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Policy Response to Mitigate Challenges Faced by Women with Disabilities during Coronavirus Alert Levels 5-3 in Johannesburg, South Africa

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Abstract

An increasing body of scholarly research determines the disproportionate effects of the COVID-19 pandemic on women with disabilities. The challenges faced by women with disabilities during the coronavirus pandemic were severe. They included issues related to their health and well-being, which profoundly impacted the barriers already faced while creating new ones. The existing inequities,

especially in healthcare, were deepened during this period, highlighting the need for policymakers to consider the specific needs of people with disabilities during crises. This study examines the implications of the legislative measures implemented during the coronavirus pandemic Alert Levels 5 to 3, focusing on their impact on women with disabilities in Johannesburg, South Africa. A qualitative case study approach was employed, and semi-structured interviews were conducted to collect data from state actors, and women with disabilities. Augmented by extensive literature and policy reviews, the study findings suggest significant policy gaps in areas such as access to healthcare, disability-specific services, social protection, and mechanisms addressing gender-based violence. Despite the implementation of various governmental initiatives, most of these programmes lacked inclusive design and failed to address the issues of the intersectionality of gender and disability. The study emphasises the necessity of integrated, participatory policy frameworks that prioritise the perspectives of women with disabilities to guarantee inclusive and equitable responses to emergencies in the future.

Keywords: *policy response, women with disabilities, COVID-19, pandemic, City of Johannesburg*

Introduction and Background

The rights of people with disabilities are embedded in various international and local legislative frameworks. However, while not exhaustive, these frameworks include the Declaration on the Rights of Disabled Persons (DRDP), Protocol to the African Charter on Human and Peoples' Rights on Women's Rights in Africa, Constitution of the Republic of South Africa (Act No 108 of 1996), White Paper on the Rights of Persons with Disabilities, and Employment Equity Act. According to the Declaration on the Rights of Persons with Disabilities (DRPD), all people with disabilities must enjoy the same rights as non-disabled people (United Nations General Assembly, 2025). Article 6 of the DRDP stipulates that people with disabilities have the right to adequate healthcare, education, and placement services to leverage their skills and facilitate their social integration (UNG Assembly, 2025). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) establishes the legal responsibility of state parties to promote, uphold, and safeguard the rights of people with disabilities (UN, 2006). Article 6 (1) of the UNCRPD stipulates that "state parties must take into consideration that disabled women and girls are subjects 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, 2018). Article 23 (a) of the Protocol to the African Charter on Human and Peoples' Rights on Women's Rights in Africa framework stipulates that the member countries of the African Union must guarantee that women with disabilities 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, 2018).

Correspondingly, locally, the Constitution of the Republic of South Africa (Act No. 108 of 1996) safeguards the rights and dignity of individuals with disabilities, supporting and promoting the complete equalisation of opportunities for people with disabilities and their integration into society. The constitution further guided the development and implementation of national, provincial, and local policies for people with disabilities. These policies include, but are not limited to, the Draft National Disability Rights Policy (2015), which aims to deepen the mainstream trajectory for the rights of people with disabilities, as adopted in 1994. The White Paper on the Rights of People with Disabilities (2016) outlines the norms and standards for removing discriminatory barriers and broadly outlines the responsibilities of stakeholders. The Disability Framework for Local Government (2015-2020) advocates mainstreaming people with disabilities into local government. The Disability Framework for Local Government (2015–2020) suggests that the issues and challenges faced by people with disabilities should inform local government actions regarding project planning and programme implementation.

