

## COVID-19 Pandemic and its Consequences on the Elderly and the Disabled

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### Background

The recent and ongoing wave of the coronavirus disease (COVID-19) has traumatized the globe. According to the World Health Organization (WHO) (2020a) and the Centers for Disease Control and Prevention (CDC) (CDC, 2020a), older individuals and those with pre-existing medical conditions such as asthma, heart disease or diabetes, seem to be at a higher risk of becoming severely ill from COVID-19. Some studies (CDC, 2020b) have estimated (Maier et al., 2020) that those who contract COVID-19 and who are 65 years and older have a 4% mortality rate, 75 years and older have an 8% mortality rate, and 85 years and older have a 15% mortality rate; the average mortality rate being around 2%.

In his speech (*Livemint*, 2020) on 14<sup>th</sup> April 2020 that announced a second phase of nationwide lockdown– Prime Minister of India Narendra Modi urged the citizens to provide “extra care” to the elderly, especially those with chronic diseases, in tandem with “social distancing” and self-isolation. Globally, the elderly population constitute 12.3% of the total population, and their numbers are steadily rising because of falling mortality and fertility rates. The number of persons in the age group 60 years above is projected to grow by 56% from 901 million to 1.4 billion during 2015 and 2030 (United Nations, Department of Economic

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and Social Affairs, Population Division, 2015). In India, the share of the elderly population increased from 5.6% in 1961 to 8.6% in 2011, as per the Census.

Majority of the elderly (defined as 60 years or above) population in India are vulnerable to chronic and protracted diseases and therefore prone to huge healthcare expenditure, and specifically to out of pocket expenditure. The disabled and particularly mentally disabled form the most vulnerable group as they suffer from multiple deprivation. Changing structural and functional aspects of joint families and breaking of the joint family system etc., the elderly members are gradually being shifted from family to the Old Age Homes (OAHs) or assisted livings or care givers institutions. Close to 2 crore elderly people are homeless, and some are in an abject poverty, face loneliness, abandonment and suffering from psychological problems (Sanitha et al., 2019).

The elderly population in India is estimated to be around 10.4 crore (Ministry of Statistics and Programme Implementation (MoSPI), 2016), according to the 2011 Census. According to the National Sample Survey (NSS) 76<sup>th</sup> Round report, 'Persons with Disabilities in India' (MoSPI, 2018), the disabled population in India is estimated to be 2.6 crore. The elderly and Persons with Disabilities (PwDs) are among the most vulnerable sections of the society and constitute about one-tenth of the total population of the country. Including the disabled, out of the total older population, 2.1 crore belong to the poorest households having a monthly household income of less than Rs. 2900. These segments are some of the worst-hit in terms of accessibility, availability and affordability of basic life-saving services, and are more prone to be affected by depression and anxiety. It is now evident that the coronavirus infects people especially with weak immune system, like the elderly. This calls for an increased and immediate focus on accessible and emergency healthcare, with an emphasis on the feasibilities of practicing hygiene and distancing. This is vital for

the susceptible segments of our population that require more specialized medical attention.

We have had an overdose of COVID-19 discourses from the media and it has been reiterated that it is important to take precautions and isolate these vulnerable sections of society to prevent the country from a public health catastrophe as has been manifested in the US and Russia. In this scenario, the WHO has published 'Disability considerations during the COVID-19 outbreak', highlighting the greater significance of the impact of COVID-19 on the disabled population, which can be mitigated through appropriate action and protective measures by key stakeholders (WHO, 2020a). Similarly, a statement from the WHO underlined the increased risk to the elderly from COVID-19, and pushes for a collective approach to supporting and protecting older people living alone, with a special attention to be given to those who provide care for them (WHO, 2020b).

The sudden announcement of the lockdown – now extended - in the country has led to panic and socio-economic and health emergencies, wherein the PwDs and elderly are among the worst affected. According to the United Nations (UN), unless the governments and communities act, this section will continue to face problems during the COVID-19 pandemic (UN, 2020).

### **The Disabled and Elderly in India: State of Affairs**

The 'Elderly in India' Report (2016) of the Ministry of Statistics and Programme Implementation (MoSPI), Government of India, provides an insight into some characteristics of the older population based on data from the 2011 Census and the 2013 Sample Registration System (SRS) report (MoSPI, 2016). Both the share and size of the elderly population was found to be increasing over time. From 5.6% in 1961, the proportion increased to 8.6% in 2011. For males, it was marginally lower at 8.2%, while for females it was 9.0%. 71% of the elderly population was

reported to reside in rural areas and 29 % in urban areas. The most common disability among the aged persons was locomotor disability and visual disability, with around 5% of the 60+ population having a physical disability.

