

Access to Covid-19 Information and Awareness for People with Visual Impairment in Zimbabwe: The Missing Link: The Case of Harare Central Business District (CBD).

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ABSTRACT

The thrust of this study was to determine whether information on Covid 19 was being effectively disseminated to people with visual impairment in ways that made it accessible. Covid 19 has destroyed many lives in the country and indeed other countries. While people with sight have access to information through ordinary print, Television, radio, pictures audios, vedios, pamphlets and other such means, the same may not be said of people with visual impairment. People with visual impairment access information through enlarged print, Braille, radio and other forms. It was therefore imperative to determine whether people with visual impairment really benefitted from the current formats of information dissemination on the ground. The study used the qualitative paradigm in gathering data. The population comprised of fifty people with visual impairment. The sample included thirty females and twenty males. The study found out that people with visual impairment were not effectively accessing information on Covid 19 like sighted people were doing. They were being short changed in a number of ways. The formats being used were not effectively reaching out to people with visual impairment. It was mainly ordinary print that was used and yet many of the people with visual impairment required the use of Braille, enlarged print and others. It was also established that while some of the people may have benefitted from listening to audios and some vedios, the way this information was packaged left a lot to be desired. In most cases people with visual impairment had to seek assistance from other people in order to clearly understand the essence of some of the messages meant to benefit them. Some of the information was conveyed in the form of diagrams, and yet not all people with visual impairment can read diagrams and interpret them correctly. Even those with low vision experienced challenges in understanding diagrams. The study recommended that there was urgent need to present information on Covid 19 in accesible formats that were user friendly to all. Policies also needed to be put in place to help in ensuring that this group of people was not shortchanged in this respect. There was also need for the involvement of people with visual impairment in decision making on information dissemination on Covid 19.

Keywords: accessibility, Covid 19, visual impairment, formats

INTRODUCTION

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) Article 29 provides for participation in public life for all people with disabilities. Information dissemination is a key requirement to meet this obligation for people with visual impairment considering the restrictions that lack of sight imposes on this constituency. The Covid 19 pandemic does not discriminate on its victims. The situation on the ground appears to suggest that the provision of information on the pandemic has not been effectively cascaded down to also benefit people with visual impairment. It is the thrust of this study to determine the

extent to which existing information strategies have reached people with visual impairment.

Background to the Study

The Covid 19 pandemic has not spared or discriminated special populations such as people with disabilities, especially, those with visual impairment. There have been spirited attempts by various stakeholders to disseminate as much information as possible to all sections of society. This has gone some way in understanding the issues involved eg the causes, symptoms, and intervention strategies for Covid 19. This information has been mainly focused on prevention and management strategies aimed at the Covid 19 pandemic. Sighted people have benefited immensely from the current information dissemination and awareness strategies aimed at containing the spread of the pandemic. The information dissemination efforts targeted at sighted people have indeed been commendable.

The same cannot be said for people with visual impairment. This study is critical for people with visual impairment. Oviedo-Caceros, Arias-Pineda, Del Rosario & Falla (2021) indicated that according to The World Health Organisation, in 2015, close to 441,5 million people suffered visual impairment. Of this number 188 million were blind, 217 million had moderate to severe visual impairment, 188 million had slight visual impairment ie low vision. These alarming statistics clearly demonstrate that society and other stakeholders cannot afford to ignore such a critical constituency in terms of providing appropriate and accessible information formats with a view to addressing the Covid 19 pandemic. This explains why in March 2020 the World Health Organisation (WHO) declared a global pandemic due to the Covid 19 outbreak. Effects of this pandemic could have serious consequences on the health, well-being, and quality of life of people with visual impairment.