Despite these remarkable frameworks, disabled individuals remained marginalised, and this was noticeable during the coronavirus (COVID-19) pandemic. According to a 2022 report by the Ministry for Women, Youth, and Persons with Disabilities (DWYPD), despite growing awareness of the WPRPD, policy directives were found to be inadequate (DWYPD, 2022). Healthcare system failures during the recent pandemic highlighted the exclusion and prejudice experienced by people with disabilities, making access to care significantly more difficult (McKinney et al. 2021; Ned et al. 2020; Ned et al. 2021; Wickenden et al. 2022). Turk and McDermott (2020) indicated that groups of people with disabilities, 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, among others, women and girls with disabilities 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, 2020; Rafaeli and Hutchinson, 2020). Therefore, the needs of women with disabilities may require a sense of urgency during times of emergency. According to Shakespeare, Ndagire, and Seketi (2021:27), "disabled women's needs under COVID-19 measures are as significant as those of the rest of the disabled community; nevertheless, disabled women face specific challenges."

To stop the spread of the virus during that time, the governments and legislators of numerous nations, including South Africa, were compelled to use various 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. People with disabilities were perhaps the most affected by the epidemic because, in general, they are the most marginalised 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 women with disabilities—were not left behind.

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 the involvement of women and people with disabilities. However, it emerged that very few addressed the experiences of women with disabilities and those living at the intersection of gender and disability (UNFPA and WEI, 2021). Even in times of crisis, those facing intersecting gender and disability challenges have a fundamental right to healthcare, adequate living standards, and freedom from violence (UNFPA and WEI, 2021).

The main aim of this study was to explore the measures adopted by various stakeholders around the City of Johannesburg, Gauteng, and of all income levels to guarantee universal coverage, access to information, and actions for prevention and mitigation of direct and indirect consequences of the COVID-19 pandemic on women with disabilities and with rehabilitation needs.

Methodology

The study employed a qualitative research method, specifically a case study approach, to gain an understanding of the experiences of women with disabilities in Johannesburg during the COVID-19 pandemic. Qualitative research is a type of research that explores and provides deeper insights into real-world problems (Moser and Korstjens, 2018). Grossoehme (2014) states that, instead of collecting numerical data points or intervening or introducing treatments, like in quantitative research, qualitative research helps generate hypotheses to investigate further and understand quantitative data. Qualitative research gathers participants' experiences, perceptions, and behaviour (Tenny, Brannan, and Brannan, 2022). Therefore, this method was chosen to explore their lived experiences and how policy responses addressed their challenges, providing a more profound, contextualised understanding rather than just numerical data. It contributed to understanding the participants' experiences and interpretations of the problem under investigation. Adopting a case study approach was beneficial as it contextualised the lived experiences of women with disabilities and policy responses aimed at mitigating the challenges they faced during the COVID-19 pandemic in the City of Johannesburg, Gauteng province.

In-depth interviews were used to collect primary data. Sixteen individuals participated in structured interviews. Twelve women with disabilities and four representatives from government ministries participated in this study. Their responses were recorded with their permission. This gave the researcher direct access to the experiences, challenges, and perspectives of the 16 participants. Secondary data was also used. The previous section outlined secondary data that was gathered from the literature study. The interviews included participation above the age of 18 years, including people with disabilities, with the exclusion of deaf people and those with HIV/AIDS.

The study employed purposive sampling, enabling the researcher to select individuals relevant to the topic and research objectives. The respondents' replies were divided into major and sub-themes using content analysis and a thematic analysis technique. These themes and sub-themes were extracted from the respondents' replies, informed by the literature and theoretical, conceptual, and legal frameworks that supported the study. In terms of data analysis, each interview was transcribed non-verbatim to facilitate categorisation and analysis of the data. Non-verbatim transcription omits all superfluous responses to improve the readability of the transcript without altering the structure or content of the spoken

words (Pandey and Pandey, 2021). Thematic analysis was employed to effectively organise qualitative data for analysis (Terry et al., 2017). The data were grouped into themes based on recurring meaning patterns that align with the study's objectives. This approach highlighted the interviewee's views, beliefs, and experiences (Terry et al., 2017). Because the thematic approach is deductive, the discussed concepts determined the data (Vaismoradi et al., 2016). The ethical clearance was granted by the UKZN Social Sciences Research Ethics Committee (REC-040414-040). All participants provided their informed consent to participate in the study.