There are 21 types of disabilities identified under the Rights of Persons with Disabilities Act, 2016 (Department of Empowerment of Persons with Disabilities (*Divyangjan*), 2016). These fall under the categories of locomotor disability, visual disability, hearing disability, speech and language disability, mental retardation/intellectual disability, mental illness, and other disabilities. The NSS 76<sup>th</sup> Round report based on this classification finds a prevalence of disability (percentage of PwDs in the population) of 2.2% in India, with a higher prevalence in rural areas (2.3%) than in urban areas (2.0%), and higher among males (2.4%) than among females (1.9%). According to the Report, only 28% of the total disabled people have Disability Certificates (which is about only 73 lakh out of 2.6 crore disabled people). Only 21.8% of the individuals receive government aid, 1.8% receive aid from organizations other than government and 76.4% do not receive any aid.

The policy decision of a lockdown is not sensitive to the population of the elderly and PwD in its entirety. According to the two reports, around 4% PwD live alone and 14% of the elderly population is dependent on others (caregivers) (Ministry of Statistics and Programme Implementation, 2016). Frequent visits to hospitals and rehabilitation centers are a requirement. The caregivers – although immensely vital - may be hesitant to provide their services in the current scenario due to the increased risk of infection. When practising a seemingly basic habit of handwashing might be contingent upon the ability to access and use a facility to do so, following other safety guidelines would be similarly conditional, for the segments of the elderly and disabled that are at risk in isolation. According to the Ministry of Health

and Family Welfare (MoHFW), about 63% of the coronavirus related deaths are in the age cohort of 60+ (*India Today*, 2020).

Lack of accessible information and its dissemination, a faulty built-in environment and negative social attitudes towards PwDs are matters of grave concern, particularly in the prevailing times of a pandemic, which put their lives and livelihood at serious risk. Persons with visual disabilities rely highly on the sense of touch (reading Braille, providing inputs on electronic devices, using canes, etc.) for mobility and work, thus increasing their risk of getting infected. Many of the quarantine centers do not have PwD/elderly friendly infrastructure like lifts or disabled-friendly toilets. This needs to be taken cognizance of and addressed swiftly, given Prime Minister Modi's emphasis on the need to take care of the elderly as part of the agenda for tackling the COVID-19 crisis.

### **Government Policies, Acts, and the Welfare Framework**

The nodal Union Ministry responsible for senior citizens and PwDs is the Ministry for Social Justice and Empowerment (MoSJE). For providing more effective provisions for the elderly, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was initiated (Ministry of Law and Justice, 2007). Further, the National Policy for Senior Citizens, 2011 was aimed at the welfare of older persons, and underlined the value of an "age-integrated society". It laid out eight areas of intervention: income security in old age, healthcare, safety and security, housing, productive ageing, welfare, multi-generational bonding, and media. Within the MoSJE, the Senior Citizen Division addresses the requirements of the elderly.

The Integrated Programme for Senior Citizens is a significant Central Sector Scheme here. Its main objective is to improve the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment

opportunities and by encouraging productive and active ageing with support for capacity building from the states/Union Territories, Non-Governmental Organizations (NGOs), Panchayati Raj Institutions and the community at large.

The Department for Empowerment of Persons with Disabilities (*Divyangjan*) (DEPwD) (2017-18) under the MoSJE caters to the needs of the disabled communities. It administers three Acts: The Rights of Persons with Disabilities Act, 2016; The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999, and the Rehabilitation Council of India Act, 1992. The National Policy for Persons with Disabilities (Ministry of Social Justice and Empowerment, 2006) was released by MoSJE in 2006. It focused on prevention of disabilities, rehabilitation measures (physical strategies, education, economic rehabilitation), women and children with disabilities, a barrier-free environment, social security and other crucial aspects.

The major schemes of the Department include: Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP); Scheme for Implementation of Persons with Disabilities Act (SIPDA); Deendayal Disabled Rehabilitation Scheme (DDRS); Disability Rehabilitation Centres (DDRC); and various fellowships, scholarships and skill trainings for PwDs. In 2018-19, 1.8 lakh beneficiaries availed the benefits of ADIP with an actual budget estimate of Rs. 216 crores. In the financial year 2020-21 it has been allocated a fund of Rs. 230 crores. However, it will pass the litmus test only if the resources are channeled into implementation, beyond announcements.

