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EXPLORING THE EXPERIENCES OF PERSONS WITH DISABILITIES IN KENYA DURING THE COVID-19 PANDEMIC

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ACRONYMS

COVID-19	The 2019 Coronavirus Disease
DPOs	Disabled Persons Organizations
NCPWD	National Council for Persons with Disabilities
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
UN	United Nations
WHO	World Health Organization

EXECUTIVE SUMMARY

This research, commissioned and carried out by the Ulemavu Research Institute (URI) and its associates, sought to explore the experiences of persons with disabilities in Kenya, during the COVID-19 pandemic. The survey, conducted during the months of April and May, was executed online via the SurveyMonkey platform, in adherence to the social distancing rules, a key component of the preventive measures of the contagion. The study targeted persons with disabilities and the parents/caregivers of those persons with disabilities unable to respond to the questions independently.

The study was guided by the following objectives

1. To assess the level of knowledge on COVID-19 among persons with disabilities
2. To assess the effects of COVID-19 pandemic on persons with disabilities.
3. To investigate access to government support services by persons with disabilities during the COVID-19 pandemic.

A mixed-study method was used and data analyzed quantitatively and in line with the themes set out in the research objectives. Results: This study included 196 respondents from 36 counties in Kenya. Out of these, 56.12% were male and 43.7% were female. 61.31% of the respondents were aged 35 years and above while 97% of the respondents had attained either secondary, college, undergraduate or postgraduate education. 71.94% of the respondents had disabilities while 17.86% respondents were care givers. Most respondents relied on television (72.45%) and social media (65.31%) as sources of information on COVID-19. Most respondents reported to have sufficient knowledge on the means of COVID-19 transmission (62.37%), symptoms (58.76%), preventive measures (61.38%) and actions to take upon exhibiting COVID-19 symptoms (50.9). Majority of the respondents reported that they found it easy to observe the COVID-19 precautionary measures: Frequent washing of hands (78.87%), social distancing (70.68%), use of mask when in public (69.43%), frequent use of sanitizers (60.94%) and, staying at home (58.20%). On the effects of COVID-19, majority of the respondents reported not to have been tested (76.84%) nor having any contact with COVID-19 patients (93.12%). On economic impacts, majority of the respondents (52.04%) were not able to meet their daily needs. On social impacts, most respondents (55.10%) reported to have their movement curtailed for fear of flouting the social distancing rule while 34.18% of the respondents experienced increased social isolation. On access to government support services by persons with disabilities, 23.98% reported to have received information on COVID-19 in accessible format while majority of the respondents (44.39%) reported to rely on social media to voice out any COVID-19 concerns.

Key words: COVID-19, SARS-CoV-2, coronavirus, impacts

1.0 INTRODUCTION

The 2019 coronavirus disease (COVID-19) is believed to have first infected humans in late December 2019 in the city of Wuhan China, before rapidly spreading to other parts of the world thus becoming a global threat to human health and jeopardizing the livelihoods of diverse populations and the world economy in general (Ho, et al., 2020). COVID-19 is caused by the severe acute respiratory syndrome coronavirus 2 (SARA-CoV-2) and, is by far the largest epidemic of a cluster of pneumonia that has significantly challenged humans in the history in the attempts to fight it when compared to SARS-CoV and MERS-CoV in relation to its biological features and transmissibility. The containment measures that are non-pharmaceutical in nature put in place to curb the swift spread of the coronavirus disease have so far extended the impact of the contagion on global health systems, economies and the social order (Abel, Franco, Restrepo, & Vieira, 2020).

On 30th January 2020, the World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern (PHEIC) after it spread in five regions governed by WHO. Thereafter, on the 11th of March 2020, the WHO declared the scourge a pandemic. Overall, the African continent appears to have been less affected by the rapid spread and deaths resulting from COVID-19 so far, as compared to other regions such as China, United States and Europe (Ebenso, Labonte, Otu, & Yaya, 2020). Nevertheless, several African countries have implemented the WHO sanctioned containment measures for the disease. For instance, South Sudan ordered the closure of schools and places of worship so as to enhance social distancing, South Africa underwent a 3 week total lockdown and, some have gone ahead to close their borders such as Angola and Zimbabwe (El-Sadr & Justman, 2020). Despite the slow spread of SARS-CoV-2 in Africa, the living conditions of vulnerable populations such as persons with disabilities are likely to be exacerbated. This is mainly so because persons with disabilities in developing countries live in poverty with most of them engaging in the informal labour market for their upkeep, a sector that is likely to be affected more by the movement restrictions.

Kenya reported its first COVID-19 case on 12th March 2020 after a lady who happened to have travelled into the country from the United States of America on 5th March 2020 tested positive. Since then, COVID-19 cases have increased gradually with a total number of positive cases

reaching 7,577, with 159 deaths and 2,236 recoveries by July 4th 2020 (Ministry of Health, 2020).With the current COVID-19 trends in Kenya, SARS-CoV-2 has brought about confusion and stress coupled by the disruptions of running of day to day activities (Mbae, 2020). In the attempts to contain the pandemic, the government of Kenya did put in place more strict measures such as suspension of air travels, restrictions of social gatherings such as in places of worship, weddings, funerals and the likes, dusk to dawn curfew and cessation of movement in to and out of counties that had reported highest number of coronavirus infections namely: Nairobi, Mombasa, Kwale, Kilifi and Mandera. Likewise, all persons are required to observe highest level of hygiene such as frequent washing of hands and use of sanitizers. In addition, Mbae adds that it is mandatory for all citizens to put on masks once they get out of their homes.

Generally, it is evident that all populations are prone to contracting SARS-CoV-2. However, the elderly, persons with disabilities and those with low immune function or previous underlying health conditions are likely to be more severely infected (WHO, 2020). The vulnerability of persons with disabilities in such pandemics has the likelihood of being exacerbated by several factors which are inclusive and not limited to mobility challenges, pre-existing medical conditions, as well as existing social and physical structures and policies. Consequently, as a result of pre-existing medical conditions, some persons with disabilities may find themselves in life threatening settings more so when they get isolated from their caregivers (Gaillard, Marlowe, & Ronoh, 2015).

