



Malawi Human Rights Commission



HUMAN RIGHTS BASED RESEARCH INTO COVID-19 RELATED VIOLATIONS WITH FOCUS ON PERSONS WITH DISABILITIES

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List of Acronyms

PODCAM	:	Parents of Disabled Children Association of Malawi
PWDs	:	Persons with Disabilities
MANAD	:	Malawi National Association of the Deaf
SIAM	:	Spinal Injuries Association of Malawi
APAM	:	Association of Persons with Albinism
FEDOMA	:	Federation of Disability Organizations in Malawi
MHRC	:	Malawi Human Rights Commission
MDFRA	:	Marriage, Divorce and Family Relations Act
NGOs	:	Non-Governmental Organizations
OPDs	:	Organizations of Persons with Disabilities

Executive Summary

This report provides findings of a *Human Rights Based Research into COVID-19 Related Violations* that Malawi Human Rights Commission commissioned with financial support from the Office of the High Commissioner on Human Rights, Malawi office in July 2021. The study was conceptualized on the overall goal to assess the feasibility of the COVID-19 preventive measures and their resultant impact on Persons with Disabilities in Malawi. Specifically, the study aimed to:

- a) Evaluate Government's response and recovery efforts to COVID-19 following the adoption of the new measures of COVID-19 in January 2021 in line with principles and norms of human rights. This includes establishing the extent to which the new measures have been implemented.
- b) Assess the extent to which the provision of health services, specifically access to health services for PWDs, including access to vaccine information and facilities.
- c) Establish the key COVID-19 related human rights violations during the pandemic period affecting PWDs.
- d) To assess the extent to which Government and other non-state actors have implemented the recommendations from the preliminary MHRC statement.
- e) Provide advice and make recommendations to the Executive, Parliament, and other stakeholders on how they can improve their response to COVID-19 from a human rights perspective with a focus on PWDs.

By design, this was a qualitative study conducted with selected organizations of Persons with Disabilities, selected individuals with disabilities and at least two (2) health facilities in the four main cities of Malawi, namely Blantyre, Lilongwe, Zomba and Mzuzu. The study was also designed to have an interaction with the Humanitarian Country Team (HCT). The HCT is responsible for coordination of humanitarian emergency responses and comprises Development Partners, Government representatives and representatives of other humanitarian actors. It has played a vital role in contributing technical and financial assistance for addressing the COVID-19 pandemic in Malawi. The Commission failed to interact with the HCT due to time limitations, this did not occur during the study timeframe. However, the results of the study will be presented to the HCT for their consideration.

It is worth noting that the implementation of the activity was guided by one strategic outcome outlined in the *2018-2022 Malawi Human Rights Commission Strategic Plan* which seeks to enhance efficiency, effectiveness and responsiveness and investigation of violations of human rights. In addition, this activity was part of the Commission's mandate to fulfill the principles of the national policy of the Constitution of Malawi. Section 13(g) of the Constitution¹ provides that the State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at enhancing the dignity and quality of life of persons with disabilities by providing adequate and suitable access to public places; fair opportunities in employment and the fullest possible participation in all spheres of the Malawian society.

In terms of findings, the study established the following:

- a) Both OPDs and person with disabilities have knowledge of the COVID-19 pandemic, its causative agents, how it is transmitted and possible ways for prevention;
- b) The source of information on COVID-19 is mostly from friends and members of their families. However, PWDs mentioned of other sources such as televisions, radios, social media platforms and newspapers. However, most of these media are not disability friendly and do not deliberately design messages for PWDs;
- c) The planning, design and execution of COVID-19 responses did not involve PWDs in the consultations process to develop the COVID-19 measures;
- d) There is no representation of PWDs or their organizations in almost all clusters responsible for designing and implementing the COVID-19 response mechanism in order to facilitate inclusion of issues concerning PWDs;
- e) There is some information of PWDs who succumbed to COVID-19 related sickness documented. However, the available database does not disaggregate COVID-19 statistics of those who are sick or have died on the basis of disability to inform effective planning and execution of inclusive interventions. It is worth noting that the Ministry of Health database is very clear with data on age and gender, but not disability;
- f) The rights to education, health, economic activity, liberty and movement, employment and access to justice for PWDs have been negatively impacted upon during the pandemic;

¹ 1994 Republic of Malawi Constitution

- g) While testing and vaccination services were and are still available, they are not easily accessible and affordable to PWDs due to hidden costs of travel to available centres. In addition, PWDs have not been included as a priority group to access the services. In a situation where a person with a disability requires a COVID-19 test certificate for travel, this was not exempted; and
- h) Health officials confirmed that the entire response was not disability inclusive – there were no special arrangements for PWDs, officers were not trained to deal with certain disabilities, makeshift clinics were not disability-friendly, and information was not packaged to meet all types of disabilities.

The report makes a number of recommendations to the Presidential Taskforce on COVID-19, the Government through relevant Ministries, the Malawi Human Rights Commission, Development Partners and other stakeholders.

