

**EXPLORING THE LIVED EXPERIENCES OF WOMEN WITH DISABILITIES
AND POLICY RESPONSE TOWARD MITIGATING CHALLENGES FACED
DURING CORONAVIRUS PANDEMIC ALERT LEVELS 5-3: A CASE STUDY OF
THE CITY OF JOHANNESBURG**



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DECLARATION

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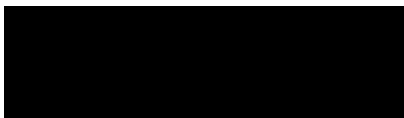
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Date

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DEDICATION

I dedicate this dissertation to my younger self for the many years of studying, crying, sweating, and celebrating. Self, it has been a wild ride. The most important thing to do now is not to panic – you are the Doctor.

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Firstly, I thank God for the protection and ability to do work. I thank all who, in one way or another, contributed to completing this dissertation. I want to thank the women with disabilities who participated in this study.

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I would also like to thank my family. This thesis is heartily dedicated to them.

ABSTRACT

Pandemics and outbreaks have different impacts on vulnerable groups, particularly those with disabilities. From the risk of exposure to biological and physical vulnerability to infection to the economic and social implications, individuals' experiences are likely to vary according to their physical and gender characteristics and their interaction with other social determinants. Women with disabilities stand a higher risk of suffering the consequences of any global pandemic. These challenges faced by women with disabilities during the coronavirus pandemic include issues related to their health and well-being, profoundly impacting barriers already faced while creating new ones as well. In addition, some women with disabilities were at a higher risk of becoming infected or experiencing complications from the COVID-19 pandemic. As a result, global and national strategic plans for COVID-19 pandemic preparedness and response needed to be grounded in solid gender and disability analysis. Through the national government's response to curb the scourge of the COVID-19 pandemic, however, there were no specific policies aimed at addressing issues faced by women with disabilities during the COVID-19 pandemic. Therefore, their challenges persisted, leaving them in dire situations. The study laid a foundation for this qualitative inquiry and employed the feminist disability theory, agenda setting, policy formulation, public participation, and policy implementation. This qualitative study seeks to bridge the gap between the challenges and the impact of the coronavirus pandemic on women with disabilities. This attempt aims to add other aspects of disability from a marginalized population. In examining this issue, the study seeks to lay the foundation for understanding the lived experiences of women with disabilities during a pandemic. The study utilized a case study approach; data was collected through semi-structured interviews with women with disabilities, state actors, family members, and non-government organizations of Gauteng, the City of Johannesburg. Augmented by extensive literature and policy reviews, the research findings reveal that women with disabilities are more likely to face various challenges during times of emergency, like the COVID-19 pandemic. The results confirm the feminist disability theory's view that the functioning of women with disabilities is determined by broader contextual, social, historical, and gendered power relations. Therefore, the study recommends that it is crucial for the government to take an intersectional and disability-inclusive approach to mitigate the impact of disasters and should be aware of the effects of their mitigation regulations on vulnerable members of society.

Keywords: women with disabilities, COVID-19 pandemic, lived experiences, policy response, accessibility, City of Johannesburg.

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LIST OF ACRONYMS

AAHD	American Association of Health and Disability
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral treatment
AU	African Union
CBR	Community-Based Rehabilitation
CEDAW	Convention on the Elimination of Discrimination against Women
CoGTA	Department of Co-operative Governance and Traditional Affairs
CoJ	City of Johannesburg
CoJ IDP	City of Johannesburg Integrated Development Plan
COVID-19	Coronavirus
CRPD	Convention on the Rights of Persons with Disabilities
DOE	Department of Education
DOH	Department of Health
DRDP	Declaration on the Rights of Disabled Persons
DSD	Department of Social Development
EU	European Union
GBV	Gender-Based Violence
GCRO	Gauteng City-Region Observatory
GDP	Gross Domestic Product
GDSD	Gauteng Department of Social Development
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
ILO	International Labor Organization
IMF	International Monetary Fund
INDS	Integrated National Disability Strategy
IPV	Intimate Partner Violence
MEC	Member of Executive Councils
MPs	Members of Parliament
NCCC	National Coronavirus Command Council
NDP	National Development Plan
NDRP	National Disability Rights Policy
NEDLAC	National Economic Development and Labor Council
NGOs	Non-Governmental Organizations

NGOs	Non-Government Organisation
NICD	National Institute for Communicable Disease
NICD	National Institute for Communicable Diseases
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
OPDs	Organisations of Persons with Disabilities
PERC	Partnership for Evidence-Based Response to COVID-19
PMG	Parliamentary Monitoring Group
PPEs	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
PwDs	People with Disabilities
QoL	Quality of Life
RSA	Republic of South Africa
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SDGs	Sustainable Development Goals
SMEs	Small and Medium-sized Enterprises
SMMEs	Small, Medium, and Micro-sized Companies
TB	Tuberculosis
UDHR	Universal Declaration of Human Rights
UIF	Unemployment Insurance Fund
UN	United Nations
UN Women	United Nations Women
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children’s Emergency Fund
VAT	Added Tax
WB	World Bank
WBG	Women Budget Group
WEI	Women Enabled International
WGWDs	Women and Girls with Disabilities
WHO	World Health Organization
WwDs	Women with Disabilities

CHAPTER 1: INTRODUCTION AND BACKGROUND

“Disability is natural. We must stop believing that disabilities keep a person from doing something. Because that is not true. Having a disability does not stop people with disability from doing anything.” — Benjamin Snow

1.1 INTRODUCTION

The rights of people with disabilities (PwDs) are embedded in various international and local legislative frameworks. According to the Declaration on the Rights of Disabled Persons (DRDP), all PwDs must enjoy the same rights as others (United Nations, 1975). Article 6 of the DRDP stipulates that PwDs have the right to adequate healthcare, education, placement services, and other services that will empower them to leverage their qualities and skills while also hastening their social integration or reintegration (Siegal, 1998). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) establishes state parties’ legal responsibility to promote, uphold, and safeguard the rights of PwDs (UN, 2006). Article 6 (1) of the UNCRPD stipulates that “state parties must take into consideration that disabled women and girls are a subject of numerous discriminations and, in this case, shall take actions to safeguard the full and equal enjoyment by them of all human rights and fundamental freedoms” (UN, 2006).

The Protocol to the African Charter on Human and Peoples’ Rights on Women’s Rights in Africa builds on the rights enshrined in the UNCRPD and the Universal Declaration of Human Rights (African Union, 2003). Article 23 (a) of the framework stipulates that those African countries must guarantee that women with disabilities (WwDs) are safeguarded and take specific measures to address their social, economic, and physical needs to enable access to employment, health, and education, and their involvement in decision-making. Article 23 (b) sets out that “countries must guarantee the rights of disabled women to be free from violence, including sexual violence, discrimination based on their disability, and their right to be treated with dignity” (AU, 2003).

Correspondingly, locally, the Constitution of the Republic of South Africa (Act No 108 of 1996) safeguards the rights and dignity of disabled individuals and supports and promotes the complete equalization of opportunities for PwDs and their integration into society. The constitution further guided the country to develop and implement various national, provincial, and local disability policies. These policies include, but are not limited to, the Draft National Disability Rights Policy 2015, which seeks to deepen the mainstream trajectory for the rights

of PwDs adopted in 1994. The White Paper on the Rights of People with Disabilities of 2016 sets out the norms and standards for removing discriminatory barriers; it broadly outlines stakeholder responsibilities. The Disability Framework for Local Government 2015-2020 advocates mainstreaming PwDs into local government. It suggests that PwDs' issues and challenges should inform local government actions regarding projects, planning, and program implementation.

Despite these remarkable frameworks, disabled individuals remained marginalized, and this was noticeable during the coronavirus (COVID-19) pandemic. The OHCHR (2020) indicated that particular groups of PwDs, such as prisoners, women, the homeless, and those without adequate housing, face an even higher risk of suffering during the COVID-19 pandemic. Correspondingly, numerous studies have shown that, amongst others, women and girls with disabilities (WGWDs) are the most disadvantaged and at-risk individuals during crises and emergencies like the COVID-19 pandemic due to barriers to accessing preventive services and information (UN Volunteer, 2020; Rafaeli and Hutchinson, 2020). Therefore, the needs of WGWDs may require a sense of urgency during times of emergency. According to Willner et al. (2020:27), "Disabled women's needs under COVID-19 measures are not less significant than those of the rest of the disabled community; nevertheless, disabled women face specific challenges." Therefore, Women Enabled International (WEI) identified a gap in the initial global policy response to the COVID-19 pandemic in March 2020, noting that many actors debated involving women and PwDs. However, it emerged that very few addressed the particular experiences of WwDs and those living at the intersection of gender and disability (WEI, 2020). People living at the intersection of gender and disability have a right to health care, an adequate standard of living, and freedom from violence, even during times of crisis (WEI, 2020).

Additionally, an attempt by emerging literature to investigate the conditions of PwDs tends to explore PwDs in general terms (Mugumbate, 2016), based on a literature review and focusing on single aspects such as gender and violence (Jewkes, 2013), with little research into the multifaceted interface between various factors such as disability and gender in an emergency crisis such as coronavirus pandemic context. The experiences of WwDs during a pandemic remain a field that neither gender studies nor policy and development studies have focused on. Instead, studies such as that of Shakespeare, Ndagire, and Seketi (2021), Samaila et al. (2020), and Roesch et al. (2020) have focused on PwDs during the COVID-19 pandemic in a general context. Those studies that have focused on disability and women as a distinct field have denied

the stories of WwDs a chance to be heard and identify their needs and challenges during a crisis.

However, in his study, Dziva (2018) tried to bridge the knowledge gap by providing a gendered disability understanding of the plight of rural WwDs in Zimbabwe, and Ngcobo (2022), in his study, tried to assess policies regulating the welfare of rural WwDs. Therefore, a research gap in the lived experiences of disabled women during a crisis remains a field to be further examined. Against this backdrop, this study explores lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg.

1.2 BACKGROUND OF THE STUDY

The COVID-19 pandemic was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020, just about three months after its development in Wuhan, China, in December 2019. It was indicated that controlling this explosive spread was a global public health concern at that time (WHO, 2020). By 30 June 2021, COVID-19 had affected over 200 countries and territories (WHO, 2021). With over 1,95 million confirmed cases, South Africa ranked early as one of the most affected countries (National Institute for Communicable Diseases, 2021). Additionally, the province of Gauteng was reported as the epicentre in the country with over 368,326 confirmed cases, accounting for 32,7 percent of the entire country's infections, followed by KwaZulu-Natal with 353,348, accounting for 18 percent of the country's infections (NICD, 2021). During that time, Johannesburg in Gauteng Province emerged as one of the leading cities in COVID-19 pandemic infections, with over 243,729 confirmed cases (NICD, 2021).

As a result, the WHO advocated for various public health strategies, including four essential areas for action: “prepare and be ready; detect, protect and treat; reduce transmission; and innovate and learn” (WHO, 2020). Many countries responded to the call of the WHO in various ways, with most committing to delivering public health responses, consistent public communication, and social distancing measures with the aim and need to flatten the curve (Anderson et al., 2020). Hence, South African government agencies, health authorities, and non-government agencies followed the call from the WHO and adopted policies, plans, and measures to tackle the spread of the virus within the country. However, it became clear that no specific majors were directed to PwDs, particularly WwDs, since this group of individuals requires special attention.

According to WHO (2020), pandemics and outbreaks have different impacts on WwDs compared to those without disabilities. From the risk of exposure to biological and physical vulnerability to infection to the economic and social implications, individuals' experiences are likely to vary according to their physical and gender characteristics and their interaction with other social determinants (WHO, 2020). As a result, global and national strategic plans for coronavirus pandemic preparedness and response were supposed to be grounded in solid gender and disability analysis. They were supposed to ensure meaningful participation of affected groups, including WGWDs, in decision-making and implementation.

Statistics South Africa (2018) argues that about 3.8 million people in South Africa are PwDs, making up 7.5 percent of the country's total population. Children under the age of five and institutionalized individuals with disabilities are not included in this (Stats SA, 2018). PwDs increase in number as people age; 53.2 percent of people who are 85 years of age and older said they were disabled (Stats SA, 2018). Hlongwane et al. (2022) suggest that PwDs in South Africa are expected to have higher health demands than those in other lower-income countries. Meanwhile, they will likely have less access to social and health services (Richard et al., 2017). Research indicates that the COVID-19 pandemic worsened these disparities (Lieketseng et al., 2020; Ned et al., 2021). Additionally, research has demonstrated that the COVID-19 restrictions have placed undue strain on the already overburdened health system, which has been unsuccessful in being disability-inclusive (Ned et al., 2021). The disability community's growing concerns about exclusion and its effects stem from this reality (Hlongwane et al., 2022).

Section 3 of the Disaster Management Act 57 of 2002 allowed South Africa, like other countries, to declare a national state of disaster (Department of Co-operative Governance and Traditional Affairs, 2020). On March 26, 2020, the government implemented its first hard lockdown. The primary goal of this lockdown was to slow the virus's transmission and give the healthcare system more time to prepare for the pandemic. Restrictions on the movement of people and face-to-face interactions limited to immediate family members were among the lockdown regulations. Furthermore, only necessary services could be offered, and the number of passengers on public transportation could only be carried during specific peak hours. As per the legislation, small-scale farmers, healthcare providers, supermarkets, and sole owners offering vital goods and services like spaza shops were considered essential services (Gazette 43258, 2020). The public faced financial strains, social isolation, job losses and uncertainties, being away from loved ones, and health-related anxieties due to the shutdown of the economy.

During times of emergency, such as COVID-19, PwDs are likely to depend on their organizations for various disability services and support. Numerous organizations are vital resources for PwDs, serving as advocates, caregivers, and supporters. The Disability Rights Monitor proves that, for many years, PwDs and the organizations that represent them have successfully pushed for and carried out essential humanitarian and developmental tasks on every continent and region of the world, frequently under challenging circumstances (Brennan, 2020). However, many of these services were either discontinued or restricted during South Africa's hard lockdown, which resulted in disruption and further reduced the number of services provided (Jesus et al., 2021; Kitty et al., 2021). Arguably, this further marginalized PwDs.

At the time, there were grave worries about the impact of COVID-19 preventive measures on vulnerable populations, especially PwDs, as emerging studies revealed that these policies were exacerbating already-existing disparities (UN, 2020). For example, only patients seeking care related to COVID-19 could travel in terms of healthcare services (Gazette 43258, 2020). Because of this, healthcare providers had to figure out ways to continue being available to their patients without going against the lockdown rules (Ned et al., 2021). Certain circumstances prohibited PwDs from traveling with their helpers (Ned et al., 2021). Although equality and access to healthcare are essential, COVID-19 pandemic policies and responses showed that PwDs still face barriers to these rights (Lieketseng et al., 2020; Victor et al., 2020; McKinney et al., 2021). In South Africa, the Centre for Disability and Rehabilitation Studies (2020) conducted a survey study that revealed, among other things, social isolation, loss of livelihood and income, increased fears and anxieties about oneself or one's family members or caregivers getting the virus, and interruption of necessary services.

1.3 DESCRIPTION OF THE RESEARCH PROBLEM

Diseases and deaths from infections typically affect some groups of people more than others, depending on their vulnerabilities. Arguably, in any society, the most vulnerable people are PwDs in general, women in particular. The UN (2020) suggests that WwDs stand a higher risk of suffering the consequences of any global pandemic. In general, WwDs, both visible and invisible, face obstacles and discrimination in accessing health care and other essential services, such as social protection and income security, mental health services, and communication technologies (UN Women, 2020). The WHO (2020) argues that gender, disability, and structural inequalities, which characterized societies before the crisis, were further exacerbated by the COVID-19 crisis's multifaceted impact. Therefore, this public

health crisis prompted governments in many countries, including South Africa, to take radical actions to restrict movement, including physical isolation, to control the spread of the virus, and contain the capacity of healthcare facilities and economic measures (Tirachini and Cats, 2020). However, the prevention measures in the form of restrictions differentiated local responses, among others, often contributed to multiple challenges, such as limited access to support services for WwDs (UN Women, 2020).

Among those impacted by the pandemic in the disability population, women and girls face systematic barriers to inclusion and equality, with limited visibility in disability and gender equality practices, policies, and laws (Ito, Wonosaputra, and Ono, 2020). Lee and Wangdi (2019) assert that available data suggest a significant gap between WwDs and women without disabilities. “Women with disabilities are three times more likely to have unmet healthcare needs, three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the internet” (Ito, Wonosaputra, and Ono, 2020:01). These challenges were further worsened during the coronavirus pandemic and its measures implemented to curb the spread of the virus. Moreover, WwDs are more likely to be victims of domestic violence than women without disabilities (Ito, Wonosaputra, and Ono, 2020). The impact of the COVID-19 pandemic on violence against women and girls warns of the greater risk of falling victim to domestic violence during an emergency context such as this one. Thus, the COVID-19 crisis exposes these vital inequalities mentioned above and exacerbates the situation for disabled women and girls. Furthermore, amid a pandemic, everyday barriers such as physical accessibility, barriers to enforcing basic hygiene measures, healthcare availability, restrictions on medical insurance, and discriminatory policies and stigma can be hazardous to the lives of WGWDs (Shakespeare, Ndagire, and Seketi, 2021).

Therefore, Women Enabled International (WEI) identified a gap in the initial global policy response to the COVID-19 pandemic in March 2020, noting that many actors debated involving women and PwDs. However, it emerged that very few addressed the particular experiences of WwDs and those living at the intersection of gender and disability (WEI, 2020). People living at the intersection of gender and disability have a right to health care, an adequate standard of living, and freedom from violence, even during times of crisis (WEI, 2020).

According to the observation of the researcher, WwDs experience a variety of types of exclusion and prejudice in all communities. However, there is a shortage of empirical studies on the difficulties faced by this population and their experiences during emergencies like the

COVID-19 pandemic in underdeveloped countries like South Africa. According to Emmett (2006), there has not been much written regarding gender and disability in South Africa. Existing research (Choruma, 2007; Mugumbate, 2016) demonstrates that the literature has focused solely on gender violence against women in Zimbabwe, ignoring other various challenges faced by WwDs.

Neither gender studies nor policy studies have delved into the experiences of WwDs during a time of emergency such as the coronavirus pandemic. Rather than concentrating on WwDs in a pandemic context, these studies have examined PwDs during COVID-19 in a general context. Grech (2009) states that research and policy-making in development, gender, and disability continue to ignore challenges facing WwDs, particularly during emergencies. Saldana (2011) and the WHO (2011) suggest that the qualitative narrative research genre should inform the policy. In order to present a feminist perspective on WwDs from the human rights framework during the COVID-19 pandemic, this study attempts to integrate disability and gender. It explores the policy response towards mitigating challenges faced by WwDs during COVID-19 alert level 5-3 in the City of Johannesburg, intending to uncover the barriers to the development of human rights and to identify and recommend possible strategies for disability-inclusive pandemic response.

1.4 RESEARCH QUESTIONS

The main research question has been stated: how did coronavirus affect WwDs regarding economic and social development within the City of Johannesburg, and what were the government and NGOs' interventions towards tackling issues faced by WwDs during the coronavirus pandemic? For emphasis, the primary research question is restated here and serves as the context for the supporting questions. According to Schulze (2002), the primary research question must be refined by determining supporting questions to help resolve the primary issue. In keeping with this viewpoint, therefore. The following key questions were asked to accomplish the objectives highlighted below:

- What are the government and non-government organizations' interventions toward tackling issues faced by women with disabilities during the coronavirus pandemic?
- How did the coronavirus affect women with disabilities in terms of economic and social development within the City of Johannesburg?
- What were the challenges faced by women with disabilities during the coronavirus pandemic?

- What are possible strategies and recommendations for a disability-inclusive pandemic response?
- To what extent were the women with disabilities involved in policy deliberation during alert levels 5-3 of the coronavirus Pandemic?

To better understand gender and disability in the context of the pandemic in South Africa, this study examines the questions mentioned above using primary and secondary data. The case study's findings are limited to a single case municipality. As such, the researcher admits they do not provide a comprehensive and typical description of the issue. Regarding parallels to similar contexts, the case study can add to the body of knowledge already in existence. Despite this, the researcher argues that the case study results offer insightful and practical empirical facts to comprehend gender and disability in the context of a pandemic and suggest potential remedies to solve them. The problems to be investigated are based on the challenges facing WwDs in times of emergency. The study will examine the following broader issues:

- To explore the impact of the coronavirus pandemic on people with disabilities in South Africa.
- To determine the extent to which people with disabilities face challenges during times of emergency in South Africa.
- To assess the role of the government and non-government organizations in aiding people with disabilities in overcoming challenges in South Africa during the coronavirus pandemic.

1.5 RESEARCH OBJECTIVES

WwDs are the most vulnerable groups in any society, and in that sense, the COVID-19 pandemic and its mitigating responses were likely to exacerbate the problem. However, there is a lack of evidence on the impact of COVID-19 on WwDs (UN, 2020). Therefore, the study aims to investigate the policy response provided by various institutions to tackle issues facing WwDs during the coronavirus pandemic in the City of Johannesburg. Hereafter, it is imperative to undertake a study of this kind. The study's objectives are as follows:

- To investigate non-governmental organizations and government policy interventions to tackle the challenges faced by women with disabilities during the coronavirus pandemic.
- To examine the impact of coronavirus on the social and economic development of women with disabilities in the City of Johannesburg.

- To comprehend the experiences of disabled women faced during the coronavirus pandemic.
- To identify and recommend possible strategies for a disability-inclusive pandemic response.
- To investigate the extent to which women with disabilities were involved in policy deliberation during alert levels 5-3 of the coronavirus pandemic.

The above objectives describe what the study seeks to achieve. The study explores the lived experiences of WwDs and policy response towards mitigating challenges faced during the coronavirus pandemic alert level 5-3 in the City of Johannesburg. The study's objective is also to examine PwDs' opportunities to participate in the policy-making and implementation processes. To this end, the study seeks to understand how public participation has been accommodated in the making and implementation of COVID-19 pandemic policies.

1.6 RESEARCH METHODOLOGY

To answer the research questions and achieve the study's objectives, this study employed a qualitative research methodology. A case study approach was used to carry out the qualitative research method. It contributed to understanding the participants' experiences and interpretations of the problem under investigation. Adopting a case study approach was beneficial as it contextualized the lived experiences of WwDs and policy response towards mitigating challenges faced during the COVID-19 pandemic alert levels 5-3 in the City of Johannesburg. Primary data were gathered by using in-depth interviews. A total of twenty-seven individuals participated in structured interviews. This survey included twelve WwDs, seven family members of WwDs, four representatives from non-governmental organizations, and four from government departments. Secondary data was employed as well. Secondary data were obtained from the literature review and presented in the preceding chapters. Purposive sampling was used in the study, enabling the researcher to select participants relevant to the study's topic and research questions. Content analysis using a thematic analysis approach was used to categorize the respondents' responses into main and sub-themes. These themes and sub-themes were derived from the respondents' responses using literature and the legislative, theoretical, and conceptual frameworks underpinning the study.

1.7 RATIONALE OF THE STUDY

The rationale for choosing the City of Johannesburg is that the city has the highest population density compared to other cities in the country (Stats SA, 2021). According to Rispel (2021),

population density beyond the household level had a critical influence on the management of the COVID-19 pandemic because it had a particularly significant impact on one's ability to maintain adequate social distance and struggle for the government to provide suitable assistance to residents, such as providing enough medical care, social development services and keeping essential services working. The population density in the City of Johannesburg might have contributed to the rapid spread of the virus and further affected strategies to mitigate the spread of COVID-19 and influence vulnerability to the health and social impacts during the pandemic and the broader city shutdown.

Moreover, the rationale for the City of Johannesburg study is its scholarly contribution and relevance to disability. A qualitative case study can generate context-specific knowledge on the future pandemic response in metropolitan cities such as the City of Johannesburg, the industrial and commercial powerhouse of South Africa (Stats SA, 2021). The study can also document the lessons learned and inform the provincial and city response to future health crises.

The researcher believes that prioritizing policies, formulating policies, and carrying them out all depend heavily on public participation. Therefore, this study aims to demonstrate that the meaningful and active involvement of PwDs, particularly WwDs is essential to the success of disability inclusion and mainstreaming. Understanding the suite of COVID-19 pandemic policies developed during the pandemic and the different laws that encourage public involvement inspired the researcher to look into the reasons behind the continued difficulties that PwDs, especially WwDs, face, even in emergencies. The researcher was predominantly driven to look into the types of public involvement in the City of Johannesburg's policy-making and implementation processes.

1.8 THE IMPORTANCE OF THE STUDY

Although extensive research and literature have been dedicated to issues regarding disability, gender, policy, and development in South Africa, less focus has been devoted to WGWDs. Let alone focus on challenges affecting them during a pandemic such as COVID-19. The Women for Women International (2020) argues that before the outbreak of the pandemic, data on the unique reality of WGWDs, especially those residing in conflict zones and those who have had emergency crises such as Ebola, was scarce. "Despite increased exposure to women and girls in humanitarian and health crises over the last decade, there is still limited evidence regarding effective support interventions" (Nobel et al., 2019:44). The UNCRPD 2017 expressed concern

about the lack of interventions and evidence on the effects of various and intersectional discrimination against WGWDs. It further suggested that insufficient data can lead to inadequate recovery interventions and an increased risk of harming an already marginalized community (UN, 2020).

Social welfare policies were discovered to be critical in meeting the targets of Vision 2030 of the Sustainable Development Goals (SDGs), such as Goal 3, “good health and well-being,” and Goal 5, “gender, equity, and the empowerment of women and girls.” Given this emphasis on ensuring healthy lives, promoting well-being, and empowering women and girls, the scope of meticulous evidence available to influence programming to achieve these objectives is worth considering. The UN (2020:57) argues that “several pieces of the literature commissioned in support of the SDGs to inform whether social security meets expectations for women were hypothetical or summarized case studies rather than offering a detailed and critical evaluation of impacts.” The UN (2020) further indicates that evidence for many aspects of the well-being of women is still limited, and further research is required. Meanwhile, since social welfare is primarily concerned with poverty alleviation, there has been less attention to examining policy design and transformative research to investigate the potential for closing gender gaps (United Nations Children’s Fund, 2020). Therefore, the anticipated study seeks to shift slightly away from poverty and examine policy design and transformative research. It will also seek to investigate the potential for closing gender gaps and promoting women’s empowerment to ensure no one is left behind, especially those WwDs.

In addition, the UN Policy Brief of 2020 indicates a lack of evidence on the impact of the COVID-19 pandemic on WGWDs. The lack of gender and disability quantified data makes it challenging to conduct evidence-based analyses of the COVID-19 crisis’s social effects and develop responsive and mainstream policies for WGWDs (UN, 2020). Accordingly, the study seeks to bridge the gap between the challenges and the impact of COVID-19 on WGWDs. This attempt aims to add other aspects of disability from a marginalized population. In examining this issue, the study seeks to lay the foundation for understanding the lived experiences of WGWDs during a pandemic.

1.9 DELIMITATION OF THE STUDY

This research study was conducted in the City of Johannesburg, the regional city of Gauteng Province, doubling as South Africa’s most significant metropolitan municipality in terms of economy, population, and size (Abrahams and Everatt, 2019). In 2018, the city contributed

14,9% of the country's National Domestic Product (GDP). Also, it provided the highest number of jobs in the province compared to other cities, with 41,88% of the total employment in Gauteng Province (CoGTA, 2020). Moreover, the city is said to have over 5,43 million people (CoGTA, 2020). The scope of the study was limited to the regional Gauteng Department of Health, the Gauteng Department of Social Development, the Gauteng Department of Education, the City of Johannesburg, and four non-government organizations. The calibre of the sampled population was taken from the institutions mentioned above, including WwDs and family members, who were purposely selected to make up a sample size of 27 participants. As academic research, the sample size so determined satisfies the minimum regulations regarding the depth of the study.

1.10 LIMITATION OF THE STUDY

Like many other research studies, the expected limitations will likely be funding, time, and access to respondents, and their biases may be inevitable. The study was a small-scale study focusing exclusively on Gauteng Province, the City of Johannesburg. Arguably, a more extensive study would probably produce more meaningful information. Regarding funding, finance was handled as the study was limited to Gauteng, the City of Johannesburg. Additionally, it is fulfilling to note that the City of Johannesburg is the most populated city in the province and the country. Respondents were, therefore, justified and satisfied the needs and objectives of the study.

The time constraint was also a significant stumbling block in this study. However, time management is essential for carrying out research work as a researcher. Therefore, this research was well budgeted in terms of time and time scale to meet the university deadlines. In addition, this research was meticulously planned; thus, no delays jeopardized the study's outcome.

1.11 STRUCTURE OF THESIS:

The study is presented as outlined below in the structure, summary, and overview of the study:

Chapter one: introduction and background to the study

The first chapter is the introduction of the study. This chapter provides an introduction outlining the background of the study. The introduction and the background of the study provide an overview of the entire thesis and the problem statement. This chapter further outlines the description of the research problem that explains the main research question that the study aims to investigate. Moreover, the introduction presents the research objectives and questions and

its intended contribution to the broader scope in the context of exploring the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg, particularly. Furthermore, it outlines the rationale, importance of the study, delimitation of the study, limitation of the study, and the chapter layout.

Chapter two: literature review

The second chapter of this study explores the relevant literature from previous studies concerning the problem statement and identifies the gap in the existing literature. The literature review of this study serves a variety of purposes. First and foremost, it presents a thorough knowledge of how disability and gender intersect in the context of a significant global health emergency like the coronavirus pandemic. It illuminates the distinctive experiences of WwDs during the pandemic by examining this intersectionality and highlighting how societal structures, individual identities, and pre-existing health and social disparities influence these experiences. Moreover, the literature study looks at how policies have been implemented to address the difficulties experienced by WwDs throughout the COVID-19 pandemic, warning levels, and vigilant levels 5-3, notably in the City of Johannesburg. This inquiry aims to determine if these policies adequately and effectively met the unique demands and difficulties faced by WwDs during that time. This entails examining the policy's flaws and inadequacies and identifying best practices and lessons gained that may be used to compare future policy actions.

Chapter three: theoretical framework

This chapter provides a theoretical framework by outlining theories that serve as a foundation for this study, justifying their relevance and application to this study. This chapter presents the theories that anchor and support the study in line with the study's objectives. The Feminist Disability theory, agenda setting, policy formulation, public participation, and policy implementation are the theories employed to form the foundation of this study. The feminist disability theory lays a foundation and addresses negative perceptions of gender and disability. The theory aids the study in revealing a broader, more precise understanding of issues around gender and disability during a pandemic. The study further utilizes the agenda-setting theory to explore how various agendas were formulated to bring challenges to people with disabilities on board.

Additionally, in this study, the application of policy formulation assists in exploring how the consultation and involvement of various concerned stakeholders are involved. This chapter further presents public participation. It aids the study in examining and determining whether WwDs were engaged in policy deliberation and, if so, how and to what ends, and, if not, establishes the reasons for non-involvement. Lastly, the chapter provides policy and policy implementation aid in exploring how COVID-19 policies and regulations are formulated and implemented, and ensuring WwDs' inclusion.

Chapter four: research methodology

This chapter details the research methodology employed to gather, process, and analyze the data collected. The chapter outlines the study's methods and approach in detail. It highlights qualitative research and explains its selection as the best methodology for this research study. The chapter additionally discusses the research participants, data analysis, data gathering instruments, and ethical considerations for this study. Furthermore, variables influencing the reliability and validity of qualitative research are clarified. The rationale of and use of the case study approach aimed to document the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg, particularly.

Chapter five: Case study findings, analysis, and discussion

This chapter presents, describes, and discusses the data collected on lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa.

5.1: Lived experiences of women with disabilities during COVID-19 alert level 5-3.

This section presents, explores, and discusses the lived experiences of WwDs during the COVID-19 pandemic, shedding light on their unique challenges and resilience in the face of adversity. The section is divided into several sub-sections to comprehensively address this topic's various aspects. These sub-sections include examining the impact of the COVID-19 pandemic and access to healthcare services for WwDs during the pandemic alert levels 5-3. The sub-section further discusses access to COVID-19 testing centres, access to COVID-19 vaccination and vaccination centres, access to sexual and reproductive services, access to COVID-19 information, violence, social isolation, and mental health, inclusion and access to disability-related supports and services, and employment, income, and education.

5.2: Policy response towards mitigating challenges faced by women with disabilities during COVID-19 alert levels 5-3

This section presents and discusses policy responses by various government departments toward mitigating challenges WwDs face during COVID-19 alert levels 5-3. The section is divided into several sub-sections to comprehensively address this topic's multiple aspects. These sub-sections include government programmes and initiatives to ensure the welfare of WwDs during COVID-19 pandemic alert levels 5-3, the adequacy of policy and procedural foci of disability instruments in the Gauteng Province/City of Johannesburg during COVID-19, addressing accessibility to transport, health care, education, and employment during COVID-19 pandemic, addressing issues related to COVID-19 disability prevention, and disability rehabilitation, counselling, and social reintegration.

5.3: Role, impact, and experiences of non-government organizations in advancing the rights of women with disabilities during the COVID-19 pandemic

This section presents, explores, and discusses non-profit organizations' role, impact, and challenges in advancing the rights of WwDs during the coronavirus pandemic. The section is divided into several sub-sections to comprehensively address this topic's various aspects. These sub-sections include advocating for disability rights and improved services during the COVID-19 pandemic, preventing violence against WGWDs during the coronavirus pandemic, ensuring participation of WwDs in the planning, implementation, and evaluation of services and measures during the COVID-19 pandemic, contributing to public awareness during COVID-19 pandemic, and providing services during COVID-19 pandemic.

Chapter six: summary, conclusions, and suggested areas for further research

Based on the findings, a summary of the key findings related to the study objectives, conclusion, and recommendations is presented in this chapter, and suggestions for further research are made.

CHAPTER 2: LITERATURE REVIEW

“Everybody deserves the right to go to a restaurant. Everybody deserves the right to go on a date. Everybody deserves the right to be employed and have an opportunity. But for people with disabilities, these things are not there.”

– Dylan Alcott,

2.1 INTRODUCTION

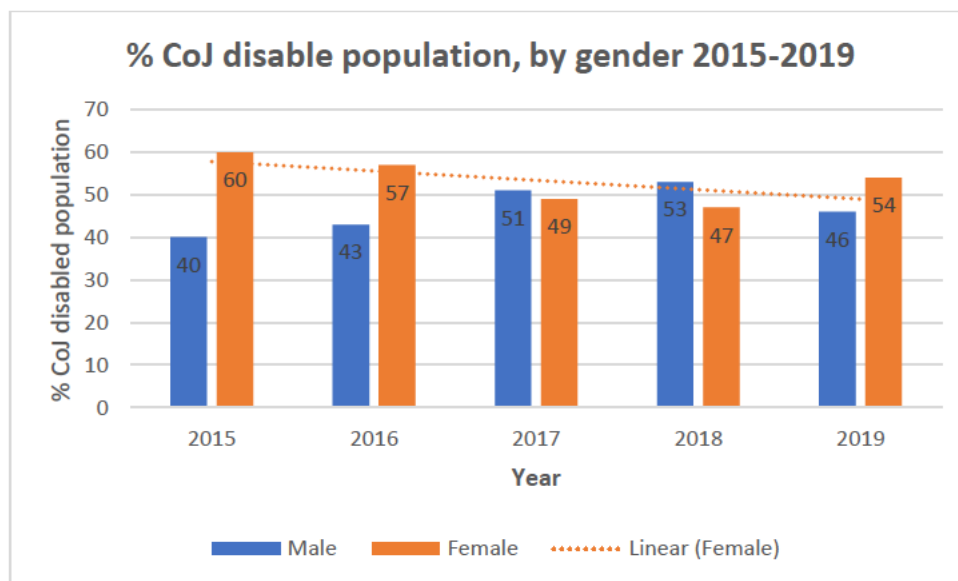
Disability and gender are essential in determining how an individual interacts with society, affecting opportunities, rights, and resource access. Out of the 7,7 billion people globally (United Nations Population Fund, 2021), 15 percent or over 1 billion people have some form of disability (World Bank, 2021). Approximately 80 percent of PwDs live in developing countries (WHO, 2011). “In Africa, for instance, about 40 percent of the population, or nearly 80 million individuals, have some form of impairment” (WHO, 2011). Additionally, it is projected that among these, 19.2 percent of all women worldwide are disabled (UN Women, 2018).

There are 3.5 million PwDs in South Africa, making up 6.6% of the total population. PwDs make up 5 percent of the total population of the City of Johannesburg (City of Johannesburg, 2021). On average, there are more females with disabilities than males in both South Africa and the city of Johannesburg, particularly (CoJ, 2021). Additionally, the CoJ (2021) indicates that in 2019, 79.7 percent of PwDs in SA were Black, followed by Whites at 9.1 percent, Coloureds at 8.5 percent, and Indians at 2.6 percent. The WHO (2011) suggests that 20 percent of the world’s poorest are PwDs. Therefore, it has been argued that the majority of PwD, particularly women, those with mental, physical, sensory, or intellectual disabilities, are unlikely to access healthcare services and are more likely to face discriminatory laws and stigma, as well as higher health needs and poorer outcomes (UN, 2020). As a result, the Lancet (2019) argues that the COVID-19 pandemic threatened to exacerbate these inequalities, especially in the global south, where 80 percent of PwDs live and where the capacity to respond to the coronavirus pandemic was restricted. Due to the enormity of its influence, it is crucial to comprehend how gender, disability, and other factors, such as pandemics, interact.

Disability and gender interaction frequently result in increased marginalization. According to Smith (2008) and WHO (2023), WwDs are more likely than non-disabled women or men with disabilities to face discrimination, violence, poverty, and a lack of access to healthcare and education. Their experiences with discrimination and social impediments are complicated,

mutually reinforcing interactions rather than simple additive interactions such as gender discrimination plus disability discrimination (Hankivsky& Cormier, 2009; WHO, 2023). The WHO (2023) further indicates that “people with disabilities are a diverse group, and factors such as sex, age, gender, identity, sexual orientation, religion, race, ethnicity, and their economic situation affect their experiences in life and their health needs.

Figure 1.1: Percentage of the City of Johannesburg's disabled population by gender from 2015 to 2019



Source: City of Johannesburg 2021

PwDs account for 5 percent of the total population of the City of Johannesburg, as shown in the graph above. While there are more women than men with disabilities in the City of Johannesburg on average, the proportion of men with disabilities has increased over the past five years: in 2019, 46 percent of PwDs in Johannesburg were men, up from 40 percent in 2015. In 2015, 60 percent of PwDs in Johannesburg were women, up from 54 percent in 2019.

Significant consequences for social justice and human rights also stem from the connection between gender and disability. Under international human rights and domestic laws, countries around the globe are obliged to address the health access inequalities faced by PwDs. The ideals of “leaving no one behind” and “reaching the furthest behind first” are emphasized in the Sustainable Development Goals (SDGs) Vision 2030 of the United Nations (United Nations, 2015). Comparably, States parties are required by the CRPD of 2006 to guarantee that PwDs have access to the same kind, scope, and calibre of free or reasonably priced health care as others. In accordance with the World Health Assembly Resolution (WHA Resolution) on the highest practicable standard of health for PwDs, Member States, including South Africa, are

tasked with ensuring that PwDs receive efficient health services as part of universal health coverage, equal protection during emergencies, and equal access to cross-sectoral public health interventions (WHO, 2021). One of the most vulnerable and marginalized groups, WwDs, must be given top priority to sustain these objectives.

The WHA Resolution mandates that the WHO continue its commitment to promoting disability inclusion in the health sector. As part of its guidance to countries, the resolution explicitly requests WHO to develop a global report on the highest attainable standard of health for persons with disabilities by the end of 2022 (WHO, 2021). The resolution aims to scale up and integrate rehabilitation into health systems as part of Universal Health Coverage (UHC) to address the growing rehabilitation needs due to the global aging population, the increasing prevalence of non-communicable diseases, and the emergence of new infectious diseases such as COVID-19 (Seija, Kiekens and Gimigliano, 2023).

Understanding the interplay between gender and disability is essential for formulating policy. The disadvantages and prejudice experienced by WwDs may unintentionally be perpetuated by policies that fail to consider the interconnectedness of these issues (Meekosha and Soldatic, 2011). Because of its potential to inform and influence inclusive, intersectional, and prosperous policy-making, this study is precious, especially in light of the difficulties caused by the COVID-19 pandemic.

This literature study serves a variety of purposes. First and foremost, it aims to present a thorough knowledge of how disability and gender intersect in the context of a significant global health emergency like the coronavirus pandemic. This literature review seeks to illuminate the distinctive experiences of WwDs during the pandemic by examining this intersectionality and highlighting how these experiences are influenced by societal structures, individual identities, and pre-existing health and social disparities (Holman et al., 2021).

Moreover, the literature study looks at how policies have been implemented to address the difficulties experienced by WwDs throughout the COVID-19 pandemic, warning levels, and vigilant levels 5-3, notably in the City of Johannesburg. This inquiry aims to determine if these policies adequately and effectively met the unique demands and difficulties faced by WwDs. This entails examining the policy's flaws and inadequacies and identifying best practices and lessons gained that may be used to compare future policy actions.

In terms of objectives, this literature review sets out to achieve the following:

- To critically analyze scholarly works and theoretical perspectives on disability, gender intersectionality, and the social model of disability.
- To explore empirical evidence on the lived experiences of women WwDs during the COVID-19 pandemic, explicitly focusing on the City of Johannesburg.
- To assess the policy response to the challenges faced by WwDs during the pandemic and to evaluate the extent to which these policies are aligned with principles of inclusivity and intersectionality.
- To identify gaps in existing literature and policy interventions and suggest areas for future research and policy development.

By realizing these objectives, this literature review seeks to contribute to a richer understanding of the experiences of WwDs during the COVID-19 pandemic and to offer valuable insights for policy-making and future research in this field.

2.1.1 The COVID-19 pandemic: An overview and its differential impact on society

The COVID-19 pandemic was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020, just about three months after its development in Wuhan, China, in December 2019. This unprecedented global disaster affected almost all facets of daily life (WHO, 2020). The disease, caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), has had a significant and urgent impact on human health and economies, social structures, and societal structures generally (Gates, 2020).

It was indicated that controlling this explosive spread was a global public health concern at that time (WHO, 2020). By 30 June 2021, the COVID-19 pandemic had affected over 200 countries and territories (WHO, 2021). With over 1,95 million confirmed cases, South Africa ranked early as one of the most affected countries (National Institute for Communicable Diseases, 2021). Additionally, the province of Gauteng was reported as the epicentre in the country with over 368,326 confirmed cases, accounting for 32,7% of the entire country's infections, followed by KwaZulu-Natal with 353,348, accounting for 18% of the country's infections (NICD, 2021). The city of Johannesburg in Gauteng Province, on the other hand, emerged as one of the leading cities in COVID-19 infections, with over 243,729 confirmed cases (NICD, 2021).

Certainly, the COVID-19 pandemic has impacted the community in different ways. The COVID-19 pandemic's effects on society have revealed and accentuated pre-existing social disparities, having varying impacts on various social groups (Bambra et al., 2020). In this

situation, the pandemic and related containment efforts have disproportionately affected marginalized and vulnerable populations, such as those who are poor, members of racial and ethnic minorities, and those with disabilities. Pre-existing health inequities, socio-economic determinants of health, and systemic problems with access and quality of healthcare are some causes of this difference (Marmot et al., 2020).

For instance, PwDs are more likely to have underlying health issues, which increases their risk of suffering severe consequences if they become infected with the virus. In addition, although vital to stop the virus from spreading, actions like lockdowns and social isolation have unintentionally made it harder for these people to access healthcare, education, jobs, and social activities (WHO, 2020). Additionally, the quick transition to digital communication and services has increased digital exclusion for those lacking the appropriate resources or skills, including many PwDs, even while it has opened up opportunities for some (UN, 2020).

The pandemic's gendered effects are also becoming more widely acknowledged. Due to their overrepresentation in industries with insecure employment and their increased burden of unpaid care labour, women, particularly those living in low-income environments, have been disproportionately impacted by the economic effects of the pandemic (Alon et al., 2020). Additionally, there has reportedly been an upsurge in gender-based violence during lockdowns, which has an adverse effect on the wellness of women throughout the world (Godbole, 2020).

As a result, the COVID-19 pandemic has not only been a serious health issue for the whole world but also a stark reflection of societal injustices. It underlines the necessity of doing intersectional research that can clarify the complex and varied experiences of marginalized groups, such as disabled women, and use that information to inspire inclusive and efficient policy responses.

2.1.2 Defining Disability, Gender Intersectionality, and COVID-19 Alert Levels

Disability: general definition

According to the WHO (2011), disability is a multifaceted, contested, dynamic, and multidimensional term. Correspondingly, Wasserman et al. (2011) suggest that the definition of disability is highly contentious for several reasons. It is indicated that the term disability has been used to refer to a distinct class of people (Wasserman et al., 2011). However, for the study, the CRPD (2006:04) defines PwDs to include those with long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis.

Similarly, Statistics South Africa's (2016) definition of disability classifies PwDs as those who have a physical or mental handicap that has lasted for six months or more or is expected to last at least six months and which prevents the person from carrying out daily activities independently or from participating fully in educational, economic or social activities. According to the Employment Equity Act in South Africa, "PwDs are people who have a long-term or recurring physical, including sensory, or mental impairment which substantially limits their prospect of entry into or advancement in employment" (Department of Social Development, 2015:11). Below, the study defines the concepts broadly:

Disability: A Fluid Concept

The idea of disability has significantly developed throughout time, shifting from a solely medical or individual standpoint to a broader socio-political one. The medical paradigm, which has traditionally dominated disability discourses, views disability as a personal tragedy that must be fixed or cured (Oliver, 2013). This concept has been criticized for pathologizing and marginalizing people with disabilities, ignoring the social and environmental difficulties they confront.

Disability: Beyond Medicalization

Rather than concentrating on individual limits, efforts should be made to change societal institutions that hinder disabled people's full involvement. Disability, according to the UNCRPD, results from the interaction of persons with impairments and attitudinal and environmental barriers that prevent them from participating fully and effectively in society on an equal basis with others (United Nations, 2006).

Intersectionality: The Confluence of Disability and Gender

Crenshaw (1989) invented the word "intersectionality," which is a theoretical framework that contends that social identities such as race, class, gender, and disability interact to produce distinct experiences of oppression or advantage. It emphasizes that people's identities are multidimensional and cannot be cleanly divided into specific concerns; these identities interact on various and often concurrent levels, contributing to persistent societal injustice.

Intersectionality assists in understanding the complex experiences of WwDs in the context of disability and gender. WwDs confront not just disability-related difficulties, such as a lack of access to services or discrimination, but also gender-related challenges, such as sexism or

gender-based violence. Indeed, it has been proposed that WwDs frequently face ‘double discrimination’ as a result of their gender and disability (Hankivsky, 2012).

The Crucial Intersection: Women with Disabilities

As a result, women with impairments inhabit a distinct social space in which they confront increased marginalization and vulnerability. This intersectionality shapes their lived experiences by impacting their access to resources, social acceptance, self-image, and quality of life (WHO, 2011). Understanding this interconnectedness is critical for developing policies or treatments that address the particular issues that WwDs confront.

Criteria for the determination of alert levels

Instructions are given in accordance with Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002) and Regulation 3(3) of the framework. To oversee the progressive lifting of the lockdown, the five-level COVID-19 alert system was implemented (SA Government, 2020).

Alert Levels were defined as the limitations outlined in regulation 3(2) of the regulations applicable nationally or in a province, metropolitan area, or district. The Department of Health Government Gazette, 2020, states that Alert levels are used to assess the extent of limitations in place during a national disaster.

- “Alert level 1” denotes a high level of health system preparedness paired with a low COVID-19 spread. With safety precautions and health requirements observed, most regular activities were resumed. The populace is ready for a possible rise in alert levels.
- “Alert level 2” denotes a moderate COVID-19 spread with a high level of preparedness for the health system, involving physical segregation and limitations on social and recreational activities to stave off a virus comeback.
- “Alert level 3” denotes a moderate COVID-19 outbreak and average healthcare system preparedness. Limitations on a wide range of activities to address a high risk of transmission, including social and occupational settings.
- “Alert level 4” denotes a moderate to high COVID-19 spread and a low to medium degree of preparedness for the health system, meaning that while certain activities can resume, severe care must be taken to prevent community transmission and outbreaks.

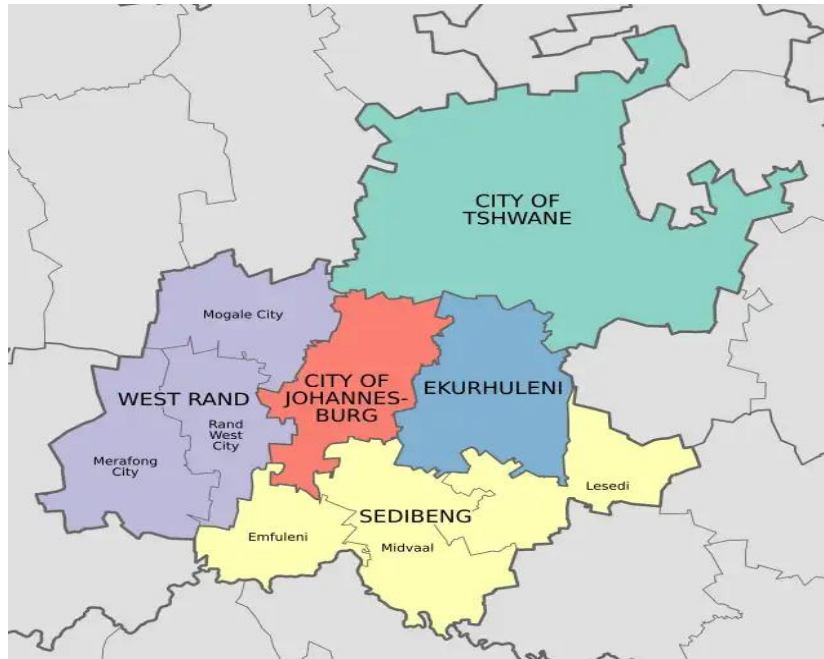
- “Alert level 5” denotes a high COVID-19 transmission rate and inadequate health system preparedness. It meant severe measures were implemented to stop the virus’s spread and preserve lives.

2.2 BACKGROUND TO THE CITY OF JOHANNESBURG

The City of Johannesburg is one of the three Metro municipalities in the Gauteng Province and the eighth in South Africa. According to Abrahams and Everatt (2019) and CoJ IDP 2022-2023, the City of Johannesburg is regarded as a Category A Metropolitan Municipality. The municipality is the hub of South Africa’s regional economy and an Africa-developed commercial city with world-class telecommunications, transportation, water, power infrastructure, and globally competitive health and educational facilities, which are the city’s distinct African character (Abrahams and Everatt, 2019). However, Abrahams and Everatt (2019) further argue that the city is also a place of contrasts, housing the rich and the poor, locals and immigrants, established businesses, and up-and-coming ones.

According to its demographics, the City of Johannesburg is a sizable and ethnically varied metropolitan region (Abrahams and Everatt, 2019; CoJ IDP, 2022-2023). Abrahams and Everatt (2019) argue that South Africa’s biggest city, with a population of almost five million, Johannesburg, makes up 8 percent of the country’s total population and roughly 36 percent of Gauteng (CoJ IDP, 2022-2023). The city has grown remarkably during the past ten years. This is mainly because the city still draws in residents seeking improved economic prospects and a higher standard of living from other provinces and beyond (Abrahams and Everatt, 2019). The population pyramid shows that young people comprise most of the city’s population (CoJ IDP, 2022-2023). This is explained by young people moving here searching for employment from other parts of the nation. Many job seekers from all across the country choose to start their search in Johannesburg, which is regarded as the economic centre of South Africa.

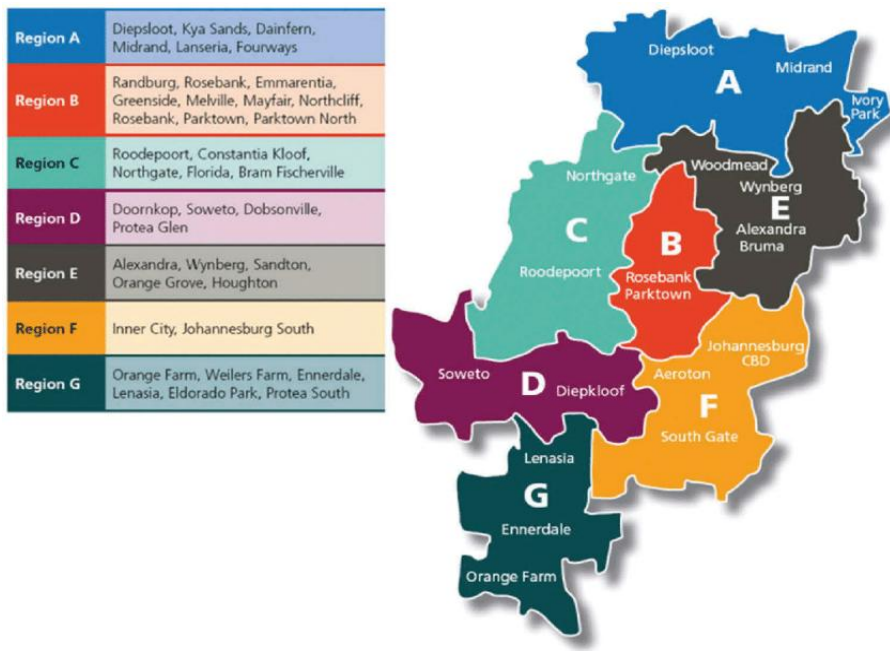
Figure 1.2: Map of the City of Johannesburg with other Gauteng districts



Source: Abrahams and Everatt, 2019. City Profile: Johannesburg, South Africa

The City of Johannesburg shares boundaries with two neighbouring metropolitan municipalities, the City of Tshwane to the north and the City of Ekurhuleni to the east. It shares borders with other areas of the Westrand District Municipality, and to the west, there is Mogale City (CoJ IDP, 2022-2023). The Sedibeng District Municipality, including the Emfuleni and Midvaal municipalities, lies south of the region (CoJ IDP, 2022-2023). Covering 1644 square kilometres, the municipality's borders stretch from Orange Farm in the south to Midrand in the north and Roodepoort in the west to Bruma in the east (Abrahams and Everatt, 2019). According to Abrahams and Everatt (2019), the Johannesburg area is well-developed in terms of the rail and highway system that transports thousands of travellers between the city and its suburbs daily.

Figure 1.3: Map of the regions of the City of Johannesburg



Source: Abrahams and Everatt, 2019. City Profile: Johannesburg, South Africa

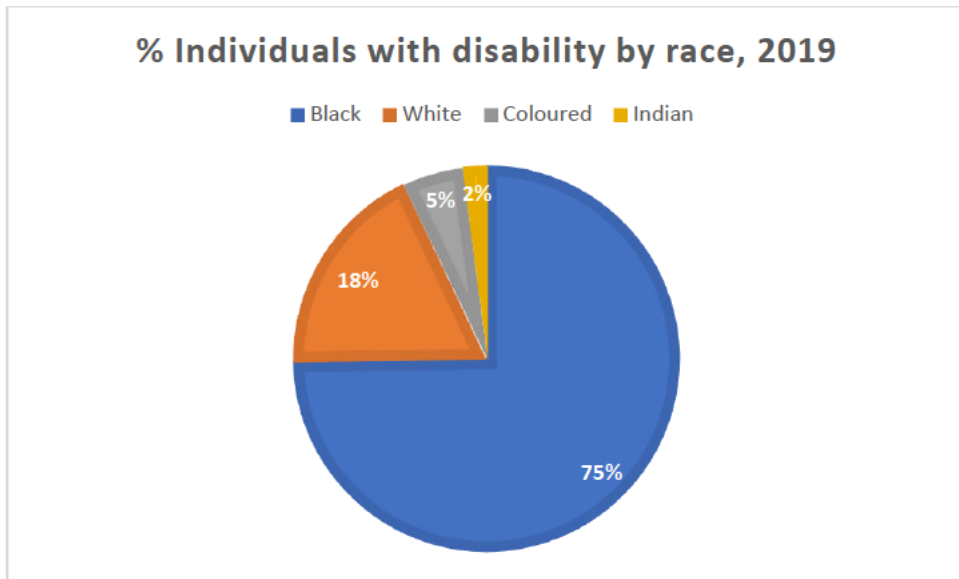
The city has implemented a regionally scaled urban management system to serve its residents better (CoJ, 2021). The above map of the City of Johannesburg shows the city’s division into seven regions. Abrahams and Everatt (2019) suggest that the city's northern areas are wealthier than the southern regions, which are intended to be labour-sending areas.

2.2.1 The socio-economic context of Johannesburg: Understanding its unique dynamics.

The biggest city in South Africa and its economic centre, Johannesburg, provides a complex socioeconomic setting formed by its historical, demographic, and economic dynamics. While it is known as a city of opportunities and draws people from many areas and nations looking for a better quality of life, it also has significant socio-economic issues (Beavon, 2004).

The apartheid era’s roots in Johannesburg’s history, in particular, have had a significant impact on the city’s current socioeconomic environment. Apartheid was abolished more than 30 years ago, yet its effects on racial inequality, socioeconomic inequality, and geographic isolation may still be seen today (Christopher, 2001). The city displays stark contrasts between wealthy neighbourhoods with top-notch infrastructure and services and underdeveloped townships and informal settlements where residents deal with issues like subpar housing, limited access to essential services, high levels of crime and violence, and more (Turok, 2016).

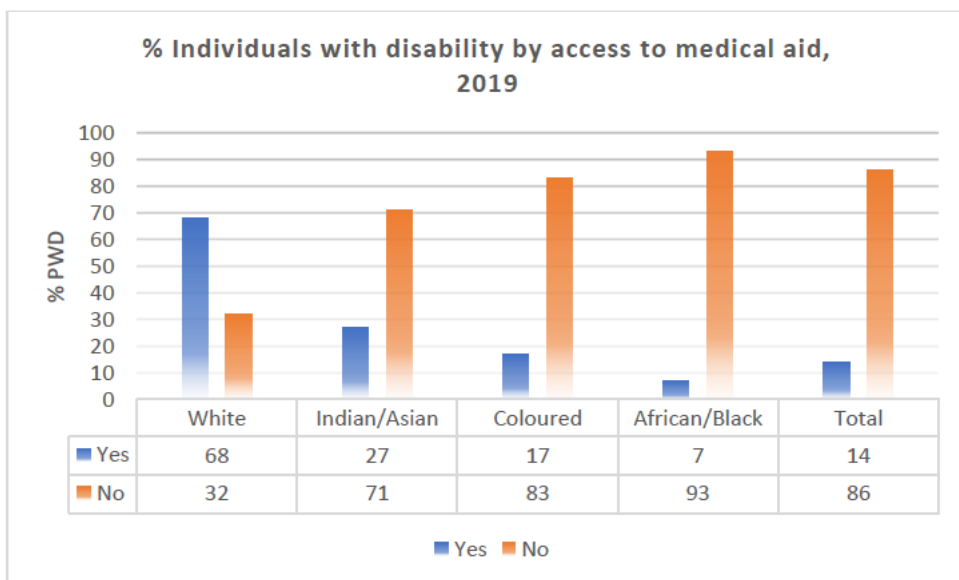
Figure 1.4: Percentage of the City of Johannesburg individuals with disability by race in 2019



Source: City of Johannesburg 2021

The above graph reveals that in 2019, most PwDs in Johannesburg were Africans, accounting for 74 percent. White people comprised 18 percent of PwDs in the City of Johannesburg, followed by coloureds with 5 percent and Indians with 2 percent.