1.1 Rationale and Significant of the study

United Nations (UN) (2020), through a policy brief issued by the UN Secretary General emphasizes on the importance of guaranteeing the incorporation of disability mainstreaming in all SARS-CoV-2 response and recovery strategies so as to promote disability-specific containment measures. This is in line with the UN disability inclusive strategy. Furthermore, the World Health Organization has published disability consideration guidelines for use by stakeholders during the COVID-19 response and recovery. In order to effectively implement the aforementioned policies and others of this nature, it is vital for stakeholders to acquire the right understanding of first hand experiences of persons with disabilities during the crisis occasioned by the COVID-19 pandemic. While there have been some desktop rapid review studies carried in relation to the experiences of persons with disabilities and COVID-19, it may be safely assumed that there is little if any,

research exploring the experiences that persons with disabilities are facing during COVID-19 pandemic in Kenya by having them voice out their concerns. With limited or no documentation of the experiences of this vulnerable group, then they are likely to suffer most while instilling the intervention to curb the pandemic. Therefore, this study represents primary information on the impacts of COVID-19 on persons with disabilities through a survey of this population. The study aims to establish to what extent COVID-19 has impacted persons with disabilities and add to the pool of knowledge that may assist government agencies and policy makers in safeguarding the wellbeing of persons with disabilities in Kenya and the rest of the world. Additionally, this study hopes to lend impetus to the current discourse by scholars, disability-rights advocates and Disabled Persons Organizations (DPOs), on best approaches towards designing, implementing and evaluating disability inclusive strategies for combating COVID-19 pandemic.

The study was guided by the following objectives

1. To assess the level of knowledge on COVID-19 among persons with disabilities
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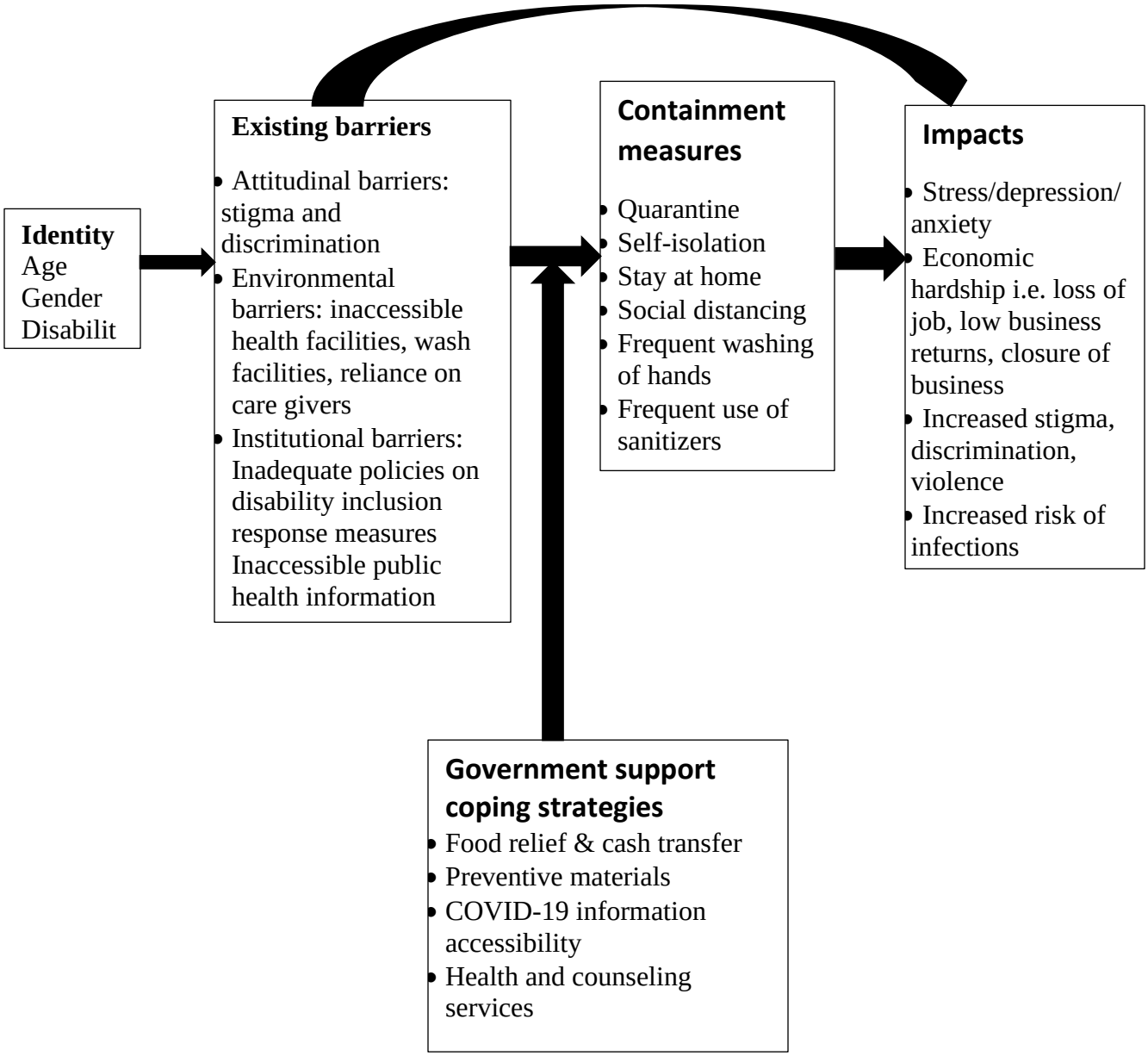

Figure 1.1 Disability and COVID-19 conceptual framework (Adopted and modified from Corby, Lee , & Meaney-Davis, 2020)

2.0 LITERATURE REVIEW

Owing to their already marginalised status in the society, D'Silva and Mallya (2020) posit that persons with disabilities are more likely to bear the brunt of the COVID-19 pandemic. This is majorly due to inaccessible public health information, the built environment and support services. Consequently, in view of the containment measures put in place for COVID-19 like social distancing, lockdown and cessation of movement, persons with disabilities may find themselves isolated and their living conditions worsened (United Nations Human Rights, 2020).