1.0 Introduction

- 1.1 The Malawi Human Rights Commission (hereinafter referred to as the” Commission”) is an independent National Human Rights Institution (NHRI) established by the Constitution of the Republic of Malawi under Section 129 with the primary function of protecting and investigating violations of the rights accorded by the Constitution or any other law. Section 12 of the Human Rights Commission Act (HRCA) (Chapter 3:08 of the Laws of Malawi) further provides the mandate of the Commission as to promote and protect human rights in Malawi in the broadest sense possible and to investigate violations of human rights on its own motion or upon complaints received from any person, class of persons or body. Besides, the Commission has the following added responsibilities: to ensure enforcement of the Gender Equality Act, 2013 and to have oversight over the implementation of the Access to Information Act, 2017.
- 1.2 Globally and in Malawi the impact of COVID-19 has been felt. Malawi is one of the countries in Africa which was hit hard by the second wave of COVID-19. As of 12th April 2021, Malawi had registered 33,827 of confirmed cases of COVID-19 with total recoveries of 31,479 and 1,128 deaths (Ministry of Health, 2021). In response to escalating cases of COVID-19, the President of the Republic of Malawi, Dr. Lazarus Chakwera, declared the State of National Disaster. A Ministerial Committee, led by the Vice President, was established. Its main task was to review Malawi’s response to COVID-19 and propose recommendations to the President for action and appeal to various stakeholders (including development partners) to support government’s efforts in combating the pandemic and alleviating its impact.
- 1.3 The effort to prevent the spread of COVID-19 in Malawi can only be achieved with the full participation of everyone, including PWDs and the elderly in programme planning, implementation and monitoring. Upholding the rights and ensuring the full inclusion of Malawi’s 1,556,670 persons with disabilities and 134,636 persons with albinism is a moral imperative.² It is also a practical necessity if the country is able to build healthy and sustainable societies to benefit all people of all ages and abilities.
- 1.4 The disproportionate impact of the COVID-19 pandemic has been gravely felt by PWDs, particularly due to the pre-existing barriers to employment, compromised

² Disability Report ‘2018 Malawi Population and Housing Census’ National Statistical office 2020

access to health, education facilities, as well as economic hardships. This impact is exacerbated by the fact that a considerable proportion of them live in poverty and are exposed to higher rates of violence, neglect and abuse than the rest of the population. PWDs are also among the most marginalized groups in communities in crisis situations.

- 1.5 PWDs are more severely affected by the attitudinal, environmental and institutional barriers that are perpetuated in the response to COVID-19. In addition, many have pre-existing health conditions that make them more susceptible to contracting the virus and they have more severe symptoms upon infection, leading to high mortality rates. In this context, the international message to States must be reinforced, so that all actions concerning persons with disabilities are carried out with a rights-based approach, to ensure that no one is left behind, or left out of the medium- and long- term post-pandemic strategies. Protection of their rights must be strengthened in line with the Convention on the Rights of Persons with Disabilities, the 2030 Agenda for Sustainable Development and the Montevideo Consensus on Population and Development. These instruments put persons with disabilities at the centre, as rights holders who must be involved in all stages of measures adopted by States, from planning and implementation to accountability.
- 1.6 Up-to-date statistical information on persons with disabilities is in short supply in the region, and information on COVID-19 trends among this population group is even more scarce. There is no data disaggregated by disability and gender, which makes policy analysis and decision making difficult during this crisis and in subsequent recovery efforts. The activity assessed the situation of PWDs with regards to the impact that COVID-19 has had on them. In view of multiple types of disabilities and intersectional vulnerabilities, the monitoring exercise took into consideration age, gender and sex, health conditions, types of disability, access to basic infrastructure, overcrowding in the home, access to information and communication technology (ICT), employment status, and education.
- 1.7 It is against this background, that the Commission conducted this human rights-based research to evaluate the national response to COVID-19 with a focus on PWDs and investigate human rights violations on PWDs in the context of COVID-19.

2.0 Rationale

- 2.1 Since the beginning of the COVID-19 pandemic, evidence available shows that inclusion of PWDs on prevention measures has been problematic. In its initial monitoring mission, the Commission established that the Government's COVID-19 prevention and containment measures discriminated against PWDs. Despite making appropriate recommendations in terms of strategic planning, messaging and cushioning of the impact of the pandemic, there are glaring gaps in the inclusion of PWDs in COVID-19 programming. Further, this is seen in the way the vaccination programme is managed. A clear example is where PWDs were not included on the list of priority groups to access the vaccine. In addition, there is lack of concrete information on how the vaccine could affect certain persons with different conditions, including disabilities.
- 2.2 Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD) stipulates that State Parties must take, "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters" (United Nations, 2006, p. 10). Therefore, as the COVID-19 pandemic affects the countries of the region, States must ensure that all necessary measures are taken to prevent persons with disabilities from contracting the virus, and in case of infection, that they have prompt access to health systems for treatment. In addition, States must implement economic and social support actions because the health crisis has hit all households and families in the region hard, especially the poorest and most vulnerable. However, actions aimed at households that include PWDs should be more specifically tailored to the nature and severity of the disability.
- 2.3 Likewise, under article 25 of the CRPD, regarding health, the "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability". The same article underlines the importance of preventing "discriminatory denial of health care or health services or food and fluids on the basis of disability" (United Nations, 2006, p. 15). This is of particular importance under the current circumstances, in which instances of refusal of care have been reported, along with failures to prioritize access vaccination and necessary information thereof.