Figure 1.5: Percentage of the City of Johannesburg individuals with disability by access to medical aid in 2019



Source: City of Johannesburg 2021

The above graph indicates that in 2019, only 14 percent of PwDs in the country were covered by medical aid or private health insurance. Although white people only make up 9 percent of the total disabled population, they are the most significant contributors to medical aid schemes.

In 2019, 68 percent of whites living with a disability had access to medical aid compared with only 7 percent of their black counterparts.

Johannesburg has a very diversified population, with residents from many racial, ethnic, and national groups. Although this variety adds to the city's cultural richness, it may also lead to social unrest and disputes. In addition, the city is experiencing rapid population increase, primarily due to rural-to-urban migration, and housing, infrastructure, and social services are significantly straining (Crush et al., 2017).

Johannesburg contributes significantly to South Africa's GDP and is a critical hub in the world's economic system (Rogerson, 2016). Its broad economy includes banking, services, manufacturing, and mining industries. However, the city has significant poverty and high unemployment rates, particularly among young people (Statistics South Africa, 2020). In addition, a considerable section of the people in Johannesburg who are not included in the official economy rely on the informal economy for their livelihoods (Chen, 2012).

Examining the experiences of WwDs during the COVID-19 pandemic requires an understanding of Johannesburg's distinctive socio-economic dynamics. These dynamics affect this group's access to resources, susceptibility to the pandemic's effects, and experiences with governmental interventions, shaping their opportunities and difficulties.

2.2.2 Women with disabilities in Johannesburg: Demographics and general challenges

The position of WwDs in Johannesburg is an important example of how socioeconomic, gender, and disability issues interact. The population of Johannesburg is significantly made up of women who have disabilities, which is consistent with the general demographic trend in South Africa, where 7.5% of people live with a handicap (Statistics South Africa, 2016). This figure, however, is probably an underestimate because there are many definitions and ways to quantify impairment (Groce et al., 2011).

Due to the interaction between gender and disability, these women confront a unique set of difficulties. In comparison to their male counterparts, women in South Africa are more likely to endure poverty, unemployment, and lower levels of education (Klasen & Woolard, 2009). This is especially true for individuals who come from lower-income homes. South Africa has one of the highest rates of intimate partner violence internationally (Machisa et al., 2017), and women are frequently the targets of gender-based violence and discrimination.

Barriers and stigma associated with impairments worsen these gender inequities for WwDs. Their social and economic engagement possibilities are limited because they are more likely to encounter physical and psychological hurdles to healthcare, work, and education (Schneider et al., 2013). Additionally, due to social views and prejudices that devalue and dehumanize them, WwDs are more likely to experience physical and sexual abuse (Groce et al., 2014).

WwDs continue to face many challenges in Johannesburg. These gender- and disability-based issues in Johannesburg interact with the socioeconomic dynamics of the city. The City of Johannesburg Disability Policy of 2020 indicates that WwDs in Johannesburg face physical and social exclusion and are highly vulnerable to social and economic exclusion. WwDs are more susceptible to crime and violence and more likely to live in less affluent parts of the city where there is less access to services and worse living conditions. According to the City of Johannesburg (2020), “PwD, especially women and girls, are vulnerable to becoming victims of abuse and crime.” Inadequate and inaccessible infrastructure can also limit their ability to move around and negotiate the city’s environment (Mji et al., 2011).

Exploring WwDs’ lived experiences during the COVID-19 pandemic and evaluating the policy response to their demands requires a baseline understanding of the demographics and general difficulties encountered by WwDs in Johannesburg. These perceptions set the tone for an in-depth and nuanced analysis of WwDs’ experiences during the pandemic by providing the background required to understand the multifaceted vulnerabilities and strengths of WwDs in the city.

2.2.3 Impact of COVID-19 in Johannesburg: Health, economic, and social perspectives

The COVID-19 pandemic has significantly influenced Johannesburg's society, economy, and health in several ways. Johannesburg is one of the South African cities that has suffered the most in terms of health. Its healthcare system is under tremendous strain as a result of the high infection and mortality rates it has recorded (Gauteng Provincial Government, 2020). In addition, the pandemic has made pre-existing health inequities worse, putting more vulnerable groups and those with underlying medical issues at risk (Gilbert et al., 2020).

In terms of the economy, the pandemic has caused significant employment losses and a decline in Johannesburg’s economy. Due to lockdown measures and decreased consumer demand, industries including tourism, hospitality, retail, and manufacturing have been significantly impacted (Bhorat et al., 2020). Many of Johannesburg’s economy and small firms have also

been negatively affected; many are in danger of closing owing to financial duress (Pillay et al., 2021). The city's social fabric is further strained due to these economic repercussions that have raised poverty and inequality.

Due to the pandemic, Johannesburg's way of life has undergone significant social transformation. Lockdowns have restricted mobility, increased isolation, and altered social behavior despite being vital to stopping the virus's transmission (Ranchhod & Daniels, 2020). Stress, anxiety, and depression have become more prevalent throughout the population as a result of these changes (Pierce et al., 2020).

The pandemic has also highlighted and exacerbated Johannesburg's already-present social inequities. The effects of the pandemic have been disproportionately felt by marginalized groups like the poor, women, and those with impairments (United Nations, 2020). These people have a tough time following public health recommendations and participating in remote work or study due to a lack of access to essential utilities like clean water, sanitation, and digital infrastructure, which increases their risk (Twerefou et al., 2020).

As a result, COVID-19's effects on Johannesburg are extensive and span the fields of health, business, and society. The experiences of disabled women throughout the pandemic, as well as the legislative responses to their demands and problems, are set against this background.

2.2.4 Existing disability policies in Johannesburg: Overview and critical analysis

Existing disability policies in Johannesburg are governed by South Africa's more comprehensive national and provincial policy frameworks. The White Paper on the Rights of Persons with Disabilities (2016), which serves as a comprehensive policy framework at the national level, aims to hasten transformation and redress by directing initiatives by government agencies, members of civil society, and businesses towards a rights-based perspective on disability inclusion (Department of Social Development, 2016).

However, there have been substantial difficulties with this policy's implementation at the local level. The main policy framework in Johannesburg, the City's Disability Policy (2013), is to promote an inclusive city that respects and protects the rights of PwDs. The strategy outlines the strategic goal for disability mainstreaming through several initiatives, such as enhancing access to municipal services, facilitating economic involvement, and fostering social inclusion (City of Johannesburg, 2013).

The People with Disability Policy 2020, which the City of Johannesburg has developed, acknowledges and encourages cooperation and collaboration between departments within the city, monitoring and evaluation, and between the private sector and civil society disability sector organizations. The policy serves as a basis for creating council strategies, programs, and initiatives that address the needs of Johannesburg's PwDs population. It offers recommendations for eliminating discriminatory obstacles using disability-specific policies. This policy provides a broad overview of the roles and responsibilities of the various stakeholders, promotes respect for the inherent dignity of PwDs, and ensures that all people with disabilities in the City of Johannesburg can equally enjoy their fundamental freedoms and human rights (City of Johannesburg, 2020). It also acts as an overarching framework for policy related to disability issues within the city. The intergovernmental interactions can significantly aid the successful implementation of this program.

The actual experiences of PwDs in Johannesburg point to a distinct reality, notwithstanding these legislative aims. Importantly, there is a wide gap between policy rhetoric and actual implementation. Policy efficacy has been linked to a lack of education, lax enforcement, and insufficient funding (Rule et al., 2013). Additionally, these regulations frequently miss the intersectional issues that WwDs confront, which deal with particular hurdles brought on by the confluence of gender and disability discrimination (Graham et al., 2019).

The extent to which the rights of PwDs are realized is constrained by these implementation gaps in disability policies, which also prevent these people from fully participating in society. Given these flaws, a rigorous evaluation of the effectiveness of the current policy solutions is required, especially in light of the novel difficulties posed by the COVID-19 pandemic.

2.3 PRE-COVID-19 LIVED EXPERIENCES OF WOMEN WITH DISABILITIES

Numerous institutional, cultural, and systemic issues have influenced the lived experiences of WwDs in Johannesburg within the healthcare setting. The problem of healthcare service accessibility is one of the main issues. Several studies, such as (Matin et al., 2021; Van der Heijde, Harries, and Abrahams, 2020), have shown that, despite South Africa's commitment to providing equal health care for all, WwDs frequently face hurdles in receiving these treatments. These women have difficulty accessing healthcare due to physical impediments, including impassable structures and poor transportation (Maart et al., 2007). In addition, women with hearing and visual impairments have faced considerable obstacles due to a

shortage of sign language interpreters and readily available health information (Eide et al., 2015).

Access to healthcare for WwDs is also significantly impacted by affordability. Many of these women are unable to pay for healthcare services and related costs like transportation and medicines due to the convergence of poverty and disability. This financial barrier is made worse by WwDs being frequently barred from job prospects, placing them in a disadvantageous financial situation and making it difficult to pay for essential healthcare treatments (Hanass-Hancock et al., 2017).

Another significant issue is the calibre of the healthcare services offered to women with impairments. Notwithstanding the legal restrictions, there have been instances of discriminatory attitudes and behaviours among healthcare personnel. These include unfavourable attitudes, a lack of understanding of issues relating to impairments, and poor communication, all of which are factors in the subpar care that WwDs get (Mji et al., 2011). These experiences may deter these women from obtaining medical treatment and contribute to broader health inequities.

Before the COVID-19 pandemic, WwDs in Johannesburg had long-standing, substantial inequities in educational chances. Significant steps were taken towards providing inclusive education in South Africa with the introduction of the South African Schools Act (1996) and the White Paper 6 on Special Needs Education (2001) (Department of Education, 2001). However, the implementation of these rules has been generally unequal and hampered by significant barriers.

Physical access to educational facilities is still a significant problem. Many schools, especially those in underdeveloped regions, lack the necessary facilities, such as ramps, accessible restrooms, and classrooms, to accommodate children with disabilities. Due to this inaccessibility, students sometimes travel great distances to attend accessible institutions or give up on their education entirely (Phasha, 2010).

Additionally, there is an apparent lack of instructional materials adapted to the requirements of students with impairments. For instance, it is sometimes impossible to find learning materials in Braille or giant print, hearing aids, or sign language interpreters in traditional classrooms (Bornman et al., 2016). The educational disparities experienced by kids with disabilities are further exacerbated by the paucity of instructors with special needs education training (Donohue & Bornman, 2014).

The interaction between gender and disability adds another level of complication. WwDs are frequently marginalized by cultural and societal views, which depict them as less deserving of an education. They are commonly seen as burdens, which makes it less likely that they will be sent to school (Chataika et al., 2011), demonstrating the prevalence of discriminatory attitudes and practices. The final consequence is an exacerbated disadvantage that deepens the gender-disability divide in school and heightens exclusion from the educational system.

The job environment for WwDs in Johannesburg and the rest of South Africa has historically been challenging, and significant restrictions have prevented them from fully participating in the labour market. Equal opportunities and fair treatment for individuals with disabilities in the workplace are promoted by the national legal framework, which includes the Employment Equity Act (1998) and the Promotion of Equality and Prevention of Unfair Discrimination Act (2000) (Republic of South Africa, 1998; 2000). But for many disabled women in Johannesburg, the situation is still hopeless.

WwDs have historically had few employment options. Even though the policy calls for a 2% employment equality objective for PwDs, Graham et al. (2014) found that this group is notably underrepresented in the South African labour market. Due to widespread misconceptions and unfavourable employer views towards their skills, women with impairments frequently experience discrimination throughout the recruiting process (Eide & Loeb, 2006). According to socio-cultural and structural inequalities in the workplace, they are commonly forced into low-skilled professions or wholly barred from productive employment (Schur et al., 2014).

Discrimination at work goes beyond the employment process. Inequality and prejudice are common complaints made by WwDs about their work environments. Their productivity and career progress are hampered by a hostile work environment, exacerbated by physical accessibility issues, a lack of appropriate accommodations, and unjust treatment (Harpur, 2012). The lack of crucial assistance from employers furthers these women's marginalization and exclusion from the workforce.

Furthermore, income inequality is a significant problem for WwDs regarding work. Not only are they less likely to find a job, but when they do, they frequently make less money than those without disabilities (Mont, 2007). This pay disparity is made worse by the interaction of disability and gender since disabled women experience double discrimination in the workplace due to their gender and their handicap status (Neille & Penn, 2015). Before COVID-19, stigma, prejudice, and violence were deeply embedded in society's views and practices towards WwDs

in Johannesburg. Despite the solid constitutional and legal framework of South Africa, there are still socioeconomic inequities that are characterized by deeply ingrained cultural biases and prejudices.

WwDs frequently deal with stigma. They often get pity, anxiety, or discomfort from society, which creates a narrative of difference and otherness (Goffman, 2009). These stigmatized beliefs might cause social exclusion and isolation, restricting their capacity to participate in various societal responsibilities. This stigma is made worse by the interaction of disability and gender since disabled women frequently have to deal with cultural circumstances that minimize their value and potential (Chataika et al., 2011).

Another crucial element of their social experience is discrimination. In the areas of healthcare, education, work, and access to public services, many WwDs report encountering discriminatory practices (Neille & Penn, 2015). Stereotyping, prejudice, and marginalization are manifestations of this systematic discrimination, which permeates society's views. As a result, their rights, prospects, and potential are restricted by a social context that disproportionately disadvantages them (Swartz et al., 2019).

In addition, because of the convergence of gender-based and disability-based vulnerabilities, WwDs are more likely to experience violence (Groce et al., 2014). They are more likely to be subjected to other types of abuse, such as economic, sexual, and physical assault. This vulnerability is further exacerbated by inadequate social safety nets and constrained access to justice, which makes it challenging for victims to get assistance and pursue legal action (Dartnall & Jewkes, 2013).

2.3.1 Gender-based violence and disability in South Africa

Comparing PwDs to non-disabled persons globally, the former has a much higher chance of experiencing violence. Meanwhile, WGWDs in everyday life face discrimination based on both their gender and their impairment, which puts them at an even higher risk of gender-based violence (GBV). Levy et al. (2020) indicate that the toxic combination of gender inequality, disability exclusion, and pervasive violence has a detrimental effect on the health and wellness of WGWDs, increasing their risk of injuries, poor sexual and reproductive health outcomes, new disabilities, and mental health issues.

According to the WHO (2020), WwDs living in developing countries are more susceptible to GBV. Research indicates that compared to men with impairments or WGWDs, around 80% of individuals with disabilities live in extreme poverty, have less education, and face more

significant social disadvantages (WHO, 2011; World Bank, 2011). Although PwD, WwDs in particular, are more likely to experience violence in a broader variety of contexts than people without disabilities (Perrin et al., 2019), insufficient evidence and a lack of research globally seem to have hampered the current effort to end violence against WwDs. WwDs frequently experience discriminatory sociocultural norms, gender and power inequalities, and disregard for their reproductive health and rights (Perrin et al., 2019).

Keith, Hyslop, and Richmond (2023) state that very few required essential interventions in the Southern African region address the relationships between gender, violence, and impairments. The issue of GBV in the African setting may get worse due to a lack of relevant data and knowledge about the relationship between gender, violence, and disability, as well as comprehensive initiatives, policies, and strategies meant to eradicate GBV, particularly among WwDs (Keith, Hyslop, and Richmond, 2023). According to a study by Adams et al. (2018), there is a more significant chance of gendered violence when a disability is involved. Moreover, literature from the developing world and many studies conducted in developed countries suggest that women and girls with cognitive or physical disabilities are more vulnerable to inter-partner violence than women without such disabilities (Chirwa et al., 2020; Dunkle et al., 2020; Utuza, 2021). This vulnerability extends to the longer-period and more severe forms of violence.

According to Utuza (2021), GBV increases the risk of disability-related violence against women and girls, which negatively impacts their physical and mental health. The literature suggests that WwDs are more likely to experience all forms of violence than both women without disabilities and men with disabilities, despite the limited amount of information available (Ballan et al., 2014; Krnjacki et al., 2016; Scherer, Snyder & Fisher, 2016). The most common type of violence that WwDs experience is inter-partner violence (Utuza, 2021). Disability-related stigma often results in the marginalization of PwDs since it represents differences that are socially devalued (Campbell & Deacon, 2006). This marginalization affects both women and girls with and without disabilities.

Nevertheless, due to stigmatization and discrimination having compounding and intersecting impacts, PwDs frequently encounter numerous types of social exclusion. WGWDs are often more vulnerable to abuse, violence, and injury, both inside and beyond the home, according to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006). Inter-partner violence has been shown to have detrimental effects on a range

of mental and physical health outcomes, including pain, depression, PTSD, increased substance abuse, poor consequences for sexual and reproductive health, injuries, and even death (Ellsberg et al., 2008; Thomas, 2006; World Health Organization & World Bank, 2011). It is now widely acknowledged that GBV constitutes a grave violation of human rights and that it has substantial social and financial ramifications for victims, communities, and countries.

GBV against women and South Africa are inextricably linked. According to Perrin et al. (2019), factors that increase a person's vulnerability to gender-based violence include the perpetrator's patriarchal authority over the victim, inadequate social support networks, poverty, disability, incapacity or lack of opportunity to report violent experiences, financial or emotional dependence on the perpetrator, and lifetime exposure to violence.

Several scholars assert that discriminatory patriarchal beliefs that prioritize males over women are the underlying causes of gender-based violence in South African society (Thobejane, Mogorosi, and Luthada, 2018; Moreroa and Rapanyane, 2021; Noge, 2014). According to hegemonic conceptions of masculinity, males should be strong, independent, successful, and emotionless; nevertheless, the majority of masculinities are associated with a man's dominance over women (Nógrádi, 2018). Violence against women is commonplace in South Africa because the concept of manhood is associated with toughness, male honour, strength, and taking risks and conquering women sexually. A male can initiate and direct sexual encounters, and his female partner can follow suit. Accordingly, male sexuality is linked to more than one partner, coerced or unprotected intercourse with women, and a higher chance of contracting HIV.

Additionally, research from many high-middle-income countries confirms that WwDs are vulnerable to violence from personal caregivers due to their socialization, which emphasizes female vulnerability and helplessness as well as the necessity to be accommodative in order to receive care (Burkhauser, Daly, and Ziebarth, 2016; McVicar, Wilkins and Ziebarth, 2022; Saxton et al., 2001). WwDs are particularly susceptible to coercion and have fewer alternatives for escaping violence since they are often perceived as less capable of defending themselves or seeking assistance. Once more, the repercussions increase their vulnerability to inter-partner violence and sexual assault (Utuza, 2021).

In South Africa, all women are at risk for GBV in all corners of the community or neighbourhoods where gun ownership, alcohol consumption, and violence against women are viewed as symbols of hegemonic masculinity. Thobejane, Mogorosi, and Luthada (2018)

allude that those who have experienced maltreatment as children are more likely to engage in risky behaviours such as multiple partnerships and early sexual behaviour. Furthermore, GBV and relationship abuse later in life are normalized when fathers' violent acts against their mothers are witnessed (Thobejane, Mogorosi, and Luthada, 2018). Men are also influenced by their fathers to engage in harmful male behaviour and to commit intimate partner abuse (Taylor et al., 2022).

Given that the rate of sexual and physical abuse of children is incredibly high worldwide (Ortiz-Ospina and Roser, 2017; WHO, 2022), girls with disabilities in South Africa may be even more vulnerable. They may experience GBV from a young age. However, there is currently insufficient study data to substantiate this hypothesis. Moreover, women are unable to negotiate the conditions of sex because of the cycle of intimate partner violence (IPV), which leads to more frequent sex, lower condom use, and a higher risk of HIV infection (Thobejane, Mogorosi, and Luthada, 2018). In South Africa, women with and without impairments are equally susceptible to and have experienced various forms of gender-based violence. Nevertheless, little is known about the lived experiences of disability and GBV in South Africa at this time, as well as how GBV experiences for WwDs might vary from those of women without disabilities.

A brief qualitative study conducted in the Gauteng area to examine how WwDs may experience GBV differently from women without disabilities is one of the few studies in South Africa that has considered this research gap (Naidu, 2021). Ten civil society and justice service providers and two women with physical and sensory disabilities made up the study's limited sample size. According to the report, there is abuse in South Africa against WwDs that is specifically targeted at them and is mainly related to the caregiving connection, which is essential for many of these women. In the study, women with physical disabilities described how partners took away their mobility aids or purposefully hurt functional body parts to prevent them from moving freely (Naidu, 2021). In contrast to research from developed countries, the study acknowledges that South African WwDs who are dependent on their partners are more likely to remain in abusive relationships. However, the study's glaringly tiny sample means that evidence of dependency and vulnerability to violence related to disability remains unverified.

A study conducted in three provinces of South Africa provides more proof of the distinct experiences of GBV experienced by WwDs in the country. As a result, predatory family members, acquaintances, and neighbours have unrestricted access to WwDs, and the study

highlights the role that neglect and isolation play in fostering an environment that is conducive to opportunistic sexual violence (Meer & Combrink, 2017). According to the participants, WwDs are often marginalized or only seen as valuable to men, which leaves them open to abuse in many homes (Meer & Combrink, 2017). Anger within the family over allocating resources, such as cash and caregiving duties, additionally fosters violence against WwDs. The institutionalization of women with intellectual impairments exposes them to abuse and neglect in these settings because of familial neglect and the caregiving burden. The experiences of GBV among women with intellectual disabilities in South Africa are further compounded by stigmatized communities and attitudes among support providers (Meer & Combrink, 2017).

Other South African studies expose myths regarding the non-sexuality of people with impairments. Some research indicates that high rates of rape, GBV against WwDs, and HIV incidence and prevalence in South Africa are related to the myth of virgin cleansing because non-sexuality may indicate maiden status (Klazinga, Artz, and Müller, 2020; Mall & Swartz, 2012; Hanass-Hancock, 2009). Several socioeconomic, cultural, and community factors raise the risk of GBV among South African women. The heightened risk of GBV among WwDs could be attributed to the worsening of these variables. The greater danger may have more detrimental effects on health. If we are to comprehend the ramifications of violence against WwDs in the nation, this needs to be acknowledged immediately.

2.3.2 Poverty and disability

The Integrated National Disability Strategy of 1997 acknowledges that there is a strong link between poverty and disability. Similarly, Mizunoya and Mitra (2013) indicate a positive correlation between poverty and disability. In general, poverty and disability are two inseparable things. Disability is a significant contributing cause to poverty, yet poverty itself is driven by disability. According to the National Disability Rights Policy (2015), poverty makes people more susceptible to disabilities, and disabilities both exacerbate and prolong poverty. The fact that poverty and disability are interconnected is also addressed by the South African National Development Plan Vision 2030. Disability frequently results in poverty, and poverty often results in disability (NDRP, 2015). The issue of poverty in South Africa has been well documented, even in the statistics report for South Africa of 2016. While South Africa saw the smallest decrease in poverty between 2006 and 2011, there was a noticeable increase in 2016 (Stats SA, 2016). Evidence shows that the percentage of people living in poverty increased from 53.2 percent in 2011 to 55.5 percent in 2015 (Graham et al., 2019).

The cycle of poverty and disability among South Africans is one of the significant issues that the government must solve, according to Graham et al. (2019). In recent years, there has been a more remarkable presentation of the connection between poverty and disability (Graham et al., 2019). According to several studies, poor people in rural areas are more likely to suffer from impairments due to a lack of essential services and information, inadequate health care, and poor nutrition (Banks, Kuper, and Polack, 2017; Pandey, 2012; Groce et al., 2011; Loeb et al., 2008). Compared to their urban counterparts, people from rural areas are the most neglected. For instance, in rural areas, it is common for many people to share a single community health centre, with some traveling great distances to access it, only to discover that the quality of care is deficient. Accordingly, Grech (2015) claims that disability and impairment are significant factors in denying individuals financial benefits and jobs, which eventually drives them further into poverty.

According to the World Bank (2011:08), 10 percent of the global population is disabled, while 20 percent of people live in poverty. The Poverty Reduction Strategy Paper study conducted in Serbia-Montenegro revealed that 70 percent of PwD were impoverished. In contrast, the World Bank study conducted in Uganda in 2015 suggested that 38 percent of PwD were likelier to be poor (NDRP, 2015). According to Barnes and Mercer (2010), housing, food, transportation, work, education, social interactions, and family life were inaccessible to persons with disabilities because of ingrained structural inequities and social processes. They contend further that the expense of disability, which includes paying for caregivers who assist PwDs, is what drives more PwDs into poverty (Barnes and Mercer, 2010). According to the researcher, PwDs who do not have money experience lower levels of self-worth, a greater sense of helplessness, and become victims of injustice.

The UN acknowledges disability as a problem relating to human rights and international development. The WHO (2011) states that due to its connection to poverty, it is recognized as a development concern. Disability and poverty are related: poverty can raise the chance of disability, and disability can increase the risk of poverty, according to the WHO (2011:10). The assertion that poverty results in disability is corroborated by Mondal & Mete (2012). According to Pandey (2012), there is a possibility that a significant portion of the population in nations like India, which has the second-highest population in the world and an estimated 260 million people living below the poverty line, are disabled due to the direct result of poverty. Therefore, there is a greater chance that a woman who is born into poverty and lives in a rural location

may be disabled as a result of not having access to adequate healthcare, basic sanitation, and clean water, unsafe living conditions, malnutrition, and unfavourable working conditions.

Hypothetically, when a person is disabled, under such circumstances, there is a greater likelihood that they have not benefited from formal education, which may increase the possibility of unemployment. According to the World Report on Disability (2011:11), "Disability is increasingly understood as an issue of human rights." A growing body of research indicates that PwDs are more likely than those without disabilities to experience poverty and the poorest socioeconomic situations, making disability an essential development concern. Since PwDs do not have the same social chances as those without disabilities, living with a handicap is an issue of human rights. PwDs do not have equal access to jobs, healthcare, and educational opportunities as individuals with disabilities, which makes it a development concern.

PwDs are more likely to be impoverished than abled people, despite the possibility of earning comparable wages, because of the increased costs and demands (Cullinan et al., 2010). Examining the situation in South Africa might have an advantageous impact on people who depend on social grants. PwDs arguably have a great deal more personal demands than non-disabled people. Their needs cover a wide range, including social, medical, and personal care. Nonetheless, PwDs who get social assistance, such as social grants, can occasionally meet some of the abovementioned necessities without begging. In addition, they can go to medical institutions on their own dime without incurring debt. Nevertheless, the social grant is insufficient. The high expense of caring for someone with a disability, in any circumstance, prevents the social grant from fully covering monthly expenses.

Van Brake (2006) argues that financial and material difficulties, such as substandard housing, limited access to healthcare, food instability, poor sanitation, and a lack of clean water, are particularly likely to occur in families who have disabled members. Emerson et al. (2006) and Banks, Kuper, and Polack (2017) suggest that poverty may raise the chance of developing a disability. A study conducted in 56 developing nations suggested that individuals living below the poverty level received inferior health care compared to those who were better affluent (Emerson et al., 2006). The WHO (2020) and Rouh et al. (2008) confirm Emerson's claim that poverty can contribute to poor health conditions that are linked to disabilities. These circumstances include low birth weight and malnutrition, unfavourable housing situations, risky job practices, and injuries (WHO, 2020). Nonetheless, poverty reduction has not always

been sufficiently integrated into disability despite the widespread understanding of the link between poverty and disability.

2.3.3 Education and Disability

From the capability's viewpoint, education is considered a resource that can be used to open doors and operate as a crucial mechanism (Robeyns, 2016). According to Robeyns (2021), the capability approach proposes that functioning and abilities are the most appropriate criteria for most interpersonal assessments. In particular, the conceptualization of those interpersonal assessments needs to consider people's functioning, actual doings and becoming, and capacities—the objective possibilities they have to actualize such functioning. Robeyns (2016) states that these actions and beings collectively give meaning to life. Idris (2012) contends that a person's capacity to help themselves, improve the world, and impact it is more greatly enhanced by education.

Thus, educating PwDs may be the most effective way to combat daily difficulties. Regardless of the kind of disability, Emmett (2006) suggests that people who suffer from late-onset impairments have a higher chance of employment than people who are born with or suffer from early-onset impairments. The statement brings up a significant point, which is that for individuals with disabilities to start, adjust to, and finish their education without hindrance, essential stakeholders in any society must give them more consideration in their early years. Furthermore, he contends that academic achievement may be a contributing factor because the special education needs of children with disabilities are frequently not adequately served by mainstream or special education schools (Emmett, 2006:230).

There is sufficient data to conclude that PwDs in countries with limited resources continue to face barriers to education, whether through mainstream or special needs mechanisms (WHO, 2011). According to USAID (2019:07), 3 percent of PwDs are literate overall, and just 1 percent of those 3 percent are WGWDs, according to UNESCO's estimation. Less than 5 percent of children and young PwDs have access to learning opportunities, and girls and young women face considerable challenges in engaging in social life and development (United Nations Secretary-General, 2014). Less than 1 percent of Zimbabwe's 78,481 students were enrolled in teachers' colleges, universities, or technical colleges, according to 2003 statistics (Chataika, 2009). However, there are regulations in South Africa that help mainstream and special needs schools integrate children with special needs in order to address the issue of PwDs accessing education. However, how those policies have been put into practice has not worked.

According to research on the eight poorest wards in Johannesburg, just 34 percent of non-disabled people and 20 percent of PwD have finished their high school education (Graham et al., 2013:6). According to Graham et al. (2013), he goes on to say that while a large number of disabled students enrol in elementary school, only a tiny percentage continue to high school.

Groce et al. (2011) explain that poverty among PwDs can be attributed to poverty and a lack of education, with the latter being a significant driver of the former in any community. For most everyday activities, people with different types of disabilities need assistive and supportive technologies (Mitra, Posarac, and Vick, 2011). Their engagement in schooling and other activities may be impacted if such needs are not satisfied. Large classes and underqualified teachers frequently hinder disabled students from receiving a proper education when integrated into mainstream schools in South Africa, according to Ladbrook (2009:53), who calls this a unique concern for the country. PwDs do not gain from education investments in rural regions in the same way as people without disabilities do (Groce et al., 2011). PwDs have less access to schooling (Loeb et al., 2008). Economic status equality was presumed for people with disabilities and those without them. Nonetheless, evidence of the benefits of disability exists. However, insufficient evidence supports or influences educational attainment (Loeb et al., 2008).

2.4 COVID-19 LIVED EXPERIENCES OF WOMEN WITH DISABILITIES

According to the UN (2020), the majority of PwDs, particularly women with mental, physical, sensory, or intellectual disabilities, are unlikely to access healthcare services and are more likely to face discriminatory laws and stigma, as well as higher health needs and poorer outcomes. During the COVID-19 pandemic, PwDs, mainly WwDs, were more likely to face these various challenges, considering they have lived with these issues for the longest time. As a result, the Lancet (2019) argues that "the COVID-19 pandemic threatens to exacerbate these inequalities, especially in the global south countries, where 80 percent of PwD live and where the capacity to respond to the COVID-19 pandemic is restricted."

According to Schiariti (2020), in the developing world, during times of crisis, such as conflict and natural disasters, WwD faced additional challenges due to their physical limitations; however, other contributing factors were the various difficulties that society erected in their path. "Inadequacy of an inclusive humanitarian response and separation from family members are common ways for these women's rights to be violated" (Lund and Ayers, 2020:53).

Therefore, considering the COVID-19 pandemic, it is critical to raise public awareness of people and collective human rights for all WwD, particularly those living in cities, to have easy access to social services such as health care and sanitation and to be treated with respect and dignity.

Arguably, the most vulnerable individuals in any society are WwDs, and those living in cities are most likely to suffer in times of emergency, such as the COVID-19 pandemic (Pineda and Corburn, 2020). It has been indicated that those residing in cities during the COVID-19 pandemic were more likely to get injuries or die than those without disabilities (Pineda and Corburn, 2020). "They attribute this not to the inherent vulnerabilities of disabled women but to health policies, planning, and implementation that do not consider the individual needs of disabled women" (McKinney, Swartz and McKinney, 2020:03). Moreover, PwD, in general, were most likely to get infected with COVID-19 for a range of factors, including challenges using basic protective measures and complying with social distancing conditions (McKinney, Swartz and McKinney, 2020). "These challenges include a lack of water, sanitation, and hygiene facilities" (McKinney, Swartz, and McKinney, 2020:04).

Similarly, Groce et al. (2011) and Grut et al. (2012) assert that many PwDs live in households without running water. In 2020, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) studied the informal settlement of Hopley in Harare, Zimbabwe. The study found that many WwDs in the area face similar challenges (UNESCO, 2020). The area lacks piped water, and people rely on wells for water (UNESCO, 2020). Furthermore, UNESCO (2020) asserts that most homes in other parts of the world have taps and basins inaccessible to WwDs. Based on the COVID-19 regulations, hand washing was physically challenging or impractical for other disabled people (McKinney, Swartz, and McKinney, 2020). The COVID-19 regulations were a disabling factor themselves towards WwDs. "Some women with disabilities need regular physical contact with others to receive the assistance they need, such as holding, lifting, or feeding by caregivers, which can be problematic in the sense of social distancing and self-isolation" (Kuper and Heydt, 2019:81). WwDs were more prone to getting infected with COVID-19 as a result of inaccessibility to information concerning the prevention and transmission of the virus, such as "healthcare information" being communicated in an inaccessible manner, lack of a "sign language interpreter" or the amount of information becoming too complicated to understand for a person with a learning disability to comprehend (Kuper and Heydt, 2020; Mulibana, 2020).

WwDs are significantly less likely than anyone else to complete their education and far more likely to be excluded from school (Sharma, Forlin and Loreman, 2008; WHO, 2020). In March 2020, many countries, including South Africa, temporarily closed educational facilities because of the COVID-19 pandemic, affecting all pupils, including students with disabilities (UN, 2020). Some countries implemented remote learning activities, such as online learning, to mitigate the impact of disruption in education caused by the COVID-19 pandemic (UN, 2020). In these cases, however, women and girls with disabilities faced numerous challenges due to a lack of appropriate equipment, internet access, accessible materials, and funding to effectively participate in online school programs (UN, 2020). Thus, many women and girls with disabilities, especially those with intellectual disabilities, fell behind (WHO, 2020).

Additionally, it has been suggested that WwDs are more vulnerable to violence, particularly when isolated (Van der Heijden, Abrahams, and Harries 2019). According to Hahn et al. (2014), WGWDs face higher sexual, gender, physical, intimate partner, and domestic abuse rates. "Women and girls with disabilities not only face higher risks of violence compared to other women, but they also experience higher levels of violence than men with disabilities" (Hughes et al., 2012). Although research on disability and GBV in the context of COVID-19 is currently scarce or non-existent, experience suggests that WwDs are specifically vulnerable in similar circumstances (WHO, 2011). Furthermore, reporting and accessibility to domestic violence services and assistance are complicated for WwDs during a pandemic like COVID-19, as these services often exclude and are inaccessible to WwDs (UN, 2020).

For instance, WHO (2020) indicated that "hotlines are not always equipped with interpreting systems for the deaf and blind, and emergency shelters and services are not always equipped to meet the needs and demands of women with disabilities."

2.4.1 Health-related experiences during the pandemic

The COVID-19 pandemic has exacerbated the existing health-related vulnerabilities of WwDs in Johannesburg. Access to healthcare and the impact of the pandemic on mental health have been particularly noticeable.

The pandemic has had a substantial impact on access to healthcare. Many healthcare services have been reprioritized to manage COVID-19, resulting in the suspension or decrease of critical services for persons with disabilities (UN, 2020). It has reduced access to regular care, rehabilitation programs, and assistive equipment for WwDs. Mobility limits caused by the

pandemic have also provided further issues since transportation hurdles and fear of infection prevent these women from receiving critical treatment (Mazza et al., 2020).

In most African countries, accessing healthcare services and medications was challenging for PwDs during the COVID-19 pandemic (Hart et al., 2022). Various factors, such as rising transport costs and other restrictions, were the causes of this (Hart et al., 2022). Access to services was challenging due to a lack of accessible transportation, rural living in a remote area, and the loss of personal support during the pandemic (Hart et al., 2022). According to evidence from South Africa, PwDs faced additional difficulties due to a lack of medication and restrictions on the number of products they could buy without their needs being taken into account (Hart et al., 2022; Hart et al., 2022; Brennan, 2020; Smith et al., 2020). In countries such as Zimbabwe, due to the exorbitant cost of medicine, many pharmacies require payment in US dollars (Brennan, 2020). In Botswana, due to the need for ongoing assistance, rehabilitative therapy, or routine medical care, some PwDs were shown to be particularly susceptible to exposure to the COVID-19 pandemic (UN Botswana, 2020).

According to Hart et al. (2022), there was a similar lack of access to healthcare, medication, and rehabilitation services in Uganda, partly because public transportation was prohibited and under lockdown. Some of the caregivers also mentioned their own ill health and difficulty accessing medical care. Others refrained from visiting hospitals as they reopened out of fear of catching COVID-19 (Mbazzi et al., 2021). Additionally, in Uganda, it was stated that it was challenging for those who had albinism to get the medical services, such as skin care items they needed (International Disability Alliance, 2020). According to others, many nations experienced access issues to assistive technology during the pandemic (Smith et al., 2020).

Before COVID-19, it was typical for PwDs in South Africa to experience difficulty accessing healthcare in underdeveloped areas, such as rural areas (Hart et al., 2022). PwDs have difficulty getting the necessary medical care because COVID-19 has put more pressure on the health system (Kathard et al., 2020). PwDs may be unable to access care provided virtually over the phone or the internet for various reasons, such as lack of awareness, barriers to communication and language, intellectual and communicative impairments, dexterity issues, and technological difficulties. Hart et al. (2022) reveal that during the earliest phases of the lockdown, necessary disability-specific health services were not regarded as vital services, which affected the health of individuals with disabilities.

Some disabled individuals in South Africa were left without personal assistants and caregivers, assistive devices, rehabilitation facilities, therapeutic and developmental measures, and sign language interpretation services as a result of de-prioritization (Ned et al., 2020). Other evidence from South Africa implies that the government instructed hospitals to exclude COVID-19 patients with impairments from the triage process if there was a shortage of hospital beds (Brennan et al., 2020). A similar finding was reached by a separate policy review, which was that many persons with disabilities are excluded under present South African triage policies, particularly those who have physical disabilities (McKinney et al., 2020).

In a study conducted in Kenya, 39 percent of those with disabilities said they had experienced discrimination because of their disability, including exclusion from essential services (Hart et al., 2022). Other evidence from Kenya suggests that in order to prevent infection, some services, such as mental nurses, began to visit individuals with disabilities in their homes as opposed to in a hospital setting (Brennan et al., 2020). Hospitals were frequently thought of as possible infection sites. PwDs were reported to be more susceptible to getting COVID-19 in South Africa (Maserame et al., 2020), Somalia (HI, 2020), and Lesotho (UNDP Lesotho, 2020). The need for services, difficulties diagnosing patients in care facilities, barriers to accessing health services, facilities for water, sanitation, and hygiene, and a lack of accessible public health and COVID-19 communication were some of the causes of this increased risk.

Furthermore, healthcare institutions may be locations of exclusion. Physical accessibility issues, communication hurdles, and discriminatory attitudes might hinder WwDs from seeking healthcare, especially in high-pressure situations such as the pandemic (WHO, 2021). The disproportionate impact of these barriers highlights the critical need for more inclusive healthcare systems sensitive to their specific needs.

The pandemic's mental health effects on WwDs have been as troubling. Loneliness, anxiety, and depression have been enhanced by isolation measures, as well as concerns about infection (Pfefferbaum & North, 2020). WwDs, particularly those with pre-existing mental health disorders, are more vulnerable to these psychological pressures, which are exacerbated by the pandemic's limited access to mental health care (Hossain et al., 2020).

Furthermore, the combination of disability and gender puts these women at greater risk of psychological distress. Due to the pandemic, they may experience more significant home duties, violent threats, and increased economic instability, all of which contribute to raised levels of stress and anxiety (United Nations Women, 2020).

2.4.2 Social experiences during the pandemic

The COVID-19 pandemic has significantly impacted the social lives of WwDs in Johannesburg. Their pandemic tales have frequently highlighted social isolation, increasing prejudice or violence, and altered support networks. Due to the pandemic's strict lockdown procedures and fear of viral transmission, social isolation has increased (Hale et al., 2021). WwDs, who frequently face exclusion and loneliness, may feel even more isolated and vulnerable as a result of the imposed isolation. Closures of community centers, day programs, and other social services also result in a loss of chances for social involvement and assistance (Armitage & Nellums, 2020).

During the pandemic, discrimination and violence have also increased. According to the data, crises frequently accentuate social prejudices and inequalities, putting previously marginalized groups, such as WwDs, at a higher risk of discrimination and violence (Peterman et al., 2020). Domestic violence, sexual abuse, and psychological aggression are more common in these women, which is exacerbated by lockdown circumstances that make them more vulnerable to offenders and less able to contact support services (Godbole, 2020).

The pandemic has disrupted support networks, which are a lifeline for many WwDs. Traditional sources of aid, such as families, community organizations, and social agencies, have been hampered by public health limitations, restricting their ability to give care and assistance (United Nations, 2020). In contrast, the crisis has fuelled new forms of solidarity and mutual help, ranging from digital platforms to neighbourhood efforts. However, the accessibility and inclusiveness of these networks remain crucial problems (Sherman et al., 2020).

2.4.3 Economic experiences during the pandemic

The COVID-19 pandemic's economic consequences have particularly devastated WwDs in Johannesburg. According to the Women Budget Group (WBG) 2021 report, the employment landscape changed significantly during the COVID-19 pandemic. The recession has increased the economic vulnerabilities of their intersectional identities, such as job losses and financial insecurity. WwDs are overrepresented in informal and insecure work, which is especially sensitive to economic downturns (Kuper et al., 2020). The pandemic has resulted in enormous job losses and shortened work hours in many industries. Many WwDs have experienced a rapid loss of income, increased job instability, and fewer prospects for re-employment due to discriminatory hiring practices (Alon et al., 2020).

The UN Women Rapid Gender Assessment survey of 2020 argues that working WwDs between the ages of 25 to 59 were likely to report loss of earnings at 79 percent and loss of job at 33 percent compared to working women without disabilities of the same ages with 68 percent of loss earnings and 31 percent of loss of employment. Furthermore, 74 percent of WwDs reported losing wages, compared to 61 percent of men with disabilities (UN Women, 2020).

Pouwels et al. (2021), during the COVID-19 pandemic between October and December 2020, in the United Kingdom, the number of unemployed disabled women was 6.9 percent, and 42.6 percent were economically inactive. According to Bishop and Rumrill (2021), 42% of businesses stated that worries about being able to provide suitable support during the COVID-19 pandemic deterred them from recruiting disabled candidates. According to a significant percentage of disabled women who work from home, they are working more hours than they were before the crisis (WBG et al., 2020). WwDs also reported higher levels of stress at work and difficulty focusing (WBG, 2021).

This job insecurity and extra pandemic-related costs like higher healthcare or home care have driven many WwDs into severe financial precarity. They are more likely to face food insecurity, the inability to pay for critical medications or assistive equipment, and the danger of eviction owing to the failure to pay rent or mortgages (United Nations, 2020). Human rights include the right to labour and employment, and PwDs are entitled to adequate accommodations at work (Ebuenyi, 2020). States parties are advised by UNCRDP (2006) Article 27 to protect and advance PwDs employment by laws that guarantee and promote the realization of the right to work and employment. Self-employment is a viable substitute for official jobs in low-income countries like South Africa and Johannesburg, where the informal sector is predominant (Ebuenyi et al., 2019). However, the coronavirus pandemic had a detrimental impact on the unofficial economy, resulting in a significant loss of income for the general public and the most disadvantaged groups (Shupler et al., 2020).

The pandemic has also highlighted and widened the digital gap. Many WwDs have been excluded due to the move to remote labour and digital platforms for service delivery since they are less likely to have access to dependable internet or digital literacy skills (International Labour Organisation, 2020). This digital restriction restricts their work possibilities and access to critical services during the pandemic, exacerbating their economic difficulties.

2.4.4 Impact of pandemic-related restrictions

Pandemic-related limitations have had far-reaching consequences for WwDs in Johannesburg, limiting their movement, access to services, and communication networks. Mobility, which was already a significant issue for women with impairments, has been exacerbated by the COVID-19 pandemic. Lockdown measures, travel limitations, and apprehension about infection have limited their physical mobility and independence (World Health Organisation, 2020). Due to congestion and insufficient sanitary measures, public transport has frequently been inaccessible or hazardous for many WwDs (Banks et al., 2020).

Access to crucial services has also been severely hampered. Many disabled women rely on a variety of support services, ranging from healthcare and rehabilitation to social services that have been reduced or modified as a result of the pandemic. Routine medical visits have been pushed back or cancelled, disability support services have been reduced, and the distribution of assistive equipment has been hampered (United Nations, 2020). Similarly, lockdown limitations and panic purchasing have limited availability to food and essential needs (Sabatello et al., 2020).

Significant communication hurdles have also been erected as a result of pandemic-related restrictions. While the transition to digital platforms improved communication and service continuity, it also excluded many WwDs who lacked internet access or reading skills (International Labour Organisation, 2020). Furthermore, public health messages have frequently been inaccessible to persons with sensory or cognitive limitations, resulting in confusion and misinformation (Armitage & Nellums, 2020).

2.4.5 Impact of the COVID-19 pandemic on mental health

The effect of COVID-19 on people's mental health has become more well-acknowledged (Sale, Polyakov, and Eaton, 2020). PwDs' physical and psychological health may have declined as a result of stress from the situation as a whole, isolation and decreased social interaction, lack of access to health services, particularly for those in need of different therapies, and inability to pay for hygiene products to protect against COVID-19 (Ned et al., 2021:140). Even before COVID-19, South Africa's national mental healthcare system was overburdened and under-resourced (Kim, Nyengerai, and Mendenhall, 2020).

In Nigeria, a study involving 132 participants reveals that anxiety levels were found to be significantly impacted by lockdown during the COVID-19 pandemic. There was a strong and significant link between the pandemic and reported anxiety and insomnia. According to Afolabi

(2020), the lockdown restrictions had a detrimental effect on the mental health of the citizens of Nigeria. The pandemic's detrimental impact on mental health was also severe among WGWDs in Nigeria (Joseph et al., 2021).

Hart et al. (2022) further indicate that another study conducted in Uganda showed that parents of disabled children had tremendous distress due to their inability to get healthcare services, as they saw a decline in their child's health. The failure to attend funerals, financial hardships, home-schooling, a lack of social support, and other factors were also cited by participants as sources of emotional pain (Hart et al., 2022). As a result of missing their friends and being unable to play, children with impairments also stated that they were dissatisfied (Mbazzi et al., 2021). It is noteworthy that rather than higher clinical vulnerability, which is crucial for just a minority of people identifying as disabled, this increased risk frequently results from variables connected to stigma and discrimination, as well as a lack of accessibility and inclusion in systems (Sully, 2020).

Furthermore, the United Nations Women Rapid Gender Assessment (2020) indicates that worsened socioeconomic conditions, access to essential goods and services, and feeling of safety for WwDs took a toll during the COVID-19 pandemic, with 53 percent of WwDs of all ages reporting increased mental and emotional stress in the Rapid Gender Assessment far more than WwDs with 43 percent. Single WwDs and children in the household were especially likely to report increased emotional and mental stress, with 65 percent compared to 58 percent of WwDs (UN Women, 2020). The goal of equitable services for PwDs runs the severe risk of being neglected in light of these findings from numerous studies, and the disparity in PwDs' access to mental healthcare will likely grow.

2.4.6 Public information about COVID-19

A significant area of consensus, several studies and settings have revealed the general inadequacy of information from the government and other agencies, which is inaccessible (Armitage and Nellums, 2020; Fernandez-Diaz, Iglesias-Sanchez and Jambrino-Maldonado, 2020; Yap et al., 2020; Wickenden et al., 2023). How PwDs could be informed about the pandemic was impacted by their access to technology, including social media, television, and radio. A lack of information about the spread of the COVID-19 pandemic concerning disability placed PwDs at high risk of infection (Hart et al., 2022). Information-accessible formats, such as Braille, large print, sign language, captions, audio, and graphics, were not always provided (Ned et al., 2021). “While generic information on the COVID-19 pandemic was found to be

helpful, there was little to no targeted information provided to PwDs addressing their specific disability and needs” (Ned et al., 2021:140).

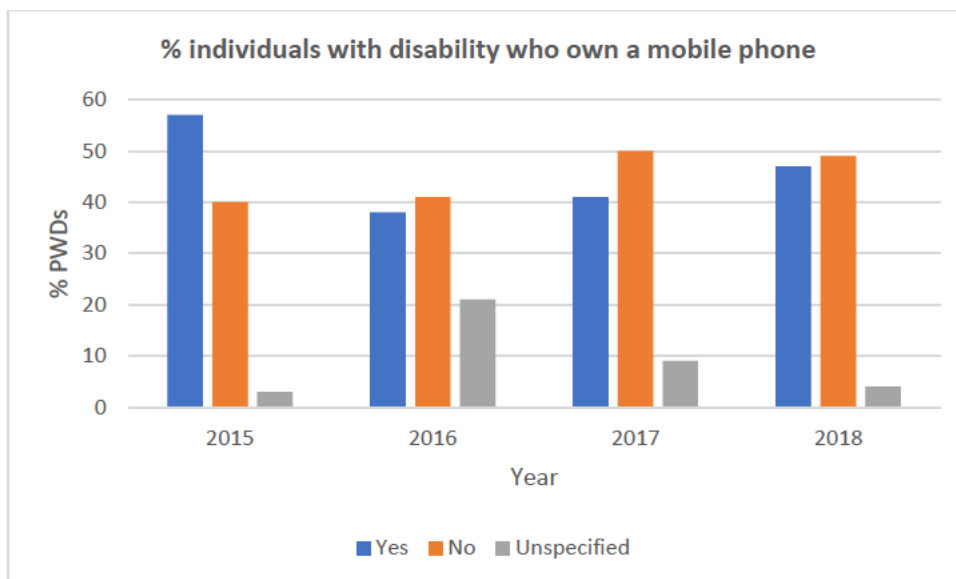
Brennan et al. (2020) suggest that evidence from Ethiopia, Cape Verde, Malawi, Lesotho, Rwanda, and Zimbabwe indicates that people with impairments had trouble accessing information, mainly if they lived in rural or isolated places. In South Africa, concern was voiced about the lack of details about COVID-19 available to PwDs and that the available material does not help them grasp the gravity of the situation. The situation worsened due to the spread of fake news on social media (IDA, 2020). People with hearing impairments were left out of several nationally televised broadcasts of COVID-19 in South Africa because they lacked subtitles (Hart, Msitshana, and Bohler-Muller, 2020; Ned et al., 2020).

Similarly, a study in Uganda suggests that one-third of the 40 OPD members who were part of a purposeful sample claimed they did not receive the same COVID-19 information as PwDs (Christensen, 2020). Similar findings were made public in Botswana, where UN Botswana (2020) noted that individuals with disabilities did not have equitable access to information about accessible services or prevention and response strategies. The risk of developing COVID-19 for PwDs in Lesotho was increased by insufficient access to information on prevention and help (UNDP Lesotho, 2020).

However, some evidence indicates that the information available during COVID-19 was adequate and accessible. For instance, a study conducted in Uganda comprising 48 parents and their disabled children revealed that the majority had received sufficient information on COVID-19 through various forms of communication (UN Uganda, 2020; Hart et al., 2022). Translation or clarification of information for children with hearing impairment and intellectual disabilities was a primary responsibility of their parents (Mbazzi et al., 2021). Zambia presented all television updates from the Ministry of Health and the COVID-19 programs in sign language.

While doing the same, South Africa neglected to offer captioning for non-sign Language users with hearing impairments (Hart, Msitshana, and Bohler-Muller, 2020). Additionally, caregivers and personal assistants were given no information on protecting themselves and obtaining permits to continue as caregivers (Ned et al., 2021).

Figure 1.6: Percentage of the City of Johannesburg individuals with a disability who own a mobile phone from 2015 to 2018.



Source: City of Johannesburg 2021

The graph above illustrates that since 2015, there has been a notable decrease in PwDs with mobile telephone access. In the City of Johannesburg, 57 percent of PwDs owned mobile phones, which decreased to 47 percent in 2018.

2.4.7 Risk of violence towards women with disabilities during the COVID-19 pandemic

The literature has long recognized PwDs' increased susceptibility to interpersonal violence (Hughes et al., 2012; Jones et al., 2012; Lund, 2020). As to Lund's (2020) report, Hughes et al. (2012) comprehensively evaluated 21 studies. They discovered that the lifetime prevalence of interpersonal violence varied between 26 and 90 percent for WwDs and 28.7 percent for males with disabilities. In a similar vein, persons with disabilities were 1.5 times more likely than adults without disabilities to experience abuse, according to Hughes et al.'s (2012) 26-study meta-analysis of the prevalence of abuse against adults with disabilities.

There have been several anecdotal observations regarding the potential for increased violence against WwDs during the COVID-19 pandemic. It is challenging to locate precise empirical evidence in these instances, perhaps due to the challenges of gathering such data. Lund (2020:200), however, contends that lockdowns, quarantines, and other social distancing measures—all required public health mitigation measures—may have unexpected repercussions for those who are vulnerable to violence. Lockdowns, quarantines, and safer-at-home policies, in particular, may put vulnerable people in situations where they could be more likely to experience abuse because they increase their interaction with abusers and make it harder and riskier for them to seek help or leave (Taub, 2020).

During the COVID-19 crisis, it was discovered that in Uganda, PwDs were more likely to experience violent crime. Based on a sample of 40 OPD members, 77 percent of women and 80 percent of men claimed that following COVID-19, there was an increase in financial, physical, psychological, and sexual violence. The risk of physical and sexual violence was also mentioned by one in three of the female respondents (ADD International, 2020). Similarly, the IDA (2020) also reported on the violence risk that PwDs in Uganda face. Similar issues have also been brought up in Kenya, where there have been more allegations of domestic violence against women and girls who are disabled during COVID-19 (Gathu, 2020).

PwDs living in countries with strict curfews and strong police or military presence, such as South Africa, were shown to be more likely to experience violence (Hart et al., 2022). Some instances involve people in Uganda who were subjected to violence either because they were unaware of curfew times or because they had purposefully violated the curfew to obtain food, WGWDs in Nigeria who were brutalized by police while collecting food aid, and South African parents who were fined or detained for attempting to purchase supplies, including medication, for their children with disabilities (Brennan et al., 2020). The government reportedly abused Implementation by the South African Defence Force and the police, which was significantly concerning (Nwachukwu and Asuelime, 2021).

2.4.8 Specific impact on children with disabilities

In several African countries, the COVID-19 epidemic had a severe effect on children with impairments. The transition to remote schooling had a disproportionately negative impact on the education of disabled children in African countries such as Nigeria (Samaila et al., 2020), Malawi (Brennan et al., 2020; UNDP Malawi, 2020), Uganda and Malawi (IDA, 2020; Mbazzi et al., 2021), Eritrea (UNDP Eritrea, 2020) and South Africa (IDA, 2020), due to a lack of technology, electricity disruptions, and specialized educational assistance. Gathu (2020) noted that while many disabled children in Kenya lacked access to technology, those with access to technology needed extra time to become accustomed to the virtual learning environment. Due to a lack of sign language interpreters and qualified teaching support, the education of children with hearing impairments or developmental disabilities was significantly interrupted (Gathu, 2020).

African children with intellectual impairments were particularly impacted by the shift to online learning owing to the COVID-19 pandemic (Samboma, 2021). As some parents were shown to be unable to meet their children's requirements at home, there was a noteworthy worry in

South Africa regarding the schooling of children with autism (IDA, 2020). To overcome the difficulties connected with the change from school to home routines, family members played a crucial role throughout the crisis, according to research from Zimbabwe on the education of children with autism during the pandemic (Majoko and Dudu, 2020).

The IDA (2020) argues that the temporary shutdown of schools prohibited students with disabilities and other students from receiving at least one balanced meal daily. It further expressed concern for the food security of children with disabilities in Africa during the COVID-19 pandemic. In South Africa, schools have a significant impact on how children with disabilities are fed. Organisations of Persons with Disabilities (OPDs) were found to be crucial in helping Kenyan children with disabilities overcome some of the difficulties the coronavirus pandemic presented to them. According to Hart et al. (2022), studies from Uganda and Rwanda raised concerns regarding keeping disabled children in hazardous and inaccessible settings. Particular worries existed over the mental health of young children with psycho-social problems who were being raised at home in this manner. Studies from Uganda, Nigeria, and Tanzania, amongst other countries, reveal that governments failed to take appropriate precautions to safeguard disabled children who were homeless (Hart et al., 2022).

2.5. POLICY RESPONSE TO THE PANDEMIC: GLOBAL AND LOCAL PERSPECTIVES

The worldwide policy response to the COVID-19 pandemic has been defined by many national plans, with considerable attempts to control the virus's transmission, guarantee economic stability, and protect the most vulnerable groups, including WwDs. Initial legislative responses concentrated on infection control measures such as mobility limits, physical separation requirements, and the closing of public venues (Hale et al., 2020). As the epidemic advanced, governmental emphasis switched to healthcare systems to increase capacity, improve infection control, and continue crucial health services (WHO, 2020). Notably, some nations have taken explicit steps to guarantee that healthcare services remain accessible to PwDs (UN, 2020).

Governments worldwide were forced to make difficult policy decisions to stop the virus's spread, as noted by Berger et al. (2021). When that failed, they had to decide on the timing, length, and intensity of interventions to reduce case counts and mortality, primarily through initiatives to compel social distancing and subsequently lower transmission rates (Hale et al., 2020). According to a forecasting study on the United States of America (Thunström et al.,

2020), this is known as "flattening the curve" and, if successfully implemented, could have produced benefits estimated at around USD 5.2 trillion.

Governments established non-profit institutions (NPIs) with varying degrees of enforcement at the national and state levels during the pandemic's pre-vaccination phase (Van der Westhuizen et al., 2020; Hale et al., 2021). Using face coverings, particularly nose masks, was one of the most strongly supported strategies (Van der Westhuizen et al., 2020; Howard et al., 2021). Face masks not only significantly reduced COVID-19 instances in Germany by a whopping 45 percent in just 20 days, but they also had minimal financial cost compared to other public health initiatives (Mitze et al., 2020). As the world attempted to adjust to the COVID-19 pandemic, which many have referred to as the "new normal" (Corpuz, 2021; Bonacini et al., 2020), experts continue to warn of the possibility of future pandemics (Thoradeniya and Jayasinghe, 2021; Behl et al., 2022). Therefore, we must learn as much as possible about the ideal combination of policies for addressing a pandemic based on our experience with the novel coronavirus during the past three years. It is particularly crucial to comprehend the effectiveness of various measures intended to mitigate the adverse effects of the virus during the time before vaccines became available. It allows us to prepare ourselves for the possibility of future pandemics.