2.1 Level of awareness on COVID-19 among persons with disabilities

Access to the right and timely Information is a crucial element in helping to slow down the spread of SARS-CoV-2. In this regard, Corby, Lee and Meaney-Davis (2020) have argued for the need to address the inaccessibility of public health campaigns which leave disadvantage groups exposed to ill health. Hu and Qi (2020) note that people with hearing impairment experience limited access to crucial public health information in reference to COVID-19 despite the fact that the disease has been spreading rapidly. Access to information is key as prevention remains the most crucial health promotion strategy. Hence, the failure to offer persons with disabilities multiple forms of communications in accessible formats, increases their vulnerability to the contagion and its subsequent effects.

Moreover, even with the right information on COVID-19 containment measures, persons with disabilities who have limited mobility and in need of support from personal assistants may experience disruptions in their daily lives due to movement restrictions and the need to maintain physical distance (Corby, Lee, & Meaney-Davis, 2020). Likewise, some may experience difficulties in maintaining some measures such as hand washing due to inaccessible facilities or even due to the nature of their disability. In addition, for those with psychosocial disabilities, the stay at home directives may be difficult. In some countries such as Argentina, care givers are exempted from movement restriction as well as physical distancing to enable them support persons with disabilities. Similarly, in Northern Ireland and France persons with autism and psychosocial disabilities are allowed to obtain permits with relaxed primary confinement directives (United Nations Human Rights, 2020).

2.2 Effects of COVID-19 on persons with disabilities

Across the globe, persons with disabilities have historically faced attitudinal barriers often driven by prejudice and stereotypes which regard this group of population as undesirable. Stigma and discrimination towards them is often premised on limited understanding on the causes of disabilities, with great catalysts being cultural practices and religious beliefs. For instance, in Kenya, persons with albinism have been discriminated and abused by falsely being accused as carriers of SARS-CoV-2 (Corby, Lee, & Meaney-Davis, 2020). A systematic assessment of studies indicates that the risks of violence towards persons with disabilities tends to be higher when compared to their non-disabled peers.

In light of the foregoing, it is evident that the emergency response may fail to meet the desired objective when the disability perspective is not put into consideration. For instance, in the event that a person with disability or the guardian/parent is quarantined, persons with disabilities may find themselves not being able to receive adequate support that they require. As an illustration, In China, a 16-year old boy with cerebral palsy died after a week when the father (the only caregiver) and his brother were taken to mandatory quarantine leaving him alone and unattended (Hu & Qi, 2020). In view of this, while quarantine for those suspected or tested positive for COVID-19 virus is useful and an important containment measure for the pandemic, necessary measures ought to be put in place so that persons with disabilities in need of vital support do not end up bearing the brunt of the exercise by remaining unattended.

Economic impacts

The SARS CoV-2 contageon, has evidently lurched the world's economy on the verge of a potential recession. This is as a result of profound disruptions of markets and supply chains that have occasioned the plummetting of stockmarkets, businesses scaling back their operations and in some instances total closure. Whereas this may be argued as likely bound to impact all populations across the board, minority communities and marginalized groups such as persons with disabilities, who according to available data in the labour markets are reported to earn less, hold most insecure jobs and operate more in the informal sector with most of them being unemployed, are likely to experience the heat of this pandemic most severely (International Labour Organisation (ILO), 2017). The situation is likely to be worse in developing countries where most of persons

with disabilities earn a living in informal sector which is dependent on public space that has seen restrictions as a result of reduced social interactions in the attempts to curb the spread of COVID-19. Jalali, Kamali, Lankarani, Mojgani, and Shahabi (2020) re-emphasize that poverty and disability exist as the two sides of coin and so the need to provide livelihood support to individuals with disabilities. Following the hard-economic impacts as a result of COVID-19, D'Silva and Mallya (2020) recommend the need to have additional financial support for persons with disabilities to protect them from neglect and abuse.

Impact on health

Primarily, most persons with disabilities will have higher health care needs than those without disabilities some of which are allied to their impairments as well as basic standard needs (Borstad, Colby, & Kisner, 2017). Yet, COVID-19 has deepened the health risks with the underlying inequalities such as the affordability, accessibility, discrimination and stigma among other inequalities that exist in healthcare system. In the event of spartan pressure on health care systems as a result of COVID-19, persons with disabilities may find themselves deprioritised despite the fact that this is a human rights violation. Similarly, for those with pre-existing mental health concerns, quarantine measures may pose further deterioration of their mental health that may even last for 4 to 6 months (Kavoor, 2020).

2.3 Government support services

In response to COVID-19 crisis, government support services are significant in mitigating the effects of COVID-19 on the population. Some of such vital support services may include but not limited to provision of financial aids to vulnerable persons, food distribution and tax reliefs. Additionally, due to support reliance, persons with disabilities are highly likely to contract SARS-CoV-2 more so where personal protective equipment (PPE) are limited or lacking altogether, hence the need for government to provide free PPEs to the caregivers. Evidence reveals that some countries such as Bulgaria and Lithuania have expanded their social support to incorporate large populations including persons with disabilities in response to COVID-19 (United Nations Human Rights, 2020). Likewise, the United States of America has made efforts in easing the economic status of persons with disabilities by establishing tax relief programs. Moreover, in Argentina,

Peru, Tunisia and France, their governments have implemented programs to enable persons with disabilities receive more disability benefits and allowances.

Back home, The Kenyan Government appropriated KES 10 Billion through a presidential declaration, to help cushion vulnerable groups (the older persons, orphans and vulnerable children and, persons with severe disabilities) from the negative effects of COVID-19. Further, the National Council for Persons with Disabilities (NCPWD) had set aside 200 million for short term COVID-19 intervention programme that hoped to reach 33,333 beneficiaries. Moreover, This programme targeted all persons with disabilities in need of support due to the harsh economic situation arising from COVID-19 pandemic (Government of Kenya, 2020; National Council for Persons with Disabilities and Ministry of Labour and Social Protection, 2020).