### **National Social Assistance Program (NSAP) and other Government Initiatives**

The National Social Assistance Program (NSAP) came into effect from 15<sup>th</sup> August 1995. It introduced assistance for the poor aimed

at ensuring a minimum national standard for social assistance in addition to the benefits that states are currently providing or might provide in the future. It has five sub-schemes as its components (NSAP, 2014): Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National Family Benefit Scheme (NFBS) and Annapurna. Under this program, around 4 crore beneficiaries have been digitized, in all – including 3.3 crore under central schemes and around 70 lakh beneficiaries under state schemes.

Table 1: Budgetary Allocation for Selected Components of NSAP (Rs. crores)

<b>Scheme</b>	<b>2019-20 RE</b>	<b>2020-21 BE</b>
IGNOAPS	6259	6259
IGNDPS	247	297
IGNWPS	1938	1938

Source: IMPRI, 2020

States are also providing financial assistance for the PwD and elderly under various schemes. Table 2 and Table 3 show, respectively, the existing state government disability and old-age pension schemes and financial assistance in India.

In light of the coronavirus crisis, it was announced that the Centre will provide (*The Economic Times*, 2020a) three months of pension in advance to poor senior citizens, differently-abled and widows under the National Social Assistance Program (NSAP). Further, under the Pradhan Mantri Garib Kalyan Yojana (PMGKY), the Finance Minister announced (Press Information Bureau (PIB), 2020a) an ex-gratia of Rs. 1,000 over three months in two instalments for poor senior citizens, disabled communities and widows. The National Platform for the Rights of the Disabled (NPRD) and various groups and experts has expressed dismay

(*The Hindu BusinessLine*, 2020) as the ex-gratia amount is “very meagre” and “grossly inadequate”.

Central government had also issued instructions to all states and Union Territories to ensure that caregivers of PwDs were able to reach them during the lockdown (now extended) (*The Hindu*, 2020a). In March, the Ministry of Social Justice and Empowerment issued instructions to implementing agencies for senior citizens such as Old Age Homes, Regional Resource Training Centres and Rehabilitation Centres, to provide the elderly with special medical attention and care (*The Economic Times*, 2020b). The DEPwD has issued (Press Information Bureau, 2020) “Comprehensive Disability Inclusive Guidelines”. The Ministry of Health and Family Welfare has also published a Health Advisory for Elderly Population of India during COVID-19 (MoHFW, 2020)

Table 2: State-wise Disability Pension/Financial Assistance

State	Scheme	Monthly Pension Amount (INR)
Centre	Indira Gandhi National Disability Pension	300-500
<i>State Government Schemes</i>		
Andhra Pradesh	YSR Pension Kanuka	3000
Arunachal Pradesh	Indira Gandhi National Disability Pension Scheme	2000
Assam	Deendayal Divyangjan Pension Achoni	1000
Bihar	Bihar State Disability Pension	300
Chhattisgarh	Social Security Pension Scheme	350
Delhi	Disability Pension	2500
Gujarat	SantSurdasYojana	600
Haryana	Disability Pension Scheme	1800
Jharkhand	Swami Vivekananda Nishakt Swalamban Protsahan Yojana	400
Karnataka	Social Security Scheme	400
Kerala	Indira Gandhi National Disability Pension	1200
Madhya Pradesh	Social Security PwD Pension Scheme	600
Maharashtra	Sanjay Gandhi Niradhar Anudan Yojana	600-900
Manipur	Indira Gandhi Disability Pension Scheme	300
Meghalaya	Chief Minister's Disability Pension Scheme	500
Mizoram	State Disability Pension	250
Odisha	Madhu Babu Pension Yojana (MBPY)	500-700
Rajasthan	Social Security Pension Scheme for Disabled	250-750
Tamil Nadu	Destitute physically handicapped pension scheme	400
Telangana	Aasara pension	3016
Tripura	Pension to person with disabilities	500-700
Uttar Pradesh	Divyang Pension	500
Uttarakhand	Divyang Bharan Poshan Anudan	1000
West Bengal	Disability Pension	750