Covid 19 is caused by the severe acute respiratory syndrome coronavirus-2 (SARS-Cov-2). It is primarily transmitted through respiratory droplets or direct contact with a contaminated surface or by hands, through touch to the mouth, nose, and eyes. Senjan & Suraj (2020). Typical symptoms of Covid 19 are fever, cough, shortness of breath with less common symptoms like myalgia, diarrhoea, and anosmia. Understanding these causes for people with visual impairment requires much more than it takes for those with sight. For the sighted, visuals such as pictures, charts or other models can easily be used to enhance understanding. People with visual impairment are likely to be more susceptible to SARS-Cov-2 than people without visual impairment, (Ibid) because their understanding of many of the critical issues involved does not depend on sight, but on several other adaptations and adjustments. The United Nations Rapid Impact Assessment of Covid 19 on people with disabilities in Zimbabwe (2020) indicated that in an information survey it carried out, it established that 65% of people with disabilities confirmed receiving information frequently, 22% indicated that they received information periodically, and 13% received information harp-harazardly. Surprisingly, the Rapid impact assessment went on to reveal that only 17 % of the respondents found the information received very useful and 82% found it little useful and 1% found the information not useful at all. The impact assessment further goes on to point out that the discrepancy between frequency and usefulness of information received is an area of concern, requiring more attention on the quality and accessible formats of the information provided to people with visual impairment

The benefits of information dissemination on Covid 19 have not been readily accessed or cascaded down to people with visual impairment. It appears that it has been erroneously taken for granted that not all citizens were likely to benefit from this straitjacket or one size fits all approach that has been adopted. Several critical considerations were not considered when such decisions with a far-reaching impact on the citizenry were made. People with visual impairment were not a homogenous group whose needs could be regarded as requiring the same solution. Indeed, two people with what at face value may appear to be a similar visual impairment will turn out to have completely different information needs and requirements. People with visual impairment do not access the written word in quite the same way as the sighted. People with visual impairment access the written word through Braille or for some using enlarged print. Very few of them can

read the printed word. If they do, they must do it with extreme difficulties. A lot of information has been disseminated via the electronic and print media. This has further aggravated the challenge for people with visual impairment since this mainly involves the use of written material. Not all people with visual impairment can access this information. The easiest way out in such cases could be that people with visual impairment end up with someone probably reading for them or summarising to them the message conveyed through social media. This is an anomaly because people with visual impairment need to have direct access to information. Article 8 and article 9 of the Convention on the Rights of People with Disabilities highlights the need for people with disabilities' right to awareness through information and the right to accessibility of various services including information respectively.

Unfortunately, Senjan & Suraj (2020) indicate that people with visual impairment are often victims of negligence and ignorance in society, because they are discriminated against and stigmatised resulting in inequities in access to information and healthcare services. The literacy rate among people with visual impairment is generally poor compared to those without visual impairment. In India for example, The World Bank reported that the illiteracy rate of people with visual impairment was at 80%. With such statistics, what it meant was that similarly, the unemployment rate and inaccessibility to healthcare services was also exceptionally high.

Having somebody to read for you, or summarising issues has its limitations. Firstly, it heavily depends on the willingness of those who can assist to be able to do so. Their ability to read on behalf of those with visual impairment may depend on several factors such as whether they have the time, how good they are at reading for others, ability to summarise information properly, and other commitments of their own that they may have and how these may interfere with their capacity to assist. Interest to assist also counts significantly. Some of the potential helpers may be children or close relatives of those with visual impairment. Children have varying interests other than reading for their parents with visual impairment. They may not be willing to help, or they may do a shoddy job of the whole thing. Literature on the differences between parents' needs and their sighted children needs on assistance is abundant.

In a study on inclusion of people with visual impairment in the electoral process in Zimbabwe, Munemo (2015) found out that some children of parents with visual impairment would misrepresent the voting choices of their parents and replace it with their own and were fully aware that the parents would not find out. This was a clear case of betrayal of trust on the part of such children. It also depends on whether their speed of reading makes it possible for the person who is listening to understand what is being read by the sighted person. The attitude of the person reading also counts a lot in terms of commitment to do the task at hand and not only doing it but executing it properly and effectively to the benefit of the person with a visual impairment. Some people just read without paying attention to whether the other person is following what they are reading or not. Some people are naturally very poor readers, not to mention how they pronounce some words or respecting punctuation marks and reading rules.

On the other hand, other factors also hinge upon the person with a visual impairment himself or herself. Some of them may have developed poor listening skills and this can be a real challenge which may necessitate patience on the part of the person who is reading and the one being assisted. The issue of attitude and commitment to being assisted is another crucial issue to the puzzle. Some people with visual impairment may be in the habit of fault finding as opposed to focusing on and building on the positives of the person who is reading for them. These aspects appear not to have been considered in the decision-making process.

