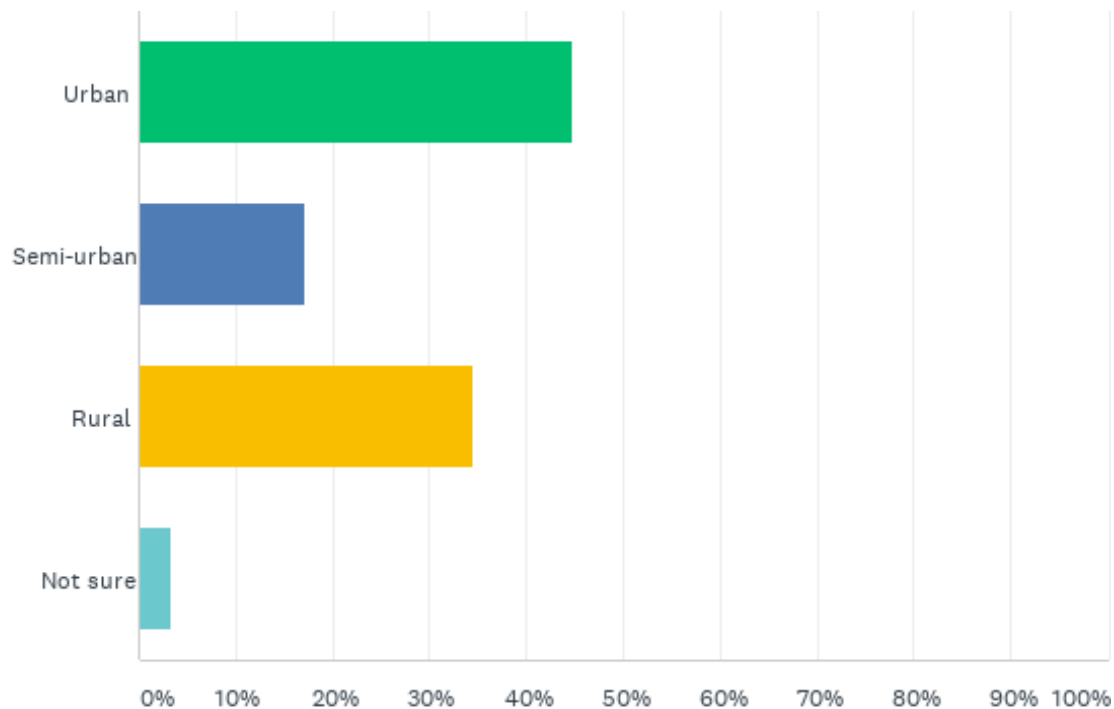
# Respondents' countries

Answered: 29 Skipped: 1

| ANSWER CHOICES               | RESPONSES |           |
|------------------------------|-----------|-----------|
| Angola                       | 3.45%     | 1         |
| Botswana                     | 3.45%     | 1         |
| Comoros                      | 0.00%     | 0         |
| Democratic Republic of Congo | 0.00%     | 0         |
| Eswatini                     | 13.79%    | 4         |
| Lesotho                      | 6.90%     | 2         |
| Madagascar                   | 0.00%     | 0         |
| Malawi                       | 10.34%    | 3         |
| Mauritius                    | 0.00%     | 0         |
| Mozambique                   | 0.00%     | 0         |
| Namibia                      | 6.90%     | 2         |
| Seychelles                   | 0.00%     | 0         |
| South Africa                 | 44.83%    | 13        |
| Tanzania                     | 3.45%     | 1         |
| Zambia                       | 6.90%     | 2         |
| Zimbabwe                     | 0.00%     | 0         |
| <b>TOTAL</b>                 |           | <b>29</b> |