The efficiency of specific COVID-19 prevention measures was evaluated by retrospective studies carried out at the national level. For instance, it has been discovered that face masks were most valuable and economical in Germany (Mitze et al., 2020). According to Azman and Luquero (2020), China's severe lockdowns, active case surveillance, and other quick control measures resulted in significant transmission reductions as of late March 2020. However, this came at the expense of many people's social and emotional well-being and slowed economic growth. Robots were used in Rwanda for hospital patient monitoring, early intervention, and effective use of social media for information distribution (Karim et al., 2021).

It is essential to take a comprehensive look at the policies on a multinational scale to test empirically which ones perform well regardless of the country in question, because operational contexts in every country differ, and some policies cannot be easily transferred. The Organisation for Economic Co-operation and Development (OECD) tried this analysis but could only include 18 of its 38 member states (Thoradeniya and Jayasinghe, 2021). In their study, they recognize the importance of income support and debt relief as factors that encourage people who must remain at home. Still, they also raise concerns about inadequate targeting regarding who most needed this support and whether they had access to it. This is in accordance

with claims that pandemic governance requires an awareness of socio-economic variations in governmental and citizen responses (Hale et al., 2021). The OECD finally acknowledges the need for additional research to provide member states with the best policy recommendations. The success of government actions at an early stage is inversely correlated with the strength of the intervention at that time, according to the research of 37 nations that looked at the reaction to the first COVID-19 epidemic.

Economic responses included income subsidies, employment retention plans, stimulus packages, and worldwide measures to bolster the unorganized sector (Gentilini et al., 2020). However, these approaches have largely ignored the specific economic vulnerabilities of WwDs, leading to calls for specialized financial aid, such as disability-inclusive social protection measures (United Nations, 2020). According to education policy, the educational gaps experienced by children with disabilities have been made worse by school closures and the move to online learning. Many countries have implemented procedures to guarantee learning continuity, including opening online learning resources and offering individualized help to students with disabilities (UNESCO, 2020).

2.5.1 South Africa's COVID-19 policy response

In early 2020, during the coronavirus outbreak, the National Institute for Communicable Diseases (NICD) suggested a significant risk of rising cases in South Africa and the healthcare system becoming overwhelmed. "This resulted in urgent critical care triaging decisions having to be made in both the government and private healthcare sectors" (NICD, 2020:33). Notwithstanding these measures were paramount, critical ethical issues were also raised by these measures regarding who was supposed to, was able to access care (Uys et al., 2021; Uys, 2020; Kuper et al., 2020). Several considerations were needed regarding policy actions within the country regarding the COVID-19 pandemic response. Most of these considerations were rooted in apartheid inequalities, a particularly socio-economic incongruity still visible even today. For example, Statistics South Africa (2017:71) indicated that "55% of South Africans, or 30,4 million, live in poverty."

In response to the spread and impact of the pandemic, strategies and policies were developed based on the Disaster Management Act 57 of 2002 to mitigate the spread of the virus. The Disaster Management Act (57 of 2002) provides a framework for response to natural or human-caused disasters as defined in Section 1 of the Act. It aims to provide a coherent, transparent, and inclusive policy on disaster management that is appropriate for South Africa. The

framework presents the intergovernmental structures and policy framework and creates the main responsible organ, the National Disaster Management Centre.

However, regarding PwDs, the Disaster Management Act does not mention them or disability-inclusive approaches to managing disasters. The long overdue inclusion of PwDs as a specific vulnerable group under section 3.5 of the White Paper on the Rights of People with Disabilities Implementation Matrix 2015-2030 (DSD, 2016) in the Disaster Management Framework of 2005 has yet to come into effect (Hart et al., 2022). At the time of the COVID-19 pandemic, there was no evidence of progress, and there was none before the pandemic outbreak (Hart et al., 2022). Yet, the Disaster Management Act and Disaster Management Framework inform the disaster management and mitigation measures of the National Coronavirus Command Council (NCCC). One of the NCCC regulations stressed the restriction of movement, preventing caregivers of PwDs from accompanying them when seeking health care, placing a definitive barrier on those who require extra assistance to engage with health care (McKinney, McKinney, and Swarts 2021).

On March 5, 2020, the NICD of South Africa reported the first confirmed case of COVID-19 (NICD, 2020). Since then, the number of reported cases has continuously climbed, although not at the initially anticipated exponential pace (NICD, 2020). Following the arrival of COVID-19 on South African shores, the early recommendations to South Africans centred on consistent hand washing and social distancing. However, President Cyril Ramaphosa and his administration were spurred into action by the WHO classification of COVID-19 as a pandemic on March 11, 2020, the daily increase in reported cases around the world, and most importantly, the discovery of the first case of community transmission in South Africa. Decisive action was required. On March 15, 2020, a National State of Disaster was declared, and many restrictions on South Africans' rights were announced (NICD, 2020).

A State of Emergency is different from a State of Disaster. Section 37 of the Constitution grants the authority to do so, and the State of Emergency Act of 1997 must be followed when doing so (SA Constitution, 1996). It can only be made when "war, invasion, general insurrection, disorder, natural disaster, or other public emergency" threatens the nation's existence, and "the declaration is necessary to restore peace and order." Certain Bill of Rights provisions may be waived upon the proclamation of a State of Emergency, except for those not expressly protected by Section 37(5) of the South African Constitution Act 108 of 1996, which includes the rights to dignity, life, and a fair trial. Unless the Parliament agrees to prolong this declaration for an

additional three months, a State of Emergency can only last 21 days (SA Government, 2020). A majority of the Parliament must vote to approve the initial extension. Any court in South Africa has the authority to rule on the legality of the State of Emergency, any extensions thereof, and any rules issued in connection with the State of Emergency (State of Emergency Act, 1997). Parliament and the courts thus clearly have a supervisory role under the State of Emergency (State of Emergency Act, 1997).

Given the early lockdown and rigorous testing regime, the world community praised the South African government's initial response in terms of health. The lockdown destroyed an already fragile economy, which had a detrimental societal impact. After the initial lockdown, the infection rate increased, necessitating more limitations, which raised the possibility of severe economic damage. Deep social inequality exists in South Africa (Stats SA, 2019). Most South Africans rely on the underfunded and poorly run public healthcare system, with just 16 percent having access to medical aid (Council for Medical Schemes, 2016; Staunton, Swanepoel, and Labuschaigne, 2020). The Office of Health Standards stated in its 2016–2017 Annual Inspection Report that 62% of the 851 public sector health establishments did not comply with standards and norms for healthcare quality. The Office of Health Standard Compliance (2018) highlighted several areas of deficiency, including inadequate or absent leadership and management, senior staff support, knowledge, and competencies.

Furthermore, a considerable burden of tuberculosis (TB), HIV, and HIV/TB co-infection is carried by the South African healthcare system. Millions of people are on immunosuppressive medications, and some are HIV-positive but are not receiving treatment for their infection (WHO, 2018; Spotlight, 2018). According to the Academy of Science in South Africa (2020), there were worries that people with these comorbidities would be more vulnerable to SARS-CoV-2 infections and would also be at a higher risk of having severe COVID-19 disease.

The delivery of routine chronic illness care, as well as South Africa's TB and HIV antiretroviral programs, was likely equally impacted by the coronavirus pandemic, which interrupted standard healthcare in other areas of the world (Staunton, Swanepoel, and Labuschaigne, 2020). Given that some high-income countries (HICs) with better-managed healthcare systems were overrun, South Africa's already overburdened public healthcare system was unlikely to be able to handle an increase in COVID-19 cases (Staunton, Swanepoel, and Labuschaigne, 2020). Thus, stopping the spread of COVID-19 in South Africa was vital.

President Ramaphosa and his Cabinet had the chance to draw lessons from Asia's and Europe's experiences concerning the virus, which was centred on self-isolation, quarantine, testing, and lockdown (Staunton, Swanepoel, and Labuschaigne, 2020). Although such tactics proved beneficial in reducing and occasionally even containing the virus's transmission, their applicability in South Africa was constrained by socioeconomic conditions. Public health interventions like frequent hand washing and social isolation that successfully reduced the spread of the virus abroad were inexpensive preventative measures. It was considered difficult for PwDs to practice, considering their livelihood. Moreover, these regulations were a luxury many people in South Africa could not afford. Informal settlements, often tiny, poorly designed, and without running water, are home to about 13 percent of all homes (Socio-Economic Rights Institute of South Africa, 2018). In circumstances where many individuals share a bedroom or for the estimated 200,000 persons who are currently homeless in South Africa, self-isolation and quarantine were nearly impossible (Stats SA, 2021). With 69 percent of people utilizing taxis, 20.2 percent using buses, and 9.9 percent using trains, a sizeable section must rely on congested and claustrophobic public transportation (Stats SA, 2014). These issues underscore how difficult it is to maintain social distancing and enforce effective hand-washing procedures in these environments (IOL, 2020).

Despite the socioeconomic circumstances, South Africa's COVID-19 response had to concentrate on stopping and reducing the virus's transmission. It is hardly surprising that the rules issued under the State of Disaster were aimed at severely restricting the citizens' rights of movement and assembly. Since it was immediately apparent that this would have a significant economic impact, South Africa was demoted to junk status on 31 March 2020, and the South African Rand fell to a historic low (BusinessLIVE, 2020). President Ramaphosa was faced with prioritizing the economy over the health of the population and risking exposing an already frail healthcare system and a population with various comorbidities to the virus.

2.5.2 South African economic measures for COVID-19

A global economic crisis and a health crisis coexisted during the COVID-19 pandemic. At the time, the President of South Africa led the administration in taking intense action to put everyone's health and life first. Nevertheless, interlocked shocks to supply and demand impacted the economy, which was already fragile before the pandemic emerged (Stats SA, 2019). The top objective was to utilize joint fiscal and monetary policy tools to stimulate economic activity and ease hardship. The government devised a risk-adjusted strategy to reopen the economy, beginning with easing lockdown measures in May 2020 (SA Government,

2020). “This risk-adjusted approach was guided by several criteria, including the level of infections and rate of transmission, the capacity of health facilities, the extent of the implementation of public health interventions, and the economic and social impact of continued restrictions” (SA Government, 2020).

In the long run, the South African economy did not just revert to its pre-pandemic state, as the president observed in his address on 21 April 2020 (SA Government, 2020). Businesses, labour, communities, and the government needed to form a social agreement to create a new economy in a new global reality. It required a significant structural adjustment that allowed millions of South Africans to participate in creating a more prosperous and more productive society. It necessitated reforming state-owned businesses and rethinking government industrial strategy.

The government, the South African Reserve Bank, and the private sector took prompt action to lessen the coronavirus's adverse economic effects. This was accomplished by enforcing a lockdown while providing financial assistance to homes and businesses. In light of its limited financial resources, the government took action to safeguard vulnerable populations and lessen the shock's consequences on the economy. The government continued to give targeted interim help to people and businesses as the economy gradually began to open again. To coordinate expenditures across all levels of government, the National Treasury worked closely with the provinces and local governments, including through weekly online meetings with the Finance Member of Executive Councils (MEC), provincial treasuries, and metropolitan municipalities (SA Government, 2020).

The success in containing the pandemic and the scope and speed of monetary and fiscal policy actions impacted how the world economy would recover (International Monetary Fund, 2021). The IMF (2021) further elaborated that a growth rebound was predicted to start in 2021. A combination of economic issues exacerbated the public health catastrophe in South Africa. The year 2019 saw a sharp slowdown in economic growth, reaching just 0.2 percent in South Africa (IMF, 2021). The sovereign credit rating of South Africa was reduced at the end of March 2020, increasing the government's borrowing cost (IMF, 2021). As a result, South Africa's external adjustment was more significant than in many other rising markets. During COVID-19, the economy was experiencing successive aggregate supply and demand shocks that overlapped (Fernandes, 2022). According to an analysis of COVID-19's effects on the South African economy, the lockdown and its effects idled almost 33% of the active labour resources

before the epidemic (Ngarava et al., 2022). The labour force worked 25 to 40% fewer hours, depending on the education category, and capital utilization decreased (Ngarava et al., 2022).

2.5.3 South African fiscal policy response

Through the Unemployment Insurance Fund (UIF) and specific initiatives from the Industrial Development Corporation, the government offered assistance to businesses and employees hugely affected by the COVID-19 pandemic and in need (IMF, 2021). Benefits under the UIF, which had already been extended until January 2021, were extended again until April 2021 (IMF, 2021). The COVID-19 pandemic health response gained more funding, low-income workers received a temporary tax break for four months, and the most vulnerable families received temporary increases in social benefit levels until the end of October 2020 (Ngarava et al., 2022).

In April 2021, a new temporary COVID-19 grant was established to pay for unemployed workers who do not receive grants or UIF payments. The distribution of food parcels was increased, and the 2021 budget included more money for public works initiatives (Ngarava et al., 2022). Small-scale farmers producing poultry, livestock, and vegetables, as well as SMEs in the tourism and hospitality industries, were financially supported (SA National Treasury, 2021). A new 1.2 billion Rand tourism equity fund was made available in late January 2021 (SA National Treasury, 2021).

A formal loan guarantee program was established to offer bank loans to qualified firms guaranteed by the government to help them pay operating costs during the pandemic (IMF, 2021). To allow loans already in the works to be taken down and promote a smooth wind-down, the scheme was extended until July 11, 2021 (IMF, 2021). A solidarity fund was established to receive contributions from the public and support local efforts to provide emergency water supplies, improve sanitation in public transportation, and provide food and shelter for people without homes (SA National Treasury, 2021). The revenue administration released a list of necessary products for a complete refund of customs duty and import Value Added Tax (VAT) exemption, and accelerated reimbursements and tax credits that allowed Small and Medium-sized Enterprises (SMEs) to postpone certain tax obligations (SA National Treasury, 2021). The skills development levy also had a four-month tax vacation (IMF, 2021).

2.5.4 Disability inclusive COVID-19 response

International organizations, such as the World Health Organization and the United Nations, produced policy papers and memoranda as the COVID-19 pandemic expanded around the

globe, calling for the inclusion of PwDs in COVID-19 responses and recovery (WHO, 2020; UN, 2020). The WHO published Disability Considerations During the COVID-19 Outbreak in March 2020. This document discusses additional considerations for PwDs during the COVID-19 outbreak. These considerations included steps to ensure that PwDs can access the healthcare, water, and sanitation services and the public health information they need (WHO, 2020). The memorandum outlined the steps stakeholders should take while the epidemic is underway (WHO, 2020). These stakeholders included PwDs and their families, governments, community-based disability service providers, institutional settings, and residents (WHO, 2020).

For PwDs and their households, actions included lowering potential COVID-19 exposure, creating plans to ensure continuity of the care and support needed, preparing families for the event that COVID-19 was contracted, and maintaining the mental and physical well-being of household members and caregivers (WHO, 2020). Governmental actions included making public health information and communication accessible, taking targeted action for PwDs and their support systems, taking targeted action for disability service providers in the community, paying more attention to PwDs who live in potentially high-risk environments for contracting the disease, and making sure that emergency measures take into account the needs of PwDs (WHO, 2020). Healthcare-related actions included providing telemedicine services for PwDs and ensuring that COVID-19 healthcare is inclusive, accessible, and cheap (WHO, 2020).

The community's disability service providers took several steps, including creating and implementing service continuity plans, communicating frequently with PwDs and their support systems, lowering the risk of COVID-19 exposure while providing disability services, and offering enough assistance to PwDs with complex needs. Reducing potential COVID-19 exposure, planning for COVID-19 infections in institutions, providing adequate care for residents with impairments, and ensuring resident rights during the COVID-19 outbreak were all actions for institutional settings. The general public implemented basic preventative measures, and flexible work schedules, and infection control measures were supported by employers. Store owners gave vulnerable populations increased access to stores, and PwDs received additional support from family, friends, and neighbors (WHO, 2020).

In May 2020, the UN released its Policy Brief: A Disability-Inclusive Response to COVID-19. The policy brief identifies four critical areas of focus: ensuring that disability is mainstreamed in all COVID-19 response and recovery efforts, along with targeted actions; ensuring that

information, facilities, services, and programs are accessible in the COVID-19 response and recovery; ensuring meaningful consultation with and active participation of people with disabilities and their representative organizations in all stages of the COVID-19 response and recovery; and establishing a national disability policy.

2.5.5 Johannesburg's policy response: Detailed review and analysis

The policy response to the epidemic in Johannesburg has been characterized by multifaceted solutions formed by the city's particular socioeconomic setting. The pandemic profoundly impacted Johannesburg's public health, economic, and social sectors, prompting a vigorous and varied governmental response (COJ, 2020). Johannesburg's early public health response focused on enforcing lockdown laws, expanding healthcare facilities, and beginning COVID-19 testing and contact tracing operations (Mkhize, 2020). To protect vulnerable populations, including WwDs, the City of Johannesburg implemented a variety of interventions, including distributing food parcels to vulnerable households and establishing accessible quarantine and isolation facilities (COJ, 2020).

The City of Johannesburg's economic reaction was guided by reducing the pandemic's negative economic repercussions and supporting economic recovery. The City of Johannesburg introduced business relief measures such as rates and tax relief programs for small, medium, and micro-sized companies (SMMEs) and delayed payments for municipal services for struggling firms (COJ, 2020). Despite these efforts, there is little evidence of particular initiatives aimed at addressing the economic vulnerabilities of WwDs, highlighting a possible policy vacuum.

In response to school closures, the City of Johannesburg supported the change to online learning. However, the transition exposed the digital gap and disparities in access to education, notably for kids with impairments (Chikte, 2020). The City of Johannesburg recognized these problems and undertook steps to provide underprivileged learners access to digital learning materials. However, the sufficiency and effectiveness of these measures have yet to be thoroughly reviewed. The social and psychological effects of the pandemic were addressed by establishing a 24-hour COVID-19 hotline that provided mental health help and information (Mkhize, 2020). However, because WwDs are disproportionately affected by mental health disorders, they may require more specialized and accessible support services.

2.5.6 Effectiveness of policies: Studies on impact and shortcomings

Analyzing the impact of governmental responses to the pandemic, particularly on WwDs, necessitates evaluating several variables. While some programs are universally regarded as helpful, others have been criticized for their limits and unforeseen consequences. Globally, the World Health Organization's policy guidance on inclusion and accessibility in the COVID-19 response emphasized ensuring that policies do not disproportionately harm people with disabilities (WHO, 2020). Some governments have responded by enacting disability-inclusive policies such as accessible communication techniques, disability-specific health standards, and financial assistance for people with impairments (UN, 2020). Nonetheless, there is significant variation in how well these policies have been implemented and how much they have reached and helped WwDs (Armitage & Nellums, 2020).

Studies examining the impact of Johannesburg's policy solutions provide diverse outcomes at the municipal level. For example, the City's economic relief initiatives have been praised for assisting struggling enterprises (COJ, 2020). However, concerns have been raised about the restricted breadth of these initiatives and their failure to address the particular economic vulnerabilities of WwDs (COJ, 2020). Furthermore, while the City's initiatives to promote online learning have had some beneficial outcomes, they have also highlighted the digital gap that disproportionately impacts children with disabilities (Chikte, 2020). It emphasizes the need for more inclusive education policies that promote access to online learning and guarantee that the individual learning requirements of students with disabilities are effectively served (UNESCO, 2020).

Similarly, the City's health and social assistance programs have been inconsistent in their performance. While installing a COVID-19 hotline has offered vital assistance to many locals, concerns have been expressed concerning its accessibility for people with hearing or speech difficulties (Mkhize, 2020).

2.5.7 Best practices: Comparative analysis of effective policies from other regions

A comparative review of good strategies from diverse locations enables the discovery of best practices that may be tailored to Johannesburg's specific conditions. These best practices can provide valuable insights into future policy responses to crises such as the COVID-19 epidemic, particularly for vulnerable groups such as WwDs. The European Union (EU) is one region known for its excellent policies. It has implemented a comprehensive approach, which

includes the European Disability policy (2010-2020) and the COVID-19 EU response for PwDs, which prioritizes accessibility, equal opportunities, and active participation (EU, 2020). The policy is founded on a human rights concept, recognizing PwDs as having rights rather than being receivers of charity (Degener, 2016). In terms of an inclusive and rights-based approach to policy response, these efforts serve as ideal models for Johannesburg.

Despite its different socioeconomic circumstances, the Asia-Pacific area provides notable best practices. South Korea, for example, has been praised internationally for its proactive testing and contact tracing efforts throughout the epidemic (Kim, 2020). What is less well recognized is their disability-inclusive response, which includes readily available COVID-19 information, priority testing for disability populations, and emergency relief monies (UN ESCAP, 2020). This exemplifies how disability issues may be effectively integrated into a more extensive public health approach.

New Zealand is another compelling example of an effective policy response, distinguished by high inclusion levels and a strong emphasis on human rights. The country's COVID-19 Disability Plan guarantees that disability services are maintained during lockdowns, that communication is accessible, and that immunization for individuals with impairments is prioritized (NZDSN, 2020). These efforts emphasize the significance of comprehensive and tailored programs for people with impairments.

However, the effectiveness of these policy measures should not eclipse the difficulties experienced and lessons learned. Even in these places, there are gaps and shortcomings, particularly in serving the unique requirements of WwDs (Powell et al., 2020). As a result, although implementing best practices is critical, they must be adjusted to the particular local settings of Johannesburg and supported by strong, inclusive, and gender-responsive initiatives.

2.6. DISABILITY FROM THE PERSPECTIVE OF INTERSECTIONALITY

2.6.1 Intersectionality Theory

According to Kimberlé Crenshaw (1989), intersectionality provides a lens for understanding how diverse dimensions of identity, such as gender and disability, may overlap and compound discrimination and disadvantage (Crenshaw, 1989). The word 'intersectionality' refers to the complex interplay of numerous identities and oppressive systems and the distinct experiences that result from these interactions (Nash, 2008).

The experiences of WwDs during the COVID-19 epidemic, as seen through this perspective, cannot be reduced to their gender or disability status alone; somewhat, these identities overlap to generate distinct obstacles and vulnerabilities. WwDs, for example, endure double prejudice in society owing to their gender and disability status, which can be exacerbated during emergencies such as a pandemic (Meekosha& Shuttleworth, 2009). Furthermore, intersectionality theory broadens the scope of the examination beyond gender and disability to include other aspects of identity, such as socioeconomic class, ethnicity, and age, which may intersect and compound disadvantages (Hankivsky& Cormier, 2009).

2.6.2 Empirical evidence: Studies highlighting intersectional challenges

The intersectional difficulties WwDs confront are well supported by empirical data, especially in light of the COVID-19 pandemic. The diverse ways in which the pandemic has affected this population highlight how crucial it is to take intersectionality into account when developing social, health, and economic policies and initiatives.

According to a United Nations assessment from 2020, the epidemic worsened already-existing disparities for women who have impairments. For instance, they encountered particular challenges in the healthcare system, such as unavailable health information, discrimination in medical settings, and prioritizing treatment for PwDs (United Nations, 2020). These difficulties support the intersectionality hypothesis by showing how the confluence of gender and disability can result in exacerbated disadvantages.

Smith's (2021) investigation on the educational experiences of disabled women during the pandemic. The results showed that although necessary during the pandemic, remote learning presented additional challenges for these women due to a lack of support services and assistive technologies. Additionally, the shift to online learning environments frequently overlooked the unique learning requirements of WwDs, furthering their exclusion from educational settings (Smith, 2021).

WwDs have been disproportionately impacted by the epidemic on the economic front. They were less likely to benefit from economic recovery measures and more likely to lose their employment due to pandemic-related disruptions, according to a study by the International Labour Organisation (ILO, 2022). According to the research, WwDs saw more significant pay inequalities during the pandemic (ILO, 2022). Social prejudice and violence against WwDs increased throughout the epidemic. During the COVID-19 lockdown, there were more instances of gender-based violence against WwDs in South Africa, according to research by

Hlongwa et al. (2022). These results show how the confluence of gender, disability, and crises might increase vulnerability.

2.6.3 Role of intersectionality in policy responses

The need for an intersectional approach in policy responses is highlighted by the intersections of gender and disability, which are further exacerbated by crises like the COVID-19 epidemic. The epidemic has highlighted the flaws in strategies that do not take intersectional identities and the unique difficulties they pose into account.

According to Kapilashrami and Hankivsky (2020), an intersectional approach to public policy can assist in alleviating the disparities caused by the COVID-19 epidemic. Their argument is predicated on the idea that intersectionality is about acknowledging individuals' many identities and comprehending how they interact to shape perceptions of privilege and deprivation. Access to services for women with impairments becomes essential in healthcare policy. The pandemic has brought to light how frequently healthcare systems fail this population as a result of both direct prejudice and structural impediments, as described by Shakespeare et al. (2020). Policies addressing these intersecting issues may guarantee access to healthcare services and positive health outcomes.

It is also vital to approach economic policy intersectionality. According to a study by the International Labour Organisation (ILO, 2022), economic recovery strategies frequently ignore the particular financial problems that WwDs experience, leaving them behind. These inequities can be reduced by creating and implementing inclusive economic policies that consider overlapping identities.

Policy must reflect an intersectional perspective to promote equitable learning opportunities in the educational sector. Smith (2021) proposes policies that consider intersectional problems, such as offering assistive technology and support services for remote learning, that can bridge the digital divide WwDs face during the pandemic. Furthermore, social measures need to address the rise in violence and discrimination against WwDs during the epidemic. In this context, legislation that upholds the rights of disabled women and social assistance initiatives created from an intersectional viewpoint is essential (Hlongwa et al., 2022).

2.7 GAPS IN THE LITERATURE

2.7.1 Lack of focus on intersectionality: Need for more nuanced studies

A significant gap in research concentrating on intersecting identities can be seen in the literature despite the developing awareness of intersectionality, especially in the context of major world disasters like the COVID-19 epidemic. This gap calls for a change to more nuanced research methods, especially regarding the actual lived experiences of WwDs.

This lack of intersectional research is evident in several fields of study. For instance, in the area of healthcare, the bulk of research has concentrated on the pandemic's general effects without sufficiently addressing the difficulties faced by women with impairments (Wahlberg et al., 2021). This too-broad approach hides the specific health issues this group experienced during the epidemic by failing to highlight the interlocking axes of prejudice. Furthermore, the literature on schooling during the epidemic lacks an intersectional focus. The challenges experienced by WwDs in their pursuit of education are not well captured by current research on educational disruption because it frequently ignores the combination of gender and disability (Papadopoulos et al., 2021). The lack of a comprehensive understanding in this area obscures the urgent need for efforts to improve this demographic's inclusion in educational opportunities.

The confluence of gender, disability, and pandemic-induced economic disaster is still vastly understudied in the realm of economic research (WHO, 2022). The lack of studies examining the unique financial difficulties encountered by WwDs in the context of the epidemic makes it challenging to build all-encompassing, fair recovery plans.

In addition, research on pandemic-related social experiences, such as prejudice and aggression, appears to be primarily ungendered and disability-neutral (EASPD, 2021). It creates a knowledge vacuum regarding the unique vulnerabilities of WwDs to social adversities brought on by the epidemic.

2.7.2 Limited local perspectives: Shortage of Johannesburg-specific studies

The dearth of studies concentrating on particular local contexts is a substantial gap in the current corpus of literature. The shortage of research on women with impairments, particularly in Johannesburg or other South African metropolitan settings, serves as an illustration of this. Due to this lack of localized awareness, policymakers and service providers are deprived of vital information that may help them craft more targeted and successful actions.

For example, Johannesburg is still underrepresented in studies examining the lives of disabled people despite being a significant urban center in South Africa. There aren't many studies on the availability and caliber of healthcare services for women with impairments, which is essential in the field of healthcare, given the city's heavy burden of sickness and disability (Steyn and Harris, 2021).

Academic research also poorly understands the educational situation in Johannesburg. Most studies tend to provide general evaluations of COVID-19's effects on South African education. Still, they fall short of offering a detailed knowledge of the unique possibilities and constraints faced by WwDs within the city's educational landscape (Chataika et al., 2022).

Furthermore, the job realities of women with impairments in Johannesburg have received little attention from economic studies. Although the pandemic's effects on South Africa's economy have been extensively explored, these talks seldom thoroughly examine this demographic group's unique difficulties in the city's employment market (Stats SA, 2022).

Research on social experiences makes the absence of regional studies even more evident. The local specificity of studies on stigma, discrimination, and violence is often lacking, and they frequently fall short of accurately capturing the unique socio-cultural dynamics of Johannesburg that influence these experiences for WwDs (Human Rights Watch, 2022).

2.7.3 Limited long-term studies: Need for research on post-pandemic impact

Despite its importance, the present study on the COVID-19 pandemic's impacts on WwDs frequently focuses on short-term repercussions and quick results. A more thorough picture of the long-term effects that could persist or change even after the pandemic's most significant urgent risks fade is lacking in the research. Our knowledge of the pandemic's lasting effects on this susceptible group has unavoidably been limited due to the ongoing focus on the short term (Naidu, 2021).

Studies on health have mainly concentrated on the pandemic's immediate effects, such as making it harder to get medical care or worsening pre-existing diseases. There is, however, a dearth of long-term studies on any health effects, including any psychological effects that may have resulted from extended periods of loneliness, stress, and anxiety (Roux, 2021).

Similar gaps exist in the economic literature, where few studies have taken into account how the epidemic would affect women with impairments in the long run in terms of employment and financial security. Undoubtedly, the pandemic affected the labor market and further

alienated individuals with insecure jobs. Without extensive, long-term investigation, the future course of this disturbance is unknown (Van der Westhuizen, 2022).

The majority of studies in the field of education have focused on the quick transition to online learning and the accessibility challenges this posed. The long-term effects of these interruptions on education, such as potential learning loss or the enduring difficulties of returning to in-person instruction, have not yet been thoroughly studied (Mutanga, 2021).

In summary, the long-term effects of the COVID-19 pandemic on WwDs, notably in Johannesburg, remain understudied while the acute effects of the pandemic are being researched. A longitudinal study in this area is essential to create successful post-pandemic recovery programs and better understand the pandemic's lingering effects.

2.8 CONCLUSION

The literature study provides a thorough and nuanced grasp of Johannesburg's socioeconomic setting and the distinctive lived experiences of WwDs in this context, both before and during the COVID-19 pandemic. It reveals the many problems this demographic group faces due to their marginalization by society and intersecting identities (Combrinck, 2021).

WwDs in Johannesburg were already traversing a complex landscape before the epidemic, characterized by obstacles to accessing healthcare, education, and career possibilities. They frequently encountered stigma and discrimination in society, widening the socioeconomic disparities they experienced (Maart& Jelsma, 2014; Swartz et al., 2019). These difficulties were made worse by COVID-19. The pandemic stretched an already overburdened healthcare system to its breaking point in terms of the availability of care and the escalation of mental health problems (Roux, 2021). Social marginalization of WwDs increased due to an increase in violence, discrimination, and isolation (Viljoen, 2020). Their already vulnerable livelihoods were strained economically by the pandemic's employment losses and financial turmoil (Van der Westhuizen, 2022).

Policies were implemented globally and locally to lessen the epidemic's effects. The efficacy of these measures, however, frequently fell short, with a focus on the intersectional requirements of WwDs (Roux et al., 2021). Additionally, a study of policies from various locations indicates that the most influential responses included the best practices and intersectional considerations (Rodriguez et al., 2020).

The literature emphasizes how vital intersectionality is for comprehending the particular experiences of WwDs throughout the epidemic. However, it also reveals significant gaps in the existing corpus of research, such as the neglect of intersectionality, the absence of locally relevant viewpoints for Johannesburg, and the paucity of long-term studies (Naidu, 2021; Mutanga, 2021; Van der Westhuizen, 2022).

2.8.1 Implications for policy: How literature can guide better policymaking

The research reveals various systemic flaws that harm the lives of WwDs in Johannesburg, which is exacerbated by the COVID-19 epidemic. The consequences for policymaking are considerable, and these findings can give helpful recommendations for altering policy institutions to better appropriately address these women's multiple problems (Roux, 2021).

The intersectionality of the difficulties confronting WwDs necessitates intersectional answers. Policies must incorporate knowledge of gender, disability, and socioeconomic aspects to promote successful resource allocation and support implementation (Rodriguez, Valle, & Salinas, 2020). It is critical to recognize the specific needs of women with impairments rather than tackling disability issues as a whole (Combrinck, 2021).

Mental health, an urgent issue exacerbated by the epidemic, must be highlighted in healthcare programs. Recognizing this population's enormous mental health burden is critical, and policymakers should try to make mental health treatments accessible, inexpensive, and inclusive (Roux, 2021).

The economic vulnerability of disabled women, compounded by the epidemic, requires rapid policy responses. Increasing work opportunities, providing financial assistance, and enhancing income security are critical (Van der Westhuizen, 2022).

2.8.3 Research Implications: Suggestions for future studies based on gaps in the literature

Based on the gaps in the literature highlighted in this review, there are considerable research possibilities that, if pursued, can expand our understanding of the experiences of WwDs in Johannesburg, both during and after the epidemic. A more thorough study is needed to investigate the confluence of gender, handicap, and socioeconomic difficulties confronting these women (Naidu, 2021). Given the importance of intersectionality theory in modern social science, future research should employ this lens to add depth and complexity to this topic (Crenshaw, 1991).

There is a particular need for nuanced, qualitative research that captures the actual experiences of WwDs. Research investigating these women's everyday reality and micro-level experiences will give an essential viewpoint to supplement large-scale quantitative analysis (Schröttle and Glammeier, 2013). The local view is another crucial subject for future investigation. While worldwide research provides a broad perspective on the issue, Johannesburg-specific studies are lacking (Roux, 2021). Research into the local context can give a more detailed picture of Johannesburg's particular difficulties and possibilities.

Conclusively, given the transient character of the COVID-19 pandemic and the current governmental responses, long-term research that studies the post-pandemic implications on WwDs is critical. Understanding these long-term effects can benefit the development of rehabilitation strategies and long-term support for this demographic group (Naidu, 2021).

CHAPTER 3: THEORETICAL FRAMEWORK

“Recognizing and respecting differences in others and treating everyone like you want them to treat you will help make our world a better place for everyone. Care and be your best. You do not have to be disabled to be different. Everyone is different!” – Kim Peek

3.1 INTRODUCTION

Theory is among the key terms in the academic vocabulary of modern sociology (Abend, 2008:173). Abend (2008:173) further states that it “is not referring only—in fact, not principally—to the subfield of sociological theory.” It suggests that any scholar can use the terms "theory," "theoretical," and "theorize" regularly. According to Vogt (2005), a theory is characterized as an assertion or set of statements that elucidates the mechanisms of the world and often explains the relationships between different occurrences. The foundation of analysis and theory fosters the field's resourceful growth and is essential for solving practical issues (Gelso, 2006). Within the confines of crucially limited presumptions or behavioral predictions, theories are developed to explain, forecast, and comprehend phenomena and frequently examine and expand upon an existing body of knowledge critically.

Moreover, a theoretical framework is the structural foundation for a research study's theory. A researcher's use of the theory and its underlying assumptions to study a research problem is explained narratively and is included in the theoretical framework. A theoretical framework comprises concepts, established theories applied to a specific study, definitions, and references to pertinent academic literature. A thorough comprehension of theories and ideas pertinent to a research paper's topic and that link to the larger body of knowledge under consideration must be shown in the theoretical framework. A theory's suitability, usability, and capacity for explanation should all be considered while choosing one.

Therefore, this chapter provides a theoretical framework by outlining theories that serve as a foundation for this study, justifying their relevance and application to this study. It outlines the theories that anchor and support the study in line with its objectives. The Feminist Disability theory, agenda setting, policy formulation, public participation, and policy implementation theories are the theories employed to form the foundation of this study.

3.2 FEMINIST DISABILITY THEORY

Women with disabilities (WwDs) have critiqued feminism since women's studies across the world, especially in South Africa, have tended to represent a non-disabled or abled-bodied perspective. When analyzing WwDs from a theoretical standpoint, many feminist researchers

have concentrated on developed nations (Meekosha, 2011). Considering the field of disability has long been viewed as a health issue, there may not be as much research in feminist disability theory (Dziva, 2018:38). Key feminist notions of gender roles, self-image, sexuality, and caregiving have been used to critique feminism from the perspective of PwDs. Nevertheless, over the last few years, disability studies have emerged as an exciting field of study within the critical genre of identity studies that has grown so fruitfully in the humanities over the last twenty or so years, moving outside of the applied fields of medicine, social work, and rehabilitation.

Several disability studies professionals are unaware that disability studies are a subset of identity studies, even though disability studies are currently thriving in fields like history, literature, religion, theater, and philosophy—exactly as feminist studies did 25 years ago (Mitchell, Antebi, and Snyder, 2019). It is necessary to grudgingly conclude that much recent research on disabilities reinvents the wheel. This is mainly because a substantial number of academics studying disability studies are uninformed of feminist theory or the institutional background of women's studies. Frequently enough, the recommendations made by disability studies on the topics that academics should begin investigating are the same ones that feminist theory has been debating for a long time (Simplican, 2017).

On the other hand, disability is much too frequently overlooked by feminist theorists in their litanies of attributes that shape the category of woman. Garland-Thomson (2020) argues that feminist topics that are closely related to disability, such as reproductive technologies, the significance of physical disparities, the specifics of oppression, care ethics, and the formation of the subject, are frequently discussed without mentioning disability. Feminist researchers are often only uninformed about the viewpoints of disability studies, much as disability studies practitioners are blind to feminism (Garland-Thomson, 2020). The most advanced and complex assessments of disability are produced by academics familiar with feminist philosophy. In addition, the most convincing and intricate interpretations of gender intersectionality address race, ethnicity, sexual orientation, class, and the so-called ability/disability system (Garland-Thomson, 2002). Feminist theory can help disability studies, and disability studies can help feminist theory. Thus, both insurgencies support research inside and outside academic institutions and are institutionalized. Strengthening both, a feminist philosophy of disability does so as well.

3.2.1 Understanding feminist disability theory

Garland-Thomson (2002:03) claims that the ability/disability system is introduced by feminist disability theory as a category of analysis into this heterogeneous and dispersed activity. It seeks to deepen the understanding of cultural diversity today and better integrate academia with the broader society it influences (Garland-Thomson, 2020). A sophisticated comprehension of the cultural past of the body is facilitated by feminist disability theory. Beyond the scope of many people's understandings, the feminist theory of disability explores topics like disease, attractiveness, health, aging, reproductive technology, and access difficulties (Garland-Thomson, 2002). In addition to addressing these broad feminist concerns, feminist disability theory also addresses multiculturalism, sexuality, the social construction of identity, the unity of the category of woman, the status of the lived body, the politics of appearance, the medicalization of the body, the privileged of normalcy, and commitment to integration (Garland-Thomson, 2002). Similar to gender, the notion of disability is ubiquitous in all spheres of life, including political ideologies, historical societies, and the shared experience of embodiment.

According to Garland-Thomson (2002), the feminist theory of disability understands disability in a way that goes beyond the idea of a woman's impaired bodily parts. Instead, it "understands disability in a broader sense of attitudinal and environmental barriers that disable women's functioning with handicapped body parts." According to this theory, a socially manufactured narrative about women's defective bodies is present in disability (Hall, 2011:04). Moreover, according to this idea, gendered disabilities vary depending on the cultural and social setting (Garland-Thomson, 2005). The theory further shows that because disability is a notion that encompasses cultural practices, shared experiences of human embodiment, and historical communities, it is more closely related to gender issues (Hall, 2011:17).

The feminist theory of disability examines disability concerns that go beyond a woman's gender or physical disability. It is mentioned in Hall (2011:12), where the author argues that feminist theory demonstrates how gender is fundamental to biological sex, much as disability studies demonstrate how disability is irreducible to physiological damage. Erevealales and Minear (2010:127) examine how the very social institutions (legal, educational, and rehabilitation) that are intended to safeguard, support, and empower people who find themselves in dangerous situations at the intersection of race, class, gender, and disability define them as non-citizens and nobody. It is well recognized that due to widespread cultural practices and conventions that have a negative perception of PwDs, many communities in any society discriminate

against, demean, ridicule, and exclude PwDs, especially WwDs. Policies created to limit the COVID-19 epidemic did not take PwDs' needs or human rights into account. Since they are a vulnerable group, it is clear that the institutions meant to safeguard them failed them during the epidemic, which was a critical time for them.

The themes of disease, reproduction, aging, technology, health, and access concerns are only a few of the topics that the feminist disability theory addresses and go beyond what many people understand about WwDs (Garland-Thomson, 2002). Garland-Thompson (2002:13) further suggests that this theory also tackles issues related to politics, sexuality, the medicalization of the body, the privilege of normalcy, the status of lived bodily experiences, the social construction of identity, and the commitment to integration. The social institutions, such as legal, educational, and therapeutic, that are meant to safeguard, support, and empower people who are precariously situated at the intersection of race, class, gender, and disability define them as non-citizens and nobodies (Erevelales and Minear, 2010:127). Cities like Johannesburg are characterized by different races, ethnic groups, and social and economic classes. Therefore, many probable communities discriminate, ridicule, dehumanize, and exclude each other. WwDs are, thus, likely to be primarily affected by these acts due to pervading societal norms and routines that perceive them negatively. Thus, the application of the feminist disability theory in this study is essential in exposing the interplay and intersectionality of discrimination towards WwDs during the COVID-19 pandemic in the community of Johannesburg, and when it comes to policy response aimed at curbing the spread of the pandemic.

The feminist disability theory, according to Carole et al. (2020:23), offers a universalizing perspective on disability that displaces the frequently held minorizing perspective about WwDs. According to this perspective, disability plays a lasting and influential role in the lives of individuals of all kinds. This presentation offers a different perspective on WwDs than the idea that they are perpetually in need of sympathy and that their voices should constantly be heard when decisions affecting their life are being made. The feminist theory of disability is accompanied by a presentation on work-related disabilities that increases individual awareness (Garland-Thomson, 2005). Only when people understand the roles that disabilities play as cultural and category identification concepts and how to relate to other people and embody experiences can their understanding of the subject develop. Hall (2011) contends that since anybody could have a disability at any moment and no one is immune to a disability, the feminist disability theory explores analysis as something relevant to everyone, not only WwDs.

A thorough grasp of disability due to prevailing political relations, social construction, and cultural classification that designates certain physical limitations is essential to the radical assessment of feminist disability theory (Garland-Thomson, 2002). Simultaneously, this approach has the potential to spark critical political conversations about how to lessen or eliminate the adverse effect that results from stigmatizing WwDs (Garland-Thomson, 2002). Socially created identities can reveal oppressive and powerful structures, particularly those influenced by tangible and bodily experiences of impairments. These systems include institutional, symbolic, and interpersonal relationships (Garland-Thomson, 2002). Identities indicate people's social and political relationships with one another. Social change can occur if society recognizes, labels, and opposes the politically oppressive structures imposed on a group of individuals seen as inferior and different. Promoting candid dialogue on PwDs' identities can help reveal systems of privilege and power between social groups and bring social truths to light that can be analyzed in tandem.

Kaldor (2013) asserts that some beliefs divide people apart and that societies are defined by their founding principles. According to Garland-Thomson (2020), throughout history, the body has been used as a political tool for modification. Wandel (2006) notes that the body and our understanding of it are primarily, if not entirely, socially created and corroborated. What is considered a perfect physique is influenced mainly by cultural perceptions of how the body should be used, looked after, and experienced (Garland-Thomson, 2005). It also significantly affects one's sense of self, and many people have experienced confidence loss due to that view. Wandell (2006) suggests that natural human bodies are usually far from the ideal physique. The viewpoints of Garland-Thomson (1997–2020) have shown how women's bodies—especially those of WwDs—are frequently undervalued.

Disabled people are rarely regarded as physically appealing. The truth is that PwDs, especially WwDs, are inherently linked to asexuality. As opposed to feminists' criticism of the sexual objectification of women, de-sexualization leads to asexual objectification (Garland-Thomson, 2005). Their physical appearance dramatically influences women's identity; therefore, having a bad body image inevitably leads to a negative self-image, which then undermines confidence and decreases feelings of worthiness. However, the threat of male violence has not been mitigated for WwDs despite their denial of their sexuality and exclusion from traditional gender roles; in fact, it has been made worse by their relative social helplessness (Garland-Thomson, 2020).

Garland-Thomson (2020) argues that PwDs are underrepresented in radical political movements and the broader public in their ability to depict their personal experiences. Individualized and solitary experiences characterize them; the societal definition of disability revolves around the opinions of non-disabled individuals regarding their unique personalities and abilities and is shaped by their perceptions of what disability entails (Garland-Thomson, 2020). According to Hall (2011), for non-disabled feminists, it is challenging to integrate their reality into research since they lack a voice and a representation of their subjective reality. In these situations, if the subject is absent, how can the perspective of disabled women be comprehended? And the resulting information is probably going to be hostile.

Feminist disability theory examines how gender and disability interact in patriarchal social structures and offers a critical point of view. This theoretical framework looks at how institutional, social, and cultural norms and practices influence and are influenced by gender and disability (Garland-Thomson, 2002). Instead of disabilities being a physical or mental illness, it views disability as a social and political construction that is significantly impacted by societal views and reactions (Wendell, 1996). When examining the actual experiences of WwDs during the COVID-19 pandemic, feminist disability theory is particularly beneficial. It argues that prejudice connected to disability and gender intersects and shapes these experiences. This discrimination can be found in many spheres of life, such as social interactions, employment, healthcare, and education (Thomas, 1999). According to the United Nations (2020), this theory explains why WwDs have been particularly vulnerable during the pandemic, suffering from growing isolation, service cuts, and an increased likelihood of violence.

3.2.2 The ability/disability system

The radical critique of feminist disability theory rests on a broad interpretation of disability as an omnipresent cultural system that stigmatizes certain types of physical differences (Garland-Thomson, 2020). This construction also carries the risk of provoking critical politics. Garland-Thomson (2005) indicates that feminist disability theory's guiding assumption is that, like femininity, disability is not a fundamental state of physical inferiority, insufficiency, excess, or unfortunate circumstance. Disability, on the other hand, is a culturally constructed narrative about the body, much like the deceptions associated with race and gender (Garland-Thomson, 2005). The disability/ability system marks and differentiates bodies to create subjects. Despite being more ideological than biological, this comparison of bodies nonetheless permeates

culture and justifies an unfair distribution of resources, prestige, and power within a skewed social and structural context.

The framework created by feminist disability theory can be used to examine, evaluate, and characterize the material behaviors and social structures that designate specific types of physical imbalances. Social models of disability and material feminist perspectives originated feminist disability theory (Hall, 2011). According to Garland-Thomson (2005), a fundamental model shared by feminist and disability frameworks is the whole feminist disability theory. Both approaches, the feminism and social model, according to WHO (2010), maintain that social meanings formed through discursive and ideological processes are imbued into the body. These social meanings are inherently political, according to Garland-Thomson (2005). Specifically, feminist disability theory postulates that dominant social practices benefit non-disabled males and disadvantaged WwDs instead of the human body being the cause of abuse. Both make an effort to help underprivileged people create good identities.

By challenging the prevalent belief that a person's impairment is a reflection of something wrong with them, a feminist theory of disability denaturalizes disability. In doing so, it brings to life feminism's sophisticated and nuanced critique of gender, class, race, ethnicity, and sexuality as systems that exclude and oppress people rather than as the proper and natural order of things. Feminist disability theory does this by addressing several critical theory's central tenets, including 1) The reality is shaped by representation; 2) The margins define the center; 3) Gender and disability serve as symbols for power dynamics; 4) Human identity is complex and changeable; and 5) Every analysis and assessment has political ramifications Garland-Thomson (2002).

Garland-Thomson (2002 – 2020) discusses the four cores and interconnected areas of feminist theory and offers some critical questions that a discussion about disability might raise within these theoretical frameworks to expand on these premises. These four areas are activism, identity, the body, and representation.

3.2.3 Representation

Representation is the first area of feminist disability theory to be elaborated upon through disability analysis. Garland-Thomson (2002) suggests that in Western thought, disability and femininity have been confused, with both being seen as undesirable deviations from a desirable norm. According to feminist thinkers, sexist cultures render female embodiment as a crippling condition. According to Sutton (2018), women's sense of embodied agency is limited by their

forced feminine behavior, preventing them from behaving similarly to girls. Women are physically disabled in sexist societies (Sutton, 2018). According to a study on stereotypes conducted by Fiske, Cuddy, and Glick (2001), the aged, the blind, those with disabilities, and those who are considered to be retarded were all perceived as being equally incompetent. According to this study (Fiske, Cuddy, and Glick, 2001), intensely normatively feminine roles like housewife are associated with negative impressions of WwDs.

According to Hall (2011), PwDs, women, and people of color are seen as inadequate, weak, and inept bodies. Disability performances are related to race and femininity (Hall, 2011). Disabled individuals, particularly WwDs, are portrayed by the gender, race, and ability systems as pure bodies whose intellect or soul has not been redeemed. Women and PwDs are represented as frail, reliant, unable, and defenseless bodies. According to Garland-Thomson (2002), these portrayals of these disadvantaged groups, especially PwDs, ultimately show disabled bodies as unnecessary and redundant in addition to being undisciplined or inadequate. Cross-cultural and historical activities aim to exclude bodies chosen and marked by such systems (Garland-Thomson, 2002). Therefore, it is evident that hate crimes, assisted suicide, infanticide, domestic violence, selective abortion, genocide, racial profiling, coercive rehabilitation, and neglect affect PwDs, women, and LGBTQI+ people in different ways.

The collective cultural narrative that underpins discriminatory attitudes, the material world, and our conception of ourselves gives legitimacy to the representation system for all of these discriminatory acts (Garland-Thomson, 2002). WwDs are frequently marginalized and invisible in society, even among those advocating for women's empowerment, gender equality, and the rights of PwDs. The lack of representation and exclusion of WwDs from decision-making positions has long harmed our society. It conceals the underlying reasons for the prejudice they experience, permits the maintenance of damaging preconceptions about gender and disability, and results in numerous human rights abuses. These challenges prevailed even during the time of the COVID-19 pandemic. It is clear how all systems mutually constitute and overlap when understanding how disabilities function following representation systems. Everybody can feel safe and treated equally in any community if representation and our perception of certain things are altered. WwDs can take advantage of their rights to equality and dignity in every society.

3.2.4 The body

Studying the body—its materiality, politics, lived experience, and relationship to subjectivity and identity—is the second area of feminist disability theory that a disability analysis can shed light on. It is undeniably true that the cultural criticism of feminist disability theory depends on addressing representational difficulties. However, we shouldn't limit our attention to the discursive domain. Feminist disability theory is unique among critical frameworks examining a broad spectrum of material practices about the lived body (Garland-Thomson, 2005). A particularly incisive critique of how the female body has been medicalized in modernity may be found in feminist disability theory (Garland-Thomson, 2002). As has already been mentioned, PwDs and women, in particular, have been viewed as medical anomalies, the embodiment of illness. The gender of sickness is feminine.

The feminist disability theory, according to Davis (2013:340), challenges the distinction between reconstructive and cosmetic surgery, acknowledging that the former serves primarily as aesthetic surgery for normalizing purposes. Cosmetic surgery currently forces women's bodies and ideals of the feminine body toward the normative, corporeal embodiment of cultures' collective, normative features and unmarked (Garland-Thomson, 2005). It is due to market demand and gender ideology. The current ideology for PwDs focuses less on discriminatory attitudes, the environment, and the economy, and more on changing the perception of bodies that are dysfunctional and aberrant. By attributing impairment to bodies that are viewed as defective rather than societal institutions that require reform, society's emphasis on medical treatment for disability lowers cultural tolerance for human fragility and variation (Hall, 2011).

Studies on disabilities by feminists emphasize the critical distinction between prevention and elimination (Garland-Thomson, 2002). Human society aims to prevent harm, disease, or suffering. On the other hand, removing the range of devalued and unacceptable body functions and forms that the dominant order refers to as impairment is a eugenic endeavor (Hall, 2011). Too often, the progressive socio-medical project of disability elimination is implemented as a plan to eradicate disabled individuals using forced sterilization, so-called selective abortion, physician-assisted suicide and mercy killings, institutionalization, and segregation laws (Garland-Thomson, 2002).

3.2.5 Identity

Identity is the third area of feminist disability theory that the disability analysis complicates. The identity category of women, which appeared to be the foundation of the feminist movement, has been effectively and systematically criticized by feminist disability theory (Garland-Thomson, 2002). A growing number of feminists acknowledge that women are never just women; instead, they occupy various subject positions and are claimed by multiple cultural identity categories (Wandell, 1996; Garland-Thomson, 2002; Garland-Thomson, 2005; Hall, 2011). Feminist theory was forced to shift from a purely male/female focus to one that looked more closely at the exclusionary, essentialist, oppressive, and binary characteristics of the category of woman itself due to the complexity of the woman (Garland-Thomson, 2020). One identity vector that undermines the classification of women's unity and calls into question the validity of gender as a single, unchanging category is disability.

According to Hall (2011), within the broad social class of women, disabled women are, of course, a distinct and marginalized minority, although they are highly diverse. WwDs are frequently excluded from the relative privileges of normative femininity (Hall, 2011). Cultural stereotypes portray disabled women as being outside the realm of authentic womanhood and feminine beauty, as well as asexual, unfit to procreate, unduly dependent, and ugly (Garland-Thomson, 2020). WwDs frequently have to fight for acceptance of their sexuality and the ability to reproduce. Therefore, disability both reinforces and weakens the societal narratives surrounding femininity. Growing older is a type of disability that excludes older women from the restricted authority granted to young, attractive women. Agoraphobia, anorexia, and depression are psychophysical impairments that are prevalent in women and overstress regular gendered duties (Hall, 2011:30).

Disability validates the notion that identity is dynamic. People associate relatively secure physical characteristics with their ethnic, gender, and racial identities (Hall, 2022). However, it seems that both sexuality and disability are more flexible; sexual variety is viewed as optional, although disability is rarely considered a choice (Garland-Thomson, 2005). Anybody can have a disability at any time, and if we live long enough, we will all eventually fall into this identifying group. Disability, in short, reveals the vital dynamic of identity. Disability, therefore, undermines a culture's highly held ideas that the body is a permanent anchor for identity (Garland-Thomson, 2005). In addition, it challenges our conceptions of stable, enduring identities in ways that could enhance the fluidity of all identities (Garland-Thomson, 2002).

A disabled body is one whose alteration or distinction has resulted from not conforming to its surroundings. A theory of feminist disability, according to Garland-Thomson (2002:19), pushed us to consider what forms of knowledge may be generated by having a body that is distinctive and materializes at the extremes of the human variation curve. Our shared culture categorically denies the existence of mortality, contingency, and fragility (Garland-Thomson, 2002). Disability, however, argues against such a phallic idea. Perhaps the most critical aspect of being human is disability. The body is dynamic and constantly engages with its surroundings and past. Everyone gradually becomes incapacitated as we age, requiring help and attention to survive. Nonetheless, a feminist perspective of disability contends that rather than attempting to eliminate or reject physical limitations, we would be far better off learning how to independently and cooperatively adapt them (Hall, 2011).

3.2.6 Activism

Activism is the last area of feminist disability theory that a disability analysis has broadened. Feminist disability activism takes numerous forms, including protests and demonstrations. Cultural symbolization is essential to establishing equality for PwDs and legal, financial, and social improvements (Garland-Thomson, 2020). For sincere societal change to happen, our perceptions of disability and disabled people need to transform. We as a society need to see and treat PwDs as non-disabled. According to Garland-Thomson (2020), WwDs have always supported women's rights and feminism. The 1970s saw the start of WwDs' specialized organizing around their shared experiences as women and disabled people (Hall, 2011).

Nevertheless, historical accounts honoring the Women's Liberation Movement seldom tell the tales of women's involvement and struggle (Pelka, 2012). How WwDs participated in the movement frequently deviated from preconceived notions about what feminist action during this time looked like (Pelka, 2012). For instance, many of their initiatives aimed to increase the physical accessibility of pre-existing feminist resources and events. Thus, the work of WwDs is essential to expanding our knowledge of the diverse forms that female activism can take.

According to Kandasamy and Soldatic (2020), the struggle for WGWDs' rights is ongoing, and social media has emerged as a crucial instrument for action and advocacy in recent years. Disability activism occurs in a variety of settings and takes many different forms. The combination of personal tenacity, dedication, vision, experience, and acts for change distinguishes activism from activist alliances (Soldatic and Johnson, 2019). The COVID-19 pandemic may have contributed to the recent surge in digital disability activism, which has

become more apparent. Activists with disabilities, particularly those who identify as WwDs or non-binary, frequently use Twitter in particular to promote dialogues that highlight disability politics within feminism (Pineda and Catalano, 2023). However, others view cyber activism cautiously and doubt its ability to bring systemic change (Soldatic and Johnson, 2019). Analysis of activism in and through the new media has also mostly ignored disability. Despite its detractors, digital activism can be understood as a component of a social movement that spreads ideas and messages for social change. In ways that challenge the previous physical movements implicitly required able-bodiedness, digital expression can potentially address the concerns of disabled persons.

3.2.7 Feminist disability theory and the COVID-19 pandemic

Emerging evidence from Southern Africa and worldwide indicates that the COVID-19 epidemic disproportionately affected WGWDs, especially black WGWDs, in terms of their access to economic opportunities, security, and rights, and ability to speak up and take the lead in decision-making (Louise, 2020; Ceesay, 2021; WHO, 2020). The COVID-19 outbreak was deemed a global pandemic by the WHO on March 11, 2020. Additionally, COVID-19 was considered a notified catastrophe in South Africa (NICD, 2020). Disability was, however, seemingly not included in center or state initiatives in such announcements, and in addition to the suffering and agony experienced by WwDs, the origins of the COVID-19 pandemic also represented a resistance against the oppression that comes with having a label that conjures up negative associations and values with deficiency, difference, and lack.

Ironically, feminists engaged in the topic of difference are united in their efforts to reform societal inequalities and empower the weak. However, they have not given much attention to the difficulties that WwDs face due to disability and impairment. PwDs, particularly WwDs, face displacement, humiliation, and indignity as part of their everyday lives. Moreover, according to Garland-Thomson (2005), PwDs are defined as the "other," "tragedy," "loss," "dependency," and "deviation." They are viewed as less valuable and incapable of living independently (Garland-Thomson, 2005). Disability in a pandemic crosses all boundaries, including those of gender, class, caste, and a host of other identities. Thus, by emphasizing existential concerns about differences of every kind, including caste, class, gender, and impairment, the COVID-19 pandemic helped to reintegrate the normative society during the epidemic. This particular scenario intensified the existing state of severe marginalization, discrimination, and stigmatization.

