



UNITED NATIONS
LESOTHO



IMPACT OF COVID-19 ON PEOPLE WITH DISABILITIES IN LESOTHO

June 2021

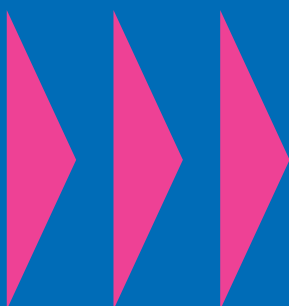
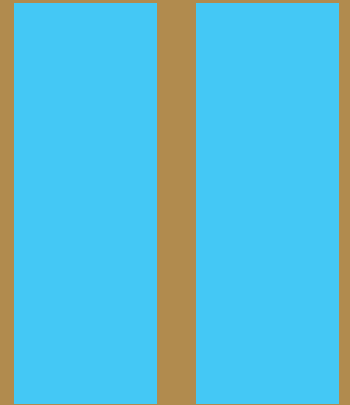


TABLE OF CONTENTS

LIST OF ACRONYMS	3
LIST OF FIGURES	4
LIST OF TABLES.....	5
CHAPTER 1: INTRODUCTION.....	6
Background.....	6
Understanding disability	6
REGIONAL Impact of COVID-19 ON PWD	8
LESOTHO Context	10
PURPOSE OF THE STUDY.....	12
CHAPTER 2: METHODOLOGY	14
Study Population, Sampling Frame and Design	14
Data collection instruments	14
Data collection techniques.....	14
Data management and Analysis.....	14
Ethical considerations.....	15
Study challenges and limitations	16
CHAPTER 3: QUANTITATIVE STUDY RESULTS	17
Demographics.....	17
Employment	20
Social Protection and Food Security.....	23
Food security	26
Access to Information Related to COVID-19.....	28
Access to Health Care Services	32
Access to Education (Teaching and Learning)	34
Participation in the Development of the National COVID-19 Response Framework	35
Affect (Anxiety and Depression).....	35
CHAPTER 4: ANALYSIS OF THE FINDINGS	40
Unemployment	40
Social protection	41
Food security	42
Access to information.....	42
health	43
Access to Education.....	44
Consultation and Participation of PWD representative(s) in COVID-19 planning process and coordination structures.....	45
OTHER EMERGING IMPACTS OF COVID-19 ON PERSONS WITH DISABILITIES.....	46
Conclusions	48
Recommendations	48

LIST OF ACRONYMS

BOS – Bureau of Statistics

CDA – Critical Discourse Analysis

DPO – Disabled People’s Organizations

ECLAC – Economic Commission for Latin America and the Caribbean

FFO – Norwegian Federation of Organization of Disabled Persons

ICF - International Classification of Functioning Disability and Health

ICJ – International Court of Justice

IDAL – Intellectual Disability Association of Lesotho

LNFOOD – Lesotho National Federation

LNLVIP – Lesotho National League of the Visually Impaired Persons

LNAPD - Lesotho National Association of the Physically Disabled

MODS – Ministry Of Social Development

MOET- Ministry Of Education and Training

MSME – Micro Small Medium Enterprises

NADL – National Association of the Death in Lesotho

NSDP II – National Strategic Development Plan

NACOSEC – National COVID-19 Secretariat

WHO – World Health Organization

SALC - Southern African Litigation Centre

SADC – Southern African Development Community

SDG – Sustainable Development Goals

UNCRPD – United Nations Convention on the Rights of Persons with Disabilities

UNDS – United Nations Development System

WASH – Water Sanitation and Hygiene

LIST OF FIGURES

Figure 1: District of Residence

Figure 2: Type of Disability

Figure 3: Distribution of household members (who lives in your household beside yourself)

Figure 4: Distribution of Number of Dependants

Figure 5: Distribution of sources of Information about Covid-19

LIST OF TABLES

Table 1: Demographic Details of the Caregiver

Table 2 Demographic Characteristics of the Respondents

Table 3: Respondents Employment

Table 4: Household Employment Experiences

Table 5: Cash Benefit from Government of Lesotho Linked to Disability

Table 6: Goods or Services from Government of Lesotho Linked to Disability

Table 7: Cash received on Account of COVID-19

Table 8: Good or Services from Government of Lesotho on Account of COVID-19

Table 9: Household Food Insecurity

Table 10: Food from NGO/Private Sector on Account of COVID-19

Table 11: Access to Information about COVID-19

Table 12: Ease and Difficulty to access information about COVID-19 in the last 12 months and currently by socio- demographic characteristics

Table 13: Understanding COVID-19 Information and Recommendations

Table 14: Ease and Difficulty to follow recommendations on how to protect oneself from COVID-19 by Disability Status

Table 15: Access to Health Care Services

Table 16: Ease and Difficulty to access health care services in the last 12 and 24 months by socio-demographic characteristics

Table 17: Access to Education

Table 18: Worried, Nervous, Anxious or Depressed

Table 19: Ever felt worried, nervous, anxious or depressed in the last 12 and 24 months by demographic characteristics

Table 20: Joy, Contentment, Relief, Satisfaction

Table 21: Ever felt joy, contentment, relief, satisfaction in the last 24 and 12 months by socio-demographic characteristics

CHAPTER 1: INTRODUCTION

BACKGROUND

The outbreak of COVID-19 was declared to be a Public Health Emergency of International Concern in January 2020 by the Director General of the World Health Organization (WHO). The pandemic is not only a major health risk, it has also been reported to be the worst human socio-economic crisis of our time. By April 2021 there were 135,646,617 confirmed cases of COVID-19, including 2,930,732 deaths, reported to WHO¹. It has shaken the fundamental structures of lives and livelihoods and poses a serious challenge to the achievement of the Sustainable Development Goals (SDGs). COVID-19 affects persons and nations indiscriminately.

In April 2020 the UN Secretary General launched the United Nations Development System (UNDS) Framework for the immediate socio-economic response to COVID-19. The Framework sets out a program for the UN's urgent socioeconomic support to countries and societies in the face of the COVID-19 crisis, putting in practice the UN Secretary-General's Shared Responsibility. The five pillars of the Framework serve as guidance on the expected work-streams as follows: a) ensuring that essential health services are available and protecting health systems; b) enabling people to cope with the challenges created and vulnerability, through ensuring access to social protection and basic services; c) protecting jobs, supporting small and medium-sized enterprises, and the most vulnerable workers in the informal sector through economic recovery programs; d) guiding the surge of fiscal and financial stimulus to make macro-economic policies work for the most vulnerable, whilst protecting macroeconomic stability and strengthening multilateral and regional responses; and e) promoting social cohesion and investing in a community-led response system.

The UN Lesotho has embarked on a journey with the Government of Lesotho, national stakeholders and development partners to support the national response. In 2020 eleven socio-economic impact assessments were conducted to better understand the impacts of COVID-19 on; migrants, women, MSMEs, vulnerable groups and unemployment, amongst others. The UN continues to undertake impact assessments in 2021 to ensure an appropriate and inclusive response and recovery to COVID-19 on persons with disabilities.

UNDERSTANDING DISABILITY

People with disabilities are diverse and are not defined by their disability. In 2002, the WHO developed an International Classification of Functioning, Disability and Health (ICF) as a basis for defining, measuring and formulating policy for health and disability. The ICF definition emphasises

¹ [http://covid19.who.int.coronavirus\(COVID-19\)Dashboard](http://covid19.who.int.coronavirus(COVID-19)Dashboard)

the interaction between a person with an impairment and the environment and the barriers thereof. Thus functionality within the society and environment is at the core of the ICF.²

The UN Convention on the Rights of Persons with Disability (UNCRPD) is an international instrument with the goal to promote, protect and ensure the full enjoyment of all human rights and fundamental freedoms of PWD, including promoting respect for their inherent dignity. The Convention defines PWD as:

“... those who have long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”³

This definition is cognizant of the evolving nature of disability as a concept. As a result, it has adopted a fluid definition that is accommodative of various conceptual disability models with an embedded human rights outlook. This paper subscribes to interactional models which recognize disability as the interface of the medical, social, developmental and human rights models.

UNICEF guidance⁴ is that in the context of the COVID-19 pandemic, PWD may have increased risk for exposure, complications and death as:

- Children and adults with disabilities may have underlying health conditions that increase their risk of serious complications from COVID-19
- PWD are disproportionately represented among the world’s people living in poverty. It has been identified that the impacts of COVID-19 are likely to be worse for people in the lower socio-economic group

Moreover, the risk is compounded by obstacles related to access to prevention and response measures during the pandemic including:

- Limited availability of disaggregated data results in an inability of surveillance systems to determine the impact on people with disabilities
- Inaccessible information and communication mean that persons with hearing, visual, intellectual or physical disabilities may not receive key information about prevention and assistance
- PWD face barriers to accessing essential health services and WASH facilities due to environmental factors, lack of accessible public transit systems, limited capacity of health

2 WHO (2002), Towards a Common Language for Functioning, Disability and Health-ICF. Geneva, World Health Organization

3 United Nations (2006) Convention on the Rights of Persons with Disabilities and Optional Protocol. United Nations, New York

4 UNICEF (2020) COVID-19 response: Considerations for Children and Adults with Disabilities.

workers to communicate and work with PWD, high costs of health care, exacerbated in some contexts by limited access to insurance

- PWD can be disproportionately impacted by interrupted home, community, and social services and support including personal assistance.

REGIONAL IMPACT OF COVID-19 ON PWD

The impact of COVID-19 is not selective to poor or wealthy nations, it knows no socio-economic strata or geographic boundaries. The numbers have increased globally in 2021, particularly during the second wave in almost all continents. In some countries the implementation of COVID-19 restrictions such as total lockdowns and social distancing have led to civil unrest. The Developed World has progressed to vaccination leaving developing countries behind.

