

Assessment of socioeconomic impacts and needs of people with disabilities due to COVID-19

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مركز الكويت للسياسات العامة
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Summary

People with disabilities (PWDs) have faced many barriers throughout the COVID-19 pandemic. As a result, they face health risks and various social and economic risks due to those barriers.

This study was designed to assess the socio-economic impacts of the COVID-19 pandemic on PWDs and develop measures to support PWDs. The target population was people with disabilities (PWD) registered in Kuwait. A cross-sectional survey method was designed with a structured questionnaire through the online base using WhatsApp. And focus group interview (FGI) methods were applied to assess the impacts and service needs of PWDs' group and Caregiver Group. The survey was conducted from January 19 to March 31, 2021, followed by focus group interviews on April 5 and 7. One hundred people responded to the questionnaire for the quantitative survey. And 8 of PWDs and 6 of caregivers have voluntarily participated in FDIs.

Socioeconomic impacts

Most social care services for PWDs have dramatically reduced during the COVID-19 pandemic. Nearly half of PWDs have experienced negative impacts on many dimensions because of changes in social care supports they are receiving because of the COVID-19 pandemic.

- 51.9% of people with disabilities have had negative experiences in their mental health because of the service changes.
- 50.0% of PWDs have had negative experiences in their relationships.
- 66.7% of PWDs are experiencing depression.
- 61.6% of PWDs are experiencing psychological distress.

Males are more likely to think the chances of the hours or services of social care services have negative impacts during the COVID-19 pandemic than females.

- 59.4% of males think the services for physical health got negative impacts, while 28.0% of females think in the same way ($p < .05$).
- 76.0% of males and 32.0% of females think mental health services had negative impacts ($p < .05$).

Almost half of the caregivers of PWDs have experienced negative impacts on many dimensions because of changes in social care supports that their PWDs are receiving due to the COVID-19 pandemic.

- 50.0% of caregivers have had negative experiences in their relationships because of the service changes.
- 49.2% of caregivers have had negative experiences with their physical health conditions.
- 45.5% of caregivers have had negative experiences with their finance.

Needs

Overall, 32.2% and 31.0% of respondents chose “professional teachers” and “convenient educational tools or equipment” as the most urgent needs to improve their education progress.

PWDs chose two topics: “adequate job allocation” and “adequate salary” as urgent needs for enhancing working conditions.

PWDs want “visiting health service,” “mental health service,” rehabilitation medical service,” and “health and exercise class” evenly.

PWDs chose “rehabilitation treatment,” “medical service support,” and “social integration program” orderly as the social service needs to be strengthened by the government.

Those who have intellectual disabilities chose as the most urgent social services “rehabilitation treatment,” “educational support service,” “rehabilitation information provision,” “family counseling and parent education for children with disability,” “medical service support,” and “social integration program” in order. In contrast, people with physical disabilities chose “medical service support,” “rehabilitation treatment,” “education support service,” and “social integration program” as urgent social service to be strengthened by the government.

In the face of the crisis of the COVID-19 global pandemic, many challenges for PWDs are faced, including every single daily life.

- C 1: Limited services for PWDs under the COVID-19
- C 2: Lack of the customized services
- C 3: Lack of convenient facilities for self-reliance
- C 4: Lack of holistic approaches
- C 5: Lack of experts for PWDs

Based on the impacts on PWDs and challenges faced, six recommendations were presented.

- R 1: Intervene by the customized services for PWDs to cope with the COVID-19 pandemic
- R 2: Develop a manual to support PWDS in times of national emergency
- R 3: Create friendly environments for PWDs
- R 4: Develop the life course services for PWDs as a holistic approach
- R 5: Foster experts specialized in PWDs
- R 6: Formulate the national mid-and long-term plans for people with disabilities

Abbreviations

COVID-19: Coronavirus Disease of 2019

FGI: Focus group interview

GCC: Gulf Cooperation Council

GSSCPD: General Secretariat of the Supreme Council for Planning and Development

KPPC: Kuwait Public Policy Center

MOH: Ministry of Health

NGOs: Non-Governmental Organizations

PADA: Public Authority for Person with Disability

PWD: People with disabilities

UNDP: United Nations Development Programmes

UNOHCHR: United Nations Human Rights Office of the High Commissioner

WHO: World Health Organization

1. Introduction

1) Background and purpose

Emerging research on COVID-19 shows that the coronavirus pandemic has increased psychological distress both in the general population and among high-risk groups (Chun and Salman, 2020). Ever since the coronavirus's first case was confirmed in Kuwait on February 24, 2020, the pandemic has been continuing in Kuwait.

Research on past pandemics shows that people with disability (PWD) find it harder to access critical medical supplies which can become even more challenging as resources become scarce (Campbell, Gilyard, Sinclair, Sternberg, & Kailes, 2009). Some people with disabilities report higher levels of social isolation than their non-disabled counterparts (O'Sullivan & Bourgin, 2010). People living with disabilities have been disproportionately impacted by the COVID-19 pandemic.

Kuwait was a pioneer in the Middle East regarding the rights of persons with disabilities and care and services (UNOHCHR, 2019). Kuwait was working relentlessly to provide persons with disabilities with equal opportunities in education, employment, and social welfare (UNOHCHR, 2019). However, Kuwait continued to apply a medical approach rather than a human rights-based approach to disability, which called for eliminating the barriers to the social inclusion of persons with disabilities based on the principle of non-discrimination (UNOHCHR, 2019).

PWDs may have difficulty engaging in preventative measures or experience disruptions to health services they usually rely on. They may be at a potentially higher risk of contracting the virus due to underlying conditions. They have faced many barriers throughout the pandemic. PWDs could face not only health risks but also variety of social and economic risks due to those barriers. Thus, Government's measures such as physical distancing, as well as their social and economic impacts, are worsening mental health, social, and economic consequences in Kuwait.

There were urgent needs to assess the social and economic impacts for people with disabilities under the COVID-19 pandemic to ensure the human rights of PWDs and develop policies on pandemic responses in Kuwait.

The purposes of this research are to develop policies for people with disabilities to respond to the COVID-19 pandemic and the preparation for future disasters. And the aims are to assess the socio-economic impacts of the COVID-19 pandemic on PWDs and develop measures to support PWDs.

2) Methodology and target population

In this study, we used both quantitative and qualitative methods. A cross-sectional survey method was designed with a structured questionnaire through the online base using WhatsApp based on the UNDP Kuwait platform for the quantitative study. The target population was people with disabilities (PWD) registered in Kuwait. Also, we measured the impacts and needs of the family or caregiver of the person with disabilities. A non-random sampling method was applied for the quantitative survey.

The questionnaire for the quantitative survey consists of two parts: the first is for people with disabilities; the second part is for the only caregivers (See annex 1). And PWD or caregivers were encouraged to answer the first part of the questionnaire, and the caregivers were encouraged to answer the second part of the questionnaire.

The Kuwait Central Statistical Bureau officially approved this quantitative survey on 13 January 2021 (Reference: CSB-1-74). And the survey was conducted from January 19 to March 31, 2021, and encouraged to respond through the networks of PADA, NGOs, and research partners.

For the qualitative research, focus group interview (FGI) methods were applied to assess the impacts and service needs of PWDs' group and Care Giver Group. Especially the discussion focused on experiences of individuals and family (or caregivers) of people with disabilities about everyday life, including socioeconomic aspects during the COVID-19 pandemic and services and policies that they want to have.

The two FGIs were conducted virtually through the Zoom meetings. PWD's focus group discussion was conducted on April 4, 2021, while Caregiver's FGI was conducted on April 6. The duration of the interviews was 1.5 hours scheduled but took nearly two hours each. The coordinator structured and organized the interviews with the structured semi-open questionnaires (See annexes 2 and 3). The contents of meetings were recorded with the content from the participants who were voluntarily showed the intention to participate in the interviews.

3) Participants

One hundred people were responded to the questionnaire for the quantitative survey during the survey period. Two cases were removed among them because the answers were not properly recorded. Eventually, 98 cases were included in the final analysis of the first part of the questionnaire. And the respondents of the second part (the questions for only the caregivers) were 90, that all cases were involved in the final analysis of the second part of the questionnaire.

The number of the participation of FGI of PWDs was 8 and the number of caregivers' FGI was 6, who voluntarily joined FDIs.

Table 1 shows the socio-demographic characteristics of the respondents.

- Males are 53% among the persons with disabilities, while the females are 44%.
- Among the respondents for the PWD, the cases that PWD answered directly was 35%.
- 50% of the PWD has a physical disability and 24.5% intellectual disability.
- Half of the respondents are young 10's and 20's, which are 24.5% and 26.5% each.
- 73.5% are single of the marital status.
- Over 75% of respondents are Kuwaiti.
- 26.5% are students, and 28% have jobs as an employee (19.4%) or business owner (8.2%).
- More than half of the PWDs are living with less than KWD 10,000 of the annual household income.

Table 1 Characteristics of respondents for people with disabilities (N=98)

Variables	Frequency (%)
Gender	
Male	52 (53.1)
Female	43 (43.9)
Prefer not to say	3 (3.1)
Respondent	
Person with disability	34 (34.7)
Family member/ care of the person with disability	64 (65.3)
Types of disabilities (included all types of disabilities)	
Intellectual disability	24 (24.5)
Mental health condition	4 (4.1)
Physical disability	49 (50.0)
Vision Impairment	3 (3.1)
Deaf or hard of hearing	5 (5.1)
Acquired brain injury	5 (5.1)
Autism spectrum disorder (including Asperger's syndrome)	8 (8.2)
Others	2 (2.0)
Age	
0-9	7 (7.1)
10-19	24 (24.5)
20-29	26 (26.5)
30-39	18 (18.4)
40-49	13 (13.3)
50+	5 (5.1)
Missing	5 (5.1)
Marital status	
Single/ never married	72 (73.5)
Married	21 (21.4)
Divorced	4 (4.1)
Spouse deceased	1 (1.0)
Nationality	
Kuwaiti	74 (75.5)
Non-Kuwaiti	23 (23.5)
Missing	1 (1.0)
Residential area	
Capital (Al Asimah)	22 (22.4)
Hawalli	24 (24.5)
Farwaniya	10 (10.2)
Mubarak Al Kabeer	21 (21.4)
Ahmadi	12 (12.2)
Jahra	9 (9.2)
Education	
No formal schooling	9 (9.2)
Less than primary school	12 (12.2)
Primary school completed	8 (8.2)
Intermediate school completed	8 (8.2)
High school completed	18 (18.4)
Diploma	11 (11.2)
College/University completed	29 (29.6)
Post graduate degree	3 (3.1)
Job (employment type)	
Student	26 (26.5)
Homemaker	5 (5.1)
Unemployed	15 (15.3)
Salaried	19 (19.4)
Business Owner	8 (8.2)
Others	25 (25.5)
Annual household income	
Less than KWD 5,000	25 (25.5)
KWD 5,000 to KWD 9,999	20 (20.4)
KWD 10,000 to KWD 19,999	10 (10.2)
KWD 20,000 to KWD 29,999	4 (4.1)
KWD 30,000 to KWD 39,999	5 (5.1)
KWD 40,000 or more	4 (4.1)
I don't know	30 (30.6)

Table 2 Characteristics of the caregiver (N=90)

Variables	Frequency (%)
Relationship with the person with disabilities	
Spouse of a person with disability	6 (6.7)
Mother of a person with disability	34 (37.8)
Father of a person with disability	9 (10.0)
Another family of a person with disability	29 (32.2)
A person hired /paid to care for a person with disability	12 (13.3)
Gender	
Male	40 (44.4)
Female	48 (53.3)
Prefer not to say	2 (2.2)
Age	
~29	22 (24.4)
30-39	25 (27.8)
40-49	20 (22.2)
50+	17 (18.9)
Missing	6 (6.7)

Table 2 shows the socio-demographic characteristics of caregivers of the PWDs.

- Among the caregivers, mothers of the PWDs are 37.8%, fathers are 10.0%, and other families of the PWD are 32.3%.
- Females (53.3%) are more than males (44.4%).
- The ages of the caregivers are distributed evenly throughout all age groups.

The characteristics of the FGIs participants are shown in table 3. Five males and three females participated in the focus group interview. Four of them have physical disabilities, two have vision impairment, and two have autism spectrum disorder.