The state is unconcerned with the dissatisfaction that views disability as the exclusive concern of PwDs, especially women. The COVID-19 pandemic was a unique combination of a financial and health crisis, and it has been dubbed "a disaster for feminism" (Lewis, 2020). The increased care responsibilities during the pandemic affected many women's jobs and financial security. The socio-cultural context of disability, which included inescapable inequality and typecasting by patriarchy and normative hegemony, had an impact on the daily realities of people with disabilities (Goyal et al., 2023)—the issues of WwDs deeply impacted disability rights and feminist movements. As far as we can tell, WwDs and women without disabilities can both hold a variety of stances that are seen as reactions to the most severe forms of dominance.

WwDs and women without impairments represent a complicated web of interconnected circumstances (Mahlangu et al., 2022). Nonetheless, during the COVID-19 epidemic, WwDs encountered significant challenges. Women are more prone than men to experience oppression because they are more likely to experience domestic violence, poverty, insecurity, and financial hardships (Mahlangu et al., 2022). Consequently, when calamities affect both men and WwDs, the level of vulnerability rises. Siebers (2008:58) used the pre-modern soldier as an example to explore the distinction between the docile and the disabled body (Garland-Thomson, 2002). So, it is easy to identify the idealized physical and behavioral characteristics of the soldier of the 17th century. Consequently, the center of power is the body. But in the epidemic, the submissive body is transformed, improved, and put in peril.

Thus, in a pandemic, docility symbolizes a new level of authority (Hall, 2011). The docile body replaces the able body, but we fail to recognize its features since, even in a pandemic, we do not encounter the incapacitated body. What was thus developing, according to Foucault (1977:138-139), was a policy of coercion acting on the body's deliberate manipulation of its components, gestures, and conduct (Garland-Thomson, 2005). Discipline creates subject and practiced bodies, disabled bodies, as the human body enters a machinery of power that examines, breaks down, and rearranges it (Garland-Thomson, 2005). Put another way, a docile body is a disabled body that needs assistance and restraints; it moves under a calculated formula (Garland-Thomson, 2005). Therefore, it was appropriate to perceive the impaired body in the epidemic as both hazardous and dangerous. Its monitoring of healthy and sick bodies is an effort to support them in combating the COVID-19 pandemic.

South Africa implemented one of the toughest lockdowns in history. Due to the restrictions on movement, the WwDs suffered a great deal because they could not get in touch with their

caregivers. Many people felt that life would become intolerable and were puzzled for months. WGWDs experience prejudice based on both their gender and their disability. Despite the lack of disability and gender-disaggregated statistics, the research suggests that WGWDs endure much more inequality than men, boys, or women without impairments (Mahlangu et al., 2022; Gul and Ygmur, 2022; WHO, 202). Because of the double discrimination that exists in society, it is difficult to discuss issues that are significant to WGWDs. As a result, policies and programs do not consider their needs and viewpoints.

The existing exclusion and discrimination influenced the COVID-19 pandemic reaction in society, programs, and policies. WGWDs might have been more vulnerable to the COVID-19 pandemic exposure and its aftereffects. However, the majority of WGWDs are for and reside in densely populated areas with subpar housing (UN, 2017). Their sensitivity to the outbreak was increased as a result, and it was challenging to respond to it and lessen its risk because of its invisibility (WHO, 2023). The intersectionality lenses are entirely disregarded in favor of either the gender or the disability lenses in national policy. The policies were the same as in the past, even in emergencies such as the COVID-19 pandemic. Thus, WwDs were left behind when policymakers examined the issue via a gender lens; underrepresented groups, like Indigenous WwDs, were left behind when policymakers examined the problem through a disability framework. A communal and inclusive response to the pandemic mitigation for WwDs was mainly lacking due to the lack of intersectionality in policies and COVID-19 mitigation methods. The media's portrayal of the COVID-19 epidemic and the risk of domestic violence, which ignored the perspectives of women and girls, was blatantly homogenized and lacked an intersectional lens.

3.3 AGENDA SETTINGS

The study utilizes the agenda-setting theory to explore how this agenda of the COVID-19 pandemic policies was formulated to address and curb the spread of the COVID-19 pandemic while protecting the rights of people and those with disabilities, particularly WwDs. It aids the study in examining and determining whether issues of PwD were involved in policy deliberation and, if so, how and to what ends, and, if not, why.

The process of agenda setting determines whether issues and potential solutions attract or repel elite and general public attention. According to Koduah, Van Dijk, and Agyepong (2015), agenda setting is the act of putting a problem on the official policy agenda of matters to be discussed by presidents, cabinet members, parliament, congress, or ministers of the health,

finance, education, or other pertinent ministries. Policymakers may get suggestions for concerns from non-governmental stakeholders, but for a problem to be formally addressed through policy, government policymakers must participate (Tendengu, 2021:550). Setting the agenda is the first phase of the policy cycle, during which decisions are made and matters are added or removed from the political agenda (Hudson and Lowe, 2009:112). Setting a policy agenda is a conscious planning process that involves identifying policy challenges, prioritizing and defining problems, rallying support, and influencing decision-makers to take the necessary action. Cloete and Meyer (2006) allude that the policy process typically begins with identifying a policy issue or problem by one or more societal stakeholders who believe that the government's activities negatively affect them or another part of society.

Establishing the agenda is one of the most critical steps in the public policy process. According to Hunter (2017), the plan is the collection of topics that decision-makers and those in their immediate vicinity who have direct or indirect influence over the process think are significant at any given time. Setting the agenda is the process by which policy, politics, and problem streams converge to bring a topic, issue, or challenge facing the community to the policy agenda (Wu et al., 2017). Mhazo and Maponga (2021:02) define agenda setting as the process by which a specific topic becomes the focus of policymakers amid competing issues for priority. Setting the agenda is the process by which policy, politics, and problem streams converge to bring a topic to the policy agenda (Tendengu, 2021). Agenda setting, according to Schroth et al. (2020), has a normative component. It is concerned with defining goals within this realm of possibility and recognizing plausible, probable, and viable future events. Agenda setting has a normative element, which sets it apart from forward-looking analyses like forecast and foresight processes or technology assessment. It is concerned with defining goals within this realm of possibility and identifying possible, probable, and feasible future developments. Therefore, setting an agenda can be considered design-oriented foresight.

Converting issues into government priorities in any policy area—health, education, economy, agriculture, and social welfare, to name a few—can be understood as the study of agenda setting (Wu et al., 2017). Schroth et al. (2020) argue that agenda-setting is a process that involves fierce competition, in which issues and alternatives either acquire or lose attention from the government and society at that particular moment. This is because attention is a limited resource, and individuals and organizations set priorities for action (Capella, 2020). In light of this normative element, the topic of whose voices and from which viewpoints to incorporate when identifying desired goals is particularly relevant to agenda-setting when

contrasted with probabilistic approaches for future studies. It is pertinent to research and innovation agenda-setting procedures and policymaking processes. It is crucial to distinguish between the degrees of influence of various agenda types and figure out whose viewpoints are pertinent.

According to Tendengu (2021), to grasp the demands of the ground regarding policy, a government department or area in charge of organizing or preparing for policy establishment must communicate extensively with impacted groups. Establishing an agenda is crucial because the person in control holds significant authority. The agenda-setting process can benefit or negatively affect people's lives depending on the information gathered. Setting an agenda should help the policy-making process by highlighting essential considerations. To determine who must participate and be consulted during the policy-making process, stakeholders should be identified during the agenda-setting phase.

True, Jones and Baumgartner (2019) state that when many government entities operating at various levels and scales are involved, defining an agenda becomes more difficult. The Republic of South Africa's Constitution of 1996 (Act No. 108) assigns various duties to each of the three branches of government: the national government, the provincial government, and the local government. The national government aims to provide essential services, and local governments are tasked with carrying out this duty. For example, the COVID-19 agenda-setting process required an intergovernmental approach involving multiple departments and the local government. For instance, the Department of Health and the Department of Cooperative Governance and Traditional Affairs were crucial in evaluating the COVID-19 policies and distributing the vaccine to citizens impacted by the pandemic and willing to receive it. The local government also has to make sure that the difficulties related to compliance are taken care of.

Furthermore, the news media play a crucial role in shaping agenda-setting. Wolfe, Jones, and Baumgartner (2013) state that the process through which advocates of causes compete to attract the interest of elites in policy, the media, and the general public is known as the agenda-setting process. McCombs (2002) asserts that the news media significantly shape the public agenda's substance and uses the phrase "setting the agenda." McCombs (2002) further contends that rather than dictating what people should think, the media suggests topics for people to consider. In other words, the public agenda for discussion is set by the media, which also chooses which organizations and problems to highlight. It is also believed that McCombs and Funk (2011)

concluded that the mass media significantly impacted voters' perceptions of the campaign's primary concerns.

Political activities include setting the agenda for society, or even just one institution, and controlling the agenda dramatically influences the final decisions made about policy. Thus, it is necessary to have some understanding of the mechanisms governing the exercise of political power to comprehend how agendas are set. A variety of conceptualizations exist on how power is wielded. Three critical theoretical perspectives on the exercise of political power—pluralist, elitist, and state-centric—will be discussed in the following sections to improve our understanding of the dynamics of agenda-setting.

3.3.1 Pluralist approach

The pluralist approach assumes that the government makes policies in various venues and that people in one arena do not always hold power in another (Anyebe, 2018). Moreover, pursuing interests that succeed in one context or at one moment may not be in another (Anyebe, 2018). According to the pluralist approach to governing and agenda-setting, there are a sort of rivals for policies (Spicer, 2010). These rivals are considered interest groups vying for attention from key players and access to institutions where decisions are made in the hopes of achieving their intended results (Spicer, 2010). Jacobs (2016) suggests that a spectator would anticipate a somewhat free exchange of ideas for new policies given the pluralist agenda-setting methodology. An opportunity to shape the agenda should be granted to any or all interested parties, whether they are part of a particular public institution or not.

Nonetheless, they might not always prevail; these interest groups won't be arbitrarily left out of choices. As long as there is enough political momentum, new topics can be added to the agendas. Since system structures often have several points of access, this type of agenda-setting may be especially relevant (Peters, 1996:50).

A primary criticism has been directed against how science influenced and led policy during the COVID-19 pandemic. The initial critique is that the government's response has focused chiefly on COVID-19 instances and fatalities, overlooking other relevant factors. For example, according to Caduff (2020), many governments neglected to consider the severe effects of such lockdown measures on the national economy and the lives of residents from lower socioeconomic classes. Further criticism leveled at lockdowns is their perceived failure to sufficiently consider the social ramifications, like the possibility of a rise in interpersonal violence or the exacerbation of socioeconomic inequality as a result of homeschooling (Caduff,

2020). This critique coexists with the worries expressed over the lack of epistemic plurality in the public health protocols to combat the COVID-19 epidemic. Using multiple viewpoints or methods to address a knowledge-related issue is known as epistemic pluralism.

One runs the risk of creating a narrow, epidemiology-focused understanding of reality, which could result in unbalanced policy choices. The heavy emphasis on COVID-19 cases and death counts, for example, would have resulted in biased harm-benefit calculations that primarily considered health risks associated with the virus, ignoring possible or latent social problems that could have arisen due to pandemic crisis management (Caduff, 2020). Similarly, an over-reliance on susceptible individuals who recovered from infection may have structurally blocked research from the social sciences or other biological disciplines that could have been important for more sane policy actions (Manzo, 2020). Our understanding of pandemics and how they spread is mostly lacking. Even so, there are always valid grounds to approach our current state of best scientific knowledge with a fallibilistic perspective. Models can always be off, and disease data can always be misleading (Lohse and Bschor, 2020:58). Thus, we ought to remain open-minded and encourage the creation and application of substitute perspectives to comprehend the situation better. To better understand each choice's drawbacks, it is always reasonable to construct alternate responses to any given epistemic difficulty.

3.3.2 Elitist approach

From an elitist perspective, policymaking aims to oppose the pluralist philosophy (Aneye, 2018). It is predicated on the idea that a ruling class controls public opinion and whose interests are represented in public policy formulation (Pülzl and Treib, 2017). The elitist thesis holds that some social claims—mainly those of business, the upper and middle classes—succeed constantly in society (Pülzl and Treib, 2017). According to Fischer and Miller (2017), in the policymaking hierarchy, the interested citizens are ranked lower than the activists under the elitist approach. These people live in the community and know about matters in the state and the community (Fischer and Miller, 2017). Their voices are rarely heard and rarely included in policymaking (Pülzl and Treib, 2017).

Simon (2017) indicates that most community members are not always actively formulating policies to fulfill the stated requirements. Policies are established to address the specific needs of communities. According to Dunn (2015), this target group is known as "Apathetic citizens." They are at the bottom of the policy-making hierarchy and may have little influence over decisions (Dunn, 2015). Beyond their narrow sphere of influence, their efforts will, at best,

have minimal effect (Simon, 2017). The argument outlines that the community members in policymaking will most likely do virtually little in practice. The community would require a robust set of regulations and incentives that could only be supplied by the government and were specifically created to build targeted institutional capability. They only occasionally become so interested in something uncommon that they decide to get involved.

Additionally, the chosen few with the authority to decide on policy are the center of this concept (Pülzl and Treib, 2017). The few elites are seen as the establishment rather than servants and bear the responsibility for the overall well-being of countries and communities. This concept does not explain how the general public could shape public policy and perceive it as ignorant. According to this idea, communication flows downward, and the powerful elite indirectly impact the general populace.

Therefore, according to the elitist approach, in the South African context, the COVID-19 epidemic aided the South African government's attempt at hegemonic control regarding policies developed during the pandemic. As Birkland (2017) pointed out, some organizations are undoubtedly more powerful than others, which can affect policy discussions. For example, while the COVID-19 lockdown policy was formulated, the prevailing ideologies favored elites, the government, and national think tanks. Social distancing regulations were introduced in South Africa to address agenda issues and provide alternatives to the COVID-19 pandemic; nonetheless, these regulations impacted grassroots communities. According to Hill (2005), a thorough discussion of the nature of state authority must, therefore, be the foundation of any study of the policy-making process.

3.3.3 State-centric approach

The state-centric perspective views the government as the primary actor in agenda-setting competition instead of the array of social interests (Pülzl and Treib, 2017). Peters (2018:52) alludes that government actors are more helpful in advancing agenda items than are social interest organizations. Government actors could have to wait for a period when the public will be more receptive to their ideas, which could limit the amount of change they can propose on their own (Peters, 2018:53). According to Fukuyama (2013:350), a state-centric approach of government can be defined as "A government's ability to make and enforce rules, and to deliver services, regardless of whether that government is democratic or not." Stated differently, the definition has been based on an analysis of government actions, which gives the government a

central role in formulating policy and emphasizes the importance of different institutional variables in facilitating this process.

Concentrating on these tasks, the state-centric approach integrates concerns about governance and policy. It can be argued that many countries during the COVID-19 pandemic used a state-centric strategy in the fight against COVID-19. In other words, the general response to the coronavirus was to centralize authority and rights among all countries (Capano et al., 2020). Governments have overridden past local government agreements and duties using emergency laws and commands. According to numerous studies on COVID-19, policymakers have always replaced crisis management experts at the forefront of the pandemic's fight (Capano et al., 2020). South African governments also used their legislative arsenal to impose a variety of policy measures amid a rapidly rising death toll in an attempt to alter the disease's trajectory of spread. A state-centric governance approach may only partially show the reasons for these policy measures' differences, which naturally differ significantly between and even within countries.

3.3.4 COVID-19 and media impact on agenda setting

The news media significantly influence the public's attention and the topics people prioritize at any time. In addition to their overall influence, the news media also call our attention to particular facets of these problems. According to McCombs and Valenzuela (2020), the agenda-setting role is collectively known as the news media's ability to draw public attention to and impart important information about the day's most pressing topics.

Communities use the media to voice their concerns, express their annoyance, and draw attention to particular agenda items. McCombs and Valenzuela (2020) state that they take such action to attract the authorities' attention; some may even hold press conferences, press releases, or demonstrations. There are moments when the media do not accurately report issues (McCombs and Valenzuela, 2020). Bennett (2016) supports this idea by pointing out that although the press is remarkably successful at informing its readers what to think, it may not always be good at telling people what to think. Lee and McLeod (2020) further elucidate that the agenda-setting hypothesis postulates that the media exerts an indirect influence by selecting particular subjects for emphasis, elevating those issues' salience to viewers.

The mass media greatly influence how different societies and their inhabitants are portrayed. Researchers have found that the news media dramatically affect people's impression of what is most important on the public agenda (McCombs and Valenzuela, 2020; McCombs and

Reynolds, 2002; Lee and McLeod, 2020; Bennett, 2016). Publications in the mass media in some other countries can impact their reputation in the community. A neutral, sound, or negative image may come up depending on the information. According to McCombs and Shaw (2018), some issues receive attention from the mass media. It enhances the public's perception of political figures and continuously displays items that imply what people should know, consider, and feel (McCombs and Shaw, 2018). The hypothetical agenda-setting role of the mass media: since an effective press shapes readers' opinions, it sets the agenda for topics.

People from the outside world are profoundly influenced by the image that they hold in their heads. The repercussions of agenda-setting extend far beyond the mental representations that individuals have conjured up. Tendeng (2021) argues that the agenda-setting initial emphasis was on how salient an issue was. The fundamental tenet of agenda-setting is that the media raises people's awareness of particular concerns (Albalavu and Sixsmith, 2015). According to Mhazo and Maponga (2021), this is based on two fundamental tenets: first, that reality is shaped and filtered by the media before being presented to the public, and second, that these channels influence people's perceptions of salient topics.

The foundation of the media agenda has been the media's responsibility to inform the public about essential topics in South Africa. In local and international publications and social media, testing, treatment plans, preventive measures, and lockdown escape plans were made public during the initial wave of COVID-19 cases. McCombs and Shaw (2018) note that policy officials frequently adopt the media's agendas as their own. The media undoubtedly shapes public opinion about what to talk about, even though it may not always tell people what to think (McCombs and Shaw, 2018). Viewers do not witness these occurrences; the media's depiction of the COVID-19 pandemic is a media representation. As a result, they draw more significant influence for their opinions from the news source. Agenda-setting theory holds that the public sees topics covered by the media as most important (McCombs and Shaw, 2018).

It might be argued that the COVID-19 epidemic in South Africa garnered extensive media attention, which made the public view it as a pressing concern. Governments, policymakers, veto actors, grassroots communities, and rational decision-making think tanks developed an agenda to slow the spread of COVID-19 infections due to the media's mainstreaming of the pandemic (Tendengu, 2021). The process by which the news media presents the public with an agenda by elevating certain events and concerns above others is known as agenda setting.

3.3.5 Problem recognition, COVID-19 and Agenda Setting

An efficient program had to be implemented to stop the COVID-19 epidemic since it spread like wildfire throughout South Africa. According to the 5-model lockdown policy in South Africa, the strength of the safety-net measures implemented determined how sound lockdown tactics worked (Tendengu, 2021). To combat COVID-19, the government needed to fortify the social compact between the people and the state and implement stringent governance measures to guarantee transparent resource allocation and utilization (UN, 2020). Studies on agenda setting mainly focused on the official and informal agendas of the government. However, there was a close relationship between the public and media agenda's perception of a social problem and the methods and techniques used for problem assessment and issue selection.

Several studies have demonstrated that agenda-setting and problem-identification are fundamentally political processes with emphasis on a subset of all potentially important policy issues (McCombs and Shaw, 2018; McCombs and Valenzuela, 2020; Mhazo and Maponga, 2021; Tendengu, 2021). As the COVID-19 pandemic brought more attention to a particular issue and advanced a specific problem definition, actors both inside and outside of government in South Africa continuously attempted to influence and collectively shape the lockdown agenda. To slow the COVID-19 pandemic's spread, experts in policy research and implementation recommended several measures to fight the virus. However, it can be argued that tactical means of problem definition in agenda setting also include utilizing specific role players, such as specialists, selecting institutional forums for problem-solving, and manipulating media coverage. In developing COVID-19 regulations and policies, the government was supposed to consult every stakeholder.

3.3.6 Policymaking and the 5-lockdown model

Birkland (2019) indicates that several steps in the policy-making process must be completed before a policy to address a problem can be adopted. Therefore, creating an agenda serves as a springboard for identifying issues and potential legislative measures. The South African government implemented the lockdown strategy under pressure from constant protests about the COVID-19 virus spreading from Western countries to South Africa. Policy entrepreneurs place community concerns on the policy agenda when they become visible issues, with various groups and members speaking up and demanding action (Pülzl and Treib, 2017).

According to Majone (2006), agenda-setting is identifying, analyzing, and bringing severe situations to the government's attention so that policies and other measures can be implemented

to address them. In this regard, South Africa's COVID-19 lockdown policy, enacted in response to considerable public and popular demand, is an excellent example of the pluralist method in action. In this context, citizen concerns led to the adoption of specific policies. It was seen in the lockdown policy that was put into place, wherein governments, policymakers, and sane think tanks from practically every nation around the globe were invited to participate in policy dialogues and debates and provide their opinions (Weible et al., 2020).

3.3.7 Agenda setting and COVID-19 perception

Perception is a crucial component in agenda-setting (Tendengu, 2021). It dictates how various decision-makers define and perceive a problem (Tendengu, 2021). According to Kingdon (1995), perception plays a role in transforming a problem into an agenda that calls for government action. To mobilize or demobilize support for a particular topic, policymakers, interest groups, and decision-makers identified and elucidated the concerns surrounding the COVID-19 pandemic during the agenda-setting process. There were differing opinions among the public about the pandemic and risk reduction strategies, with some people even contesting the existence of the coronavirus (Sitto and Lubinga, 2020). Furthermore, the African Union (2022) reveals that even though 86 percent of participants in the February 2021 Partnership for Evidence-Based Response to COVID-19 (PERC) study acknowledged the country's COVID-19 risk, roughly 50 percent of respondents believed they posed no personal threat.

Misinformation spreading on the internet and social media is a prime example of how these conflicting risk perceptions pose several obstacles to public health preventative measures (Rocha et al., 2021). Since social media has such an enormous influence, rumors and conspiracy theories regarding the origins of COVID-19 have been around since the pandemic started. According to Van Der Linden (2022), the UN dubbed this global dissemination of false information an "infodemic" and connected it to vaccine skepticism. In South Africa, vaccine reluctance is not a recent development (Van Der Linden, 2022). For example, vaccination hesitancy was noted as a significant concern in the 2009 national and provincial Expanded Programme on Immunization (Van Der Linden, 2022; Takana et al., 2023; Wiysonge et al., 2012). Furthermore, vaccine hesitancy was linked to measles outbreaks in South Africa in 2003 and 2011 (Van Der Linden, 2022; Takana et al., 2023; Schoub, 2011; Siegfried, Wiysonge, and Pienaar, 2010).

In conclusion, agenda-setting is a crucial step in formulating public policy. It is still a process that involves many players and institutions, notwithstanding the argument that it is politically

complex. The 5-model lockdown strategy's adjustment of lockdown measures immediately impacted South Africa. Policymakers and veto players partially recognized the issues related to adjusting measures from the sub-national level to the local community level, starting with communities that had the lowest cases of the COVID-19 pandemic. Similarly, by analyzing the duration and unfavorable consequences of the lockdown policies in South Africa, it becomes evident that the lockdown restrictions had to be gradually reduced.

3.4 PUBLIC PARTICIPATION

Being a democratic country, South Africa highly values public participation. Public participation strengthens democracy by providing opportunities for the public to be heard via various communication channels (Enwereji and Uwizeyimana, 2020). Public participation describes a cooperative process where stakeholders, including the community, gather and discuss to resolve provincial concerns (Kandil, 2020). Before a political choice is made, public participation includes community government interaction, educating the public, and hosting various policy-making debates (Enwereji and Uwizeyimana, 2020). According to Quick and Bryson (2016), the ability of stakeholders to permit citizens to engage cooperatively in decision-making processes related to governance is a crucial element of successful public participation. Citizens must exercise their rights in every democratic society by participating in decision-making. This right should not be violated in any situation, especially for members of marginalized communities like PwDs. It includes pandemics like the COVID-19 outbreak.

The Republic of South Africa's Constitution (Act 108 of 1996), Section 152(1), which establishes policy in line with the values of accountable and participatory governance, accountability, transparency, and collective action, provides the legal foundation for public engagement in South Africa. Local government regulations that facilitate direct communication between municipalities and communities, such as Section 44(3)(g) of the Municipal Structures Act (No. 117 of 1998), serve as a supplement to these (RSA, 1998). Public engagement in provincial legislatures is guided by the National Public Engagement Model (NPPM), developed by the legislative branch. The foundation of this model is created by Section 118 of the South African Constitution (1996), and the National Economic Development and Labor Council (NEDLAC) (2015) states that the establishment of public participation platforms is a necessary condition for advancing democracy.

Ward committees, whose roles have been extensively outlined in the Municipal Structures Act (Chapter 4, Part 4), as well as the Municipal Systems Act No. 32 of 2000 (Chapter 4), are the

essential connectors between municipalities and communities (RSA 2000). The Municipal Systems Act No. 32 of 2000 requires local government officials to interact directly with the public through ongoing involvement, essential to granting individuals the right to participate in municipal decision-making. The Batho Pele Principles Statement 1997 states that public needs should be prioritized through access to consultation, openness, information, and transparency—the cornerstones of public participation—and lays the foundation for this legislation (RSA Department of Public Service and Administration, 1999).

3.4.1 Understanding Public Participation

The phrase "public participation," which comes from the words "public" and "participation," refers to the requirement that all members of the public, including civic organizations, be included, involved, consulted, and allowed to participate in decisions that affect their daily lives. Enwereji and Uwizeyimana (2020:03) argue that before deciding, the legislature consults with the public, organizations, and other governmental bodies through a process known as "public participation." To make more appropriate decisions, public participation serves as a multifaceted instrument for general communication and a mechanism for group problem-solving (Florida, 2017). According to Kandil (2020), public participation is the interaction between citizens and state power players in which each has an equal voice in addressing issues of public concern.

Additionally, various scholars have defined public participation as the process by which stakeholders act to influence and play a role in development initiatives and plans, as well as in decision-making and resource use in all programs in which they are directly affected (World Bank, 1996; Brinkerhoff and Crosby, 2002; Taylor; 2011; Burton 2009). According to Davids (2014), public participation is a deliberative process in which public members, civil society representatives, and government employees formulate policies before making a political decision. According to Lafont (2015), involving the public when all branches of government are concerned is the most effective way to bring about changes in service delivery. Working with community members improves thorough information gathering, rectifies prior errors, and encourages conversations to lessen issues confronting local communities (Blue and Dale, 2016).

According to Lane (2005), the failure of bureaucracy and democracy in nations like the United States of America, England, Germany, and Italy gave rise to the need for public participation. The failure of democracy in those places was demonstrated by its incapacity to effectively

encourage public participation in town halls and political gatherings (Lane, 2005). Modern life's urbanization, professionalism, and mobility have pushed people further from decision-making hubs and alienated them from one another. Therefore, the goal of public participation was to make it possible for marginalized individuals to participate in the decision-making process (Polletta, 2018).

The origins of public participation in South Africa can be traced back to community engagement. During the apartheid era, as a theory, public participation developed when many people, mainly from the oppressed regions, joined forces to fight for the provision of services and the overthrow of the apartheid government (Gumede, 2008). Since South Africa's first democratic elections in 1994, the country's public engagement has changed. The 1996 South African Constitution drastically altered the character of public engagement. The Republic of South Africa's Constitution states that representative and participatory democracy are upheld in this constitutional democracy. In a representative system, the public actively participates in decision-making processes, such as law-making and oversight, through Members of Parliament (MPs), who represent the electorate (RSA Constitution, 1996).

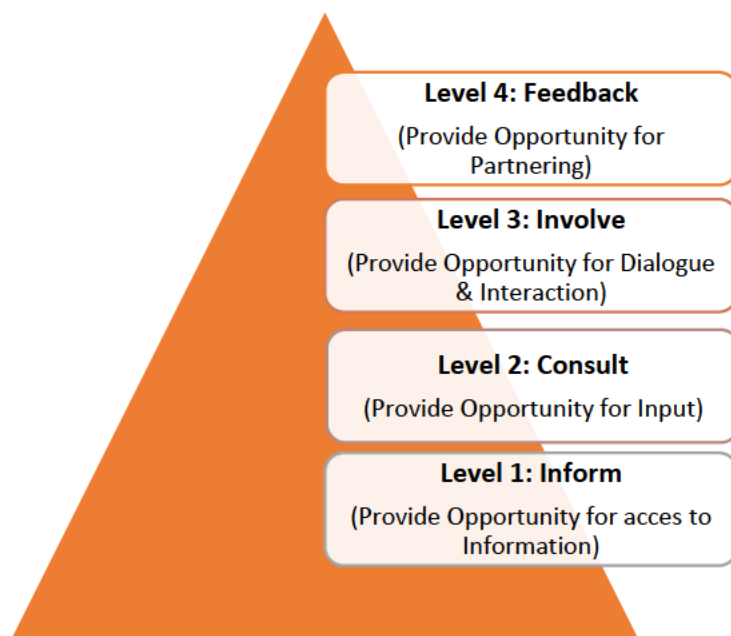
The Parliamentary Monitoring Group (2019) states that the primary goal of public participation and involvement in democratic processes is to impact the decision-making process and make it represent the people's will. Madumo (2014) suggests that public engagement fosters collaboration by uniting individuals from various backgrounds to negotiate for a particular project. People's opinions should be respected and heard when making decisions, as demonstrated by their participation in this case (Lafont, 2015; Polletta, 2018). To accomplish a particular goal, meaningful dialogue is created, and public opinions are considered part of the process known as public participation (Modumo, 2014). Quick and Bryson (2016) believe that decision-making regarding plans, policies, and development initiatives may engage stakeholders directly or indirectly. People, individuals, or organizations that could impact or influence policy decisions are considered stakeholders (Freeman, 2010). Through involvement, stakeholders can communicate with political figures, government agencies, non-profits, and corporate groups engaged in policy formation, implementation, and development initiatives.

3.4.2 Parliament Public Participation Model

In the process of public participation, several steps must be undertaken. For a democratic decision-making process to be ensured, these procedures must be followed appropriately (Enwereji and Uwizeyimana, 2020). The Parliamentary Monitoring Group (2018) outlines

these procedures as informing the public, consulting with them, involving them, and soliciting their response.

Figure 1.7: Parliament Public Participation Model



Source: Parliamentary Monitoring Group (PMG) (2018).

As mentioned above, the model establishes guidelines and a common concept of public participation in legislative and other decision-making processes at the local, provincial, and national levels of government (PMG, 2018). Among the steps listed, the following is relevant:

- Therefore, informing the public becomes a necessary prerequisite for effective public participation.
- Lawmakers cannot provide feedback to the public without first informing, consulting, and involving the public.
- They also cannot involve the public without first informing and consulting the people, and
- They cannot consult the public without first informing the public.

Consequently, the chances for partnership, engagement, and public participation to impact or provide feedback on the pertinent process outcome increase at each stage (Parliamentary Monitoring Group, 2018). Using the proper setting of involvement is essential for meaningful public participation. Therefore, levels of participation in a public participation process should correspond to the degree of public interest. To fulfill its duty to involve the public, Parliament

must try to meet each of the steps listed below for public participation (Parliamentary Monitoring Group, 2018).

3.4.2.1 Inform

According to the Parliamentary Monitoring Group (2018), this stage offers the chance to obtain information and is a prerequisite for successful public participation. Enwereji and Uwizeyimana (2020) state that the first phase in the public participation process is informing the public. This involves informing the public of impending developments and getting their consensus input. Parliament cannot conduct public consultation, involvement, or feedback without disseminating pertinent information and education regarding the context of the public participation opportunity being pursued. In this situation, the decision-makers must be receptive to public input, thoughtful, and open-minded (Enwereji and Uwizeyimana, 2020).

Disseminating information and educating the public to enable them to constructively engage in the decision-making process regarding matters that impact their lives are essential elements of the "inform" stage (Parliamentary Monitoring Group, 2018). If these crucial elements are implemented successfully, public empowerment follows, leading to an engaged citizenry. The Parliamentary Monitoring Group (2018) states that there are various ways to inform and educate the public, including but not limited to subject-specific information, general and non-specific information, educational material, educational workshops, specific information related to bills or issues of local or national importance, detailed information related to public hearings, and opportunities for public participation.

3.4.2.2 Consult

The public can submit input at this stage to affect the relevant decision-making process (Parliamentary Monitoring Group, 2018). To do this, public leaders adhere to the appropriate procedures to identify and interact with the stakeholders who are anticipated to be included in the decision-making process during the participatory approach (Parliamentary Monitoring Group, 2018). This stage involves many techniques, such as identifying the stakeholders participating in the decision-making process, building strong connections, and interviewing stakeholders (Kandil, 2020). However, before implementing any outcomes of consultation processes, the public must be notified. Anticipating public participation through consultation enhances the proper contextualization of current challenges to guarantee that the procedure is directed toward the correct problem.

The dissemination or presentation of information and a request for public participation or submissions regarding the data supplied or acquired are usually the main elements of the "consult" stage (Parliamentary Monitoring Group, 2018). A public comment or hearing period, a request for written submissions, focus groups, public or community meetings, tours, interviews, and questionnaires asking for feedback are examples of ways the public can be consulted. Other methods include summarizing and reporting on the public's input.

3.4.2.3 Involve

This public participation phase offers an opportunity for public debate and engagement (Parliamentary Monitoring Group, 2018). Engaging the public in a participatory approach illustrates the process of identifying a solution for societal problems. At this point, leaders should specify the number of individuals involved in the decision-making process. For the participatory approach to be successful, however, there does not need to be a set number of representations at this point; instead, the public should be allowed to actively participate and voice their ideas (Kandil, 2020). However, the public should be informed about the topic or subject under consideration and consulted before becoming involved. An emphasis on considering the public's opinions, interests, problems, and concerns is what makes effective public involvement encourage two-way communication.

3.4.2.4 Feedback

Parliament can give feedback to the parties involved at this stage of public participation (Parliamentary Monitoring Group, 2018). Only via coordinated engaging, consulting, and informing can this be accomplished. Giving stakeholders feedback on the current challenges is a crucial part of the "feedback" stage (Parliamentary Monitoring Group, 2018). Stakeholders get the chance to learn about the current state of a problem and plan for actions to resolve the issues raised at this level. Feedback may include, but is not limited to, follow-up community visits, information sharing, press releases, and monitoring and assessment reports (Parliamentary Monitoring Group, 2018).

Ultimately, a well-informed public can lead to engaged citizens who can seize opportunities for public engagement (Parliamentary Monitoring Group, 2018). The public participation mechanisms and public interest generated by pertinent contextual concerns can determine the deployment of the consultation, involvement, and feedback stages. Additionally, because of its context, the Model fosters the idea of partnership, which is implicit at each level (Parliamentary Monitoring Group, 2018).

3.4.3 Mechanisms of Public Participation

The use of public involvement approaches is essential in enhancing local democracy because it fosters greater public participation and ensures that local governance is inclusive, interactive, transparent, and participatory (Quick and Bryson, 2016). Citizens can participate in the administration of their communities through public participation, which is an essential component of democracy. Public participation mechanisms foster intergovernmental cooperation by making communication more manageable on a national, provincial, regional, and local level (Quick and Bryson, 2016). It also encourages integration of rural and urban areas, makes it easier for people from different socioeconomic backgrounds to integrate and interact, and lessens poverty and inequality by reallocating resources (Quick and Bryson, 2016). Among other things, local governments must create procedures to involve communities and community organizations when carrying out their duties and utilizing their authority, according to the Local Government: Municipal Structure Act, 1998 (People's Assembly, 2021). The Integrated Development Plan (IDP), Imbizo, Ward Committee Meetings, and the National Economic Development and Labour Council (NEDLAC) are examples of these public engagement systems.

3.4.3.1 Integrated Development Plan (IDP)

In South Africa, a planning and execution instrument used by local governments is the Integrated Development Plan (IDP). It is a thorough and all-encompassing plan that describes the goals and tactics for a town's social and economic growth. The Municipal Systems Act, which mandates that all South African municipalities create and periodically evaluate their IDPs, depends heavily on the IDP (Malefane and Mashakoe, 2008). The act requires municipalities to confer with their communities and other relevant parties to produce the IDP. In South Africa, each municipality must create an Integrated Development Plan (IDP) outlining the municipality's short-term, medium-term, and long-term goals. The allocation of resources and the goals that the elected officials have for the municipality and its citizens should be outlined in this plan. Dlamini and Reddy (2018) indicate that this strategy is "integrated" because it requires collaboration between the public, stakeholders, and local government to get the most remarkable outcomes. The IDP also guarantees that the municipality's departments are cooperating toward common objectives and that the most effective plans are in place to facilitate public involvement and prompt service delivery (Dlamini and Reddy, 2018).

Furthermore, according to Dlamini and Reddy (2018), the IDP is an administrative instrument that helps allocate limited resources to support policy goals and priorities within the larger

context of local government development. In addition to encouraging active citizen interaction, it guarantees improved coordination and integration with different governmental domains (Step SA, 2010; Dlamini and Reddy, 2018). According to Malefane and Mashakoe (2008:473) and Dlamini and Reddy (2018), inclusive development projects (IDPs) involve collaborative municipal planning that consists of the community, municipal employees, civil society, business stakeholders, and faith-based and non-governmental organizations. The IDP is a tool that the developmental local government can utilize to address regional issues.

IDP forums are also public involvement platforms, and as such, they are intended to facilitate communication between the local community, other stakeholders, and the local government regarding relevant topics and decisions that impact them (Dlamini and Reddy, 2018). Elections are necessary for democracy, but we must also develop ways to enable ordinary people to engage with their government and have their say in thousands of decisions. Municipalities can get input from the public on their goals and issues through the IDP forums. Dlamini and Reddy (2018) further state that the public learns how the 160 government operates and how their taxes are used. IDP forums enable people to hold public authorities responsible for their activities and to participate in their growth. It remains to be seen, though, if they have successfully encouraged public involvement in rural development at the municipal level.

3.4.3.2 Imbizo

The Nguni term "imbizo" refers to a customary meeting held by the chief to resolve essential community matters. In rural KwaZulu-Natal, "Induna" would call "imbizo" community members to discuss issues affecting the community. Imbizo has become popular since South Africa's democratic government emerged in 1994. It indicates that the government is interacting with the public in a participatory manner. The government, either at the provincial or national level, calls a large community gathering known as an imbizo, where residents can voice their concerns, ask questions, and offer advice on government programs and services that impact their lives (Mpabanga, 2022).

In 2000, the South African Cabinet determined that Imbizo should be an interactive communication and governance instrument to encourage more direct engagement between the people and the government (SA Government Communication Information System, 2020). Imbizo encourages the public to participate actively in the execution of government initiatives. Therefore, the goal of Imbizo is to forge a collaboration between the South African people and the government in the endeavour of social transformation.

3.4.3.3 Ward Committee Meetings

The ward committee is the most significant framework for encouraging citizen engagement in local administration. According to the Municipal Structures Act (Act 117 of 1998), "improving participatory democracy in local government is the goal of a ward committee." Ward committees may only be constituted in metropolitan and local governments with a ward participatory system, according to Section 72(1) of the Act (Act 117 of 1998). As a result, the Act calls for establishing ward committees as suitable platforms for grassroots public engagement. Lastly, ward committees offer a less democratic substitute for traditional forms of engagement in rural areas. Members of the ward committee advise the ward councillor on topics of policy that impact the ward, determine the ward's needs for development, and give the councilors feedback (Skenjana and Kimemia, 2011:58).

Ward committees serve as a conduit between the community and council members, and they are essential to the local government system. In 2000, ward committees were formally introduced, and several towns quickly started the process of forming them. A ward committee's goal is to strengthen "participatory democracy," according to the Municipal Structures Act (Act 117 of 1998). Ward committees are stated to encourage community involvement throughout the Municipal Systems Act (Act 32 of 2000).

The ward committee system also significantly enhances the idea that "the people shall govern" (People's Assembly, 2021). This is the case due to the perception that local government is the component closest to the people. One approach to guarantee that residents are involved in the decisions made by the local council is through ward committees. Ward committees may be charged with recommending issues about their wards to ward council members, who may forward such recommendations to the municipal council, the executive committee, or the support committee. To debate ward development and service delivery topics, ward committee members convene for meetings chaired by the ward councillor. Convened by the ward councillor, ward meetings also include the public and communities in discussions on housing, health, social development, water, and power (Mpabanga, 2022).

3.4.3.4 National Economic Development and Labour Council (NEDLAC)

NEDLAC is a consultative forum that facilitates collaboration, problem-solving, and negotiation among government, labour, business, and community organizations on issues related to economic development, labour, and development, as well as other challenges confronting the country (Mpabanga, 2022). The NEDLAC seeks to bring all parties to a

consensus in matters of public interest. The council's job is to evaluate policies before bringing them before parliament to vote on legislation.

The NEDLAC gives labour extensive access to formulating government policy by offering wide-ranging consultation rights on proposed laws and policies. Therefore, labour's access to the policy-making process is one of the most distinctly defined results of NEDLAC. It is especially significant because labour is guaranteed to formulate public policy. After all, it is a legally protected right. Therefore, labour only needs to mobilize when talks come to a standstill because it is no longer required to invest significant resources in securing a seat at the table. Labor has occasionally used NEDLAC to establish procedures and systems that increase its sway over decisions made by the government.

3.4.4 Public participation in the context of the COVID-19 pandemic

The deadly COVID-19 pandemic began to spread worldwide in 2020 after emerging in Wuhan, China, in late 2019 (WHO, 2020). After the first case was reported, the South African government of the time proclaimed a state of national calamity, and the virus was subsequently declared a global pandemic by the WHO in March 2020. A lockdown that started on March 26, 2020, ensued (NICD, 2020). The lockdown lasted longer than anticipated to stop the virus from spreading around the nation like wildfire. As a result, no in-person interactions between the communities and public engagements were suspended.

Most public gatherings, marches, and demonstrations were halted under alarm levels 5–3 of the lockdown (Makwela, 2020). It indicates a lack of community involvement in the COVID-19 pandemic measures. The researcher believes that the things that transpired before the regulations that caused the country to go into lockdown show that the executive arm of government has neglected its constitutional obligation to allow citizens to participate in the legislative process. It made it even more essential to carry out the study, which aimed to determine the methods used by the City of Johannesburg's government and non-governmental groups to engage the public amid the global health crisis. It will help the study investigate and ascertain whether WwDs participated in policy deliberation, if so, how and for what purposes, and if not, what the reasons were for their non-participation.

Mofolo and Adonis (2021) assert that public engagement in municipalities has suffered significantly since the COVID-19 pandemic emerged in 2020 in South Africa and the accompanying lockdown levels implemented to lessen the pandemic's effects. The most crucial legal tenet of good governance in the South African government is public engagement. Despite

the literature demonstrating that COVID-19 has had a wide range of effects on the South African public sector, little attention has been paid to the tension that the difficulties posed for public participation in South African municipalities during the pandemic (Mofolo and Adonis, 2021).

During the COVID-19 pandemic, communities were unaware of the methods put in place to perform public involvement (Mofolo and Adonis, 2021). The municipalities, including the City of Johannesburg, had difficulties due to this issue. Pietersen (2020) contends that public policy should adhere to its constitutional requirements and procedures despite COVID-19 limitations.

When the COVID-19 regulations and the COVID-19 Amendment Regulations were being promulgated during the pandemic, no request or invitation for comments or suggestions was issued to the public. Furthermore, the public was not primarily informed until after the regulations had been issued regarding the actions made by the government during this time (Patsika, 2021). Given that the content of the COVID-19 regulations fundamentally damaged people's ability to enjoy their fundamental human rights, the blatant disdain for the public engagement process is even more concerning. According to Patsika (2021), it is impossible to square the government's actions in this area with its constitutional obligation to enable public involvement in policy formulation.

Whereas the administration was acknowledged to have met and conferred with leaders of many businesses and groups, it would be misleading to laud or exalt these actions as examples of public participation. The corporate community leaders, organized religions, and political parties with parliamentary representation do not speak for the people of South Africa or their sentiments. It excludes a significant portion of the populace to restrict consultations with the leaders of these groups.

3.5 POLICY FORMULATION

According to the available literature currently in publication, policy formation is a crucial stage in the policy cycle (Howlett, 2020; Weible, 2023; Chen et al., 2023). According to Hadna (2022:36), the policy cycle includes a critical stage called policy formation. Jann and Wegrich (2019) describe how issues discovered during the agenda-setting stage are translated into government programs in formats, themes, and results. To address the problems that a particular organization is facing, a process known as alternative or option identification—also known as policy formulation—must be undertaken (Anderson, 2003:27). It is the assertions or requests for action on a specific topic made by other players that give rise to the idea of policy formation.

The actors could include, but are not limited to, citizens and members of the civil society. For instance, a demand might be made to outlaw specific practices inside the group or community (Madimutsa, 2008:02).

As part of creating public policies, governments and other policymakers formulate policies by posing and responding to questions regarding how societies might address various issues and circumstances that impact individuals and groups seeking to achieve their objectives (Howlett 2020). The content and scope of these questions vary (Howlett 2020). Hadna (2022) alludes that addressing them usually entails discussions among many stakeholders regarding the kinds of actions that governments can take and the kinds of tools or levers they can use to craft solutions for the public and private problems that they can recognize as policy problems. Particular issues, such as homelessness or poverty in many countries, can be impossible to solve, while others might be more straightforward. However, the solutions that come out of the formulation process serve as the foundation for what, if approved, becomes a public policy.

The process of formulation holds significant value. According to Chen et al. (2023), policy formulation is articulating, debating, and drafting suggested measures into language for laws or other policy assertions. Establishing an initiative's or policy's objectives and results is part of the formulation process (Chen et al., 2023). Although the goals and objectives might be broad or narrow, they must clearly state the pertinent actions and metrics that will be used to both achieve and assess them (Chen et al., 2023). A policy may have the following objectives: better health, greater work possibilities, or more accessible access to healthcare services. One possible effect of the policy may be to guarantee that pregnant women have access to emergency obstetric care or anti-retroviral treatment (ARV) for HIV in the workplace. Many perspectives, such as gender and equality, can be used to evaluate objectives and results (Schmidt and Graversen, 2020).

Without significant stakeholder involvement, a policy's design may be more challenging to implement because it does not consider the needs of those who will use or benefit from the policy, nor does it foster their buy-in and sense of ownership. Policies that produce new services, programs, or operational guidelines must also be communicated to and comprehended by the individuals in charge of putting them into practice and using them. All new provisions and programs must be made known to the public if they are to be used by members of society or to benefit from new policies. Therefore, Weible (2023) suggests that a policy must be

grounded in solid stakeholder involvement, address underlying issues through appropriate policy action, and be distributed to critical audiences to facilitate effective implementation.

Developing a policy is crucial because it is a formal statement of the organization's intentions, goals, and recommended courses of action for achieving those objectives. It gives the organization structure, facilitating its transition from the past to the present. Madimutsa (2008) states that creating a policy entails using power by various people and organizations that exert pressure or force on the process; these actors include political parties, interest groups, and citizens. Below, the forces in the policy formulation process are discussed.

3.5.1 Forces in the policy formulation process

- *Citizens:* It is believed that people, or citizens, are the source of power in a representative democracy. According to this, the people's representatives in the legislature, who then create policies on their behalf, obtain the authority to develop guidelines. In this instance, the public starts the policy-making process by electing representatives whose beliefs and viewpoints they are familiar with. Holding regular elections for some officeholders guarantees that the interests of those they represent are considered. By majority vote, the people's representatives create policies through the legislature.
- *Political parties:* Regarding public policies, political parties act as intermediaries between the general public and those who make government policy. Political parties typically present their programs or manifestos to the public. Voters usually choose a party based more on its platform than on individual candidates. Voters anticipate that, should their party be elected to power, it will establish its policies based on promises made in the election manifesto. At this point, the choice of public policies can be influenced by exercising control over party officials who are in government, such as the President and Vice-President, among others. Secondly, the winning party is expected to implement its programs, while opposition parties must present alternative plans.
- *Pressure groups:* These are official organizations with members who have similar interests. Civil society organizations are a few examples of these groups. These organizations don't aim to run for political office; instead, they work to influence government decisions.

3.5.2 Official Policy Formulators

Meanwhile, pressure groups exert influence over policymaking; they do not officially develop policy (Madimutsa, 2008). Those officials with the legal power to formulate policies are known as official policy formulators (Madimutsa, 2008). Among these officials are:

- Legislatures are the highest governing bodies within organizations, particularly the government, and they establish policy. For instance, the National Assembly/Parliament would be the legislature in a system of government. Within the national governance domain, the legislative power rests with Parliament, the national legislature. As a result, parliament has the authority to enact new legislation, modify existing legislation, and repeal outdated legislation. Comparable bodies, i.e., the highest policy-making organs, are also present in other organizations, such as political parties and commercial corporations. These consist of the board of directors and national conventions, respectively.
- The Executive: - The responsibility of this branch of government is to implement policies. The executive branch, for instance, is typically led by the president in a system of government and consists of many departments and ministers. Due to the legislature's propensity to give the president significant policy-making authority, this organ participates in the policy-making process. Political parties and organizations often have organs tasked with implementing policies and receiving the power to formulate new ones in specific domains. For instance, the executive could make choices and appoint administrative personnel to enable efficient policy implementation.
- The Judiciary: In a democratic state, the judiciary serves as the mechanism for reviewing the constitutionality of laws and upholding the law. The capacity of the judicial courts to assess whether legislative and executive actions are constitutional and to declare them void if they do not comply with the provisions of the Constitution is known as judicial review. On this point, the judge's interpretation of the legislative provisions becomes the policy about the contested matter.

Engaging and consulting with impacted parties during the policy-making process is crucial. Stakeholder consultation, in Strehlenert's (2017) words, "creates a sense of policy ownership," allowing those who will be impacted to see the policy as a reflection of their needs or beliefs. According to Yaro, Arshad, and Salleh (2017), stakeholders may believe the policy is unnecessary if they are not involved. Therefore, it is vital to involve concerned stakeholders

when formulating policy. Hansson-Forman et al. (2021) indicate that developing policy alternatives involves expressing and distributing power among various interests.

3.5.3 The importance of consultations and involvement of stakeholders in the policy formulation process

Chen et al. (2023) suggest that stakeholder discussions and involvement in policy-making are crucial to instilling a sense of policy ownership among stakeholders. Set differently, it facilitates the stakeholders' perception that the policy aligns with their needs or views (Madimutsa, 2008). The impacted stakeholders may believe the policy is redundant if they have little or no input. It is due to the possibility that it will upset their ideological predispositions. Strong opposition to the policy would follow. To improve the policy's effectiveness or eliminate any parts that seem offensive or ineffectual, it would eventually be necessary to go through the formulation process again (Anderson, 2003: 274).

Meanwhile, policy marketing formulation of a policy, on its own, is not enough. Madimutsa (2008) states that only after a policy is implemented can its advantages be realized. Nevertheless, putting policies into practice might not be simple. This stage can occasionally see the emergence of major political conflicts, particularly when addressing hot-button subjects such as the COVID-19 pandemic, affirmative action, and environmental preservation. To satisfy their requirements, stakeholders who lose out on opportunities during the policy-making process could try to influence or obstruct the policy's execution (Madimutsa, 2008). As a result, the policy needs to be marketed to improve its implementation and win over stakeholders. In order to do this, it is necessary to inform different stakeholders about the approved policy and advocate for their support. According to Jann and Wegrich (2019), various techniques are available. They include meetings, briefings, and conference calls (Jann and Wegrich, 2019).

3.5.4 COVID-19 and the importance of policy formulation

Despite the COVID-19 pandemic, such as other significant emergencies, broke unexpectedly and broke apart communities, and its adverse socioeconomic effects were reasonably predictable. Unsurprisingly, the pandemic caused substantial economic losses for entire population segments, care for the ill and elderly, and educational opportunities for children. Minorities and people with disabilities were disproportionately affected (Beland, He, and Ramesh, 2022). As would be expected, due to the significant pre-existing disparities, the groups most affected by the pandemic are frequently those who were already at risk before the

outbreak. Governments, at best, introduced new initiatives to expand the poor's access to social services and enhance income support.

Existing policy frameworks and legacies significantly impact how governments handle crises (Capano et al., 2020). It is the case because political actors are inclined to first turn to programs and strategies that are already in place and are linked to their welfare regime—or, at the very least, the particular policy areas that are most directly impacted by the crisis—during times of crisis. It is accurate when considering how targeted and universal programs interact and how the welfare state is organized geographically, which is especially important in federal and developed states (Beland et al., 2021:251). Understanding how governments address or ignore inequality depends on the institutional continuity of their crisis management responses. This is true because the existing policies usually influence those implemented during significant emergencies. For example, nations such as Belgium and Germany, which currently rely heavily on social insurance schemes, are more likely to increase their scope in a significant crisis rather than explore other options for policy formulation (Cantillon et al., 2021).

In response to a significant crisis, policy actors may simultaneously choose to innovate and develop new programs if they believe that current policy designs are inadequate. It was the case, for instance, in Canada during the COVID-19 outbreak. In response to the COVID-19 pandemic, the Trudeau government created a brand-new emergency benefit with a universal policy design that made it available more quickly and to a much larger population segment than traditional EI payments (Belan et al., 2021). It was done because the government was aware of the limitations of the current federal Employment Insurance (EI) program, which only covered a portion of the working population (Belan et al., 2021). This illustration shows how protocols for emergencies, which are implemented in times of crisis, can evolve to address perceived shortcomings in the policies that are currently in place.

Either way, analyzing the design of emergency measures in the face of a pandemic—whether they depart from previous policy legacies or are path-dependent—is crucial for understanding social inequalities. In contrast, because design decisions can significantly affect patterns of inequality, the study of policy design during times of crisis necessitates a direct and systematic focus on inequality. Arnal and Förster (2010) and Dabla-Norris et al. (2015) assert that decisions made in creating policies directly affect inequality, both in times of crisis and in regular life. Students studying the social construction of target populations have long emphasized the significance of the relationship between policy design and embedded forms of

inequality in society (Schneider and Ingram, 1993). Bringing this relationship into the context of crisis management is one of the main goals of the current special issue. To better understand how new and old policies are likely to affect various economic, gendered, racial, and social populations, scholars and practitioners interested in policy responses to crises must pay close attention to inequalities in this context. According to Erikson (2015), ignoring inequality will likely distort our perception of policy change amid and after concerns.

3.6 POLICY IMPLEMENTATION

The implementation of policies is still a genuine and vital challenge in the process of making public policy. There is a growing demand for public servants to implement evidence-based approaches in many policy areas. According to Aarons et al. (2011), this has played an integral part in increasing emphasis on research-based dynamics in policy implementation. According to Mthethwa (2012), failure to implement policy could indicate that time, resources, and expertise were misapplied during the policy-making process. A lack of political will or a weak institutional capacity are the reasons for policy implementation failures (Mthethwa, 2012). For effective policy implementation to be improved in the real world, adequate knowledge about policy implementation is required (Blanco-Mancilla, 2011). Despite that, South Africa has been commended for implementing several significant policies globally. However, these policies are not being effectively implemented. The challenges to successful policy implementation may stem from government officials and those entrusted with executing policies' lack of solid policy implementation knowledge.

According to Brynard (2006), an individual's goals, needs perception, and possibly even psychological orientation toward life are reflected in the success or failure of their policy implementation. A policy is deemed successful by McConnell (2010:351) if it accomplishes the objectives its supporters set out to achieve, receives almost universal support, and receives no meaningful criticism. However, as McConnell (2010) notes, "policy failure is the inverse of success: a policy fails if it does not accomplish the objective that its advocates set out to accomplish, the opposition is significant, and approval is nonexistent." Consequently, policies must be evaluated to determine their advantages and disadvantages. According to Mthethwa (2012), assessing policy implementation encourages accountability because it holds implementers and policymakers responsible for meeting objectives and rekindling commitment.

In this unequal society, comprehending how policies are implemented is crucial. The definition of policy implementation, which can be broadly divided into two categories, varies among scholars. The foundation of the definition of policy implementation stems from a long way back. One of the first definitions comes from Pressman and Wildavsky (1973), who defined policy implementation as the capacity to create subsequent links in the causal chain to achieve the intended outcomes. Nakamura and Smallwood (1980:109) defined policy implementation as the actions and operations of different stakeholders to achieve the goals and objectives outlined in an authorized policy. According to DeGroff and Cargo (2009:48), among other contemporary scholars, policy implementation is a separate phase in the policy-making process that is special in that it signifies the conversion of a policy idea or expectation into action that attempts to address social problems. Mthethwa (2012:02) defines policy implementation as "the mechanisms, resources, and relationships that link policies to a program action." According to these definitions, policy implementation means performing, fulfilling, producing, or finishing a specific task in more detail.

Furthermore, according to Khan (2016), the execution of policy results from an accumulation of decisions and initiatives taken by government entities and groups that influence the accomplishment of particular objectives. Hill and Hupe (2021:02) suggest that implementing procedures involves implementing laws and ensuring they are applied to the intended population. A variety of factors impact policy design and execution. As a result, evaluating policy implementation is essential (Bhuyan et al., 2010).

Through the definitions and explanations provided, it is evident that managing public policies effectively and efficiently by implementing agents, such as government departments and entities, depends on some interrelated steps since policies are dynamic combinations of actions, resources, rules, knowledge, and purpose that produce unpredictable outcomes. Yusuf et al. (2022) argue that the main contextual factors affecting how well or poorly a program or policy is implemented are organizational, social, political, economic, and attitudinal factors. Additionally, it varies significantly between states, over time, and across policies (Yusuf et al., 2022). For instance, numerous stakeholders frequently assess how any policy is implemented in a democratic country like South Africa. However, in some cases, policies may need to accommodate the interests of a specific individual, political party, interest group, or those with financial clout.

Yusuf et al. (2022) indicate that no matter how quickly results may be needed, coordinating, cooperating, and synchronizing many interconnected projects carried out by various state agencies and entities makes policy implementation a complex phenomenon. Policy managers must gain policy ownership and legitimacy from stakeholders to manage policy implementation, including informing policy beneficiaries, controlling expectations, calming fears, explaining, and providing reassurance (Yusuf et al., 2022). Considering these variables, it is reasonable to say that just because a policy is correct doesn't mean it will be applied correctly or with the anticipated quality of service. It calls for the consent and collaboration of all relevant parties, several tiers of government, the proper distribution of resources, the wise use of time and energy in its execution, and the proper dynamics of human capital.

Policy development and implementation are influenced by various factors, including the policy's content, the process by which it is developed, the actors involved, and the environment in which it is created and carried out (Mthethwa,2012). Therefore, the policy implementation aids this study in exploring how COVID-19 policies and regulations were formulated and implemented, and ensuring WwDs' inclusion. It assists in analyzing the public participation of WwDs during policy formulation. The economic and social impacts of the COVID-19 pandemic disproportionately affect WwDs unless policy responses are disability-inclusive. "Some countries have implemented interventions addressing the various impacts of COVID-19 on PwDs, such as unemployment assistance, food assistance, or expansions to existing social protection programs" (IMF, 2020:16). It is of paramount importance to ensure that the design and delivery are inclusive of WGWD when these programs are developed. There are several approaches to implementation: top-down, bottom-up, and centrist, which will be discussed in the following section.