The Africa Region is reporting increases in the number of confirmed new COVID-19 infections cases, which surpassed 3 million by April 2021⁵. In southern Africa confirmed cases stand at⁶ 1,686,625 as of April 2021 with South Africa leading with 1,560,769. The other SADC countries stand as follows:

SADC Countries	Confirmed Cases
South Africa	1,560,769
Namibia	46,655
Botswana	44,075
Eswatini	18,417
Lesotho	10,709
Southern Africa Total	1,686,625

The impact of COVID-19 on PWD is worsened by the poor living conditions they are in. According to the Economic Commission for Latin America and the Caribbean Report on the Impact of COVID-19 on Persons with Disability,⁷ the link between poverty and disability is one of the contributing factors for the persistent exclusion of PWD. For instance, poor people often live in sub-standard housing without access to safe drinking water and sanitation, lack adequate nutrition, whilst access to education and health services is also highly compromised. It further notes that studies on the

⁵ COVID-19.who.int

⁶ <https://www.statista.com/statistics>, April 18,2021

⁷ ECLAC COVID-19 Report, Persons with disability and coronavirus disease (COVID-19) in Latin America and the Caribbean: Status and Guidelines, April 2020

relationship between poverty and disability agree on the complexity and interdependence of the two, while maintaining that disability is both a cause and consequence of poverty. For example, there exists a vicious cycle for children with disabilities in poor households. Poverty excludes a child with disability from the education system, leading to low educational attainment which results in reduced opportunities of decent work, followed by low income and lack of social protection, ending at the same poverty line he/she started at.

Evidence from Zambia shows that most families of children with disabilities are less able to pay water bills, buy soap or masks as required by COVID-19 regulations. It is also reported that the closure of schools in the country worsened the situation for many children with disabilities, who were dependent on school feeding programs⁸.

UNESCO undertook a rapid assessment of COVID-19 on PWD in Malawi where PWD and representatives from DPOs were the primary research population by the assessment. Most respondents reported they felt more at risk of contracting COVID-19 compared to those without disability. The study confirmed that the wellbeing of PWD has been disproportionately affected by COVID-19 and related lockdowns. The main sources of livelihoods for PWD, small-scale businesses, were disrupted by containment measures. The study also showed that the proportion of respondents who had three meals a day significantly decreased from 40% to 13%. On the other side those who used to have one meal per day increased from 5% to 27%.⁹

Mmolai-Chalmers of the Southern African Litigation Centre (SALC), after consultations with Disability Rights Activists in the Region, sums the impact of the pandemic on PWD as follows¹⁰:

1. PWD across the Region are grappling with understanding information on COVID-19 and adhering to safety protocols. In all countries COVID-19 information reached PWD later than the general population.
2. The use TV was found to be an inappropriate medium of sharing information with persons with vision and hearing disabilities. There is a general lack of subtitles or sign language interpreters when broadcasting COVID-19 related information.
3. Many PWD are digitally excluded, as they cannot afford ICT tools and equipment.
4. Many PWD suffer limited access to healthcare and educational services because they are seldom adapted to PWD needs: basic sign language interpreters or ramps. Reports from Zambia narrate stories of mothers of children with disabilities locking themselves and

8 Able Child Africa, Evidence from Zambia Association of Parents for Children with Disabilities, 2020

9 COVID-19 Severely Affects Persons With Disabilities in Malawi. UNESCO Report , 2021.

10 Mmolai-Chalmers, Equity Program, Southern Africa Litigation Centre, October 2020.

their children in the houses for many weeks out of fear for infecting their children, who already have compromised immune systems¹¹.

5. Access to Justice has worsened during the pandemic. Most PWD already have a mobility challenge. COVID-19 restrictions imposed additional movement burden on PWD to merely report crimes or abuse. In cases where cases were reported by PWD they were often met with impunity and/or worsened by delays in court hearings.

LESOTHO CONTEXT

COVID-19 IN LESOTHO

The first recorded COVID-19 case in Lesotho was on 13th May 2020. By the 31st May 2021, the Kingdom of Lesotho had confirmed 10,831 COVID-19 cases and 326 deaths, and had administered 36,637 vaccine doses¹². It is likely that PWD are amongst the COVID-19 fatalities, however the data is not disaggregated.

In May 2020, the Government of Lesotho declared a national emergency and a total lockdown, which lasted for six weeks.¹³

As part of the national response planning and preparedness, the National Emergency Command and Emergency Operating Centre was established under the leadership of the Cabinet Sub-Committee and Ministry of Health. At first, the COVID-19 response was seen as a health issue only that would require preventative measures. However, as the pandemic evolved, it became clear that it would require a comprehensive and multi-dimensional response. As a result the Command Centre was dissolved and replaced with the National COVID-19 Secretariat (NACOSEC). NACOSEC is an autonomous body mandated to coordinate and implement response strategies and enforce the COVID-19 regulations. At the district level, coordination is conducted by District COVID-19 Secretariats (DICOSEC).

In line with its mandate, NACOSEC developed two policy guiding frameworks: the National COVID-19 Strategy and the Risk Determination and Mitigation Framework. Several studies have been undertaken to determine the impact of the pandemic.

PWD IN LESOTHO

Lesotho ratified the United Nations Convention on the Rights Of Persons with Disabilities on 2nd December 2008. The country has developed requisite policies and strategies to facilitate the participation of PWD in the planning and execution of national development programs and sectoral

11 Able Child Africa, The effects of COVID-19 on Children and Youth with Disabilities in Africa, April 2020.

12 <https://covid19.who.int.country>

13 Legal Notice No.26 of 2020. Declaration of State of Emergency Notice, 2020

projects. The Second National Strategic Development Plan (NSDP II); National Disability and Rehabilitation Policy 2011; National Disability Mainstreaming Plan 2015; National Social Protection Strategy 2019 and the Inclusive Education Policy have all been developed following consultation with people with disabilities in Lesotho.

In 2021, Parliament passed the Persons with Disability Equity Act. However the chronic lack of implementation of these policies remain a major concern to PWD and DPOs in the country¹⁴.

To date there is only one study that has been undertaken that looks into the livelihoods of PWD. LNFOD, in collaboration with the Ministry of Development Planning (Bureau of Statistics) and the Norwegian Federation of Organizations of Disabled People (FFO), commissioned a national representative study in 2009-2010 on the Living Conditions among People with Disabilities in Lesotho. The Report on the Living Conditions among People with Disabilities in Lesotho was published in 2011 and provides a comparative assessment between households with and those without disabled family members¹⁵. The study provides a foundation for examining how COVID-19 has impacted the living conditions of PWD in the country.

The study noted that households with a disabled family members tended to be larger, likely to be due to disabled family members staying at home for longer. Further, one in six PWD has experience with discrimination and/or beating by family members or by employees at public services. This is a clear indication of negative attitudes, active discrimination and abuse of PWD in Lesotho. This is worsened by the fact that such negative behaviour towards PWD was found to take place publicly, thereby humiliating the person with disability.

The study also identified several gaps in the provision of services to PWD, most notably relating to welfare and legal assistance, access to education and public services, medical rehabilitation, counselling for PWD and their families/care-givers, and in access to assistive devices. Further, for those that have access to assistive devices, the quality of assistive devices was a concern; 50% of the interviewed PWD expressed dissatisfaction with their assistive devices.

THE IMPACT OF COVID-19 ON PWD IN LESOTHO

PWD are uniquely affected by COVID-19. Studies on the impact of COVID-19 rarely disaggregate PWD, who are often lumped under the term “Vulnerable People” in national and sectoral policy guiding documents.

The emergence of COVID-19 has dictated the need for further consultations with PWD and key stakeholders regarding the socio-economic impacts of the pandemic on their livelihood. In September

14 LNFOD, Annual Progress Report. 2020

15 Kamaleri Y, Eide A.H (Eds) Living conditions among People with Disabilities in Lesotho: A National Representation Study. 2011

2020, the ICJ in collaboration with LNFOD held a webinar on the adverse impacts of COVID-19 on the right to equal education of children with disabilities¹⁶. Participants and presenters included the Ministry of Education, civil society organisations and teachers' unions and associations. The deliberations highlighted accessibility related problems facing learners with disabilities including:

1. Wearing of *ordinary masks* to combat the spread of COVID-19 inhibit communication for learners with hearing disability, who often communicate in part by lip-reading. Learners with hearing disabilities, and their support systems, require access to face visor/or a transparent masks.
2. Learners with vision disability need more access to hand sanitizers because they need to touch their surroundings for mobility. This makes adherence social distancing protocol very difficult for them.
3. Teachers' compliance with social distancing regulations is difficult when they have to assist learners that experience epileptic seizures.
4. Many learners with disabilities had to stay at home during pandemic without understanding why they were not in school.
5. Children with disabilities are at a high risk and vulnerable to sexual violence and exploitation as they observe lockdown measures.

PURPOSE OF THE STUDY

The UN Lesotho has commissioned a survey on the impact of COVID-19 on the People with Disabilities. As stipulated in the ToRs the intention is for the survey to bridge the gap and generate evidence-based analysis, to establish individual perceptions on the impact of the pandemic and undertake thorough analysis that will be instrumental in the formulation and implementation of relevant policies, strategies, projects and programmes. Thus the survey is intended to assess the impact of COVID-19 on PWDs to bridge the gap of data and generate evidence-based analysis.

SPECIFIC OBJECTIVES

1. Lead the qualitative and quantitative survey to establish individual perceptions on the impact of COVID-19 on PWDs.
2. Develop data collection tools, collect relevant primary and secondary data and provide evidence-based analysis on the impact of COVID-19 on PWDs.

¹⁶ www.icj.org/Lesotho-icj-webinar-highlights-adverse-impacts-of-covid-19-pandemic-on-the-right-to-equal-education-of-children-with-disabilities, September 2020.

3. Provide policy/programme recommendations for consideration by the UN Lesotho, Government of Lesotho and Development Partners for the recovery strategies.

SCOPE OF THE ASSIGNMENT

- a) Consult with people with disability and with disability groups (including the four organizations under LNFOD) to understand the impact that COVID-19 has had on PWD.
- b) Conduct a literature review of document related to PWD including disaggregation by disability, gender and age, economic stimulus and relief policies, public health regulations and the global burden of COVID-19 on PWD
- c) Review the established COVID-19 response plans to identify gaps and assess the extent to which PWDs have been included in the national COVID-19 response.
- d) Identify areas in which PWD in Lesotho have been uniquely affected and provide recommendations for how to include PWD in the national COVID-19 response.
- e) Determine interventions post-COVID-19 for an inclusive recovery for PWD.
- f) Develop a final comprehensive, clear and concise report on the impact of COVID-19 for PWD presenting key findings, conclusions and recommendations.

CHAPTER 2: METHODOLOGY

STUDY POPULATION, SAMPLING FRAME AND DESIGN

The study will target PWD from age 15 years and above. Study participants will be purposively selected from the established organisations, groups and networks of PWD in Lesotho.

The sample frame will consist of people with disabilities who are part of organisations that are affiliated with LNFOD, not the entire population of people with disabilities in Lesotho.