Three of them are students, the three are employed, and the rest are self-employed.

Among the caregiver's focus group interview participants, 3 of them are mothers, and two are sisters or brothers. The types of disability were that two of them are physical disability, three of them are intellectual disability, and the rest are classified as other.

Table 3 Characteristics of the participants at FGIs

Types of FGI	Variables	Number
PWD	Gender	
	Male	5
	Female	3
	Age	
19-29	4	
30-49	3	
Over 50	1	
PWD	Types of disability	
	Physical disability	4
	Vision impairment	2
	Autism spectrum disorder	2
PWD	Profession	
	Student	3
	Employed	3
	Self-employed	2
Caregiver	Types of disability of PWD	
	Physical disability	2
	Intellectual disability	3
	Other	1
	Relationship with PWD	
	Mother	3
Sister or brother	2	
Other	1	
Caregiver	Age	
	Under 39	5
	Over 40	1

2. Socioeconomic impacts

1) Daily life

Table 4 The level of difficulties¹ in daily life under the COVID-19 pandemic

Difficulties of daily life under COVID-19 pandemic	Mean (SD)
Difficulties of independent daily life (doing everyday things like getting dressed, preparing a meal etc) (n=97)	3.38 (1.30)
Difficulties in school education (including accessing education on-line) (n=77)	3.04 (1.37)
Difficulties due to health and medical problems (n=82)	3.23 (1.29)
Difficulties of cultural leisure activities (n=80)	3.44 (1.43)
Financial difficulties (e.g. not having enough money or getting into debt) (n=84)	2.75 (1.33)
Difficulties maintaining a job or getting a job (n=81)	3.46 (1.18)
Difficulties with communicating with non-disabled people (n=81)	3.35 (1.18)
Difficulties with transport (e.g. lack of public transport) (n=83)	3.16 (1.39)
Difficulties due to the lack of facilities (including day services) (n=81)	3.57 (1.27)
Total	3.24 (0.85)

* The closer to 5 points, the greater the difficulty.

Overall, PWDs are experiencing difficulties in daily life under the COVID-19 pandemic, scoring 3.24 (Table 4).

- They are mainly suffering from difficulties due to the lack of facilities (3.57), difficulties of maintaining or getting jobs (3.46), difficulties of cultural leisure activities (3.44), difficulties of independent daily life (3.38), difficulties communicating with non-disabled people (3.35), and difficulties due to health and medical problems (3.23) in order.

2) Education

Table 5 The level of difficulties¹ continuing education under the COVID-19 pandemic

Difficulties continuing education under COVID-19 pandemic	Mean (SD)
Difficulties due to the lack of understanding of friends, teasing, bullying (n=86)	3.12 (1.29)
Difficulties due to the lack of understanding and prejudice of teachers (e.g. the teachers/ lecturers treat me differently to non-disabled students) (n=74)	2.89 (1.27)
Difficulties due to the teacher's /lecturer's excessive consideration (e.g. they patronise me) (n=74)	2.54 (1.15)
Difficulties understanding the content of the class (n=72)	3.17 (1.29)
Difficulties due to the inconvenience when using educational tools or equipment (including on-line technology) (n=72)	3.13 (1.29)
Difficulties due to the inadequate educational content (n=72)	3.29 (1.33)
Difficulties due to the lack of professional teachers/lecturers (n=72)	3.19 (1.33)
Difficulties due to special education assistants not assigned to me (n=71)	3.44 (1.24)
Difficulties of the lack of convenient facilities in the school (n=70)	3.40 (1.37)
Total	3.11 (0.10)

*The closer to 5 points, the greater the difficulty.

Many students of the PWDs are experiencing difficulties in learning under the COVID-19 pandemic, scoring 3.11 of the total score (Table 5).

- They are mainly suffering from difficulties due to special education assistants (3.44), lack of convenient facilities in the school (3.40), the inadequate educational contents (3.29), the lack of professional teachers (3.19), and difficulties understanding the contents of the classes (3.17) in order.

3) Job and employment

Table 6 The level of difficulties¹ continuing work under the COVID-19 pandemic

Difficulties continuing work under the COVID-19 pandemic	Mean (SD)
Communication (e.g. using virtual technologies) (n=81)	3.09 (1.29)
Long working hours (n=66)	3.06 (1.14)
Low wages (n=67)	3.24 (1.16)
Prejudice and discrimination against persons with disability (n=67)	3.45 (1.26)
Hard labour (n=67)	3.30 (1.23)
Relationships with bosses and colleagues (n=69)	2.96 (1.10)
Child rearing (n=66)	3.35 (1.09)
Total	3.18 (0.88)

*The closer to 5 points, the greater the difficulty.

Many workers of PWDs are experiencing difficulties in maintaining their works and jobs under the COVID-19 pandemic, scoring 3.18 of the total score (Table 6).

- They are mainly having difficulties continuing their works and jobs from prejudice against PWDs (3.45), child-rearing (3.35), hard labor (3.30), and low wages (3.24) in order.

4) Health service

Table 7 How do you experience the access limitation from the services under the COVID-19 pandemic? (%)

Services	Never	Rarely	Sometimes	Often	Always
Medical service	15.8	13.7	42.1	16.8	11.6
Rehabilitation service	27.2	12.3	27.2	17.3	16.0
Exercise	20.7	13.4	32.9	23.2	9.8
Psychological Social Support	24.7	12.3	27.2	17.3	18.5
Behaviour services	25.3	11.4	32.9	17.7	12.7

Overall, more than 30% of PWDs suffer from access limitations (often or always) to the health services under the COVID-19 pandemic (Table 7).

- 35.8% of PWDs are experiencing access limits to social psychological supports often or always.
- 33.3% of PWDs are experiencing access limits to rehabilitation services often or always.
- 33.0% of PWDs are experiencing access limits to exercise services often or always.
- 30.4% of PWDs are experiencing access limits to behavioral treatment services often or always.
- 30.4% of PWDs are experiencing access limits to medical treatment services often or always.

5) Mental health

Table 8 Mental health status under the COVID-19 (%)

Types of mental health	No	Yes
Depression	33.3	66.7
Stress	68.9	31.1
Anxiety	68.0	32.0
Psychological distress	38.4	61.6

Most PWDs are experiencing mental health problems under the COVID-19 (Table 8).

- Over 66.7% of PWDs are experiencing depression.
- 31.1% of PWDs are under stress.
- 32.0% of them are having anxiety.
- Over 60% of PWDS are experiencing psychological distress (61.6%).

6) Life satisfaction

Table 9 How do you feel about your general life under the COVID-19 pandemic?

	Mean (SD)
I am satisfied with my relationship with my family. (n=96)	3.60 (1.30)
I am satisfied in my relationship with my husband/wife/partner. (n=61)	3.70 (1.22)
I am satisfied with my friends. (n=77)	3.49 (1.23)
I am satisfied with the area where I live. (n=80)	3.50 (1.28)
I am satisfied with leisure activities. (n=80)	2.24 (1.28)
I am satisfied with what I am doing. (n=77)	3.24 (1.18)
I am satisfied with my overall life. (n=80)	3.35 (1.26)
Total	3.34 (0.95)

*The closer to 5 points, the greater the satisfaction.

In general, most PWDs are feeling their general life satisfying under the COVID-19, scoring 3.34 of the totals (Table 9).

- The satisfaction levels in the relationship with partner (3.70), family members (3.60), and friends (3.49) are relatively good.
- As well they feel the areas where they live (3.50) and their lives (3.35) are relatively fine.
- But regarding leisure activities, their level of satisfaction is specifically low (2.24).

7) Social service

Table 10 What type of social care do you receive? (%)

Social care services	Never	Before the COVID-19 pandemic	During the COVID-19 pandemic	Both of period
Short breaks/ respite	61.3	15.0	6.3	17.5
Day services and/or activity groups	60.3	19.1	2.9	17.6
Accommodation (e.g., residential care/ supported living)	65.7	6.0	3.0	25.4
Personal care (e.g., support with hygiene or eating)	61.4	7.1	2.9	28.6
Support with everyday tasks at home (e.g., cooking, cleaning)	51.1	5.7	4.3	32.9
Support with everyday tasks outside of the home (e.g., visiting shops)	54.3	20.0	1.4	24.3
Support to access healthcare	48.6	14.3	4.3	32.9
Support to keep in touch with friends	15.3	18.6	2.9	24.3

Most social care services for PWDs have dramatically reduced during the COVID-19 pandemic (Table 10).

- Supports with everyday tasks outside of the home have decreased from 20.0% to 1.4%.
- Day services or activity group supports have reduced from 19.1% to 2.9%.
- Supports to keep in touch with friends have decreased from 18.6% to 2.9%.
- Supports to access healthcare have decreased from 14.3% to 4.3%.
- Short breaks or respite supports have reduced from 15.0% to 6.3%.
- Personal care services have decreased from 7.1% to 2.9%.

Most of all, more than half of PWDs are not supported by most social care services in usual.

Table 11 Think about any changes there have been to the hours or type of social care support you receive during the COVID-19 pandemic. What impact has this had on the following areas of your life? (%)

	A positive impact	No impact	A negative impact
Physical health	25.4	30.5	44.1
Mental health	25.0	23.1	51.9
Behavior that challenges	31.4	29.5	34.1
Social life	36.4	23.6	40.0
Independence	23.9	34.8	41.3
Relationships	28.8	21.2	50.0
Employment	17.9	43.6	38.5
Finances	18.5	42.6	38.9
Education	25.5	29.4	45.1

Nearly half of PWDs have experienced negative impacts on many dimensions because of changes in social care supports they are receiving because of the COVID-19 pandemic (Table 11).

- 51.9% of people with disabilities have had negative experiences in their mental health because of the service changes.
- 50.0% of PWDs have had negative experiences in their relationships.
- 45.1% of PWDs have had negative experiences in their learning.
- 45.1% of PWDs have had negative experiences in their learning.
- 44.1% of PWDs have had negative experiences in their physical health.
- 41.3% of PWDs have had negative experiences in their independent life.
- 40.0% of PWDs have had negative experiences in their social life.

8) Impacts to caregivers

Table 12 Think about any changes there have been to the hours or type of social care supports for the person with disability received during the COVID-19 pandemic. What impact has this had on the following areas of your life as a family member/caregiver? (%)

	A positive impact	No impact	A negative impact
Physical health	33.3	17.5	49.2
Mental health	28.3	32.1	39.6
Social life	26.3	24.6	49.1
Independence	30.0	22.0	48.0
Relationships	25.9	24.1	50.0
Employment	20.5	36.4	43.2
Finances	16.4	38.2	45.5

As well, almost half of caregivers of PWDs have experienced negative impacts on many dimensions because of changes in social care supports that their PWDs are receiving because of the COVID-19 pandemic (Table 12).

- 50.0% of caregivers have had negative experiences in their relationships because of the service changes.
- 49.2% of caregivers have had negative experiences on their physical health conditions.
- 49.1% of caregivers have had negative experiences on their physical social life.
- 48.0% of caregivers have had negative experiences in their independent life.
- 45.5% of caregivers have had negative experiences on their finance.
- 43.2% of caregivers have had negative experiences in their employment status.
- 39.6% of caregivers have had negative experiences on their mental health.

3. Gender differences of the socioeconomic impacts

1) Daily life and life satisfaction

Table 13 The level of difficulties¹ of daily life and life satisfaction¹ under COVID-19 pandemic
Unit: Mean (SD)

The level of difficulties of daily life and life satisfaction under COVID-19 pandemic	Male	Female	Total	<i>t</i> -value (<i>p</i>)
Difficulties with communicating with non-disabled people (n=81) ¹	3.45 (1.38)	2.79 (1.40)	3.35 (1.18)	2.102 (.039)
I am satisfied with what I am doing (n=77) ²	2.95 (1.21)	3.53 (1.11)	3.24 (1.18)	-2.151 (.035)

1: The closer to 5 points, the greater the difficulty.

2: The closer to 5 points, the greater the satisfaction

Males are having more difficulties with communicating with non-disabled people than females ($p < .05$), while females are more satisfied with what they are doing ($p < .05$) (Table 13).