3.6.1 Top-down approach

Hupe et al. (2014) state that the classical or stagist policy process model is the source of inspiration for the top-down implementation strategy. Many top-down perspectives operate under the fundamental assumption that policymakers issue policy commands and that implementation is just the execution of the basic design. Most top-down models advise governments to set clear and consistent objectives, restrict the required change, and assign implementation duties to organizations that share those objectives. These models frequently disregard political and historical context, acting as though administration and resource availability were the only factors influencing implementation. Furthermore, these models often overlook the role of policy opponents, who make demands during the policy-making process

and instead concentrate on the entity creating the policy rather than those impacted by it (Cerna, 2013:18).

The ability of decision-makers to create explicit public policy objectives and manage the policy implementation stage is crucial in the top-down approach to implementation (Pulzl and Treib, 2017). According to Hill and Hupe (2009), the top-down approach adopts a perspective format that views the implementation of public policy as an output factor and public policy as an input. Therefore, the top-down approach suggests that appropriate administrative procedures must be ingrained to ensure policies are implemented. According to Pulzl and Treib (2017), government institutions need well-defined roles, relevant resources, hierarchical control, and a well-established implementation system to monitor the implementer's actions. If the approach had been used to establish COVID-19 policies, then only government officials would have been involved, and the discrepancies found in the literature may have indicated that the policies were implemented improperly.

Top-down approaches emphasize legislation to the exclusion of the policymaking context, neglecting to take into account the actions and influence of other stakeholders in the policy implementation process, according to Hupe et al. (2014). The constrained premise that it is morally an institutional and administrative duty is the drawback of top-down implementation models (Singh and Hardaker, 2017). The methods overlook contextual factors and other elements affecting policy implementation. According to Fokane (2013:43), these criticisms of top-down strategies show that the execution of policies is more complicated than a bureaucratic process that can be based solely on a straight line connecting the objectives of policymakers and their actual execution.

3.6.2 Bottom-up approach

The rational model that top-down scholars presented prompted the establishment of bottom-up approaches. These models consider policy from the points of view of the intended audience and the providers of services. According to Hill and Hupe (2014), bottom-up approaches suggest that identifying networks from all agencies collaborating on implementing public policies should be a part of implementing policy. Bottom-up theorists typically hold that flexibility is necessary to achieve objectives and that centralized decision-making is poorly suited to local circumstances. Implementers have significant political clout in bottom-up approaches to implementation, which makes implementation very political and gives them considerable influence over public policies at the implementation levels (Pulzl and Treib,

2017:94). Given that the primary actors negotiating implementation are also implementers in putting public policy into action, it suggests that this approach's apolitical hierarchical guidance is ill-considered.

Lipsky (2010) contends that because of the unbridled authority bestowed upon them by their position, street-level bureaucrats play a pivotal role in the implementation process of the bottom-up approach. At first, Lipsky (2010:03) referred to public servants who provided welfare-type services like healthcare, education, policing, and so forth as "street-level bureaucrats." Policy scholars have since appropriated the term to more broadly refer to all classes of civil servants who are employees of the government who deal directly with the public during their work and have significant discretion in how they carry out their duties (Lipsky, 2010:04).

3.6.3 Hybrid approach

Researchers made a significant effort to integrate top-down and bottom-up methods into a thorough explanatory approach as they became more aware of their benefits over time (Pulzl and Treib, 2017:90). According to Knell and Tosun (2012), the hybrid approach to policy implementation is a blend of the top-down and bottom-up approaches. It was developed to advance the theoretical foundations of both methods. The variables found in both the top-down and bottom-up approaches should be reconciled and worked with, according to Knill and Tosun (2012:157), who advocate for hybrid strategies. The ambiguity of political objectives, or the lack of clarity in defining policy objectives or outlining ways to achieve them, the degree of political conflict that exists during a policy decision, or the preference of policy implementers for a particular policy objective over the output that must be implemented, and the complexity of policy complexes are some examples of these variables (Knill, Schulze and Tosun, 2012:157).

Policy implementation materializes on two levels in hybrid approaches (Signe, 2017). Government programs are created at the macro level by centrally located actors, while local organizations respond to the plans at the macro level by developing and implementing their agenda (Signe, 2017). Hill and Hupe (2021) state that the effectiveness or ineffectiveness of implementing different policies can be attributed to two main factors. These variables include policy conflict and ambiguity (Hill and Hupe, 2021). The best way to consider these elements is as related axes in an implementation matrix. Understanding people as self-interested, logical actors who frequently experience conflict when their interests diverge is the foundation for

measuring the degree of policy conflict. Policy ambiguity develops when a related policy's means or boundaries are unclear (Hill and Hupe, 2021).

Low levels of competition and ambiguity indicate an administrative implementation that, given sufficient resources, should be successful. The implementation is symbolic in high-conflict and ambiguity situations, and the coalition's strength will determine how well it goes (Pulzl and Treib, 2017). Power is the primary factor that determines the success of a political implementation, which occurs when there is a high degree of conflict and a low level of ambiguity. Ultimately, the implementation is experimental and contingent upon contextual factors when there is minimal conflict and a high degree of ambiguity (Signe, 2017:14). The following section discusses the 5-C Protocol of policy implementation.

3.6.4 The 5-C protocol of policy implementation

According to Paul (Molobela, 2019), as the debate over policy implementation has gained prominence over time, numerous studies have identified variables or factors that significantly impact the implementation process and are incorporated into any conceptual framework. These included the following:

- the structure and content of the procedure itself;
- the ability of the organizations in charge of carrying out the program; and
- the credentials of the individuals overseeing day-to-day operations.

By utilizing this consensus, Najam (1995) identified five crucial variables for comprehending policy implementation. The 5-C Protocol, which stands for content, context, commitment, capacity, and support from clients and coalitions, came to be known for them. Each of the five variables is related to and influenced by the others to varying degrees, depending on the particular implementation scenario, according to Cloete (2018:206). The policy's content may provide implementation capacity. Stated differently, the relevant agencies' institutional context may contribute to the challenges or success of policy implementation. The commitment of implementers may close the gap if there are issues with inefficiency or lack of capacity, but only if no opposing actors are involved in the implementation.

The lack of appropriate implementation of the 5-C Protocols and unachievable and unrealistic policies may be the primary causes of the current policy gap in South Africa (Brynard, 2005). Another issue is the inability to connect local goals and ideals with those of the federal and provincial governments. The deficiency in communication among government officials has

resulted in inadequate coordination, ultimately damaging the workforce's dedication. The 5-C Protocol of policy implementation is covered in the study below; these variables are crucial to comprehending the complexities of applying policy implementation.

3.6.4.1 Content

The government can introduce policies as content to force implementers to carry out its objectives. Due to the policy expressing the government's intent, its content is crucial (Molobela, 2019). Accordingly, at different phases of policy implementation, the substance of the policy is essential in laying out how it plans to accomplish its goals (Brynard, 2005). A policy's content focuses on its objectives, intended outcomes, direct relationships to other variables, and attempts to address perceived issues. Distribution, regulation, and redistribution are the three possible types of policy content.

The objective of redistributive policies is to transform the allocation of power or wealth among certain groups of people at the expense of others (Cloete, 2018:207). For instance, the Reconstruction and Development Program and the Land Reform policy in South Africa are designed to tackle the socioeconomic issues that the apartheid government brought about for native Black people. The Criminal Law (Sexual Offenses and Related Matters) Amendment Act, for example, is a piece of legislation designed to regulate and safeguard the nation's most vulnerable populations. Regulatory policies specify conduct rules with consequences for noncompliance (Cloete et al., 2018). According to Cloete et al. (2018), distributive policies are non-sum and produce public goods for the benefit of all. As a demonstration, disability policies aim to support and alleviate PwDs' challenges. The National Disability Rights Policy (NDRP), the City of Johannesburg Disability Policy of 2020, and the Integrated National Disability Strategy (INDS) are a few examples of these policies.

Cloete and De Coning (2011) identified several essential components of policy content.

- The policy's objectives, vision, and mission statements; the organization's layout;
- the challenges the policy aims to address;
- the strategies and actions necessary to carry them out.

The wording of policies must be precise because ambiguity could give rise to doubts about the intentions of those who create them. Furthermore, vagueness may allow actors involved in implementation to fail to carry out intended policy interventions. The content variable suggests that all implementers, including the different stakeholders involved in the implementation,

were expected to be aware of the mandate, objectives, and vision of the COVID-19 policies. Concerns regarding the inclusion of social issues of the marginalized population and disability issues in the entirety of COVID-19 policies and programs were raised in South Africa. In this particular context, the government and other stakeholders in charge of developing and implementing COVID-19 policies were expected to receive assistance from those with the capacity and expertise to comprehend and identify the social challenges marginalized groups faced during the pandemic, such as seasoned scholars. The government departments were also expected to provide space for these experts.

3.6.4.2 Context

When a policy is implemented, the intuitional context refers to resolving the stated problems. This process is inherently influenced by the prevailing social, economic, political, and legal contexts inside the system (Molobela, 2019). During the policy implementation stage, the context establishes the bounds for what is required and what is not (Molobela, 2019). The institutional environment is determined by the policy's standing within the company, its strategic orientation, and the leadership's backing for its execution (Cloete, 2018:08). Any government agency responsible for formulating and implementing COVID-19 policies should have unquestionably taken into account external factors such socioeconomic difficulties that impact marginalized groups like PwDs, especially WwDs, to make the necessary adjustments to the policy's implementation. Understanding the internal and external environment of policy execution may have strengthened how particular government departments addressed specific disability-related challenges.

In the process of conceptualizing the implementation process, three variables need to be taken into account while implementing policies. The terms "personnel and organizational structure" refer to the designation of roles within the organization and the credentials of the specific individual who will implement policy (Brynard, 2005:659). These are essential because an unbalanced administrative structure and an underqualified individual could limit the ability to execute (Brynard, 2005:659). The character and style of leadership, or target group leadership, is referred to as the second variable in administrative leadership (Molobela, 2019). The way policies are implemented can be impacted by a wide range of political and governmental structures. Other factors influencing policy implementation include the degree of development and various economic, cultural, and social systems. You will frequently discover that specific populations' beliefs about particular cultural customs prevent a policy from being executed effectively.

Institutional structures play a significant role in policy implementation because there is a tenuous connection between the content of public policy implementation and their requirements, according to Knill and Tosun (2012:166). Challenges in implementing policies may arise from institutional changes. It calls for a sound leadership style to create a system that will enable the correct and accurate implementation of public policy. A suitable institutional framework guarantees sufficient resources, and practical policy execution is based on those resources. Those who carry out policy should consider this.

The strength and attention used to design the implementation process and the organization's overall ability to accomplish policy implementation objectives are referred to as the institution's capability and implementation. According to Abbas and Asghar (2010:10), the institutional environment determines how policies are implemented inside the system, who is in charge of what, and which departments have specific duties. These aspects are frequently set up as standard operating procedures. During the COVID-19 pandemic, there was a need for policies to be institutionalized to ensure disability rights and address disability challenges. The institutionalization of policies aids in placing policy in the anticipated direction. This study seeks to answer whether the government and relevant stakeholders had considered social, economic, legal, and political issues of PwDs, particularly WwDs, when developing and implementing COVID-19 policies.

3.6.4.3 Commitment

According to Brynard and de Coning (2006), commitment is essential at all levels where the policy is approved. The wholehearted commitment of all stakeholders throughout policy implementation is necessary for its success. This component is vital for policy implementation. For example, little or nothing will happen if the specific body in charge of carrying out the policy is not dedicated. Consequently, this leads to the failure of a policy to be executed correctly or successfully. Undoubtedly, strong policies with all the components needed for successful policy implementation may be implemented with the dedication of the policy players.

Nevertheless, the interference mentioned above will remain ineffectual if various stakeholders are unwilling or unable to implement the policy. Any public service policy execution must have the support of managers, politicians, and foreign stakeholders, according to Cloete et al. (2018:208). Before a policy is implemented, management or political leadership should show commitment. Agreements that are legally enforceable and guarantee the availability of

resources required for efficient policy implementation constitute commitments between individuals tasked with carrying out policies (Cloete et al., 2018:208).

The dedication of individuals tasked with carrying out all of the expected changes regarding policy implementation is crucial. At every stage of the process, a substantial commitment is necessary for successful execution. The approach that must be taken to guarantee that all implementation gaps are filled is also determined by commitment. Therefore, complete dedication to policy execution by those tasked with implementing it leads to the desired outcomes. Despite the world's most robust bureaucratic structure and logical policies, government agencies cannot guarantee successful execution without their dedication (Cloete et al., 2018:208).

According to Brynard and de Conning (2006), commitment is acknowledged by top-down and bottom-up experts as a crucial element in the implementation process of policies. Top-down researchers believe a policy's substance and capacity requirements shape a person's commitment. On the other hand, bottom-up academics acknowledge the impact of capacity and content but see it as heavily influenced by clientele, coalition, and institutional context (Pulzl and Treib, 2007; Angel and Shreiner, 2012; Hupe, Hill, and Nangia, 2014).

The government may have all the necessary resources, be able to be established to fit the cost-benefit analysis, and have the best organizational structure. Still, if those in charge of carrying out policy lack a commitment to doing so, not much will happen. Government reform may not be appreciated, according to Stephan (2010:03). Government employees cannot be coerced into becoming devoted to anybody. Motivated individuals who understand what may be achieved with the right amount of dedication are required of officials. It takes someone aware of the difficulties PwDs, particularly WwDs, face to realize their rights and dreams during trying times like the COVID-19 pandemic. According to Molobela (2019), people who put policies into practice should feel like they belong and own a particular institution, increasing their commitment. This study demonstrates the government's response to the implementation of COVID-19 policies, as well as the level of dedication and assistance given to PwDs, especially WwDs, by various stakeholders.

3.6.4.4 Capacity

Capacity is one of the most critical elements that guarantee the effective implementation of policies in the public sector. The public sector's cultural, functional, and structural competence to carry out policy objectives is evident (Brynard and de Conning, 2006:199). For example, the

ability to provide public goods and services targeted at improving citizens' quality of life during crises—especially for PwDs—such as inclusive, high-quality services for PwDs, access to sufficient healthcare, or the provision of assistive devices—where the government has committed to delivering these services efficiently and on schedule—is crucial. The fact that laws are passed and public policies are announced in various legislative acts does not guarantee that they will be implemented automatically. Multiple factors, including proficiency in administration and technology, organizational culture, availability of oversight for monitoring and assessment, and organizational structure for successful policy implementation (Signe, 2017).

The capacity to effectively lead and carry out group activities is known as capacity. The term "state" refers to a more comprehensive collective activity that focuses on the overall efficacy of public services and government workers' administrative and technical abilities. Resources are crucial to ensuring the successful implementation of policies. The combination of material and intangible resources plays a substantial role. Examples of tangible resources are materials, labour, money, technology, and logistical capacity. They ascertain if the public sector achieves the necessary policy results. Intangible resources are also needed to achieve policy objectives. Cloete et al. (2018) noted that qualifications, motivation, and courage are intangible resources crucial for the successful implementation of policies.

An essential component of implementation is the implementer's administrative ability to carry out the expected adjustments. According to Brynard and de Coning (2006), capacity is the structural, functional, and cultural ability to carry out government policy goals. They also contend that government agencies shouldn't feel obligated to carry out every task and should recognize their capacity constraints (Brynard and de Coning, 2006). From a scientific perspective, resource constraints are typical for many government departments and local governments. According to Mawela et al. (2017:150), most of these government organizations in South Africa struggle with a lack of resources, including finance, problems with changing administration, and a shortage of skilled personnel. Regular training is required to increase the ability of government workers to implement public programs (Hamid et al., 2018). Public sector employees must receive consistent training and investment to ensure successful service delivery and policy implementation. Policies must be applied and implemented with administrative capacity to meet the community's demands effectively. Those in charge of implementing policies should consider the additional support of other role participants.

In exploring the government response towards mitigating challenges faced by WwDs during the COVID-19 pandemic and implementation of COVID-19 policies, this study determines whether critical resources, including tools, adequate skills, and monitoring and evaluation, have been provided to ensure successful policy implementation.

3.4.6.5 Clients and Coalitions

Clients and coalitions are clearly defined as those who are compelled by policy to adopt new patterns of interaction (Mobela, 2019:06). These are the members of the organization or groups on which the policy has the most significant impact. These individuals have to alter their behavior to comply with the policy requirements. Distinguishing between clients impacted by policy implementation and those who can leverage their position or social power to influence performance requires careful consideration of several characteristics (Burger, Van der Berg, and Von Fintel, 2015:29). In the context of the study, during the COVID-19 pandemic, the people who were most affected by COVID-19 regulations were PwDs. Although they did not have the social power and influence to implement those policies that affected them, their importance cannot be overlooked in policy development and implementation.

Coalitions and clients are required to assist in the implementation process. According to Brynard and de Coning (2006), these can include interest groups, opinion leaders, and other players who support the execution of policies. Coalitions and important clients must be taken into account while researching policy implementation. Nonetheless, certain policy actors should and do have the ability to affect how the policy is implemented. According to Brynard and de Coning (2006), one should deliberately consider the important policy players and their concerns in the implementation process.

To ensure efficient policy implementation, the roles of coalition partners and clients, both internal and external, are vital. Scholars who study the implementation of public policy agree that coalitions and clients must play a crucial role (Burger, Van der Berg, and Von Fintel, 2015:29). Non-state actors are not the only parties that impact how policies are implemented; business opinion leaders and passive beneficiaries also have an impact. The government should unite with outside players, interest groups, and opinion leaders to ensure the program is successfully implemented. Interest groups and other external players may impact the power dynamics that could affect internal changes in implementing policies (Brynard, 2005:185-186).

Identifying influential clients and coalitions beforehand is necessary to facilitate improved policy implementation. Meanwhile, they can influence the implementation process to broaden

the topic of investigation, and the larger community is typically more impacted by it than the prominent actors. Management over minor and larger groups is crucial to make the group controllable and the policy implemented without significant challenges (Brynard, 2005:662). Comprehending the policy's objectives by all involved parties, especially those impacted by it, is crucial. Goals that are not well-defined and understood by those involved in the implementation and interest groups are typically why public policies fail (Knill and Tosun, 2012:170).

3.7 CONCLUSION

This chapter presented a theoretical framework underpinning this study by outlining theories that serve as a foundation. This section outlines the theories that anchor and support the study in line with the study's research problem and research objectives. The feminist disability theory, agenda setting, policy formulation, public participation, and policy implementation theories are the theories employed to form the foundation of this study. The feminist disability theory laid a foundation and clear negative perceptions of gender and disability. The theory aided the study in revealing a broader, more precise understanding of issues around gender and disability during a pandemic. Secondly, the study utilized the agenda-setting theory to explore how various agendas were formulated to bring challenges to people with disabilities on board. Thirdly, the study employed policy formulation. The application of policy formulation assisted in exploring how the consultation and involvement of various concerned stakeholders were involved. This chapter further presents public participation. It aided the study in examining and determining whether WwD was engaged in policy deliberation and, if so, how and to what ends, and, if not, establish the reasons for non-involvement. Lastly, the chapter provided policy and policy implementation, which aided in exploring how COVID-19 policies and regulations are formulated and implemented to ensure WwDs inclusion.

CHAPTER 4: RESEARCH METHODOLOGY

“When you focus on someone’s disability, you will overlook their abilities, their beauty, and uniqueness. Once you learn to accept and love them for who they are, you subconsciously learn to love yourself unconditionally,” Yvonne Pierre.

4.1 INTRODUCTION

The research methods and study design are presented in this chapter. According to Park, Bahrudin, and Han (2020), research is a systematic process that involves gathering information and applying deductive reasoning to conclude. The goal of undertaking research is to learn more about a particular subject of study (Park, Bahrudin, and Han, 2020). A research process that uses various objective methods and procedures is implied by the term “systematic” (Park, Bahrudin, and Han, 2020). The goals of the research methodology are validity and reliability in knowledge acquisition (Goundar, 2012). Research methodology is the process by which researchers outline the steps to carry out their research. The process by which the researcher formulates the problem and objectives and presents the findings derived from the data collected throughout the study period is disclosed.

Research methodology is a philosophy of conducting an investigation (Schwardt, 2007:195). It entails dissecting a specific investigative methodology’s assumptions, guidelines, and methods. Methodologies explain and define the kinds of problems that are worth investigating; what makes a problem researchable; testable hypotheses; how to frame a research problem so that it can be studied using specific designs and procedures; and how to choose and develop appropriate means of collecting data (Park, Bahrudin and Han, 2020).

A qualitative research methodology was employed in this study. A case study approach was used to carry out the qualitative research method. It contributed to understanding the participants’ experiences and interpretations of the problem under investigation. Adopting a case study approach was beneficial as it contextualized the lived experiences of WwDs and policy response towards mitigating challenges faced during the COVID-19 pandemic alert levels 5-3 in the City of Johannesburg. Primary data were gathered by using in-depth interviews. Secondary data was employed as well. Secondary data were obtained from the literature review and presented in the preceding chapters. Purposive sampling was used in the study, enabling the researcher to select participants relevant to the study’s topic and research questions. Content analysis using a thematic analysis approach was used to categorize the respondents’ responses into main and sub-themes. These themes and sub-themes were derived

from the respondents' responses using literature and the legislative, theoretical, and conceptual frameworks underpinning the study.

4.2 RESEARCH DESIGN

A research design aims to present a study with a suitable framework (Creswell and Creswell, 2017). Making an informed decision regarding the research approach is crucial during the research design phase, as it dictates how pertinent data will be obtained for the study. However, Creswell & Creswell (2017) further argue that designing a research project entails several interrelated decisions, including the data required, the timeline, and the study's location.

A research design is a comprehensive strategy that links conceptual research concerns to relevant and feasible empirical studies. According to Creswell (2014), it is a research endeavour that offers precise guidance for research methods. "Theory of method (or methodology) guides to make sense of what methods will help answer the research questions" (Collins and Stockton, 2018). A researcher follows this systematic procedure before beginning the data gathering and analysis phase to accomplish the study objective properly. To give pertinent answers to research questions at the lowest possible cost, the fundamental goal of research design is to transform the subject of the study into data for analysis. Research design is defined by Roller and Lavrakas (2015) as an approach, framework, and method of study used to answer research questions while maintaining the best possible control over variables.

The research design always determines the types of analyses required to produce the desired results. It outlines the types of data needed, the procedures for gathering and analyzing them, and how they will be used to address the research questions. To this end, Jongbo (2014) notes that collecting data before considering the details of the research design and the data needed to address the research questions will almost certainly result in weak and unpersuasive conclusions, ultimately preventing the achievement of the research goal. Moreover, the research design must include a method for interpreting the data analysis to produce sufficient results and findings, enabling the researcher to offer suggestions or implications (Tracy, 2019).

Sovacool, Axsen, and Sorrell (2018:13) state that a research design structures the study and describes how its main elements work together to address the main research questions. These elements include measurements, therapies or programs, assignment methods, sample and group sizes, and treatments (Sovacool, Axsen, and Sorrell, 2018:13). Leedy and Ormrod (2013) further argue that the research design is a thorough strategy outlining the techniques used to conduct the investigation. It justifies and supports the researcher's decisions and clarifies how

the researcher ensured and assessed the research's quality (Leedy and Ormrod, 2013:198). The research design should demonstrate the approach to meet the study's goals and objectives.

4.2.1 Case Study Approach

Hancock, Algozzine, and Lim (2021) suggest that a qualitative case study is a systematic research technique that comprehensively understands a present problem or phenomenon within a constrained system. A qualitative case study produces a comprehensive, multifaceted understanding of a complicated subject in its real-life setting (Ngulube and Ukwoma, 2019:04). It is well-known that a case study design is widely used in many different fields, especially social science. A qualitative case study research technique is an empirical investigation that looks at a current phenomenon in real-life situations when it is difficult to distinguish the borders between the phenomenon and the context, and when there are several sources of evidence (Priya, 2021). Using the qualitative case study approach, a researcher can closely investigate the data within a specific context. Furthermore, Priya (2021) alludes that a qualitative case study approach often selects a small geographic area or a small number of individuals as the study subjects.

Case studies aim to thoroughly analyze the background of a select group of situations or occurrences and their research relationships and explore contemporary real-life phenomena (Creswell & Creswell, 2017). An in-depth analysis of a person, organization, or event is necessary for case study research to comprehend a phenomenon that occurs in real life. It is frequently employed in the social sciences and humanities to examine complex problems and offer insights into particular occurrences or circumstances (Creswell & Creswell, 2017). Hancock, Algozzine, and Lim (2021) allude that documents, observations, and interviews are a few examples of the various data sources that can be used in a qualitative case study. The two main objectives of qualitative case study research are a thorough grasp of the case topic and the development of fresh hypotheses or insights (Hancock, Algozzine, and Lim, 2021).

A qualitative inquiry is the term most commonly used to characterize a case study method (Ishtiaq, 2019). Descriptive, exploratory, interpretative, or explanatory interpretive goals can all be included in qualitative paradigms, which abound (Ishtiaq, 2019). According to Denzin and Lincoln (2011), examples include grounded theory, phenomenology, ethnography, and historical study. The aim behind all methodologies is the same: to find, attempt to comprehend, and determine the meaning of events from the perspective of the people involved. However, each methodology takes a different approach based on the epistemological and ontological

standpoint (Merriam, 2015). In the study, qualitative researchers might employ a wide range of interpretive techniques and procedures for this aim; nevertheless, the most common ones include participant word analysis, interviews, and observations (Denzin & Lincoln, 2011).

In the social sciences, a qualitative case study is one of the most popular and commonly acknowledged qualitative research methods (Bloomberg and Volpe, 2022). When a comprehensive understanding of a subject in its authentic, real-world setting is necessary, the qualitative case study method proves incredibly beneficial. Using qualitative case studies, researchers can gain a deeper understanding of a subject (Stake, 2010). When a researcher is interested in answering “how,” “why,” and “what” questions, the case study approach is the best option (Yin, 2018).

According to Tracy (2019), a qualitative case study is a type of inquiry design in which a researcher creates a detailed case analysis involving an industry, method, person, animal, household, group, organization, or culture. To investigate every detail of the case means going deep into this context. An in-depth phenomenon analysis is done through a qualitative case study, which provides subjective rather than objective information. It offers in-depth information about the phenomenon but cannot draw more comprehensive conclusions (Tsang, 2014).

This approach has drawn criticism for depending excessively on the researchers’ interpretation, likely producing varying readings of the same facts. Data collecting and analysis procedures are also susceptible to researcher bias (Wabwoba and Ikoha, 2011). They cannot explain why something happened; like other nonexperimental approaches, they can only describe what happened. It is improbable that these research results will apply to other persons with comparable concerns or problems due to the limited sample sizes.

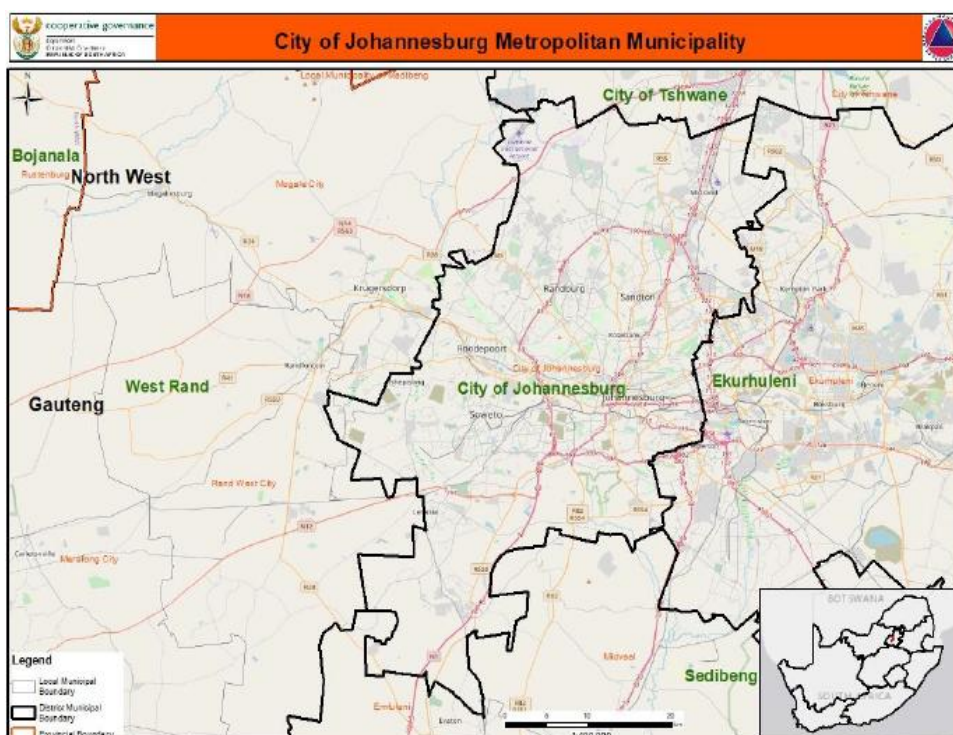
The significance of the case study approach lies in its ability to provide clarity on a problematic examination (Hancock, Algozzine, and Lim, 2021:78). It is stated that to analyze a research problem, a researcher employing a case study design can use a variety of techniques and sources (Yin 2018:79). Additionally, design can deepen or broaden the experience beyond what has already been discovered through earlier studies (Yin 2018:80). An instrumental case study was employed for this study. According to Balog (2016), an instrumental case study occurs when the individual or group allows researchers to understand more than what is initially obvious to observers. An instrumental case study focuses on a particular person, place, group, or event (Balog, 2016). However, unlike an intrinsic study, which seeks to understand the case

itself, an instrumental case study's overarching purpose is to better understand a broader topic (Balog, 2016). Therefore, an instrument case study was utilized because the primary research interest was to gain an intensive, detailed understanding of a phenomenon the lived experiences of WwDs and policy intervention towards mitigating challenges faced during COVID-19 pandemic alert levels 5-3 in the City of Johannesburg and also examine the modern real-life conditions and provide the basis for the implementation of principles and theories and the extension of methodologies in its real-life context.

4.2.2 Case study: The City of Johannesburg

Among South Africa's eight metropolitans, the City of Johannesburg is one of the three in the Gauteng Province. The City of Johannesburg is recognized as a Category A Metropolitan. As regarded as Africa's most advanced commercial city, the municipality serves as the centre of the country's regional economy (CoJ IDP, 2023/24). The city has a distinctly African identity, with world-class transportation, water, and electricity infrastructure and globally competitive health and educational services (Abrahams and Everatt, 2019). Furthermore, the city is a mix of cultures and backgrounds, home to both old and emerging companies and the wealthy and the impoverished (Abrahams and Everatt, 2019). The municipality is 1644 square kilometres, with borders from Orange Farm in the south to Midrand in the north and from Roodepoort in the west to Bruma in the east (CoJ IDP, 2023/24).

Figure 1.8: City of Johannesburg spatial map



Source: Abrahams and Everatt, 2019.

According to Abrahams and Everatt (2019), the City of Johannesburg is relatively new. When gold was discovered in the area in 1886, the colony increased, becoming the largest city in South Africa and the hub of the country's economy for Gauteng (Harrison and Zack, 2012). Similarly, the city nonetheless draws in those seeking opportunities even now. The area around Johannesburg, also known as "the city of gold," has been inhabited by waves of different peoples over the years (Murray, 2022). These include the Khoi and San, who lived there 1,000 years ago; the Tswana people, who lived there 500 years ago; and the Boer farmhouses, which date from the 1860s (Murray, 2022).

With its rich history, the city has had notable occurrences and events. Abrahams and Everatt (2019) indicate that Alexandra, the oldest township in South Africa, is located there. Additionally, it is home to the Southwestern township, Soweto, the largest township in Southern Africa, which was established as a labour reserve for the Gold Reef (Abrahams and Everatt, 2019). The visionary Freedom Charter, which served as a blueprint for South Africa's liberation fight and the Constitution, was also drafted in this township.

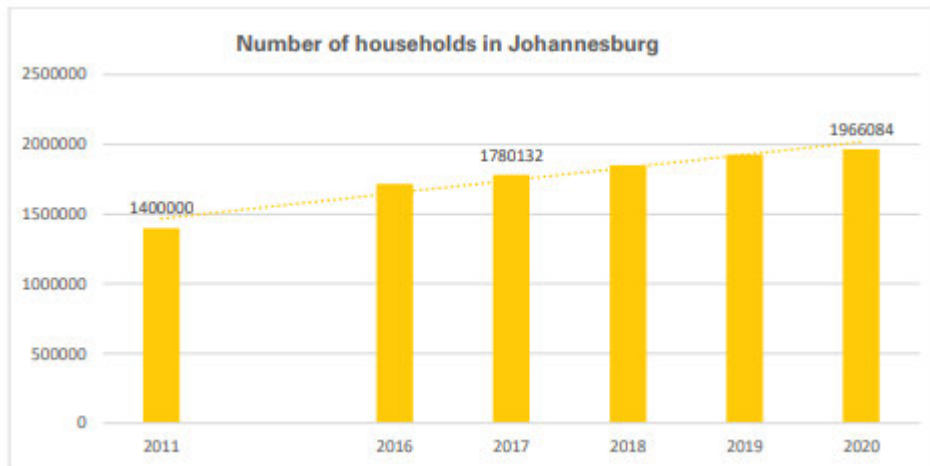
4.2.2.1 Demographics

As of 2022, Statistics South Africa indicates that Johannesburg is the largest metro city in South Africa in terms of population size, with an estimated population of over 6.09 million. 10% of South Africa's total population lives in Johannesburg, roughly 38% of the province. A growing number of young people are moving to Johannesburg, bringing potential and challenges (CoJ IDP, 2023/24). 73% of the city's population is of working age, meaning they are primarily between the ages of 15 and 64 (Stats SA, 2022). Based on accessible data, the estimated number of young people in the city (15–34 years old) is 2.2 million, making up about 37% of Johannesburg's overall population (Stats SA, 2022). Young people are essential to the growth and success of the city (CoJ IDP, 2023/24). They can promote change and catalyze social, economic, political, and cultural transformation (CoJ IDP, 2023/24).

Most people move to the city for better chances and employment (Stats SA, 2021). In search of work, social assistance, political sanctuary, and safety, migrants are drawn to Johannesburg (Stats SA, 2021). Migration has numerous advantages, such as cultural diversity, politics, and society, but drawbacks exist (Abrahams and Everatt, 2019). Cities must find ways to accommodate more people within a resource pool already at capacity. The Gauteng City-Region Observatory (GCRO) (2021) indicates that most Moat visitors to Johannesburg come

from other parts of Gauteng. A further 36% were born in a different province within South Africa, and 9% originated abroad (GCRO, 2021).

Figure 1.9: Number of households in Johannesburg



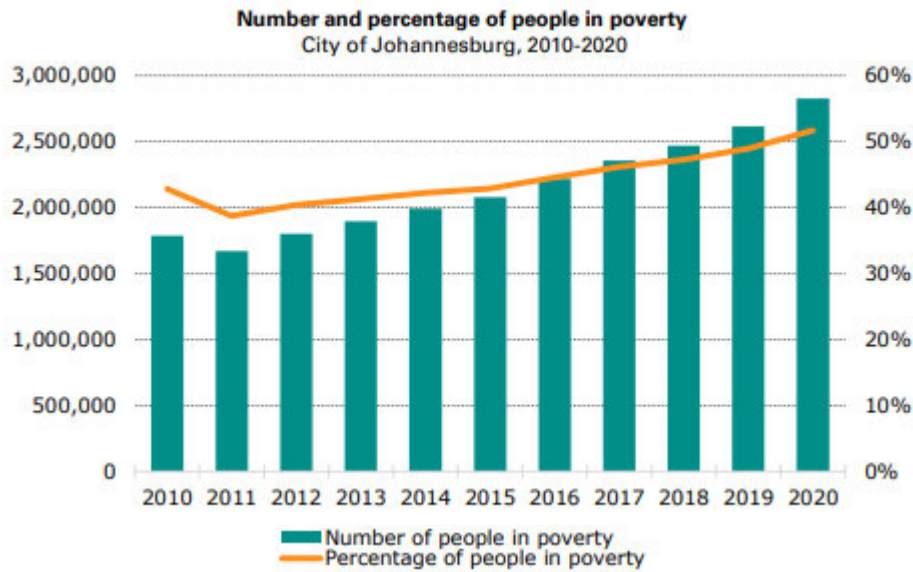
Source: Stats SA, 2021. General Household Survey, Selected development indicators, Metros, various years, and the City of Johannesburg IDP 2022 – 2027.

Stats SA (2021) estimates that Johannesburg has 1.97 million homes. The Stats SA (2021) further suggests that an average of 3.2 to 4 persons live in a household. Data from Statistics SA (2021) indicate that the average size of households in the city is beginning to rise. Housing, social services, and infrastructure planning will need to be done carefully due to the anticipated increase in the number of households in the City of Johannesburg during the next five years. Additionally, Johannesburg's household population is projected to have increased from 1.4 million in 2011 to 2.19 million (Stats SA, 2023). As of 2022, Black Africans accounted for 80% of the population, with Whites making up 9% and Asians and Coloureds combined for 5% (Stats SA, 2023).

4.2.2.2 Social opportunities and challenges

Development strategy in post-apartheid South Africa is centred on reducing poverty and eradicating the disparities that were established during the apartheid era. In Johannesburg, there were 2.83 million impoverished individuals in 2020, as opposed to 1.68 million in 2011 (HIS Markit, 2022). One effect of increased urbanization is the trend toward increasing poverty, even if there has been progress over the last ten years (CoJ IDP, 2022-27). Additionally, poverty and racism are still inextricably connected.

Figure 1.10: City of Johannesburg poverty overview, 2010-2020



Source: IHS Markit, 2022. Regional eXplorer version 2201 and CoJ IDP 2022-2027

Inequality and poverty are closely related. Despite Johannesburg being the country’s economic hub, the city is characterized by pervasive social and economic inequality. Inequality remains high compared to other global metropolitan cities, even if it has decreased since 2011, as the Gini coefficient indicates (IHS Markit, 2022). Johannesburg’s Gini coefficient increased from 0.649 in 2011 to 0.633 in 2020 (IHS Markit, 2022).

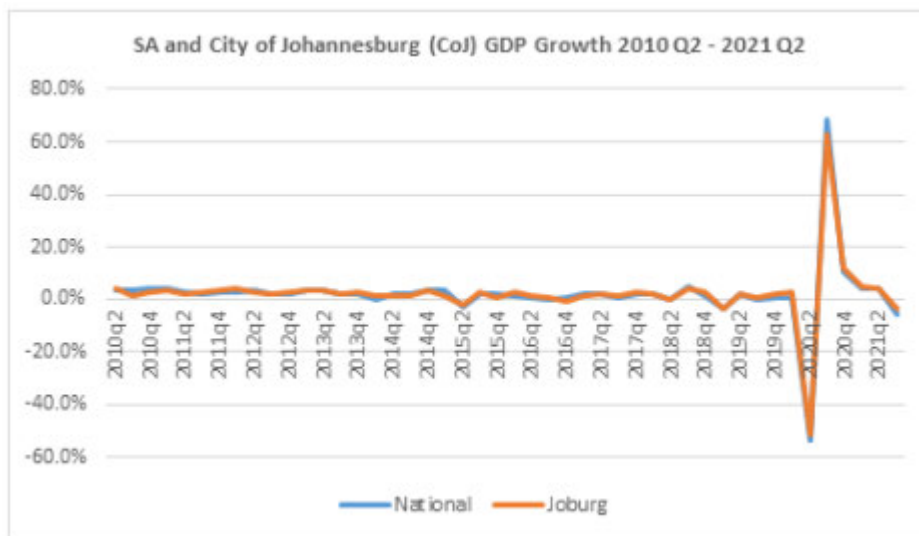
Thousands of people who live in cities are affected by food insecurity. Poverty and income inequality are the primary issues rather than a shortage of food production (CoJ IDP, 2023/24). Massive socioeconomic costs associated with food insecurity include illness, lost wages and productivity, social unrest, and lowered educational achievement (CoJ IDP, 2022/27). By emphasizing early preventative actions, the city has improved the health status of its citizens despite these complicated social difficulties (CoJ IDP, 2022/27). However, the COVID-19 epidemic severely affected the city (CoJ IDP, 2022/27). Johannesburg had the highest infection rates in the nation during the pandemic’s peak (NICD, 2020).

4.2.2.3 Economic opportunities and challenges

Despite numerous challenges that impede its capacity to promote consistent economic expansion, Johannesburg’s economy ranks among the biggest on the African continent (CoJ IDP, 2022/27). As the economic centre, Johannesburg had to withstand the worst of South Africa’s second economic slump in 2019 (GCRO, 2021). Shortly after, the COVID-19 epidemic struck, worsening the already severely stressed economy. The comprehensive impact of the COVID-19 pandemic on people’s livelihoods was brought to light in the Quality of Life

(QoL) 6 report. According to the QoL, half of the respondents either lost their jobs or had their pay and working hours cut, and ten percent had to shut down their businesses (GCRO, 2021). According to Stats SA (2021), a significant contributing factor to the high unemployment rate is that many are giving up on finding work because they have given up hope. The youth unemployment rate in the city is still very high. Johannesburg’s youth unemployment rate is 55.4 percent, more significant than the city’s 40.8 percent (Stats SA, 2021).

Figure 1.11: City of Johannesburg and South Africa GDP Growth 2010-2021



Source: IHS Markit, 2022. Regional eXplorer version 2201 and City of Johannesburg IDP 2022-2027

In addition, economic growth has decreased over the past ten years, falling from 2.7 percent in 2011 to -5.2 percent in 2020 (IHS Markit, 2022). The 2022 Executive Mayor Media Statement suggested that the multi-party Government acknowledge the country’s slowing growth rate and ongoing financial hardships. It has pledged to prioritize multi-sectoral programs that target economic challenges to have a long-lasting positive impact. The City of Johannesburg will contribute R863 billion, or 15.6% of South Africa’s GDP, in 2020 (IHS Markit, 2022). Johannesburg made up 44% of Gauteng’s GDP in 2020, or nearly half of the province’s R1.96 trillion GDP (IHS Markit, 2022).

4.2.2.4 Health profile

According to the Health District Profile, 84% of city residents lack health insurance (Abrahams and Everatt, 2019), whereas 16% are enrolled in medical programs that allow them to receive care at private hospitals (RSA, 2024). Few individuals make use of both (RSA, 2024). Since

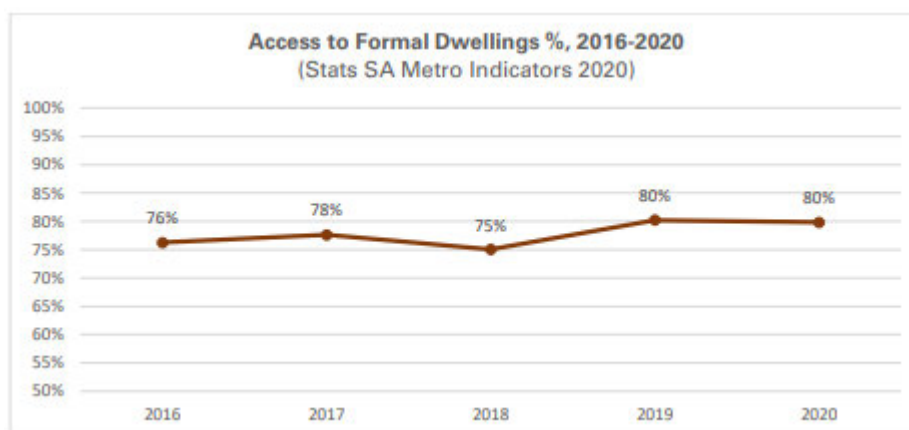
one's ability to pay determines the healthcare level one receives, it has reinforced inequality (RSA, 2024). It opposes the nation's goal of having an equitable and just society.

According to the trends, the leading causes of death are prematurity, lower respiratory infections, and diarrheal illnesses, accounting for approximately 40% of mortality among children under five (Stats SA, 2021). HIV/AIDS was the most common cause of death in 2008, but it suggests that it was the seventh most common cause in 2016 because of the ARV program and faster treatment (Stats SA, 2021). The Stats SA (2021) further suggests that men between the ages of 15 and 24 die from injury-related causes (61%), while most women in the same age range (34%) die from causes related to HIV and tuberculosis. The causes of death for those between the ages of 25 and 64 are non-communicable diseases (Stats SA, 2021). Additionally, in the city, 159 healthcare institutions, 108 clinics, 11 community healthcare facilities, two district hospitals, two regional hospitals, three tertiary hospitals, and 36 additional hospitals, including private hospitals, fall under this category (CoJ IDP, 2022/27).

4.2.2.5 Housing profile

Of the city's households, 1.6 million, or 80%, reside in formal residences (Stats SA, 2021). Currently estimated to be 20% of households, the formal dwelling backlog is the number of households not residing in a formal residence. According to Statistics SA (2021), one-third of households in formal houses rent. There are reportedly more than 396,532 unbuilt homes in Johannesburg (CoJ IDP, 2023/24). The CoJ IDP (2023/24) states that the City of Johannesburg has made the housing backlog a top priority and reason for great worry. As a result, there are not enough affordable housing options; many individuals are forced to live in subpar conditions in slums and informal settlements.

Figure 1.12: Access to Formal Dwellings %, 2016-2020

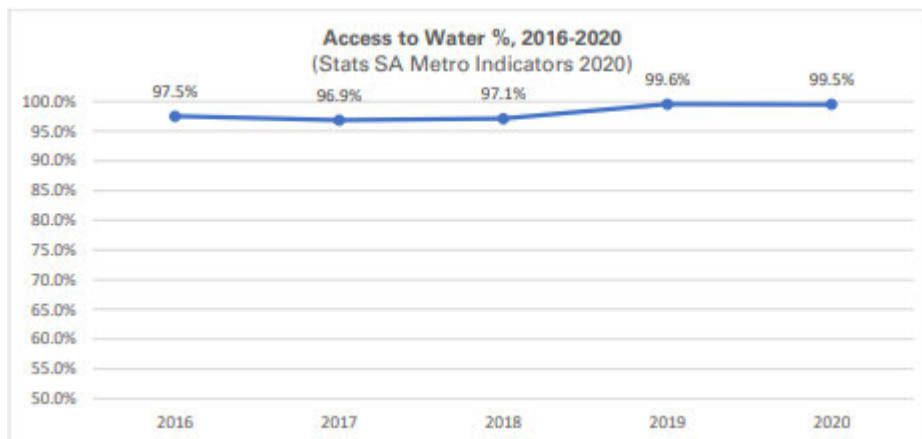


Source: Stats SA, 2021. General Household Survey, Selected development indicators, Metros 2020, and City of Johannesburg IDP 2022-2027

4.2.2.6 Water profile

In the city, 99.5 percent of the homes have access to tap water through yard connections in formalized communities, and communal standpipes in informal settlements are no more than 200 meters away from walking distance (Stats SA, 2021). Since the city has successfully reduced the water backlog, the number of families below the RDP level has significantly decreased (CoJ IDP, 2022/27). A water issue is foreseeable, given the dry climate in the City of Johannesburg (CoJ IDP, 2022/27). Furthermore, Johannesburg uses 279 litres of water per person per day on average, significantly more than the global average of 173 litres (GCRO, 2019). This indicates that Johannesburg has exceptionally high water demand.

Figure 1.13: Access to Water%, 2016-2020

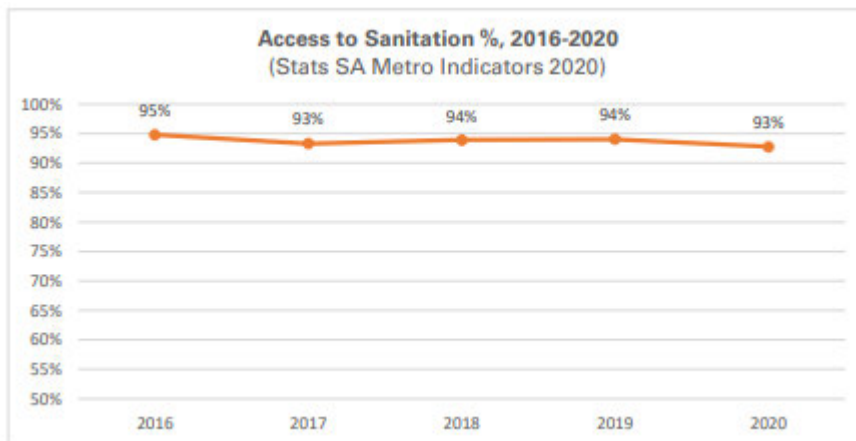


Source: Stats SA, 2021. General Household Survey, Selected development indicators, Metros 2020, and City of Johannesburg IDP 2022-2027

4.2.2.7 Sanitation profile

Through individual sewer connections to properties, 92.8 percent of the 1.7 million households in the City of Johannesburg have access to sanitation (Stats SA, 2021). The sanitation backlog—the proportion of households without clean toilets—has remained largely stable over the previous four years despite urbanization’s growth in the number of households in the city (CoJ IDP, 2022/27).

Figure 1.14: Access to Sanitation %, 2016-2020



Source: Stats SA, 2021. General Household Survey, Selected development indicators, Metros 2020, and City of Johannesburg IDP 2022-2027

The need to promote universal access to better sanitation facilities persists despite serving more households than before, particularly when enhancing hygiene and averting disease (CoJ IDP, 2022/27). As part of this, it is necessary to install next-generation (non-waterborne sanitation systems) systems while preserving and improving the current ones (CoJ IDP, 2022/27). However, poorly managed sanitation systems in high-density areas can allow untreated wastewater to contaminate streams and stormwater systems, and heavy rains can overwhelm wastewater treatment facilities in areas with insufficient stormwater drainage. (GCRO, 2019). These two have a detrimental effect on the city and its citizens' environmental health.

4.3 RESEARCH METHODOLOGY

4.3.1 Research paradigm

It is crucial to define the concept of a paradigm and then explore its components and different views in an argument of various paradigms before outlining the study's paradigmatic expectations. Arguably, every study is conducted within a particular paradigm. According to Kivun and Kuyini (2017), a paradigm is a worldview. A paradigm is a guiding set of principles that includes procedures, values, and beliefs (Kivun and Kuyini, 2017). Belharar, Laamrani, and Chakor (2023) state that the paradigm or worldview that frames a researcher's work influences the meaning the researcher interprets from the evidence collected for the study. Researchers must be able to comprehend and express opinions regarding the nature of reality, what is known about it, and the methods by which this knowledge is acquired. Yong, Husin, and Kamarudin (2021) argue that researchers operate within a distinct paradigm, which dictates their strategies for gathering and evaluating evidence. In social science, there are four principal research paradigms (Belharar, Laamrani, and Chakor, 2023):

- The scientific or positivist paradigm
- The constructivist or interpretive paradigm
- The critical or radical paradigm
- The paradigm of post-structuralism

These research paradigms mentioned above reflect the researcher's beliefs about what knowledge is, which is 'epistemology,' what is a reality, which is 'ontology,' the values of the researcher, which is 'axiology,' and the means to obtain knowledge which is 'methodology' (Kaushik and Walsh, 2019). According to Ejnavarzala (2019), one way to conceptualize ontology is to "what is true," while epistemology is to "how do we know those truths?" The second and most profound and comprehensive level is ontology, from which epistemology can be inferred (Ejnavarzala, 2019). Ontology is concerned with the various approaches to knowing, mirrored in methodology (Scotland, 2012). Every methodological option has its own set of procedures, and within these procedures, there are several options for collecting and analyzing data (Ormston et al., 2014). The positivist paradigm is appropriate for quantitative research because it is based on cause and effect. The remaining three paradigms are based on understanding and inquiry, which makes them suitable for qualitative research (Antwi and Hamza, 2015).

The interpretivist, or constructivist, paradigm is ingrained in qualitative research. Bogna, Raineri, and Dell (2020) suggest that it is possible to think of interpretivism or constructivism's understandings and beliefs in terms of:

- *Beliefs and ideals:* The study aims to comprehend what it means to be human and the importance and interpretations people give to life's experiences. Its goal is to distinguish between proof and significance.
- *Interaction between researcher and participant:* The interaction is "intersubjective," meaning that the researcher listens to the participant and interprets the information they provide. Using reasoning and analysis instead of sensory observation, the researcher ascertains the truth of a situation. It is necessary to analyze.
- *Methodology:* Study designs used in qualitative research include case studies, grounded theory, action research, phenomenology, ethnography, and descriptive.
- *Ontology:* In the field of ontology, or the nature of reality, the researcher acknowledges the existence of several subjective truths that are socially formed through interactions between research participants and the researcher.

- *Epistemology*: The theory of knowing, or the process by which knowledge is formed, is based on the ordinary. The researcher gives the data significance by using their analytical skills and participant-informed thinking to think through and interpret the data.
- *Axiology* (the research's ethics and values): To provide a fair analysis of the findings, the researcher will strive to have the research represent her values.

A study examining physical discomfort powerfully illustrates the interpretivist or constructivist paradigm (Alharahsheh and Pius, 2020). Each human has a unique way of experiencing pain because of a variety of circumstances, such as our individual pain threshold, our upbringing, our past experiences with pain, and the context of the pain we are currently experiencing—that is, what else is going on at that particular instant. It makes sense to conclude that pain is socially created in this way. Ejnavarzala (2019) alludes that in medical settings, pain is quantified using a numerical scale; nevertheless, the individual's subjective assessment of their pain level dictates the number they are allocated (self-report). As a result, we might wonder if there's a scientific, objective way to measure pain (Yong, Husin, and Kamarudin, 2021).

It is reasonable to employ qualitative research methods for this study. A single paradigm, social constructivism, also referred to as the interpretive paradigm and based on qualitative research techniques and inductive reasoning, was utilized in this study approach. As such, the constructivism paradigm served as the study's driving force. The purpose of the study was to collect diverse perspectives from individuals involved in policy formulation, execution, assessment, and monitoring, as well as those advocating for the rights of women and girls during the COVID-19 pandemic. The interpretations of these perspectives varied, leading to disparate conclusions. According to constructivism, reality must be understood because no actual reality exists (Scotland, 2012). The study was more likely to employ qualitative approaches to obtain those many realities.

The selection of social constructivism stems from social constructivist scholars aiming to comprehend the environments in which they live and work (Bogna, Raineri, and Dell, 2020). As a result, people interpret their experiences in unique ways and give particular meanings to objects or things. The social constructivist approach of the study was integrated through the interviews conducted to obtain information from the participants in answering qualitative inquiries. The participatory paradigm supports the constructivist perspective, which stresses the need for an action plan for reform that could enhance the participants' lives, their

institutions of employment and living, or even the researcher's life after the social constructivist plan (Antwi and Hamza, 2015).

4.3.2 Qualitative research method

A qualitative research method has been chosen to satisfy the objectives of this study. According to Tenny, Brannan, and Brannan (2022), the qualitative research method aims to develop theories and understanding. According to Moser and Korstjens (2017), qualitative research delves deeper into issues facing the actual world and offers new perspectives. As opposed to gathering numerical data points or making interventions or introductions of therapies, as in quantitative research, qualitative research facilitates the generation of hypotheses for additional investigation and comprehension of quantitative data (Tenny, Brannan, and Brannan, 2022). Participants' experiences, viewpoints, and behaviours are gathered for qualitative research. Qualitative research has been described as a systematic empirical investigation into meaning (Aspers and Corte, 2019:143). It entails taking an interpretive, naturalistic stance toward the world; that is, qualitative researchers investigate phenomena in their natural environments, seeking to understand or interpret them in terms of the meaning individuals assign to them. Qualitative research focuses on the characteristics of entities, meanings, and processes that are not measured or investigated through experiments (Mohajan, 2018). Rahman (2020:103) argues that qualitative researchers investigate phenomena in their natural environments to make sense of or interpret events regarding the meaning individuals assign to them. This method focuses on the subjective evaluation of attitudes, beliefs, and actions (Hennink, Hutter, and Bailey, 2020).

According to Marshall and Rossman (2014), qualitative research focuses on the characteristics and functions of entities that cannot be measured or studied by experiments. Through immersion in a setting or culture and direct connection with study participants, qualitative research aims to provide an investigator with the perspective of the target population (Lopez and Whitehead, 2013). According to this, the researcher in a qualitative study is an instrument to gather data, and the study's outcomes might differ significantly depending on who does it (Creswell and Creswell, 2017). The primary objectives of qualitative research are to promote greater self-awareness and a greater understanding of human conditions. Creswell & Creswell (2017) further argue that qualitative research emphasizes a more profound knowledge of human experience and behaviour, unlike quantitative research, which aims to gather data about human behaviour that leads to the extension and verification of ideas.

According to Daher et al. (2017:49), qualitative research focuses on qualitative phenomena related to quality or kind. For instance, motivation research is usually mentioned as a noteworthy subset of qualitative research when discussing the investigation of human behaviour reasons, such as why individuals act in particular ways or think in specific ways (Daher et al., 2017). Using in-depth interviews, qualitative research aims to uncover underlying motivations and wants. Understanding the underlying purpose of the study is the issue facing qualitative research (Rose, Spinks, and Canhoto, 2014). In addition to helping to provide information about the human side of a challenge that frequently opposes people's emotions, beliefs, relationships, opinions, and behaviours, qualitative research can offer complex, documented descriptions of how the issue under investigation took place and why people experience an assumed research issue (Marshall and Rossman, 2014).

Focus groups, in-depth interviews, and participant observations are among the techniques used in qualitative research (Gill and Baillie, 2018). The primary purpose of these techniques is to gather a specific kind of data. Moreover, Gill and Baillie (2018) indicate that participant observation, for instance, is a suitable method for collecting information about actions that make sense in their natural environments. Conversely, in-depth interviews work best when gathering information on people's viewpoints, experiences, and histories, especially when discussing delicate subjects (Owen-Smith and Coast, 2017). In addition to providing thorough summaries of topics of interest to smaller or cultural groups, focus groups help gather information about the cultural norms of the groups (Owen-Smith and Coast, 2017).

Oranga and Matere (2023) state that qualitative research explores and provides a deeper understanding and exploration of real-world issues. Qualitative research aids in generating hypotheses and further investigating and understanding quantitative data, as opposed to gathering numerical data points or intervening or introducing treatments as in quantitative research (Creswell and Creswell, 2017). Qualitative research collects people's views, behaviours, and experiences. Instead of asking how many or how much, it answers with the how is and why is (Tenny, Brannan, and Brannan, 2022). It may be designed as a stand-alone study using only qualitative data, or it may be a component of a mixed-methods study using both qualitative and quantitative data.

At its core, qualitative research involves asking open-ended questions with "how" and "why" responses that are difficult to quantify. The open-ended character of the research issues at hand means that qualitative research design is frequently nonlinear, in contrast to quantitative design.

Daher et al. (2017) allude that explaining human behaviour patterns and processes that can be challenging to measure is one of the advantages of qualitative research. A qualitative approach enables participants to explain how, why, or what they were thinking, feeling, and experiencing at a particular time or during an event of interest (Hennink, Hutter, and Bailey, 2020). Phenomena such as experiences, attitudes, and behaviours can be challenging to adequately capture numerically (Creswell and Creswell, 2017).