Sampling will be used for selection of participants in the study. The overall sample will be selected firstly taking into consideration urban and rural setting of Lesotho and the administrative districts. Therefore the consultant will purposively select organisations, groups and networks of PWD taking into consideration the location of the people they serve with regard to urban and rural; and districts. Secondly, the consultant will purposively select PWD within the organisations, groups and networks ensuring inclusiveness of different types of disabilities. The sampling will be done proportionally using the desired percentage of PWD to include in the sample in order to reach conclusive results.

DATA COLLECTION INSTRUMENTS

The consultant will develop a structured questionnaire with closed questions. The questionnaire will be translated into Sesotho. The questionnaire will be pre-tested before the actual data collection and reviewed where necessary.

DATA COLLECTION TECHNIQUES

The survey will be implemented using telephone interviews and virtual meetings for quantitative data collection. The consultant will work closely with LNFOD and affiliated organisations in order to access the contact details of PWD.

DATA MANAGEMENT AND ANALYSIS

A data capturing interface will be developed using CSPro for capturing of data from telephone interviews. Once all interview questionnaires have been captured, data will be transferred to STATA statistical package for cleaning and analysis.

Quantitative data analysis will be undertaken using STATA statistical package. Descriptive analysis will include frequencies and proportions for categorical data and averages for continuous data. Graphical representation of the data will be done using bar and pie charts for categorical data and histograms for continuous data. Associations between different variables will be presented descriptively using contingency tables.

Qualitative data collection and analysis will be multi-faceted as guided by the TORs. First it will assess the impact of COVID-19 on PWD with regard to the economic activity as stipulated in the NSDP (II) and other international guidelines like the Washington Group. Second, it will assess the impact of the pandemic emanating from the social and structural dimensions. The survey will target on the specific categories of PWDs, namely; visual impaired, intellectual disability, physical disabled and hearing disability. Thirdly, the study will also collect data from other Key Stakeholder/informants such as: Carers, family, service providers, private-sector and policy makers. A combination of online interviews, focus group discussions using open-ended questionnaires, site visits and virtual meetings will be used for qualitative data collection. Both on-line questionnaire and the focus-group Interview guide are here-in attached as Annexes I and II respectively. The roadmap of persons/institutions that will be interviewed is also attached as Annex III.

The findings of the descriptive qualitative methods will be rated and color-coded then mapped on a Likert Scale. The Critical Discourse Analysis (CDA) will be used to do in-depth analysis of the written and verbal responses for and by the PWDs on the impact of the pandemic on their livelihoods.

In the final analysis both qualitative and quantitative data will lead to the expected policy and program conclusions and recommendations for consideration by: the UN Lesotho, Government of Lesotho, DPOs and Development Partners.

ETHICAL CONSIDERATIONS

The People with disabilities are diverse and are not defined by their disability. The UN Convention on the Rights of Persons with Disability is cognizant of the evolving nature of disability as a concept. As a result, it has adopted a fluid definition that is accommodative of various models. This paper subscribes to interactional models which recognize disability as the interface of the medical, social, developmental and human rights models. The study will fully comply with the ethical standards for interviewing respondents. The following ethical issues will be taken into consideration:

- 1) Informed Consent: The consultant will ensure that participation of the respondents is voluntary and that informed consent is obtained from each participant.
- 2) Anonymity of Respondents: The consultant will ensure that no names or personalized identification is used to link the respondents to the results.
- 3) Privacy and Confidentiality: All the interviews will adhere to all elements of privacy and confidentiality. Information collected from this study will solely be used for the purposes of the study and will be handed over to the client when the assignment is complete.

STUDY CHALLENGES AND LIMITATIONS

1. The consultant anticipates that there will be a challenge with regard to accessing contact details of PWD. The telephone interviews will however only be successful if the consultant will have access to comprehensive lists reflecting demographic and contact details of the PWD.
2. The consultant is aware that telephone interviews may not be applicable to reach people with other forms of disabilities. However, efforts will be made to ensure inclusiveness of different categories of PWD so as to achieve the primary objective of the study.
3. The sample for the quantitative and qualitative study will not be representative of the general population of PWD in Lesotho. In order to obtain a representative sample more time will be required to collect data.
4. The consultant notes that the most vulnerable and excluded PWD will be automatically excluded from this survey because they are not registered with and DPOs or any group.
5. The Consultant has made provision of non-costed days in the work plan that will allow follow-ups and critical discourse analysis in cases where the time limitation affected the quality of data collected so that the gaps may be bridged accordingly.

CHAPTER 3: QUANTITATIVE STUDY RESULTS

This chapter provides detailed results of the quantitative phase of the study. A total of 116 telephone interviews were completed. Thirteen interview participants (11%) had their interviews undertaken by their caregivers, with the remaining 103 interviews (89%) directly undertaken by the interview participants.

DEMOGRAPHICS

Table 1 shows details of the caregivers who answered interviews for 13 participants. The age of the caregivers ranges from 38 years to 77 years with median and average of 46 years and 52 years respectively. Majority of the caregivers are females (n=12) and they are mostly mothers (n=10) of the interview participants.

Table 1: Demographic Details of the Caregiver

Variables and their Sub-categories	Frequency (n)	Percentage (%)
Gender of caregiver		
Male	1	8
Female	12	92
Total	13	100
Relationship of Caregiver with Interview Participant		
Mother	10	76
Husband	1	8
Wife	1	8
Relative	1	8
Total	13	100

Table 2 details the demographic characteristics of the interview participants. The age of respondents ranges from 17 years to 78 years with an average age of 42 years and median age of 41 years. A slightly higher proportion of respondents are below 33 years old, accounting for 28% (n = 32). The sample consists of more females than males (53% and 47% respectively). The majority are married or living together [n = 53 (46%)], followed by those who are never married and never lived together [n = 49 (42%)]. Out of the 116 respondents, 106 have attended school, with majority having attained secondary education [n = 49 (46%)].

Table 2 Demographic Characteristics of the Respondents

Variables and their Sub-categories	Frequency (n)	Percentage (%)
Gender		
Male	54	47
Female	62	53
Total	116	100
Age groups (Split at the 25th, 50th, 75th percentiles)		
17 years to 33 years	32	28
Between 34 years and 41 years	27	23
Between 42 years and 49 years	28	24
50 years and above	29	25
Total	116	100
Marital Status		
Married or living together	53	46
Divorced or separated	6	5
Widowed	8	7
Never married and never lived together	49	42
Total	116	100
Have you ever attended school?		
Yes	106	91
No	8	7
Do not know	2	2
Total	116	100
What is your highest level of school have you attended?		
Primary	35	33
Vocational training after primary	1	1
Secondary	49	46
Vocational training after secondary	4	4
Tertiary	16	15
Refused	1	1
Total	106	100

Figure 1 depicts the districts of residence of the respondents. A high proportion of the respondents reside in Maseru. Twenty-seven (n = 27) respondents reside in the southern districts of the country (Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek), while 37 respondents reside in the northern districts of the country (Berea, Leribe, Butha Buthe, Mokhotlong and Thaba Tseka).

Figure 1: District of Residence

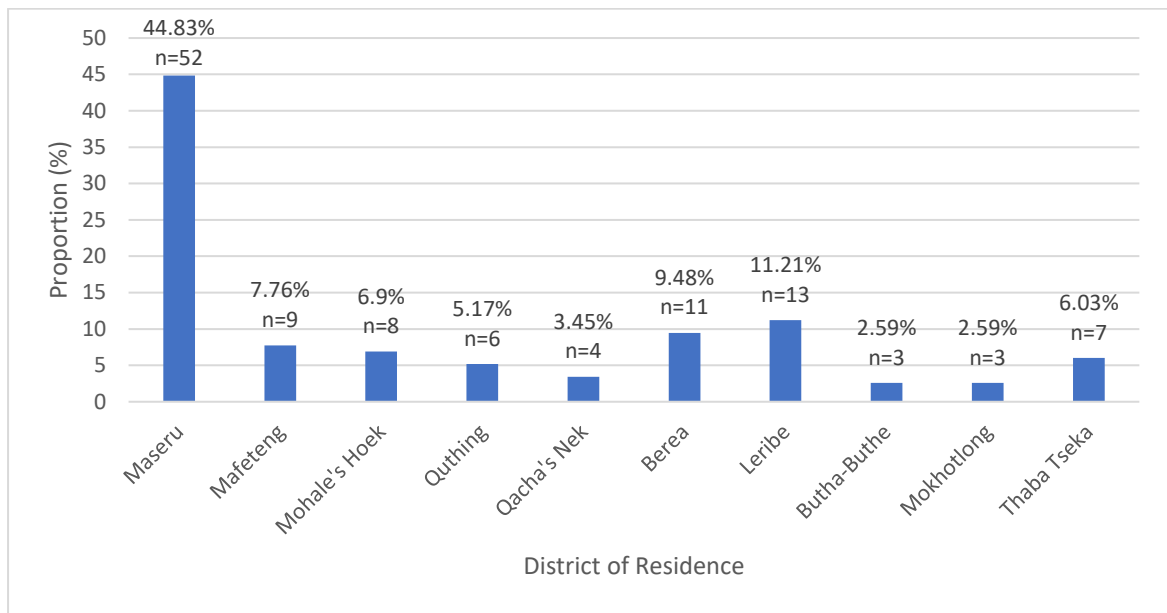


Figure 2 below depicts respondents' type of disability. The sample consists mainly of people with physical disabilities, followed by those living with visual impairment and those living with hearing impairment at 60%, 27% and 10% respectively.