The electronic media has been widely used in disseminating Covid 19 related awareness information. Radio and television messages need to be properly packaged if they must achieve their intended goal. The idea that since people with visual impairment cannot see but can hear and can therefore easily listen to the radio or television is a typical misnomer and stigmatises, labels, and discriminates people with visual impairment.

Not all radio or television messages are user friendly for people with visual impairment. Certain specifications need to be met before such information can be availed for consumption by people with visual impairment. Most websites are not user-friendly for most of the people with visual impairment.

Statement of the problem

People with visual impairment appear to be short-changed in the way information on Covid 19 is provided to them compared to the sighted

Research Questions

- To what extent have people with visual impairment accessed critical information on Covid 19 in Zimbabwe?
- How have the information formats used to present Covid 19 information to people with visual impairment achieved their intended purpose?
- How have Covid 19 induced information dissemination challenges for people with visual impairment impacted on the role of information?
- How best can Covid 19 information dissemination and awareness challenges be addressed to effectively serve the needs of people with visual impairment?

REVIEW OF RELATED LITERATURE

Limited information, or absence of information on Covid 19 resulting from inaccessible and specifically designed information for people with visual impairment has had a huge negative impact on people with visual impairment. Senjan, & Suraj (2020) argued that mass public announcement by government and awareness of Covid-19 may be high, but knowledge in terms of cause, transmission, technique for prevention and protection measures could be poor due to the inaccessibility of information. Health authorities also don't seem to take into consideration the information needs of special populations such as people with visual impairment. The current thrust of information dissemination appears to be primarily targeted at the general public but is not necessarily suitable for or user friendly for people with visual impairment. It is because of these gaps that people with visual impairment are likely to contract Covid 19 compared to those without, and this will result in an unprecedented spread of the virus.

People with visual impairment may also face difficulties in accessing information on Covid 19 issues on websites mainly because most websites are not suitable for screen readers. Inadequate knowledge about preventive and use of personal protective measures like wearing face masks, hand-washing leads to incorrect practices that can be detrimental to people with visual impairment. The technique for wearing face masks and washing hands heavily relies on the visual function. Senjan & Suraj (2020) This information somehow needs to have been acquired through an accessible manner and not haphazardly. In addition, the lack of awareness and insufficient knowledge on disinfection of assistive devices for people with visual impairment is a critical issue. People with visual impairment need to disinfect their assistive devices such as white canes, magnifiers, or Braille machines. Devices used in schools, colleges or borrowed from the library need to be disinfected more regularly. The need for disinfecting these devices is made more urgent because people with visual impairment depend heavily on the use of touch and tactile senses in-order to perform several routine activities or outdoor movement which may further increase the chance of getting the infection from the virus. (Ibid)

Getting up to date information on Covid 19 goes a long way in helping people with visual impairment take up various tasks in everyday life. Credible sources of information from organisations like World Health Organisation, Centres for Disease Control and Prevention, the Ministry of Health and other local state and private health authorities in Zimbabwe will be very helpful to people with visual impairment. An accessible

statistic tracker for the country especially from the Ministry of Health covering the infection rate, the recovery rate and mortality rate will also go a long way in providing relevant information to people with visual impairment. Marxen-Simonson (2020)

Challenges of Accessing Covid 19 Information faced by People with Visual Impairment

Several barriers affect the effective dissemination of information for people with visual impairment. One of the major barriers is the lack of visual methods adapted for people with visual impairment. According to Munemo, (2018), some people with visual impairment cannot read conventional print and cannot therefore access vital information is not availed in Braille or enlarged print for example. Munemo also alludes to the fact that according to NASCOH (2010) Braille was a mystery and was reserved for those who did special needs education. This position was regrettable since Braille was still commonly taught used in schools and many people with visual impairment were using it. UNPRPD (2020)

A good number of people with visual impairment work more comfortably with either Braille or enlarged print. Others may prefer to use ordinary print, but they may experience challenges in reading or accessing the information. Others may prefer the use of audios, word of mouth, radio, or television. In one study, a participant had this to say concerning accessing information on Covid 19. "I do not have a radio to receive information about Covid 19, I will only hear about this information when I go to the growth point where I listen to other people's radios." Another participant said that "I have a radio, but it requires the battery to be charged, so, I must go to the shops and charge it first so that I can listen to it. I therefore I receive Covid 19 information periodically. Most importantly all these formats may need to be adapted so that each individual benefits optimally. Those with Albinism may be comfortable with audios, Tv, radios as well as other suitable formats. It appears Zimbabwe does not have a Covid 19 strategy that caters for or accommodates all forms of disability in an equal inclusive and respectful way UNPRPD (2020) There is a lot of emphasis on social distancing, yet it is difficult for people with visual impairment to do this by virtue of lack of sight or limited sight. From time to time they may require the services of helpers when they move around, and this makes social distancing difficult to understand and implement effectively.