Nevertheless, qualitative data seeks themes and patterns that can be challenging to measure. It is crucial to avoid losing the context and narrative of qualitative work by attempting to quantify inappropriate data. However, the subjective nature of the data collection and interpretation processes poses a challenge to the validity and dependability of the conclusions drawn from the qualitative approach.

As a result, the study used a qualitative methodology to gain a deeper understanding of the perspectives and experiences of the WwDs, government officials, NGO officials, and family members of WwDs concerning the impact of the coronavirus pandemic. Through in-depth interviews, the researcher investigated behaviours, attitudes, and experiences using a qualitative technique. Additionally, it aided in the researcher's comprehension of the research problem from the perspective of the concerned participants. This study's research question aims to determine and explore the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg. The qualitative technique was the most suitable method for addressing this study's research issue. It made it possible for the researcher to gather information that is hard to get through quantitatively focused methodologies.

This qualitative study significantly created the opportunity to comprehensively describe the challenges of WwDs during the COVID-19 pandemic, problems associated with policy development, implementation, and the significance of public participation. The researcher was able to gather information that satisfies the purpose of the research, which is to explain why the difficulties in advancing the rights of PwDs, particularly WwDs, and underdevelopment persist by physically visiting WwDs, family members, government officials, and non-profit organizations. Through these interactions, the researcher observed and conducted in-depth interviews. The researcher contends that understanding the difficulties in improving WwDs' rights, growth, and public involvement requires understanding their experiences. Thus, qualitative research allows for the concentration of people's experiences and how they know

the world around them. Therefore, the world or reality is dynamic, not a fixed, single entity or measurable phenomenon (Cypress, 2017:208). Reality is constructed in a variety of ways, interpreted in a variety of settings, and it is dynamic.

4.3.3 Research instruments

This qualitative methods research study explores the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg. Given this focus, literature reviews and in-depth interviews were used to collect data.

4.3.3.1 Literature review

This study explores the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg in particular. An in-depth and pertinent literature review was carried out to give the research endeavor a theoretical basis. In addition to allowing the researcher to confirm the findings and contrast them with the work of other academics in similar domains, this literature evaluation gave scientific justifications for the research topic or questions.

Galvan and Galvan (2017) argue that the foundation of a literature review is the idea that knowledge develops over time and that we can learn from and improve upon the work of others. Reviews of the literature are essential to scholarship since research is still primarily a cumulative endeavour (vom Broke et al., 2009). Literature reviews might be contextual, historical, theoretical, integrative, methodological, or meta-analytic (Snyder, 2019). Every kind of review has a distinct objective. A literature review aims to do the following: it should show that the researcher is knowledgeable about the subjects of the research and establish the credibility of that knowledge; it should trace the history of previous research and show how the current project relates to that earlier research; it should integrate and summarize existing knowledge in and about the researcher's field of study; it should encourage new ideas and learn from others (Paré et al., 2015).

In order to present a summary, overview, and critical assessment of previous research concerning the research problem under investigation, a literature review surveys previous research published in books, scholarly articles, and any other sources relevant to a given issue, area of study, or theory (Paré and Kitsiou, 2017). A literature review is intended to summarize the sources you have utilized to explore a particular subject and show how your research fits into the body of existing knowledge (Galvan and Galvan, 2017).

In line with the above assertion, this study used existing literature to investigate the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg.

4.3.3.2 Interviews

Interviews are of importance in qualitative research. An interview is an interaction or conversation between two or more people for information gathering. According to Ruslin et al. (2022:22), an interview is generally understood to be an exchange between two individuals on a specific occasion in which one person participates as the interviewer and the other as the interviewee. In an interview, an interviewer facilitates the discussion and poses questions during a research interview while the interviewee answers the questions. Telephone interviews are another acceptable format for conducting interviews. When gathering detailed information on people's beliefs, ideas, experiences, and emotions, interviews are a suitable technique (Azad et al., 2021). Interviews are helpful when the subject of the inquiry involves matters that call for in-depth questions and extensive examination (Knott et al., 2022).

An in-depth interview is the most frequently used qualitative research method for data collection. According to Jamshed (2014), a qualitative interview is a framework that allows for the achievement, testing, and reinforcement of practices and standards in addition to their recording. Deterding and Waters (2021) suggest that since there is never a research interview without structure, most qualitative research interviews are in-depth, semi-structured, or lightly structured. When conducting long-term fieldwork, it is often advised to use unstructured interviews, which allow respondents to express themselves at their own pace and in whatever manner they choose with little restriction on their answers (Rivas and Gibson-Light, 2016). Semi-structured interviews were used in this investigation to gather data. The semi-structured interviews were considered to be suitable for this study.

4.3.3.3 Semi-structured interviews

According to Deterding and Waters (2021), semi-structured interviews are research instruments that allow for greater or less flexibility in pushing participants to gather and evaluate data. Its methodology is notably qualitative, leading to it being referred to as a standardized interview (Knott et al., 2022). The interview's predetermined questions are based on the specific details needed. In-person interviews, as well as focus groups, can benefit from this. Within the humanities, semi-structured interviews are in-depth discussions in which participants must react to predetermined, open-ended questions (McIntosh and Morse, 2015).

In-depth, semi-structured interviews are widely used to conduct interviews with a single subject or occasionally even with a group (Ruslin et al., 2022:22). These interviews take place one time only, can be done with a group or an individual, and last anywhere from thirty minutes to over an hour (Azad et al., 2021).

The foundation of semi-structured interviews is the semi-structured interview guide, a schematic presentation of questions or subjects the interviewer must go into (Ruslin et al., 2022:22). Interview guidelines are an excellent tool for making the most of interview time by allowing the researcher to explore many respondents more methodically and thoroughly and by maintaining the interview's focus on the intended course of action (McIntosh and Morse, 2015). Boyd and DeLuca (2017) allude that the interview guide's questions are divided into core and related questions, further refined once the interview guide is put through a pilot test. Interviews should be recorded to capture the data more efficiently; this is occasionally a point of contention between the researcher and the respondent (Minhat, 2015). The researcher may overlook important details if they take handwritten notes during the interview, which are untrustworthy. It is easier for the researcher to concentrate on the interview material when recording (Boyd and DeLuca, 2017).

A total of twenty-seven individuals participated in structured interviews. Twelve WwDs, seven family members of WwDs, four representatives from non-governmental organizations, and four representatives from government departments participated in this survey, and their answers were documented with their consent. It allowed the researcher to get first-hand knowledge about the experiences, difficulties, and viewpoints of the 27 participants. The interview questions were detailed in an interview schedule that was created (see Appendix 1). Because most of the questions are open-ended, the interviewer may add additional ones based on the participants' responses throughout the interview.

4.3.4 Sampling

4.3.4.1 Study population

According to Creswell & Creswell (2017), a study population is typically a large group of items or people that are the focus of a research project. The people benefit from research efforts. Unfortunately, due to time and cost constraints, researchers usually cannot examine every community member due to its vast population size. Denscombe (2017) states that this is why researchers use sample approaches. A study population is described as a well-defined group of people or things that are known to share comparable features (Casteel and Bridier, 2021).

Casteel and Bridier (2021) further argue that all items or individuals within a particular community share common characteristics. Nevertheless, for this study, a select group of WwDs, family members of WwDs, government departments, and organizations from the Gauteng province, City of Johannesburg, were considered to have information, expertise, and lived experiences regarding the study and assisted the researcher in achieving study objectives.

Denscombe (2017) states that certain studies may be able to include every member of the community due to its small size. However, a study might require a sizable population, which cannot all be studied. A sample of the population is the population being investigated (Rose, Spinks, and Canhoto, 2014). Therefore, using a specific process, this study sample comprises a limited number of people chosen from a readily available population. This sample's constituent parts are investigated (Rose, Spinks, and Canhoto, 2014). Therefore, the study population for this research is drawn from the City of Johannesburg. Participants include WwDs, family members of WwDs, the Gauteng Department of Health, the Gauteng Department of Social Development, the Gauteng Department of Education, and organizations from the Gauteng province, City of Johannesburg, who comprise the research population.

4.3.4.2 Sampling approach

The sampling method used in this study is non-probability. Non-probability sampling is a method where the researcher chooses samples depending on their subjective assessment rather than through random selection (Elfil and Negida, 2017). The researchers' experience level is crucial to this sampling strategy (Elfil and Negida, 2017). Elfil and Negida (2017) further suggest that it is conducted through observation and is a popular qualitative research method. According to Vehovar et al. (2016), any person in the study population can be chosen using a non-probability sampling technique; respondents are not randomly chosen based on the numerical concept. Non-probability sampling subjects are usually selected depending on the researcher's judgment or availability. Therefore, the research chose participants based on their comprehension, familiarity, expertise, and experiences of the problems about the lived experiences of WwDs and policy response toward mitigating challenges faced during COVID-19 alert levels 5-3 in the City of Johannesburg.

Under the non-probability sampling technique, purposive sampling was employed to select participants. This sampling methodology does not use statistical or other methods; instead, researchers choose sample individuals using a combination of critical and logical thinking (Shukla, 2023:01). When selecting a sample that accurately represents the population, the

researcher uses their power of judgment. In this type of non-probability sampling technique, the researcher selects participants while keeping in mind the primary goal or purpose of the study (Shukla, 2023:01).

The main factor in purposive sampling is the researcher's assessment of who can provide the most accurate and trustworthy information to meet the study's goals (Pace, 2021). Acquiring comprehensive data from those most suited to supply it is the primary goal of purposive sampling (Etikan et al., 2016). Purposive sampling was chosen for the study because the population under investigation has characteristics that are likely to yield valuable data for the study's objectives. Moreover, the study area was accessible because the researcher lived in the area, Gauteng, City of Johannesburg, and respondents had the experience, expertise, and knowledge concerning the study's objectives.

Moreover, the recruitment of WwDs was based on referrals, and the candidate specified to the organizations that were making referrals that the study seeks to exclude HIV-positive persons, those dependent on medical care, mentally impaired persons, deaf individuals, and persons experiencing traumatic or stressful conditions. The inclusion criteria were for females aged 18 years and older and males and females aged 18 years and older for government officials and NGO officials. The researcher targeted the NGOs of persons with disabilities, and these disability organizations referred family members of WwDs.

4.3.4.3 Sample size

An experimental study's primary objective is to propose an overall population from a sample; consequently, determining a sample size for a study is crucial (Guetterman, 2015). Small sample sizes are standard in qualitative research because they enable the intricacy of a case-oriented analysis critical to this type of investigation (Vasileiou et al., 2018). Moreover, qualitative samples are specifically selected based on their ability to provide nuanced information relevant to the studied topic. Purposive sampling, as opposed to probability sampling, which is used in quantitative research, chooses cases with a lot of information (Palinkas et al., 2015:539). Therefore, the literature confirms that purposive sampling is more effective than random sampling in qualitative studies, bolstering analogous claims made by qualitative methodologists for a considerable amount of time (van Rijnsouwer, 2017).

According to Baker and Edwards (2012), qualitative researchers argue that there is no objective way to determine how many and that the appropriate sample size is contingent upon several methodological, epistemological, and practical considerations. The suggestion put up by

Vasileiou et al. (2018:148) is that qualitative sample sizes should be sufficiently large to facilitate the development of a fresh and intricate understanding of the phenomenon being studied, while yet being sufficiently small to allow for the thorough examination of qualitative data through case-oriented analysis.

Nonetheless, it has been proposed in the past that, to satisfy the data capacity adequately, qualitative research requires at least 12 sample sizes (Clarke & Braun, 2013; Fugard & Potts, 2014). Accordingly, a sample of 27 respondents, namely, WwDs, family members of WwDs, Gauteng Department of Health, Gauteng Department of Social Development, Gauteng Department of Education, and organizations from the Gauteng province, City of Johannesburg, made up the research population and was deemed to be appropriate and reliable for the study.

4.3.4.4 Data collection

According to Kabir (2016), data collection is the systematic process of obtaining and measuring data on pertinent variables to answer specific research questions, test hypotheses, and assess results. Data collection techniques are crucial because they impact the researcher's methodology and analytical approach, influencing the information used and what kinds of explanations it might produce. Critical data collection methods are presented below.

4.3.4.5 Secondary data

Secondary data is crucial in qualitative or quantitative research because it is the foundation of any study. Martins et al. (2018) allude that secondary data is information gathered from a source previously published in any format. Any research project's literature review is predicated on secondary data (Snyder, 2019). The investigator uses secondary data for another study's objectives, but different researchers gather it for different research. For instance, census data is being utilized to examine how schooling affects earnings and professional choice. Social scientists frequently employ census data, organizational records, and data gathered using qualitative research methods as secondary data sources (Johnston, 2014). According to Mohajan (2018), a new survey cannot fully capture historical change and advances, so secondary data is crucial. Secondary data can be found in many different sources. Several methods are available for gathering secondary data, including books, documents, biographies, newspapers, published censuses or other statistical information, data archives, online articles, and research articles written by different researchers (journals) databases (Taherdoost, 2021).

Secondary data is crucial for any research project. Even though secondary data may have less validity, it is nevertheless essential. Obtaining primary data can be challenging; in these

situations, information can be more easily and readily obtained from secondary sources. Martins et al. (2018) suggest that sometimes, preliminary data are unavailable, so the research must be limited to secondary data. Secondary data may be sufficient when primary data is present, but the respondents are unwilling to disclose it (Martins et al., 2018). Suppose your research is focused on the psychology of transgender people, for instance. In that case, you can get data from books or other published sources because it might be challenging to discover transgender individuals, and second, they might not be ready to provide the information you need.

Martins et al. (2018) indicate that secondary data provides several advantages since most background work has already been done. Reviews of the literature, case studies, statistics, published texts, and media promotion are a few examples of the methods used. Personal connections and media promotion have also been employed. Because there has been so much background research done, secondary data typically has a pre-established level of validity and reliability, and the researcher using it doesn't need to reexamine it (Snyder, 2019). In addition, secondary data can serve as a baseline against which the outcomes of central data collection can be evaluated, and they can be helpful in the research design of further primary research (Taherdoost, 2021). As a result, it is prudent to start any research project with a secondary data assessment.

Therefore, this study utilized secondary data through books, documents, biographies, newspapers, published censuses or other statistical information, data archives, online articles, and research articles. Additionally, in this study, secondary data served as a baseline against which the outcomes of central data collection were evaluated.

4.3.4.6 Primary data

The term "primary data" refers to information gathered by direct interaction or observation (Ajayi, 2017). These are the most accurate, reliable, and unbiased findings. The validity of data that have not yet been published and have not been altered by humans is greater than that of secondary data (Mazhar et al., 2021). The decision-maker, a marketing company, a university, or an extension researcher gathers primary data expressly to solve the issue at hand (Ajayi, 2017). Primary data, in contrast to secondary data, is unavailable elsewhere. The researcher has to go out to the field and collect it. Only focus groups, surveys, in-depth interviews, and experiments like tests are appropriate for gathering primary data (Kabir, 2016).

Amaya et al. (2015) argue that research cannot be done without secondary data, but relying solely on secondary data is less trustworthy. It could not be objective since humans have already modified secondary data (Kabir, 2016). The source's age, insufficient knowledge, potential for bias, and deceptiveness are the reasons. There are a few primary data sources, which can occasionally be attributed to either population scarcity or a lack of collaboration—the following preliminary data sources (Kabir, 2016).

- *Experiments:* Analytical research for data collecting must be carried out in a natural or artificial environment. Experiments are significantly more helpful for nutrition, psychosomatic research, and medicine. The researcher controls any small factors' impact on the experiment's results.
- *Surveys:* In psychology, marketing, social sciences, and management, surveys are the most widely utilized method. The study can use many techniques to perform surveys.
- *Questionnaires:* The approach most frequently employed in surveys is the questionnaire. Participants in questionnaires answer both closed- and open-ended questions based on their knowledge. A researcher may distribute questionnaires via fax or electronic mail, mail, phone, institution, or in person in a public place.
- *Interviews:* an in-person engagement with participants. The main problem with the interview is when participants purposefully withhold information; otherwise, it is a rich source of knowledge. During the interview process, the interviewer can watch the interviewee's facial expressions, body language, and other responses to the questions. They are not limited to simply recording the interviewee's spoken words. It makes it easy for the interviewer to wrap up.
- *Observations:* they can be made silently or with the subject's knowledge. Both natural environments and artificially constructed environments can occasionally be used for observations.

Various methods were used to gather data and information to accomplish the study's objectives. It included reviewing pertinent material on the COVID-19 government's transformation initiatives, policies, reports, and the City of Johannesburg's IDP. The researcher compiled the semi-structured interview questions for answering. The participants included WwDs, family members of WwDs, Gauteng Department of Health, Gauteng Department of Social Development, Gauteng Department of Education, and organisations from the Gauteng province, City of Johannesburg.

The interviewees' responses were analyzed, and the results and recommendations were recorded. The interviews were necessary to complement the information contained in the literature. In achieving the study's objectives, it was essential to interrogate and attain responses to numerous issues related to the lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg under the study to enable the investigation, findings, and conclusion to this study. The purpose of the interview question design was to provide structured inquiries about problems that are pertinent to the research. Interviews were used in this study to comprehend the research questions fully.

4.4 DATA ANALYSIS

Ravindran (2019) states that most of the data produced by qualitative research is text-based and unstructured. These textual data may include notes from observations, diary entries, transcripts of interviews, or records of physicians and nurses (Ravindran, 2019). Audio files, video snippets, and other media types may occasionally be included with qualitative data (Graue, 2015). The aspect of qualitative research that sets it apart from quantitative research techniques is data analysis, considering that the former uses textual data while the latter uses statistical data. It is a dynamic, intuitive, and creative process of inductive reasoning, thinking, and theorizing rather than a technical exercise like in quantitative approaches (Pandey & Pandey, 2021). Comparatively speaking, qualitative research is more concerned with exploring the values, meanings, beliefs, thoughts, experiences, and feelings inherent in the studied topic than quantitative research, which uses statistical methodologies (Rahman, 2020).

In qualitative research, data analysis is the methodical procedure of gathering, organizing, preparing, analyzing, modeling, and interpreting data (AlYahmady and Alabri, 2013). Data analysis gives a large amount of gathered data organization, order, and significance (Hilal and Alabri, 2013). According to Mellor (2001), it is a creative and captivating process but also untidy, unclear, and time-consuming. Scientific and corporate research depends heavily on data analysis since the need for data-driven decision-making has recently increased (Moore & Llompart, 2017). The foremost step in qualitative data analysis is data coding or categorization. Essentially, it entails distilling meaning from data and creating a logical chain of evidence after minimizing the amount of raw information. The identification of noteworthy patterns follows this.

Every interview was meticulously transcribed non-verbatim by the researcher. Naturally, non-verbatim transcription eliminates any superfluous speech to improve the readability of one's transcript without altering the content or structure of spoken words (Pandey & Pandey, 2021). According to Hancock, Ockleford, and Windridge (2001), writing interviews is the process of transcribing data. Listening to or watching data frequently is necessary to find exciting phenomena that address the study questions (Moore & Llompert, 2017). Alhojailan (2012) also emphasizes that the researcher can recognize and identify the characteristics that participants report. As a result, themes can be used to create coding and organize data based on themes that differ from participant perspectives. Best and Khan (2016:354) suggest that the research's deductive and inductive logic is represented by data analysis and interpretation. As a result, the data analysis in this study was done using a thematic method. Based on recurring patterns of meaning, the data were grouped into themes that addressed the research goals of this study. This method illuminated the interviewee's thoughts, feelings, and experiences. The deductive nature of the employed theme approach means that the topics were identified through data analysis.

The researcher used deductive reasoning to analyze data in this study. The researcher began by familiarising himself with the data collected from the participants. This involved transcribing audio-recorded data and reading through the texts. The data was then coded by manually highlighting similar phrases and sentences corresponding to specific interview schedule themes. The themes were analyzed according to the different sections of the second chapter of the study, which provided the literature review. The researcher had to review the themes to ensure they represented the data collected. Organizing data this way enabled the researcher to analyze and interpret collected data to make sense of it.

The researcher adopted the interpretative paradigm, which recognizes different people's perceptions, needs, and experiences of the investigated phenomenon (Pandey & Pandey, 2021). The qualitative data were analyzed manually and based on the themes provided in Chapter Two of the study. The study's findings are presented in a narrative and explanatory text, the most typical form of reporting in qualitative research.

4.5 VALIDITY, RELIABILITY, AND TRUSTWORTHINESS OF DATA

Connelly (2016:435) argues that "credibility refers to the degree to which the research represents the research participants' actual meanings or the truth value." The most significant factor is the study's credibility, or the researcher's belief in the veracity of the research and,

consequently, the conclusions, since it enables the researcher to produce reliable and accurate results (Cope, 2014). Prolonged interaction with participants, ongoing observation where relevant to the study, peer debriefing, member-checking, and reflective journaling are methods used to build trustworthiness (Connelly, 2016). By crafting questions that centre on the study's goals, semi-structured interviews can also aid in addressing validity (Matsieli, 2014). The investigator ensured that the questions he formulated in the research agenda aligned with each of the study's objectives. Interviewers were urged to investigate participants' answers for longer by asking follow-up questions and providing examples to bolster their comments.

Generally, qualitative research is criticized for a lack of objectivity, given the researcher's latitude in interpreting the data. Reliability and validity are conceptualized to mean rigor, trustworthiness, and quality in the qualitative paradigm (Cypress, 2017; Galofshani, 2003). This study's idea of validity and reliability is anchored on methodological and design reflexivity. The research is primarily based on the lived experiences of WwDs and composite meanings ascribed to their experiences of WwDs rather than generalizations. The participatory nature and robust triangulation of adopted disability models, data collection tools, and theoretical frameworks were paramount in guaranteeing this thesis's validity and reliability.

Validity and reliability in this study were enhanced by allowing constructivism (Cypress, 2017; Galofshani, 2003). This was done by valuing WwDs and stakeholders' multiple realities of their told stories. Conducting research with this open-ended perspective advocated by constructivism adheres to the dictates of phenomenological research and data triangulation. The approach allowed WwDs, as respondents who live the phenomenon, to narrate their life stories.

Engaging multiple data-gathering instruments, such as in-depth individual and structured stakeholder interviews, enabled the researcher to collect reliable, valid, and diverse experiences and realities (Cypress, 2017; Galofshani, 2003). Furthermore, the researcher used investigator triangulation by considering ideas and explanations generated by other preceding scholars who studied feminist disability discourse (Cypress, 2017). To some extent, this thesis passed validity and reliability tests by being phenomenological and participatory, and it was conducted with different tools and sampling methods.

4.6 ETHICAL CONSIDERATION

Barrow, Brannan, and Khandhar (2017) state that the WHO states that research ethics govern the rules of behaviour for scientists conducting research. Respecting ethical standards is

essential to safeguarding study participants' well-being, rights, and dignity. Potential participants must be informed that they have the autonomy to choose whether or not to participate in research studies and that declining to do so will not affect their access to care, either now or in the future. It is necessary to ensure that participants have the right to autonomous self-determination (Barrow, Brannan, and Khandhar, 2017). In addition, autonomous participants should be capable of understanding the questions posed by the researcher and posing questions of their own. According to Franklin et al. (2012), researchers must also let participants know that they can stop taking part in the study at any time without worrying about facing consequences.

Therefore, an ethics committee should assess research involving human subjects to ensure the proper ethical standards are observed. A key component of ethical review is the discussion of the moral precepts of beneficence, fairness, and autonomy (Miracle, 2016). In line with the WHO's perspective, this means that when the researcher planned the research and had to respect the participants' rights, welfare, and feelings (a copy of the ethical clearance certificate from the University of KwaZulu-Natal Ethics Committee may be found in Appendix D). The following ethical issues were considered during the study process per the university's policies and procedures regarding using human beings in research. These factors were taken into account for the study's qualitative research.

4.6.1 Permission

For a study to be conducted, every participant must provide their consent and be provided with relevant information to enable them to give an "informed" consent (Xu et al., 2020). It indicates that the researcher has given your research participants all the information they require to decide "informedly" whether to participate in the study. Whenever a person is the subject of research or before researchers engage with them, they must have consent from the participant (or their parents if the participant is a minor) (Xu et al., 2020). This consent is usually provided in writing, although in certain circumstances, the study subject's performance of a task—like completing a survey—can be considered informed consent (Tindana et al., 2020). According to Martin (2014), research participants can decline participation without facing any consequences.

The researcher obtained written permissions from the Gauteng Department of Education, Gauteng Department of Social Development, Gauteng Department of Health, The City of Johannesburg, Blind SA, The Living Link, Gauteng Down Syndrome Association, and

National Council of and for Persons with Disabilities to conduct this research, to ensure that it is a legal exercise. The letters of permission for each questionnaire are provided in Appendix C.

4.6.2 Confidentiality and Privacy

Bender et al. (2020) argue that confidentiality is handling respondent information in a way that keeps it private. Despite the frequent confusion between confidentiality and privacy, the two terms have distinct legal meanings. A person's ethical obligation to maintain confidentiality forbids them from disclosing information to outside parties (Martin, 2014). According to Martin (2014), privacy is the freedom from having one's personal affairs or information invaded. The respondents were guaranteed the utmost confidentiality regarding the handling of their names. To ensure that their trust would not be violated or exploited for one's advantage or benefit, the researcher promised the participants that neither the research process nor its published results would be used as a means of deception or betrayal.

4.6.3 Voluntary Participation and Informed Consent

According to Tindana et al. (2020), the process of providing prospective research participants with information about the main components of a study and the nature of their participation is known as informed consent. Getting informed consent is essential to conducting ethical research on human subjects. According to Manti and Licari (2018), the consent procedure usually entails giving potential participants a written consent document that contains the necessary information (i.e., aspects of informed consent) and presenting that information to them. Marchanti and Licari (2018) suggest that the informed consent form must be written simply for the subjects to understand, minimize any chance of coercion or undue influence, and give them enough time to participate. Nonetheless, informed consent is strictly defined in ethical standards and regulations for research involving human subjects. It is not only a signed document but a process where the subject is aware of the risks associated with the study. (ICH, 2015).

The respondents were informed of the opportunity to withdraw from the study at any moment and the concept of voluntary participation. The interviewees received a verbal explanation of the informed consent principle along with the interview questions. Both concepts required participants to be informed about the goals and objectives of the study, see Appendix B.

4.7 CONCLUSION

This chapter outlined the research methodology used to collect and analyze data. The chapter covered the methods and strategies for gathering and analyzing data related to the research topic of a study. It is the method by which the researcher plans the investigation and uses the chosen research tools to accomplish the study's goals. It contained every crucial research component, such as the overarching framework for the study's conduct, data gathering and analysis techniques, and research design. The research approach used was qualitative research using a case study approach in the City of Johannesburg area. An interpretive research design was used to capture the lived experiences and challenges of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg.

CHAPTER 5: CASE STUDY FINDINGS, ANALYSIS, AND DISCUSSION

“Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others,” UN Convention on the Rights of Persons with Disabilities (CRPD)

5.1 INTRODUCTION

This study explores the lived experiences of women with disabilities (WwDs) and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa and Johannesburg, particularly. The study intends to uncover the barriers to human rights development and identify and recommend possible strategies for a disability-inclusive pandemic response. In examining this issue, the study seeks to lay the foundation for understanding the lived experiences of WwDs during a pandemic and further highlight the shortfalls of the COVID-19 policy response. This chapter, case study findings and discussion, presents and discusses the data collected on lived experiences of WwDs and policy responses toward mitigating challenges faced during alert levels 3-5 of the COVID-19 pandemic in South Africa, City of Johannesburg. The interviews aimed to gather information from selected WwDs, government departments, Non-Government Organizations, and family members of WwDs in the City of Johannesburg.

The chapter starts with an introduction and describes the participants' demographic data. Thereafter, the chapter presents and discusses the human rights experiences and challenges of WwDs during the COVID-19 pandemic. In this chapter, data presentation and discussion follow the major themes developed for the study. These themes include socio-demographic and characteristics of participants, lived experiences of WwDs during COVID-19 alert levels 5-3, policy response towards mitigating challenges faced by WwDs during COVID-19 alert levels 5-3, and the role, impact, and challenges of non-profit organisations in advancing the rights of WwDs during the COVID-19 pandemic.

5.2 SOCIO-DEMOGRAPHIC AND CHARACTERISTICS OF PARTICIPANTS

This section presents, describes, and discusses the socio-demographic and characteristic data collected from the participants. The data was collected from twenty-seven participants. It includes twelve WwDs, seven family members of WwDs, four officials from non-governmental organizations, and four officials from government departments. Most respondents were female participants, with twenty-two females and three males. Most of the

respondents were African, with two African males, sixteen African females, five Coloured females, one White male, and one White female. All the interviews were conducted in English. The officials interviewed are affiliated with these institutions: Gauteng Department of Education, Gauteng Department of Social Development, Gauteng Department of Health, The City of Johannesburg, Blind SA, The Living Link, Gauteng Down Syndrome Association, and National Council of and for Persons with Disabilities.

5.2.1 Socio-demographic of women with disabilities

The data revealed that the average age of WwDs was thirty-nine, ranging from twenty-one to fifty-two years. Of the twelve WwDs, forty-two percent had visual impairment, thirty-three percent had mobility impairment, and twenty-five percent had partial disabilities. Partial disability is defined by Merriam-Webster (2018) dictionary as a condition constituting less than total disability; incapacity preventing the full performance of duties of an occupation as a result of accident or illness. Out of twelve WwD participants, twenty-five percent indicated that they were unemployed, fifty percent stated that they were employed, and twenty-five percent indicated that they were students.

Furthermore, 66.6 percent of the WwDs indicated that their level of education was at the tertiary level, 16.6 percent of them suggested that their level of education was at the primary level, and 16.6 percent suggested that they had only obtained matric. Thirty-three percent indicated that they had chronic illnesses, and 67 percent stated that they had no chronic diseases. The majority of the respondents suggested that they did not contract the virus. The table below illustrates that the majority of WwDs who had matric and obtained tertiary qualifications had employment compared to those with only a primary education level. Below is a table presenting the socio-demographics and characteristics of the WwDs.

Table 5.1: Socio-demographic and characteristics of women with disabilities

Name (pseudonyms)	Age	Level of education	Employment	Disability type	Chronic illness
WWD 01	47	Tertiary	Unemployed	Blind	Yes
WWD 02	39	Matric	Employed	Blind	No
WWD 03	48	Tertiary	Employed	Albinism and Blindness	Yes
WWD 04	46	Tertiary	Student	Blind	No
WWD 05	21	Tertiary	Student	Mobility	No

WWD 06	30	Primary	Unemployed	Mobility	Yes
WWD 07	43	Tertiary	Employed	Mobility	Yes
WWD 08	52	Matric	Employed	Mobility	No
WWD 09	24	Tertiary	Student	Partially	No
WWD 10	51	Primary	Unemployed	Partially	No
WWD 11	28	Tertiary	Employed	Partially	No
WWD 12	33	Tertiary	Employed	Blind	No

Source: Field data

5.2.2 Socio-demographic of family members of women with disabilities

The data suggests that the average age of the family members of WwDs is 53 years. All of these people were females and had other dependents, including WwDs. Four of the seven participants were pensioners; the other two were unemployed, and the other was employed. The table below presents the socio-demographic characteristics of family members of WwDs.

Table 5.2: Socio-demographic and characteristics of family members

Name (pseudonyms)	Age	Gender	Number of dependents	Employment
Family member 01	61	Female	4	Pensioner
Family member 02	38	Female	3	Employed
Family member 03	44	Female	3	Unemployed
Family member 04	57	Female	5	Pensioner
Family member 05	51	Female	2	Unemployed
Family member 06	63	Female	6	Pensioner
Family member 07	59	Female	4	Pensioner

Source: Field data

5.2.3 Socio-demographic characteristics of 4 NPOs and their officials

The interviews were conducted with four officials from non-government organizations (NGOs). These officials are from Blind SA, The Living Link, the Gauteng Down Syndrome Association, and the National Council of and for Persons with Disabilities. The four officials interviewed comprised two males and two females. The officials included two Whites and two Africans. Of the four officials interviewed, three were able people, and one was a disabled

woman. During the interviews, the officials were asked what motivated them to get involved in the disability sector. An NPO official explained:

“I got involved with the Living Link because I saw an opportunity to help people with intellectual disabilities grow and develop into an open labour market. So, it was an opportunity to give back and to help reduce unemployment within the country, specifically for people with disabilities. They have the ability.” [NPO Official 02]

The other official indicated that:

“Well, I am in development, so there is a bit of a gap between persons with disabilities and development as compared to the rest of the world, so you find that disabled persons need much more help in terms of ensuring that they catch up with the rest of the people.” [NPO Official 04]

The officials' narratives reveal their passion for what they are doing and the vital role they play within these institutions. The study determined that PwDs are in good hands with such officials. The table below shows that most officials interviewed hold management positions from their respective organizations. Below is a socio-demographic characteristics table of 4 NPOs and their officials.

Table 5.3: Socio-demographic characteristics of 4 NPOs and their officials

Name of the NPO	Number of years in disability sector	Gender of an official	Position Level
[NPO Official 01]	7 years	Female	Development Officer
[NPO Official 02]	24 years	Male	Managing Director
[NPO Official 03]	No data	Female	Managing Director
[NPO Official 04]	No data	Male	Development consultant

Source: Field data

5.2.4 Socio-demographic Characteristics of 4 Government Officials

Table 5.4: Socio-demographic characteristics of 4 government officials

Name of the official	Department	Unit	Gender	Position

Official 01	Gauteng Department of Social Development	Persons with Disabilities Unit	Female	Social Work Policy Developer
Official 02	Gauteng Department of Health		Female	No data
Official 03	Gauteng Department of Education	Inclusive and Specialized Education	Male	No data
Official 04	The City of Johannesburg	Persons with disabilities sub-unit	Female	Operational Manager

Source: Field data

The interviews were conducted with four government officials from various departments. These departments include the Gauteng Department of Social Development, the City of Johannesburg, the Gauteng Department of Education, and the Gauteng Department of Health. The four government officials interviewed were able individuals, one male and three females. The participants were asked about their department, position level, role, whether they worked with PwDs, and how long they had worked there. Below are their responses:

“I work for the Department of Social Development, Provincial Office – Persons with Disabilities Social Work Policy Developer. I have been working with people with disabilities for the past twelve (12) years and three (3) months.” [Official 01]

Another respondent alluded that:

“I am working for Local government social development in the City of Johannesburg, the unit of persons with disabilities as an Operational Manager in the Persons with disabilities sub-unit, and my responsibility is to manage the implementation of disability programs in the City of Johannesburg region. I have been in this unit since 2013.” [Official 04]

It was further stated by the other respondent that:

“I am working for the Gauteng Department of Education, Inclusive and Specialized Education, and my sub-unit in the department is responsible for overseeing the

operation of the special schools in the province. I have been working here for a long time.” [Official 03]

The fourth official indicated that:

“I am working for the Gauteng Department of Health.” [Official 02]

From the responses, the study determined that most of these officials occupy strategic positions in dealing with disability issues and have vast experience working with PwDs. The participants were further asked about the mandate of their departments concerning advancing the rights of PwDs.

“Facilitate disability stakeholder capacity building and manage stakeholder relations, ensure the implementation and monitor adherence to disability policies and legislation, facilitate and coordinate provincial prevention and promotion programmes, and develop policies for rendering social work services in the department and by disability NPOs in Gauteng. The programme is responsible for Monitoring and Evaluation at NPOs for Persons with Disabilities, and they are as follows: assisted living organizations, protective workshops, home-based care facilities, and residential facilities.” [Official 01]

Another respondent revealed that:

“So our department what it does in terms of advancing the rights of persons with disabilities, they promote inclusion (inclusivity) that people with disabilities should be included in the programmes of the city of Johannesburg in all opportunities in the city, meaning that any opportunities from any entities in the city because they fall under the city of Johannesburg they need to advance the improvement and support of persons with disabilities. However, our department strongly emphasizes mainstreaming persons with disabilities because we are focused on social development. Most of our programmes are driven by social development, so we focus more on the social needs of persons with disabilities.” [Official 04]

The other official stated that:

“The core mandate of the department is to improve the health status of the population, improve health services, secure better value for money, ensure effective organization, and provide integrated services and programmes that promote and protect the healthy,

quality, and sustainable livelihoods for poor, vulnerable, and marginalised groups in society. The department's strategic goals are improved health and wellbeing, emphasising vulnerable groups." [Official 02]

From the respondents, it has emerged that PwDs are incorporated in the mandate of this department. PwDs are the most vulnerable group in any community. As a result, government departments must protect and enhance their livelihoods and rights. The mandate of the departments fulfills Section 27 of the South African Constitution, UNCRPD, and the 2030 SDGs Agenda call for placing persons with disabilities at the centre of all efforts.

5.3 LIVED EXPERIENCES OF WOMEN WITH DISABILITIES DURING COVID-19 ALERT LEVEL 5-3.

"Being a person with a disability is challenging. Being a woman with a disability adds extra challenges." Malvika Iyer

Following the COVID-19 pandemic, the world has faced previously unheard-of difficulties that have had a wide range of effects on people and communities. In normal circumstances, the majority of PwDs, especially women with mental, physical, sensory, or intellectual disabilities, are not likely to receive healthcare services; instead, they are more likely to encounter stigma and discriminatory laws, higher health needs, and generally worse outcomes (UN, 2020). PwDs, particularly WwDs, were more likely to experience these difficulties during the COVID-19 pandemic because they have been dealing with them for the longest time. As a result, the Lancet (2019) argues that "the COVID-19 pandemic threatens to exacerbate these inequalities, especially in the global south countries, where 80 percent of PwD live and where the capacity to respond to the COVID-19 pandemic is restricted."

Therefore, it was imperative to interrogate the lived experiences of WwDs to understand the pandemic's impact on them. This section presents, explores, and discusses the lived experience of WwDs during the COVID-19 pandemic, shedding light on their unique challenges and resilience in adversity. The chapter is divided into several sub-sections to comprehensively address this topic's various aspects.

5.3.1 Impact and access to healthcare during COVID-19

This section examines the impact of the COVID-19 pandemic and access to healthcare services for WwDs during the pandemic alert level 5-3. The section further discusses access to COVID-

19 testing centres, access to COVID-19 vaccination and vaccination centres, access to sexual and reproductive services, and access to COVID-19 information.

PwDs—women in particular—are the most vulnerable members of society anywhere in the world. Accessing healthcare services is one of the numerous challenges that these people must overcome in their daily existence. WHO (2022) suggests that because of various obstacles to receiving healthcare, individuals with disabilities—who make up approximately 16 percent of the world's population—frequently have lower health outcomes than those without impairments. During the COVID-19 epidemic, these difficulties became severe. Disabled women experienced more significant health issues and unequal access to healthcare throughout the pandemic (UN, 2020, WEI, 20020). WwDs have dealt with a healthcare system that frequently falls short of their demands during the COVID-19 pandemic. Several individuals have had challenges getting access to the medical supplies, medications, and psychotherapy they need; others have even been refused care because of misconceptions about PwDs. The epidemic has raised health risks, aggravated pre-existing medical issues, and disrupted regular medical appointments and treatments.

The Constitution of the Republic of South Africa upholds the right to healthcare services as a fundamental human right. It states that "everyone has the right to access health care services, including reproductive health care." According to Section 27 of the South African Constitution, every South African is guaranteed access to health care services, including reproductive health care. Moreover, according to Section 27 (1) (b) of the Constitution, the State may "take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of the right." The National Health Act 61 of 2003, per the South African Constitution, establishes a framework for an organized and consistent health system across the country while considering the constitutional and other legal duties placed on the national, provincial, and local governments regarding health services. This suggests that it is necessary to defend, uphold, promote, and fulfil the constitutional right of individuals with disabilities to obtain health care services, particularly reproductive health care.

The government is nevertheless familiar with the fact that it is still quite tricky for WwDs to access healthcare facilities. Levesque, Harris, and Russell (2013) argue that access to health care for those with and without impairments is still a complicated subject while being essential to the operation of health systems worldwide. This is due to several factors, including restricted access to the physical environment, inaccessible information, hostile and discriminatory

attitudes toward PwDs displayed by medical and support staff, a shortage of qualified medical professionals who are interested in disabilities, and a lack of effective channels for appealing decisions and reporting instances in the medical field where a patient's rights have been violated (Clemente et al., 2022). However, an official from the Gauteng Department of Health suggested that the department did their best to ensure that people with disabilities did not experience any challenges during the COVID-19 pandemic. An official explained:

“As the Department of Health, we are aware of the challenges faced by people with disabilities in the hospitals during the COVID-19 pandemic, and I can indicate that the Gauteng Department of Health did a lot to ensure that no one was left behind and that people with disabilities were catered for accordingly.” [Official 02]

The challenges faced by WwDs during the COVID-19 pandemic remained a concern. The study determined that during the COVID-19 pandemic, many PwDs, particularly women in South Africa, were not able to access healthcare facilities. Before the COVID-19 pandemic, PwDs in South Africa frequently had difficulty accessing healthcare in underdeveloped areas (Tshaka, Visagie, and Ned, 2023). WwDs are finding it even more challenging to get the necessary medical care due to the extra strain COVID-19 has placed on the healthcare system. From the findings, the researcher noted mixed experiences when accessing healthcare for WwDs. Some women revealed that it was difficult to access healthcare facilities during the COVID-19 pandemic compared to when there was no pandemic. The quotes below indicate the experiences of accessing healthcare services of some women with disability:

“Access to healthcare facilities during COVID-19 was never good because everyone was scared to go there, only to get infected. The other problem is that I had been going there before the pandemic, and there was no problem. All of a sudden, during COVID-19, everything changed. We were no longer given priority as usual.” [WWD 02].

The second WwD said:

“For me, as a blind person, it was not easy to get to healthcare centres during the hard lockdown of the pandemic, and in general, it is always difficult to access healthcare because every time, I must find someone to accompany me there.” [WWD 04]

The second respondent indicated that:

“Even before the COVID-19 pandemic, accessing healthcare for the disabled community was never easy, and the pandemic made it even worse because there were so many restrictions that deprived us of our basic human rights.” [WWD 07]

Another respondent also stated that:

“Access to healthcare is a human right, but we are still left behind as women with disabilities. During the pandemic, getting access to hospitals and clinics was hard. It seems like the COVID-19 pandemic came to expose a lot of inequalities that we are facing.” [WWD 11]

The study found no evidence of attempts to make healthcare services for the COVID-19 pandemic accessible to WwDs. The existing Department of Health policies do not enforce universal design or access considerations in health facilities, and pre-existing barriers in the built environment would have been compounded by COVID-19-related restrictions on accompanying family members or personal assistants. The other respondent explained that:

“During COVID-19, access to healthcare services for me as a disabled woman was never made easy. You know that for us as people with disability to have access to any essential service, there must be exceptions to make, such as not letting us wait for long in queues.” [WWD 04]

The narrative from the respondents reveals that before the COVID-19 pandemic, WwDs were given priority in healthcare facilities; however, during COVID-19, everything changed, and they had to wait like everyone else in the queues for them to get attended to. The COVID-19 regulations and policies provided no specifications on the rights and protection of WwDs, particularly women. The UNFPA and Women Enabled International (2021:03) indicate that “women and girls with disabilities were almost universally invisible in policies and programs adopted to address COVID-19. Still, many of the impacts of COVID-19 on this population were anticipated in pre-existing international guidance on humanitarian response.” According to a study conducted in Vietnam, persons with disabilities reported having much worse access to healthcare during the pandemic three times more frequently than their peers without disabilities, and a third said there were additional obstacles to getting disability-related healthcare (Mai et al., 2023).

“As a person who lives with a chronic illness, you know that I always need to have my medication with me every time, but during the COVID-19 pandemic, I found it difficult

to get my medication due to restrictions that were posed, and they were supposed to make exceptions for us since we are disabled.” [WWD 06]

As a result of their exclusion from these processes, the study contends that there are insufficient policies and initiatives specifically acknowledging the lived experiences of WGWDs during this crisis. According to Brennan et al. (2020), additional data from South Africa implied that, in the case of a hospital bed crisis, hospital triage policies should not have discriminated against COVID-19 patients with disabilities in compliance with government directives. Furthermore, McKinney et al. (2020) conducted a policy analysis that yielded similar results, suggesting that some PwDs, particularly those with physical disabilities, are not included in the present South African triage policies.

From the interviews, it also emerged that those women with albinism experienced challenges in accessing healthcare services during COVID-19. The participant revealed that every month, she had to queue at the clinic and that it was difficult to get treatment during the COVID-19 pandemic. The participant, a woman with albinism and visual impairment, explained that:

“I am a woman who is shortsighted and living with albinism as my disability. As a working-class person, things are better on my side, even if they are not good enough. I have medical aid, and medical aid schemes do not cover sunscreen. Due to that, I have to queue in public clinics for skin treatment every month. During COVID-19, it was difficult for me to get my treatment as there were restrictions and there were no exceptions for people with disabilities” [WWD 03].

The study determined that people with albinism face a variety of problems, the most common of which are financial constraints and health complications due to a lack of adequate medical care. The narrative from the above respondent shows that no matter the disability, these groups of people faced similar challenges when it came to accessing healthcare facilities during the COVID-19 pandemic. It further reveals that the pandemic exacerbated these challenges because the participants' responses showed that the situation was better before the pandemic and got worse during the pandemic. In some situations, healthcare providers exhibit prejudices and hostile attitudes towards persons with albinism. Durojaye and Nabaneh (2019) stated that there are instances where medical professionals show bias and hostility toward individuals with albinism. This circumstance restricts albino individuals' access to healthcare, but it can have much more dire consequences for albino women who seek out sexual and reproductive healthcare. On June 13, 2016, former UN Secretary-General Ban Ki-moon issued a call to all

nations to end discriminatory practices that endanger the health, well-being, and even lives of individuals with albinism. He also called for adopting programs allowing these individuals to fully participate in society in response to human rights violations against them.

Furthermore, the study reveals that the service they received from healthcare facilities during COVID-19 was not up to the required standard enshrined in the Constitution of South Africa Section 27 and CRPD Article 25. The right of persons with disabilities to receive the best possible healthcare without facing any discrimination is outlined in the CRPD Article 25. Literature has revealed comparable issues with healthcare services that are not easily accessible for PwDs (Brems et al., 2006; Chipp et al., 2011; Clemente et al., 2022; McKinney, McKinney, and Swartz, 2021). These difficulties have a significant potential to exacerbate WwDs' health issues. When WwDs have poorer health statuses due to limited access to timely and high-quality healthcare services, their condition worsens, and they are further marginalised. It can be inferred, then, that WwDs have poor health outcomes as a result of being excluded from general and disability-specific healthcare services that meet their needs (WHO, 2020).

However, the study revealed that in other places, WwDs received improved access to healthcare services during the COVID-19 pandemic compared to before the pandemic. The respondent explained:

“It was not difficult to access healthcare services; as I said, it was always prioritised when disabled. Disabled people were always getting preference because they wanted us to be helped quickly and get out there. They did not want us to wait longer like it used to be before COVID-19” [WWD 01].

The respondent alludes that it was easy for her to access healthcare services and that they were always prioritized over non-disabled people during the pandemic at the local healthcare facility. The narrative from the above respondent indicates that from other parts of Johannesburg, some healthcare facilities did their best to accommodate WwDs and ensure that they get the required treatment in these facilities, as this is their fundamental right.

5.3.2 Accessibility to COVID-19 testing centres.

This section explores the accessibility of WwDs to COVID-19 testing centres during the pandemic in the City of Johannesburg. The section further discusses the measures the relevant stakeholders took to ensure the adequate accessibility of WwDs to the testing centres.

It appears that individuals with disabilities have faced some difficulties with accessibility to COVID-19 testing sites. The study reveals that WwDs could not access COVID-19 testing centers due to fear of getting infected by the virus. The lack of COVID-19 information might have caused the fear of getting infected by the virus for WwDs. Hart et al. (2022) indicate that PwDs were put at heightened risk of infection due to a lack of knowledge about the COVID-19 pandemic's propagation regarding disabilities. It was not always possible for PwDs to get information in formats that were accessible to everyone, including braille, giant print, sign language, subtitles, audio, and graphics (Ned et al., 2021). A woman with disability narrates:

“It was terrifying to go out there, with a stigma of finding out that you might be affected” [WWD 02].

A second WwD stated that:

“Although it was not easy, I managed to go there once, and the experience was not good because the environment was not conducive for me as a blind person.” [WWD 04]

A third participant said:

“There were so many complications in accessing the testing centres because there was no proper communication with us as the disabled community.” [WWD 12]

The fourth respondent suggested that:

“The Department of Health failed us because when we went for testing, we would wait for a long time, which made it difficult for the disabled community.” [WWD 05]

Correspondingly, the other respondent said:

“It was easy, and it was not a problem. However, I tried not to move around that much during COVID-19 to minimize getting infected by the virus.” [WWD 01]

Rechner et al. (2023) reported that individuals with disabilities had significant concerns regarding stress, worry, and anxiety related to COVID-19 exposure. Fear of contracting the virus and an acute lack of understanding regarding the COVID-19 pandemic contributed to scepticism about the advantages of COVID-19 testing, which fuelled a cycle of mistrust against government initiatives. From the responses, it appeared that WwDs were afraid to go out to the testing centres because they were scared of getting infected in the process. It also appeared from the responses that there was no proper communication from the Department of Health

about the testing process of the COVID-19 pandemic, and that there was no exception for PwDs when it comes to waiting in queues at the testing centres. These narratives suggest that the Department of Health failed to prioritize and cater to the health needs of the disabled community during the COVID-19 pandemic.

COVID-19 vaccination programs have also been impacted by these attitude-related hurdles, linked to scepticism about the efficacy of vaccinations and vaccination benefits. According to Rechner et al. (2023), individuals with disabilities were prohibited from using COVID-19 testing facilities, including drive-through testing stations in several communities. A number of individuals with disabilities who do not drive or own a car expressed anxiety about drive-through testing centers (Rechner et al., 2023). The study determined that in cities where the majority of persons with disabilities lack access to cars, drive-through testing was particularly problematic. Respondents noted that drive-through testing sites created better access for WwDs to testing for the COVID-19 pandemic. However, it appears that they struggled to access these sites due to a lack of access to transport. A woman with disability explained:

“Accessing COVID-19 testing sites was very difficult for me as a blind person because I needed someone to accompany me to go there, and it was not possible. I think drive-through sites were the best option for us as disabled, but also difficult for me since I do not have a car.” [WWD 03].

Another woman with a disability stated that:

“When I heard about drive-through testing, I felt like it was a great idea for us as disabled individuals, but the issue was the accessibility for me because I do not have a car, and it is a challenge to board public transport.” [WWD 08]

Correspondingly, the other respondent said:

“Drive-through was going to help me reduce the fear of getting infected during the testing process, but I could not access it simultaneously.” [WWD 04]

The findings suggest that a lack of transport for WwDs played a considerable role in denying them easy access to testing centres. The above narrative illustrates that the Department of Health tried to create a conducive environment for COVID-19 testing for the marginalized population by having drive-through testing centres. The narrative further suggests that the drive-through testing centres assisted in isolating and distancing WwDs who wanted to go for testing from other patients, considering that other respondents raised their fears of getting

infected in testing centres. However, accessibility remained a concern. According to Shah et al. (2020), drive-through testing was introduced to better isolate and separate patients from one another and safeguard testing staff by using an outdoor testing environment. The most effective way to identify a current coronavirus infection and stop the sickness from spreading further was to use a COVID-19 drive-through test. Drive-through tests allowed for higher safety requirements than office visits because studies have shown that the danger of coronavirus transmission is much lower outdoors and in well-ventilated environments (Shah et al., 2020; Rechner et al., 2023; Ravi et al., 2022). These kinds of testing centers are advantageous because they minimize interactions between members of the public and medical professionals (Shah et al., 2020).

5.3.3 Access to COVID-19 vaccination and vaccination centres

This section examines the accessibility of WwDs to vaccination and vaccination centres in the City of Johannesburg during the COVID-19 pandemic. The study further explores the challenges faced by WwDs in accessing adequate information about the COVID-19 vaccine.

During an emergency such as the COVID-19 pandemic, PwDs, especially women, should receive priority vaccination since it has a significant role in preventing and lowering infection-related death and morbidity. The study shows that governments and policymakers neglected to specifically include WwDs in their immunization programs despite the concerning rate of infection and mortality during the pandemic. According to Rotenberg, Downer, and Cooper (2021), barriers to accessibility persisted even in countries that gave priority to those with disabilities. Because it has been difficult for impaired individuals to get COVID-19 testing and vaccination during the pandemic, the vaccination rate among disabled people was lower than that of non-disabled people (Ryerson et al., 2021). WwDs were disproportionately affected in this scenario when taking into account the intersections of gender and disability.

Many South Africans, including those with disabilities, especially women, were unable to receive vaccinations due to many difficulties that the Department of Health and other stakeholders faced when attempting to vaccinate the country. These difficulties include a lack of infrastructure and capability, restricted supply access, vaccine reluctance, and apathy. The City of Johannesburg and other South African cities have prioritized individuals with disabilities and those living in communal settings regarding early COVID-19 vaccination; nonetheless, there is a distinction between vaccine accessibility and availability. Rotenberg et al. (2021) state that it is imperative to address accessibility throughout the COVID-19

immunization pathway, given that it is not enough for those with disabilities to be eligible merely. Ultimately, many accessibility features would improve everyone's vaccination experience, including unambiguous communication, straightforward booking, resource management, and a more physically and sensory-friendly setting. For this reason, it is critical to incorporate universal accessibility into the nation's vaccination rollout (Rotenberg et al., 2021).

The acceptance and adoption of COVID-19 vaccinations among South Africans has been identified as a significant challenge to the country's vaccination aim, despite these shots being among the most effective ways to contain the epidemic. According to Engelbrecht, Heunis, and Kigozi (2022:02), South Africa only reached 45% of fully vaccinated adults and those over 18. The results of this study imply that some of the disabled women were afraid to get vaccinated because of concerns about the vaccine's unfavourable developments (conspiracy theories) that they had heard about from a variety of sources, including social media. Agenda settings suggest that the media undoubtedly shapes public opinion about what to talk about, even though it may not always tell people what to think (McCombs and Shaw, 2018). Viewers do not witness these occurrences; the media's depiction of the COVID-19 pandemic is a media representation. As a result, they draw more significant influence for their opinions from the news source. Agenda-setting theory holds that the public sees topics covered by the media as most important (McCombs and Shaw, 2018). A participant expressed her fear of receiving a vaccination due to numerous unfounded rumours regarding the vaccine's potential adverse effects. The following quotes from the respondents illustrate the above sentiments:

“Access and getting vaccinated were scary because there were so many rumours of how the vaccine harmed people. Some people here were saying that their relatives died after getting vaccinated” [WWD 02]

A second respondent said:

“I could not get vaccinated because I was afraid of the vaccine due to a lot of stories from social media about negative effects.” [WWD 01]

A third woman with disability suggested that:

“I cannot say much about accessing vaccination centres because I did not go to get vaccinated myself. But from what I heard, it was difficult, and people feared the vaccine's side effects.” [WWD 04]

It was further said:

“The vaccination issue is that the government failed to provide adequate information about it to the disability community.” [WWD 10]

The other respondent revealed that:

“I did not get vaccinated because I was afraid, as most of the people around me were saying that the COVID-19 pandemic and the vaccine itself are here to reduce the population/kill people. As a result, I was afraid to be killed by the vaccine.” [WWD 07]

Correspondingly, the respondent, a woman with a disability, indicated that:

“It was difficult to get vaccinated because I was concerned about side effects. The COVID-19 vaccines were developed and approved too rapidly, and it was difficult to trust them.” [WWD 03]

Evidence from the study suggests that there was a challenge for WwDs to access adequate information about the COVID-19 vaccine. Accessible communication was required throughout the vaccination process. Information about the vaccine's possible side effects was supposed to accommodate special groups such as PwDs, all literacy levels, and sensory impairments. The vital aspect of communication surrounds promoting vaccine confidence. The study reveals that, similar to the general population, PwDs were hesitant to obtain vaccination for various reasons, including fear of side effects and its effectiveness, which were caused by a lack of information. It has been discovered that vaccine uptake for COVID-19 correlates with vaccine literacy, an issue that has received relatively little research. In Chapter 3, the agenda setting indicates that misinformation spreading on the internet and social media is a prime example of how these conflicting risk perceptions pose several obstacles to public health preventative measures (Rocha et al., 2021). Since social media has such an enormous influence, rumors and conspiracy theories regarding the origins of COVID-19 have been around since the pandemic started. Similar to the findings of studies by Gusar et al. (2021) in Croatia and Biasio et al. (2020) in Italy, the study discovered that those with low interactive-critical vaccination literacy ratings were similarly more likely to be vaccine-hesitant.

Similarly, a 2021 American Association on Health and Disability study of adults with disabilities revealed that the majority of participants said they were reluctant or would not get vaccinated (AAHD, 2021). According to the survey, the main concerns for individuals with disabilities were whether the vaccine would be safe and effective given their disability, whether

it would affect their underlying health condition, and whether there was a reliable source of information about how the vaccine would affect their condition (AAHD, 2021). Therefore, to boost vaccination rates and decrease reluctance in the event of future pandemics, vaccine safety information related to disabilities and co-morbidities must be made freely available and disseminated through a variety of media.

However, the study can reveal that in other parts of the City of Johannesburg, some WwDs were experiencing better service regarding access to vaccination. To lower accessibility hurdles in this community, Downer and Cooper (2021) suggest that one critical approach is to provide vaccines directly to residential and congregate living settings where individuals with disabilities reside. A woman with disability responded as follows:

“Access and getting vaccinated for us was effortless because they used to come to our place of work to vaccinate those who wanted to. That made the process easy for disabled people.” [WWD 08]

The other participant alluded to that:

“I found it easy to access the vaccine because the mobile vaccine used to come to our area. We never struggled.” [WWD 04]

Correspondingly, it was narrated as follows:

“We never struggled to access the vaccine because the mobile vaccine always came next to our workplace, and we found it easy to get vaccinated.” [WWD 09]

This study suggests that delivering vaccination to the workplace for WwDs was a critical strategy that made it easy for them to reduce vaccination barriers, reduce vaccination challenges, and ensure vaccination inclusion for PwDs. The respondent suggests that access to vaccination was made easy for her because it was brought to her place of work. It indicates that providing vaccination for WwDs to their location or where it was easy to access was considered adequate.

Moreover, decision-makers must ensure vaccinations are available to all individuals, with a focus on prioritizing those with disabilities. Governments ought to adopt a "twin-track" strategy for inclusion (Rotenberg, Downer, and Cooper, 2021). That is, incorporating universal accessibility into immunization campaigns, venues, and communications while utilizing more specialized techniques to cater to the unique requirements of individuals with disabilities.

Accessibility must be implemented at every stage of the vaccination process, regardless of the location: from choosing to get vaccinated to scheduling procedures to the actual location and vaccination procedure itself. Rotenberg and Downer (2023) suggest that four essential vaccination pathway segments—communications, booking, physical accessibility, and environmental accessibility—are where governments can concentrate their efforts to achieve universal accessibility.