Figure 2: Type of Disability

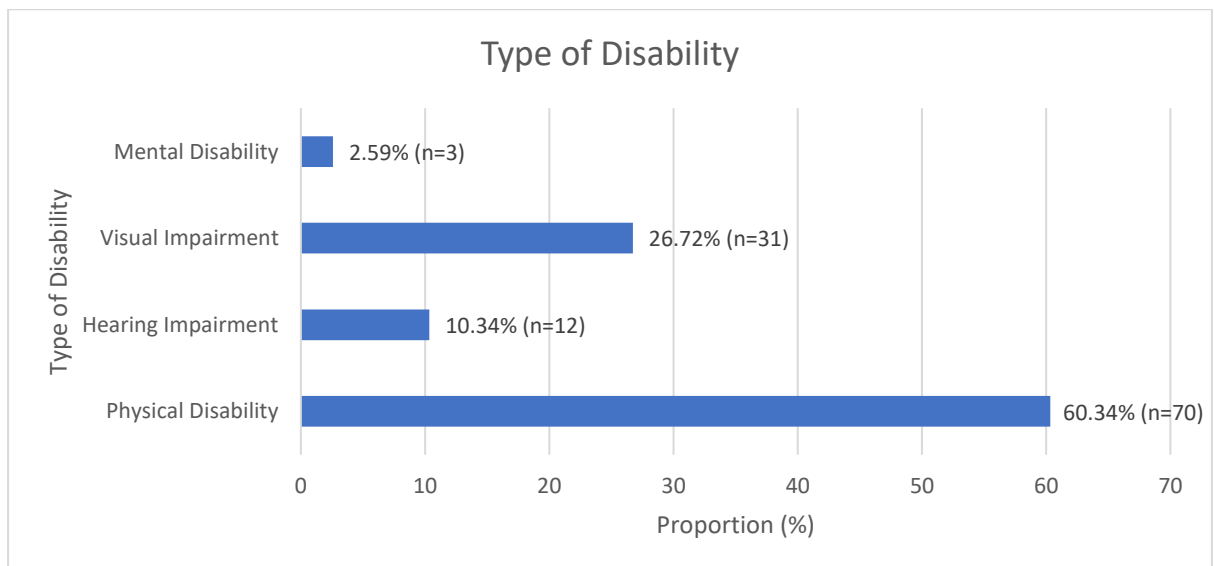
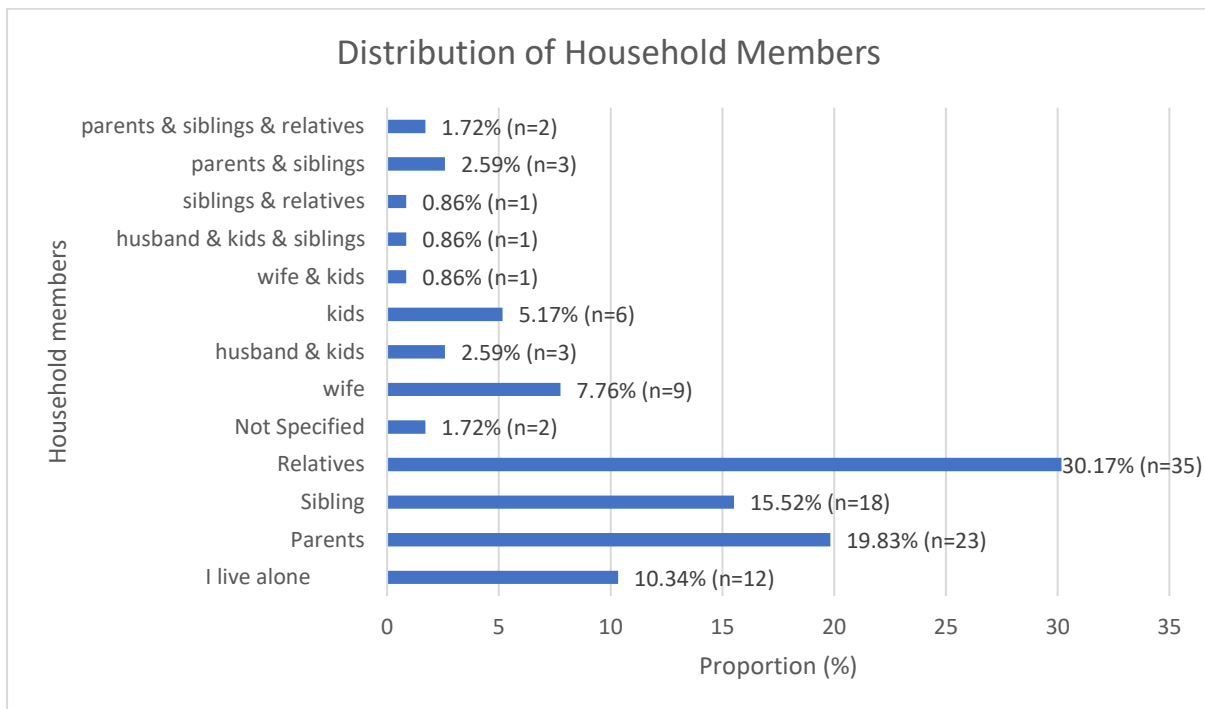


Figure 3 details household members respondents are living with. The majority of respondents live with relatives [n = 35 (30%)], followed by parents [n = 23 (20%)] and siblings [n = 18 (16)], with a sizeable number living alone [n = 12 (10%)].

Figure 3: Distribution of household members (who lives in your household besides yourself?)



EMPLOYMENT

RESPONDENTS EMPLOYMENT

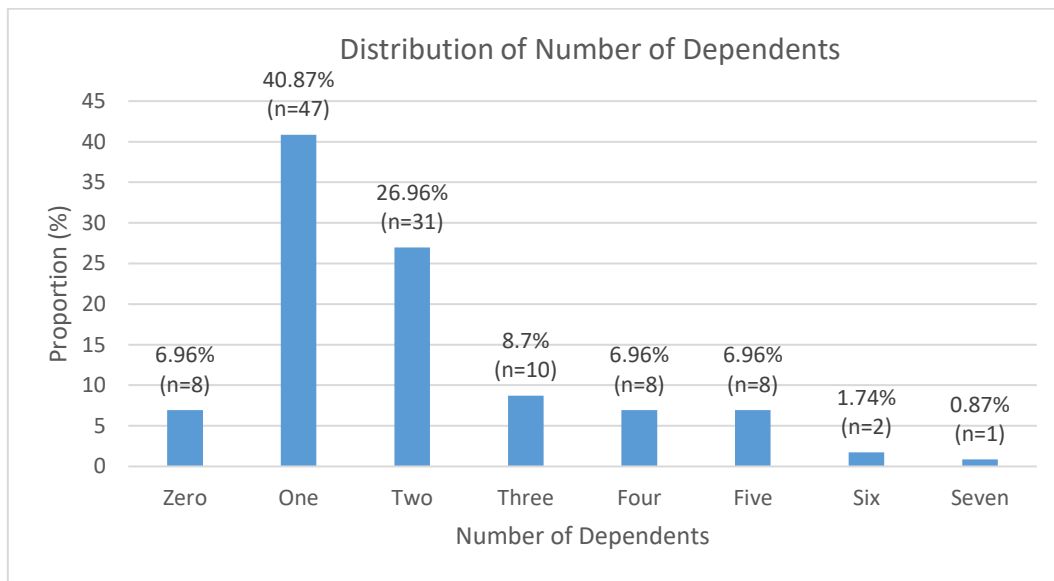
Eighty-six (86) respondents, accounting for 74% of the sample, were not working in the last 24 months and last 12 months, whilst 95 respondents (82%) are currently unemployed. The high proportion of unemployment cited is more due to health conditions or disability [n=53 (56%)], than because of COVID-19 restrictions [n = 16 (17%)]. Among those that are currently employed, the majority are working in the informal sector [n = 8 (44%)].

Table 3: Respondents Employment

Variables and their Sub-categories	Frequency (n)	Percentage (%)
Were you working in the last 24 months?		
Yes	30	26
No	86	74
Total	116	100
Were you working in the last 12 months?		
Yes	30	26
No	86	74
Total	116	100
Are you currently employed?		
Yes	18	15
No	95	82
Refused	1	1
Do not know	2	2
Total	116	100
Which type of employment?		
Government	4	22
Factories	0	0
Non-governmental organisations	2	11
Informal sector	8	44
Private sector	4	22
Total	18	100
Main reason you are currently not working?		
Health conditions or disability	53	56
Lost the job because of COVID-19 lockdowns in Lesotho	16	17
Could not find work	19	20
Not looking for employment	7	7
Total	95	100

Figure 4 below shows the number of people that depend on the respondents. Most respondents have either one or two dependents, whilst 7% of the respondents have no dependents.

Figure 4: Distribution of Number of Dependents



HOUSEHOLD EMPLOYMENT

Table 4: Household Employment Experiences

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 24 months did your household ever experienced unemployment?		
Yes	80	69
No	36	31
Total	116	100
In the last 12 months did your household ever experienced unemployment?		
Yes	87	75
No	29	25
Total	116	100
Is your household currently experiencing unemployment?		
Yes	92	79
No	24	21
Total	116	100
What is the main reason for your household's unemployment?		
Health condition or disability	32	35
Lost the job because of COVID-19 lockdowns in Lesotho	32	35
Could not find work	26	28
Not looking for employment	2	2
Total	92	100

Table 4 shows household employment. The number of respondents who have experienced unemployment within their households has increased from 80 (69%) in the past 24 months to 92 (79%) currently. Health condition or disability and COVID-19 restrictions are both cited for rising unemployment.

SOCIAL PROTECTION AND FOOD SECURITY

CASH BENEFIT FROM GOVERNMENT OF LESOTHO LINKED TO DISABILITY

Table 5 details cash benefits that people with disabilities are receiving from the Government of Lesotho. The proportion of people with disabilities who received cash benefits from the Government of Lesotho increased from 16% to 32% in the past 12 months. However, currently less respondents are receiving cash benefits than at other times during the pandemic.

Table 5: Cash Benefit from Government of Lesotho Linked to Disability

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the past 24 months did you receive any cash benefit from the Government of Lesotho linked to your disability?		
Yes	19	16
No	97	84
Total	116	100
In the last 12 months did you receive any cash benefit from the Government of Lesotho linked to your disability?		
Yes	37	32
No	79	68
Total	116	100
Are you currently receiving a cash benefit from the Government of Lesotho linked to your disability?		
Yes	24	21
No	92	79
Total	116	100
Did the cash benefit...		
Increase	7	29
Decrease	5	21
Remain the same	12	50
Total	24	100

GOOD OR SERVICES FROM GOVERNMENT OF LESOTHO LINKED TO DISABILITY

Table 6 details goods or services that people with disabilities are receiving from the Government of Lesotho. The proportion of respondents who received goods or services from the Government of Lesotho increased from 8% in the past 24 months to 20% in the last 12 months. However, as with

cash benefits, the proportion of respondents who are currently receiving goods or services from the Government of Lesotho has declined to 8%.