Limited mobility and orientation skills on the part of people with visual impairment are a limitation to accessing information on the Covid 19 pandemic. If there are community awareness meetings or gatherings, limited mobility and orientation skills or the complete absence of these skills hinders the participation of people with visual impairment. The venue of the meeting may be far away. Even if it's near the home of a person with a visual impairment, mobility and orientation skills are not easily learnt or acquired due to the difficulties and obstacles involved in learning them. Firstly, one needs a trained person with the expertise to teach these critical skills. Learning these skills is a process and not an event. One needs time to acquire these. Some people with visual impairment lack confidence. While this is understood as one of the effects of visual impairment, mobility and orientation remain critical skills that will enable movement from one place to another to get information or services and these skills cannot just be wished away, or postponed, and confidence is a key issue in attaining them and making use of them in their everyday lives

Another challenge that comes with limited information to people with visual impairment is that of the increased exposure that comes with touching surfaces when people with visual impairment will be moving around. People with visual impairment use assistive devices and gadgets. Proper information needs to be availed to them so that the risk of infection is drastically reduced.

Another challenge is that of the use of third parties to convey critical information such as in this case. Many a times people with visual impairment have had to call upon other people to help them interpret or read important information on Covid 19. Regrettably, getting assistance through this way distorts information and sometimes resulted in unnecessary apprehension and out of context understanding of otherwise normal situations. (Munemo,2018), and because of such anomalies, what people with visual impairment hear is so

polarised and tends to be dramatized and blown out of proportion. Dube, Ncube & Mapvince, (2021) @ <https://doc.org>, argued that people with visual impairment, were often excluded from decision making spaces and have unequal access to information on outbreaks and availability of services. The same Authors emphasise the need to provide multiple forms of communication such as text captioning, signed videos, online materials for those who use assistive technology and that discrimination and language barriers may limit access to publicly available preventive materials, health care and social services. This is especially important since healthcare service information and government announcements may not reach people with visual impairment. Public health information is meant for the public and should not discriminate against those with visual impairment difficulties.

Another very strong factor is that negative attitudes and ignorance about the information needs of people with visual impairment, coupled with stigma and pervasive misinformation on Covid 19 also contributes immensely to the acquisition of information by people with visual impairment. Stigma and stereotyping in particular increase the likelihood of preventing potential infected persons with visual impairment from seeking appropriate information and care immediately. (Dube, Ncube & Mapvince, 2021 @ <https://doc.org>). Communities need to be made aware of the impact and relationship between Covid 19 and negative attitudes on people with visual impairment.

METHODOLOGY

The study utilised a design proposed by Taylor and Bogdan which involves analysing information from findings obtained through interviews. The study therefore made use of the discovery process, coding, and relevance.

Qualitative data gathering instruments that were made use of essentially entailed key informant interviews, qualitative observation, and small group focus discussions. Key informants were identified through a purposive sampling technique that focused on mainly the knowledge base of participants based on the subject or key issues of the subject under study. The key informants were also selected from a pool provided by organisations of people with visual impairment. 30 participants, with a mean age of 40, took part in the study and all of them had a visual impairment. Focus group discussions provided critical information on the issues under discussion. Focus groups were made up of 5 to 7 people. Guidelines on questions to be asked were prepared in advance to guarantee consistency in the data gathering process. These were based on sex and age disaggregated considerations. This allowed for free discussion and safe discussion space. Participation was also smooth flowing due to the type of focus groups organised. Participants had to have a visual impairment as a major or key requirement. Management of data that was gathered was done strictly in compliance with ethical, anonymous, and confidential guidelines and standards. All participants consented to their taking part in the study. Social distancing, use of masks and sanitisation regimes were also followed to the book. Some interviews were done through both the cell phones and telephones after prior arrangements were made with all the participants concerned. Group meetings were also held before the actual focus group discussions to assist with familiarising participants with the objectives of the study as well as ensuring and guaranteeing that they took part in the study willingly and without any form of duress or pressure. This process went a long way in clarifying any ambiguities and doubts or uncertainties. Each individual interview lasted for about 20 to 25 minutes depending on individuals because people with visual impairment were not a homogenous constituency. Notes and key points were taken note of during the interview. Interviews were also recorded with the consent of the interviewees.

