

# **LOCKED DOWN and LEFT BEHIND**



## *A Report on the* **Status of Persons with Disabilities in India during the COVID – 19 Crisis**

How persons with disabilities in India have been affected by the COVID – 19 crisis, the governance framework for securing their rights in this situation, and recommendations for their better access to protection and safety in the current (and any subsequent) wave of this crisis



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*A Report on the*  
**Status of Persons with Disabilities in India  
During the COVID – 19 Crisis**

PUBLISHED BY

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## Foreword

Soon after India went into lockdown, NCPEDPs dedicated COVID – 19 helpline was almost overcome with calls for help. The problems ranged from persons with disabilities having no access to medical care, lack of food and other essential supplies, and utter financial hardship (to name a few). Even as disability NGOs across India stepped in to give what help they could, it was all too clear that we were reaching but a fraction of those in distress.

Even at conservative estimates,<sup>1</sup> people with disabilities in India outnumber the combined populations of Ireland, New Zealand, Austria, Uruguay and Kuwait. Clearly, all the might and reach of the government is needed to provide relief to such vast numbers. It is for this reason that the present report focuses on state governance structures and necessary action points for governmental response in tackling the challenges wrought by the COVID crisis.

There seem only two certainties with COVID – 19: it hasn't hit us before, it will hit us again. As the disability sector rallies together to secure the rights and concerns of persons with disabilities, let must brace ourselves not just for action in the present crisis, but also for the next wave that may hit us sooner than we think.

Arman Ali  
Executive Director  
NCPEDP

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<sup>1</sup> Census of India (2011) pegs the disabled population in India at 2.68 crores (2.21% of total population)

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Last but not least, our thanks to our partners at the grassroots level, with whose support we were able to reach people with disabilities living in even the most remote areas of India. This report would not have been possible without Mr Arun Kumar Singh from Jharkhand Vikalang Manch, Ms Vaishnavi Kumari from Bihar Vikalang Manch, Mr Ishwar Prasad Chata from Chattisgarh Vikalang Manch and Mr Om Prakash Sharma from Rajasthan Vikalang Manch.

## List of Abbreviations

BPL	Below Poverty Line
COVID – 19	Coronavirus Disease 2019
DEPwD	Department of Empowerment of Persons with Disabilities
DiDRR Guidelines	National Disaster Management Guidelines on Disability Inclusive Disaster Risk Reduction
DPO	Disabled People's Organisation
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
GOI	Government of India
ISSS	Integrated Social Security Scheme
MoSJE	Ministry of Social Justice and Empowerment
NCPEDP	National Centre for Promotion of Employment for Disabled People
NDMA	National Disaster Management Authority
NFBS	National Family Benefit Scheme
NPDRR	National Platform for Disaster Risk Reduction
NSAP	National Social Assistance Programme
PDS	Public Distribution System
RPWD Act	Rights of Persons with Disabilities Act (2016)
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organisation
WFD	World Federation of the Deaf



## CONTENTS

Foreword.....	3
Acknowledgments.....	4
List of Abbreviations .....	5
EXECUTIVE SUMMARY .....	7
Chapter 1 INTRODUCTION .....	11
Background.....	11
Purpose .....	12
Scope.....	12
Methodology.....	12
Chapter 2 HOW PERSONS WITH DISABILITIES IN INDIA HAVE BEEN AFFECTED BY THE COVID – 19 CRISIS .....	13
Chapter 3 GOVERNMENT RESPONSE TO THE ISSUES AND CONCERNS OF PERSONS WITH DISABILITIES..	24
Response under the Disaster Management Framework .....	24
Response under Other Initiatives .....	40
Chapter 4 RECOMMENDATIONS FOR ADDRESSING THE REQUIREMENTS OF PERSONS WITH DISABILITIES .....	44
Appendices.....	48
1. The Schedule to the RPWD Act.....	48
2. NDMA order No. 1-29/2020-PP (Pt II) dated March 24, 2020 .....	51
3. Relevant portions of the Disaster Management Act, 2005 .....	51
4. MHA order on Empowered Groups of Officers .....	53
5. Respondents in NCPEDP survey on DePWD Guidelines .....	56
6. More Detailed Structure under DM Act.....	57

## EXECUTIVE SUMMARY

This report is an attempt to highlight the issues and challenges confronting persons with disabilities in India during the COVID – 19 crisis. It also seeks to address the two related challenges: (i) how do we secure the rights and concerns of persons with disabilities in the present wave of the coronavirus, and (ii) how do we prepare for the next wave that is almost likely to come?

### Purpose

-  To highlight the critical issues faced by people with disabilities during the COVID – 19 crisis in India;
-  To advocate for a comprehensive and coordinated government response to meet the issues and concerns of people with disabilities during this crisis (and any subsequent ones), protect their rights, and secure their access to protection and safety.