# Respondents' location Setting

Answered: 29 Skipped: 1



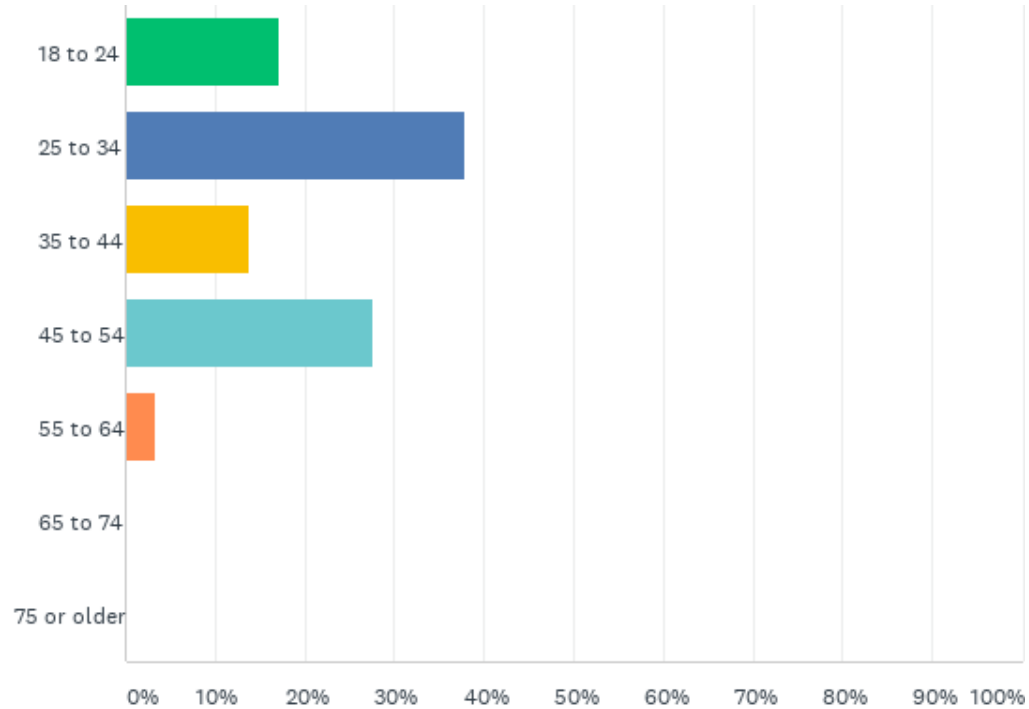
# Respondents' gender

Answered: 29 Skipped: 1

| ANSWER CHOICES | RESPONSES |    |
|----------------|-----------|----|
| Female         | 44.83%    | 13 |
| Male           | 55.17%    | 16 |
| TOTAL          |           | 29 |