The Discovery stage or level focuses on identifying themes based on examining data, repeatedly reading, elaborating typologies and developing concepts. (Dube, Ncube & Mapvince, 2021 @ <https://doc.org>) Coding therefore entailed analysing all the data referring to themes, ideas, concepts interpretation and propositions

PRESENTATION OF FINDINGS

Accessing information on Covid 19 Regarding the issue of how people with visual impairment access information on the pandemic, most of the participants indicated that they had accessed the information on Covid 19 through what other people or third parties such as their personal aids, other family members, friends and other associates tell them. Others highlighted that they got the information through listening to the radio. A handful of those with low vision indicated that they got the information through television. Most of them however alluded to the fact that this information was in essence packaged for and with sighted people in mind. The main concern most of them highlighted was that the information was not really targeted for people with visual impairment. Another issue they highlighted was that they rarely attended public meetings, mainly because of the difficulties that go with travelling to the venues of the meetings as well as the strategies involved in disseminating the information.

One participant had this to say *“We get most of our information on Covid 19 through other people in the family, such as parents, our siblings, our children, and other members of the community. Sometimes we get the information though the radio if you are lucky to own one”*

Another participant said *“While we may get information, from other people, there was a high risk of misrepresentation of the information depending on how the other person understood the information. In addition, some of the people from whom we get this information may not be conversant with how best to present this information to an individual with visual impairment.”*

It was clear that information on Covid 19 was obtained through other people and while this was commendable that at least the information gets to people with visual impairment, there were concerns on the effectiveness of the information to individuals with visual impairment. There was the high risk of this information getting to people with visual impairment not in its original format and therefore distorted to some extent. This was worsened by the fact that not all of those who provided the information were experts or trained in ensuring that it was properly presented to the intended beneficiaries.

Appreciation of the role of information to people with visual impairment

It was noted that generally, health authorities lacked an appreciation of the critical role that information on Covid 19 played to people with visual impairment. Health authorities appeared not to realise the important role or part they have in coming up with user-friendly strategies of presenting information on the pandemic, hence most of the information that was availed mainly catered for people with sight. These sentiments were highlighted by some of the participants as highlighted below.

One participant said *“The Ministry of Health and other stakeholders involved in information dissemination appear not worried by the way they package information on Covid 19. Some of us are more comfortable with reading this information in either Braille or enlarged print and yet we have not accessed this information through these formats”*.

Another participant indicated that *“As people with visual impairment, we have always been discriminated. It is not surprising that provision of information on Covid 19 is one of the ways through which we have been short-changed by society. We are not regarded as equal participants in community activities”*

Another participant indicated that *“It would appear there is a plot to leave us out of the mainstream health activities on the assumption that we have little or nothing to do with health-related issues and this is an unfortunate position on the part of those who are supposed to empower us just like any other section of*

society”

From the sentiments highlighted above, it can be discerned that Health authorities and other stakeholders in the health sector have not taken cognisance of the fact that people with visual impairment also deserve to get accurate information on Covid 19 ie the causes, the signs and symptoms, how to manage an affected person, the role of the clinics and hospitals and other health related practices.

Availability of information

Most participants agreed that information on Covid 19 was being availed or presented in wrong formats. The availability of information contributed immensely to the inclusion of people with visual impairment in the fight against Covid 19. Availing information in formats other than those that people with visual impairment can easily access and understand was tantamount to excluding them and therefore disenfranchising them from their right to information. Most of the people with visual impairment cannot read ordinary print. A few with low vision can read print, but with some degree of difficulty for some of them. They indicated that if this information can be presented in Braille or enlarged print depending on individual needs, this will go a long way in empowering them in grasping and dealing with Covid 19 related information dissemination. They highlighted that Health authorities could avail information in the form of pamphlets, banners, media articles and others in Braille as well as enlarged print. Another request focused on making radio and Television programmes properly packaged to suit the needs of those with visual impairment.