Study Findings, Analysis, and Discussion

This section presents, explores, and discusses the policy response to mitigate challenges faced by women with disabilities during COVID-19 alert levels 5-3, shedding light on their unique challenges and resilience in the face of adversity. The section is divided into several subsections to comprehensively address the various aspects of this topic. The descriptions of the participants are as follows: participants A to D are state actor officials, and participants E to P are women with disabilities.

Challenges Faced in Attempting to Help Women With Disabilities During the COVID-19 Pandemic, Alert Levels 5-3.

On 11 March 2020, the World Health Organisation declared the COVID-19 pandemic a global pandemic. It became evident in the days that followed that a global health emergency was unfolding, as the number of pandemic cases continued to increase. To stop the spread of the virus during that time, the governments and legislators of numerous nations, including South Africa, were compelled to use various tactics. It was clear that this global health emergency was exacerbating pre-existing disparities, exposing structural exclusion, and underscoring the necessity of prioritising disability inclusion despite intense efforts to contain the virus. People with disabilities were perhaps the most affected by the epidemic because, in general, they are the most marginalised 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 women with disabilities—were not left behind.

Given the current impediments that women with disabilities face, it was necessary to centre the COVID-19 pandemic response on them and include them in the planning and execution process of COVID-19

programmes and policies. 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 women with disabilities during the COVID-19 pandemic, the study determined that departments such as the Gauteng Department of Social Development, the City of Johannesburg Disability Unit, the Gauteng Department of Health, and the Gauteng Department of Education (Special Schools Unit), responsible for the well-being of people with disabilities, had various initiatives in place to ensure the mainstreaming of disability in all COVID-19 responses and recovery. These initiatives include having weekly virtual meetings with other stakeholders, such as NGOs and other government departments. A combination of mainstream and disability-specific measures was necessary to ensure systematic inclusion of people with disabilities, particularly women with disabilities. The responses from the government officials (Participant A) narrate the following:

> 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 on a weekly and monthly basis for 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.

Participant D stated the following:

> You know what? In Johannesburg, we did not have a policy for persons with disabilities. We were given a standard operating procedure applied to city employees. Still, regarding persons with disabilities who are our beneficiaries or clients, we looked at the one from CoGTA that every South African citizen is required to follow. We did not have a specific one coming from Johannesburg.

Several studies have shown that since the inauguration of democracy, the South African government has made substantial progress in addressing essential concerns affecting people with disabilities (Black and de Matos-Ala, 2016; Mji and Sait, 2025; Amanze and Nkhoma, 2020). This suggests that disabled women were not overlooked over these years, even in emergencies. Moreover, it indicates that different stakeholders, such as state actors and non-government organisations, have made significant

efforts to bring services to people, advance the rights of women with disabilities, and reduce barriers faced by women with disabilities even during the COVID-19 pandemic.

However, the study further determined that although various departments made significant strides, participants revealed that there were no specific policies aimed at addressing issues such as the lack of access to health facilities, basic services, vaccination sites, and information that women with disabilities faced during the COVID-19 pandemic. 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 failed to consider the severe impact of lockdown measures on the national economy and the livelihoods of lower socio-economic groups, including people with disabilities. The respondents indicated that they relied solely on the COVID-19 policies issued by the Cooperative Governance and Traditional Affairs Department, which were required to be followed by every South African citizen.

Furthermore, government officials were asked how their departments utilised or implemented international and national policies and programmes such as the Protocol to the African Charter on Human and Peoples' Rights on Women's Rights in Africa, UNCRPD, Draft National Disability Rights Policy (2015), The White Paper on the Rights of People with Disabilities (2016), and Disability Framework for Local Government (2015-2020) at provincial and local levels. The respondents noted that they use various programmes to ensure women with disabilities are included, emphasising that all interventions require a combination of mainstreaming and targeted measures. In their response, they stated that a combination of mainstreaming and targeted measures was necessary for all their interventions. People with disabilities share the same fundamental needs as everyone else: health protection and treatment, essential services, shelter, and income. The best way to promote their inclusion was through mainstreaming disability across all COVID-19 pandemic plans and efforts. Participant A reveals 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

> organisations). This worked well as the regions were expected to provide stats as proof of delivery. All our funded organisations have been reached.