- 2.4 Article 31 of the CRPD , on statistics and data collection, indicates that States Parties shall collect appropriate information, including statistical and research data, to enable them to formulate and implement policies. Therefore, States should urgently include the disability status of infected and deceased persons in measurements of the pandemic in order to gather more information on how it is affecting persons with disabilities. Sustainable Development Goal target 17.18 on data, monitoring and accountability calls for a significant increase in “the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts”.
- 2.5 The morbidity and mortality of COVID-19 in PWDs is unknown, which prevents specific prevention and containment measures from being taken for those who have contracted the disease. The lack of up-to-date data on PWDs makes it difficult to meet their needs efficiently and effectively in crisis situations and also hinders medium- and long-term actions aimed at them.

3.0 Goal and Specific Objectives

3.1 Goal

The goal of the study was to assess the feasibility of the COVID-19 measures and their resultant impact on Persons with Disabilities in Malawi.

3.2 Specific Objectives

Specifically, the study addressed the following objectives:

- a) To evaluate Government's response to COVID-19 following the adoption of the new measures of COVID-19 in January 2021 in line with principles and norms of human rights. (This includes establishing the extent to which the new measures have been implemented)
- b) To assess the extent to which the provision health service delivery specifically access to health for PWDs including vaccine inflammation and facilities.
- c) To establish the key COVID-19 related human rights violations during the pandemic period affecting PWDs
- d) To assess the extent to which Government (and other non-state actors) have implemented the recommendations from the preliminary MHRC statement
- e) To provide advice and make recommendations to the Executive, Parliament and other stakeholders on how they can improve their response to COVID-19 from a rights perspective with a focus on PWDs

4.0 Methodology

The comprehensive human rights-based research, investigation and documentation of COVID-19 adopted largely a qualitative research design where both desk and field interviews will be conducted while strictly adhering to COVID-19 guidelines. One-to-one interviews and site observations formed the larger part of the exercise. There were also phone call conversations or follow ups. The exercise, therefore, involved the following:

- a. Conduct interviews of Disability Organization (DPOs) in selected districts and cities
- b. Review and evaluate other pertinent monitoring reports

c. Document emerging human rights violations through field visits and subsequently initiate investigations into the same.

The Commission designed standard forms for the collection of this type of data and registering alleged human rights violations.

The Commission carried out this research in the 4 administrative cities of Lilongwe, Blantyre, Zomba and Mzuzu. These districts provided both the urban rural urban-rural differential and migratory patterns in relation to COVID-19 and Persons with Disabilities. The selection also assisted in understanding the geographical and socioeconomic determinants and understanding towards the COVID-19 pandemic and its resultant effects.

5.0 Study Limitations

The design of the study was that it concentrated in the 4 cities of Blantyre, Zomba, Lilongwe and Mzuzu which were the epi-centres of COVID-19 in its initial stages. However, with time the COVID-19 epi-centres shifted to the rural areas where over 60 percent of Persons with Disabilities reside. In this regard, study participants from the rural settings were not interviewed to provide their experiences and perception of the COVID-19 intervention in Malawi. We hope the information provided by the Organizations of Persons with Disabilities (OPDs) where persons with different disabilities are party is representative of their experience.

The study was also designed to interact with the Humanitarian Country Team (HCT) which is responsible for humanitarian emergency response and comprises mostly of Development Partners. However, this did not occur within the timeframe of the study.

Again, the study had time limitation where the entire data collection was planned for 6 days and this contributed to lack of comprehensive data to the study. The Commission plans to conduct additional research and monitoring missions for COVID-19 interventions and Persons with Disabilities in Malawi.

6.0 Findings of the Study

6.1 Knowledge and Source of Information about COVID-19

The study revealed relatively high knowledge of COVID-19 and its resultant effects from all the four (4) urban centers of Mzuzu, Lilongwe, Zomba and Blantyre. Below are how knowledge levels were report by OPDs in the urban settings against the type of knowledge they have about COVID-19.

Urban Setting	OPDs	What they know
Blantyre	<p>All OPDs report that at least 60% of the members knowing at least one thing about COVID-19 but numbers were low in rural setting</p> <p>The OPDs are:</p> <ul style="list-style-type: none"> • Federation of Disability Organisations (FEDOMA) in Malawi (13,750 members – 60% female, 30% males, 10% children) • Association of Persons with Albinism in Malawi (APAM) (136,636) • Malawi Union for the Blind (MUB) • VIHEMA Deafblind Malawi (11,316) 	<ul style="list-style-type: none"> • COVID-19 is spread by a virus called corona • Spread through droplets from an infected person. • Can be prevented by staying one meter apart (social distancing, not shaking hands, washing hands frequently with soap, sanitizing) • Presidential Taskforce on COVID-19/ Corona Virus where they are not represented
Mzuzu	<p>All OPDs reported knowing at least one thing about COVID-19. – number low in rural settings</p> <p>The OPDs are:</p> <ul style="list-style-type: none"> • Disabled Widows Orphans Organisation in Malawi (no data) • Mzuzu Disability Organisation (7,322 members – F:2564; M:2574; 	<ul style="list-style-type: none"> • COVID-19 is spread by a virus called corona • Origin of COVID 19 • Spread through droplets from an infected person (cough, sneezes or talks) • Can be prevented by staying one meter apart