3.0 METHODOLOGY

Following the government's recommendations on the need to observe social distancing, stay at home, and having minimal face to face interactions during the COVID-19 pandemic, The online survey platform was adopted as a means of data collection. Given that persons with disabilities are said to be at high risk in contracting COVID-19, this method was considered a safe way to reach respondents without risking exposure to COVID-19. Further, online surveys provided an opportunity to reach people all over Kenya, as long as they could access the internet and be on the social media platforms. This was proven from the diversity of respondents who were from 36 counties out of the 47 in Kenya.

A mixed method approach was used allowing the collection of both qualitative and quantitative data. A mixed method approach offsets possible inherent weakness of applying a single approach in research (Shorten & Smith, 2017). The survey questionnaire was developed with both open and closed questions. Moreover, by use of snowball sampling, members circulated the SurveyMonkey link through social media to solicit for respondents among persons with disabilities and care givers. Snowballing principles are used more so when it is difficult to locate the target population (Fregni & Illigens, 2018). Thus, the existing subjects provided the referrals in the effort of recruiting the required samples. The principle of anonymity was maintained as the information was collected in

such a way that it is impossible to identify the respondents. The data was collected between April 22nd and May 8th, 2020.

4.0 DATA ANALYSIS

4.1 Survey respondents

The study received responses from 200 respondents, and out of these 4 respondents did not satisfactorily complete the survey. Eventually, the data analysis was conducted for the 196 respondents from 36 counties in Kenya who had completed the survey (completion rate: 98%). Out of the 196 responses, data analysis by gender revealed that 56.12% were male, 43.7% female and 0.51% respondents preferred not to disclose their sex.

Age by domain

Figure 4.1 shows data disaggregated by age in descending order which revealed that most of the respondents were youth aged between 25-34 (33.67%), between 35-44 (29.59%) and between 45-64(17.86%). Few respondents were youth aged between 18-24(10.71%) and those between 55-64 (7.14%). The least respondents were above 65 years (1.02%). About 61.31% of the respondents were aged 35 years and above.

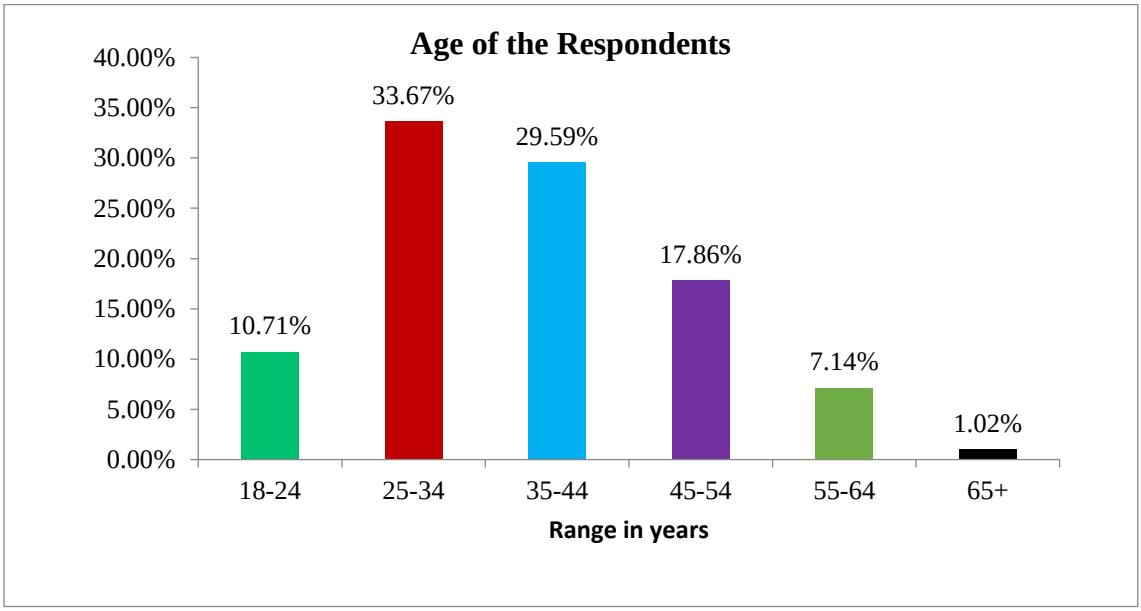

Figure 4.1: Age of the Respondents

Education level

Data analysis by education level in descending order revealed the highest percentage of respondents 36.7% had attained college education, 29.6% respondents were undergraduates, post-graduate respondents were up to 17.9% and secondary school respondents added to 12.8%. The lowest percentage of respondents were those in primary school and those who do not attend school 1.5% each. About 97% respondents were functionally literate to respond to the issue effectively. Table 4.1 below summarizes these findings.

Education Level	Responses
Did not attend school	1.5%
Primary	1.5%
Secondary	12.8%
College	36.7%
Undergraduate	29.6%
Post graduate	17.9%

Table 4.1: Education level of the Respondents

Disability Status

Data disaggregated by disability status as shown in figure 4.2 below revealed that the highest number of respondents who participated were people with disabilities (71.94%) and care givers (17.86%). The least percentage of respondents did not disclose their disability status (10.20%).

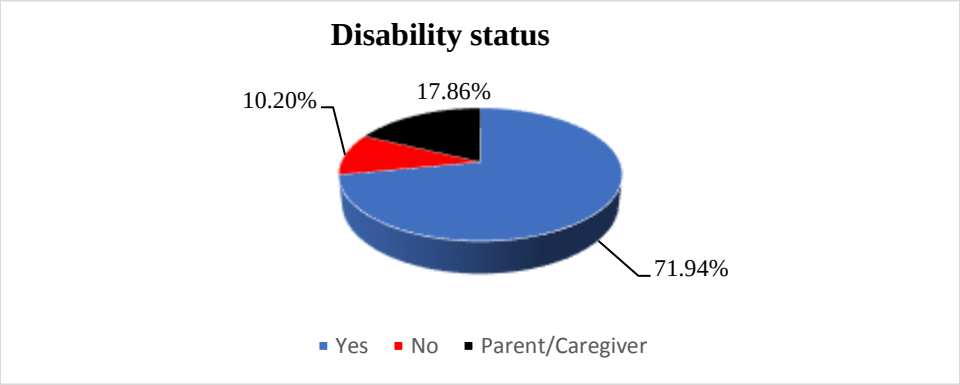

Figure 4.2: Disability Status

Disability by domain

Analysis of data by disability domain revealed in descending order that the highest percentage of respondents were people with physical disabilities (41.8%), people with hearing disabilities (11.2%), people with visual impairment (8.2%), persons with albinism (7.1%), persons with autism(3.6%), persons with intellectual disabilities (3.1%) and persons with multiple disabilities (3.1%). The other disability domains were between 1%-0.5%. Table 4.2 summarizes these findings.