Source: IMPRI, 2020



Table 3: State-wise Old Age Pension/Financial Assistance

State	Scheme	Monthly Pension Amount (INR)
Centre	Indira Gandhi National Old Age Pension Scheme	200-500
<i>State Government Schemes</i>		
Andhra Pradesh	YSR Pension Kanuka	2250
Arunachal Pradesh	Indira Gandhi National Old Age Pension Scheme	1500-2000
Assam	Indira Gandhi National Old Age Pension Scheme	500
Bihar	Mukhyamantri Vridhjan Pension Yojna	400
Chhattisgarh	Indira Gandhi National Old Age Pension Scheme	350-650
Delhi	Old Age Pension	2000-2500
Gujarat	Vayvandana scheme	750-2000
Haryana	Old Age Samman Allowance	2000
Jharkhand	State Social Security Old Age Pension Scheme (SSSOAPS)	600
Karnataka	Monthly Pension Scheme for Older Person	400
Kerala	Indira Gandhi National Old Age Pension Scheme	1200-1500
Madhya Pradesh	Social Security Pension to Senior Citizens	600
Maharashtra	Shravan Bal Seva Rajya Nivrutti Vetan Yojana	600
Manipur	Manipur Old Age Pension Scheme	200
Meghalaya	Indira Gandhi National Old Age Pension	500-550
Mizoram	Old Age Pension	200-500
Odisha	Madhu Babu Pension Yojana (MBPY)	500-700
Rajasthan	Social Security Pension Scheme for Old Age	750-1000
Tamil Nadu	Indira Gandhi National Old Age Pension	1000
Telangana	Aasara Pension	2016
Tripura	State Old Age Pension	500
Uttar Pradesh	Indira Gandhi Old Age Pension Scheme	300
Uttarakhand	Indira Gandhi National Old Age Pension	1000
West Bengal	West Bengal Old Age Pension Scheme	750-1000

Source: IMPRI, 2020

To mitigate the effects of the lockdown, various state governments have focused on the financial assistance being given to the PwDs and pensions to the poor elderly population. For instance, the Bihar state government is providing three-month advance pension (All India Radio, 2020) through Direct Benefit Transfer to pension holders under the Divyang scheme, among others. The Delhi government has doubled the pension amount for widows, differently abled and the elderly to Rs. 5000 per month (*The Hindu*, 2020b).

## **Elderly, PwD and Work Participation in the Times of COVID-19**

As per the latest information available from the Periodic Labour Force Survey (PLFS) 2017-18, almost one out of three elderly people are engaged in some economic activities for their survival (29%). While the work participation rate among poorest 40% households is slightly higher, those elderly people belong to poor households are more vulnerable. Almost three-fourths of vulnerable elderly people are working in low productive and subsistence agriculture (73%) sector followed by construction (7.4%) and hotel, trade and restaurant (6.8%). It means that almost 87% of elderly population belonging to the bottom 40% of the households in economic ladder are vulnerable and in deplorable conditions. This, therefore, necessitates the need for urgent assistance, particularly in the absence of any alternative livelihood opportunities.

Table 4: Latest Work-related Details for Elderly and Disabled (in%)

	<b>Elderly</b>	<b>Disabled</b>
Work Participation Rate	29	23
Unemployed	1	4
Self-Employed	72	60
Regular/Salaried Employees	8	15
Casual Labour	20	23
Agriculture Sector	63	48
Industry	15	20
Services	22	32

Source: PLFS, 2017-18 and NSS, 2018; computed by authors.

On the other hand, according the NSS Survey, 2018, only 23% of the adult disabled are working, and 4.2% are unemployed.

This indicates that over three-fourth (77%) of disabled are dependent upon other family members and government welfare schemes for their livelihood and survival. Out of those employed, majority are involved in low productive agriculture sector, low income self-employment and casual work. So, one can say, that even majority of the disabled are employed, they are engaged in informal or low paid activities and are likely to be heavily affected by the lockdown.

### **Way Forward**

With mandatory distancing advised for senior citizens, they are rapidly experiencing a plethora of changes and an exacerbation of pre-existing troubles (*The Economic Times*, 2020c) - loneliness, restricted mobility, and lack of financial security, to name a few. The India Ageing Report – 2017 by the United Nations Population Fund (UNFPA) estimated that by 2030 around 12.5% of the population would be 60 years and older and by 2050 one-fifth of India's population would age (UNFPA, 2017). It further highlighted the multiple vulnerabilities and underscored the status of elderly women as well, who are at further risks due to a longer life expectancy and the absence of a proper social security network. Knowing this, and witnessing the current crisis, it is only prudent to provide appropriately increased support to the vulnerable elderly and disabled population.

Alongside, the government urgently needs to set up a corpus of its resources for the PwDs to provide them with immediate relief. Any plan initiated should be equally inclusive for the women and transgenders with disabilities and old age. Organizations of Persons with Disabilities (OPDs) and disability rights or advocacy groups should be involved to harness their expertise and to play important roles in raising awareness and disseminating information among the PwDs in addition to

advocating for disability-inclusive responses to the COVID-19 emergency.

Coordinated efforts of all stakeholders, governments, communities and civil society organizations are extremely crucial at this juncture, with active support from the citizenry. The affirmative actions to de-contaminate the disabled communities from the perils of coronavirus can have a far-reaching implication. These suggestions have been written keeping in mind the steps to be taken immediately during the continued lockdown period.