One participant had this to say.” *Provision of information in appropriate formats is critical because it enables us to be up to date with current information on the pandemic and this helps us behave and conduct ourselves accordingly.*

Another participant highlighted that “*Limited information or the lack of adequate information on Covid 19 can lead to ill-informed decisions or conduct that is not commensurate with World Health Organisation standards and recommendations. The situation is worsened by the fact that the little information there is for us is not even presented in user friendly language, let alone formats*”

Another participant indicated that “*In most cases we are not invited to meetings on the pandemic, mainly based on the erroneous understanding and notion that because we can’t see, we are not of any use and do not therefore matter and yet health issues should be everyone’s concern*

A young participant added that “*The issue of social distancing for example is one that most of us don’t quite understand because of the lack of sight especially when one considers that we require the services of an Assistant or Mobility guide. The distance that we may need to maintain needs to be clearly understood in its proper context. A demonstration of the distance may be needed considering that you are dealing with an individual who has no sight at all or has very limited residual sight*”

The major issues here were that information on Covid 19 was not being presented or packaged in user friendly formats or ways. This therefore implied that people with visual impairment were unable to take part in the activities that helped in preventing Covid 19 or properly managing issues if they were affected by this disease.

Participation in Covid 19 prevention and Cure activities

Most of the participants indicated that they had not participated in programmes to do with Covid 19 education and awareness programmes. The few who had taken part were further asked to show how exactly they had participated in the Covid 19 activities. Indications were that they had mainly participated as

ordinary participants in a few public meetings and gatherings. Those who had not been able to take any part were further probed on why they were unable to take part in the activities on Covid 19 in their communities. They also felt that they did not feel motivated to take part in mainstream Covid 19 activities because they felt they had always been excluded and discriminated against from the mainstream activities in their communities. Other reasons cited involved lack of interest mainly due to how the critical information was being presented. They felt that the formats used to present the information was not inclusive as it did not entail alternative formats such as Braille and enlarged print or any other properly packaged information formats on either radio or Television. Some were unable to attend te activities and programmes due to work commitments. Others had not received any invitation to attend such meetings or activities, not even through the community or political structures.

A participant said that *“Society has generally assumed and believed that people with visual impairment were divorced from Covid 19 awareness education and community participation.*

Another participant highlighted that *“There was need for authorities and community elders to always consult stakeholders such as those with visual impairment to get first hand their needs on how best they could take part in community activities on Covid 19”.*

The general implication picked up was that people with visual impairment were excluded from participating in community activities and programmes. While they had their varied reasons to explain this exclusion, it was also clear that authorities and community leaders also had a lot to do with the lack of enthusiasm and interest in taking part in important Covid 19 programmes. There was lack of accurate awareness education and information for the benefit of those without sight. Provision of up-to-date information on Covid 19 was long overdue.

DISCUSSION OF FINDINGS

Accessibility of information on Covid 19

The study established that there was generally a lack of information or limited information on Covid 19 provided to people with visual impairment. People with visual impairment accessed information on Covid 19 via different strategies such as through third parties, as well as through radio and television or user-friendly government and stakeholders’ websites. The consensus was that this information was not accessed through user friendly or disability friendly formats. Because of this anomaly, not all of the targeted beneficiaries, ie people with visual impairment really effectively benefited from this information. There could be several reasons why authorities and other stakeholders do things the way they do. Firstly, it could be because of lack of expertise on presenting information on Covid 19 using disability friendly strategies, in which case it could be vital to outsource such services to those who can do it and with the requisite expertise and experience to do so. The other reason could be that authorities were not ready to be responsible for the high costs that go with translating Covid 19 related information into Braille or enlarged print. This issue can be aggravated by other costs that go into producing pamphlets, banners, booklets and flyers, audio and vedio formats. Packaging information for people with visual impairment is not an easy task, since there is need for experts who also need to be compensated for their services. The other dimension could be that of mere lack of interest on the part of authorities and stakeholders mainly due to not taking issues to do with people with visual impairment seriously and therefore seeing no obligation in making financial provisions to cater for such needs. Lastly another reason could be the lack of effective policies and legislation to compel authorities to provide for funding, expertise and accountability to ensure that people with visual impairment were taken care of in as far as effective provision of appropriate information regarding Covid 19. The advantage with legislation backed up by appropriate policies is that authorities will be called upon to account for what they did or do when an evaluation is done. Secondly, legislation also makes effective provision for funding and a