Type of disability	Percent
Albinism	7.1
Autism	3.6
Cerebra	4.1
Deaf blind	0.5
Down syndrome	0.5
Epilepsy	1.0
Hearing	11.2
Intellectual and developmental	3.1
Multiple	3.1
Narcolepsy	0.5
Parkinson's	0.5
Physical	41.8
Psychosocial	1.5
Slow learning	0.5
Speech	3.1
Visual	8.2
Missing	9.7
Total	100.0

Table 4.2: Disability Domains

4.2 COVID-19 knowledge

4.2.1 Source of information on COVID-19

Majority of the respondents relied on television (72.45%), social media (65.31%), government text messages (42.35%) and radio (36.22%) as their main source of receiving COVID-19 related information. Other sources including family/friends (26.53%), newspaper (23.47%) and DPOs (20.92%) were used. Figure 4.3 below summarizes these findings.

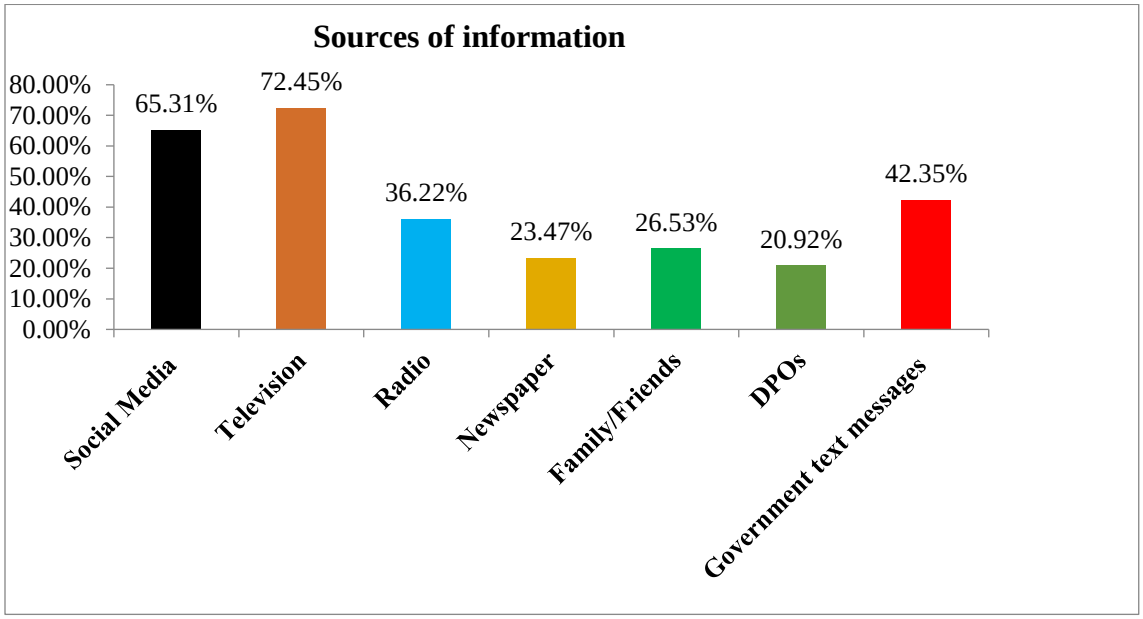

Figure 4.3: Sources of information

4.2.2 Knowledge on means of transmission, symptoms and preventive measures

62.37% of the respondents reported to have sufficient knowledge on the means of COVID-19 transmission, 58.76% respondents indicated having sufficient knowledge of symptoms of corona virus disease, 61.38% respondents reported to be sufficiently aware of the preventive measures, and 50.79% respondents indicated to have sufficient knowledge on the actions to take if one exhibited SARS-CoV-2 symptoms. Table 4.3 summarizes these findings.

	Sufficient	Average	Below Average
Means of transmission	62.37%	32.99%	4.64%
Symptoms of corona virus disease	58.76%	34.02%	7.22%
Preventive measures	61.38%	30.16%	8.47%
Actions to take if one exhibits COVID-19 symptoms	50.79%	38.74%	10.47%

Table 4.3 Knowledge on COVID-19

4.2.3 Precautionary measures

Regarding the ability to observe COVID-19 precautionary measures as shown in table 4.4 below, majority of the respondents reported that they found it easy observing the COVID-19 precautionary measures including; Frequent washing of hands (78.87%), social distancing (70.68%), use of mask when in public (69.43%), frequent use of sanitizers (60.94%) and, staying at home (58.20%).

Precautionary measures	Easy	Difficult
Frequent washing of hands	78.87%	21.13%
Use of a mask when in public	69.43%	30.57%
Frequent use of sanitizers	60.94%	39.06%
Staying at home	58.20%	41.80%
Social distancing	70.68%	29.32%

Table 4.4: Precautionary measures

While it is for the benefit of all to observe COVID-19 precautionary measures, respondents gave a range of reasons why they found it difficult to do so. Those that experienced difficulties in frequent washing of hands cited a number of reasons which include but not limited to water shortage, inaccessible hand washing facilities, conditions arising from their impairments for instance when one has one hand. Likewise, respondents who reported to experience difficulties in using masks when in public indicated the cost of masks as the major challenge. In addition, some said that they experienced difficulties in breathing with their masks on, while those with hearing impairments found it difficult to communicate while wearing masks. Moreover, majority of the

respondents who experienced difficulties with frequent use of sanitizers argued that the cost of the same was a major impediment. Besides, few of them cited the unavailability of sanitizers as being a challenge. The need to source for income in order to cater for basic daily needs was reported to be a major reason for those who found it difficult to observe the stay at home precautionary measure. Finally, some respondents especially persons with visual impairment and wheelchair users who often need support from personal aides reported that it was difficult to maintain social distancing.