5.3.4 Access to sexual and reproductive healthcare

This section discusses the challenges faced by WwDs in accessing sexual and reproductive healthcare during the COVID-19 pandemic in the City of Johannesburg. The study looks at how the COVID-19 pandemic further exacerbated these challenges and how the lack of access impacted WwDs in their daily lives during the pandemic.

Sexual and reproductive health rights are often among the most underdeveloped and poorly understood areas of human rights, particularly in Africa. For WGWDs, this is considerably unpleasant. Murungi and Durojaye (2015) assert that WwDs are particularly vulnerable to sexual and reproductive rights abuse, which is often exacerbated by unfavourable social attitudes and beliefs. These problems were made worse for women with impairments by the COVID-19 epidemic. Kaldor (2013) asserts that some beliefs divide people apart and that societies are defined by their founding principles. The feminist disability theory argues that socially created identities can reveal oppressive and powerful structures, particularly those influenced by tangible and bodily experiences of impairments (Garland-Thomson, 2002). The catastrophic effects of the COVID-19 pandemic on reproductive health around the world have been amply documented by the United Nations. Most people who are marginalized—those with low socioeconomic positions, those of colour, and those living in rural areas—felt the effects of this (UN, 2022).

Disability-affected women, on the other hand, have not gotten much attention regarding the COVID-19 pandemic's effects on sexual and reproductive health. Using the data currently available, the study may show that WwDs face differences in access to reproductive health care, including higher rates of postpartum problems, intimate partner violence, and restricted access to family planning and sexual health information. Evidence shows that WwDs experience higher rates of reproductive difficulties, uncertainty regarding unwelcome sexual contact, and coercion because they are more frequently denied information about sexual and reproductive health (Basile, Breiding, and Smith, 2016). The feminist disability theory states

that WwDs often have to fight for acceptance of their sexuality and the ability to reproduce (Garland-Thompson, 2005). According to Hall (2011), within the broad social class of women, disabled women are, of course, a distinct and marginalized minority, although they are highly diverse. WwDs are frequently excluded from the relative privileges of normative femininity (Hall, 2011). The study determined that the majority of WwDs have no understanding of sexual and reproductive health. It was made even worse by the COVID-19 pandemic. One of the respondents explained that:

“During the COVID-19 pandemic, it was hazardous to go outside, especially for me as a disabled person. At that time, I was not going to go to the clinic for minor things, such as going to consult for sexual and reproductive issues.” [WWD 01]

The other woman with disability noted that:

“Talking about consulting for issues related to my body, sex, relationships, pregnancy, family planning, HIV/STIs, and giving birth during COVID-19, it was not easy because everyone was afraid to go out, and as for myself, I am not familiar with these kinds of things.” [WWD 02]

It was further stated that:

“Being neglected on issues related to my sexual and reproductive health has even led me to care less about it. I do not even care anymore.” [WWD 08]

It was also revealed by another woman with a disability that:

“When it comes to things like reproductive health, we feel neglected, and this puts us at a greater risk of contracting HIV, other STIs, and unplanned pregnancies, and this was made worse by the COVID-19 pandemic.” [WWD 10]

The study can argue that the narrative from respondents above reveals that when it comes to reproductive health in South Africa, WwDs are left behind. In this context, inadequate information about sexual and reproductive health was also identified as a significant factor. It was shown that only a minority of respondents were aware of the sexual and reproductive health concept. One of the women disclosed that she was unable to seek advice for trivial matters like her sexual and reproductive health. The second disabled woman said she didn't know what sexual and reproductive health entailed and that she was scared to go outside for fear of contracting the pandemic. The respondent's story demonstrates how WwDs lack

knowledge and education about sexual and reproductive health. The COVID-19 pandemic has made their problems much more severe. The COVID-19 pandemic and ensuing restrictions complicated access to essential sexual and reproductive health information for women and girls with disabilities. WwDs also suggested that they are being neglected when it comes to sexual and reproductive health, and this was further worsened during the COVID-19 pandemic.

According to the research, the COVID-19 pandemic made it harder for WwDs to obtain services related to sexual and reproductive health. The study found that frequent healthcare consultations and visits for matters about sexual and reproductive health were not possible for women with impairments. According to WEI (2020), disabled women may have suffered mentally as a result of this position. As a result, disabled women felt the detrimental impact of the pandemic on sexual and reproductive health care. A pandemic is a crucial opportunity to address the issues surrounding the sexual and reproductive health of WGWDs.

The research did find, however, that other disabled women reported having no trouble getting access to sexual and reproductive health services. According to Lince-Deroche et al. (2016), South Africa's exceptional laws, policies, and guidelines constitute a framework that is based on rights and supports the provision of sexual and reproductive health care. The right of everyone, particularly vulnerable populations like WwDs, to receive sexual and reproductive health services is guaranteed under the constitution of the country. Free healthcare is provided by the National Health Act (61 of 2003), which recognizes the unique health requirements of vulnerable groups, such as women with impairments. Despite the fact that the whole country was going through a difficult period due to the COVID-19 pandemic, some of the female respondents implied that other women were having trouble getting access to services related to sexual and reproductive health. However, some WwDs reveal that it was easy to access sexual and reproductive services during the COVID-19 pandemic. A woman with a disability said:

“Look, accessing that information was not a problem for me because even before COVID-19, I was well informed about my body, sex, relationships, pregnancy, family planning, HIV/STIs, and giving birth to children.” [WWD 04]

Correspondingly, the other one stated that:

“Yes, I had access to all that. The experience was quite good because I had never had a problem with anything. I had easy access to the information if I needed to know something. It was elementary to consult a doctor at any time.” [WWD 09]

Furthermore, a woman with disability explained:

“It was easier because the patient and the doctor had enough time for a question-and-answer time. As a result, I can say that I was able to consult so easily with my doctor for my sexual and reproductive health-related issues.” [WWD 07]

The narrative from the respondents suggests that individuals with disabilities who attained higher education or who are students were well informed about sexual and reproductive health. These individuals had adequate access to information. It is critical to facilitate WwDs' access to sexual and reproductive health services. It is especially crucial in emergencies like the COVID-19 epidemic. One of the main objectives of the 2030 Sustainable Development Goals (SDGs) is universal access to sexual and reproductive health care. Notwithstanding potential challenges, South Africa's laws and policies regarding the provision of sexual and reproductive health services to WwDs are progressive and comprehensive, fostering integrated, rights-based service delivery. It aligns with the country's ongoing commitment to the Sustainable Development Goals (SDGs).

Furthermore, the framework created by feminist disability theory can be used to examine, evaluate, and characterize the material behaviors and social structures that designate specific types of physical imbalances. By challenging the prevalent belief that a person's impairment is a reflection of something wrong with them, a feminist theory of disability denaturalizes disability. In doing so, it brings to life feminism's sophisticated and nuanced critique of gender, class, race, ethnicity, and sexuality as systems that exclude and oppress people rather than as the proper and natural order of things.

5.3.5 Access to COVID-19 information

This section looks at the challenges faced by WwDs in accessing COVID-19 information during the hard lockdown alert levels 5-3. The study determined that the COVID-19 pandemic made a significant impact on public access to information, particularly for those living with disabilities. Severe medical, economic, and social consequences of the COVID-19 pandemic raised a need for public access to relevant information for PwDs. In Chapter Two, the study found that the findings were made public in Botswana. UN Botswana (2020) noted that individuals with disabilities did not have equitable access to information about accessible services or prevention and response strategies. The study further found that the risk of developing COVID-19 for PwDs in Lesotho was increased by insufficient access to information on prevention and help (UNDP Lesotho, 2020). It reveals that a lack of access to

information and the dissemination of misinformation negatively impacted many people, including PwDs. One of them responded:

“As a visually impaired person, it was difficult for me to access information about the pandemic. The information shared during that time was not disability friendly, especially for visually impaired and deaf people. We mostly relied on information shared by family members.” [WWD 01]

The other stated that:

“Accessing information was not easy, and the worst part was that most of the information shared was false. There were a lot of stories about the COVID-19 pandemic, and I ended up confused. I did not know what to believe.” [WWD 02]

Again, it was indicated that:

“Well, the information was most confusing because we would also see how many people died due to the virus, and we would hear different stories from other people telling us that COVID-19 is just a myth. This contradictory information made things worse for me, but at the same time, I had to respect the regulations set by the government.” [WWD 03]

The other respondent further stated that:

“The information about the COVID-19 pandemic was everywhere, but the issue is that most of the time, we were exposed to false information, and that affected me a lot when it comes to preparing myself mentally and emotionally.” [WWD 09]

Moreover, the other WWD alluded that:

“I learned about the COVID-19 pandemic from the word of mouth of my close friends and family. I also learned about it through media such as radio stations. Although a lot of false information was circulating, I tried to keep myself updated.” [WWD 04]

The respondents emphasized how unfriendly the given information was to PwDs. The research contends that WwDs were forced to rely on misleading information since the government and other pertinent stakeholders failed to provide sufficient information. A population that was already at risk was made worse by false information. The repercussions of false information made disabled women fearful. Menzies and Menzies (2020) claim that during the COVID-19 epidemic, anxiety and fear were tangible emotions. As a result, there was a rise in anti-

lockdown sentiment and vaccine reluctance (Nazar and Pieters, 2021). It probably affected the willingness of disabled women to follow public health protocols.

Nevertheless, the study also discovered that social media such as X, formerly known as Twitter, Facebook, WhatsApp, and TikTok, were crucial in guaranteeing that women with impairments could obtain information about the COVID-19 pandemic. Those with physical impairments benefited the most due to the nature of their disability. These individuals can efficiently utilize cell phones, desktops, and personal computers (PC). Due to the strict lockdown in many nations during the COVID-19 outbreak, individuals used social media to stay informed. It may have distinguished the COVID-19 pandemic from earlier outbreaks. A 2007 public health report on Minneapolis' response to the 1918 flu states that teachers and postal workers were the primary sources of critical information about the illness (Ott et al., 2007). It significantly differs from how the data was transmitted during the COVID-19 pandemic. The study found that social media made it easy for WwDs to access information. It ensured that WwDs knew what was happening around them concerning the COVID-19 pandemic. A woman with disability explained:

“Social media has always exposed us to the virus (COVID-19) and the precautions to avoid infection. This made it easy for me to know everything that was happening during the pandemic.” [WWD 05]

A second disabled woman stated that:

“Social media played a crucial part in providing information to me. That is where any disabled individual can easily access information, although not all of us have access.” [WWD 12]

Correspondingly, the other woman with disability suggested:

“Well, our employer gave us a lot of information because I was working during the pandemic, and there was information from the media, such as newspapers, television, and radio. Given that information, we tried to follow it as much as possible.” [WWD 11]

It was further revealed that:

“Social media made it easy for me to access information as soon as possible, and I believe most of the information shared was accurate. As a result, that kept me going during that difficult time of the COVID-19 pandemic.” [WWD 08]

Consequently, the study can reveal that one of the main advantages of social media during the COVID-19 pandemic was the speed at which information was shared and distributed. The government and health organizations use social media to give those with disabilities a better grasp of events as they happen in real time. According to Okechukwu and Lewis (2020), many people thought social media had contributed to communities and nations' efforts to contain the COVID-19 epidemic by disseminating important information about staying safe and healthy. Additionally, social media has been a beneficial tool throughout the epidemic for keeping in touch with loved ones, reducing feelings of loneliness and boredom, which are linked to anxiety and chronic discomfort.

According to the agenda settings, the foundation of the media agenda is the media's responsibility to inform the public about essential topics in South Africa. In local and international publications and social media, testing, treatment plans, preventive measures, and lockdown escape plans were made public during the initial wave of COVID-19 cases. Agenda-setting theory holds that the public sees topics covered by the media as most important (McCombs and Shaw, 2018). It might be argued that through agenda setting, the COVID-19 epidemic in South Africa garnered extensive media attention, which made the public view it as a pressing concern. Governments, policymakers, veto actors, grassroots communities, and rational decision-making think tanks developed an agenda to slow the spread of COVID-19 infections due to the media's mainstreaming of the pandemic (Tendengu, 2021).

5.3.6 Violence, social isolation, and mental health

This section examines the challenges related to violence, isolation, and mental health faced by WwDs during the COVID-19 pandemic. The study interrogates the impact of the COVID-19 pandemic, mitigating factors such as lockdown isolation, in exacerbating the issues for WwDs. These issues include GBV, intimate partner violence, social exclusion, and mental breakdown.

During the epidemic, WwDs have experienced more severe isolation and restricted access to social services. Accessing essential services and fostering social connections for WwDs has become more challenging due to the closure or online relocation of numerous support systems, including community centers and in-person support groups. Women's mental health has

suffered dramatically as a result of this isolation; many have reported feeling more depressed, anxious, and lonely.

According to this study, WwDs are still disproportionately vulnerable to abuse and violence. Over time, there has been a persistent problem with violence and abuse directed at women who have impairments. Various studies have acknowledged that WwDs are more likely to experience interpersonal violence (Alemu, Adeagbo, and Eshete, 2023; García-Cuéllar et al., 2023; Lund, 2020). Remarkably, this was further exacerbated during the time of the COVID-19 pandemic. Numerous research investigations have suggested that the COVID-19 pandemic and its primary mitigation measures, such as lockdown, social isolation, and quarantine, were responsible for these issues related to violence against WwDs, mental health issues, and social exclusion. According to Lund (2020:200), the primary reason for these difficulties was the use of lockdowns, quarantines, and other social distancing measures.

The problem of abuse and violence directed at WGWDs was not unique to South Africa. The country has a long history of GBV. However, Chapter 2, Section 12(1) of the South African Constitution declares that "everyone has the right to be free from all forms of violence, whether from private or public sources; not to be subjected to torture; and not to be subjected to cruel, inhuman, or degrading treatment or punishment." The constitution acknowledges the clause found in CRPD Article 15. As a result, the South African Parliament passed the Prohibition of Torture Bill to guarantee adherence to the Constitution and the Convention mentioned above.

Nonetheless, during the COVID-19 pandemic, rape and sexual abuse of WGWDs, as well as ongoing violence against women and girls generally, continued to be severe problems in South Africa. Findings from the study reveal that WwDs in the city of Johannesburg were exposed to different kinds of violence and abuse during the pandemic. These included physical, social, and sexual violence. The narratives below explain the challenges faced by WwDs during the COVID-19 pandemic:

"No, I never had that issue or maybe worry about anything concerning my safety. The worry about my safety is now because of the community members. Many people are unaware that a person may look normal in the eyes, but find that they are suffering. My situation is getting worse because even my son is disabled. People need education on how to treat disabled people." [WWD 01]

The second respondent said:

“Because of my impairment, it was never nice. At times when I had to go somewhere, I would need a person’s assistance and would have no one to assist because I was afraid that I might be abused due to those lockdown restrictions.” [WWD 02]

Correspondingly, other WwDs alluded that:

“During that time, I did not feel safe at all. I think spending most of the time indoors created a burden for my family because they stuck with me every time, and as a result, I felt like they would hurt me.” [WWD 06]

“The COVID-19 pandemic was a difficult time; at the time, everyone was overwhelmed, and no one had a plan for people with disabilities. Thus, I did not feel safe around the public, and they might just hurt me.” [WWD 09]

From the respondents, it emerged that the COVID-19 pandemic indeed made it worse for WwDs when it comes to violence. One of the respondents suggested that most community members have no idea how to treat PwDs. It indicates that community members still require extensive training before they can effectively prevent incidents of abuse against WGWDs. Community members should be the victims' first line of defense as violence against WwDs originates within them. In most instances, they know what is happening in their surroundings. Therefore, without community members, it would be difficult for authorities and law enforcement agencies to resolve such situations.

When there are outbreaks like the COVID-19 pandemic, disability appears to play a significant role in increasing the susceptibility of women and girls, particularly those with disabilities, to sexual abuse and violence. The WHO (2024) argues that disability and susceptibility to gender-based violence are related. To counteract violence against WGWDs, the South African government, in collaboration with local municipalities like the City of Johannesburg, must implement a range of comprehensive and integrated programs and campaigns at times of crisis like COVID-19. In light of the national issue of abuse against WwDs, these campaigns need to have been used more frequently during the epidemic. The other woman with disability revealed that:

“Let me make it clear to you: during the time of the COVID-19 pandemic, I feared for my life. Our government did not care about us as women with disabilities, and there were no programmes, initiatives, or policies specified to cater to our challenges. The

issue of violence against people with disabilities is real. Authorities need to do something about this even outside of COVID-19.” [WWD 11]

The study has revealed a particularly concerning aspect: the deficiency of efficient monitoring of WwDs' conditions and care in cities, residential care settings generally, and in medical facilities, rehabilitation centers, and mental health institutions specifically, in the town is evident. The study's findings also demonstrate how policies and programs designed to shield women and children with disabilities from rape, forceful sex, sexual harassment, and intimidation during national emergencies have consistently failed to do so.

The respondents were further asked if they got themselves in isolation, had anxiety or depression, were hurt by someone at home or in their community, or if someone made them feel unsafe during the COVID-19 pandemic, what they would have done to get help. The study determined that the respondents were aware of the alternatives to take to overcome the issue of violence against them. It appeared that the respondents preferred using toll-free emergency numbers. Research indicates that in the event of a novel disease epidemic, toll-free phone lines serve as a valuable and readily available means of disseminating information and offering support to mitigate public anxiety (Kishore et al., 2012; Zabrzygraj and Switaj, 2021; Kristal et al., 2020). According to the study, the toll-free lines were very helpful in helping WwDs get over the difficulties caused by violence against them during the epidemic. The respondents narrated:

“I would call the police emergency helpline. I know it is easy to get hold of their number, and it is a toll-free number; as a result, even if I still did not have airtime, I was going to get assistance.” [WWD 01]

A second respondent said:

“If I were experiencing abuse, I would have called the SAPS emergency toll-free line.” [WWD 02]

A third WwD revealed that:

“During COVID-19, there were always toll-free numbers to call whenever we needed help. So, I believe in that regard it was easy to report such issues, although I did not have the experience of being victimised or violated during the pandemic.” [WWD 12]

The other participant suggested that:

“If I found myself in that situation, I would report the matter to the relevant authorities, such as the police.” [WWD 07]

The last respondent alluded that:

“I know that there are free services or toll-free numbers that can help when you find yourself depressed or having anxiety or are a victim of violence.” [WWD 04]

Overall, the study's conclusions show that creating free interactive chat services can make it easier for the public to seek assistance as soon as feasible, even in emergencies. During the COVID-19 pandemic, several researchers reported having good experiences providing care remotely via telephone. They feel that both modalities are essential for facilitating access to care (Cheang et al., 2024; Jahromi, Ayatollahi, and Ebrazeah, 2024). The telephone offers unique advantages, such as increased privacy, practicality, and usability. The phone is a trustworthy and familiar piece of technology. Thus, it is crucial to make a toll-free phone contact for urgent circumstances, such as needing help with mental health concerns and abuse against women who are disabled. According to several respondents, people can report abuse to the police when it occurs. These results also point to the dedication and potency of the South African Police Services in combating and eradicating gender-based violence against women, especially against WwDs.

5.3.7 Inclusion and access to disability-related supports and services

This section explores access to disability-related supports and services from service providers, family, friends, or community members to help with the daily life of WwDs and overcome barriers due to disability before and during the COVID-19 pandemic. The section further examines the mainstreaming of disability policy in the COVID-19 policy response and mitigating measures such as lockdown regulations and the language used in these regulations to accommodate WwDs. This section will also highlight the intersecting roles of gender and disability in caregiving dynamics and the need for comprehensive support structures.

The COVID-19 pandemic exacerbated the already-existing issues that PwDs face, especially WwDs. It underscores policymakers' need to consider the unique requirements of WwDs in emergencies. The study's conclusions identified the narrow views of disability represented in decision-making and the widespread disregard for WwDs throughout the COVID-19 pandemic, lockdown alert level 5-3, and other procedures. When emergency response to crises occurs, policy actions frequently exclude people with disabilities (McKinney, McKinney, and Swartz, 2020; Ned et al., 2020; Toquero, 2020). It indicates that the government and

policymakers did not consider that PwD issues were incorporated into COVID-19 policies and that they were on the same level as people without disabilities regarding understanding the COVID-19 regulations. Respondents indicated they had challenges understanding COVID-19 restrictions and recommendations because most regulations were not disability-inclusive. The narratives below from the respondents explain this:

“To understand restrictions and recommendations of authorities regarding COVID-19 was challenging because you would find that some of the regulations were completely out of reality for us people with disabilities. You know that people with disabilities cannot live in isolation, but we had to force ourselves during the pandemic.” [WWD 01]

A respondent further revealed that:

“To follow the recommendations on how to protect myself from COVID-19 was difficult as well, but I did not have a choice. I had to do everything for me to be safe from getting infected because no one wanted to die, and the fact that we were always cautioned on how deadly the virus is.” [WWD 02]

The other respondent suggested that:

“Getting the information about the COVID-19 restrictions and recommendations, and understanding it was challenging for me as a woman with a disability who is illiterate. You know that you cannot comply with something you do not understand. The government completely forgot about us when they were developing these policies.” [WWD 06]

Moreover, it was stated that:

“In my experience, I feel like we were left behind in everything. I would be lying if I could say those policies were inclusive of us disabled women.” [WWD 08]

These findings imply that the language employed in these guidelines, rules, and recommendations was too formal and complex to be easily comprehended and perceived as frightening and confusing. Although most disabled women found it impossible to comply with these guidelines, they were more susceptible to the epidemic. Their lack of knowledge may have resulted from the government's failure to guarantee that individuals with disabilities have sufficient access to COVID-19 information. Moreover, the low degree of education could also

have played a role. On the other hand, as legal writings are difficult to understand even for highly educated individuals, comprehension of regulations is neither necessarily nor solely the result of poor educational attainment. A probable negative consequence of the poor readability of official documents is increased public unhappiness and misreading of laws and regulations.

Policy implementation theory suggests that the wording of policies must be precise because ambiguity could give rise to doubts about the intentions of those who create them and may lead to failure. Furthermore, vagueness may allow actors involved in implementation to fail to carry out intended policy interventions. One of the 5-C protocols of policy implementation, 'content' suggests that the content variable suggests that all implementers, including the different stakeholders involved in the implementation, were expected to be aware of the mandate, objectives, and vision of the COVID-19 policies.

Moreover, one of the respondents indicated that they felt left behind during the pandemic due to the lack of COVID-19 inclusive policies. The lack of willingness from the government and policymakers to develop policies addressing challenges faced by PwDs, particularly women, during the COVID-19 pandemic, suggests how these groups of people are marginalised and often stigmatized throughout their lives. According to the existing literature, COVID-19 pandemic guidelines for PwDs have been established both internationally (WHO, 2020; UNICEF, 2021; UN, 2020) and locally in a few other countries (Zhang and Chen, 2021; Velasco et al., 2021). Nevertheless, they frequently fell short of accurately portraying the range of demands among disabled individuals (Pearce, Kamenov, and Cieza, 2022). Thus, the study can show that the COVID-19 epidemic has brought to light the enormous social injustices that WwDs already experience, many of which correlate to governmental policies that do not consider diversity, equity, and inclusion.

Therefore, the lack of policy inclusion and policy mainstreaming contributed to the already existing challenges faced by WwDs, which then called for disability-related support and services for WwDs. Policy formulation theory indicates that to instill a sense of policy ownership among stakeholders, stakeholder discussions and involvement in the policy-making process are crucial (Chen et al., 2003). Set differently, it facilitates the stakeholders' perception that the policy aligns with their needs or views (Madimutsa, 2008). The impacted stakeholders may believe the policy is redundant if they have little or no input. It is due to the possibility that it will upset their ideological predispositions. Strong opposition to the policy would follow. To improve the policy's effectiveness or eliminate any parts that seem offensive or ineffectual,

it would eventually be necessary to go through the formulation process again (Anderson, 2003: 274).

The respondents were asked about how they received support from service providers, family, friends, or community members to help with their daily lives and overcome barriers due to disability before and during the COVID-19 pandemic. The respondents stated they did not need any assistance or support from anyone because they had employment during and even before the pandemic. Below are quotes from the respondents:

“Well, before COVID-19, I was working, and I was independent, so I did not need help that much from other people or anyone. The changes started after being unemployed.”
[WWD 01]

Another respondent further expressed that:

“No, it did not change because I was working after and even during the COVID-19 pandemic. I did not need help that much from other people or anyone.” [WWD 02]

Research indicates that employment can improve WwDs' individual well-being and social sustainability (Du, Zhao, and Fu, 2020; Bruyere and Saleh, 2018; Morwane, Dada, and Bornman, 2021). A job is a massive opportunity for WwDs since it helps them become more economically viable and socially involved. The study findings suggest that employment is more important than individual support when assisting WwDs in escaping the cycle of poverty. It indicates that before and during the COVID-19 pandemic, employment was crucial in ensuring WwDs had access to disability-related support and services.

There have also been significant barriers to accessing essential services. Several disabled women depend on a range of support services, from social services that have been scaled back or altered due to the pandemic to healthcare and rehabilitation. The other respondent indicated they had all the support from family members and friends before the COVID-19 pandemic. Everything changed during the pandemic due to the fear of getting infected by the virus. The quote below illustrates the above assertion:

“Family and friends were accommodating before the COVID-19 pandemic. However, during the pandemic, everything changed because people were terrified and scarce to find them available to assist.” [WWD 10]

Due to the COVID-19 pandemic, social distancing measures were implemented because contact with any person may quickly spread the virus. The people most affected by this legislation were those who were so severely disabled that they depended on assistance to survive each day; in other words, they were unable to do anything on their own. According to the respondent, who said that people were not available to help, in this case, individuals could not help regardless of whether they were willing or not, because they were afraid for their lives. This policy did not, in this regard, include any exceptions that would have allowed disabled people—especially disabled women—or, at the very least, protected those who were ready to assist. Wickenden (2023) claims that COVID-19 regulations made it impossible for caregivers to visit their clients, leaving them unassisted. During this challenging pandemic, it became more difficult for WwDs to get the assistance they needed. It demonstrates that the COVID-19 pandemic policy did not take into account the needs of disabled individuals, particularly those who required help. In addition, individuals with disabilities have received equitable treatment for COVID-19; nevertheless, due to ableist presumptions regarding the quality of life, triage procedures have occasionally resulted in care denials.

5.3.8 Employment, income, and education

This section examines the economic repercussions of the COVID-19 pandemic on WwDs, particularly in terms of employment and financial stability. It will discuss the disproportionate impact of job loss, financial strain, and the lack of accommodations for remote work or flexible employment arrangements. Additionally, this section will explore the intersection of disability and gender in the context of economic vulnerability, highlighting the need for targeted interventions to support WwDs in the workforce during the COVID-19 pandemic. The section further addresses the challenges related to access to education for WwDs during the pandemic. It discusses the shift to online learning and the barriers faced by students with disabilities, including inadequate support services.

PwDs were faced with various risks due to the COVID-19 pandemic. These difficulties ranged from financial security to general health. The pandemic's effects on the labor market became a worldwide worry, even if the full socioeconomic ramifications for individuals with impairments were yet unclear. Although COVID-19 has negatively influenced health, Margaret et al. (2020) and Yan (2020) contend that how the pandemic has affected employment opportunities for PwDs is still unknown. The working class was significantly disrupted by the COVID-19 pandemic response, which included lockdown, remote work, and movement restrictions. As a minority group, WwDs were disproportionately impacted by these measures.

The respondents disclosed that employment conditions were better before the COVID-19 epidemic, but the pandemic caused a complete shift in the employment landscape. The study determined that this was due to the changes caused by the COVID-19 mitigating policies. The respondents explained:

“I had a job, and the working structure changed to working at home instead of the office.” [WWD 01]

The second respondent said:

“Before the COVID-19 pandemic and during the pandemic, I was working. I then lost my job after the pandemic because it affected a lot of companies and institutions, and the company that I was working for was one of them, which led me to be unemployed.” [WWD 02]

Another woman with disability elaborated:

“Yes, it did. Before the COVID-19 pandemic and during the pandemic, I was working. I then lost my job after the pandemic because it affected a lot of companies and institutions, and my company was one of them, which then led me to be unemployed. Currently, I do not have any income, and I only rely on social grants.” [WWD 06]

Another WwD further indicated that:

“It affects me because we worked from home and didn’t have the proper resources to work from home. And I would sometimes be forced to go to work in that scary pandemic.” [WWD 12]

The study determined that during the COVID-19 pandemic, policymakers and the government introduced the lockdown as a mitigating factor to curb the spread of the virus, forcing people to stay in one place. Employing a remote work approach has become mandatory for businesses. According to Ezeife et al. (2022), the main drivers of company changes were problems with service provision during the epidemic, compliance with government regulations, and worries about the spread of COVID-19. Disability-afflicted individuals were devastated by this, especially women who were disabled. These restrictions impacted the employment of women with impairments. Therefore, businesses that could continue operating online chose to allow their employees to work from home. On the other hand, some companies failed to provide adequate resources for their employees working from home, making it even more difficult for

them to do so in this situation. Some individuals with disabilities were compelled to work during the lockdown, endangering their health in the process.

According to a survey by Ezeife et al. (2022), 67% of participants who were disabled but still had a job said that the COVID-19 epidemic had a moderate to significant impact on their ability to do their jobs. According to one of the study participants, the pandemic affected her since she had to work from home and faced numerous difficulties because her employer did not provide the necessary tools for her to work from home. People lost their jobs due to companies closing down that could not operate online. It further resulted in the unemployment of disabled women. According to some respondents, the pandemic harmed the companies where they worked until they closed, which caused them to lose their employment.

Furthermore, the majority of persons affected by this situation depended on the money from their jobs to survive, particularly those who were the breadwinners. Social grants were used by disabled persons who had lost their jobs. However, this was insufficient for some since they still needed to pay off their outstanding obligations and maintain their sustainability. Due to the effects of the COVID-19 pandemic, one respondent states that she is today solely dependent on social grants and has no income. Even after the COVID-19 pandemic, several businesses found it difficult to bounce back, forcing them to lay off some of their staff permanently. As a result, some disabled women were unable to find new employment. According to this report, the COVID-19 epidemic had a disastrous effect on WwDs' employment.

Participants were further asked if they were studying before and during COVID-19, what their experiences were, and how they received information from their school. Most respondents suggested that their experiences with studying during COVID-19 were very challenging. The respondents revealed that the learning process was migrated to online learning, which caused them to struggle with learning due to inadequate resources. The quotes below from the WwDs explain:

“The COVID-19 pandemic affected me a lot, so I had to pause my studies until the pandemic ended. The reason is that online learning was not possible for us women with disabilities.” [WWD 04]

Another respondent suggested that:

“The online learning was a nightmare for me. I could cope because our institution was unprepared to give us enough resources to continue our studies online. After all, the

COVID-19 pandemic came out of nowhere. I struggled to continue my studies during that difficult time, but our school tried to communicate with us through WhatsApp and emails.” [WWD 05]

The other WwD further indicated that:

“Studying during that time of the COVID-19 pandemic was ideal for me and, I guess, for most people with disabilities. It was a devastating time for students with disabilities, although our school was trying to communicate with us regularly.” [WWD 09]

Restrictions related to the COVID-19 epidemic, particularly lockdowns, also harmed education. Learners were made to suspend their education or go online if it was still practicable. It has affected disabled students, particularly the ones who require individualized support to learn, WwDs in particular. The kids who were able to continue their education online were the ones who made progress, while several students with disabilities who needed specialized equipment, including assistive devices, to learn or write, fell behind during COVID-19 because they were unable to obtain that equipment.

Students with disabilities or those who needed extra help learning how to write were also left behind since they were confined to their houses and lacked access to qualified individuals who could support them in their continued education. Not even their family members or caregivers received instruction on handling such problems. During the COVID-19 pandemic, people with disabilities and those without finances had to postpone their education. In Chapter Two, the study determined that the literature suggests that the transition to remote schooling had a disproportionately negative impact on the education of disabled children in African countries such as Nigeria (Samaila et al., 2020), Malawi (Brennan et al., 2020; UNDP Malawi, 2020), Uganda and Malawi (IDA, 2020; Mbazzi et al., 2021), Eritrea (UNDP Eritrea, 2020) and South Africa (IDA, 2020), due to a lack of technology, electricity disruptions, and specialized educational assistance.

In conclusion, this section provided a comprehensive exploration of the lived experiences of WwDs during the COVID-19 pandemic, addressing the multifaceted challenges they have encountered across various domains of life. By examining the intersectionality of gender and disability, this section aims to contribute to a more nuanced understanding of the diverse and complex realities faced by WwDs while also highlighting the resilience and agency they have demonstrated in navigating these unprecedented times.

5.4 POLICY RESPONSE TOWARDS MITIGATING CHALLENGES FACED BY WOMEN WITH DISABILITIES DURING COVID-19 ALERT LEVELS 5-3

On March 11, 2020, the World Health Organization declared the COVID-19 pandemic a global pandemic. It became evident in the days that followed that there was an international health emergency as the number of cases increased. To stop the virus's spread during that time, the governments and legislators of numerous nations, including South Africa, were compelled to use a variety of tactics. It was clear that this global health emergency was exacerbating pre-existing disparities, exposing the level of exclusion, and underscoring the necessity of working toward disability inclusion despite these significant efforts to contain the virus. PwDs were perhaps the most affected by the epidemic because, in general, they are the most marginalized group in any society. The COVID-19 reaction and recovery process, therefore, needed to take an integrated approach to guarantee that individuals with disabilities—especially WwDs—were not left behind. This section presents and discusses policy responses by various government departments toward mitigating challenges WwDs faced during COVID-19 alert levels 5-3.

5.4.1 Government programmes and initiatives to ensure the welfare of women with disabilities during the COVID-19 pandemic alert levels 5-3.

Given the current impediments that WwDs face, it was necessary to center the COVID-19 pandemic response around them and include them in the planning and execution process. Among other things, the intersections of gender and disability had to be considered in all COVID-19 pandemic-related actions. According to the stakeholders interviewed as part of the study to explore the policy response towards mitigating challenges faced by WwDs during the COVID-19 pandemic, the study determined that departments such as Gauteng Department of Social Development, City of Johannesburg Disability Unit, Gauteng Department of Health, Gauteng Department of Education (Special Schools Unit) tasked to ensure the wellbeing of PwDs had various initiatives in place to ensure the mainstreaming of disability in all COVID-19 response and recovery. A combination of mainstream and disability-specific measures was necessary to ensure systematic inclusion of PwDs, particularly WwDs. The responses from the government officials narrate:

“Weekly virtual meetings between Disability and Older Persons Programmes were held to determine the challenges encountered in regions regarding the status of COVID-19 in our residential facilities. Statistics were kept weekly and monthly on each facility in the province to track new infections, deaths, and recoveries. Weekly and

Monthly reports were captured and forwarded to the National office to keep them informed regarding the pandemic and our facilities/beneficiaries.” [Official 01]

The official further indicated that:

“As Protective Workshop had to be closed during the pandemic, and beneficiaries stayed away from the Centres and other public places of operation, services, however, had to continue and be provided: Quarterly funding continued during COVID-19 and instead of using the known designated venues where the beneficiaries met, with the funding provided, the NPOs had to provide food parcels to the beneficiaries consisting of groceries and these were delivered to the beneficiaries at their places of abode as they could not assemble at the Centres or their usual meeting places. Statistics for food parcels were kept and submitted to the regional and provincial offices, as expected, to show that the service was continuing. PPE was provided to the NPOs and organizations rendering service to Persons with Disabilities and Older Persons: Sanitisers, Masks, and Gloves.” [Official 01]

The other one stated that:

“You know what? In Johannesburg, we did not have a policy for persons with disabilities. We were given a standard operational procedure applied to city employees. Still, regarding the persons with disabilities who are our beneficiaries or clients, we looked at the one from CoGTA that every South African citizen had to follow. We did not have a specific one coming from Johannesburg.” [Official 04]

Furthermore, the other official said:

“As the department, we only had the Standard Operating Procedure (SOP), which aims to provide standardisation for healthcare facilities and healthcare providers for infection prevention and control measures for the management of staff, patients, suspected and confirmed cases of COVID-19 in a healthcare setting during the COVID-19 period and beyond. It focuses on measures to be applied in all settings to limit exposure and control the possible spread of infections from staff – to – staff, patient – to – staff (vice versa) and staff – to – family.” [Official 02]

According to the study's respondents, during the COVID-19 pandemic, several government agencies and groups worked covertly to guarantee that WwDs in the City of Johannesburg, Gauteng Province, had their rights fully realized and that policymakers considered their

concerns. Research has shown that since the inauguration of democracy, the South African government has made substantial progress in addressing essential concerns affecting PwDs. This suggests that disabled women were not overlooked, even in emergencies. Moreover, it indicates that different stakeholders have done significantly to bring services to people, advance the rights of WwDs, and reduce barriers faced by WwDs during the COVID-19 pandemic.

However, the study further determined that although various departments took vital strides, respondents revealed that there were no specific policies aimed at addressing issues faced by WwDs during the COVID-19 pandemic. As Chapter Three outlines, the pluralist approach of agenda setting suggests that a primary criticism has been directed against how science influenced and led policy during the COVID-19 pandemic. The initial critique is that the government's response has focused chiefly on COVID-19 instances and fatalities, overlooking other relevant factors. For example, according to Caduff (2020), many governments neglected to consider the severe effects of lockdown measures on the national economy and the lives of residents from lower socioeconomic classes, such as PwDs. The respondents indicated that they only relied on COVID-19 policies from CoGTA that every South African citizen had to follow.

Furthermore, government officials were asked how their departments utilized or implemented these developed provisions at the provincial and local levels. The respondents suggested that they have various programmes and initiatives to ensure that WwDs are not left behind. In their response, a combination of mainstreaming and targeted measures was necessary for all their interventions. PwDs share the exact primary needs as everyone else: health protection and treatment, essential services, shelter, and income. The best way to address their inclusion was through mainstreaming disability in all COVID-19 pandemic plans and efforts. The officials reveal that:

“PPEs were procured at the Provincial Office and delivered to regional offices for distribution to the NPOs (residential facilities, Protective Workshops, Assisted Living Organizations, and Home-based care organizations). This worked well as the regions were expected to provide stats as proof of delivery. All our funded organizations were reached.” [Official 01]

The second official said that:

“As a department, we obliged to ensure the welfare of women and girls with disabilities. However, ensuring that our beneficiaries are well cared for was difficult, particularly for the deaf beneficiaries. In that instance, we had NGOs we were working with to support persons with disabilities. We then supported the organisation in providing masks for deaf individuals.” [Official 03]

The other respondent stated that:

“During the COVID-19 pandemic, there was an NGO that spoke to us about how persons with albinism were discriminated against in terms of them having COVID-19. People believed that if people with albinism were affected by the virus, it could spread so easily to others. As a result, we had to ensure an awareness programme during Albinism Month, particularly one that spoke against discriminating against people with albinism. Moreover, we addressed the issues affecting the deaf community, particularly women, during COVID-19. We did a disability abuse programme considering that during COVID-19 alert levels 5-3 women with disabilities had to stay with their partners, and there was a scourge of domestic violence against women.” [Official 04]

It was further stated that:

“Since there was a lockdown during COVID-19 alert levels 5-3, most women with disabilities could not access essential services. As a result, as a department, we started a drive where we asked for donations for various basic needs to provide them with these basic needs.” [Official 04]

According to this study, standardization of PwDs' issues is needed across industries and outside healthcare. Most of the policies were health-related, but a few departments—the Gauteng Department of Social Development, the Gauteng Department of Health, the City of Johannesburg, and others—noted the need to give more financial and social support to individuals who are in need and those who have disabilities. In the previous section, WwDs brought attention to several dangers associated with WwDs, including social isolation, lack of access to health and rehabilitation services, basic needs and support services, lack of real-time information access, and abuse and neglect risk.

Incorporating the needs for WwDs into the COVID-19 response and recovery process was essential to fulfilling the commitment to the SDGs Agenda 2030, “leave no one behind.” It also served as a crucial examination of the worldwide obligations made by the Convention on the

Rights of Persons with Disabilities (CRPD), the SDGs Agenda 2030, the Agenda for Humanity, and the United Nations Disability Inclusion Strategy. It was necessary in order to meet the demands of the 2030 Agenda and the Convention on the Rights of Persons with Disabilities to be active participants in the design and execution of all initiatives. The UN's commitment to bringing about significant and long-lasting change in disability inclusion also revolves around it.

The respondents were further asked about their department's policies and to what extent disability issues are incorporated into them. The study found that the City of Johannesburg has a Local Government Disability Strategy derived from the White Paper on the Rights of Persons with Disabilities and the People with Disability Policy 2020. The Gauteng Department of Health, the Gauteng Department of Education, and the Gauteng Department of Social Development have no stand-alone disability policies. However, their programmes and initiatives are guided by the country's Constitution, the White Paper on the Rights of Persons with Disabilities, and the provincial disability policy (The Disability Rights Policy). The GDSD further relies on the national DSD Policy on Social Development Services to Persons with Disabilities and the DSD Policy on Disability. The Gauteng Department of Education is guided by the Policy on Screening, Identification, Assessment, and Support, the Draft Policy for the Provision of Quality Education and Support for Children with Severe to Profound Intellectual Disability, and Education White Paper 6: Special Needs Education. The quotes below explain:

“Yes, we have a City of Johannesburg Persons with disability policy, derived from the White Paper on the Rights of Persons with Disabilities, a national legislative framework, and a Local Government Disability Strategy. Both instruments are expected to be implemented by departments and entities in Johannesburg. Still, in terms of the COVID-19 pandemic, nothing was reflected in these instruments. As I said before, we relied on policies from CoGTA for both the employees and the disabled community we are servicing.” [Official 04]

Another official indicated that:

“In our department, we do not have a specific disability policy, which makes it difficult to hold other units accountable regarding including Persons with Disabilities. The White Paper on the Rights of Persons with Disabilities is the only document we rely on for now.” [Official 01]

Furthermore, it was revealed that:

“Yes, they are incorporated. Employees with disabilities in the City of Johannesburg have a right to be provided with proper tools that will enable them to work productively like any other individual without disability, especially if someone is blind. That person has to be given a proper laptop that is disability-friendly, and also, in terms of the building, the building must be accessible to them, and they must have bathrooms that are disability friendly. But regarding COVID-19, it is the same blanket approach where we followed CoGTA COVID-19 policies.” [Official 04]

The respondents' narrative above suggests that most government departments do not have disability-specific policies and that the Constitution and national disability policies guide their work. This was even noted during the COVID-19 pandemic. The importance of developing disability-friendly policies ensures that all PwDs who are poor, vulnerable, and marginalized receive adequate economic and social protection and attain access to social welfare programs that will promote development and enhance their social functioning. In general, South Africa has made vital strides in developing remarkable disability policies on a national level. However, although several remarkable policies aim to prevent disabilities, there is no coherent coordination between the various departments to ensure these policies are adequately implemented. These policies were crafted without the emergencies in mind.

Public participation is very imperative when developing a policy. WwDs should be involved and consulted when developing COVID-19 policies, particularly those that would have directly impacted them. During the COVID-19 pandemic, communities were unaware of the methods put in place to perform public involvement (Mofolo and Adonis, 2021). The municipalities, including the City of Johannesburg, had difficulties due to this issue. Pietersen (2020) contends that public policy should adhere to its constitutional requirements and procedures despite COVID-19 limitations. When the COVID-19 regulations and the COVID-19 Amendment Regulations were being promulgated during the pandemic, no request or invitation for comments or suggestions was issued to the public.

Furthermore, the public was not primarily informed until after the regulations had been issued regarding the actions made by the government during this time (Patsika, 2021). Given that the content of the COVID-19 regulations fundamentally damaged people's ability to enjoy their fundamental human rights, the blatant disdain for the public engagement process is even more

concerning. According to Patsika (2021), it is impossible to square the government's actions in this area with its constitutional obligation to enable public involvement in policy formulation.

5.4.2 The adequacy of policy and procedural foci of disability instruments in the Gauteng Province/City of Johannesburg during COVID-19

This section presents, describes, and discusses the results of policy and procedural foci of disability instruments in the Gauteng Province/City of Johannesburg during COVID-19. It examines the impact of state actors in addressing accessibility to transport, health care, education, and employment during the COVID-19 pandemic, the impact of state actors in addressing issues related to COVID-19 disability prevention, disability rehabilitation, training, counseling, and social reintegration, in-home residential and community support for students with disabilities, and prevention of violence against women and girls with disabilities in schools.

5.4.2.1 Addressing accessibility to transport, health care, education, and employment during the COVID-19 pandemic

A disability-inclusive COVID-19 pandemic response and recovery depend heavily on the accessibility of facilities, resources, and information. PwDs, women in particular, cannot live independently, make critical decisions, isolate or quarantine themselves safely, or use public health information, buildings, transportation, communications, technologies, goods, and services equally with others. According to Article 2 of the CRPD, if the requirements of the most significant number of users are taken into account from the initial design phase, then such measures need not significantly increase overall costs. CRPD Article 9 acknowledges the need for transportation for persons with disabilities to access various services, including residences, schools, medical facilities, workplaces, and leisure activities, even if the document lacks a specific article on transportation. In accordance with the CRPD, PwDs have the same rights to transportation as people without disabilities.

Therefore, the study uncovered that the GDSD had various initiatives to ensure that PwDs had adequate accessibility to transport, health care, and education during the COVID-19 pandemic. The GDSD official alluded that:

“The NPO organizations were provided with PPEs like sanitizers and gloves. 90% of our funded disability organizations were provided with vehicles: Iveco’s, Quantum’s, bakkies, and private cars – depending on the needs of each organization. Capacity-

building sessions continued via Virtual methods (in our case, we use Teams). 98% of our funded organizations could be reached and were empowered.” [Official 01]

The GDSD implemented several measures to guarantee that individuals with disabilities were taken care of, had appropriate access to COVID-19 prevention tools and transportation, and were aware of the pandemic, as was verified in the reaction previously described. Due to their proximity to the public, non-governmental organizations were also given access to essential resources. Since WwDs are the most vulnerable group in society, they must have easy access to personal protective equipment (PPE) in an emergency. Recognizing the GDSD for its outstanding effort in this regard is appropriate. However, the other official revealed that PwDs had difficulty accessing these essential services in different parts of the region. The respondent also showed a lack of access to employment. It was confirmed when it was argued that individuals with disabilities are already marginalized in the workforce (UN, 2018). During their recovery, they face increased challenges in regaining employment (Mitra and Kruse, 2016). The official further stated that even before the COVID-19 pandemic, WwDs were experiencing these challenges, making it worse. The following quote explains that:

“Yes, there was a big challenge regarding accessibility to some of these. Accessibility to transport for learners with disabilities is a big challenge. Even before COVID-19, learners with disabilities struggled to access transport, and COVID-19 exacerbated this since there were more restrictions. In terms of education, I remember we were confined and expected to stay at home, so it was difficult for the disability community to access education.” [Official 03]

The second respondent reported that:

“Again, remember that accessing health care is a basic human right. If someone cannot access health care, then that is a violation of basic human rights. During the lockdown, for real, it was a challenge for people with disability to access health care services. As I said, the City had no specific COVID-19 policy directed at people with disabilities; as a result, they were not assisted in any way in this regard. The standard city disability policy advocates for accessibility to health care for people with disabilities, but this was affected during COVID-19 due to lockdown policies. With accessibility to employment, there are also challenges, considering the restriction of movement of people during the pandemic.” [Official 04]

The above narratives show how WwDs face more significant social and environmental barriers in addition to their physical disabilities. Looking at the problems faced by WwDs beyond their physical limitations, this resonates nicely with feminist disability theory as outlined in Chapter 3. A violation of the CRPD's clear assurance of the right to services for all people is the inaccessibility of vital services, a form of social exclusion.

The narratives also indicate that the government's failure to implement a specific COVID-19 disability policy aimed at individuals with disabilities had a detrimental effect on guaranteeing the protection and enhancement of those individuals' human rights, as well as the resolution of pre-existing issues during the COVID-19 pandemic. It is commonly known that discrimination against individuals with impairments occurs in many essential domains. The UN (2020) corroborated this, stating that during the COVID-19 pandemic, people with impairments may face more prejudice while trying to receive healthcare and life-saving procedures.

It was further stated that discriminating criteria, such as age or presumptions about the quality or value of life based on handicap, are used in some countries to inform judgments on health care rationing, including triage protocols, rather than individual prognoses (Bagenstos, 2020). Moreover, the respondent reported that the implementation of existing disability policies was also affected by the pandemic. The respondent further stated that COVID-19 lockdown policies affected the policies in place. It indicates that the intended disability initiatives aimed at advancing the rights of PwDs were also affected by this, considering that this department had no plan to ensure that everything carried on accordingly for people with disabilities.

5.4.2.2 Addressing issues related to COVID-19 disability prevention.

Information was crucial for PwDs to decide about self-isolation and quarantine, as well as how to acquire necessary services and requirements amid a rapidly spreading and evolving pandemic like the COVID-19 pandemic. All tiers of government ought to have offered timely, accurate, and easily accessible information on the pandemic, services, and preventive measures. Therefore, from the respondents, the study determined that various government departments had several programmes in place to address the issue of disability prevention. The quotes below explain:

“Posters on various information and topics were procured for our facilities. These ranged from a Children with Disability booklet on caring for these children regarding care and protection during the pandemic to posters with information such as the proper way to wash hands.” [Official 03]

The other official stated that:

“The Department secured radio station slots to raise awareness on social problems during COVID and beyond.” [Official 01]

Another official indicated that:

“I do not think that, in terms of disability prevention, policies and initiatives were able to address that issue during the COVID-19 pandemic because people could not speak more about it, and as a department, we needed to invite people with disabilities to come here and be educated. However, we were able to provide social support and food parcels to people with disabilities.” [Official 04]

The above narratives suggest that, amongst other things, many PwDs, particularly WwDs, depend on support services like food parcels, peer support, social support, disability awareness, information sharing for everyday life, disability prevention, sign language, tactile interpretation, and in-home assistance. Therefore, the government needed to guarantee the continuity of such support services. Respondents indicated that their departments had programmes in place. These programmes include disability awareness, providing food parcels, providing information about COVID-19 preventative measures, and social services. It was critical to create and execute plans for service continuity and steps to lower the risk of COVID-19 exposure when providing services, especially for those with high support needs who have impairments (UN, 2020). Informal carers can benefit from current information and practical guidance to support PwDs in a way that is safe for everyone.

In reaction to the epidemic, the government should go above and beyond to safeguard the rights of individuals with disabilities. Even under typical situations, those with disabilities are among the most marginalized and stigmatized groups in the world. The government's failure to adequately prioritize PwDs in their COVID-19 response put them at grave risk of infection and death as the epidemic expanded. But for others, prejudice and challenges to information, support systems, healthcare, integration into society, and education put them at risk of infection rather than making their handicap a risk factor in and of itself.

5.4.2.3 Disability rehabilitation, counselling, and social reintegration

The accessibility to disability rehabilitation, counselling, and social reintegration was probed by asking the respondents if there was adequate accessibility of these services during and after the COVID-19 pandemic within the Gauteng Province. According to Vergunst et al. (2015),

“PwDs in South Africa still experience challenges in accessing basic human rights services, including rehabilitation, counselling, and social inclusion.” In the study, it emerged that the Gauteng Department of Social Development initiated several programmes for disability rehabilitation in collaboration with NGOs in the region. The following quotes illustrate the above sentiments:

“Our funded organizations have support groups where people with disabilities sit, share their challenges, and support one another. NPOs also render psychosocial support services to Persons with Disabilities in Gauteng. The Department is funding those NPOs for such programmes. The Department has social workers who support our communities, including Persons with Disabilities.” [Official 01]

The same official further stated that:

“There are NPOs who specifically specialize in orientation and mobility for Persons with Disabilities who have just been diagnosed, especially the blind. They help them to become independent and function with their disability. There are programmes for spinal cord injured people to cope with their newly acquired disability.” [Official 01]

The other official indicated that:

“As the City of Johannesburg, we have various programmes, even during the pandemic, where we work with different organisations and conduct support groups with people with disabilities. We have our psychologists who provide psychological support for people with disabilities.” [Official 04]

In South Africa, the Department of Social Development, the Department of Education, the Department of Health, and some other NGOs for PwDs are among the institutions that provide social reintegration, disability rehabilitation, and counselling services. The 2006 National Rehabilitation Policy directs the rehabilitation services offered by these institutions within the country. The nation's rehabilitation services are delivered under the fundamental tenet of community-based rehabilitation (CBR) through this strategy. CBR is being implemented in some countries, including South Africa. CBR is a community development strategy to guarantee PwDs' inclusion and involvement in the community and improve their quality of life. According to Blose, Cobbing, and Chetty (2021), community-based recovery (CBR) has expanded beyond providing access to health and rehabilitation services to encompass areas

such as education, livelihood, social inclusion, and empowerment. It is a strategy for reducing poverty and promoting equal opportunities.

PwDs have the right to social security, autonomy, and full participation in political and social affairs as citizens of society, even in times of emergency. It is because they are social beings like everyone. PwDs who actively participate in social roles can enhance their overall quality of life by improving their sense of acceptance and connection with others, boosting their self-esteem through societal contributions, and improving their overall quality of life. While this is crucial for everyone, PwDs, in particular, may find it especially important as they frequently deal with social isolation in their daily lives. People generally feel sorry for this group of people, viewing WwDs as individuals in need of assistance and care. It has detrimental effects on their ability to exercise their rights. The feminist theory of disability raised concern in Chapter Three regarding the misrepresentation of WwDs. According to the theory, WwDs are portrayed as bodies that are frail, reliant, unable, and vulnerable (Garland-Thomson, 2002). Thus, encouraging counselling, social reintegration, and disability rehabilitation can lessen these difficulties.

The feminist disability theory further explains that the collective cultural narrative that underpins discriminatory attitudes, the material world, and our conception of ourselves gives legitimacy to the representation system for all of these discriminatory acts (Garland-Thomson, 2002). WwDs are frequently marginalized and invisible in society, even among those advocating for women's empowerment, gender equality, and the rights of PwDs. The lack of representation and exclusion of WwDs from decision-making positions has long harmed our society. It conceals the underlying reasons for the prejudice they experience, permits the maintenance of damaging preconceptions about gender and disability, and results in numerous human rights abuses (Garland-Thomson, 2002). These challenges prevailed even during the time of the COVID-19 pandemic. It is clear how all systems mutually constitute and overlap when understanding how disabilities function following representation systems.

The study determined that the GDSD, the City of Johannesburg, and several agencies and organizations were making anonymous efforts to guarantee that WwDs during the COVID-19 epidemic could fully exercise their rights. A more affluent society embraces profit, commodities, and services, particularly when it comes to fostering diversity, fostering goodwill among people, and providing assistance for disabled people, as the study can demonstrate. By starting a positive feedback loop that improves the welfare of all individuals, especially those

with disabilities, the eradication of social disintegration and societal norms towards PwDs promotes beneficial economic and social interactions.

5.5 ROLE, IMPACT, AND EXPERIENCES OF NON-GOVERNMENT ORGANISATIONS IN ADVANCING THE RIGHTS OF WWDs DURING THE COVID-19 PANDEMIC

Evidently, NGOs are essential to society and were crucial during the COVID-19 pandemic, providing services and food parcels and advocating for the rights of the disadvantaged. NGOs are vital to ensuring that the most vulnerable people, including PwDs, receive support regarding their health and social and economic circumstances, both generally and during times of crisis (Simo and Bies, 2007). The COVID-19 pandemic prompted a quick response from the government, including lockdowns and other restrictions, which exacerbated the social and economic crisis. A number of NGOs had to deal with an upsurge in demand for numerous essential commodities due to these restrictions. However, disability organizations continued to push for better services and rights for individuals with disabilities.

The study noted a growing population and a skewed concentration of people in urban areas such as the City of Johannesburg, which resulted in high infections during the pandemic, such as COVID-19. It is argued that NGOs have the opportunity and the responsibility to play a significant role in preparation, response, impact mitigation, and advocacy to lessen the consequences of a pandemic, particularly among the poor and vulnerable groups in concentrated cities (Moawad and Andres, 2020). Several scholars have noted that NGOs can respond to national crises more effectively and efficiently if their actions are coordinated and well-organized (Cancedda et al., 2017; Shin, Yeo, and Jung, 2018). In contrast to government entities, NGOs have a stronger relationship with local communities, benefit from more straightforward and more flexible processes, and require fewer administrative tasks to react to emergencies more swiftly (Mondal, Chowdhury, and Basu, 2015). Documenting the function, significance, and difficulties faced by NGOs in the City of Johannesburg during the COVID-19 pandemic is therefore essential. Hence, this section presents, explores, and discusses non-profit organizations' role, impact, and challenges in advancing the rights of WwDs during the COVID-19 pandemic. The section is divided into several sub-sections to comprehensively address this topic's various aspects.

5.5.1 Advocating for disability rights and improved services during the COVID-19 pandemic

Unsurprisingly, PwDs, especially WwDs, have been significantly impacted by the COVID-19 outbreak, and the following lockdown worsened matters. Notwithstanding these challenges, NGOs needed to be established during this trying period to promote disability rights and better PwD services. Findings show that, despite the COVID-19 pandemic's detrimental effects on WwDs, NGOs made every effort to provide for PwDs. These organizations argue that PwDs should be included in COVID-19 emergency response strategies. The following quotes illustrate these sentiments. An official explained:

“In terms of advocating for disability rights and improved services during COVID-19, we did our best to continue serving people with intellectual disabilities. We continued training them, but the employment was complicated because of all the layoffs and other things. So, unfortunately, we did not get too far with the employment, but we continued training them.” [NPO Official 02]

The other respondent stated that:

“We called on the government to establish inclusive emergency response programs that address the specific needs of blind and partially sighted living in both urban and rural areas, and those who are homeless. We urged the government and emergency relief agencies to ensure that emergency response packages, including financial aid programs, registration processes, and application forms for emergency relief support, are fully accessible to persons who are blind and partially sighted. We urged the government to provide additional financial support to caregivers and family members who are assisting persons who are blind and partially sighted.” [NPO Official 01]

The other official further alluded that:

“We called on the government to exempt persons with disabilities from personal income taxes to afford basic needs. We called the government to consider increasing disability financial relief during the COVID-19 pandemic. We called on government and relief agencies to ensure that persons with disabilities are given high priority in the event of evacuation and the distribution of emergency relief supplies and services.” [NPO Official 03]

Additionally, it was alluded to that:

“The NCPD, at that time, we decided to research to understand the impact of COVID-19 on persons with disabilities, so we worked with HSRC, so the purpose of that study was to understand or to investigate the socio-economic impact of COVID-19 in South Africa so what we found was that people with disabilities were disproportionately impacted by the pandemic, for example, they were left out of a lot services and were not included in key interventions that the government put out during the hard lockdown.” [NPO Official 04]

The same official stated that:

“We then used these findings to advocate to the relevant department for policy change and also for them to consider the study's findings to offer more inclusive services. Besides that, our system was also overwhelmed by requests for food from PWDs, assistive devices, and assistance to reach vaccination centres. We then took it upon ourselves to distribute food parcels. We also had to lobby the government for that. We lobbied for them to be vaccinated in their own homes.” [NPO Official 04]

The findings suggest that NGOs were crucial in persuading and influencing decision-makers in government and policymaking to address the difficulties and injustices WwDs encountered throughout the COVID-19 pandemic. Even in this challenging period, these organizations persisted in their efforts to advance disability rights and enhance services. Unquestionably, during the pandemic, these organizations also faced their challenges. On the other hand, the results show that NGOs are aware of their place in society. This serves as further evidence that NGOs acknowledge that in the community, one of their responsibilities is to protect the rights of the weak and to lobby and assist the government when it is not carrying out its constitutional responsibility.