2) Social services receiving

Table 14 What type of social care do you receive? (%)

Support with everyday tasks outside of the home (e.g., visiting shops)	Never	Before the COVID-19 pandemic	During the COVID-19 pandemic	Both of period	χ^2 (<i>p</i>)
Male (n=33)	57.6	6.1	3.0	33.3	9.430
Female (n=35)	53.3	31.4	0.0	14.3	(.024)
Total (N=78)	54.3	20.0	1.4	24.3	

During the COVID-19 pandemic, females are less likely to get supports with everyday tasks outside of the home than males (Table 14, $p < .05$). 33.3 % of males were got social care supports in both periods (before and during the COVID-19 pandemic), while only 14.3% of females have the supports, although 31.4 % of females had got the services before the pandemic.

3) Impacts on social supports

Table 15 Think about any changes there have been to the hours or type of social care support you receive during the COVID-19 pandemic. What impact has this had on the following areas of your life? (%)

	A positive impact	No impact	A negative impact	χ^2 (p)
Physical health				
Male	15.6	25.0	59.4	6.443 (.040)
Female	40.0	32.0	28.0	
Total	25.4	30.5	44.1	
Mental health				
Male	8.0	16.0	76.0	10.633 (.005)
Female	40.0	28.0	32.0	
Total	25.0	23.1	51.9	
Behavior that challenges				
Male	14.3	28.6	57.1	10.800 (.005)
Female	57.1	28.6	14.3	
Total	31.4	29.5	34.1	

Males are more likely to think that the chances of the hours or services of social care services have negative impacts during the COVID-19 pandemic than females (Table 15).

- 59.4% of males think that the services for physical health got negative impacts, while 28.0% of females think in the same way ($p < .05$).
- 76.0% of males and 32.0% of females think that mental health services were gotten negative impacts ($p < .05$).
- Males are more likely to think that behavior that challenged are negative than females (57.1% vs. 14.3%, $p < .01$).

4) Impacts on mental health

Table 16 Mental health status

Mental Health Type	Male	Female	Total	χ^2 (p)
Depression	82.4	52.6	66.7	7.133 (.012)
Stress	48.5	15.8	31.0	8.829 (.004)
Anxiety	41.2	23.7	31.9	2.526 (.134)
Psychological distress	78.1	50.0	62.9	5.886 (.025)

During the COVID-19 pandemic, people with disabilities are suffering from mental health issues (Table 16). Especially, male PWDs are more likely to have mental health problems than females.

- 66.7% and 62.9% of PWDs are experiencing depression and psychological distress.
- 82.4% of males and 52.6% of females have depression under the pandemic ($p < .05$).
- 48.5% of males are under stress, while 15.8% of females are under stress ($p < .01$).
- High percentages of both genders experience psychological distress (78.1% of males and 50.0% of females, $p < .05$).

4. Service needs

1) Service needs on education

Table 17 What needs to be most strengthened by the government to improve your education process under the COVID-19 pandemic? (Choose one)

Variables	Providing convenient educational tools or equipment for PWD	Providing adequate educational content for PWD	Providing professional teachers for PWD	Providing special education assistants to PWD	Providing convenient facilities in the school for PWD	Unit: % $\chi^2 (p)$
Gender						
Male (n=45)	31.1	17.8	26.7	11.1	13.3	2.688
Female (n=39)	30.8	12.8	41.0	5.1	10.3	(ns)
Nationality						
Kuwaiti (n=68)	26.5	17.6	35.3	5.9	14.7	6.352
Non-Kuwaiti (n=19)	47.4	10.5	21.1	15.8	5.3	(ns)
The one who has intellectual disabilities (n=24)	16.7	37.5	41.7	0.0	4.2	16.480 (p=.002)
The one who has physical disabilities (n=41)	39.0	9.8	26.8	9.8	14.6	5.647 (ns)
Total (N=84)	31.0	16.1	32.2	8.0	12.6	

Overall, 32.2% and 31.0% of respondents chose “professional teachers” and “convenient educational tools or equipment” as the most urgent needs to improve their education progress (Table 17; Figure 1).

While 41.0% of Kuwaiti chose “professional teachers” as a priority, 47.4% of non-Kuwaiti answered “convenient educational tools or equipment (Figure 1).”

Females chose the urgent needs of “providing professional teachers,” but males answered in “providing convenient educational tools or equipment” as the most urgent service (Table 17).

41.7% and 37.5% of those who have intellectual disabilities chose “professional teacher” and “adequate educational contents” as urgent needs, while 39.0% of those who have physical disabilities (Table 17).

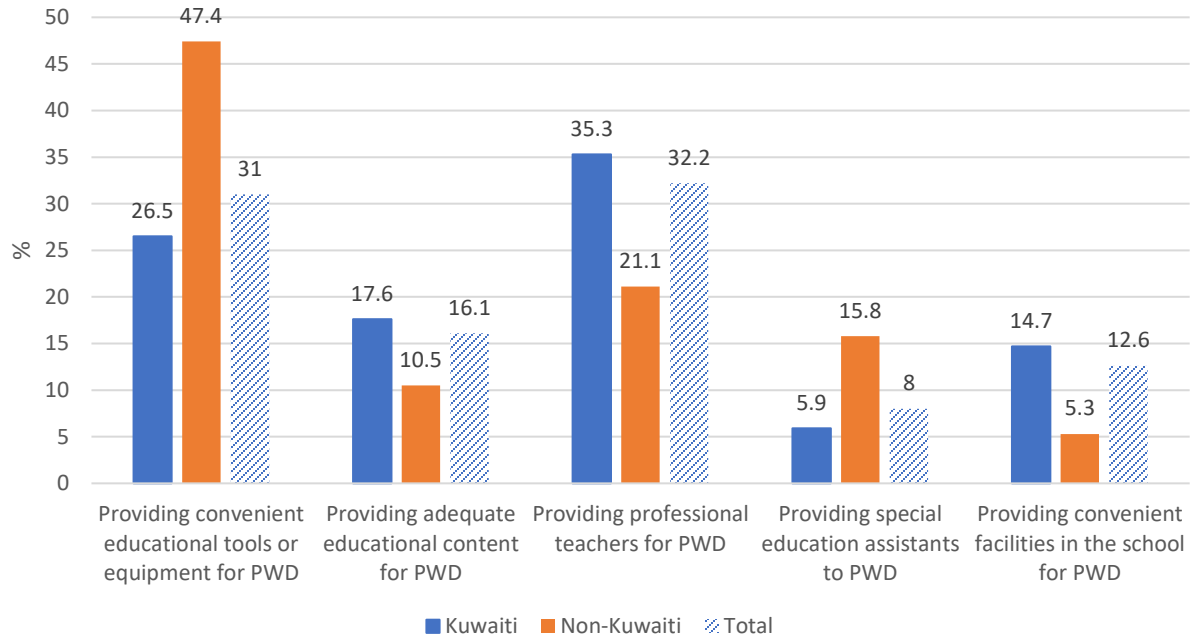


Figure 1 Service needs on education

2) Service needs on working conditions

Table 18 What needs to be most strengthened by the government to improve your working conditions under the COVID-19 pandemic? (Choose one)

Unit: %

Variables	Providing convenient tools or equipment for PWD	Providing adequate job allocation for PWD	Ensuring adequate salaries for PWD	Providing special work assistants to PWD	Providing convenient facilities in the office for PWD	χ^2 (p)
Gender						
Male (n=49)	26.5	24.5	30.6	14.3	4.1	4.902 (ns)
Female (n=38)	13.2	34.2	26.3	13.2	13.2	
Nationality						
Kuwaiti (n=69)	15.9	29.0	31.9	13.0	10.1	7.561 (ns)
Non-Kuwaiti (n=21)	33.3	28.6	14.3	23.8	0.0	
The one who has intellectual disabilities (n=23)	17.4	43.5	26.1	4.3	8.7	5.154 (ns)
The one who has physical disabilities (n=43)	16.3	25.6	30.2	16.3	11.6	1.924 (ns)
Total (N=90)	20.0	28.9	27.8	15.6	7.8	

Two topics: “adequate job allocation” and “adequate salary” were chosen as urgent needs on working conditions (Table 18; Figure 2).

43.5% of those who have intellectual disabilities chose “adequate job allocation” as the most urgent need, while 30.2% of those who have physical disabilities chose “adequate salary (Figure 2).”

Male chose “adequate salary” as the most urgent needs, but female chose “adequate job allocation (Table 18).”

31.9% of Kuwaitis wanted “adequate salaries,” while 33.3% of non-Kuwaitis chose “convenient tools and equipment” as the most urgent service needed to improve their working conditions (Table 18).

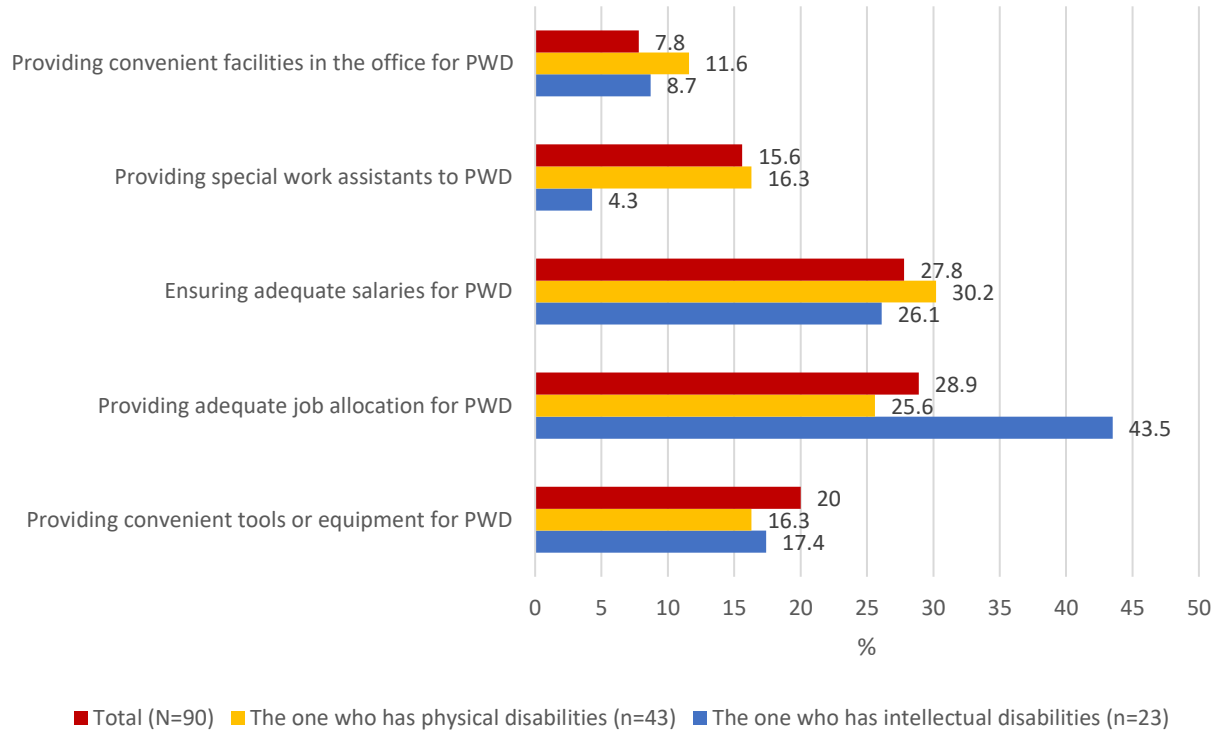


Figure 2 Service needs on working conditions

3) Service needs on health

Table 19 What needs to be most strengthened by the government to improve your health level under the COVID-19 pandemic? (Choose one)

Unit: %

Variables	Providing health and exercise class (or information)	Providing health examination	Providing visiting health service	Providing mental health service	Providing oral health service	Providing general medical service	Providing rehabilitation medical service	χ^2 (p)
Gender Male (n=50) Female (n=39)	18.0 15.4	10.0 15.4	18.0 23.1	16.0 17.9	4.0 2.6	18.0 2.6	16.0 23.1	6.29 (ns)
Nationality Kuwaiti (n=70) Non-Kuwaiti (n=21)	20.0 4.8	12.9 9.5	22.9 14.3	10.0 42.9	2.9 4.8	12.9 9.5	18.6 14.3	13.4 (ns)
The one who has intellectual disabilities (n=23)	21.7	8.7	17.4	13.0	0.0	13.0	26.1	3.27 (ns)
The one who has physical disabilities (n=46)	15.2	10.9	26.1	8.7	6.5	15.2	17.4	9.21 (ns)
Total (N=91)	16.5	12.1	20.9	17.6	3.3	12.1	17.6	

Overall, PWDs want “visiting health service,” “mental health service,” rehabilitation medical service,” and “health and exercise class” evenly (Table 19).