4.3 Effects of the COVID-19

4.3.1 COVID-19 Status

Majority of the respondents indicated that they had not been tested (76.84%) and thus not aware of their status. Those who were observing self-isolation during the data collection period were 11.58% respondents, while 6.32% reported to have tested negative and, 3.68% respondents revealed that they had been quarantined. However, 11.5% of the respondents were reluctant to disclose their status. These findings have been summarized in figure 4.4 below.

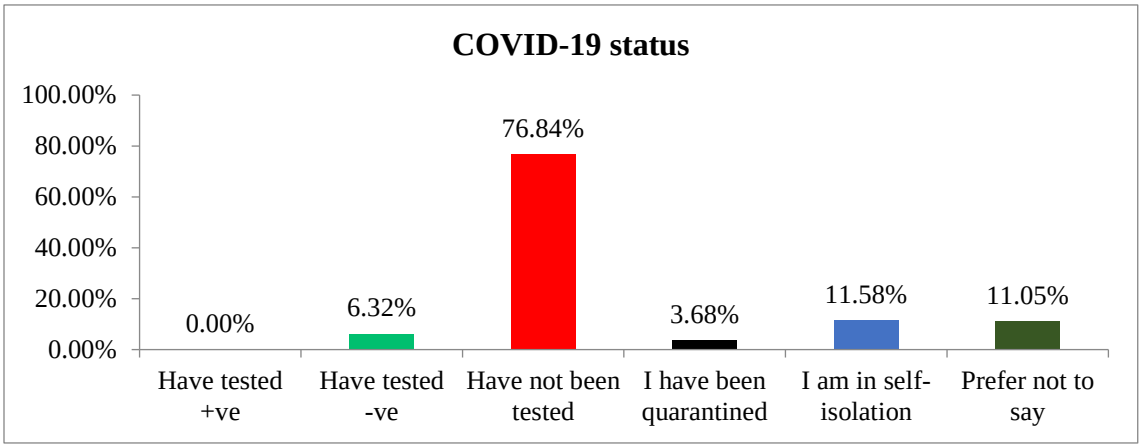

Figure 4.4: COVID-19 status

Contact History

Table 4.5 below shows that majority of the respondents had neither direct nor indirect contact with COVID-19 patients (93.12%). On the other hand, 3.7% and 1.59% of the respondents had indirect and direct contact with COVID-19 patients respectively.

Contact History	Responses
Direct contact with COVID-19 patients	1.59%
Indirect contact with COVID-19 patients	3.70%
Contact with individuals suspected of COVID-19	1.59%
None of the above	93.12%

Table 4.5: Contact history

4.3.2 Economic Impact

Table 4.6 below shows that as a result of the pandemic, most respondents were unable to meet their basic needs as reported by 52.04% of the responses, 26.02% respondents experienced difficulties in meeting their healthcare needs and 21.94% experienced low returns in their businesses. Those who reported to have closed their businesses were 19.29, with another 13.27% saying they had lost their jobs.

Economic impact	Response rate
I have lost my job	13.27%
I have been forced to close my business	19.39%
I have experienced low returns in business	21.94%
I am not able to meet my daily needs i.e. food and rent	52.04%
I am unable to meet my healthcare expenses	26.02%
None of the above	11.22%

Table 4.6: Economic impacts

4.3.3 Psychological Impacts

The analysis of the data on figure 4.5 below show that the respondents experienced various psychological challenges including heightened social isolation (34.18%), depression (25.51%), stigma and discrimination (14.80%), neglect (7.14%) and abuse (7.14%). However, 20.41% of the respondents reported not to have experienced any psychological impacts.