# Respondents' age ranges

Answered: 29 Skipped: 1



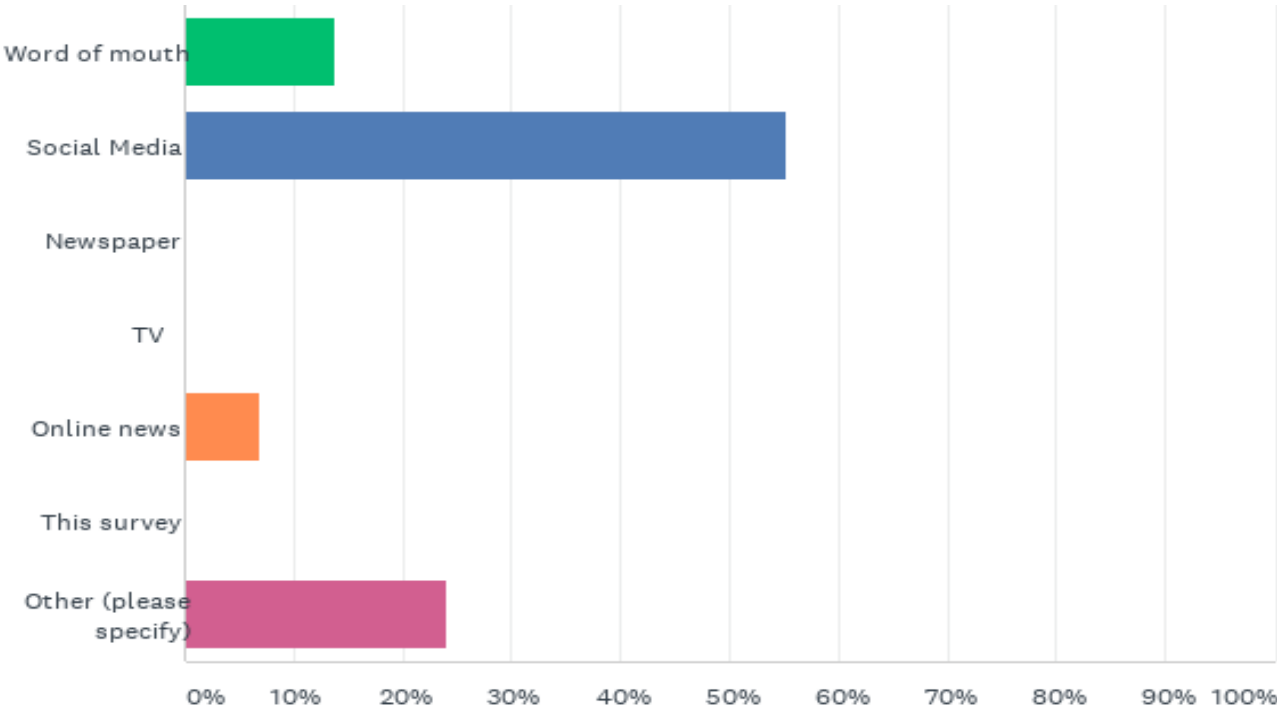
# Respondents' disability

Answered: 29 Skipped: 1

| ANSWER CHOICES                     | RESPONSES |           |
|------------------------------------|-----------|-----------|
| Mobility and Physical Impairments  | 48.28%    | 14        |
| Spinal Cord Disability             | 3.45%     | 1         |
| Head Injuries - Brain Disability   | 0.00%     | 0         |
| Vision Disability                  | 34.48%    | 10        |
| Hearing Disability                 | 3.45%     | 1         |
| Cognitive or Learning Disabilities | 0.00%     | 0         |
| Psychological Disorders            | 0.00%     | 0         |
| Invisible Disabilities             | 3.45%     | 1         |
| Other (please specify)             | 6.90%     | 2         |
| <b>TOTAL</b>                       |           | <b>29</b> |

# How respondents heard about the survey

Answered: 29 Skipped: 1



## Levels of awareness regarding existence of COVID-19

- All respondents (100%) indicated that they have heard about the coronavirus.
- What is encouraging is that about 63% heard about in January 2020, when the news was just hitting the world.
- While about 26% heard about it in February 2020.
- None indicated they heard about COVID-19 after February 2020, which means the level of awareness about the existence has been generally high (with only about 7% indicating they could not remember the exact month they heard about COVID-19).

# Levels of awareness regarding existence of COVID-19

Answered: 27 Skipped: 3

| ANSWER CHOICES   | RESPONSES |           |
|------------------|-----------|-----------|
| January 2020     | 62.96%    | 17        |
| February 2020    | 25.93%    | 7         |
| March 2020       | 0.00%     | 0         |
| April 2020       | 0.00%     | 0         |
| May 2020         | 0.00%     | 0         |
| June 2020        | 0.00%     | 0         |
| July 2020        | 0.00%     | 0         |
| August 2020      | 3.70%     | 1         |
| September 2020   | 0.00%     | 0         |
| October 2020     | 0.00%     | 0         |
| November 2020    | 0.00%     | 0         |
| December 2020    | 0.00%     | 0         |
| I can't remember | 7.41%     | 2         |
| <b>TOTAL</b>     |           | <b>27</b> |