But 42.9% of non-Kuwaitis specifically chose “mental health service” as urgent health service, while Kuwaitis evenly chose “visiting health service,” “health and exercise class,” and “rehabilitation medical service (Figure 3).”

23.1% of females chose two services: “visiting health service” and “rehabilitation medical service” as the most urgent health services. In comparison, 18.0% of males chose three services: “health and exercise class,” “visiting health service,” and “general medical service (Table 19).”

26.1% and 21.7% of those with intellectual disabilities chose “rehabilitation medical service” and “health and exercise class” as the most urgent health service. 26.1% and 17.4% of those who have physical disabilities chose “visiting health service” and “rehabilitation medical service (Table 19).”

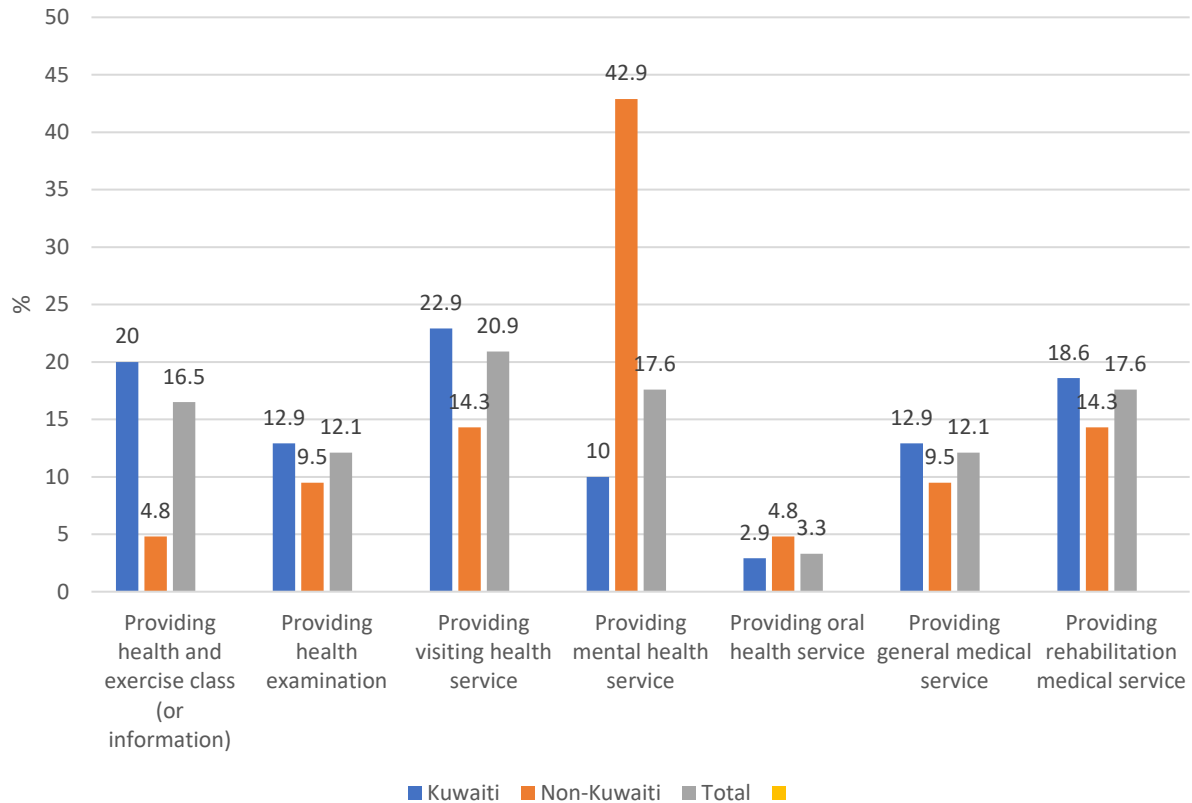


Figure 3 Service needs on health

4) Social service needs

PWDs chose “rehabilitation treatment,” “medical service support,” and “social integration program” orderly as the social service needs to be strengthened by the government (Table 20).

Females of PWD chose priority as social service needs, differently with males, “social integration program,” “rehabilitation treatment,” and “medical service.” Males chose “educational support service” and “rehabilitation treatment” as the government's social services to be strengthened. Regarding the need intensities of the social service needs, overall, females are more likely to have greater than males’ intensity (Figure 4).

Table 20 How urgently do social services need to be strengthened by the government for PWDs under the COVID-19 pandemic?

Unit: Mean (SD)

Social services	Total	Gender			Nationality			Intellectual disabilities			Physical disabilities		
		Male	Female	<i>t (p)</i>	Kuwaiti	Non-Kuwaiti	<i>t (p)</i>	Yes	No	<i>t (p)</i>	Yes	No	<i>t (p)</i>
Family counselling and parent education for children with disability	3.61 (1.63)	3.49 (1.63)	3.75 (1.50)	-.77 (ns)	3.62 (1.54)	3.63 (1.71)	-.03 (ns)	4.27 (1.08)	3.41 (1.62)	-2.33 (.022)	3.53 (1.63)	3.73 (1.45)	.59 (ns)
Rehabilitation treatment (physical therapy, occupational therapy, speech therapy, etc.)	4.01 (1.33)	3.81 (1.37)	4.21 (1.34)	-1.28 (ns)	4.02 (1.36)	3.94 (1.29)	.21 (ns)	4.55 (.68)	3.88 (1.43)	-2.03 (.046)	4.00 (1.43)	4.11 (1.17)	.37 (ns)
Rehabilitation information provision	3.88 (1.30)	3.79 (1.45)	3.97 (1.17)	-.60 (ns)	3.82 (1.36)	4.13 (1.09)	-.83 (ns)	4.35 (0.67)	3.77 (1.40)	-1.78 (ns)	3.82 (1.37)	4.03 (1.17)	.71 (ns)
Day and night care service	3.45 (1.46)	3.22 (1.57)	3.73 (1.35)	-1.51 (ns)	3.45 (1.47)	3.44 (1.50)	.03 (ns)	4.00 (1.03)	3.24 (1.55)	-2.04 (ns)	3.62 (1.55)	3.25 (1.36)	-1.08 (ns)
Cultural support service (outing, performance viewing, etc.)	3.55 (1.50)	3.49 (1.66)	3.67 (1.31)	-.51 (ns)	3.56 (1.53)	3.50 (1.46)	.14 (ns)	4.11 (1.10)	3.33 (1.59)	-1.97 (ns)	3.72 (1.41)	3.31 (1.60)	-1.15 (ns)
Short-term care service	3.40 (1.41)	3.28 (1.56)	3.58 (1.30)	-.90 (ns)	3.32 (1.46)	3.67 (1.29)	-.84 (ns)	3.74 (1.10)	3.28 (1.50)	-1.22 (ns)	3.46 (1.43)	3.32 (1.41)	-.41 (ns)
Education support service	3.96 (1.35)	3.81 (1.41)	4.03 (1.32)	-.69 (ns)	3.87 (1.41)	4.27 (1.10)	-1.02 (ns)	4.37 (0.83)	3.84 (1.46)	-1.50 (ns)	4.00 (1.36)	3.94 (1.35)	-.19 (ns)
Medical service support	4.01 (1.29)	3.78 (1.29)	4.19 (1.31)	-1.34 (ns)	3.89 (1.37)	4.47 (0.83)	-1.57 (ns)	4.16 (1.21)	3.98 (1.31)	-.51 (ns)	4.18 (1.23)	3.86 (1.33)	-1.07 (ns)
Support for economic stability	3.71 (1.42)	3.73 (1.48)	3.66 (1.42)	.21 (ns)	3.52 (1.48)	4.40 (0.91)	-2.21 (ns)	3.95 (1.13)	3.61 (1.52)	-.88 (ns)	3.63 (1.50)	3.78 (1.38)	.46 (ns)
Vocational education and job placement	3.54 (1.53)	3.49 (1.50)	3.54 (1.59)	-.19 (ns)	3.37 (1.58)	4.13 (1.13)	-1.76 (ns)	3.89 (1.37)	3.45 (1.56)	-1.09 (ns)	3.51 (1.62)	3.63 (1.42)	-.33 (ns)
Support for domestic life through home visit assistant	3.37 (1.52)	3.17 (1.50)	3.65 (1.42)	-1.34 (ns)	3.32 (1.48)	3.73 (1.62)	-.94 (ns)	3.95 (1.03)	3.15 (1.64)	-1.99 (ns)	3.48 (1.58)	3.21 (1.49)	-.72 (ns)
Social integration program for people with disability	4.00 (1.28)	3.79 (1.43)	4.22 (1.12)	-1.40 (ns)	3.86 (1.37)	4.47 (0.74)	-1.65 (ns)	4.32 (1.00)	3.90 (1.35)	-1.21 (ns)	4.00 (1.23)	4.03 (1.33)	.10 (ns)

*The closer to 5 points, the greater the urgency.

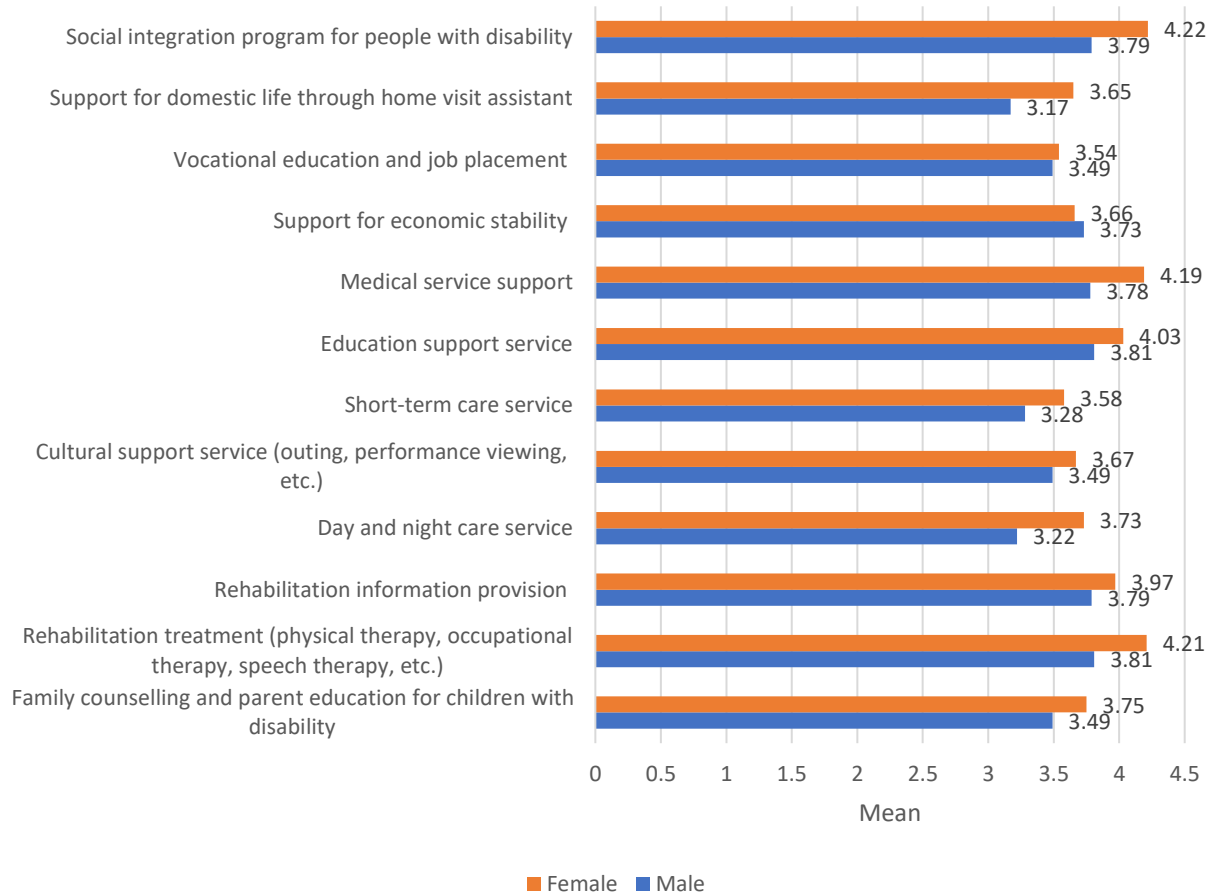


Figure 4 Social service needs by gender

In general, the needs of non-Kuwaitis for social services are more significant than Kuwaitis (Figure 5).