breakdown of how that funding was utilised. Legislation also provides for specific punishment that courts can prescribe for those who break the law. This finding concurs with Munemo (2016) who found out in a similar study on provision of information on electoral issues in Zimbabwe, that there was a glaring lack of information as well as limited information available to voters with visual impairment. The finding also confirmed by the Zimbabwean constitution (2013) and Munemo (2015) which revealed the disregard for inclusion of voters with visual impairment on the grounds that they could therefore be attended to when resources were available. The finding was at variance with standard practices in countries like the United Kingdom where according to the United Kingdom Electoral Commission (2013) the country, was compelled by law to provide information in alternative and relevant formats for the benefit of people with visual impairment

Lack of appreciation of the role of information on Covid 19 for people with visual impairment

The study revealed that authorities and other stakeholders did not readily appreciate the role of information in confronting the Covid 19 pandemic on the part of people with visual impairment. Several positions can be used to justify this lack of readiness to realise the critical role of information in fighting this scourge. Firstly, it may be because authorities do not quite see this as a priority, maybe because people with visual impairment were a minority. Against this background there may be an erroneous view that provision of such information amounts to a waste of both human and material resources. A lot of resources to confront the pandemic head on have been mobilised for people who see, unlike for those with visual impairment. Considering that the Constitution bestows on every citizen equal human rights, it baffles the mind to understand this discrepancy. The lack of knowledge and understanding of the information needs of people with visual impairment can also be used as a factor contributing to this reluctance on the part of authorities and stakeholders. Another issue could be the sheer lack of expertise on the part of those who make critical national decisions. This concerns mainly policy makers and others charged with the responsibility to ensure that all citizens were treated equally and that resources were provided, without discrimination on grounds of disability. The finding agrees with the concerns raised by the National Association of Societies for the Care of the Handicapped (2010) which highlighted that ill-informed community beliefs that people with disabilities were not supposed to take part in community activities were common and could account for the way critical information was withheld not only from people with visual impairment, but even for other categories of people with disabilities. The finding also differed with assertions by Lerclec, (2012) in Munemo (2016) who indicated that in Canada for example positive strides in the provision of information for people with visual impairment had been registered. In Canada, a manual for voters with visual impairment was adapted to give people with visual impairment as much information as possible in alternative formats for voting.

Availing information on Covid 19 in appropriate formats

The study established that information on Covid 19 awareness was being availed in formats that were not user friendly. The major format being used to present this information was ordinary print. Very few people with visual impairment were able to easily access this information and read it comfortably. The understanding behind this finding could be multi-faceted. Firstly, one reason could have to do with prohibitive costs involved in producing information in appropriate formats. Materials required to put information into user friendly formats are generally very expensive, compared to what was needed for the sighted people. Braille machines, Braille paper, Brailon, diagrams produced from a thermoform, note takers, audios, video and Computer software used by people with visual impairment were very expensive, but nevertheless, that should not render them inaccessible. Because of the high costs, it implies that most of the resource requirements have to be imported from other countries like South Africa, Germany, the United States of America, the United Kingdom and others. Fewer people were also trained in producing Braille material for purposes of information provision. They are badly needed for use by those with low vision and