	<p>C:2184)</p> <ul style="list-style-type: none"> • Mzuzu District Disability Forum (7500 members) • National Association for Epilepsy in Malawi • FEDOMA • Disabled Women in Development (DIWODE) • St John Mental Hospital 	<p>(social distancing, not shaking hands, washing hands frequently with soap, sanitizing</p> <ul style="list-style-type: none"> • Government has put in place measures like partial lockdown, curfews for drinking joints • Introduced limited numbers at workplaces • Where to get tested • Availability of vaccines
Lilongwe	<p>OPDs report high knowledge on COVID-19</p> <p>The OPDs are</p> <ul style="list-style-type: none"> • APAM (136,636) • Disabled Women in Africa (DIWA) • Women and Girls with Disabilities 	<ul style="list-style-type: none"> • COVID-19 is spread by a virus called corona • Started in China • Spread through droplets from an infected person (cough, sneezes or talks • Practicing handwashing, social distancing and sanitizing prevents corona virus • Government has gazetted regulations to enforce preventive measures • Presidential Taskforce on COVID-19 where they are not represented
Zomba	<p>DPOs reported that about 65% knew at least one thing about COVID-19 but numbers low in rural setting</p>	<ul style="list-style-type: none"> • How to prevent the spread of corona virus • COVID 19 kills

	<p>The OPDs are:</p> <ul style="list-style-type: none"> • Zomba District Disability Forum (5500) • Zomba mental hospital • APAM 	<ul style="list-style-type: none"> • Washing hands with soap, keeping distance and sanitizing prevents the spread of COVID-19
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6.2 Source of COVID-19 Information

The study established that for those who knew of COVID -19, they got the information through different sources. It is important to note that the source of information was dependent of the type of Disability of the individual person. The following is a table showing how person in different setting got information on COVID-19.

City	Source of Information	Format/Packaging
Blantyre	<ul style="list-style-type: none"> • Television • Radio • Print (newspapers) • Friends and relatives 	<p>Normal print</p> <p>Electronic (voice and picture)</p> <p>Mostly not disability friendly</p>
Mzuzu	<ul style="list-style-type: none"> • Radio mentioned by all OPDs • Newspaper • Television • Friends and relatives • Social media platforms • Hospital personnel • Trainings 	<p>Braille</p> <p>Mostly not disability friendly</p>
Lilongwe	<ul style="list-style-type: none"> • Radio • Posters • Friends and relatives 	<p>Electronic</p> <p>Normal print</p>

	<ul style="list-style-type: none"> • Television • Internet • Social media platforms 	Mostly not disability friendly
Zomba	<ul style="list-style-type: none"> • Radio 	Electronic

Findings from all the four sites indicated that COVID-19 has a potential to spread fast in PWDs who have limited mobility, require additional support and personal assistant as they are in constant contact with others who may be infected who maybe direct support providers or family member. In particular, those with difficulties in understating information or practicing preventive measures, such as hand washing and social distancing; and those that are not able to communicate symptoms of illness. Given the sources of information provided above, it is obvious that some categories of PWDs had and still have challenges in accessing information on COVID-19 especially those who needs sign language for communication.

FEDOMA an affiliate body reported that as an Organization of Persons with Disabilities, they have not been provided with strategic information on COVID-19 and services thereof apart from what is provided through radios and televisions, but this is also for those that have and can access this information via these mediums.

Some health personnel in Zomba indicated that most of the challenges experienced by PWDs were presented through proper channels for effective redress, however, implementations have been slow. All COVID-19 messages are developed by the Health Education Unit (HEU) in Lilongwe. The District COVID-19 task teams implement the messages in the format they are delivered to the districts.

6.3 Exclusion and lack of participation of PWDs in COVID-19 programs/initiatives

Based on the interaction that the Commission had with PWDs and Organizations working with PWDs it was expressed that the Government has not fully involved them in issues related to COVID-19 as far as planning and implementation is concerned. They stated that they are not part of the membership of various committees either at National or District level handling COVID-19 issues. Consequently, stripping off their sense of agency and making them feel excluded. Also, the other challenge that stems from their non-participation is that they are not afforded the platform to voice out their specific needs as programmers are merely imposed on

them. PWDs have not been included in the planning, design and implementation of programs on COVID 19

Moreover, as noted in the research, PWDs have not been given an opportunity to make a meaningful contribution towards the measures and regulations on COVID-19. This have resulted into formulating measures and regulations that are not disability friendly.

In Mzuzu, the study established that in June 2021, PWDs fought for their representation at District Council level and a representative was nominated to sit in the Council meeting, with this, there voice of PWDs in the planning and execution of all development programmes including COVID-19 interventions in Mzuzu.

6.4 Impact of COVID-19 on Persons with Disabilities

The COVID-19 pandemic, in the first year of its existence, has impacted the lives of most people on earth in one way or another. It is the first truly global pandemic in modern times and each of us has been forced to grapple with its effects, both individually and collectively. The negative societal effects of COVID-19 have brought all over the world been even more profound when viewed through the lens of PWDs and these impacts have been aggravated even further in developing country like Malawi.