Kuwaitis chose “rehabilitation treatment,” “medical service support,” and “educational support” as the social service needs to be strengthened by the government urgently. In contrast, non-Kuwaiti chose “social integration program,” “medical service support,” “support for economic stability,” “educational support,” “vocational education and job replacement,” and “rehabilitation information service” as urgent social services to be strengthened by the government (Figure 5).

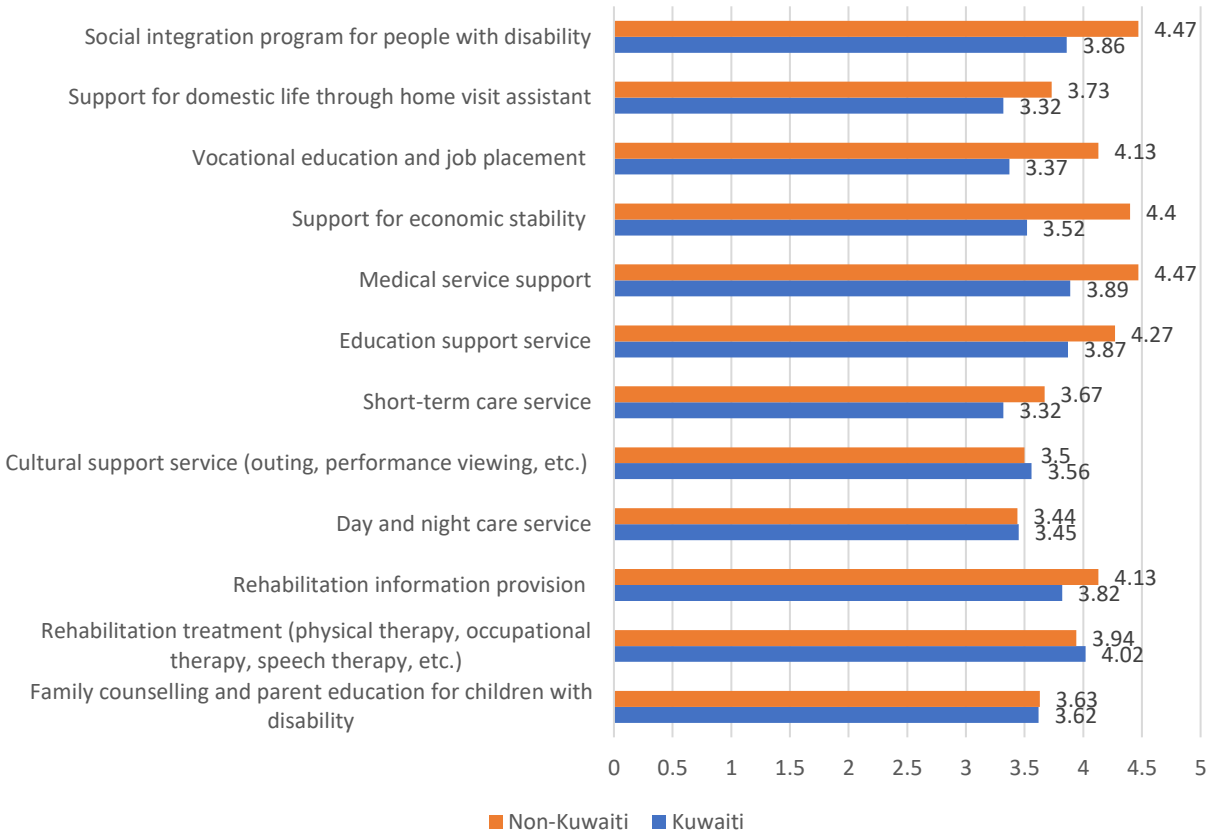


Figure 5 Social service needs by nationality

Overall, those with intellectual disabilities are more likely to have more significant social services needs than those with physical disabilities (Figure 6).

Those who have intellectual disabilities chose as the most urgent social services “rehabilitation treatment,” “educational support service,” “rehabilitation information provision,” “family counseling and parent education for children with disability,” “medical service support,” and “social integration program” in order. In contrast, people with physical disabilities chose “medical service support,” “rehabilitation treatment,” “education support service,” and “social integration program” as urgent social service to be strengthened by the government (Figure 6).

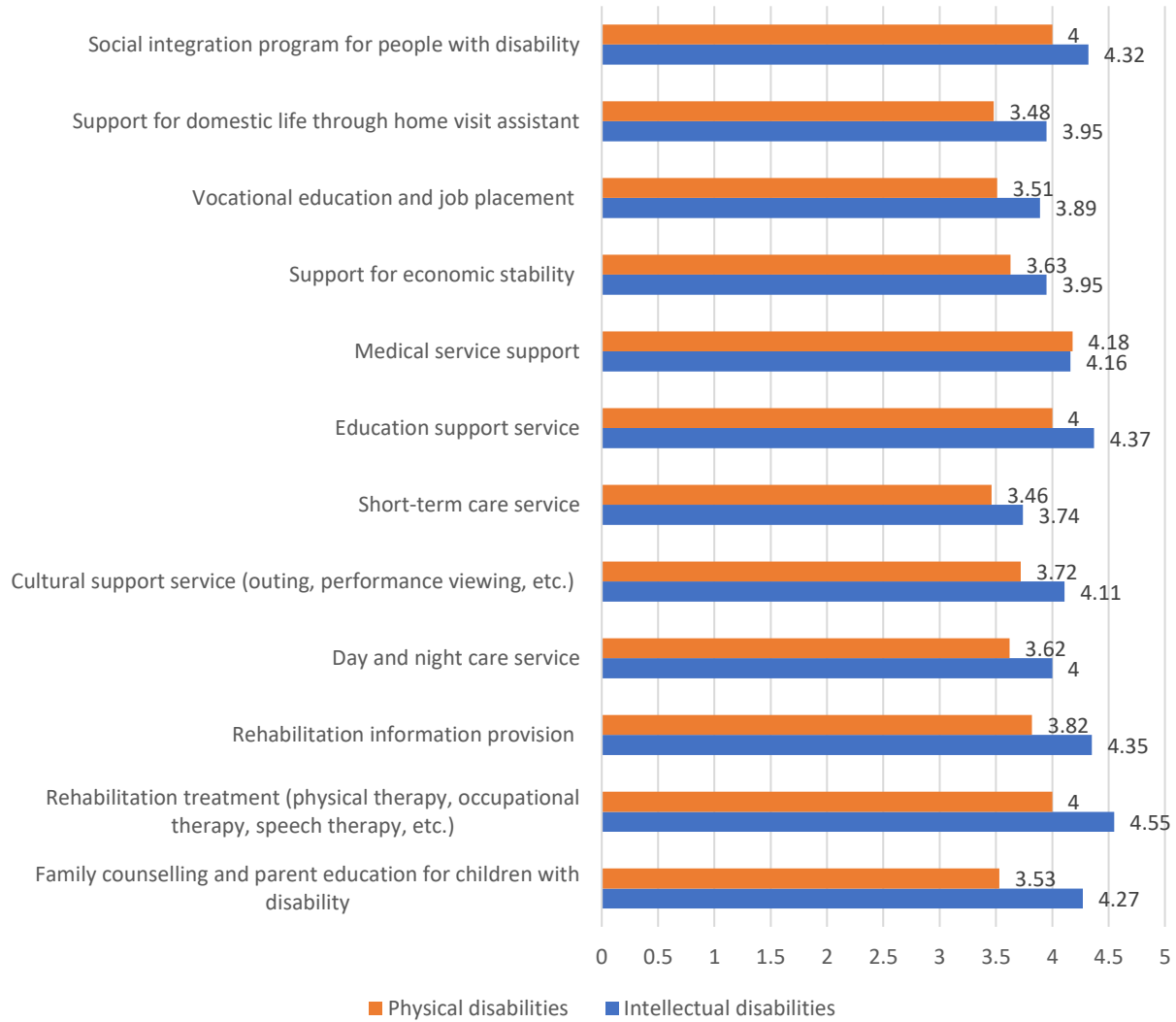


Figure 6 Social service needs by type of disability

5. Challenges and recommendations

1) Challenges

The State of Kuwait is committed to international conventions and charters to ensure and guarantee all the rights of PWDs, working continuously with the United Nations Development Program (UNDP) to provide programs aimed at enabling them to overcome the barriers they face while integrating into society, education and work as a global trend (State of Kuwait, 2021). However, in the face of the crisis of the COVID-19 global pandemic, many challenges for PWDs are faced, including every single daily life.

"Daily life got affected by all during COVID-19, and as a person with physical disabilities, I was used to be stay at home most of the time. So, I felt little changed in my daily life."

"Due to lockdowns, I got problems with staying home most of the time, and I could not have my own space and free time for myself since I was surrounded by my family and kids all the time. So, I was not happy with feeling that way."

Challenge 1: Limited services for PWDs under the COVID-19

In the emergency, the State of Kuwait was not ready to respond and consider those who special needs. It means there was no manual to respond to the national crisis, disasters, or emergencies. Thus, under the COVID-19 global pandemic, the State of Kuwait implemented all policies to its' people without consideration for the vulnerable, including people with disabilities. As a result, most social care services for PWDs have dramatically reduced during the COVID-19 pandemic (Table 10).

Therefore, nearly half of PWDs have experienced negative impacts on many dimensions because of changes in social care supports they are receiving because of the COVID-19 pandemic (Table 11). In addition, 51.9% of people with disabilities have had negative experiences in their mental health because of the service changes (Table 11). Almost half of the caregivers of PWDs have experienced negative impacts on many dimensions because of changes in social care supports that their PWDs are receiving due to the COVID-19 pandemic (Table 12). 50.0% of caregivers have had negative experiences in their relationships because of the service changes (Table 12).

PWDs feel and perceive the government measure on COVID-19 as if the government doesn't consider PWDs as important members of the Nation.

"The government initially didn't consider including PwDs' distance online learning, and at the last moment, they decided to include us, which made us all feel like we are not an important

part of society." So, they are asking that "the government should be clear about their plan to go back to physical and normal schooling modality, and not only providing a holistic plan with no details and press conference so it can be clear for all of us, including PWDs and others."

The government's measure not fully considering PWDs made them more difficult and feeling them discriminated.

"My son used to attend all activities, whether online and on the spot. He became more aggressive since he had to stay at home most of the time because of the COVID-19 lockdown."

"For people with learning disabilities, the government excluded us from the online exams, and they made us go to schools to take the exams, which adds risk for us to get infected by COVID-19, although it was online for other students. In addition, some schools, especially for our disability, shut off and closed completely while not for others, and this is considered as discrimination."

"The government should take PWDs seriously, whether prior or post COVID-19, and especially during COVID-19, all PWDs were excluded from the governmental plans and phases of returning back to work, where it was at first with 30% and then 50% and so on, and in all phases PWDs were excluded and asked not to come to work until a 100% work capacity is there in both governmental and private sectors, and that made us feel like we weren't and aren't important to be in the workplace."

"All governmental campaigns during COVID-19 were focused on social distancing and encouragement for taking the vaccine, but the government ignored persons with physical disabilities that need physiotherapy, and they didn't provide us with solutions or tips on how to attain our physical needs."

"Physical PWDs, for physiotherapy, they should take 2 sessions each week, and it was stopped at the beginning of COVID-19, and we were shocked why MOH stopped everything suddenly and not gradually (2-3 each day)."

"The government didn't facilitate and eased it for PWDs, especially with respiratory diseases to know if they can take the vaccine or not, and they made us take an appointment with specialized governmental clinics that took a long time to get the approval to take the vaccine, and the government should facilitate this for us since commuting is not easy and not to risk our health situation for getting the virus from moving from clinics to another to get the approvals needed."