# How they first heard about COVID-19

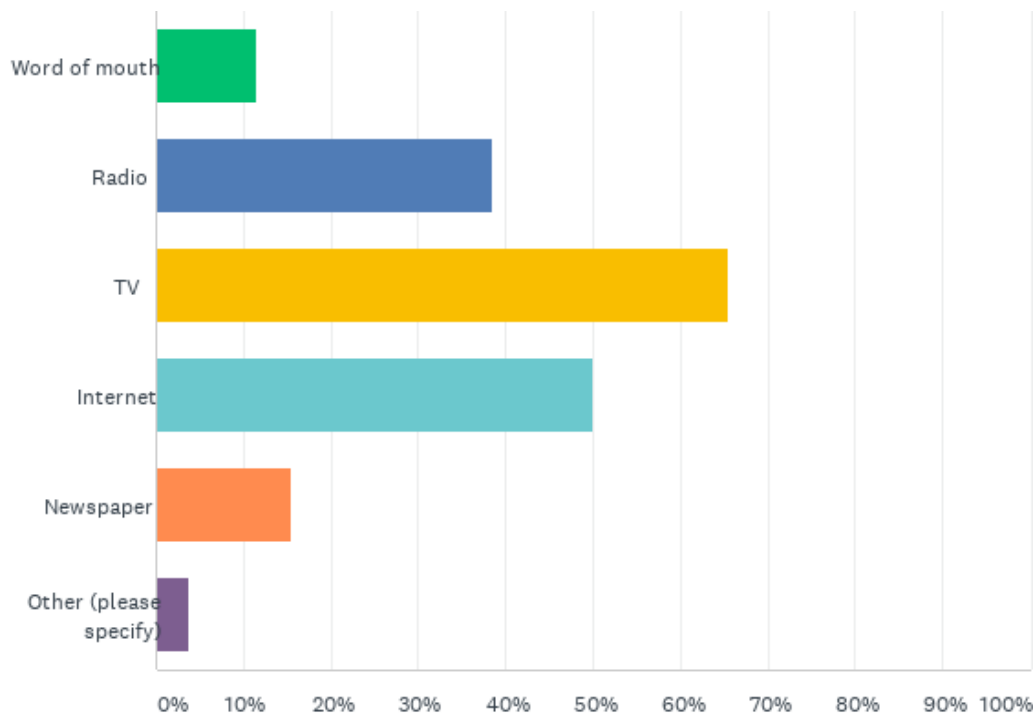
- Most of the respondents first heard about COVID-19 through TV (65%).
- Whereas about 50% indicated they first heard through the internet.
- Radio, newspaper, and word of mouth represented less than 40%, 20% and 15% respectively.

*It must, however, be noted that at that time (January and February), the disease had not yet reached the pandemic level globally, and hence there were not as much reports, adverts, and announcements related to COVID-19 aired on the radio or published in the newspapers yet.*

**SAFOD observation**

# How they first heard about COVID-19

Answered: 26 Skipped: 4



# How much they know about coronavirus prevention

- It is encouraging that over 90% of the respondents already know the basic prevention measures such as: washing hands regularly; covering nose and mouth; avoiding touching one's face; avoiding close contacts (social distancing); and staying home (social distancing).

| ANSWER CHOICES  | RESPONSES |    |
|---|-----------|----|
| Wash your hands regularly for 20 seconds, with soap and water or alcohol-based hand rub     | 100.00%   | 27 |
| Cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze | 96.30%    | 26 |
| Avoid close contact (1 meter or 3 feet) with people who are unwell                          | 92.59%    | 25 |
| Stay home and self-isolate from others in the household if you feel unwell                  | 92.59%    | 25 |
| Don't touch your eyes, nose, or mouth if your hands are not clean                           | 92.59%    | 25 |
| Total Respondents: 27   |           |    |

# How much they know about coronavirus prevention

“Even though there has been a lot of information on COVID-19 and various community interventions, there has been no information with regards to strategies that deal with the realities of being a person with a disability during this time. Access to employment opportunities have always been a problem for people with disabilities but the crisis has compounded the problem and there is no one to ask questions or get clarity.”

**Respondent #25**

# Coronavirus infection levels and experiences

- None of the respondents (0%) were infected with coronavirus at any point in time; hence this survey **could not** establish first-hand experiences regarding the following:
  - *measures taken to prevent others,*
  - *nature of remedy/treatment, and*
  - *challenges faced related to their disability before, during and after treatment.*

| ANSWER CHOICES | RESPONSES |    |
|----------------|-----------|----|
| Yes            | 0.00%     | 0  |
| No             | 70.37%    | 19 |
| Not sure       | 29.63%    | 8  |
| TOTAL          |           | 27 |