Table 6: Goods or Services from Government of Lesotho Linked to Disability

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 24 months did you receive any goods or services from the Government of Lesotho linked to your disability?		
Yes	9	8
No	107	92
Total	116	100
In the last 12 months did you receive any goods or services from the Government of Lesotho linked to your disability?		
Yes	23	20
No	93	80
Total	116	100
Are you currently receiving any goods or services from the Government of Lesotho linked to your disability?		
Yes	9	8
No	107	92
Total	116	100
Did the goods or services		
Increase	2	22
Decrease	5	56
Remain the same	2	22
Total	9	100

CASH RECEIVED ON ACCOUNT OF COVID-19

Table 7 details cash received by people with disabilities on account of COVID-19. More respondents [n = 39, (34%)] received cash on account of COVID-19 in the last 12 months than those who are currently receiving the money [n=11 (9%)]. Among respondents who are not currently receiving cash on account of COVID-19, the major source of income is the income they are generating for themselves.

Table 7: Cash received on Account of COVID-19

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 12 months did you receive cash on account of COVID-19?		
Yes	39	34
No	77	66
Total	116	100
Are you currently receiving cash on account of COVID-19		
Yes	11	9
No	105	91
Total	116	100
Did the cash ...		
Increase	2	18
Decrease	1	9
Remain the same	8	73
Total	11	100
What is your source of income?		
Own income	47	45
Family and friends	39	37
NGO/CBO	19	18
Church	0	0
Total	105	100

GOOD OR SERVICES FROM GOVERNMENT OF LESOTHO ON ACCOUNT OF COVID-19

Table 8 details goods or services that people living with disabilities are receiving from the Government of Lesotho on account of COVID-19. A high percentage of respondents are currently not receiving goods or services from the Government of Lesotho on account of COVID-19 compared to during the last 12 months.

Table 8: Good or Services from Government of Lesotho on Account of COVID-19

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 12 months did you receive any goods or services from the Government of Lesotho on account of COVID-19		
Yes	22	19
No	94	81
Total	116	100
Are you currently receiving any goods or services from the Government of Lesotho on account of COVID-19?		
Yes	3	3
No	113	97
Total	116	100
Did the goods or services ...		
Increase	1	33
Decrease	1	33
Remain the same	1	33
Total	3	100

FOOD SECURITY

Table 9 details results on food insecurity experienced by respondents' households. Food insecurity is rising, with the proportion of respondents experiencing it having increased from the past 24 months, with a major reason been due to health condition or disability [n = 47 (52%)], followed by loss of jobs due to COVID-19 restrictions in Lesotho [n = 19 (21%)].

Table 9: Household Food Insecurity

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the past 24 months have you ever experienced food insecurity in your household?		
Yes	72	62
No	44	38
Total	116	100
In the last 12 months has your household experienced food insecurity?		
Yes	89	77
No	27	23
Total	116	100
Is your household currently experiencing food insecurity?		
Yes	90	78
No	26	22
Total	116	100
What is the main reason for your household's food insecurity?		
Poor agricultural harvest	13	14
Lack of land and farming inputs	11	12
Health condition or disability	47	52
Lost the job because of COVID-19 lockdowns in Lesotho	19	21
Total	90	100

FOOD FROM NGO/PRIVATE SECTOR ON ACCOUNT OF COVID-19

Table 10 shows whether people living with disabilities are receiving food from NGO's or the private sector on account of COVID-19. Fewer respondents [n = 11 (9%)] are currently receiving food from NGOs or the private sector on account of COVID-19, than compared to during the past 12 months [n = 35 (30%)]. Among those who are not currently receiving food from NGOs or the private sector, their major source of food is from their own garden and fields.

Table 10: Food from NGO/Private Sector on Account of COVID-19

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 12 months have you ever received food from NGO/Private sector for your household on account of COVID-19?		
Yes	35	30
No	81	70
Total	116	100
Are you currently receiving food from NGO/Private sector for your household on account of COVID-19?		
Yes	11	9
No	105	91
Total	116	100
Did the food ...		
Increase	1	9
Decrease	2	18
Remain the same	8	73
Total	11	100
What is your source of food?		
Own garden and fields	66	63
Family and friends	36	34
Other	3	3
Total	105	100

ACCESS TO INFORMATION RELATED TO COVID-19

SOURCES OF INFORMATION ABOUT COVID-19

Figure 5: Distribution of Sources of Information about COVID-19

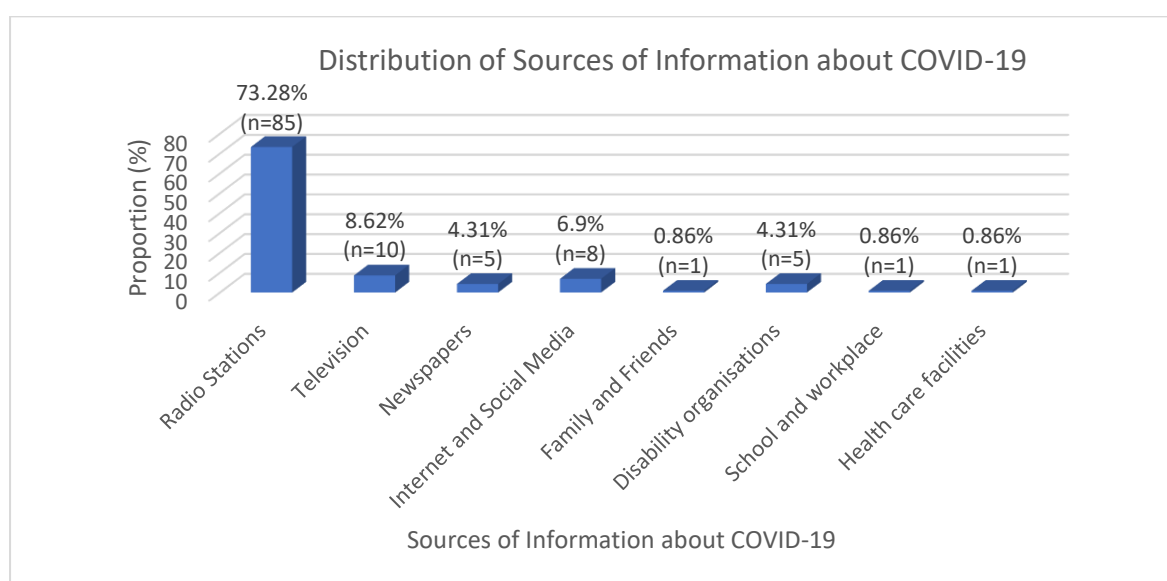


Figure 5 presents the main sources of COVID-19 information used by people with disabilities. The majority of respondents [n = 85 (73%)] receive COVID-19 information from radio stations. Family and friends, school and workplaces, and health care facilities are the least used sources of information.

ACCESS TO INFORMATION RELATED TO COVID-19

Table 11 details how easy or difficult it is for people with disabilities to access information they need related to COVID -19. More respondents find it very easy or easy to access information they need related to COVID -19 than those that find it difficult or very difficult.

Table 11: Access to Information about COVID-19

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the past 12 months how easy or difficult would you say it has been to access information you need related to COVID-19?		
Very easy and Easy	78	67
Difficult and Very difficult	38	33
Total	116	100
Are you currently finding it easier or difficult to access COVID-19 information?		
Very easy and Easy	77	66
Difficult and Very difficult	39	34
Total	116	100

Table 12 shows how easy or difficult it was/is for people with disabilities to access information on COVID-19 across different demographic characteristics. Persons with hearing (42%) and visual (55%) impairments generally find it harder to access COVID-19 information compared to those with physical impairments (23%).

Table 12: Ease and Difficulty to access information about COVID-19 in the last 12 months and currently by socio- demographic characteristics

Variables and their Sub-categories	Freq (%)	Freq (%)	Freq (%)	Freq (%)
	12 Months		Currently	
	Very Easy & Easy	Difficult & Very Difficult	Very Easy & Easy	Difficult & Very Difficult
Gender				
Male	33 (61)	21 (39)	34 (63)	20 (37)
Female	45 (73)	17 (27)	43 (69)	19 (31)
Age groups (Split at the 25th, 50th, 75th percentile)				
17 years to 33 years	23 (72)	9 (28)	23 (72)	9 (28)
Between 34 years and 41 years	17 (63)	10 (37)	14 (52)	13 (48)
Between 42 years and 49 years	21 (75)	7 (25)	22 (79)	6 (21)
50 years and above	17 (59)	12 (41)	18 (62)	11 (38)
Marital Status				
Married or living together	32 (60)	21 (40)	34 (64)	19 (36)
Divorced/separated/widowed	13 (93)	1 (7)	12 (86)	2 (14)
Never married and never lived together	33 (67)	16 (33)	31 (63)	18 (37)
Education				
No education	6 (55)	5 (45)	6 (55)	5 (45)
Primary	22 (63)	13 (37)	23 (66)	12 (34)
Secondary	34 (69)	15 (31)	31 (63)	18 (37)
Tertiary/Vocational	16 (76)	5 (24)	17 (81)	4 (19)
Employment				
Yes	12 (67)	6 (33)	14 (78)	4 (22)
No/Do not know/ Refused	66 (67)	32 (33)	63 (64)	35 (36)
Disability Status				
Physical disability	53 (76)	17 (24)	54 (77)	16 (23)
Hearing impairment	7 (58)	5 (42)	7 (58)	5 (42)
Visual impairment	15 (48)	16 (52)	14 (45)	17 (55)
Mental/intellectual disability	3 (100)	0 (0)	2 (67)	1 (33)
Total	78 (67)	38 (33)	77 (66)	39 (34)

UNDERSTANDING COVID-19 INFORMATION AND RECOMMENDATIONS

Table 13 shows respondents' understanding of COVID-19 related information and recommendations. A high proportion of respondents find it easy to understand what to do if they think they have

COVID-19, to understand the recommendations of authorities regarding COVID-19 and to follow recommendations on how to protect themselves from COVID-19.

Table 13: Understanding COVID-19 Information and Recommendations

Variables and their Sub-categories	Frequency (n)	Percentage (%)
How easy or difficult would you say it is to understand information about what to do if you think you have COVID-19?		
Very easy	0	0
Easy	70	60
Difficult	36	31
Very difficult	10	9
Total	116	100
How easy or difficult would you say it is to understand recommendations of authorities regarding COVID-19?		
Very easy	1	1
Easy	73	63
Difficult	33	28
Very Difficult	9	8
Total	116	100
How easy or difficult would you say it is to follow recommendations on how to protect yourself from COVID-19?		
Very easy	5	4
Easy	71	61
Difficult	31	27
Very Difficult	9	8
Total	116	100

Table 14 presents the ease with which people with disabilities can follow recommendations on how to protect themselves from COVID-19 by type of disability.