Challenge 2: Lack of the customized services

PWDs have their own difficulties. So, services for PWDs need to be customized focused on their particular difficulties. However, the State of Kuwait is lacking the customized services, especially during the COVID-19 pandemic. Those lacking customized services are worsening not only physical dimensions but also psychological dimensions.

Over 60% of PWDs are experiencing depression (66.7%) and psychological distress (61.6%), while personal care services have reduced from 7.1% to 2.9% (Table 10); 35.8% of PWDs are experiencing access limits to social psychological supports often

or always; and 33.3% of PWDs are experiencing access limits to rehabilitation services often or always.

The customized services can be classified by not only types of disability but also demographic variables.

During the COVID-19 pandemic, females are less likely to get supports with everyday tasks outside of the home than males (Table 14, $p < .05$). For example, 33.3 % of males were got social care supports in both periods (before and during the COVID-19 pandemic), while only 14.3% of females have the supports, although 31.4 % of females reviewed the services before the pandemic.

Males are having more difficulties with communicating with non-disabled people than females ($p < .05$), while females are more satisfied with what they are doing ($p < .05$) (Table 13). 82.4% of males and 52.6% of females have depression under the pandemic ($p < .05$). 48.5% of males are under stress, while 15.8% of females are under stress ($p < .01$).

Also, there were more specific challenges to demand for the customized services.

"As a person with a blind disability, at the beginning of COVID-19, I was at my last year of high school, and when the government announced the online/distance learning, we were not included in this until one teacher wrote an official letter to the Ministry of Education (MOE) to make the online platform accessible for us as well."

"Since I have to take physiotherapy sessions before COVID-19 due to my physical disability, and because of the closures and lockdowns, I missed many scheduled sessions which impacted my physical health and stopped the progress, but I tried to work out at home to maintain what I have achieved."

"During COVID-19, most of governmental entities and supermarkets initiated the online reservations and without such reservation no one can enter and do attain their needs, and due to the fact that those websites are not disability friendly especially with blind persons, they provided us and for elderly who doesn't know how to use such online platforms to call and reserve their time and date, but unfortunately, we would call for days, and no one would respond, and our needs whether in governmental entities or supermarkets would be delayed and postponed due to their unresponsiveness, and the same thing goes to Curfew Permit for leaving home during lockdowns for emergencies which also not user friendly for blind persons."

"Although the government gave PWDs the priority for us to take the COVID-19 vaccine, as a blind person, I faced struggles while training to register myself in the Ministry of Health platform since it was not attained for persons with such disabilities, which led me to ask someone to help me in registering."

Challenge 3: Lack of convenient facilities for self-reliance

The ultimate goal of the policies for PWDs is to support their self-reliance. But in Kuwait, there are lacking policies and facilities for self-reliance for PWDs. Especially, during the COVID-19 pandemic, supports for self-reliance were reduced. For example, supports with everyday tasks outside the home have reduced from 20.0% to 1.4% (Table 10). Likewise, supports to keep in touch with friends have reduced from 18.6% to 2.9% (Table 10). And regarding leisure activities, their level of satisfaction is specifically low under the COVID-19.

Specifically, the facilities, policies, and services for assuring the convenience of PWDs are scarce.

"The government should consider people with blind disabilities and transfer all books to Braille since not all books are. Some students graduating from high schools are considered unlettered, especially when they join university with others who are not disabled and struggle to keep up with them. The MOE should collaborate and make it easier for printing facilities and agencies and provide them with a soft copy (Word Document) of each book to be printed in Braille. This problem is there even prior COVID-19 where books would come two months later after we started our semester, and now with COVID-19, there are almost no books due to lockdowns and no printing facility can cope with the huge amount and needs to transfer books to Braille."

Providing opportunities to get jobs for PWDs is the most important aspect to ensure their self-reliance. Of course, there are critical conditions for doing so, but in Kuwait, there are lacking so many things.

"Most places to work for in Kuwait lack the facilities needed for PWDs, for example, proper parking lots and toilets that suit our needs."

"The government lacks proper planning in their recruitment strategies for both PWDs and others. For PWDs, we have struggles in transportation to work. Due to my driver departing the country, I had to use Taxi Services (Careem) which don't have accessibility for persons with physical disabilities. I had to face many struggles while commuting to work, especially since my workplace lacks the ramps needed for wheelchairs. Still, since COVID-19 started, my work shifted online, which was perfect for me, so I think the government should consider the transportation services for people with physical disabilities that need to use the wheelchairs and flexibility of letting us working from home even post COVID-19. An example and a best practice of a person with severe physical disabilities got recruited and working remotely currently with an international company abroad since jobs of that kind were not available in Kuwait before COVID-19."

"Most jobs in Kuwait, governmental and private sectors, are limited with an age limit especially for freshly graduate students, and due to the fact that most of PWDs would graduate from universities at in a late age of their life due to health issues and traveling abroad for surgeries, we would graduate with older age than others, which leads to us being deprived of getting jobs."

"Some places would only put us in jobs that are marginal and don't suit our qualifications, such as call center agent or receptionist, since they think that due to us being PWDs, we cannot do other jobs like others."

"There is quota (4%) for PWDs in governmental institutions, and due to that, most governmental entities would only recruit us with no work to do to cover this quota. Some companies, especially in the HR department where I had to go for interviews, would lack the understanding needed or proper adjustments needed for different disabilities, and proper training and adjustments are needed, so inclusion is needed more than compassion and talking to us like kids in interviews."

Challenge 4: Lack of holistic approaches

The State of Kuwait lacks a system to approach PWDs holistically, including limited integrated systems between private and public sectors & lifetime approaches for PWDs.

PWDs are suffering from various difficulties of the whole life settings, including the 'lack of facilities (3.57),' 'difficulties of maintaining or getting jobs (3.46),' 'difficulties of cultural leisure activities (3.44),' 'difficulties of independent daily life (3.38),' 'difficulties communicating with non-disabled people (3.35),' and 'difficulties due to health and medical problems (3.23).'

And the service is not interconnected among public and private sectors.

"Multidisciplinary clinics include all health services in one place since Kuwait's care and health system is fragmented and no communication between hospitals in Kuwait. Some services are provided by private hospitals, but governmental hospitals are very few."

As well, there are limited services for PWDs.

"For blind disability persons, they cannot take science classes, and at grade 10 they remove math classes."

Challenge 5: Lack of experts for PWDs

It is urgent to foster experts on PWDs. PWDs are having difficulties from lack of professionals and specialized tools. Overall, 32.2% and 31.0% of respondents chose "professional teachers" and "convenient educational tools or equipment" as the most urgent needs to improve their education progress (Table 17; Figure 1).

"Although the government provides financial incentives for having a private helper and a driver, they didn't think of having a specialized place that would facilitate getting us specialized people and not going to a domestic worker center where we would get helpers that are not qualified to help our special needs."

"I started registering in Kuwait University through the online platform, which thanks to COVID-19, all classes registration that was used to be done manually or physically has been shifted to the online platform, and it was also coping with our needs as persons with blind disabilities. When we started the classes, we faced struggles with some professors since they didn't understand how to cope with our needs, and as we all know, each disability is different from the other, and each one should be coped with differently. Some would need more time to

solve exams, others not, and those struggles were not attained by the professors. But what I can say is that the overall situation is much better with online learning, and I think the government should keep this modality even after COVID-19 for persons with blind disability."

"One private university has a disability coordinator to facilitate and cope with the needs of PWDs, and the governmental university should learn from their experience."

2) Recommendations

Recommendation 1: Intervene by the customized services for PWDs to cope with the COVID-19 pandemic

Every PWDs have their particular needs different from other people according to their socioeconomic status and types of disabilities. Therefore, services need to be explicitly customized.

Overall, PWDs want “visiting health service,” “mental health service,” rehabilitation medical service,” and “health and exercise class” evenly (Table 19).

In general, the needs of non-Kuwaitis for social services are more significant than Kuwaitis (Figure 5). For example, 42.9% of non-Kuwaitis specifically chose “mental health service” as urgent health service, while Kuwaitis evenly selected “visiting health service,” “health and exercise class,” and “rehabilitation medical service (Figure 3).” While 41.0% of Kuwaiti chose “professional teachers” as a priority, 47.4% of non-Kuwaiti answered “convenient educational tools or equipment (Figure 1).” 31.9% of Kuwaitis wanted “adequate salaries,” while 33.3% of non-Kuwaitis chose “convenient tools and equipment” as the most urgent service needed to improve their working conditions (Table 18).

23.1% of Females chose two services: “visiting health service” and “rehabilitation medical service,” as the most urgent health services. In comparison, 18.0% of males chose three services: “health and exercise class,” “visiting health service,” and “general medical service (Table 19).”

26.1% and 21.7% of those with intellectual disabilities chose “rehabilitation medical service” and “health and exercise class” as the most urgent health service. 26.1% and 17.4% of those who have physical disabilities selected “visiting health service” and “rehabilitation medical service (Table 19).” In addition, 41.7% and 37.5% of those who have intellectual disabilities chose “professional teacher” and “adequate educational contents” as urgent needs, while 39.0% of those who have physical disabilities (Table 17). Also, 43.5% of those who have intellectual disabilities chose “adequate job allocation” as the most urgent need, while 30.2% of those who have physical disabilities chose “adequate salary (Figure 2).”

For each individual who has specific disabilities, programs or services can be provided in detail customized.

“My level of learning went lower since I used to go to school and interact with students and teachers in class, and the online learning did not help me in this, but it made the situation worse for me.”

"My social life activities got impacted due to lockdowns, since I used to be active and socialize a lot with people, and due to that, my anxiety level and social phobia got higher due to that."

"Prior and during COVID-19, I had to extend the part-time driver and helper I have and pay them from my own money to stay full-time since I can't do all the functions needed by myself, and the government should consider revisiting this financial incentive since their monthly salaries are higher than what the government is providing us, or they should provide us with the proper services we need to make us independent instead of providing us with only financial incentives since money can't solve all issues."

"For blind disabilities, since most services shifted online (Governmental and Private Sectors): such as ordering food delivery through applications are not accessible for such persons with disabilities, although we had conversations with the owners and developers, out the request was not attained, and whenever an update is available for those apps, we would be scared to do these updates since such accessibilities for blind people might be gone with the newer updates." "Another example is banking applications or online banking websites, and both are not accessible for such disability."

The followings are an example of the customized and practical services:

- Providing seamless online solutions considering PWDs
- Providing mental health support during the COVID-19 pandemic.
- Providing home services for health care (physiotherapy, respiratory care)
- Preparing supplies for PWDs in the governmental health store.

Recommendation 2: Develop a manual to support PWDs for the time of national emergency

In case of a sudden emergency such as global pandemic, if the manuals for PWDs exist, the government can smoothly provide for PWDs to minimize the risks in the crisis. However, some services are critical for PWDs, and those must be supported in any pathways.

Their needs and ideas are specific, unique, and essential.

"We suggested giving a pass for PWDs to the government so they can leave and not feeling anxious for the special purpose."

"My physical abilities and movement got weakened, due to lockdown of health clubs and less physical movement due to lockdowns, but in the last three months, I got online PE training, but for daily activities (such as changing clothes), I used to do it by myself, but now I need support in doing those activities."

Recommendation 3: Create friendly environments for PWDs

A friendly environment for PWDs means to include not only instruments, equipment, facilities, or physical environment but also institutions and social environment.

Many PWDs are having specific difficulties from the lack of friendly environments for them.

"Before and during COVID-19, all PWDs are suffering from social life. Kuwait doesn't have specialized places for them to socialize with others."

"In Kuwait, we don't have a specific or specialized institution that facilitates the recruitment for PwDs. For example, in the US, there is an agency that would facilitate the whole recruitment for us and inform the companies, and governmental institutions of each PwD needs so the process of interviewing and recruiting would go smoother."

"For commencing a job in the governmental sector, each citizen should do a health and physical examination test before starting the job, and as a blind person, I couldn't go to the normal process and meet the designated doctors' committee for recruitment, which led to me going to the eyes specialized clinic which made my recruitment process taking the longer time than needed. Also, the doctors I met in this clinic asked me to provide a paper from the governmental institution that I can do my work fully. In addition, they asked me to prove that I can do the work needed and what limitations I might face while doing the needed work, and that due to the lack of knowledge and assumptions those doctors had when they thought that I could only read through Braille. I cannot use a laptop or a mobile. All of that lead to a huge delay in my recruitment process."