Moreover, these findings indicate the critical role played by the civil society sector in South Africa during the COVID-19 pandemic and that their role cannot be underestimated. PwDs and other vulnerable groups have historically needed support from nonprofit organizations to express their concerns effectively. In order to convey these concerns and address public issues, monitor public policies, and promote active engagement in development initiatives, NGOs work alongside governments to play a critical role in empowering these groups (UNDP 2009). Additionally, by employing various effective tactics, they cover the gaps created by governments in defending the rights of PwDs.

One of the most critical aspects of these organizations' activity is their advocacy for policies. They actively interact with legislators, influencing laws and policies on disabilities. These non-governmental organizations promote the adoption of inclusive policies that protect the rights and welfare of disabled people with disabilities by drawing attention to the unique needs and concerns of PwDs. Organizations like these are essential in influencing national and international policies that include PwDs through research, data collection, and grassroots initiatives. Thus, the government could leverage NGO resources, especially human resources, to accomplish its policy goals. NGOs play a crucial role in the development process, mainly when providing humanitarian relief, particularly when the government has challenges distributing development to its citizens (Rahma, 2010:08).

5.5.2 Preventing violence against women and girls with disabilities during the COVID-19 pandemic

In Chapter Two, the research pointed out that there have been multiple anecdotal reports about the possibility of heightened violence against women and girls during the COVID-19 outbreak. One of the possible causes of this pandemic overrun could have been the government's COVID-19 response. According to the WHO (2020), there is a general trend of increased violence during emergencies, and WwDs are more likely to have extra risk factors that increase their vulnerability to abuse. In response, Taub (2020) contends that lockdowns, quarantines, and safer-at-home policies, in particular, may place vulnerable individuals in circumstances where they may be subject to abuse because they increase their interaction with abusers and make it more difficult and dangerous for them to leave or seek help.

Thus, NGOs' efforts to stop and address violence against WGWDs are both a multidimensional economic issue and a crucial human rights need. Undoubtedly, NGOs are critical players in the fight against the rise in GBV. From the NGO officials, it has emerged that these organizations had various initiatives in place to address the issue of GBV against WwDs during the COVID-19 pandemic. One of the highlights from the respondents was that the study determined that they mobilised law enforcement agencies, other civil society organizations, and the government to come forward and provide necessary resources in the fight against the scourge of GBV during the COVID-19 pandemic. The following narratives explain:

“Recognising women and girls with disabilities are the most at risk of exploitation, violence, and abuse due to the isolation and social distancing requirements, we then called on law enforcement agencies, human rights organizations, and civil societies

working in the area of gender-based violence to put in place appropriate measures to prevent all forms of exploitation, violence, and abuse with appropriate assistance and support towards women and girls with disabilities. Our support ranged from advocating for policy reform, addressing GBV through reproductive health and humanitarian relief programs, and reaching out to women with disabilities.” [NPO Official 02]

The other official stated that:

“We called on the government to ensure that appropriate and effective mechanisms are available to identify and intervene to prevent instances of exploitation, violence, and abuse against women and girls who are blind and partially sighted. We requested the government to provide reasonable accommodation and support measures for blind and partially sighted women and girls who are dealing with daily home chores, including childcare, cooking, housekeeping, etc.” [NPO Official 01]

It was further revealed that:

“In terms of preventing violence against women and girls with disabilities, as the organization, we do not get involved in that because we are a training centre for people with intellectual disabilities. If we do, whether it was during COVID-19 or outside of COVID-19, where we pick up that there is any kind of abuse at home at any stage, we then take the necessary action in terms of reporting it to the correct people, assisting the young female student to come to The Living Link and directing them to where they could go. They can get the best assistance if there is any abuse or violence against them, and that was not just during COVID-19. We referred them to the right organization if it happened at any time.” [NPO Official 03]

The fourth official stated that:

“Yes, we were involved in a lot of programmes. I was one of the program leaders for a program we did as an organization during that time with Gender Link, a feminist organization. We partnered with them and with Global Affairs Canada. Then, the NCPD carried out the implementation of the program aimed at educating women and girls with disabilities about gender-based violence from a disability perspective, because what you would have noticed is that we have so many feminist organizations. There are so many women's organizations that are on the ground teaching mainstream

women and girls about GBV, but the kind of approach is not inclusive of women with disabilities. So, what we did is that we developed a gender-based violence resource for women and girls with disabilities, which explains what GBV is and what to do when they are in a situation of GBV.” [NPO Official 04]

The same official further suggested that:

“We trained about 20 disabled women to become what we call Disability GBV Peer Community Educators. So those women were trained about GBV, and they were sent to their communities on a paid forward model so that they could educate other women and girls with disabilities about GBV from a disability perspective because the way a non-disabled woman can experience GBV will be different from the way a disabled woman can experience GBV.” [NPO Official 04]

These findings suggest the importance of NGOs in the fight against the scourge of GBV against vulnerable individuals such as women and PwDs. These institutions have various toolkits that they use to fight this issue. The study found that NGOs could potentially put an end to violence by engaging in research, supporting legislative changes, addressing GBV through programs related to reproductive health and humanitarian aid, teaching men and boys about gender equity, changing perceptions of violent behaviour, and extending their reach to the most vulnerable groups. It suggests that even though the civil society sector faced many obstacles as a result of the COVID-19 pandemic, the industry made an effort to make sure that the problem of GBV against women and girls and WwDs was addressed even in the trying times.

Furthermore, the data analysis shows that the government and NGOs in countries such as South Africa are actively contributing to protecting women's, PwDs, and children's rights. These findings suggest that NGOs are the grassroots actors working with the government to avoid nationwide violations. By offering victims a range of services, including housing, healthcare, conciliation, counselling, support for starting a business or finances, legal aid, legal literacy, and organizing protests and demonstrations, they contribute to women's empowerment. The literature also supports the assertion, as Stanley (2012) and Khanam & Meem (2018) noted, that numerous non-governmental organizations have worked to develop and carry out interventions that address the issue of violence against women and girls and its many ramifications.

5.5.3 Ensuring the participation of women with disabilities in the planning, implementation, and evaluation of services and measures during the COVID-19 pandemic

In South Africa, PwDs have a long history of upholding the principle of self-representation, which includes their right to be included in the development, execution, and assessment of all policies and legislations through their official disability organizations. The realization of WwDs' rights to equality and dignity through active participation in a society free from barriers and challenges is the primary objective outlined in the White Paper on an Integrated National Disability Strategy of 1997. Though there are significant capacity limitations and conflicts within the disability community over who should speak and advocate for PwDs, effectively implementing this right across all three branches of government and disability organizations continues to be a challenge.

The study has revealed that WwDs' participation and inclusion in socioeconomic and political development in South Africa are still limited. WwDs are frequently underrepresented in the decisions that affect their lives. The study has also raised issues about WwDs' exclusion and lack of public participation in policy formulation, implementation, and service and measure evaluation during the COVID-19 epidemic. Subsequently, the participants were questioned regarding their involvement in guaranteeing that WwDs were involved in the development, execution, and assessment of interventions and policies amid the COVID-19 outbreak. The participants responded as follows:

“As Blind SA, we called on the government to establish COVID-19 Task Forces, inclusive of all persons with disabilities, including persons who are blind and partially sighted, and their representative organizations to monitor the evolving needs of persons with disabilities and advise on the implementation of inclusive response plans, programs, and strategies.” [NPO Official 01]

The other respondent explained:

“We did not change anything on our side. Our services remained the same. What we did do is that we assisted people with transport to come to and from the training centres because we found that, because of job layoffs and salary cuts, people could not pay the transport cost, so what we did was provide the stipend to the students.” [NPO Official 02]

Moreover, it was said:

“I do not think there was enough consultation; we were only reactive because when the government put out its intervention, there was not enough consultation with the stakeholders within the disability sector. It was only later, after we felt the impact of the pandemic on persons with disabilities, that we started to lobby the government and point out that this is not working for persons with disabilities. So I cannot say we were fairly invited to the table as the organizations for persons with disabilities.” [NPO Official 04]

Citizens' participation is a cornerstone of a democratic society. Giving individuals the power to make decisions that impact their lives promotes social accountability and good government. Participating PwDs, especially WwDs, in decisions that affect their lives is crucial. States are constitutionally required to closely engage and actively involve PwDs, especially women and children with disabilities, through their representative organizations, as enshrined in Article 29 of the CRPD. All governmental levels and all policy domains that impact PwDs, whether directly or indirectly, are subject to this requirement.

Moreover, in the context of South Africa, the country's Constitution (Act 108 of 1996), Section 152(1), which establishes policy in line with the values of accountable and participatory governance, accountability, transparency, and collective action, provides the legal foundation for public engagement in South Africa. Local government regulations that facilitate direct communication between municipalities and communities, such as Section 44(3)(g) of the Municipal Structures Act (No. 117 of 1998), serve as a supplement to these (RSA, 1998).

Furthermore, South Africa has a long history of upholding the principle of self-representation, which guarantees PwDs the ability to engage in the creation, execution, and assessment of all laws and regulations through their official organizations. The realization of women's rights to equality and dignity via full participation in a barrier-free society is the goal outlined in the White Paper on an Integrated National Disability Strategy (1997). Nevertheless, there are significant capacity limitations and conflicts within the disability community over who should speak for PwDs, which make it difficult to effectively implement this right across all three branches of government and all disability organizations.

The Parliamentary Monitoring Group (2019) states that the primary goal of public participation and involvement in democratic processes is to impact the decision-making process and make it represent the people's will. Madumo (2014) suggests that public engagement fosters collaboration by uniting individuals from various backgrounds to negotiate for a particular

project. People's opinions should be respected and heard when making decisions, as demonstrated by their participation in this case (Lafont, 2015; Polletta, 2018). To accomplish a particular goal, meaningful dialogue is created, and public opinions are considered part of the process known as public participation (Modumo, 2014). Quick and Bryson (2016) believe that decision-making regarding plans, policies, and development initiatives may engage stakeholders directly or indirectly. People, individuals, or organizations that could impact or influence policy decisions are considered stakeholders (Freeman, 2010). Through involvement, stakeholders can communicate with political figures, government agencies, non-profits, and corporate groups engaged in policy formation, implementation, and development initiatives.

However, the study reveals that, particularly during the COVID-19 pandemic, the exclusion of PwDs has continued to be a significant concern for several countries, including South Africa. Disability inclusivity was not a feature of pandemic-mitigating policies, as was observed even during the COVID-19 outbreak. The International Disability Alliance Global Survey Initial Report (2019) argues that due to their marginalization during the epidemic, PwDs became the primary victims of the disease. PwDs' exclusion from decision-making processes contributes to their continued exclusion from society. It is because their perspectives are routinely disregarded, resulting in public policies and programs that are ineffective, insensitive, and continue to violate their rights.

During the COVID-19 pandemic, communities were unaware of the methods put in place to perform public involvement (Mofolo and Adonis, 2021). The municipalities, including the City of Johannesburg, had difficulties due to this issue. Pietersen (2020) contends that public policy should adhere to its constitutional requirements and procedures despite COVID-19 limitations.

When the COVID-19 regulations and the COVID-19 Amendment Regulations were being promulgated during the pandemic, no request or invitation for comments or suggestions was issued to the public. Furthermore, the public was not primarily informed until after the regulations had been issued regarding the actions made by the government during this time (Patsika, 2021). Given that the content of the COVID-19 regulations fundamentally damaged people's ability to enjoy their fundamental human rights, the blatant disdain for the public engagement process is even more concerning. According to Patsika (2021), it is impossible to square the government's actions in this area with its constitutional obligation to enable public involvement in policy formulation.

The CRPD emphasizes the significance of PwD organizations as representative organizations. PwD organizations are essential in facilitating PwD involvement in public policy. They serve as bodies in between, representing and communicating the viewpoint of the constituents. To promote PwDs' engagement in civil society, it is crucial to support the establishment of PwDs' organizations, according to a report of the Special Rapporteur on the rights of PwDs (UN Human Rights Council, 2016:11). PwD organizations offer a pre-existing platform for PwD mobilization and interest representation. These organizations work to increase PwDs' participation and impact in public policy formulation.

5.5.4 Contributing to public awareness during the COVID-19 pandemic

Uncertainty over the virus's transmission mode is a significant contributing factor to the spread of any infection, including the COVID-19 pandemic. Ensuring sufficient information is readily available and appropriately disseminated on public platforms can help address this. Organizations that work with vulnerable populations, such as women and children, can address these issues by raising public awareness, modifying social policies, and offering facilities and services. The role of NGOs in contributing to public awareness during the COVID-19 pandemic was probed by asking NGO officials how their institutions contributed to public awareness during the COVID-19 pandemic. The following quotes represent the officials' responses:

“During COVID-19, we spoke to our networks, and we did not go beyond our network because, at that stage, people were panicking, people were not interested in engaging, so what we did was that we continued to talk to our specific network and assured them that even though people had intellectual disability nothing will change and there will be no danger to them: any greater danger than anybody else during the COVID-19. Most of our shared information came from the World Health Organisation and the South African government. We shared this information through on-ground programmes, text messages, and social networks.” [NPO Official 02]

The second official stated that:

“We did our awareness by sharing information through on-ground programmes, text messages, and social networks. We then called on government, local, and national agencies to provide information related to COVID-19 in accessible formats, including large print, braille, accessible multimedia, written, audio, and plain language. We further requested the government to provide toll-free phone numbers where persons

who are blind and partially sighted can access relevant public information and appropriate emergency support. In addition, we urged all broadcasting and mass media networks to ensure that information and announcements on COVID-19 are accessible to blind and partially sighted persons.” [NPO Official 01]

The same official further alluded that:

“Four COVID-19 Leaflets focusing on general information and health, education, awareness-raising, orientation and mobility, and public transport were specially developed to assist blind and partially sighted persons during the COVID-19 pandemic. These four leaflets were produced in all eleven official languages and transcribed into braille, large print, daisy, and electronic copies. The leaflets were distributed throughout South Africa to individuals, organisations, special schools for the blind, universities, colleges, and institutions.” [NPO Official 01]

The third official alluded to:

“When it came down to providing information on whether or not parents and their child with Down syndrome should be vaccinated, I am going to be honest and advise that we never offered any recommendation, and instead, we always advised parents to please do their research before making their own informed decision. The reason being that this is a controversial subject and remains so, and why, when any person or institution, for that matter, takes it upon themselves to recommend the vaccine, this should only be done from a fully informed position, and of most importance, also from a position of being willing to take full responsibility, should something go wrong by way of any side effects experienced, to include serious long term effects.” [NPO Official 03]

The fourth official suggested that:

“Communication was not accessible for women with disabilities because initially, information about the pandemic was just broadcast on main channels. There was no provision for braille, easy read, for persons with intellectual disabilities. There was sign language here and there on television, but it did not cover persons with hearing impairment who do not understand sign language, so there was no provision for captions or subtitles. We then translated COVID-19 information into an accessible format for various person with disabilities according to their types of disabilities. We made information available to all persons with disabilities.” [NPO Official 04]

Since NGOs may leverage the trust networks they have established among their communities, they have played a critical role in educating the public about the COVID-19 pandemic and raising awareness among the disabled community. Public health information is formally disseminated primarily by the government. But crucial information is not getting through because of cultural mistrust and accessibility issues in many vulnerable communities, including WwDs. In particular, during an emergency like the COVID-19 pandemic, the study found that one element implying health disparities is this communication gap. It is where community-based education and NGOs representing PwDs are vital. It suggests that PwD-focused NGOs are effective community education facilitators and work to ensure that information from organizations with a broader scope, such as government agencies and the World Health Organization, reaches and is understood in their communities. According to one of the respondents, the WHO and the South African government provided most of the material they shared.

The study found that this can be accomplished by using social media, WhatsApp, text messaging, and successful on-the-ground programs. The respondents stated that they provided awareness by sharing information through on-ground programmes, text messages, and social networks. It is particularly effective in conveying information about the risks of the pandemic and the significance of vaccinations. NGOs that support PwDs can tailor their outreach initiatives to the target audience's needs. It sets PwD-focused NGOs apart from government programs that take a "one size fits all" approach. PwD-run NGOs can reach out when the government is unable to do so. According to Rahma's study on NGOs' activities during Indonesia's bird flu outbreak in 2006, the government failed to reach individuals living on various islands with the vast amount of information needed to combat the virus (Rahma, 2010).

The disability organizations included in this study provided services to various disabled people and showed a thorough comprehension of their needs throughout the COVID-19 pandemic. These organizations not only possess a wealth of community-based experience, but they can also quickly assess the requirements of these people in emergencies. These findings demonstrate the importance of disability organizations in providing for the needs of the most vulnerable members of society during a health crisis, who are not typically reached by mainstream health awareness and education channels, even though the COVID-19 pandemic was unique in the scope and intensity of its effects.

5.5.5 Providing services during the COVID-19 pandemic

It also emerged from the interviews with NGO officials that these organizations were vastly affected by the pandemic when providing services to WwDs. However, these organizations persevered in delivering services for PwDs even during these challenging times. According to one of the NGO officials:

“During the lockdown period, we needed to close down our support group meetings, and monthly appointments at the Neurodevelopment and Therapy Departments were also cancelled until it was safe for parents and their little ones with Down syndrome to return. However, to continue benefiting our members during this period, parents could contact me or our Outreach Manager, Mr. Saul Sibanda, at any time. We could also continue providing information to parents through WhatsApp Support Group Chats and via email communications. In addition, we also provided parents with stimulation and learning exercise sheets, which contained visual resource images they could use at home with their child to assist with learning and keep them stimulated when they could not attend school or benefit from therapy sessions.” [NPO Official 03]

The second official suggested that:

“We continued providing the services that we provided. We continued training people with intellectual disabilities and placing them in the open labour market where possible. 2020 was a terrible year because of COVID-19. Then we had 2021, when it started to ease, and the alert levels within the country changed up and down. More opportunities presented themselves when the levels went down, and then we could place people. In 2022, we grew again in terms of getting people placed.” [NPO Official 02]

The third official indicated that:

“At Blind SA, we do passion. This passion carried us through, especially during very trying times, such as the COVID-19 pandemic, where many had to tighten their belts to make ends meet. In these unprecedented times, where we faced a new normal, we have had to learn how to cope and survive while observing COVID-19 protocols. We have persevered and risen to the challenges to ensure, to the best of our ability, that the blind and partially sighted people whom we serve have somewhere to turn and have services continue.” [NPO Official 01]

It was also indicated that:

“During the pandemic, we were overwhelmed with the request for food, request for vaccination, request for caregivers, request for a lot of services, and we started distributing food parcels, we started soliciting donations from our donors so that we could pass them on to persons with disabilities who could not afford to travel to distribution centres set-up by the government. So, we were involved in the distribution of food parcels. We translated COVID-19 information into an accessible format for persons with disabilities and assisted in transporting persons with disabilities to vaccination centres. We also lobbied for the vaccination of persons with disabilities in their own homes and their inclusion as a priority group.” [NPO Official 04]

The COVID-19 epidemic has had a profound impact on the role NGOs play in the lives of millions of South Africans with disabilities. Even though the COVID-19 epidemic had a detrimental effect on the non-governmental sector, numerous organizations continued to function during the lockdown, offering food, medicine, and other necessities to vulnerable populations nationwide, particularly women and children. According to Sayarifard et al. (2022), NGOs ran numerous community engagement initiatives in Iran. Participation in city disinfection, neighbourhood community volunteers producing personal protective equipment, screening groups or non-governmental organizations accompanying home visits, and organizing the gathering and distribution of food packages and cash support to the most impoverished residents of the community are a few examples (Marvi et al., 2021; Iran Ministry of Health, 2020).

These initiatives were a crucial component of the nation's coordinated response to the COVID-19 pandemic, complementing those of the government and other key role players. One of the officials has argued that they persevered and rose to the challenges to ensure, to the best of their ability, that the blind and partially sighted people whom they serve had somewhere to turn and have their services continued. This suggests how NGOs are committed to ensuring that PwDs are catered for even during difficult times.

Research has shown that NGOs contribute uniquely to improving public action; by keeping public and private actors accountable, NGOs play a significant role in accountability. NGOs can advocate for the voiceless and marginalized individuals, such as PwDs. This may involve bringing attention to matters or concerns that members of the public have overlooked or failed to acknowledge. NGOs can support or replace government initiatives by offering resources or services the government cannot or will not deliver. In essence, taking over and providing public

goods or expanding current services to people or places that the state cannot reach might be part of this gap-filling duty. The involvement of NGOs in responding to both acute and general crises, like the 2002-2004 severe acute respiratory syndrome (SARS) pandemic in China, was regarded in Wong's 2002 study as an indication of the compatibility amongst civil society and the state (Wong and Terry-Leung, 2006). The response of various countries globally to the COVID-19 pandemic further demonstrated the critical role that NGOs play when national governments are unable to meet the necessities of the general population on their own (Hu, and Sidel, 2020; Jiang, 2020; Abd Samat et al., 2022). Therefore, the study concluded that the pandemic's suddenness and severity required a substantial scaling up of treatments. NGOs' resilience plays a significant role in meeting this need and providing services.

Examining the officials' response, the study extracts several more general lessons. First, the role that NGOs play in filling the gaps and addressing the concerns of PwDs validates findings from the literature on policymakers and government, which indicates that there is a systematic deficiency in the pandemic response of policymakers and government in terms of disability inclusion and incorporating disability issues into the reaction. NGOs were crucial in bridging the gap and offering information and services where state actors could not, as well as in reaching vulnerable groups like WwDs who were less likely to utilize the already available services.

5.6 CONCLUSION

This chapter presented and discussed the case study results describing the participants' demographic data. Thereafter, the chapter presented and discussed the human rights experiences and challenges of WwDs during the COVID-19 pandemic. In this chapter, data presentation and discussion followed the significant themes developed for the study. These themes included socio-demographic and characteristics of participants, lived experiences of WwDs during COVID-19 alert levels 5-3, policy response towards mitigating challenges faced by WwDs during COVID-19 alert levels 5-3, and the role, impact, and challenges of non-profit organizations in advancing the rights of WwDs during the COVID-19 pandemic.

PwDs had to overcome numerous environmental, social, and psychological challenges before the COVID-19 pandemic. In that instance, during the COVID-19 pandemic, PwDs had to battle and overcome new barriers, in addition to many that have worsened due to the pandemic. The study identified and discussed many obstacles that have persisted throughout the pandemic, including access to healthcare and appropriate medical equipment, transportation, a lack of

resources to help with everyday living activities, increased risk from underlying conditions, increased risk from living arrangements, and improper access to telemedicine. A few things are essential to assist PwDs in overcoming some of these barriers, especially during such a trying time: more resources, appropriate access, and accurate information.

The study's findings show that to lessen the effects of disasters effectively, the government must adopt an intersectional and disability-inclusive strategy. It also needs to be conscious of how its regulations on mitigation may affect marginalized groups in society, such as people with disabilities who are often denied access to services and support. South African restrictions and mitigation strategies have primarily addressed stopping the virus's spread. As such, the question of whether these restrictions would help or harm specific groups—especially those with disabilities—was considered only somewhat and after the fact. Disability inclusion has not been a feature of mitigation efforts in several fields.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

“Disability is a part of life and human diversity, not something to be dramatized or sensationalized. Persons with disabilities should, therefore, not be portrayed as inspirational or superhuman. Persons with disabilities are the same as everyone else in terms of talent and abilities. – United Nations

6.1 INTRODUCTION

In conclusion, this study examined the lived experiences of WwDs during times of emergency. Further, it explored the policy response of various stakeholders toward mitigating challenges faced by these women during the coronavirus pandemic, alerting levels 5-3 in the City of Johannesburg. This chapter summarizes the key study findings and further suggests recommendations in line with the study’s research questions and objectives.

Based on the study's key findings, the lived experiences of WwDs revealed that these women are subject to suffering and are more likely to face various challenges during times of emergency, like the COVID-19 pandemic. According to the study findings, the COVID-19 outbreak impacted WwDs differently compared to those without disabilities. From the risk of exposure to biological and physical vulnerability to infection to the economic and social implications, individuals’ experiences are likely to vary according to their physical and gender characteristics and their interaction with other social determinants. These challenges are a result of an inadequate pandemic response that left behind those with disabilities.

The study further assessed the policy response by various government departments towards mitigating challenges faced by WwDs during COVID-19 alert levels 5-3. The findings in this instance suggest that during the COVID-19 pandemic, several government departments, agencies, and groups worked covertly to guarantee that WwDs in the City of Johannesburg, Gauteng Province, had their rights fully realized and that policymakers took their concerns into account. However, the study further determined that although these stakeholders took vital strides, officials have further revealed that the coronavirus pandemic response and protocols lacked specific policies aimed at addressing issues faced by WwDs during the COVID-19 pandemic; therefore, their challenges persisted during this time, leaving them in dire situations.

Additionally, the study investigated non-government organizations' role, impact, and experiences in advancing the rights of WwDs during the COVID-19 Pandemic. The findings indicate that NGOs were crucial in promoting disability rights and persuading and influencing decision-makers in government and policymaking to address the difficulties and injustices

WwDs encountered throughout the COVID-19 pandemic. Even in this challenging period, these organizations persisted in their efforts to advance disability rights and enhance services. Unquestionably, these organizations also faced challenges during the pandemic but strived throughout the pandemic.

The study concludes that WwDs remain marginalized in society in general, and this is further exacerbated by instances of emergency such as pandemic outbreaks, wars, environmental barriers, and societal standards. The study also concludes that the stakeholders, such as NGOs and government departments tasked to ensure the welfare of WwDs by implementing programmes and initiatives, face various challenges that must be addressed as they affect not only the implementers themselves but also their clientele (WwDs).

6.2 SUMMARY OF THE KEY FINDINGS

This section summarizes the study findings relating to the study's research questions and objectives. The primary aim of the study was to examine the impact of coronavirus on the social and economic development of WwDs in the City of Johannesburg and to comprehend the experiences of disabled women faced during the coronavirus pandemic. Regarding the study outcomes, it can be concluded that WwDs experienced various challenges before and during the COVID-19 pandemic.

During the COVID-19 epidemic, WwDs experienced many difficulties in their health and well-being, which both significantly impacted preexisting impediments and created new ones. Not only were some WwDs more likely to contract the virus or experience COVID-19-related complications. Nonetheless, many had difficulty finding an assistant, obtaining healthcare services, testing facilities, COVID-19 vaccination and immunization facilities, sexual and reproductive services, COVID-19 information, violence, social isolation, mental health, inclusion and disability-related supports and services, employment, income, and education, higher telehealth barriers, problems obtaining transportation, and a higher risk of poverty. WwDs were more susceptible to the COVID-19 pandemic for several reasons. A portion of these rationales are directly linked to their disability, while other rationales are associated with COVID-19 regulations and procedures that affect access to healthcare.

The secondary objective was to investigate NGOs and government policy interventions towards tackling challenges faced by WwDs and the extent to which these people were involved in policy deliberation during alert levels 5-3 of the coronavirus pandemic. The findings suggest that during the COVID-19 pandemic, some government agencies and groups

worked covertly to guarantee that WwDs in the City of Johannesburg, Gauteng Province, had their rights fully realized.

However, South Africa had difficulty considering its particular political and socioeconomic history. Furthermore, the White Paper on the Rights of Persons with Disabilities, introduced in 2016, highlighted this. Nevertheless, disability inclusivity is still lacking in the Disaster Management Act and the National Disaster Management Framework 2005. Instead, this project aims to ensure an inclusive disaster response. This seems to have affected the kinds of regulations issued and their disregard for the particular requirements of disabled individuals. The government contends that this definition includes PwDs alongside others and that the framework is all-inclusive, protecting vulnerable households and communities. Nevertheless, to support or recognize the diversity of people and their spectrum of requirements, no distinction is made in the framework.

6.3 IMPLICATIONS OF THE STUDY

This study extends the ideas presented in feminist disability theory that regard the challenges of WwDs to be beyond those posed by an impaired body. Participants' narratives revealed that having an impaired body is broadly interpreted to mean being weak, docile, and of less value by non-disabled people. WwDs are discriminated against in all facets of life and battle it out with inaccessible environments and people who exhibit negative attitudes towards them. Their impaired bodies, which possess different shapes and capabilities, are heavily affected by diverse external environmental components, including environmental, administrative, and attitudinal challenges (Garland-Thomson 2011). This limits WGWD's enjoyment of rights and independent living in rural areas. Thus, this thesis echoes the feminist disability theory to explain the plight of WwDs.

The thesis embraces feminist thinkers in condemning a welfarist, medical, or traditional model of disability. These models tend to look at disability from the politics of the body's perspective, whereby women with impaired body parts are seen to represent corporeal inferiority and inadequacy instead of just differences in appearance. Based on these models, many factors have been attributed to explain the causes of impairments, including labeling people whom God and ancestors have cursed for wrongdoing. Such a conceptualization of disability falls short of the human rights praxis, which emphasizes equality and non-discrimination of persons based on gender, disability, or any other element.

The study's results help to re-imagine specific factors affecting the enjoyment of rights by WwDs in metropolitan municipalities during times of crisis. As a theory that was developed in the Global North, feminist disability theory largely concentrated on differentiating the plights of WwDs based on gender, race, and location on the globe. It remained ill-equipped to note that WwDs in the Global South are not a homogeneous group and to account for this difference. The results of this study noted how the challenges for WwDs have persisted before, during, and after the COVID-19 pandemic in the City of Johannesburg. As the results of this study have shown, WwDs in most of the City of Johannesburg found it challenging to access healthcare services, testing facilities, COVID-19 vaccination and immunization facilities, sexual and reproductive services, COVID-19 information, violence, social isolation, mental health, inclusion and disability-related supports and services, employment, income, and education, higher telehealth barriers, problems obtaining transportation, and a higher risk of poverty.

These findings revealed how WwDs are ridiculed and discriminated against based on ingrained patriarchal tendencies. In their narratives, WGWD revealed how their interaction with a highly patriarchal society contributed to feelings of marginalization, inclusion, and exclusion. The researcher concludes that history and place should intersect with the other key variables noted in feminist disability theory to offer a more comprehensive, situated understanding of WwDs' plight and the categorization of WwDs' challenges during times of crisis. Only then can the theory effectively inform policy formulation regarding WwDs' experiences and challenges during emergencies like the COVID-19 pandemic.

6.4 RECOMMENDATIONS

Lastly, the study aimed to identify and recommend possible strategies for disability-inclusive pandemic response. To guarantee that PwDs are not left behind, a human rights-based approach to disability is necessary. PwDs must be central to all of our activities as agents of planning and implementation, according to both the 2030 Agenda and the CRPD. All initiatives require a combination of targeted approaches and mainstreaming. The fundamental requirements of all people—health protection and treatment, essential services, housing, and income—are also met by PwDs. Integrating disability inclusion into all plans and initiatives is the most effective approach to addressing disability inclusion. To meet specific needs that cannot be satisfied by making general replies inclusive, targeted approaches must be used with disability mainstreaming.

Therefore, this section outlines and provides recommendations for future disability-inclusive pandemic responses. The study's recommendations are based on the research and preliminary findings, and they call for immediate action to ensure that the rights of individuals with disabilities to protection are upheld and that future crises can be more inclusive of PwDs.

6.4.1 Ensure and deliver equitable access to healthcare

This study and previous studies have revealed the lack of equitable access to healthcare for WwDs. The study indicates that WwDs typically experience difficulty accessing healthcare services and treatments in most parts of South Africa and that this problem was exacerbated during the COVID-19 pandemic. There were several reasons, including increased transportation expenses and other limitations. In addition, WwDs in South Africa saw more challenges during the pandemic since they were unable to obtain medication and were limited in the quantity of goods they could purchase without taking into account their needs.

Therefore, it is imperative that the government guarantee and provide WwDs with equitable access to healthcare. WwDs need to have this guaranteed both during and after the pandemic. When there is a pandemic, the vaccination program needs special attention. Health facilities need to raise awareness and mainstream people with disabilities. Improve the identification of at-risk groups and communication with them. To prioritize and accommodate WwDs for immunization, action is required for the most vulnerable. The government also needs to figure out how to get rid of obstacles that prevent people from safely accessing treatment for infectious diseases like the COVID-19 epidemic. For instance, ensure that medical procedures are not discriminatory against PwDs; ensure the accessibility of hospitals, testing, and quarantine facilities, including information and signage, physically accessible structures, and the attitudes and knowledge of healthcare personnel.

6.4.2 Improve and strengthen partnerships with NGOs for PwDs

The existing literature and this study indicate that NGOs play a crucial role in the contemporary social structure. NGOs for PwDs play a pivotal role in initiatives related to community development, which strive to enhance the standard of living for marginalized people, including WwDs. NGOs for PwDs are essential for local community participation and engagement because they often bridge the gaps that the government and the private sector cannot adequately address. These organizations empower PwDs by giving them the skills and information to fight for their rights and interests. This promotes a society that cherishes inclusivity and diversity by guaranteeing that the perspectives of the vulnerable and underrepresented are heard.

Consequently, the South African government must collaborate with PwDs organizations to meet the need for more knowledge and education. These partnerships guarantee that the National Disaster Management Center quickly completes its risk management framework for people with disabilities. It would provide a robust flow of pertinent, easily accessible information, support, and services to individuals who need them during disasters.

6.4.3 Improve and ensure support for social development

According to this study, there are still several societal challenges that PwDs, particularly WwDs, experience, and these barriers are a contributing factor in the various difficulties that this marginalized group faces. These challenges, which have a detrimental effect on these people's quality of life, include poverty, inadequate educational systems, and limited accessibility. These kinds of circumstances frequently result in adverse outcomes for PwDs, including social isolation, financial difficulties, and issues related to physical, mental, and social services.

The study recommends that the government, private sector, and relevant stakeholders identify and eliminate accessibility barriers such as essential healthcare, social support, food, social protection schemes, and education that affect WwDs. For example, the government and these stakeholders must ensure that food aid for WwDs is distributed from reachable sites or delivered to their homes, and conduct home learning programs using accessible media. In addition to ensuring that persons with disabilities, especially WwDs and their caregivers in homes and communities, have access to training, testing, and the required safety equipment, consider providing benefits ahead of time and conducting assessments remotely.

6.4.4 Recommendations for Education

The study discovered that students with impairments are more likely to experience difficulties enrolling in remote learning programs or returning to classes once they become available and have a higher chance of dropping out of school when there are disruptions to their education. Consequently, the Department of Education must guarantee that remote learning is inclusive and accessible to students with disabilities. Education stakeholders must take action to ensure that students with disabilities receive an uninterrupted education and can resume their classes. This could entail assisting parents and other caregivers of children with impairments and specific equipment, such as assistive devices and gadgets, to enhance their education.

The department should address the educational challenges that go beyond the issue of learning. Social competence, peer relationships, and social perception are all essential components of

tailored education plans for a large number of children with disabilities, and they are all put to the test when schools are closed. Closing of schools can also prevent many disabled children from receiving further services like food and health care, as well as methods for reporting abuse and neglect. Additionally, the education department should ensure that programs for returning to school are inclusive. In light of the widening achievement and learning gaps for students with disabilities, the Department of Education and relevant stakeholders must ensure that return-to-school initiatives include children and youth with disabilities. This could involve creating inclusive strategies for catch-up, remedial, and accelerated education programs.

6.4.5 Prevention of and response to violence

The study revealed that there is an increased risk of violence against PwDs in situations of isolation, and WGWDs are particularly vulnerable. During times of disasters, it can be challenging to report domestic abuse and to get access to resources and support for WwDs because the mitigating factors do not include or accommodate PwDs.

Thus, the government must ensure that victim assistance services are inclusive and accessible. It is imperative to guarantee that individuals with disabilities can access victim support services and reporting methods. Assuring that online counselling and other technology-based solutions are accessible and accommodate the diversity of persons with disabilities, as well as being proactive and creative in reaching out to those who are isolated, primarily through volunteer networks, is essential. Improve and reinforce raising awareness and knowledge. It is crucial to raise awareness about violence against PwDs, especially against women and girls, and to strengthen the capacity of communities and services to avoid violence related to gender and disabilities.

6.4.6 Recommendation for future research

Although extensive research and literature have been dedicated to issues regarding disability, gender, policy, and development in South Africa, less focus has been devoted to the matters related to WwDs. Let alone focus on challenges affecting them during a pandemic such as COVID-19. The Women for Women International (2020) argues that before the outbreak of the pandemic, data on the unique reality of WwDs, especially those residing in conflict zones and those that have had emergency crises such as Ebola, was scarce.

Meanwhile, the existing literature has highlighted the significant impact of pandemics on vulnerable groups such as PwDs. The WHO (2020) has suggested that pandemics and outbreaks have different implications on PwDs, WwDs, and those without disabilities. From

the risk of exposure to biological and physical vulnerability to infection to the economic and social consequences, individuals' experiences are likely to vary according to their physical and gender characteristics and their interaction with other social determinants.

Global and national strategic plans for pandemic preparedness and response must be grounded in solid gender and disability analysis. Therefore, this study suggests that more empirical research be conducted, emphasizing increasing public knowledge of the problems and obstacles affecting WwDs and disability rights in emergencies. Scholars should examine how gender and disability intersect, as well as other variables that might make it less likely that specific disabled individuals would be included (there is little data and evidence on these intersections).

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APPENDIX A: INTERVIEW GUIDES

INTERVIEW QUESTIONS FOR WOMEN WITH DISABILITIES

Section A: Background information

1. How old are you?
2. What is your level of education?
3. What is your employment status, or what do you do to make a living?
4. Where do you live, and who do you live with?
5. What is your disability or impairment?
6. Do you have any chronic illnesses? If yes, state
7. To your knowledge, have you been infected with COVID-19?

Section B: Access to Healthcare during COVID-19

1. How did you learn about COVID-19 and how to keep yourself safe?
2. How was it to access any testing centres for COVID-19?
3. How was it to access any treatment for COVID-19?
4. How was it to access any vaccination site for COVID-19?
5. Before COVID-19 happened, how was it to access a doctor, midwife, or healthcare provider who would tell you about and answer any questions you have about your body, sex, relationships, pregnancy, family planning, HIV/STIs, and giving birth to children (this is called sexual and reproductive healthcare)?
6. Did you have access to see or speak to this doctor, midwife, or healthcare provider during COVID-19? If yes, how was the experience?
7. If not, have you wanted someone to talk to about your body, sex, relationships, pregnancy, family planning, HIV/STIs, and giving birth to children during the COVID-19 period?
8. How was your experience concerning accessing healthcare services during COVID-19?

Section C: Violence

1. How did you feel about safety during alert levels 3-5 (lockdown)? Have you been worried about someone hurting you (you do not have to tell me who)?
2. If you got hurt by someone at home or in your community, or if someone made you feel unsafe during COVID-19, what would you have done to get help?

Section D: Access to Disability-Related Supports and Services

1. How did you receive support from service providers, family, friends, or community members to help with your daily life and overcome barriers due to disability before COVID-19?
2. Did this change during COVID-19? If yes, how?

3. How easy or difficult was it to (briefly explain):
 - a) Find the information you need related to COVID-19.
 - b) Understand information about COVID-19?
 - c) Judge if the information about COVID-19 in the media is reliable.
 - d) Understand the restrictions and recommendations of authorities regarding COVID-19.
 - e) Follow the recommendations on how to protect yourself from COVID-19.

Section E: Meeting Basic Needs

1. During the COVID-19 pandemic, tell me about any change to your ability to meet your basic needs, such as accessing food and clean water, staying in your own home, or taking care of personal hygiene needs, including during your periods/menstruation.
2. Tell me about any government or other programmers you knew that could have helped you or that helped you meet your basic needs during COVID-19.
3. Were you able to participate in policy formulation before and during the COVID-19 pandemic?

Section F: Employment, Income, and Education

1. Before COVID-19, did you have a job or go to school? And what happened during COVID-19?
2. How has COVID-19 affected your job, your classes at school, or any other income you had?
3. If you were in school before and during COVID-19, how were you receiving information from your school?

INTERVIEW QUESTIONS FOR NON-STATE ACTORS

1. What is your position level within the organization?
2. What motivated you to get involved in this sector?
3. For how long has your organization been in the disability rights movement?
4. Which geographical areas does your organization operate in?
5. What role did your organization play in respect of:
 - a) Advocating disability rights and improved services during COVID-19?
 - b) Mobilizing people with disabilities during COVID-19?
 - c) Identifying people with disabilities' needs and priorities during COVID-19?
 - d) Participating in the planning, implementing, and evaluating services and measures concerning the lives of people with disabilities during COVID-19?

- e) Contributing to public awareness during COVID-19?
 - f) Providing services during COVID-19?
 - g) Preventing violence against women and girls with disabilities during COVID-19?
6. As an organization, what were your policy or programme interventions toward tackling the issues of women with disabilities during the COVID-19 pandemic?
 7. What have been your roles, experiences, and challenges in advancing the rights of women with disabilities during COVID-19 concerning:
 - a) Assistive devices, personal care, and other health needs, including reproductive health?
 - b) Discrimination in education, employment, social activities, and sports?
 - c) Violence and abuse, access to justice?
 8. How do you ensure that your efforts and measures reduce the risk of dependency and segregation amongst the population of people with disabilities?
 9. To what extent do global and national policies guide your work? List the guiding instruments and explain how they are mainstreamed in your work.
 10. What are your experiences in lobbying or participating in policy formulation (specifically those aimed at mitigating challenges faced by PWD/WWD during COVID-19 and the various lockdown levels) at national, provincial, or local levels?
 11. To what extent did you feel that your voices were ultimately heard?
 12. What opportunities do you foresee or can be taken advantage of in advancing the rights of women with disabilities in future pandemics?
 13. What do you think your organization should have done better to enhance the human rights of women with disabilities during COVID-19?
 14. What role should other players have played in advancing the human rights of women with disabilities? And who are those role players?
 15. What should women with disabilities have done better in this regard?

INTERVIEW QUESTIONS FOR STATE-ALIGNED STAKEHOLDERS

Section A: Background information

1. Which department or unit are you working for?
2. What is your position level and role within your department or unit?
3. Are you working with people with disabilities? If yes, for how long have you been working with them?

4. What is the mandate of your department or unit concerning advancing the rights of people with disabilities?

Section B: Policy frameworks and their utilization

- 1 What local COVID-19 instruments and policies did your department or unit have in place during the COVID-19 pandemic?
- 2 How did your department or unit utilize or implement these provisions at the provincial and local levels?
- 3 Please tell me about any other instruments for disability rights within your department and the extent to which they were utilized in the community of Johannesburg during COVID-19.
- 4 Thinking of all the department's policies, you are aware of – to what extent are disability issues incorporated into these policies?
- 5 As a department or unit, what were your policy or programme interventions for tackling the issues faced by women with disabilities during the COVID-19 pandemic?
- 6 Please comment on how adequately each of the following policy and procedural foci of disability instruments was addressed in the Gauteng Province or City of Johannesburg during COVID-19:
 - a) Disability accessibility measures (transport, health care, education, employment)
 - b) Disability prevention
 - c) Disability rehabilitation, training, counseling, and social reintegration
 - d) Individual support for students and teachers with disabilities
 - e) In-home residential and community support for students with disabilities
 - f) Prevention of violence against women and girls with disabilities in schools?
7. What were the barriers for people with disabilities to participate in matters shaping their lives during COVID-19?
8. How did your department or unit ensure the representation of people with disabilities, particularly women, in policymaking and working with governmental institutions during COVID-19?
9. In general, what majors were in place by the department to ensure the welfare of students with disabilities, particularly women, during the COVID-19 pandemic in Gauteng?

INTERVIEW QUESTIONS FOR FAMILY MEMBERS OF WOMEN WITH DISABILITIES

1. What is your age?

2. What is your gender?
3. How many people (including yourself) live in your household?
4. How many people are you taking care of?
5. How satisfied are you with your household's financial situation?
6. How concerned were you about the impacts of COVID-19 on the health, social, and education of your disabled family member?
7. How did COVID-19 affect your disabled family member regarding economic and social development?
8. How have COVID-19 restrictions affected your disabled family member, particularly, and your family in general?
9. What were the challenges facing your disabled family member during the COVID-19 pandemic?
10. How did she respond to these challenges?
11. Have you received any help from the government or NPOs to help your family members overcome COVID-19? If yes, what was that help?
12. What possible strategies do you think the government or NPOs can provide to help promote a disability-inclusive pandemic response?

APPENDIX B: INFORMED CONSENT AND DECLARATION

INFORMED CONSENT DOCUMENT

Dear Participant,

My name is Lindokuhle Ngcobo (214569654). I am a Doctor of Philosophy student at the University of KwaZulu-Natal, Pietermaritzburg Campus. The study is titled *Exploring the Lived Experiences of Women with Disabilities and Policy Response Toward Mitigating Challenges Faced during the COVID-19 Pandemic Alert Levels 5-3: A Case Study of the City of Johannesburg*. The study aims to explore the lived experiences of women with disabilities and policy interventions towards tackling challenges faced during the COVID-19 pandemic, alert levels 5-3. Moreover, this study aims to inform governmental outbreak response measures, including policies, interventions, and communications. The information collected through this study is essential to support the implementation of specific programmatic interventions and policies and the messaging necessary to encourage the uptake of those measures.

What are the benefits and risks of taking part?

You may benefit from participating in the study by being motivated to look up information about the coronavirus pandemic. There are no foreseeable risks for you when participating in the study other than time spent on the survey and potential discomfort. If you feel uncomfortable and want to leave the study, you can do so without consequences.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You can choose to participate, not participate, or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor your identity will be disclosed in the study.
- The interview will take about 30 minutes.
- The record and other interview items will be in a password-protected file accessible only to my supervisor and me. After 5 years, in line with the university's rules, it will be disposed of by shredding and burning.
- If you agree to participate, please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at the School of Social Sciences, University of KwaZulu-Natal, Pietermaritzburg Campus, Pietermaritzburg. Email: 214569654@stu.ukzn.ac.za, Cell: +2774 280 5339.

My supervisor is Dr Mabuyi Gumede, located in Durban, University of KwaZulu-Natal, Howard College Campus, School of Social Sciences. Contact details: email: Gumede1@ukzn.ac.za, Phone number: +27312602711.

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number +27312603587.

Thank you for your contribution to this research.

UNIVERSITY OF KWAZULU-NATAL

DECLARATION

I..... *(full names of participant)* hereby confirm that I understand that:

- My participation is entirely voluntary.
- All my answers will be used for scientific research to improve actions taken in response to the coronavirus pandemic and to inform the response to similar future outbreaks.
- My data will be stored securely. However, no personal data will be stored, and my answer will be completely anonymous.
- The data gathered in this study will be shared with relevant researchers and government agencies.
- Because I am submitting anonymous data, it will not be possible to withdraw my answers after they have been submitted.

Please note that you can stop the survey at any time. This will not entail any penalty and will not affect the services (health care services or others) you receive.

By putting your signature below, you agree that you are at least 18 years old, that you have read the information about the study, and that you voluntarily agree to participate.

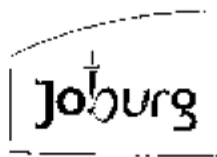
SIGNATURE OF PARTICIPANT:

DATE:

.....

.....

APPENDIX C: GATEKEEPER LETTERS



City of Johannesburg
Department of Corporate & Shared Services
Office of the Deputy Head: Group Human Capital Management

8th Floor, D. Bank
W. Apollon Square
87 Conyngham
Rondeletia

P.O. Box 1040
Johannesburg
South Africa
2000

Tel: 27(0) 11 487 6923
Fax: 27(0) 11 532 1078
www.joburg.org.za

23 August 2023
Lindokuhle Ngcobo
Doctor of Philosophy
University of KwaZulu-Natal

Ref: Permission to conduct research study

This letter serves to acknowledge receiving the letter requesting permission to conduct research in the City of Johannesburg under the title: **"AN EXPLORATIVE STUDY INTO LIVED EXPERIENCES OF WOMEN WITH DISABILITIES AND POLICY RESPONSE TOWARD MITIGATING CHALLENGES FACED DURING THE COVID-19 PANDEMIC ALERT LEVELS 5-3: A CASE STUDY OF THE CITY OF JOHANNESBURG."** I am aware that the study entails the collection of information from the City, city officials and participants from communities through semi-structured interviews, questionnaires, observation participation and other fora of the city.

The research study is promoted by the City of Johannesburg because it helps both students and practitioners to gain an understanding of the sociology of the City, as it evolves and contributes towards the building of developmental local government.

I, Tersia Johanna Groenewald, as delegated authority of the City of Johannesburg Municipality (the City), hereby give permission to the primary researcher, Lindokuhle Ngcobo. The following:

To collect and publish information about the City is publicly not available, for the research project titled: **"AN EXPLORATIVE STUDY INTO LIVED EXPERIENCES OF WOMEN WITH DISABILITIES AND POLICY RESPONSE TOWARD MITIGATING CHALLENGES FACED DURING THE COVID-19 PANDEMIC ALERT LEVELS 5-3: A CASE STUDY OF THE CITY OF JOHANNESBURG."**

- This authorisation is based on mutual understanding that the City's name can be revealed in her/his project; and
- The researcher contacts the relevant department for arrangements pertaining to the research; and
- The information provided by the employees or any other means (such as company's archived documents or reports) of the City is purely for academic purposes and cannot be used for any other purpose.

Please note that on completion of the study, a copy of the research report should be submitted to the City of Johannesburg in honour of your commitment.

I urge you to present this letter of permission whenever you come across officials and participants in the research study. I thank you for choosing the City of Johannesburg to conduct the study.

Kind Regards



Dithopo Ntsodi (on behalf of Tersia Groenewald)
Acting Manager: Human Resource Development
Tel: (011) 407- 7172
Email: Dithopen@joburg.org.za



GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

INTERNAL MEMO

Enquiries: K Mathebula (Ms)
Tel. 011 227 0082
Ref: 13/2/2

TO : Mr. L Ngcobo

FROM : Ms L.Z. Mahola

DATE : 30 March 2023

**SUBJECT : CONFIRMATION OF PERMISSION GRANTED FOR
DISABILITY INTERVIEWS**

RE: REQUEST CONSENT TO INTERVIEW GSDS OFFICIALS FOR A RESEARCH PROJECT

Good day,

We are Gauteng Social Development Provincial Office, No 69 Commissioner Street, Johannesburg.

This follows your approach about a month ago requesting to come and conduct your PhD research topic on Disability with us sometime in May 2023.

This is to confirm that you are most welcome to conduct the survey and that you will be assisted.

Kindly provide the date for the interview timeously so that it does not clash with me going out on some field assignment.

Regards

Zandi Mahola

Social Work Policy Developer



Championing the cause
of blind people for

75
YEARS
1946 - 2021

5 Fuchs Street, Alrode, Alberton 1451
Tel: 011 839 1793/4
Email: ceo@blindsa.org.za

NPO 000-606

Private Bag X9005 Crown Mines 2025
PBO Ref. 130003512
Website: www.blindsa.org.za

18 March 2023

To Whom It May Concern

CONSENT TO A RESEARCH INTERVIEW

Blind SA hereby agrees to participate through an interview to a research requested by Mr Lindokuhle Ngcobo, a student at your university.

Blind SA takes interest in any research pertaining persons with disabilities and always expect sharing of the research findings. Such findings assist the organisation to understand the needs for services for blind persons in the country as well as assisting to advocate for the implementation of policies or developing such policies that better the lives of blind persons.

Thandile Butana, Blind SA's Community Programmes Liaison will participate in the research interview.

Yours Sincerely

Thandile Butana
Community Programmes Liaison, Blind SA

Research Committee of Johannesburg Health District

Enquiries: Prof S. Moosa |researchjoburg@gmail.com

DATE: 30th September 2023

ATT: Mr Lindokuhle Ngcobo

EMAIL: 214569654@stu.ukzn.ac.za

Dear Sir/Madam

STUDY TITLE: Exploring the lived experiences of women with disabilities and policy response toward mitigating challenges faced during the coronavirus pandemic alert levels 5-3: A case study of the City of Johannesburg

NHRD REF. NO.: GP_202309_025

OFFICIAL APPROVAL

The District Research Committee has reviewed your application. This letter serves as a final approval letter for this study.

The following conditions must be observed:

- The facilities in which the research will be conducted are listed below
- These facilities will be visited from: 2023/09/30 to 2024/06/06
- Participants' rights and confidentiality will be maintained all the time.
- Neither the District nor the facility will incur any additional cost for this study.
- No resources (Financial, material and human resources) from the above facilities will be used for the study.
- The study will comply with Publicly Financed Research and Development Act, 2008 (Act 51 of 2008) and its related Regulations.
- You will submit a copy (electronic and hard copy) of your final report. In addition, you will submit an annual progress report to the District Research Committee.
- If this is academic research then your supervisor and the University will ensure that these reports are being submitted timeously to the District Research Committee.
- The District must be acknowledged in all the reports/publications generated from the research and a copy of these reports/publications must be submitted to the District Research Committee.
- You will liaise with the manager/s listed below as relevant before initiating the study.

We reserve our right to withdraw our approval, if you breach any of the conditions mentioned above. Please feel free to contact us, if you have any further queries.

On behalf of the District Research Committee, we would like to thank you for choosing our District to conduct such an important study.

Regards,



Prof S. Moosa

Chairperson: District Research Committee

Johannesburg Health District

As delegated by Mrs M.L. Morewane, Chief Director, Johannesburg Health District, and Mr. Frans Moseane, Acting ED Health, City of Johannesburg

List of Facilities Approved

- Johannesburg Health District Offices
- 17 Esselen Street Clinic
- 4th Avenue Clinic
- 80 Albert Street Clinic
- Alexandra 8th Avenue Clinic
- Alexandra CHC
- Alexandra East Bank Clinic
- Barney Molokoane Clinic
- Berario Clinic
- Bezvalley Clinic
- Bophelong (Region 2) Clinic
- Bophelong (Region 6) Clinic
- Bosmont Clinic
- Bristlecone Clinic
- Chiawelo CHC
- Claremont Clinic
- Crosby Clinic
- Crown Gardens Clinic
- Davidsonville Clinic
- Diepkloof LA Clinic
- Diepkloof Prov Clinic
- Diepsloot South Clinic
- Discoverers CHC
- Ebony Park / Kaalfontein Clinic
- **Edenvale Hospital**
- Eikenhof La Clinic
- Eldorado Park Ext 2 Clinic



Training Centre for People with Intellectual Disabilities

Address:
1 – 17th Street, Parkhurst
Johannesburg, 2193
P O Box 81228, Parkhurst
Johannesburg, 2120

Tel: 27 (0) 11 447 7183
27 (0) 11 788 8249
Office Cell: 27 (0) 82 923 2927
Fax: 27 (0) 86 579 1536
Email: admin@thelivinglink.co.za
Web: www.thelivinglink.co.za

18 January 2023

Re: Permission to contact The Living Link

To whom it may concern,

Permission is hereby granted for Lindokuhle Ngcobo (214589854) to make contact with The Living Link to discuss the possibility of interviewing someone within the organization for her educational purposes. An agreed person & date & time for the interview will be discussed once Lindokuhle has contacted The Living Link.

Should you have any questions please don not hesitate to contact The Living Link.

Yours sincerely,



Stanley Bawden

Managing Director



Date: 28 March 2023

To: University of KwaZulu-Natal

To Whom It May Concern

Dear Sir / Madam

This letter serves to confirm, that in my capacity of being the appointed Management Director of The Down Syndrome Association Gauteng, that I participated in the following research conducted by the University of Kwa-Zulu Natal.

On Tuesday, 18 January 2023, Lindokuhle Ngcobo, a Doctor of Philosophy student at the University of KwaZulu-Natal - School of Social Science, made contact with me to request assistance with research he was conducting.

On Thursday, 19 January 2023, I responded by sending Lindokuhle Ngcobo an e-mail on which, I shared detailed information and feedback by way of participated response, to enable understanding of efforts made by our organisation, to advance the life, welfare, and rights of women with disabilities, particularly those with Down syndrome, within the City of Johannesburg during COVID-19 pandemic alert levels 5-3.

For ethical research standard purposes, I hereby confirm that I / The Down Syndrome Association Gauteng, gave consent to Lindokuhle Ngcobo and the University of Kwa-Zulu Natal, to use the above-mentioned information shared as our contribution towards participation in the research study.

Please do not hesitate to make contact with me for any further queries.

Yours in Disability,

Marlene Boucher

The Down Syndrome Association Gauteng – Management Director





GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

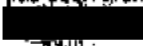
214/1/1/2

GDE RESEARCH APPROVAL LETTER

Date:	25 April 2023
Validity of Research Approval:	08 February 2023– 30 September 2023
	2023/145
Name of Researcher:	Ngcobo L
Address of Researcher:	01 clarendon Street Barracks ,Hillbrow Police Station
Telephone Number:	074 280 5339
Email address:	214569654@stu.ukzn.ac.za
Research Topic:	An explorative study into lived experiences of women with disabilities and policy response toward mitigating challenges faced during the COVID-19 pandemic alert levels 5-3:A case study of the City of Johannesburg
Type of qualification	PhD
Number and type of schools:	Districts
District/s/HO	15 Districts

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

 25/04/2023

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below are met. Approval may be withdrawn should any of the conditions listed below be flouted:

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gov.za

APPENDIX D: ETHICAL CLEARANCE LETTER



06 June 2023

Lindokuhle Ngcobo (214569654)
School Of Social Sciences
Pietermaritzburg Campus

Dear L Ngcobo,

Protocol reference number: HSSREC/00005079/2022

Project title: Exploring the lived experiences of women with disabilities and policy response toward mitigating challenges faced during the coronavirus pandemic alert levels 5-3: A case study of the City of Johannesburg

Degree: PhD

Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 29 May 2023 to our letter of 06 March 2023 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year until 06 June 2024

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours faithfully



.....
Professor Dipane Hlalele (Chair)

/dd

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Tel: +27 31 260 8350 / 4557 / 3587
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

APPENDIX E: TURNITIN SIMILARITY REPORT

Lindokuhle_Ngcobo_PhD_Thesis_1st_Draft.docx

ORIGINALITY REPORT

13%	9%	8%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	researchspace.ukzn.ac.za Internet Source	3%
2	opendocs.ids.ac.uk Internet Source	1%
3	hdl.handle.net Internet Source	1%
4	Submitted to University of Adelaide Student Paper	1%
5	www.esp.org Internet Source	1%
6	ebin.pub Internet Source	<1%
7	www.hst.org.za Internet Source	<1%
8	uir.unisa.ac.za Internet Source	<1%
9	www.gov.za Internet Source	<1%