### HOW PERSONS WITH DISABILITIES IN INDIA HAVE BEEN AFFECTED BY THE COVID – 19 CRISIS

While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.<sup>2</sup>

**COMMUNICATION, ACCESSIBLE INFORMATION, ACCESS TO HELPLINES:** There is a general lack of accessible information around COVID-19. Most people have not been able to access helplines. Moreover, there is no dedicated helpline for persons with disabilities which makes it harder for them, especially people who are deaf / hard of hearing.

**ACCESS TO ESSENTIALS (E.G. FOOD, CLOTHING, SHELTER):** Access to food and groceries have become particularly difficult for persons with mobility issues. What compounds the problem is when communication barriers make a difficult situation dire. NCPEDP's survey revealed that *67 % of persons with disabilities interviewed have no access to doorstep delivery of essentials by the government. Only 22% have the access to delivery of essentials*<sup>3</sup>.

**ACCESS TO HEALTHCARE, MEDICAL AID:** Health care workers are not equipped to deal with disabled people. Persons with disabilities with such conditions as diabetes are facing problems getting their tests done during this time as no pathology labs are open, and home collection of blood samples has stopped due to the lockdown. Those taking lithium for mental health treatment have also had to stop blood testing, to control for dosage. The almost 50% drop in supply of blood in blood banks has made blood transfusion a major challenge. This has put people with thalassemia at great risk. People with spinal cord injuries are facing a huge shortage of medical kits as well as medical services such as fixing

<sup>2</sup> Covid-19 And The Rights Of Persons With Disabilities: Guidance, OHCHR, United Nations, April 29, 2020

<sup>3</sup> NCPEDP COVID – 19 Helpline data

catheters. People on prescription pain killers have difficulties in accessing essential medicines. Persons with severe disabilities who need diapers, catheters, urine bags, disposable sheets, bandages, cotton, antibiotic medicines etc. are unable to procure these either due lack of funds, unavailability of these items, or inability to physically get them oneself or through the help of another.

**ACCESS TO CAREGIVERS, ASSISTIVE DEVICES, and SUPPORT GROUPS:** The near total lockdown meant that caregivers were overnight not able to be with the persons with disabilities who depend on them. Even in cases where the caregiver was willing to attend duties (despite their own risk of getting infected), the lack of transport options made it impossible. Assistive devices can play a critical role in the life and functioning of a person with disability. The lockdown, with its consequential restriction on services and purchases, has put some persons with disabilities at risk. Persons with disabilities who depend on social and peer support groups and systems, reading rooms, listening circles, cafes and friendship groups have been suddenly left isolated and alone, without lifesaving social contacts.

**FINANCIAL CHALLENGES:** In many states (like Maharashtra) pensions to PWDs have not been released. In states like Jharkhand and Bihar, payment has been delayed by 5 months, and are being released very slowly. During this pandemic many people have lost their jobs. Many of them do not officially come under the BPL category, as a consequence of which they are not receiving any financial assistance or free rations, although they are in financial distress.

**DISCRIMINATION, VIOLENCE AND ABUSE:** Instances of abuse and attacks on persons with disabilities tend to go up in times of great stress as they are often not in a position to adequately defend themselves. Abandonment of family members with disabilities is also a grave challenge. Increase in number of people within a household, sharing and decision making during scarcity, impoverishment and not having purposive activities complicate relationships in households, resulting in more conflict and negligence.

**PSYCHOSOCIAL ISSUES:** Pandemics, such as the current COVID 19 pandemic, fundamentally disrupt human existence, and affect persons with disability disproportionately. Persons with pre-existing mental health problems and psychosocial disabilities are particularly disadvantaged during the lockdowns. For persons with mental illness or epilepsy, reduced access to medication can lead to relapse of symptoms, as can the compounded stress.

**ISSUES RELATED TO WOMEN WITH DISABILITIES:** Women with disabilities face the added burden of intersectional discrimination. They face layers of prejudice that stem from gender, poverty, lack of education, and social prejudice. Often denied sexual and reproductive rights, they are at greater risk of sexual assault and violence. In fact, incidents of domestic violence appear to be rising in the country during the COVID-19 lockdown.



**ISSUES RELATED TO CHILDREN WITH DISABILITIES:** Children with disabilities are perhaps the most vulnerable. For many, their almost total dependence on parents or other caregivers, puts them also as the receiving end of any distress suffered by these guardians. The lockdown has put them at an unfair disadvantage in the arena of mainstream education. Children with disabilities are especially hard to serve through distance programmes. They are among those most dependent on face-to-face services—including health, education and protection—which have been suspended as part of physical distancing and lockdown measures. They are least likely to benefit from distance learning solutions.