"... and even summer camps or clubs don't accept any physical PWDs, as well as entertainment places are not acceptable for them (ramps, adjustable tables) and it is even worse during COVID-19 when the government gave 2 hours for walking, we suffered since the streets are not compatible with PWDs with wheelchairs, so even for those two hours, we couldn't leave home so he can be outside."

"Parks are not PWDs and wheelchair friendly. All toilets everywhere should be accessible. And parking and ramps should be a more friendly environment."

Recommendation 4: Develop the life course services for PWDs as holistic approach

Services for PWDs need to be focused on their holistic needs from newborn to elderly life across all sectors being integrated, including public and private partnerships.

"...provide support from all angles to PWDS, through activities (sports, art, LOYAC; Music, Dancing) to participate through COVID-19." "...provide services as holistic approach (short terms, ensure inclusion in society)."

"Thankfully, my son's school continued schooling online, for other governmental schools' children, they suffered from the online schooling, I suggest that they copy the online schooling program from the private schools. Online learning was a blessing, my kids' school is one of the best schools in Kuwait, and engagement and activities were all perfect for my child, especially with my son's disability."

"Physiotherapy, only one day the government would give us, and the other sessions I would do it in private since my son needs more than one session a week."

Recommendation 5: Foster experts specialized for PWDS

PWDS have specific and particular needs physically and psychologically. And they are vulnerable at risk. But the ultimate goal of the services for PWDS is to provide opportunities for self-reliance. From supporting needs to enhancing self-reliance, there should be well-trained experts. The government needs to make a plan for the workforce to support PWDS.

"The government should help more and bring professionals from abroad to help PWDS." "Professors and teachers were not trained for online or distance teaching, especially for people with blinds disabilities."

Recommendation 6: Formulate the national mid-and long term plans for people with disabilities

It is essential to formulate separate plans for PWDS, which are inclusive and specific, due to their unique needs and rights rather than those who don't have disabilities. Therefore, when the government develops the plans, it should include all sectors across the government and private sector and PWDS in diverse ways.

"...All solutions came from us, not from the government..."

"The government should include PWDS in all of their plans while coping with the COVID-19 pandemic, equally with all citizens, and not to think of us at the end and postpone our lives and decisions till the last moment."

"The platform has initiated and started, taking into consideration our comments and feedbacks as persons with blind disability, and it was working perfectly until the government canceled it and switched to TEAMS platform, which was also working perfectly, and all of our comments and struggles were coped and solved until we all graduated."

"The government should come up with plans, and not only defense mechanisms for their lacks, and the government should consider the SDG 17 "partnership for the goals," and to collaborate with CSOs and Private Sectors to get the best practices and to come up with solutions, and not to stick to their unfunctional plans."

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Annex 1 Questionnaire for measuring the impacts of COVID-19 on People with Disability

UNDP, in partnership with the Public Authority of the Disabled (PADA) and the General Secretariat of the Supreme Council for Planning and Development (GSSCPD) we have developed this questionnaire to learn from individuals and family/carers of people with disabilities about their experiences of every-day life during the COVID-19 pandemic.

UNDP will use the findings of this questionnaire to assess the socio-economic impacts of the COVID-19 pandemic on the lives of people with disabilities (PwD).

What is the purpose of this questionnaire?

This Questionnaire is for People with Disabilities (Part A) and their family/carers (Part B) experiences during the COVID-19.

Who is this questionnaire designed for?

This questionnaire is designed for persons with disabilities (Part A) and a family member/carer of a person with disabilities (Part B) - both need to be residing in Kuwait.

How will we use the answers?

Your answers to the questions will be **confidential**. This means that we will not share the information you provide (including any personal information, such as your gender or age) with anyone else. The information is used for UNDP's analysis only.

What will happen to the data collected, and the results?

Keeping your personal data and identity secure is our main priority. All data collected will be 'erased' so that any identifiable information is carefully removed. Should you decide to have a longer discussion with us to share your experiences of COVID-19, we may ask you to record the discussion, so that we don't miss any important information – but the information will be typed up and any personal identifiable data will be carefully removed. All recordings will be destroyed once we have typed them up.

Your answers, along with all the other participant's answers will be kept in a safe place for a period of 5 years, after which they will be destroyed.

This survey is also **anonymous**. This means that you do not have to provide your name or contact details to answer any of the questions. You will not be identified in any of our reports.

However, if you decide to tell us more about your experiences of COVID-19, then please provide us with your name and contact details to enable us to contact you. We assure you that any subsequent discussions we will have with you related to your experiences will also remain **confidential** and

anonymous - we will not use your name or personal details in any reports that we issue. You will also have the option to withdraw your participation in any discussions you have with us at any time.

Do I have to take part in the survey?

No, you do not have to take part – this survey is **voluntary**. You can either answer the questions or skip questions you don't want to answer (without giving a reason) or simply skip doing the entire survey if you do not wish to participate.

What are the possible benefits of taking part?

There are no obvious benefits of taking part in this questionnaire. However, the information that you and other participants provide will be used to better understand how PADA and the GSSCPD can help support people with disabilities and their carers.

Are there any disadvantages or risks in taking part?

There are no obvious disadvantages to your taking part in the project. If there is a question that you do not wish to answer for any reason, you can choose not to answer. This will be the same if you choose to have a longer conversation with us.

What happens if there is a problem?

If you have a concern about any aspect of the questionnaire or any discussions, we may have with you, please contact:

Name:

Email:

Thank you for taking part in this questionnaire.

General Information:

(PART A) of this questionnaire relates to the person with disabilities if he/she is able to fill out the questionnaire. If not, a family member, carer, or a friend can support the person to fill this part of the questionnaire – or, if necessary, fill it out on his/her behalf, and all data should be related to the person with disability ONLY.

(PART B) of this questionnaire is meant for the family member/carer of a person with disabilities – the data is about the family member/carer and not the person with disabilities if applicable. If not applicable, please skip (PART B).

BACKGROUND INFORMATION

1. Are you the person with disability (PwD) or a family member/carer of the person with disability (PwD)?
 - ① Person with disability
 - ② Family member/ care of the person with disability

PART A

From here, kindly provide information about yourself, or about the person with disabilities (PwD) that you care for.

2. Do you have Disability Certificate issued by PADA, if yes kindly specify the type of disability (Please select all that apply)
 - ① Intellectual disability (e.g. Down's syndrome, Fragile-X, Very low IQ (of less than 70), Challenging Behaviour, development disability)
 - ② Mental health condition (e.g. Bi-polar, schizophrenia, anxiety)
 - ③ Physical disability
 - ④ Vision Impairment
 - ⑤ Deaf or hard of hearing
 - ⑥ Acquired brain injury
 - ⑦ Autism spectrum disorder (including Asperger's syndrome)
 - ⑧ Others, please specify -----
3. Please select gender.
 - ① Male
 - ② Female
 - ③ Prefer not to say
4. What is your age? (Enter your age)
()
5. What is your marital status?
 - ① Single/Never married
 - ② Married
 - ③ Divorced
 - ④ Spouse deceased
6. What is your nationality.
 - ① Kuwaiti
 - ② Non-Kuwaiti
7. Where is your residence located?
 - ① Capital (Al Asimah)
 - ② Hawalli

- ③ Farwaniya
 - ④ Mubarak Al Kabeer
 - ⑤ Ahmadi
 - ⑥ Jahra
8. What is your highest education level completed?
- ① No formal schooling
 - ② Less than primary school
 - ③ Primary school completed
 - ④ Intermediate school completed
 - ⑤ High school completed
 - ⑥ Diploma
 - ⑦ College/University completed
 - ⑧ Post graduate degree
9. How many people live in your household, including yourself?
- ① Alone
 - ② 2-3
 - ③ 3-4
 - ④ 5-6
 - ⑤ 7-9
 - ⑥ 10+
10. Do you have dependent children?
- ① Yes, I have children only without disabilities.
 - ② Yes, I have children, including those with disabilities.
 - ③ No, I don't have children.
 - ④ N/A
11. What is your total household income for one year/month?
- ① Less than KWD 5,000; or (KWD 500/month)
 - ② KWD 5,000 to KWD 9,999; or (KWD 500 – 1,000/month)
 - ③ KWD 10,000 to KWD 19,999; or (KWD 1,000 – 2,000/month)
 - ④ KWD 20,000 to KWD 29,999; or (KWD 2,000 – 3,000/month)
 - ⑤ KWD 30,000 to KWD 39,999; or (KWD 3,000 – 4,000/month)
 - ⑥ KWD 40,000 to KWD 49,999; or (KWD 4,000 – 5,000/month)
 - ⑦ KWD 50,000 or more; or (more than KWD 5,000 / month)
 - ⑧ I don't know
12. Does your household income for this year (2020) increase or decrease to compare last year (2019)?
- ① Increased a lot
 - ② Increased a little
 - ③ Stayed about the same

- ④ Decreased a little
- ⑤ Decreased a lot
- ⑥ Don't know

13. Please select your employment type.

- ① Student
- ② Homemaker
- ③ Unemployed
- ④ Salaried
- ⑤ Business Owner
- ⑥ Others

DAILY LIFE

14. Do you have any difficulties with daily life under the COVID-19 pandemic?

<i>GENERAL INSTRUCTIONS</i>					
<ul style="list-style-type: none"> • Answer each question as best as you can. • Estimate if you are not sure. • A guess is better than leaving a blank. • Please read each statement and check the box most appropriate to you. 					
	Extremely difficult	←—————→			Not at all difficult
	①	②	③	④	⑤
Difficulties of independent daily life (doing everyday things like getting dressed, preparing a meal etc)					
Difficulties in school education (including accessing education on-line)					
Difficulties due to health and medical problems					
Difficulties of cultural leisure activities					
Financial difficulties (e.g. not having enough money or getting into debt)					
Difficulties maintaining a job or getting a job					
Difficulties with communicating with non-disabled people					
Difficulties with transport (e.g. lack of public transport)					
Difficulties due to the lack of facilities (including day services)					

EDUCATION

15. If you are a student, are you attending your classes virtually during COVID-19?

- ① Yes

- ② No
- ③ I am not a student.

16. Do you have any difficulties continuing education under the COVID-19 pandemic?

GENERAL INSTRUCTIONS					
<ul style="list-style-type: none"> • Answer each question as best as you can. • Estimate if you are not sure. • A guess is better than leaving a blank. • Please read each statement and check the box most appropriate to you. 					
	Extremely difficult	←————→			Not at all difficult
	①	②	③	④	⑤
Difficulties due to the lack of understanding of friends, teasing, bullying					
Difficulties due to the lack of understanding and prejudice of teachers (e.g. the teachers/ lecturers treat me differently to non-disabled students)					
Difficulties due to the teacher's /lecturer's excessive consideration (e.g. they patronise me)					
Difficulties understanding the content of the class					
Difficulties due to the inconvenience when using educational tools or equipment (including on-line technology)					
Difficulties due to the inadequate educational content					
Difficulties due to the lack of professional teachers/lecturers					
Difficulties due to special education assistants not assigned to me					
Difficulties of the lack of convenient facilities in the school					

17. What needs to be most strengthened by the government to improve your education process under the COVID-19 pandemic? (Choose one)

- ① Providing convenient educational tools or equipment for people with disability
- ② Providing adequate educational content for people with disability
- ③ Providing professional teachers for people with disability
- ④ Providing special education assistants to people with disability
- ⑤ Providing convenient facilities in the school for people with disability

JOB AND EMPLOYMENT

18. Are you employed? Working in the office or virtually during COVID-19.

- ① Yes
- ② No

- ③ I am not an employee.

Do you have any difficulties continuing work under the COVID-19 pandemic?