6.4.1 Impact of Non-Participation of PWDs

The sidelining of PWDs is in contrary with the spirit of the Constitution as provided for under Section 13(g) (iii) which obligates the government to enhance the dignity and quality of life of persons with disabilities by providing the fullest possible participation in all spheres of Malawian society. The practice also contradicts the principle of non-discrimination as guaranteed under Section 20 of the Constitution. Furthermore, the non-inclusion contradicts the United Nations Standards Rules on the Equalization of Opportunities for Persons with Disabilities³ which advocates for full participation and equalization of opportunities for, by and with PWDs. It also in contrary with the motto, “nothing about us without us” that has been widely used by organizations working with PWDs that accentuates the need to recognize PWDs as agents and resources rather than perceiving them as a charity case.

³<http://www.un.org/esa/socdev/enable/dissre00.htm>



6.4.2 Impact of Non-involvement of Persons with Disabilities vis-à-vis COVID-19 Measures

As evident from the Commission’s interaction with PWDs such as FEDOMA, DIWA (Lilongwe), Women and Girls with Disabilities (Lilongwe), Disabled Widows Orphans Organization (Mzuzu) and District Disability Forum (Zomba), it was submitted that some of the COVID-19 preventative measures imposed by the government did not seem plausible or ideal for PWDs as far as enforcement is concerned. Some of the examples include social distancing versus persons who are blind or are visually impaired. For their mobility, blind people or visually impaired people depend on a helper for guidance. This implies that imposing a social distancing measure against such persons is as good as denying them their personal liberty. In addition, people who are blind or visually impaired are highly exposed as they have as their stick is exposed to the virus and they always need help particularly when using public transport. The same can be said for those who use wheelchairs; they have to crawl into buses which increased their exposure to the virus.

“As a blind Secondary school teacher, I mostly depend on my students to help me move around, the problem is that I do not know if the student has been exposed to the virus or not and vice-versa. Also, I cannot tell if he is wearing a mask unless I ask. This puts both me and the student at risk. I just have to trust that both of us are okay,” said one of the PWDs.

In case, of hand washing as a preventive measure versus persons with physical disabilities that have to crawl for mobility. This means that handwashing to them may be very much regular and therefore, too expensive. Unfortunately, the majority of such people are usually financially crippled.

In addition, the design of most hand washing utensils in most public and private places are not universally designed to meet the needs of person with physical disability. This has automatically prevented PWDs in access related social and economic amenities within their communities.

6.4.3 Impact of COVID-19 on Operations of OPDs

Organizations of Persons with Disabilities (OPDs) largely depend on financing from different Development Partners and other organizations for their operations. In the past five years, financing OPDs in Malawi has face a number of challenges resulting from both external (funding raising opportunities) and internal factors (lack of accountability process with the OPDs). The coming in of COVID-19 pandemic has brought in its own complexities in term of availability of financial support to most disability organizations. Most international partners have cut their budget ceilings for supporting national development budget and financing to International and national organizations.

This study revealed that financing to all OPDs has reduced by 50% contributing to failure in meeting their programmatic requirements. The study confirmed that most financing agencies have reconsidered their programming to focusing on interventions related to COVID-19. This contributed to forcing most OPDs to re aligning their programmes into COVID-19 prevention.

As Organizations dealing with issues of Persons with Disabilities, we have seen our financing decrease to as low as 50%. Operationally we are crippled and can't do most of our activities. Most donors have changed focus to COVID-19. Even within the health sector itself, the other interventions are suffering

6.5 The Impact COVID-19 on Persons with Disabilities' Rights to Education

As one of the regulations put in place by the government to prevent the spread of COVID-19, schools were ordered to be closed. When the government ordered the closure of schools and opted for online learning, it did not consider persons with disabilities. Interviews with OPDs and PWDs confirmed that this had great impact on the right to education for their children. They cited the following reasons for this:

Reason	OPDs (%)	PWDs (%)
On line platforms not disability friendly	97	92
Special needs teachers not available	84	90
Braille format not available	87	85
No access to PPEs	75	83

For instance, online learning was either through radio or use of smart phones by sending materials. The arrangement sidelined persons with hearing impairment and those who are blind respectively. For the two categories of disabilities, it was either impossible or hard access the learning materials. In addition, most institutions where learners access braille materials are boarding schools. The materials can be accessed during the times when the schools are in session. The closure of schools meant that such children were sent home without any materials to read. This put them at a disadvantage with their able-bodied students or learners who had all the materials and could continue studying whilst in their homes. No special needs teachers were identified or assigned to assist learners with disabilities during the lockdowns and the prolonged school holidays.

Inadequate assistance devices expose most learners with disabilities to the virus as they cannot protect themselves. For example, those that are paraplegic and those using white canes (a device used by many people who are visually impaired) often have challenges washing their hands and sanitizing regularly as buckets and soap are not placed in a disability-friendly manner.



6.6 COVID-19 and Provision of Other Health Care Services to Persons with Disabilities

The country's health system has diverted much of its effort to managing the COVID-19 pandemic. This has resulted in directing many resources towards COVID-19 which on the other hand leads to other health care services either receiving very little attention or being neglected.