Participant C said the following:

> As a department, we are obliged to ensure the welfare of women and girls with disabilities. However, ensuring that our beneficiaries are well cared for proved to be particularly challenging, especially 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.

It was further stated by a woman with a disability (Participant F) 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 fundamental human rights

According to this study, standardisation of women with disabilities' 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 provide more financial and social support to individuals in need and those with disabilities.

Incorporating the needs of women with disabilities into the COVID-19 response and recovery process was essential to fulfilling the commitment to the SDGs Agenda 2030, "leave no one behind" (WHO, 2020; United Nations Development Programme, 2018). It also served as a crucial examination of the worldwide obligations made by the CRPD, the SDGs Agenda 2030, the Agenda for Humanity, and the United Nations Disability Inclusion Strategy. It was necessary to meet the demands of the 2030 Agenda and the CRPD to participate actively 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 also asked about their department's policies and the extent to which 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 Disabilities Policy 2020. The Gauteng Department of Health, the Gauteng Department of Education, and the

Gauteng Department of Social Development do not have 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 Gauteng Department of Social Development further relies on the national Department of Social Development Policy on Social Development Services to Persons with Disabilities and the Department of Social Development 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 quote below from Participant D explains:

> 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 mentioned earlier, we relied on policies from CoGTA for both our employees and the disabled community we serve.

Another participant, A, indicated that:

> Our department lacks a specific disability policy, which makes it challenging to hold other units accountable for including Persons with Disabilities. The White Paper on the Rights of Persons with Disabilities is the primary document we currently rely on.

The participants' narrative above suggests that most government departments lack 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 people with disabilities who are poor, vulnerable, and marginalised receive adequate economic and social protection and attain access to social welfare programmes 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, a lack of coherent coordination between

departments hinders their adequate implementation. These policies were crafted without the emergencies in mind.

Public participation is very important when developing a policy. Women with disabilities 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 largely unaware of the methods in place for public involvement (Mofolo and Adonis, 2021). The municipalities, including the City of Johannesburg, had difficulties due to this issue. Pietersen (2020) argues that public policy should adhere to its constitutional requirements and procedures, despite the limitations imposed by the COVID-19 pandemic. 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 study noted that 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.

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. According to the UN (2017), disabilities disproportionately affect women and girls, particularly in low- and middle-income countries, where they are estimated to represent approximately 75% of persons with disabilities. Gender and disability are intersecting determinants of vulnerability because they influence access to resources, health-seeking patterns, and autonomy in decision-making around health (Abou-Abbas et al., 2024). It is further argued that women with disabilities are approximately three times more likely to have unmet healthcare needs than men due to both gender- and disability-related barriers while seeking, paying for, and receiving necessary healthcare (Matin et al., 2021). During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during

lockdown measures. Concurrently, institutionalised individuals remain exceptionally vulnerable, as evidenced by the disproportionately high numbers of deaths in residential care homes and psychiatric facilities (UN, 2020). The 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. In accordance with the CRPD, people with disabilities have the same rights to transportation as people without disabilities (UN, 2006).

Therefore, the study revealed that the Gauteng Department of Social Development implemented various initiatives to ensure people with disabilities had adequate access to transportation, healthcare, and education during the COVID-19 pandemic. Participant B alluded to the fact that:

> The NPO organisations were provided with PPE, such as sanitisers and gloves. 90% of our funded disability organisations were provided with vehicles such as Iveco's, Quantum's, bakkies, and private cars, depending on the needs of each organisation. Capacity-building sessions continued via Virtual methods (in our case, we use Teams). 98% of our funded organisations could be reached and were empowered.