Table 14: Ease and Difficulty to follow recommendations on how to protect oneself from COVID-19 by Disability Status

Variables and their Sub-categories	Freq (%)	
	Very Easy & Easy	Difficult & Very Difficult
Disability Status		
Physical disability	57 (81)	13 (19)
Hearing impairment	7 (58)	5 (42)
Visual impairment	10 (32)	21 (68)
Mental/intellectual disability	2 (67)	1 (33)
Total	76 (66)	40 (34)

The majority of people with visual impairments find it difficult or very difficult to follow recommendations on how to protect themselves from COVID-19, compared with other types of disabilities.

ACCESS TO HEALTH CARE SERVICES

Table 15 details whether people with disabilities find it easy or difficult to access health care services during COVID-19.

Table 15: Access to Health Care Services

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 24 months how easy or difficult was it for you to attend your medical check-ups and or see a doctor when you are not feeling well		
Very easy	5	4
Easy	26	22
Difficult	54	47
Very difficult	31	27
Total	116	100
In the last 12 months how easy or difficult was it for you to attend your medical check-ups and or see a doctor when you are not feeling well		
Very easy	6	5
Easy	21	18
Difficult	60	52
Very Difficult	29	25
Total	116	100
What made it easy?		
Less crowd in the taxi or public transport	8	30
Easy access to health facility	16	59
Availability of interpreter at the health facility	2	7
Easy access to health workers due to limited number of patients	1	4
Total	27	100
What was/is the cause of the difficulty?		
Lack of public transport to the health facility	60	67
Limited working hours at the health facility	19	21
Unavailability of interpreters	3	4
Lack of health workers due to working from home	7	8
Total	89	100

More respondents find it either difficult or very difficult to attend medical check-ups or see a doctor when they are not feeling than those that find it easy. However, this has not changed significantly

during the COVID-19 pandemic. Among those who were finding it difficult and very difficult to access health care services, 67% (n = 60) cited lack of public transport to the health facility, whilst 21% (n = 19) cited limited working hours at the health facilities.

Table 16: Ease and Difficulty to access health care services in the last 12 and 24 months by socio- demographic characteristics

Variables and their Sub-categories	Freq (%)	Freq (%)	Freq (%)	Freq (%)
	24 Months		12 Months	
	Very Easy & Easy	Difficult & Very Difficult	Very Easy & Easy	Difficult & Very Difficult
Gender				
Male	14 (26)	40 (74)	13 (24)	41 (76)
Female	17 (27)	45 (73)	14 (23)	48 (77)
Age groups (Split at the 25th, 50th, 75th percentiles)				
17 to 33 years	12 (38)	20 (63)	13 (41)	19 (59)
Between 34 years and 41 years	7 (26)	20 (74)	4 (15)	23 (85)
Between 42 years and 49 years	5 (18)	23 (82)	5 (18)	23 (82)
50 years and above	7 (24)	22 (76)	5 (17)	24 (83)
Marital Status				
Married or living together	12 (23)	41 (77)	9 (17)	44 (83)
Divorced/separated/widowed	3 (21)	11 (79)	4 (29)	10 (71)
Never married and never lived together	16 (33)	33 (67)	14 (29)	35 (71)
Education				
No education	0 (0)	11 (100)	0 (0)	11 (100)
Primary	9 (26)	26 (74)	10 (29)	25 (71)
Secondary	12 (24)	37 (76)	8 (16)	41 (84)
Tertiary/Vocational	10 (48)	11 (52)	9 (43)	12 (57)
Employment				
Yes	6 (33)	12 (67)	5 (28)	13 (72)
No/Do not know/ Refused	25 (26)	73 (74)	22 (22)	76 (76)
Disability Status				
Physical disability	16 (23)	54 (77)	17 (24)	53 (76)
Hearing impairment	8 (67)	4 (33)	3 (25)	9 (75)
Visual impairment	6 (19)	25 (81)	6 (19)	25 (81)
Mental/intellectual disability	1 (33)	2 (67)	1 (33)	2 (67)
Total	31 (27)	85 (73)	27 (23)	89 (77)

Table 16 presents the ease with which people with disabilities can access health care services during the pandemic, by demographic characteristics. The results show that it became particularly challenging for persons with hearing impairments to access health services during COVID-19.

ACCESS TO EDUCATION (TEACHING AND LEARNING)

Table 17 details the ease with which people with disabilities accessed education during COVID-19.

Table 17: Access to Education

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 24 months how easy or difficult was it for you to attend school?		
Very easy	0	0
Easy	1	1
Difficult	2	2
Very difficult	1	1
Not a student	112	95
Total	116	100
In the last 12 months how easy or difficult was it for you to attend school?		
Very easy	0	0
Easy	2	2
Difficult	1	1
Very Difficult	1	1
Not a student	112	95
Total	116	100
What is the main reason it was easy for you to attend school?		
Online learning	1	50
Availability of teachers through WhatsApp	1	50
Availability of interpreters	0	0
Support from family	0	0
Total	2	100
What is the main reason it was difficult for you to attend school?		
School closure due to COVID-19	0	0
Lack of assistive devices	0	0
Unavailability of teachers	2	100
Unsuitable teaching medium	0	0
Unavailability of interpreters	0	0
Total	2	100

The majority of respondents were not students in the last 24 months and 12 months and so were unable to answer the questions. Among the 4 respondents that were students in the past 12 months, 2 students found it easy to attend school, citing the ease of online learning and availability of teachers through WhatsApp, while the 2 students that found it difficult cited unavailability of teachers.

PARTICIPATION IN THE DEVELOPMENT OF THE NATIONAL COVID-19 RESPONSE FRAMEWORK

All respondents were not aware of the National COVID-19 Response Framework. This reflects the poor consultation process supporting the development of the national COVID-19 response, thus leaving persons with disabilities behind.

AFFECT (ANXIETY AND DEPRESSION)

WORRIED, NERVOUS, ANXIOUS OR DEPRESSED

Table 18 details whether people with disabilities have experienced anxiety or depression during the COVID-19 pandemic. The level of worry, nervousness, anxiety or depression has increased from 76% in the last 24 months to 97% in the last 12 months. Among those that have been feeling worried, nervous, anxious or depressed in the past 12 months, 49% are experiencing these feelings on a weekly basis, and 47% feel the outbreak of COVID-19 and its restrictions has increased their level of nervousness, anxiety or depression.

Table 18: Worried, Nervous, Anxious or Depressed

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 24 months have you ever felt worried, nervous, anxious or depressed?		
Yes	88	76
No	28	24
Total	116	100
How often do you feel worried, nervous, anxious or depressed?		
Daily	27	31
Weekly	40	45
Monthly	13	15
A few times a year	8	9
Total	88	100
In the last 12 months have you ever felt worried, nervous, anxious or depressed?		
Yes	112	97
No	4	3
Total	116	100
How often do you feel worried, nervous, anxious or depressed?		
Daily	29	26
Weekly	55	49
Monthly	20	18
A few times a year	8	7
Total	112	100
Thinking about the last time you felt worried, nervous, anxious or depressed how would you describe the level of these feelings?		
A little	19	17
A lot	74	66
Somewhere in between a little and a lot	19	17
Total	112	100
How has the outbreak of COVID-19 and its restrictions affected your nervousness, anxiety or depression?		
Increased	53	47
Decreased	25	22
Remained the same	34	31
Total	112	100

Table 19 details the extent to which people with disabilities have felt worried, nervous, anxious or depressed by socio-demographic characteristics. The number of respondents that felt worried,

nervous, anxious or depressed increased by in the last 12 months across all demographic characteristics.

Table 19: Ever felt worried, nervous, anxious or depressed in the last 12 and 24 months by demographic characteristics

Variables and their Sub-categories	Freq (%)	Freq (%)	Freq (%)	Freq (%)
	24 Months		12 Months	
	Yes	No	Yes	No
Gender				
Male	42 (78)	12 (22)	53 (98)	1 (2)
Female	46 (74)	16 (26)	59 (95)	3 (5)
Age groups (Split at the 25th, 50th, 75th percentiles)				
17 to 33 years	24 (75)	8 (25)	29 (91)	3 (9)
Between 34 years and 41 years	20 (74)	7 (26)	27 (100)	0 (0)
Between 42 years and 49 years	22 (79)	6 (21)	27 (96)	1 (4)
50 years and above	22 (76)	7 (24)	29 (100)	0 (0)
Marital Status				
Married or living together	43 (81)	10 (19)	53 (100)	0 (0)
Divorced/separated/widowed	10 (71)	4 (29)	13 (93)	1 (7)
Never married and never lived together	35 (71)	14 (29)	46 (94)	3 (6)
Education				
No education	9 (82)	2 (18)	11 (100)	0 (0)
Primary	26 (74)	9 (26)	32 (91)	3 (9)
Secondary	39 (80)	10 (20)	48 (98)	1 (2)
Tertiary/Vocational	14 (67)	7 (33)	21 (100)	0 (0)
Employment				
Yes	12 (67)	6 (33)	18 (100)	0 (0)
No/Do not know/Refused	76 (78)	22 (22)	94 (96)	4 (4)
Disability Status				
Physical disability	53 (76)	17 (24)	69 (99)	1 (1)
Hearing impairment	6 (50)	6 (50)	11 (92)	1 (8)
Visual impairment	26 (84)	5 (16)	29 (94)	2 (6)
Mental/intellectual disability	3 (100)	0 (0)	3 (100)	0 (0)
Total	88 (76)	28 (24)	112 (97)	4 (3)

JOY, CONTENTMENT, RELIEF, SATISFACTION

Table 20 shows the levels of joy, contentment, relief and satisfaction experienced by people with disabilities. The proportion of respondents who were feeling joy, contentment, relief and satisfaction has increased during the COVID-19 pandemic.