## **RECOMMENDATIONS FOR ADDRESSING THE REQUIREMENTS OF PERSONS WITH DISABILITIES**

### **Structural/Governance Based Recommendations**

#### **1. Disaster Management Framework**

So long as the country functions under the framework of the Disaster Management Act, the beneficial provisions under this law must be fully implemented.

NDMA: To ensure speedy and effective action across the country at all levels (national, state and district), the NDMA to coordinate the implementation of various policies and schemes for disaster mitigation and reconstruction.


DIDRR GUIDELINES: The DiDRR Guidelines should be rigorously implemented, emphasizing their focus on disability inclusive capacity building and action and community based disaster risk management.

DEPWD GUIDELINES ON COVID – 19: The DePWD Guidelines, which comprehensively consider and address most of the concerns and challenges that face persons with disabilities during the COVID – 19 crisis, should be mandatorily and universally enforced by the NDMA/MHA.

EMPOWERED GROUPS ON COVID – 19: The Empowered Groups should proactively engage with persons with disabilities and disability organizations so as to ensure disability inclusive strategies and actions. The DePWD, as the focal point for the disability sector in government, as well as various experts on disability issues should be a part of these Groups.<sup>4</sup>

### **Issue Based Recommendations**

#### *Financial Support*

 People with disabilities who have lost jobs/livelihood should be able to register for unemployment allowance. This allowance should be announced on an urgent basis.

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<sup>4</sup> MHA Order No. 40 – 3/2020 – DM – 1(A) dated March 29, 2020

- Simplification of procedure for registering oneself as a person with disability for seeking COVID benefits, with very minimum documentation. This is crucial as only 28% people with disabilities have disability certificates.
- Increase the ex gratia cash transfer for people with disabilities announced by the Finance Minister to five thousand rupees. This to be extended to all persons with disabilities above 18 years of age who do not fall within the income tax paying bracket (instead of restricting it to those with 80% or more disability)

*Passes for persons with disabilities and their caregivers*

- Special priority should be given to issuance of passes to persons with disabilities and their caregivers.

*Access to Information, Access to Helplines*

- All information about COVID 19, services offered, and precautions to be taken, should be available in simple and local language in accessible formats
- There should be a special helpline for persons with disabilities. Centralized helpline systems (with video call facility and Indian sign language interpretation) from the PMO should be established along with a proper delegation mechanism to location wise helplines which could then be held accountable.

*Healthcare and Medical Aid*

- COVID-19 testing centres should be made accessible.
- Provision of doorstep consultations for persons with disabilities
- Persons with disabilities and their families should be given priority in treatment.
- Persons with disabilities to be provided all required health services including their regular infusions / treatment, change of catheters, etc. at their doorstep or at a safe neighborhood facility identified by the government

*Access to essentials (food, rations, etc.)*

- Persons with disabilities should be given access to essential food, water, medicine, and to the extent possible, such items should be delivered at their residence or place where they have been quarantined.
- Home delivery is the best option but might not be possible in larger areas/ bigger populations. In such cases, there should be specific separate timing for PDS shops for persons with disabilities as it is not possible for them to stand in long queues.

## Chapter 1 INTRODUCTION

### Background

“Persons with disabilities are particularly prone to the rigours of disasters. ***It is our social responsibility to acknowledge and comprehend their needs....and make response mechanisms adequate and inclusive.***” It is these inspiring words of Prime Minister Narendra Modi that preface India’s 2019 National Guidelines for Disability – inclusive Disaster Risk Reduction. *Sadly, when the COVID – 19 outbreak was declared a national disaster, these words, and the Guidelines they referred to, were all but forgotten.* As were the people with disabilities the Guidelines seek to serve.

The novel coronavirus poses particular risks for the disabled. For many, the suggested ‘frequent hand washing’ involves strenuous exertion. The directive of ‘physical distancing’ is a double edged sword for those dependent on caregivers. Infected surfaces are a continuous threat to those who depend on tactile perception to navigate through life. And the wearing of masks is not the most conducive for Sign Language.

Although COVID – 19 was treated as a national disaster to facilitate a uniform and coordinated response, the overall response of the central and state governments were almost as diverse as disability. Various states announced various measures for relief and mitigation, as did the central government. None of these announcements were made in accessible formats, and many of them remained mere announcements. The DePWD came up with an excellent set of guidelines, but left it to the discretion of state and district authorities to act upon them.

*Meanwhile, people with disabilities, particularly those from economically deprived sections, continue to suffer severe hardship. Without access to food or money, many are faced with starvation. Caregivers have been unable (and sometimes unwilling) to reach those who need their critical support. Many have lost access to vital medical attention and peer support systems.*

Even with partial easing of restrictions in a lockdown, the severe challenges being faced by people with disabilities will not go away. Livelihoods and support systems have been all but destroyed. To make matters worse, the pandemic is almost certain to return in waves, necessitating a repetition of the measures taken to combat it. This would imply a repetition of the crises that people with disabilities have suffered so far. And this despite the legislative provisions, the governance structures and the required policies for things to have been quite different.