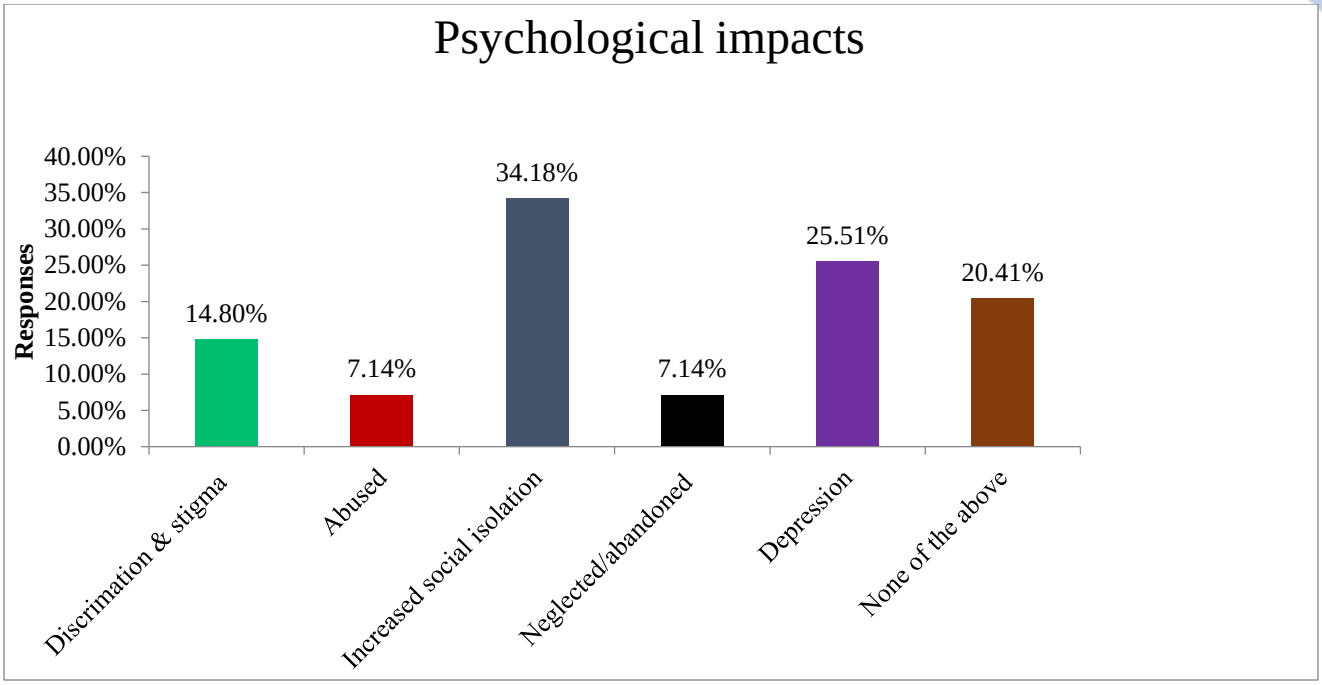

Figure 4.5: Psychological impacts

4.3.4 Social Impacts

The respondents experienced various social impacts including restricted movement due to social distancing measures (55.10%) and limited access to personal assistance (38.78%) as illustrated in table 4.7 below. Only 10.71% of the respondents were able to access the required support networks.

Social impacts	Responses
Unable to get personal assistance when in need	38.78%
My movement is curtailed for fear of flouting social distancing rule	55.10%
I have the support network that I need	12.24%
None of the above	10.71%

Table 4.7: Social impacts

4.5 Government support services

4.5.1 Support services from the government

Table 4.8 below shows that 50% of the respondents reported not to have sought any of the government support services mentioned in the questionnaire. However other respondents were able to access COVID-19 related information in accessible formats (23.98%), help line services

through a toll free number (19.39%), access digital learning and e-resources (9.69%), cash transfer (6.63%), free sanitizers (6.12%), masks (6.12%) and relief food (6.12%). counselling services (5.10%) and free health care (3.63%).

Support services	Responses
counselling services	5.10%
Relief food	6.12%
Free masks	6.12%
Free sanitizers	6.12%
Cash transfer	6.63%
Free healthcare	3.63%
Help line service (toll free phone number)	19.39%
Information on COVID-19 in accessible format	23.98%
Access to digital and e-learning resources	9.69%
None of the above	50.00%

Table 4.8: Support services

4.5.2 Communication channels on COVID-19 concerns

Figure 4.6 below shows the institutions and communication platforms used by persons with disabilities to voice out different challenges they experienced during the pandemic. Majority of the respondents relied on Social media (44.39%), the National Council for Persons with Disabilities (20.41%), DPOs (17.35%) and the Ministry of Health (8.16%). Very few respondents reached out to the County Commissioner Office (1.53%). Notably 39.8% of the respondents did not use any communication platform or contact any institution to raise their concerns.

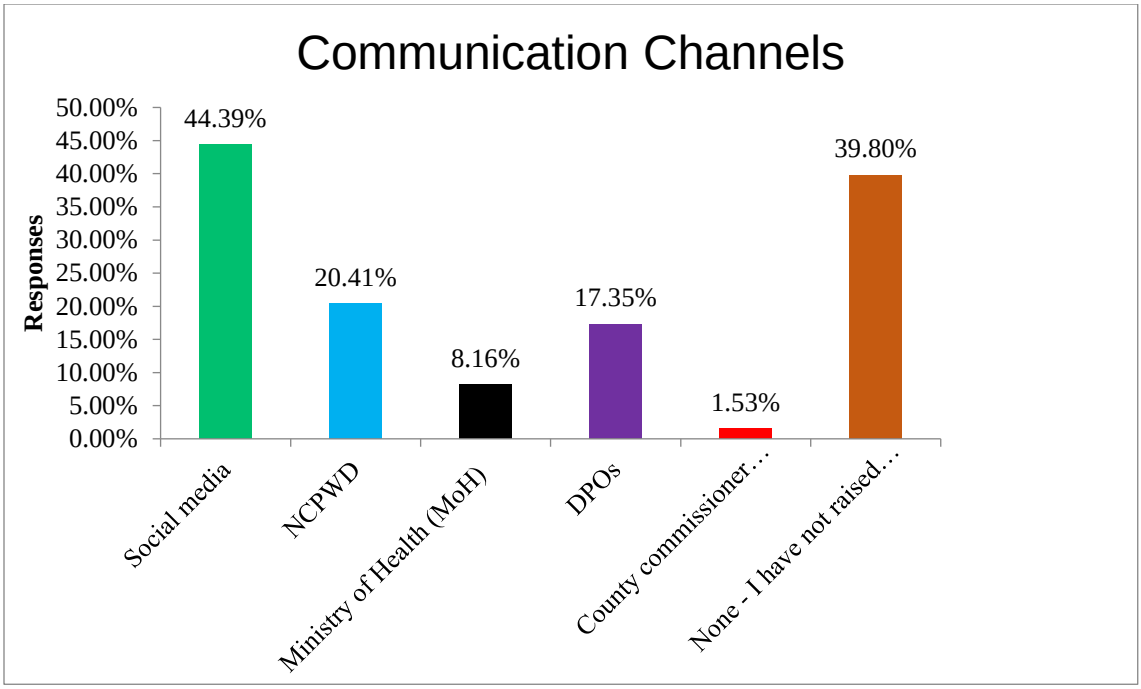

Figure 4.6: Communication channels

5.0 DISCUSSIONS

The findings of this study strongly indicate that persons with disabilities have been adversely impacted by the COVID-19 pandemic, thus appearing to support the dominant position of the literature review section of this research.

Key conclusions from the findings:

5.1 Knowledge of COVID-19

On awareness levels about COVID-19 among persons with disabilities, data from this study shows that majority of persons with disabilities have sufficient knowledge, particularly on the four focus areas of the study: means of transmission (62.37), symptoms (58.76), preventive measures 61.38) and appropriate actions to take when infected/have gotten in contact with those infected (50.79). This suggests that respondents of this study have adequate access to information about the pandemic. Nevertheless, this may not be generalized across the whole population of persons with disabilities since this research, by virtue of it being an online survey, only managed to reach those people who had access to the internet, who form the minority (United Nations Secretariat, 2019).