those without vision to get critical information on Covid 19. At the end authorities and other stakeholders need to be responsible for these production costs. One supplier quoted the following prices for some of the critical gadgets used to produce information for people with visual impairment. A Braille embosser was going for US \$8000; a Perkins Braille machine was going for \$ 2500, Braille paper cost \$ 1000 a ream. Another dimension could again be that of the expertise to come up with the correct and relevant materials to enable the provision of information on Covid 19. If this is not available from stakeholders, it could be outsourced to the private sector where it is hoped that it should be available. The absence of relevant legislation and policies to buttress rhetoric on the ground is critical and it appears this has a lot to do with the lack of information to those who need it badly. Legislation could go some way in ensuring that information needed is provided by those expected to do so by way of the law. Existing legislation falls far short of compelling authorities to provide the information needed. Lastly, the issue of negative attitudes could also have a lot to do with the current lack of interest to do the right thing. People with visual impairment. Generally, attitudes about people with disabilities were not the best of one can expect in society. This finding confirms what Munemo (2016) also found out that information for people with visual impairment was mainly presented in ordinary print and yet this constituency preferred other ways through which they can readily access the information they require. The finding is also in violation of the Zimbabwe Constitution 2013 Section 22(3) which acknowledges the welfare, requirements and communication needs of people with disabilities.

Lack of awareness of the government's Covid 19 Response policy

The study also revealed that there was a lack of awareness of the government's Covid 19 response policy. This position could be explained by the fact that since information was being available in inappropriate formats, it was not surprising that people with visual impairment were obviously left out and there was no way they could be knowledgeable about the government's expectations. Another reason could be that government arms and Agencies have not bothered to reach out to all stakeholders including people with visual impairment hence the lack of awareness. Another dimension could be that people with visual impairment themselves have also not reached out to government agencies. They probably expected that it's the duty of government to come to them, something which may not always work out positively for them. Government may have a lot on its plate. People with visual impairment can also reach out to government agencies through the organisations that represent them such as NASCOH, League of the Blind, Association of the Visually Handicapped, Jairos Jiri Association and others. This finding agrees with the United Nations Population Fund, Zimbabwe which also indicated that in a study it carried out 79 % of the respondents were not aware of the government of Zimbabwe's Covid 19 awareness response plan.

Lack of involvement of people with visual impairment in decision making

This study exposed the apparent lack of participation and involvement of people with visual impairment in the decision-making matrix. This resulted in key decisions being made by people other than the actual or intended beneficiaries. Several factors can account for this situation. Firstly, people with visual impairment have never been regarded as key stakeholders on issues that pertain to them. This attitude has been quite disturbing to say the least. Stigma and stereotyping that have always characterised people with visual impairment as being second class citizens could also have had a hand in the lack of involvement on the part of people with visual impairment. People with visual impairment also needed to be pro-active themselves. This appears to have lacked on their part. It is easy to make excuses, shifting responsibility away to others and people with visual impairment may need to take cognisance of this and be responsible for their needs. They have probably expected too much to come their way without really advocating for it and this might not have produced the best of results for them. They may need to stand up and be counted where issues that concern them are at stake. The finding concurs with an information Brochure titled Our work/Community Engagement- Covid 19 –How to include Marginalised and Vulnerable people in risk Communication and

Community Engagement, which highlights that people with visual impairment were often excluded from decision making spaces and have unequal access to information on disease outbreaks and availability of services. The same Brochure also adds that access to information is often a barrier to persons with disabilities who have specific communication needs and that there was need to disseminate information that uses clear and simple language. This is key in that language barriers have the potential to limit access to publicly available preventive materials, healthcare, and social services. This is vital since healthcare service information supported by other government announcements may not reach all people with visual impairment as intended.

CONCLUSION

The study came up with a number of key findings. One of these was that there was lack of information on Covid 19 that was reaching people with visual impairment. Secondly there was also a general lack of appreciation and interest on the role that information played to people with visual impairment. Another finding was that information was only provided in formats that do not benefit people with visual impairment. In other words they could not access the written word which was mainly used. There was also a lack of awareness on the government's Covid 19 response policy on the part of people with visual impairment. Lastly people with visual impairment themselves were not participating in Covid 19 programmes due to discrimination or lack of aggressive advocacy strategies.

RECOMMENDATIONS

- Putting in place an accessible statistics tracker system offering information on infection rate, recovery rate, anmortality rate
- Exploring the idea of an inclusive Covid 19 information policy targeted at PWVI
- Providing information in user friendly formats such as Braille, enlarged print, properly packaged audio and radio and Television information as well as electronic and other options for both individuals with low vision and those without sight
- Limiting the use of third parties to the minimum in providing information since it has its limitations.
- Increasing information dissemination and awareness campaigns for PWVI
- Exploring the idea of an all stakeholders indaba on improving information dissemination strategies for PWVI

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