All OPDs and PWDs reported that with COVID-19, most health services facilities were overwhelmed, as such not able to attend certain issues affecting person with disabilities. COVID-19 patients become a priority in this case. In addition, health care services have been struggling to give good quality services because of the pressure on their financial and human resources.

Persons with Albinism report that despite the already existing supply chain challenges in accessing sunscreen lotion, the availability of the lotion had dwindled in supply since the coming of COVID-19 pandemic.

Clinics offering mental health service closed down thereby affecting accessibility of treatment for mental health patients. Another group of people affected are those with spinal injuries. Most

of these people require special medical attention that demand regular visits to health facilities but since most hospitals are overwhelmed with COVID-19 cases, provision of over health services have been negatively affected.

PWDs also complained about inadequate information and insufficient PPEs on COVID-19 for their members. This was cited as one of the major challenges facing PWDs as most of them are poor and hence cannot afford to buy PPEs. Some like the Epilepsy Association complained that their issues have been relegated to the peripheral as more emphasis is on COVID 19 in most health care institutions. On treatment of PWDs by the health personnel, FEDOMA attested that they had evidence of some PWDs being having access to testing and vaccination sites and being treated well by health personnel.

DIWA and Women and Girls with Disabilities reports that before COVID-19 pandemic, access to Sexual and Reproductive Health (SRH) services was more challenging for women and girls with disabilities and compared to other persons due to lack of adoptability in the equipment and facilities in the SRH settings. In addition, stereotyping (in terms of their bodies, intimate relationships and sexuality) and lack transport to health facilities has been a hassle for women and girls with disabilities to access health services. With COVID-19, the situation has worsened further.

*“Nowadays it is more difficult to access family planning services.
Often times these nurses ridicule us when to go for family planning services”*

Woman with Physical Disability

6.7 Economic Experiences of Persons with Disabilities During the COVID-19 Pandemic

People with disabilities have either been directly or indirectly affected by the pandemic in economic terms. Interviews with OPDs and PWDs reported that they PWDS and their households are losing work and income. While we do not have comparative data on the rates persons with and without disabilities are losing work and income, the evidence available shows that PWDs how are working in formal sectors and those who are already experiencing extreme poverty have been particularly severely impacted for example:

From the interviews conducted, 63% reported that their livelihood activities have been impacted by COVID-19 pandemic. 56% are facing challenges to travel to their workplace or

conducting work due to the restrictions that were imposed by the government as prevention measures.

The majority of persons with albinism are small scale business operators. 37% reported experiencing reduced demand for goods and services due to customers' fear of contracting the virus and restrictions on travel and movement. The majority of PWDs do not know how to adapt their business practices to protect themselves and their customers and prevent the spread of COVID-19. This, therefore, trickles down to their economic welfare. Most businesses for persons with disabilities have almost closed as the conditions are not conducive for running businesses due to restrictions in movement and other measures put in place by government. For instance, Mzuzu Disabled Organization runs a knitting and sewing business and due to the pandemic, their production and sales have hit rock-bottom as their members and customers stay at home. The Malawi Council for the Handicapped (MACOHA) has not been spared either. It has scaled down its operations as the staff are now working in shifts in order to achieve social distancing.

6.8 Access to Justice of People with Disabilities (PWDs) during the COVID-19 Pandemic

Courts in the country are no longer operating at a normal scale due to working on shifts arrangement as a preventive measure for COVID-19. Access to court is pivotal to the enforcement of human rights. In *Golder v. United Kingdom*,⁴ the European Court of Human Rights (European Court) commented that “*access to court is a universally recognized fundamental principal of law. Courts are important to the final resolution of disputes...*”

The delay in resolution of cases occasioned by the working on shifts arrangement has had a great negative impact on person with disabilities. Notable on this are the ongoing cases of attacks against persons with albinism several of which are still pending in the courts. The delay may affect the quality of evidence which may deteriorate over time and affect the outcome of the case.

With limited movement, it has been difficult to access the courts of law, coupled with the courts also operating in shifts and on appointed days. Its study also confirmed an increase of gender-based violence occurring on women and girls with disabilities. Most women and girls with disabilities have experience difficult to report such incidences as law enforcement officers are

⁴ (1975) 1 EHRR

also adhering to preventive measures, whilst other stakeholders who rely on donor funds, have been affected with most donors pulling funding. Consequently, a few cases on gender-based violence on women and girls with disabilities cases reported in various courts by FEDOMA on behalf of its affiliates under the Spotlight Initiative being implemented in Dowa, Ntchisi, Nsanje and Mzimba.

6.9 Human Rights Based Approach to COVID-19 Testing.

6.9.1 Availability

It is expected that in the COVID-19 era, functioning public health and health care facilities, good, services and programmes are in sufficient quantity. The study revealed that there are very few testing centers providing testing services and most of which are located at the district centre especially in district hospitals. It is challenging for persons with disabilities, specifically, those with physical disabilities to travel long distances in order to access the services. In most centres, a person cannot merely go and access testing service unless the person is ill and medical personnel are suspecting that the illness may be COVID-19 related.

6.9.2 Accessibility

Provisioning of health services is supposed to be non-discriminatory to every human being regardless of their status. Physical, economic and information accessibility plays a vital role to making sure PWDs receive appropriate health services as presented to the service provider. The study established that most centers are accessible to person with disabilities although some ramps require a reduced inclination. Furthermore, lack of adaptive information of available places for COVID-19 to persons with disabilities has hampered their accessibility to the services.