As previously verified, the Gauteng Department of Social Development implemented several measures to ensure that individuals with disabilities received proper care, accurate pandemic information, and access to transportation and COVID-19 prevention tools. Due to their proximity to the public, non-governmental organisations were also granted access to essential resources, including funding and food parcels. Their local presence enables them to be sensitive to the specific needs, challenges, and resources of disadvantaged communities, filling gaps where governments may be absent or overwhelmed. Access to resources enables them to implement vital programmes and provide direct support, from healthcare and poverty alleviation to education and advocacy (Hall and O'Dwyer, 2017).

Since women with disabilities are the most vulnerable group in society (UN Women, 2020; UN, 2020), they must have easy access to personal protective equipment (PPE) in an emergency. Recognising the GDSD for its outstanding effort in this regard is appropriate. However, another official revealed that people with disabilities faced significant difficulties accessing these essential services across various 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

marginalised in the workforce (USAID, 2019). 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, women with disabilities were experiencing these challenges, which were made worse. The following quote from Participant D explains that

> Again, remember that accessing health care is a fundamental human right. If someone cannot access healthcare, it constitutes a violation of their basic human rights. During the lockdown, for real, it was a challenge for people with disabilities to access health care services. As I mentioned, the City had no specific COVID-19 policy in place for people with disabilities; consequently, they received no assistance 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 access to employment, there are also challenges, considering the restrictions on people's movement during the pandemic.

Participant E, a woman with a disability, stated that:

> Access to healthcare is a human right, but we are still left behind as women with disabilities. During the pandemic, accessing hospitals and clinics was challenging. It appears that the COVID-19 pandemic has highlighted many inequalities that we are currently facing.

The above narratives show how women with disabilities face more significant social and environmental barriers in addition to their physical disabilities, looking at the problems faced by women with disabilities beyond their physical limitations. 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 disability-specific COVID-19 policy hindered the protection of human rights and left pre-existing vulnerabilities unaddressed during the 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 discriminatory criteria, such as age or presumptions about the quality or value of life based on a handicap, are used in some countries to inform judgments on healthcare 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, as the intended disability initiatives aimed at advancing the rights of people with disabilities were also affected by this, considering that this department had no plan to ensure that everything carried on accordingly for people with disabilities. This further implies that the COVID-19 lockdowns negatively impacted a department's ability to implement its disability initiatives, specifically due to a lack of a contingency plan. The intended policies to advance the rights of people with disabilities were hindered because the department was not prepared for the disruption, leaving disability-related programmes unsupported during the pandemic.

Addressing Issues Related to COVID-19 Disability Prevention.

Information was crucial for people with disabilities to make informed decisions about self-isolation and quarantine, as well as to secure essential services and supplies during a rapidly evolving pandemic like COVID-19. All tiers of government should have provided timely, accurate, and easily accessible information on the pandemic, services, and preventive measures. Therefore, the study determined that various government departments had several programmes in place to address the issue of disability prevention, based on the responses from the respondents. The quote from Participant C below explains:

> Posters on various topics were procured for our facilities. These ranged from a booklet on caring for children with disabilities, which addressed care and protection during the pandemic, to posters providing information on proper handwashing techniques.

Participant A stated the following:

> The department secured radio station slots to raise awareness on social problems during COVID-19 and beyond.

Another participant, B, 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 out about it. 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.

A woman with a disability (Participant G) stated that:

> To understand the restrictions and recommendations of authorities regarding COVID-19 was challenging because you would find that some of the regulations were entirely out of reality for people with disabilities. You know that people with disabilities cannot live in isolation, but we had to force ourselves during the pandemic.

The above narratives suggest that many people with disabilities, particularly women, depend on vital support services for everyday life, including food parcels, peer and social support, disability awareness, information sharing, sign language, tactile interpretation, and in-home assistance. Therefore, the government needed to guarantee the continuity of such support services. Participants 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 crucial to develop and implement plans for service continuity and measures to mitigate the risk of COVID-19 exposure when delivering services, particularly for individuals with high support needs who have impairments (UN, 2020). Informal carers can benefit from current information and practical guidance to support people with disabilities 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 marginalised and stigmatised groups in the world. The government's failure to adequately prioritise people with disabilities in their COVID-19 response put them at grave risk of infection and death as the epidemic expanded. For others, it is prejudice and barriers to information, support systems, healthcare, social integration, and education that increase their risk of infection, rather than their disability being an inherent risk factor.