The NSAP has a criterion of 80% and above disability to be eligible for the benefits under the scheme. According to the NSAP dashboard, there are 2.09 crore pensioners under the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) and 17.3 lakh pensioners under Indira Gandhi National Disability Pension Scheme (IGNDPS) for 2019-20 (National Social Assistance Programme (NSAP) Dashboard). During these tough times, it is advisable to relax the eligibility criteria and expand the reach, and provide more than the ‘meagre sums’ – as suggested in the measures announced under PMGKY – so individuals are, at the least, able to meet their monthly basic needs (Kumar et al., 2020). As the number of individuals in need increases due to the fallback in livelihood due to the pandemic and the lockdown, it is necessary to take these schemes further by increasing the scope of coverage and provide assistance to more number of beneficiaries. The budget allocation for pension to the poor, elderly and disabled populations has remained static or increased only marginally. Given the pandemic the 2020-21 budget for NSAP should be appropriately increased - ideally *doubled*, to match a corresponding increase in the targeted number of beneficiaries.

The access to welfare schemes for disabled and elderly should be streamlined to eliminate mental agony, physical struggle and delays in obtaining financial assistance. Red-tape and corruption should be eradicated from their roots. The government should also strengthen other financial inclusion and social

transformation schemes like “JAM-Trinity” and make it more suitable to use technology for the convenience and not the other way around. Cash assistance must be provided along with special provisions under the Public Distribution Scheme (PDS) for the PwD and elderly on an urgent basis.

Concerted efforts should be made to ensure the healthcare of the elderly and disabled population. Geriatric departments and centers need to be set up in medical colleges and district hospitals. Primary health care and medical treatment for elderly and disabled should be given priority in the existing health services. Specific schemes for social protection should also be strengthened for improving their lives.

To combat the pandemic, awareness and information dissemination are of utmost importance. Users and reporting entities of print, electronic and social media should be instructed on and sensitized about the special needs of the elderly and PwDs. Video conferencing, telemedicine and telephonic conversation can be adopted by doctors to contact their disabled patients. An online information and grievance portal should be devised, convenient for all types of disabilities, and address the challenges specific to old-age and related ailments, as well as psychological counselling services. It should be centered on accessibility and ease of use, with simple input requirements. This is imperative to minimize the need for human intervention and dependence and promote self-reliance. Information can and should be disseminated with disability and elderly-inclusive practices of publicity (using sign language, voice assistance, minimalistic interface, and others). Information should be made accessible also in the regional languages and the information should be disseminated through the coordinated efforts of the governments, NGOs and civil societies even after the lockdown is lifted.

Governments should ensure accessible study materials and lesson plans for disabled students who do not have access to the internet. Without government support, parents or caregivers

may struggle to provide the full range of services that their children may be receiving from schools. Access to the aids, devices and necessary mobility and communication equipment to the disabled and elderly during the lockdown should also be ensured.

The bureaucracy in-charge of the welfare of the PwD must be sensitized and streamlined. Those states not yet having a state commissioner for PwD, or the chief commissioner for PwD as per the DEPwD guidelines, must be instated urgently. In fact, their appointment must precede with a background check on their understanding of the sensitivity, support, knowledge, training and motivation of the challenges and needs of the PwDs. Appointment of specialists/experts possessing these traits, can also be explored for this position.

The caregivers of these vulnerable sections must be sensitized and trained, and it must be ensured that they do not face any troubles in reaching out to their dependents. For this purpose, passes should be arranged; provisioning of e-passes for this purpose should be incorporated as one of the options. Precautionary measures and increased financial assistance should be provided to caregivers. Residents' Welfare Associations can volunteer to carry out tasks such as wellness checks on the elderly and people with disabilities, if there is a need for the same. Communities need to come together and extend their support in combating loneliness in isolation and assist in a linkage to Information and Communications Technology (ICT), with handholding.

NITI Aayog has felt the need for revision of the policies for older persons, and transgender persons. The policy needs to cover housing, income security, pension, and access to healthcare. It should also emphasize the concept of 'ageing in place' or 'ageing in own home'. For PwDs, there is a need for institutional architecture and policy framework requiring multi-sectoral action (NITI Aayog, 2018).

To conclude, in the prevailing health exigency, the elderly and PwDs face compounded challenges. It is the responsibility of the governments at all levels to work in tandem with each other as well as with civil society organizations to provide increased, emergency funding for programs that allow senior citizens and PwDs to remain healthy, anxiety-free and safe at home. We believe that through concerted action, India could set an example before the world and successfully contain this humanitarian crisis.

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