Also, it was established that almost all health facilities do not have sign language interpreters to facilitate communication with those with hearing impairments. Most of them relayed on third parties for communication violating their right to privacy and confidentiality.

6.9.3 Affordability.

In as much as the testing sites are free, persons with disabilities face hidden costs in transportation. The restrictions on the number of passengers per vehicle has resulted into increased transport fare and hence making it unaffordable for some PWDs to travel to testing centres. Also, for a person using a wheelchair, public transport operators demand a payment

for it to be carried in the vehicle. Whilst, persons with visual impairment who are travelling with a helper, will be required to pay for both of them. PWDs on wheel chairs have also been affected as most minibuses are now charging higher fees if a person with a wheel chair wants to access transport, some reported that because of these barriers PWDs on wheel chairs are not motivated to go to centers to test and get vaccinated.

Much as COVID-19 tests are offered free of charge, they attract a charge of \$50 where someone is travelling outside the country. This charge is viewed to be exorbitant for most PWDs, most of whom are vulnerable and ultra-poor.

6.9.4 Acceptability

The testing is generally accepted by person with disabilities. As earlier on highlighted, testing is conducted to a person who is being suspected of contracting the virus upon assessing some symptoms. Often times people have no choice but to submit.

6.9.5 Quality of Service

Most of those that tested indicated that they did have any problems with the quality of the testing kits and the administering centres.

6.10 Human Rights Based Approach to COVID-19 Vaccination

6.10.1 Availability

All interviewees report that, while they were aware that there were limited stocks of vaccines during the first phase of the vaccination, the health system in Malawi did not make a special arrangement for availability of vaccines for PWDs. Making a special allocation for PWDs informed by the demographics and provisioning of information as to where the vaccines are being made available would have served the situation. The current scenario is testimony to lack of inclusiveness of PWDs in the Malawi Health System which is detrimental to achieving universal health targets for the national

6.10.2 Accessibility

PWDs indicated that the vaccine was accessible at the time the vaccines were available save for the second phase which ran out quickly. The vaccination centres were accessible save for the same facility challenges mentioned above under testing centres. They report that most PWDs were discouraged by the misconceptions surrounding the vaccines and lamented that government was not quick to addressing these misconceptions which flooded the social media.

6.10.3 Affordability

The COVID-19 intervention in Malawi provided vaccines free of and cost to all Malawians. However, not all health centre had COVID-19 vaccine stokes. This led to most PWDs traveling some distances to access the vaccine hence incurring some hidden cost to the vaccination. In this regard, as a vulnerable poor population, some PWDs decided to shun the vaccination exercise.

6.10.4 Acceptability

Most of the PWDs had no problems with the vaccine and encouraged their members to get vaccinated. They, however, indicated that social media misinformation led to skepticism which contributed to some of their members doubting the efficacy of the vaccine.

6.10.5 Quality

Those that had been vaccinated did not doubt the quality of the vaccine as they said they did not encounter any challenges emanating from getting the vaccine.

6.11 Liberty and Movement

COVID-19 has impacted negatively on people with disabilities in terms of liberty and movement. For instance, the lockdown has often limited their movement to areas where they get their livelihoods. Those that are able to move and use public transportation, have been hit by high fares due to limited loading capacities imposed by the government. Most PWD have been exposed to COVID-19 as public transport renders very fertile ground for contraction of the virus.

6.12 Social Protection Measures

The study established that most of PWDs have not benefited from the Social Cash Transfer scheme that was rolled out in order to help people, mostly in urban areas, cope with the adverse living conditions created by the COVID-19 pandemic. However, they were quick to question the criteria used to identify beneficiaries in the first phase as almost all their members were not on the list. Surprisingly, the majority of the beneficiaries were able bodied, some of whom cannot be described as vulnerable. They, however, said that after presenting their grievances with the Councils, the second phase incorporated of their members as beneficiaries.

6.13 Health Officials and Facilities

6.13.1 Statistics of PWDs Attended in Health Facilities on COVID-19

Interviews with health officials indicate that PWDs have not been prioritized and included in the entire COVID-19 response. This is due to lack of consultations with the disability sector. Health professional also confessed the lack of disability inclusive data collection tools.

The study also clearly shows that PWDs have not been prioritized and considered for special inclusion strategy. This is evidenced from the fact that in most health facilities one can hardly find data for PWDs attended to on the facilities on COVID-19. This is due to lack of data capturing mechanism that disaggregate COVID-19 interventions base on their disability. This has contributed to lack of design, planning and implementation of disability tailor made COVID-19 interventions and messaging.

6.13.2 User Friendly Facilities for PWDs in Health Facilities

In most facilities visited, infrastructure is not disability friendly, including toilets, testing and some vaccination centers. For instance, there are no adequate chairs at testing and vaccination centers, including disability friendly chairs. Although government move in quickly to erecting tents to facilitate the testing and vaccination processes, the tents were not provided with infrastructure meant to accommodate PWDs. In addition, washing buckets are also not user friendly for those using canes, wheelchairs and those who are paraplegic.