<i>GENERAL INSTRUCTIONS</i>					
<ul style="list-style-type: none"> • Answer each question as best as you can. • Estimate if you are not sure. • A guess is better than leaving a blank. • Please read each statement and check the box most appropriate to you. 					
	Extremely difficult	←————→			Not at all difficult
	①	②	③	④	⑤
Communication (e.g. using virtual technologies)					
Long working hours					
Low wages					
Prejudice and discrimination against persons with disability					
Hard labour					
Relationships with bosses and colleagues					
Child rearing					

19. What needs to be most strengthened by the government to improve your working condition under the COVID-19 pandemic? (Choose one)

- ① Providing convenient tools or equipment for people with disability
- ② Providing adequate job allocation for people with disability
- ③ Ensuring adequate salaries for people with disability
- ④ Providing special work assistants to people with disability
- ⑤ Providing convenient facilities in the office for people with disability

HEALTH

20. Do you have any conditions or diseases lasting more than three months? (Please select all that apply)

- ① High blood pressure
- ② Diabetes
- ③ Cardiovascular disease
- ④ Chronic bronchitis
- ⑤ Hereditary conditions
- ⑥ Mental illness
- ⑦ Cancer
- ⑧ Other
- ⑨ None

21. Depression, Anxiety and Stress

<ul style="list-style-type: none"> Please read each statement and check the box number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. 				
	(0) Do not apply to me at all	(1) Apply to me to some degree, or some of the time	(2) Apply to me to a considerable degree or a good part of time	(3) Apply to me very much or most of the time
I found it difficult to work up the initiative to do things				
I tended to over-react to situations				
I experienced trembling (e.g. in my hands)				
I was worried about situations in which I might panic and make a fool of myself				
I felt that I had nothing to look forward to				
I found myself getting agitated				
I was intolerant of anything that kept me from getting on with what I was doing				
I felt I was close to panic				
I was unable to become enthusiastic about anything				

22. How do you experience the access limitation from the services under the COVID-19 pandemic?

<ul style="list-style-type: none"> Answer each question as best as you can. Estimate if you are not sure. A guess is better than leaving a blank. Please read each statement and check the box most appropriate to you. 					
	Never	Rarely	Sometimes	Often	Always
Medical service					
Rehabilitation service					
Exercise					
Psychological Social Support					
Behaviour services					

23. What needs to be most strengthened by the government to improve your health level under the COVID-19 pandemic? (Choose one)

- ① Providing health and exercise class (or information)
- ② Providing health examination
- ③ Providing visiting health service
- ④ Providing mental health service
- ⑤ Providing oral health service
- ⑥ Providing general medical service
- ⑦ Providing rehabilitation medical service

LIFE SATISFACTION

24. How do you feel about your general life under the COVID-19 pandemic?

	Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Completely satisfied
<ul style="list-style-type: none"> • Answer each question as best as you can that apply • Estimate if you are not sure. • A guess is better than leaving a blank. • Please read each statement and check the box most appropriate to you. 					
I am satisfied with my relationship with my family.					
I am satisfied in my relationship with my husband/wife/partner.					
I am satisfied with my friends.					
I am satisfied with the area where I live.					
I am satisfied with leisure activities.					
I am satisfied with what I am doing.					
I am satisfied with my overall life.					

SOCIAL SERVICE

25. Do you 'usually' receive social care support (i.e. before COVID-19)?

By social care support, we mean services provided by the Government (PADA) or NGOs or Charities that help you to lead independent and fulfilling lives.

(Social care support could include round-the-clock care through to a few hours support a week at home. It could also include attending day centers or activity groups, residential services, or respite care)

- ① Yes, mainly by the government (PADA)
- ② Yes, mainly by Charity
- ③ Yes, mainly by NGOs
- ④ No
- ⑤ Don't know

26. How do you compare your support needed now with the support needed before the COVID-19 pandemic?

- ① Increased a lot
- ② Increased a little
- ③ Stayed about the same
- ④ Decreased a little
- ⑤ Decreased a lot
- ⑥ Don't know

27. What type of social care do you receive? (please check the box if you receive the service)

	Before the COVID-19 pandemic	During the COVID-19 pandemic
Short breaks/ respite		
Day services and/or activity groups		
Accommodation (e.g., residential care/ supported living)		
Personal care (e.g., support with hygiene or eating)		

Support with everyday tasks at home (e.g., cooking, cleaning)		
Support with everyday tasks outside of the home (e.g., visiting shops)		
Support to access healthcare		
Support to keep in touch with friends		

28. Think about any changes there have been to the hours or type of social care support you receive during the COVID-19 pandemic. What impact has this had on the following areas of your life?

	A positive impact	No impact	A negative impact	N/A
Physical health				
Mental health				
Behaviour that challenges				
Social life				
Independence				
Relationships				
Employment				
Finances				
Education				

29. Thinking into the future, to what extent (if at all) are you worried about the longer-term impacts of the COVID-19 pandemic on the following areas of your life?

	A lot	A fair amount	Hardly/ not at all
Physical health			
Mental health			
Behaviour that challenges			
Social life			
Independence			
Relationships			
Employment			
Finances			
Loneliness			
Cuts to your social care support package			

30. Overall, during the COVID-19 pandemic, I have felt completely able to cope independently.

- ① Strongly agree
- ② Agree
- ③ Neither agree nor disagree
- ④ Disagree
- ⑤ Strongly disagree

31. How urgently do social services need to be strengthened by the government for the people with disability under the COVID-19 pandemic?

- | |
|---|
| <ul style="list-style-type: none"> • Answer each question as best as you can. • Estimate if you are not sure. • A guess is better than leaving a blank. • Please read each statement and check the box most appropriate to you. |
|---|

	Not at all urgent	Slightly urgent	Moderately urgent	Very urgent	Extremely urgent
Family counselling and parent education for children with disability					
Rehabilitation treatment (physical therapy, occupational therapy, speech therapy, etc.)					
Rehabilitation information provision					
Day and night care service					
Cultural support service (outing, performance viewing, etc.)					
Short-term care service					
Education support service					
Medical service support					
Support for economic stability					
Vocational education and job placement					
Support for domestic life through home visit assistant					
Social integration program for people with disability					

PART B

From here, kindly provide information about yourself as a family member/carer of a person with disability.

32. How are you related to people with disability?

- ① Spouse of a person with disability
- ② Mother of a person with disability
- ③ Father of a person with disability
- ④ Another family of a person with disability
- ⑤ A person hired /paid to care for a person with disability

33. Please indicate your gender.

- ① Male
- ② Female
- ③ Prefer not to say

34. What is your age?

()

35. How do you compare the support needed for the person with disability now with the support needed before the COVID-19 pandemic?

- ① Increased a lot
- ② Increased a little
- ③ Stayed about the same
- ④ Decreased a little
- ⑤ Decreased a lot
- ⑥ Don't know



36. To what extent are the care and support you provide now to the person with disability compared to the level you provided before the COVID-19 pandemic?

- ① Increased a lot
- ② Increased a little
- ③ Stayed about the same
- ④ Decreased a little
- ⑤ Decreased a lot
- ⑥ Don't know

37. To what extent the social care supports the person with disability receive from the Government now compared to the level received before the COVID-19 pandemic?

- ① Increased a lot
- ② Increased a little
- ③ Stayed about the same
- ④ Decreased a little
- ⑤ Decreased a lot
- ⑥ Don't know

38. Overall, during the COVID-19 pandemic, I felt fully able to cope with supporting the person I care for.

- ① Strongly agree
- ② Agree
- ③ Neither agree nor disagree
- ④ Disagree
- ⑤ Strongly disagree
- ⑥ Don't know

39. Think about any changes there have been to the hours or type of social care supports for the person with disability received during the COVID-19 pandemic. What impact has this had on the following areas of your life as a family member/carer?

	A positive impact	No impact	A negative impact	N/A
Physical health				
Mental health				
Social life				
Independence				
Relationships				
Employment				
Finances				

40. If the person with disability is having difficulties with gaining care and support, what do you think are the main barriers/blockages to getting it?

()

41. What might help the person with disability get the support he/she needs?

()

42. Is there anything else you would like to tell us?
()

CONTACT DETAILS

This survey is anonymous. However, if you wish to share your name and contact details, we would then need to get in touch with you to learn more about your experiences during the COVID-19 pandemic. Please let us know if you would like to take part and accordingly want us to contact you:

I agree that UNDP can contact me about taking part in future research projects.

Name:

Email address:

Phone number:

We will not give your personal details to anyone outside of UNDP without your permission.

This is the end of the questionnaire. Thank you for taking part in our survey!

Annex 2 Focus group interview questionnaire (PWD)

Objectives

- To learn from individuals and family/carers of people with disabilities about their experiences of everyday life during the COVID-19 pandemic.
- To develop services and policies for individuals with disabilities.

Contributions

- The information you and other participants provide will help better understand how PADA and the GSSCPD can help support people with disabilities and their carers. There are no obvious disadvantages to your taking part in the project.

[Daily life]

1. Do you have what types of difficulties with daily life under the COVID-19 pandemic?
2. What needs to be most strengthened by the government to resolve daily life difficulties under the COVID-19 pandemic?

[Education]

3. Do you have any difficulties continuing education under the COVID-19 pandemic? If any, what kind of difficulties?
4. What needs to be most strengthened by the government to improve your education process under the COVID-19 pandemic?

[Work condition]

5. Do you have any difficulties continuing work under the COVID-19 pandemic? If any, what kind of difficulties?
6. What needs to be most strengthened by the government to improve your work environment (conditions) under the COVID-19 pandemic?

[Health]

7. How do you experience the access limitation from the services under the COVID-19 pandemic?

(Such as medical service, rehabilitation service, exercise, psychological, social support, other health behavior services)

8. What needs to be most strengthened by the government to improve your health under the COVID-19 pandemic?

[Social care support]

9. Do you think there are any changes between the social care support you need now and the social care support you needed before the COVID-19 pandemic? If any, please what are the changes?

By social care support, we mean services provided by the Government (PADA) or NGOs or Charities that help you lead independent and fulfilling lives. (Social care support could include round-the-clock care through a few hours of support a week at home. It could also include attending day centers or activity groups, residential services, or respite care)

10. What needs to be most strengthened by the government to improve social care supports under the COVID-19 pandemic?

[Others]

11. Is there anything else you would like to tell us?

Annex 3 Focus group interview questionnaire (Parents or caregivers)

Objectives

- To learn from individuals and family/carers of people with disabilities about their experiences of everyday life during the COVID-19 pandemic.
- To develop services and policies for individuals with disabilities.

Contributions

- The information you and other participants provide will help better understand how PADA and the GSSCPD can help support people with disabilities and their carers. There are no obvious disadvantages to your taking part in the project.

[Daily life]

1. Do you think that the person you care for has faced what types of difficulties with daily life under the COVID-19 pandemic?
2. What needs to be most strengthened by the government to resolve daily life difficulties under the COVID-19 pandemic?

[Education]

3. Do you think that the person you care for has faced any difficulties continuing education under the COVID-19 pandemic? If any, what kind of difficulties?
4. What needs to be most strengthened by the government to improve his/her education process under the COVID-19 pandemic?

[Work condition]

5. Do you think that the person you care for has faced any difficulties continuing work under the COVID-19 pandemic? If any, what kind of difficulties?
6. What needs to be most strengthened by the government to improve his/her work environment (conditions) under the COVID-19 pandemic?

[Health]

7. Do you think that the person you care for has experienced the access limitation from the services under the COVID-19 pandemic?

(Such as medical service, rehabilitation service, exercise, psychological, social support, other health behavior services)

8. What needs to be most strengthened by the government to improve his/her health under the COVID-19 pandemic?

[Social care support]

9. Do you think there are any changes between the social care support he/she needs now and the social care support he/she needed before the COVID-19 pandemic? If any, what are the changes?

By social care support, we mean services provided by the Government (PADA) or NGOs or Charities that help you lead independent and fulfilling lives. (Social care support could include round-the-clock care through a few hours of support a week at home. It could also include attending day centers or activity groups, residential services, or respite care)

10. What needs to be most strengthened by the government to improve social care supports under the COVID-19 pandemic?

[Others]

11. Think about any changes there have been to the hours or type of social care supports for the person with disability received during the COVID-19 pandemic. What impact has this had on the following areas of your life as a family member/carer?

(Such as physical health, mental health, social life, independence, relationships, employment, finances, etc.)

12. What needs to be most strengthened by the government to improve your life as a caregiver under the COVID-19 pandemic?

13. Is there anything else you would like to tell us?