# Medium for accessing information on COVID-19

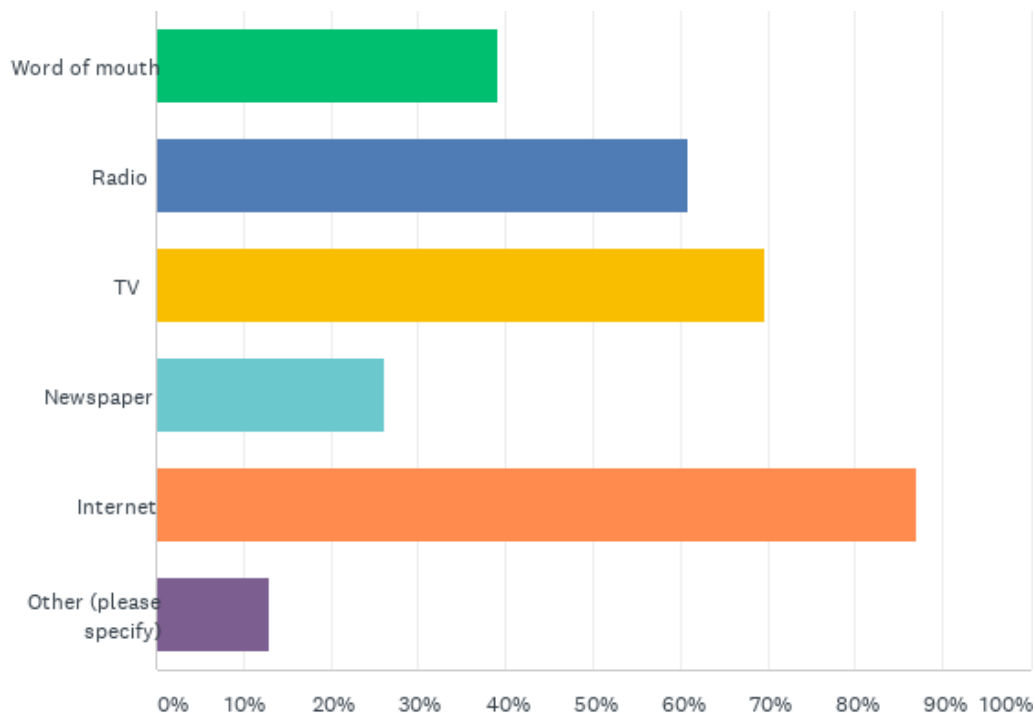
- Most of the respondents (86%) rely on internet to access information about COVID-19.
- Whereas TV and radio come second (>69%) and third (>60%), respectively.

*It, therefore, means that any information dissemination strategy should prioritize the internet, especially for the literate audience in settings where internet data is not prohibitive.*

**SAFOD recommendation**

# Medium for accessing information on COVID-19

Answered: 23 Skipped: 7



# Accessibility of the information channels

- The newspaper was rated as the most inaccessible information channel (24%)
- This was followed by internet and TV both pegged at 17%.

*It is recommended that when designing interventions for persons with disabilities, DPOs, Governments and other stakeholders should incorporate practical accessibility measures within TV, newspapers, radio and internet information channels.*

**SAFOD recommendation**



# Accessibility of the information channels

Answered: 23 Skipped: 7

|               | VERY INACCESSIBLE | INACCESSIBLE | MODERATE     | ACCESSIBLE  | VERY ACCESSIBLE | N/A        | TOTAL | WEIGHTED AVERAGE |
|---------------|-------------------|--------------|--------------|-------------|-----------------|------------|-------|------------------|
| Word of mouth | 0.00%<br>0        | 9.09%<br>2   | 45.45%<br>10 | 22.73%<br>5 | 13.64%<br>3     | 9.09%<br>2 | 22    | 3.45             |
| Radio         | 8.70%<br>2        | 4.35%<br>1   | 26.09%<br>6  | 21.74%<br>5 | 39.13%<br>9     | 0.00%<br>0 | 23    | 3.78             |
| TV            | 17.39%<br>4       | 13.04%<br>3  | 21.74%<br>5  | 8.70%<br>2  | 39.13%<br>9     | 0.00%<br>0 | 23    | 3.39             |
| Newspaper     | 23.81%<br>5       | 9.52%<br>2   | 23.81%<br>5  | 19.05%<br>4 | 14.29%<br>3     | 9.52%<br>2 | 21    | 2.89             |
| Internet      | 17.39%<br>4       | 0.00%<br>0   | 13.04%<br>3  | 26.09%<br>6 | 43.48%<br>10    | 0.00%<br>0 | 23    | 3.78             |

# Levels of participation in planning processes

- Only 4 out of 23 respondents indicated they had participated in COVID-19 planning sessions either at community, country or regional levels, representing only 17%.
- But only 2 of them indicated that had been given an opportunity to even contribute, while 1 indicated they did not fully participate due to inaccessibility of reference materials during the planning meetings.