St. John of God Centre has trained some health personnel on handling persons with mental health issues. They also refer their patients to testing, treatment and vaccination centres. For instance, Mzuzu Urban Health Centre have been trained on how to handle persons with mental health illnesses and as such, they are able to report on how many persons with mental health illnesses have been treated at their centre.

6.13.3 Special Arrangements for PWDs in Health Facilities.

Government has not yet trained health workers to handle PWD, specifically a training in sign language interpretation. Nonetheless, the PWDs who seek COVID-19 related services are still assisted. Government does not have disability friendly preventive measures which accommodate PWD. The situation is different with St. John of God which trained some health personnel on handling persons with mental health issues. They also refer their patients suffering from mental impairment for testing, treatment and vaccination at Government centres

especially Mzuzu Urban Health Centre whose officers benefitted from the training by St John of God.

6.13.4 Inclusivity of PWDs in COVID-19 Messages

Government is using media outlets to spread information, including community radios and they also go into communities to sensitize them on COVID-19. These messages are usually in English and local languages. However, the messages are not inclusive as there are no materials in braille and also not all television stations have sign language interpreters.

6.13.5 Challenges of Health Personnel in Handling PWDs.

All health professional interviewed reported that they did not have special training to handle PWDs. The situation is worse when it comes to handling persons with speech and hearing impairments.

The pointed out that government did not make any special arrangements for PWDs like they did with elderly persons. This is clear testimony of discrimination against persons with disabilities in the health service.

7.0 Recommendations

The report makes the following recommendations for serious consideration:

7.1 Recommendations for the Presidential Initiative for COVID-19

7.1.1 On Planning, consultations, design and implementation: The Presidential Taskforce on COVID-19 Committee should make a directive to all COVID Task teams to include Organizations of Persons with Disabilities (OPDs) including Persons with Albinism for their effective and consultation, planning, design and executions of the COVID-19 interventions. These would proper inform that interventions and promote inclusivity as guide by the principle of “leaving No One behind” and propagated by the Sustainable Development Goals.

7.2 Recommendations for the Government

7.2.1 The Government should make all testing and vaccination sites accessible to all types of disabilities as a matter of urgency through a door-to-door approach.

- 7.2.2 The Government should formulate a targeted economic support systems to cushion PWDs from the current economic turmoil caused by the COVID-19 pandemic.
- 7.2.3 The Commission calls upon government to speed up operationalization of the Disability Trust Fund to cushion effects of COVID-19 to Persons with Disabilities and approved by Parliament in the 2021/2022 budget allocations.
- 7.2.4 The Government should come up with universally designed hand washing points to meet specific needs by particular disabilities;
- 7.2.5 The Government through Health Education Unit of Ministry of Health should make sure that all information developed on COVID-19 is designed to addressing in various formats including the formats that PWDs can easily understand such as braille, sign language and large prints. This entails comprehensive consultations with representation of PWDs with various disabilities or their responsible networks;
- 7.2.6 The Government through Ministry of Health should improve the COVID-19 data base that captures disaggregated data on status of persons with disabilities (age, gender and disabilities) that attend to testing and vaccinations centres for effective design, planning and implementation of the interventions.

7.3 Recommendations that MHRC can undertake going forward

- 7.3.1 The Commission should develop targeted messages to different stakeholders aimed at promoting human rights-based response to COVID-19 aimed at dispelling misconceptions surrounding COVID-19 vaccines and encouraging PWDs access all COVID-19 related services;
- 7.3.2 The Commission should commission a nation-wide monitoring mission into all health facilities on availability, accessibility and affordability of the all-health services including COVID-19 related interventions.
- 7.3.3 The Commission should investigate all human rights violations related to COVID-19 pandemic including those cases that have stalled in courts
- 7.3.4 The Commission should draft advisory notes for the PTF on Corona Virus related to vaccinations and ensure that there is a human rights-based approach in handling of vaccinations

7.4 Recommendations to Development Partners

- 7.4.1 Development partners should work toward addressing the financing gaps created COVID-19 which greatly affected operations of most OPDs;
- 7.4.2 Development partners should consider supporting establishment of targeted economic support systems to cushion economic huddles experienced by PWDs due to loss of livelihood, business and other sources of income due top COVID-19;
- 7.4.3 Development partners should consider strengthening the human rights-based Disability COVID-19 response in Malawi.

8.0 Conclusion

The report presents findings on feasibility of COVID-19 interventions in relations to Persons with Disabilities. Generally, the overall COVID-19 response in Malawi lacked disability inclusion from consultations, planning, design, and execution. Generally, information on COVID-19 related messages discriminated against PWDs across the board. Mostly, PWDs relied on their friends and relatives for the information, however, the information carried too many misconceptions on the vaccines.

COVID-19 has had impact on the lives of PWDs in terms of their right to education, health economic activity and freedom of movement. While testing and vaccination services were available they did not fully meet human rights based principles.

In this regard, there is need to comprehensively redesign the interventions in order to address the gaps that have contributed to PWDs not enjoying their right to health and other rights as captured in the study in relation to COVID-19 in Malawi.

One key recommendation is to make sure the water points are permanent accessible structures as they are cost effective in the long term mainly in schools.

Isolation centres should be accessible to PWDs.

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