Disability Rehabilitation, Counselling, and Social Reintegration

The accessibility of disability rehabilitation, counselling, and social reintegration services was probed by asking respondents if there was

adequate accessibility to these services during and after the COVID-19 pandemic within the Gauteng province. According to Vergunst et al. (2015), "people with disabilities in South Africa still experience challenges in accessing basic human rights services, including rehabilitation, counselling, and social inclusion." In the study, it was found that the Gauteng Department of Social Development initiated several programmes for disability rehabilitation in collaboration with NGOs in the region. The following quote from Participant B illustrates the above sentiments:

> Our funded organisations have support groups where people with disabilities come together, share their challenges, and offer mutual support. 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.

Participant A 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.

A woman with a disability (Participant I) said 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.

In South Africa, the Department of Social Development, the Department of Education, the Department of Health, and various NGOs for people with disabilities are among the institutions that provide social reintegration, disability rehabilitation, and counselling services. The National Rehabilitation Policy (2006) 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 that ensures the inclusion and involvement of people with disabilities, thereby improving their quality of life. According to Blose, Cobbing, and Chetty (2021), community-based rehabilitation 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.

People with disabilities 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 else. People with disabilities who actively participate in social roles can enhance their sense of acceptance and connection, boost their self-esteem through societal contributions, and ultimately improve their overall quality of life. While this is crucial for everyone, people with disabilities 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 women with disabilities 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 concerns regarding the misrepresentation of women with disabilities. According to the theory, women with disabilities 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). Women with disabilities are frequently marginalised and invisible in society, even among those advocating for women's empowerment, gender equality, and the rights of people with disabilities. The lack of representation and exclusion of women with disabilities 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 persisted even during 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 Gauteng Department of Social Development, the City of Johannesburg, and several agencies and organisations were making anonymous efforts to guarantee that women with disabilities during the COVID-19 epidemic could fully exercise their rights. A more affluent society tends to prioritise profit, commodities, and services, particularly when it comes to fostering diversity, promoting goodwill among people, and providing support for individuals with disabilities, as the study demonstrates. Eradicating social disintegration and

negative norms towards people with disabilities promotes beneficial socio-economic interactions, creating a positive feedback loop that improves overall welfare.

Conclusion and Recommendations

In conclusion, this study examined the policy response of various stakeholders toward mitigating challenges faced by women with disabilities during the coronavirus pandemic, alerting levels 5 to 3 in the City of Johannesburg, Gauteng. This chapter, therefore, summarises the key study findings and further suggests recommendations in line with the study's research question and objectives. According to the study findings, the COVID-19 outbreak impacted women with disabilities 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 were likely to vary according to their physical and gender characteristics, as well as 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 responses of various relevant stakeholders towards mitigating the challenges faced by women with disabilities during COVID-19 Alert Levels 5 to 3. The findings in this instance suggest that during the COVID-19 pandemic, several government departments, agencies, and groups worked covertly to guarantee that women with disabilities in the City of Johannesburg, Gauteng Province had their rights fully realised and that policymakers considered their concerns. However, the study also found that despite vital strides by stakeholders, officials revealed that COVID-19 response protocols lacked specific policies for women with disabilities, leaving their persistent challenges unaddressed during the pandemic. The study recommends that the government, private sector, and relevant stakeholders identify and eliminate accessibility barriers, such as those affecting essential healthcare, social support, food, social protection schemes, and education, that impact women with disabilities. Furthermore, the global and national strategic plans for pandemic preparedness and response must be grounded in solid gender and disability analysis, ensuring that every legislative framework incorporates disability needs.

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