*“Most governments are just issuing lockdown without putting economic cushion action that can help persons with disabilities in their daily life. In Malawi all the information that are broadcasted are not in disability friendly format.”*

**Respondent #3**

# Levels of participation in planning processes

Answered: 7 Skipped: 23

| ANSWER CHOICES   | RESPONSES |   |
|--|-----------|---|
| I was not given opportunities to contribute at all   | 28.57%    | 2 |
| I was given opportunity you contribute, but my views were not valued and/or taken on board                               | 0.00%     | 0 |
| I was given opportunity to contribute and my views were valued and/or taken on board                                     | 28.57%    | 2 |
| Most of the conversation was in a language I don't understand (e.g. English), so I could not fully participate.          | 14.29%    | 1 |
| There was no sign language interpreter, so I did not fully participate   | 28.57%    | 2 |
| The reference materials that were shared during the planning meeting were not accessible, so I did not fully participate | 14.29%    | 1 |
| Total Respondents: 7   |           |   |

# Levels of participation in planning processes

*A regional lobbying campaign targeting governments and other strategic stakeholders should be initiated not only to advocate for increased participation of persons with disabilities in planning processes at all levels (community, country and regional), but also ensuring that all relevant materials used in these planning sessions are accessible).*

**SAFOD recommendation**

## Other key results

- 7 of 16 respondents indicated that they have some challenges accessing healthcare services related to COVID-19, representing about 30%.
- About 74% indicated they would like to see improvements in the accessibility of awareness information materials.
- About 74% indicated they would like to see improvements in the accessibility of healthcare services.
- And about 91% they would like to see improvements in the inclusion of persons with disabilities in planning processes.
- However, only about 26% indicated they were aware of any interventions on COVID-19 that they would describe as best/good practice of disability mainstreaming.

# Other key results

Answered: 23 Skipped: 7

| ANSWER CHOICES  | RESPONSES |    |
|---|-----------|----|
| Accessibility of awareness information materials          | 73.91%    | 17 |
| Accessibility of healthcare services                      | 73.91%    | 17 |
| Inclusion of persons with disability in planing processes | 91.30%    | 21 |
| Total Respondents: 23                                     |           |    |

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# Key Respondents' Recommendations in Quotes

# Key recommendations from respondents

“Persons with disabilities must have written account of their personal disability on them at all times to assist medical personnel to know what their disability is, if they become ill. The medical team will have a quick and clear way to treat the person with the disability.”

**Respondent #1**



# Key recommendations from respondents

“There is need to push for all the Government departments to have a disability advisor, so we are always considered in plans.”

**Respondent #1**

# Key recommendations from respondents

“There is urgent need to set up a fund which people with disabilities in business, like myself, can access so that their businesses can be saved from collapsing.”

**Respondent #2**

# Key recommendations from respondents

“More need to be communicated in sign language and documents needs to be typed in Braille hence our brothers and sisters with visual impairment need to get what is happening.”

**Respondent #5**

# Key recommendations from respondents

“Persons with disabilities need to be involved in planning of COVID-19 planning of the intervention strategies. Issues of disabilities need to be taken with the seriousness at all levels.”

**Respondent #6**

# Key recommendations from respondents

“There must be a telephone hotline that must assist [dedicated to] people with disabilities.”

**Respondent #10**

# Key recommendations from respondents

“Grants for persons wit disabilities should be increased to help them to buy more groceries to reduce mobility.”

**Respondent #14**

# Key recommendations from respondents

“We should access our own sanitizers as we enter the shops, especially when there is no one to assist.”

**Respondent #22**

# Key recommendations from respondents

“The Government is responding well to the pandemic, but people with disability were left behind. There is an issue of [online] permit application [for movement] which the blind cannot complete and those that cannot access computers or smart phones cannot make it. Government should ensure that permit application is accessible.”

**Respondent #30**



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END

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