The findings reveal that most respondents depend on electronic media (72.45%) and social media (65.31%) for information on COVID-19. However, this may only be true for those who live in urban areas and who have access to these facilities. This, therefore, raises concerns over the situation of persons with disabilities in the slums and the rural areas, who may not be able to access television, radio or the internet. Moreover, Studies show that the majority of persons with disabilities in low and middle-income countries live in the rural areas, often experiencing poverty and vulnerability (IFAD, 2019). Hence, the indication is that the level of awareness on COVID-19 for persons with disabilities may still be inadequate, making them highly vulnerable to infection.

It is worth noting that acquiring the right information about the scourge by the public, is the first step towards containing the pandemic. Additionally, data from this research suggest that majority of the respondents were able to adhere to the precautionary measures of containing the scourge. However, some respondents reported inability to do so owing to infrastructural inaccessibility like wash sinks being too high, or even conditions arising from their impairment. Take for instance a parent who reported: *"it is difficult for my son living with autism to keep distance he loves touching even strangers."* Another respondent said "*when I need to press button inwards continually for water to come out is hectic for one handed person like me*." The containment measures must therefore be made disability-friendly by addressing the accessibility challenges, as well as conducting awareness-creation among persons with disabilities to ensure the measures are well understood and observable by all members of the society.

5.2 Effects of COVID-19

On the effects of COVID-19 scourge on persons with disabilities in Kenya, the findings suggest that this group of population is disproportionately affected both socio-economically and psychologically. On the economic front, 52.04 % of the respondents reported being unable to meet their basic needs, including inability to access healthcare. To help illustrate this point, one respondent said: "*I am tired of explaining myself and begging for help. People feel I bother them so much yet no medicine and food no life."* In addition, another respondent said: "*My husband and I have lost our jobs. We can't meet family needs and rents*" and "*I am awaiting on communication from my employer on the way forward. Currently at home not working but still have bills to pay."*

This state of affairs, evidently conforms to the literature which asserts that the pandemic has aggravated the social-economic status of most persons with disabilities, which already has been described as that of poverty and vulnerability (Corby, Lee, & Meaney-Davis, 2020). Furthermore, on social and psychological impacts, respondents to this study reported having restricted movement due to social distancing (55.10%), limited access to personal assistants (38.78%) with some citing abuse and discrimination. This has increased the isolation and worsened the dependency on friends and family. Kavoor (2020) argues that under these circumstances the consequences may lead to an increase in mental health challenges.

5.3 Government support services

Regarding the support services by government to cushion persons with disabilities from the effects of the COVID-19, data from this study demonstrates that such interventions have been minimal and largely inaccessible. For instance, only 6.12% and 6.63% of the respondents under study reported to have received food relief and cash transfer respectively. This is despite the existing policies, both national and international, requiring the state to put in place necessary measures to protect the vulnerable members of the society. From secondary data. The Kenyan government had some mechanisms established to support persons with disabilities during the COVID-19 pandemic (National Council for Persons with Disabilities and Ministry of Labour and Social Protection, 2020). But, on analysis of the findings there exist several huge gaps. Only a tiny fraction of the targeted beneficiaries received the support. Take for instance this statement by one of the respondents: *"people with disabilities deserve better attention and treatment in this country. They are already an isolated group. COVID-19 situation is an added pain to the injury."*

5.4 Implications of the study

A thorough analysis of the data in this study reveals the dire situation facing persons with disabilities with the continued spread of the COVID-19 pandemic. The negative effects of the scourge have exacerbated their already vulnerable conditions. This calls for state and non-state actors to implement the provisions of the existing policies to try and remedy the situation by improving the living conditions of persons with disabilities in concurrence with United Nations Human Rights, (2020). On the same token, this study indicates the need for a more disability

inclusive approach to the COVID-19 response and recovery strategy which is a crucial recommendation of the United Nations policy brief (2020) on disability and COVID-19. This will ensure that the voice of persons with disabilities is heard and that their diverse and varying needs are incorporated at all levels, including the design, implementation and monitoring and evaluation of such measures. Among some of the areas to be prioritized may include: communication strategies to ensure information is shared in accessible formats; inclusive transport systems; inclusive online learning strategies, inclusive health services, psychosocial support services and interventions aimed at enabling persons with disabilities meet their basic needs and mechanisms to ensure persons with disabilities are fully represented in the decision-making process. On the same token, duty bearers need to ensure they establish enough measures to guarantee accountability in the implementation of disability-related policies, strategies, programs and activities. Additionally, the findings point to the need for Kenya to review its social protection policy and the emergency response mechanisms, in order to better serve the vulnerable groups.

5.6 Limitations of the study

This study, being an online survey, may have been unable to reach persons with disabilities who do not have access to the internet, thus missing out on their experiences. Moreover, many persons with disabilities who are not on social media may not have been reached since the main avenue used to solicit for respondents was social media. In addition, having been conducted in English, those respondents who are not proficient in the language will have missed out. Likewise, the absence of a physical interviewer may have presented a challenge to those respondents who could have needed any clarifications. Further, the study population may not be used to reflect the actual pattern of the general population (total number of persons with disabilities in Kenya) as the study did not carry out the random selection of the sample.

5.7 Recommendations for future research

Given the scope and focus of this undertaking, vis-a-vis the seemingly wide policy implementation gaps in the support of persons with disabilities, this study suggests further research in the impact of the social protection policy on persons with disabilities. In addition, it may be useful to conduct a participatory action research, on the socio-economic impact of COVID-19 on the households of small business owners with disabilities or caregivers of children with disabilities. Finally, in light

of the provision for public participation in the Kenyan constitution and, the requirement by the Convention on the Rights of Persons with Disabilities(CRPD) for state parties to involve persons with disabilities through their representative organizations in all programs, there is need for a study to help establish the involvement of persons with disabilities in all COVID-19 related actions. Extensive research in the aforementioned areas would most likely help inform policy, programming, strategy and improved service delivery to persons with disabilities during this unprecedented global crisis. Additionally, it will contribute to a more inclusive approach in the COVID-19 response and recovery strategy, for the common good of all members of the society.

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