Table 20: Joy, Contentment, Relief, Satisfaction

Variables and their Sub-categories	Frequency (n)	Percentage (%)
In the last 24 months have you ever felt joy, contentment, relief, satisfaction?		
Yes	95	82
No	21	18
Total	116	100
How often do you feel joy, contentment, relief, satisfaction?		
Daily	30	31
Weekly	38	40
Monthly	14	15
A few times a year	12	13
Do not know	1	1
Total	95	100
In the last 12 months have you ever felt joy, contentment, relief, satisfaction?		
Yes	110	95
No	6	5
Total	116	100
How often did you feel joy, contentment, relief, satisfaction?		
Daily	33	30
Weekly	52	47
Monthly	11	10
A few times a year	13	12
Do not know	1	1
Total	110	100
Thinking about the last time you felt joy, contentment, relief, satisfaction. How would you describe the level of these feelings?		
A little	21	19
A lot	46	42
Somewhere in between a little and a lot	43	39
Total	110	100
How has the outbreak of COVID-19 and its restrictions affected your joy, contentment, relief, satisfaction?		
Increased	55	50
Decreased	12	11
Remained the same	41	37
Do not know	2	2
Total	110	100

Table 21 details the levels of joy, contentment, relief and satisfaction experienced by people with disabilities by socio-economic demographic characteristics. The proportion of those married or living together who felt joy, contentment, relief, satisfaction increased from 85% in the last 24 months to 97% in the last 12 months. The number of people with a physical disability who felt joy, contentment, relief and satisfaction increased from 52 (74%) in the last 24 months to 66 (94%) in the last 12 months; however there was no change among people with visual impairments or mental disabilities.

Table 21: Ever felt joy, contentment, relief, satisfaction in the last 24 and 12 months by socio-demographic characteristics

Variables and their Sub-categories	Freq (%)	Freq (%)	Freq (%)	Freq (%)
	24 Months		12 Months	
	Yes	No	Yes	No
Gender				
Male	43 (80)	11 (20)	50 (93)	4 (7)
Female	52 (84)	10 (16)	60 (97)	2 (3)
Age groups (Split at the 25th, 50th, 75th percentile)				
17 to 33 years	28 (88)	4 (13)	32 (100)	0 (0)
Between 34 years and 41 years	22 (81)	5 (19)	24 (89)	3 (11)
Between 42 years and 49 years	23 (82)	5 (18)	27 (96)	1 (4)
50 years and above	22 (76)	7 (24)	27 (93)	2 (7)
Marital Status				
Married or living together	45 (85)	8 (15)	51 (97)	2 (4)
Divorced/separated/widowed	13 (93)	1 (7)	13 (93)	1 (7)
Never married and never lived together	37 (76)	12 (24)	46 (94)	3 (6)
Education				
No education	7 (64)	4 (36)	10 (92)	1 (10)
Primary	28 (80)	7 (20)	33 (94)	2 (6)
Secondary	42 (86)	7 (14)	48 (98)	1 (2)
Tertiary/Vocational	18 (86)	3 (14)	19 (90)	2 (10)
Employment				
Yes	14 (78)	4 (22)	17 (94)	1 (6)
No/Do not know/ Refused	81 (83)	17 (17)	93 (95)	5 (5)
Disability Status				
Physical disability	52 (74)	18 (26)	66 (94)	4 (6)
Hearing impairment	11 (92)	1 (8)	12 (100)	0 (0)
Visual impairment	29 (94)	2 (6)	29 (94)	2 (6)
Mental/intellectual disability	3 (100)	0 (0)	3 (100)	0 (0)
Total	95 (82)	21 (18)	110 (95)	6 (5)

CHAPTER 4: ANALYSIS OF THE FINDINGS

The findings are predominantly analysed from the survey, and are complimented by in-depth focus group discussion sessions, key informant interviews and on-line interviews. The directors of the following organizations were also interviewed; LNFOD, LNAPD, LNLVIP, IDAL and randomly selected PWD from districts.

The findings show several socio-economic impacts common to PWD and DPO with some disability and organization specific deviations.

UNEMPLOYMENT

Whilst PWD's employment has not decreased substantially during the pandemic, employed PWD have experienced no salary adjustments and decreased allowances.

PWD have experienced rising unemployment amongst their household.

It was difficult to establish the direct impacts of COVID-19 on PWD employment as the majority of online respondents (74%) were unemployed both before and during the pandemic. Of those that are currently employed, the majority (44%) are working in the informal sector (Table 3). In the focus group discussion sessions, of the 27 participants, only staff from LNFOD (4) and LNLVIP staff (4) are employed on a full salary supported by donors, despite the fact that the majority of DPO staff are PWD. Many DPO staff are not salaried, they work as volunteers and receive allowances when implementing projects. The impact of the pandemic on employed staff was that the annual salary inflationary adjustment could not be effected in their organizations (LNFOD and LNLVIP). For DPO staff who work as volunteers, the pandemic suspended the implementation of all projects, and thus their source of income.

The study also assessed household unemployment. The proportion of respondents who experienced unemployment in their households increased from 69% before the pandemic to 92% currently. PWD will have been indirectly impacted by rising unemployment in their household; those that are acutely dependent on family members will be more greatly affected.

LOSS OF INCOME FROM INFORMAL SECTOR BUSINESSES TO SUSTAIN LIVELIHOODS.

Persons with Disabilities have experienced falling informal sector incomes due to COVID-19.

PWD are less likely to be employed and when they are employed, they are more likely to be employed or self-employed in the informal sector. Consequently, their access to employment-based insurance is limited and they are more susceptible to shocks¹⁷.

Many PWD that participated in the focus group discussion sessions and the online interviews cited self-employment in the informal sector as a means to sustain livelihoods.

COVID-19 and the subsequent state of emergency and lockdown restrictions led to widespread business closures, including for PWD. PWD report that there is less demand for their goods and supply has been disrupted under border closures, however it is not clear that this is unique to PWD. The findings above agree with the UN Lesotho study on the socio-economic impact of COVID-19 on economic productivity and unemployment. The study proposed that PWD disproportionately failed to resume work after the lockdowns.¹⁸

SOCIAL PROTECTION

PWD have become increasingly dependent on social protection during COVID-19.

Before the pandemic, 16% of survey respondents reported that they received cash from the Government linked to their disability; during the pandemic this increased to 34%. However, the increase may not be due to increased support for PWD, but due to increased social protection nationally during the pandemic.

An officer from the Ministry of Social Development stated that beneficiaries of social protection programmes are identified by ‘vulnerability and poverty’, NOT disability. However, in the last 12 months cash and food parcels have been distributed nationwide on account of COVID-19, and so PWD will have been included in the distribution. In addition, the Government has given cash, goods and food to institutions that take care of children with disabilities,

The focus group discussion sessions considered whether there were policies and programs that were designed to reduce PWD vulnerability and exposure contracting to COVID-19. The majority of participants were only aware of the cash benefit for persons aged between 60-69 years and the food parcels. Some participants said they did not benefit from either cash or food programs as programme implementers claimed that PWD do not qualify for benefits. Upon in-depth deliberation it was established that the exclusion is because MOSD does not view disability as a vulnerability and therefore PWD do not appear on the Ministry’s list of vulnerable people. The participants viewed this as discrimination, especially when COVID-19 restrictions had made PWD vulnerable and marginalized.

17 United Nations Human Rights, COVID-19 and the Rights of Persons with Disability.2020

18 United Nations Lesotho, Assessment of the Socio-Economic Impacts of COVID-19 on Economic Productivity and Unemployment in Lesotho. November2020

It is important to highlight that the participants of the focus group discussion sessions were largely under 60 years old so would not be eligible for the COVID-19 cash benefit.

Other participants mentioned that the Prime Minister had announced small businesses grants, however they did not know any recipients of the grant. Some members of the discussion had unsuccessfully applied for the grants and one member is quoted as saying: “*bare batla lintho tse ngata tse re senang tsona*”, meaning that government requirements were too strict. The deliberations highlighted an information gap between PWD and the Ministries of Trade and Small Businesses.

Whilst the government had instituted relief measures to help small businesses during the pandemic, many small businesses were in the informal sector and were not registered with the government, so did not qualify for the COVID-19 relief funds.¹⁹ Given that many PWD are self-employed in the informal sector, they are likely to have been particularly excluded from Government stimulus measures.

FOOD SECURITY

The pandemic has increased food insecurity amongst PWD.

All PWD in the focus group discussion sessions and in the online interviews responded that they were food insecure because of the pandemic. Loss of employment by family members and loss of income from informal sector businesses had reduced household incomes for PWD and rendered them more vulnerable.

The Government, private sector and NGOs increased their support for communities, including PWD during the COVID-19 pandemic. However, this support has not been continuous, leaving communities and PWD vulnerable to swings in cash transfers and food parcels. The survey results indicated that at present, less people are receiving food or cash transfers, despite no recovery in employment or informal earnings. Interviews revealed support from the private sector and NGOs is dependent upon their profitability and donations from philanthropists, and thus was not continuous.

ACCESS TO INFORMATION

Information regarding COVID-19 has not been disseminated in an accessible format for PWD.

However, PWD have increased their understanding of COVID-19 and the associated government regulations during the pandemic.

Participants of the focus group discussion sessions registered concern that PWD had not been well informed by NACOSEC and other government authorities at the start of the COVID-19 outbreak. The development of messages and dissemination of critical information was packaged for the general public

¹⁹ United Nation Lesotho, Assessment of the Socio-Economic Impact of COVID-19 on Economic Productivity and Unemployment in Lesotho. November 2020

to the exclusion of some PWD. Television was listed as a source of information by the majority of the participants, however, it was found to be limited on many fronts.

Firstly, information was disseminated through speeches without any sign language interpreters. The Ministries of Education and Health in particular do not use SLI in their official COVID-19 speeches.

Secondly, PWD reported a high frequency of technical errors, where sign language interpreters would disappear from the screen. They reported minimal effort to re-run programmes with errors, provide an alternative or apologise.

Thirdly, announcements regarding official public speeches were not made in time to allow PWD to be with SLI, family or neighbours that could assist in their understanding.

Television, radio and internet and social media were all cited as important sources of information. There has been a notable improvement during the pandemic in the ease with which respondents could understand COVID-19 information. However, this is thought to be more a result of increasing advocacy by DPO and LNFOD over improved official communication.

HEALTH

Lockdown restrictions, a lack of transport and limited working hours at the health facilities were all cited as reasons for more difficult access to health service.

People with hearing impairments found it significantly harder to access health services during COVID-19.

Many participants from the group discussions and from the survey found it difficult to access health services, but there was no marked difference due to COVID-19. People with hearing impairments were the exception, who reported that they found it significantly harder to access health services during the pandemic than they had before.

Among those who found it difficult to access health services, many cited a lack of public transport to the health facility or limited working hours at the health facility.

Other hindrances to accessing health services were unchanged from before the pandemic, including the inaccessibility of some health facilities and discrimination against PWD. This is corroborated by the 2018 UN Disability and Development Report, in which 35% of PWD in Lesotho reported that health care facilities were not accessible and that PWD face public discrimination²⁰.

In the discussion groups but not in the survey, persons with visual impairments reported that it had become increasingly difficult to attend lens replacements and regular check-ups during the pandemic as many facilities were closed and they did not want to violate COVID-19 regulations. Similarly, parents

20 United Nations Policy Brief: A disability-Inclusion Response to COVID-19. May 2020

and care-givers stated it was very difficult for them to take children and adults with intellectual disabilities for medical check-up due to inaccessible health facilities and in some cases refusal of healthcare workers to examine the individual. Cases of total refusal of entry were also cited by persons with hearing impairments.

Parents and care-givers of persons with intellectual disabilities cited lack of training on how to take care of PWD in the context of COVID-19 regulations.

ACCESS TO EDUCATION

Learners with disabilities were left behind in the online teaching options that were introduced during COVID-19.²¹

To understand the impact of the pandemic on education the focus group discussion sessions were complimented with responses from interviews with the Ministry of Education and Training and a review of guiding documents from the Ministry.

Participants expressed concern that the Government introduced the use of radio, television and online modes of teaching, but was silent about how learners with hearing and visual impairments would be taught. Learners with both hearing and visual impairments were severely impacted.

Visually impaired learners also reported that they do not have brailled learning materials and frequently rely on sighted learners to read for them. The lockdown restrictions and social distancing requirements have made it very difficult for them to be read to and so to continue their education. Learners from remote areas also reported a lack of radio signal for radio lessons. It is important to note that there were very few students in the study, so the results are from the focus group discussions. The four students in the survey had a mixed experience with access to education; many of the participants were from a high socio-economic group (due to the online nature of the study), and thus some benefitted from greater attention during the lockdown, likely because their families were able to pay for it.

The Ministry of Education sector response plan for COVID-19 did cater for learners with disabilities through providing sign language interpreters for television lessons, mapping areas of low radio coverage and procuring solar radios for learners with disabilities, in collaboration with LNFOD. However, the interview with the Ministry revealed that the solar radios were not procured due to budgetary constraints.

Once schools reopened, COVID-19 regulations continued to hamper access to education for learners with disabilities. Teachers wearing masks prevented learners with hearing impediments, and supporting sign language interpreters, from lip-reading. Because learners with hearing impediments were being left behind, NADL raised the issue with the Ministry of Education and Training and a year into the

²¹ United Nations Policy Brief: Impact of COVID-19 on Children

pandemic, it became mandatory for teachers to wear transparent masks. Whilst this is a positive step, learners with hearing impediments will have lost a year of education before transparent masks were mandated.

University students have also suffered during the pandemic as lectures were conducted online and were typically not suitable for people with disabilities. When universities reopened, many students found themselves behind their peers and in need of additional catch-up lessons. However, SLI are only provided for three hours per day and learners would have to pay privately for additional time with the SLI and lecturers, of which the latter have very low availability.

The focus group discussion sessions expressed concern over parents ability to pay school fees following the loss of income from COVID-19. Further, many parents have been asked to pay full school fees, even whilst schools were closed. Children who have already lost learning time due the pandemic risk losing even more if their parents are unable to pay school fees. Whilst this applies to all children, and not just learners with disabilities, the impact is nonetheless substantial. The Ministry of Education and Training commented that fees are necessary to sustain schools.

Finally, despite the gaps in instructional education materials, the Ministry of Education and Training did provide PPE for learners with disabilities. Nonetheless, the lack of instructional education materials puts learners with disabilities at risk of falling behind, and many respondents have expressed concern over their performance in the upcoming examinations.

Ultimately, the pandemic has exacerbated gaps in inclusive education and amplified the relationship between disability, poverty and discrimination.

CONSULTATION AND PARTICIPATION OF PWD REPRESENTATIVE(S) IN COVID-19 PLANNING PROCESS AND COORDINATION STRUCTURES.

PWD were neither represented nor actively participated in the development of the COVID-19 national response.

No participants in the discussion focus group sessions or in the survey has participated in the national COVID-19 response. LNFOD had been included in the Lesotho COVID-19 National Emergency Command Centre (NECC) at the start of the pandemic, but when it was dissolved they were not included in the new structures: NACOSEC and DICOSEC.

After numerous attempts to initiate dialogue with NACOSEC, LNFOD submitted a position paper on the impact of COVID-19 on PWD, which resulted in a meeting between the two parties. The parties discussed:

- Communication and Information sharing processes and procedures.
- Consultation and inclusion of PWD/DPO in the development of IEC materials.

- Non-representation of PWD/DPO in NACOSEC coordination structures.

Nonetheless, PWD/DPO continue to not be represented in NACOSEC coordination structures, despite the issue being escalated to the Office of the Prime Minister and a press statement issued.

Only three organizations were aware of the drafting of the National COVID-19 Response Framework. However, they report that they were not invited to the validation or launch of the framework and do not have copies of the document. The participants expressed dissatisfaction and stated that they will continue with advocacy until the right to participate in the COVID-19 governance structures is given to them, as per Article 43 of the CRPD which Lesotho is signatory to.

Persons with disabilities have a right to participate fully and effectively in [planning and] in decisions that affect their lives.²²

OTHER EMERGING IMPACTS OF COVID-19 ON PERSONS WITH DISABILITIES.

During the focus group discussion sessions, additional impacts emerged that were experienced by PWD during COVID-19.

UNPLANNED INCREASED EXPENDITURE

COVID-19 has introduced unplanned expenses for the general population, including through the need to wear PPE and the need to pay for individual transport.

At the institutional level, the lockdown led to changes in the way all DPO operated. Staff had to work from home and many organizations had to purchase laptops, modems and data for their staff, in addition to internet and telephone agreements already undertaken.

At the personal level, the staff raised concern over increased transport costs as public transport was no longer an option. Increased transport costs was acutely experienced by people with physical disabilities, who were now forced to pay for three seats in private transport: for the individual, for a wheelchair and for a person to support them. The additional support was required as many taxi operators refused to support people with physical disabilities into and out of their taxi due to social distancing requirements.

EXCLUSIVE COVID-19 REGULATIONS (MARCH 2020)

The initial COVID-19 regulations released were reported to be exclusionary to PWD.

After much advocacy work by DPO, COVID-19 regulations were only adjusted to become disability friendly in 2021, although there is still room to improve the regulations for PWD.

²² United Nations Convention on the Rights of People with Disabilities. Article 4.3

FAILURE TO ADHERE TO COVID-19 REGULATIONS AND GUIDELINES

Participants stated it is very difficult for PWD to adhere to the current regulations, in particular for people who require physical assistance.

Visually impaired persons cannot limit the frequency with which they touch surfaces, as they use feel to guide them. Similarly, it is difficult for people with visual impairments to sanitise after every time they touch a surface due to the high frequency with which this happens.

It is also not recommended for visually impaired persons, or their guides, to sneeze or cough into their elbow, as this is where people with visual impairments frequently hold their guides.

Similarly, it is difficult for people with visual and physical impairments to social distance as they are frequently highly dependent upon close contact with guides and carers.

ANXIETY AND DEPRESSION

All participants noted an increase in stress and anxiety, particularly during the first lockdown, when they did not have sufficient information regarding COVID-19, were not sure if they were following the COVID-19 regulations and were nervous of police brutality. The survey indicated an increase in worry, nervousness, anxiety or depression from 76% of participants before COVID-19 to 97% of participants during COVID-19.

One DPO explained that after the lockdown was lifted, they were inundated with requests for support, and had to stop people visiting the office due to a risk of overcrowding. Further, staff did not have the correct information to share with worried PWD.

All Directors reported observing low morale and high levels of distraction among staff during the pandemic, in part due to fear by staff that they would catch COVID-19 in the workplace.

Participants said COVID-19 has worsened the treatment that caregivers and PWD received in communities and in public offices. PWD and caregivers reported that they have become victims of crime and verbal abuse among the general public.

POSITIVE IMPACTS OF COVID-19

Some positive impacts of COVID-19 on PWD were highlighted in the discussion sessions.

The lockdown gave a sense of protection to some PWD as they were insulated from the outside world. At the same time, some PWD enjoyed the additional time with their family.

The Government of Lesotho also gave NADL M 90,000, which they used to buy sanitisers for learners with hearing impairments. NADL also received M 250,000 from New Zealand and M 110,000 from the British High Commission for procurement of transparent face masks and COVID-19 sensitisation amongst the deaf community. The Government has committed to continue the training in 2021.

CONCLUSIONS

The following conclusions were drawn from the analysis:

- a. PWD were not well sensitised on COVID-19 advice and regulations, particularly at the start of the pandemic.
- b. Many PWD are excluded from formal COVID-19 stimulus packages as they disproportionately work in the informal sector.
- c. The use of television, radio and pamphlets was geographically limited and excluded PWD in rural areas.
- d. COVID-19 heightened the existing information and communication gaps between line ministries and PWD/DPO, in particular with the Ministries of Social Development, Health, Education, Trade, Cooperatives and Small Business.
- e. The pandemic has contributed to loss of income and rising food insecurity among PWD.
- f. Structural weaknesses exist in government coordination structures that do not include PWD.
- g. The legal COVID-19 regulations that were developed are largely PWD exclusive.
- h. COVID-19 has made access to quality education inequitable to learners with disabilities, particularly those from low-income backgrounds.
- i. The pandemic increased stress, anxiety and depression amongst PWD and staff of DPO.

RECOMMENDATIONS

The following recommendations are proposed for consideration by the Government of Lesotho, United Nations Lesotho, Development Partners and other Key stakeholders:

1. Implementing the Lesotho National Disability Mainstreaming Plan will ensure systematic inclusion of PWD across all sectors in the planning, budgeting and execution of sectoral programs.
2. There should be better communication between PWD/DPO and line ministries, in particular the Ministries of Social Development, Health, Education, Trade, Cooperatives and Small Business.
3. PWD and DPO should be meaningfully consulted in all stages of development of the COVID-19 legal instruments, response and recovery plans.
4. COVID-19 information should be availed in diverse formats, accessible to persons of all types of disabilities.

5. DPO should be supported to enact targeted interventions, so that they may support PWD or their caregivers to protect their income and food security.
6. Learners with disabilities should be supported with alternative assistive devices and modes of teaching so that they may also benefit from distance learning solutions..
7. The use of sign language interpretation in schools and public offices should be made mandatory for people with hearing impairments.