## Purpose

- To highlight the critical issues faced by people with disabilities during the COVID – 19 crisis in India;
- To advocate a comprehensive and coordinated government response to meet the issues and concerns of people with disabilities during this crisis (and any subsequent crisis), protect their rights, and secure their access to protection and safety.

## Scope

### *Substantive Scope*

- Recording the experiences (positive and negative) of persons with disabilities in the course of the COVID - 19 national disaster in accessing protection and safety;
- Assessing the measures taken by state authorities to address the concerns of persons with disabilities in course of the disaster (gaps and good practices);
- Preparing recommendations for addressing the requirements of persons with disabilities during Covid19 crisis (present and future).

### *Primary Stakeholder Scope*

All the disabilities mentioned in the RPWD Act. (Please see Appendix 1 for full list of disabilities recognized under the RPWD Act).

### *Geographical Scope*

The report will cover the whole of India.

## Methodology

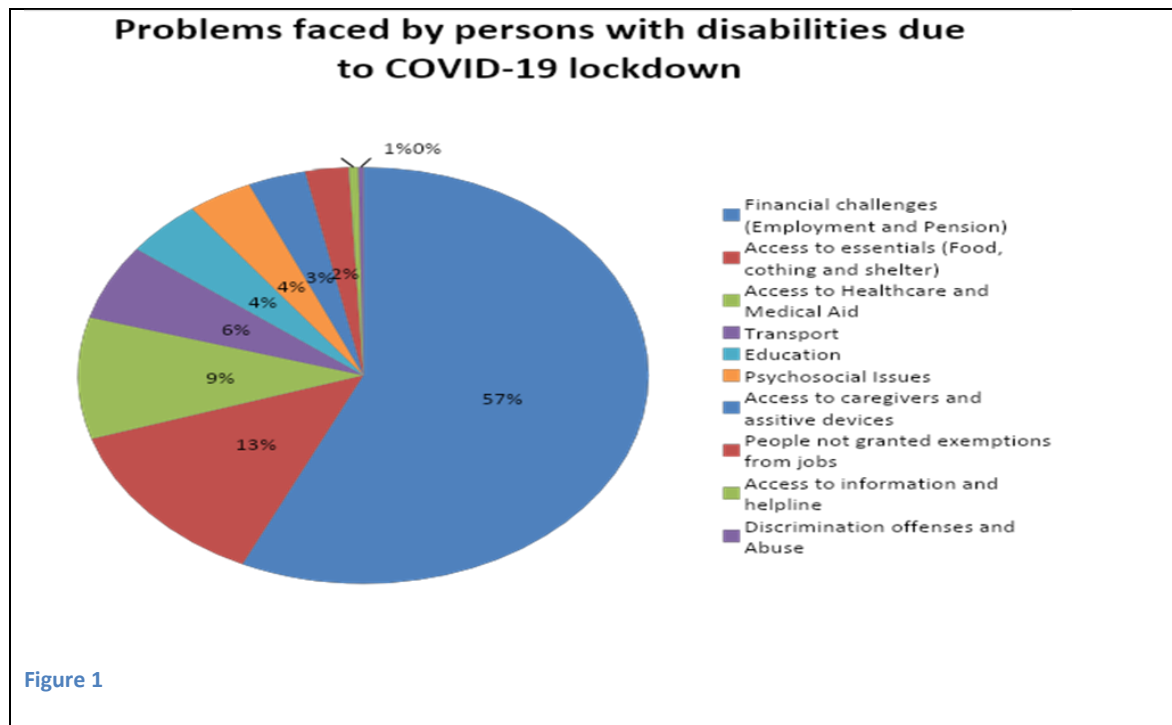
The report is based on a combination of primary and secondary research. Information on the condition of people with disabilities in India is based on the results of a survey of 1,067 (approx. 73% male, 27% female) persons with disabilities from across India through online questionnaires. Media reports have also been relied on to report on ground realities, along with inputs from data collated from NCPEDP's COVID – 19 Helpline.

Government response in addressing issues and concerns has been analysed on the basis of a desk review and doctrinal study of the relevant statutes, orders, guidelines and notifications. Gaps in implementation have been presented based on data collated from the NCPEDP survey as well as its dedicated helpline.

Three online Focus Group Discussions were held in April with 23 participants (leading disability activists from across India) who contributed to the understanding of gaps, good practices, as well as recommendations for future action. Recommendations were also received by email from several disability related organisations.

## Chapter 2 HOW PERSONS WITH DISABILITIES IN INDIA HAVE BEEN AFFECTED BY THE COVID – 19 CRISIS

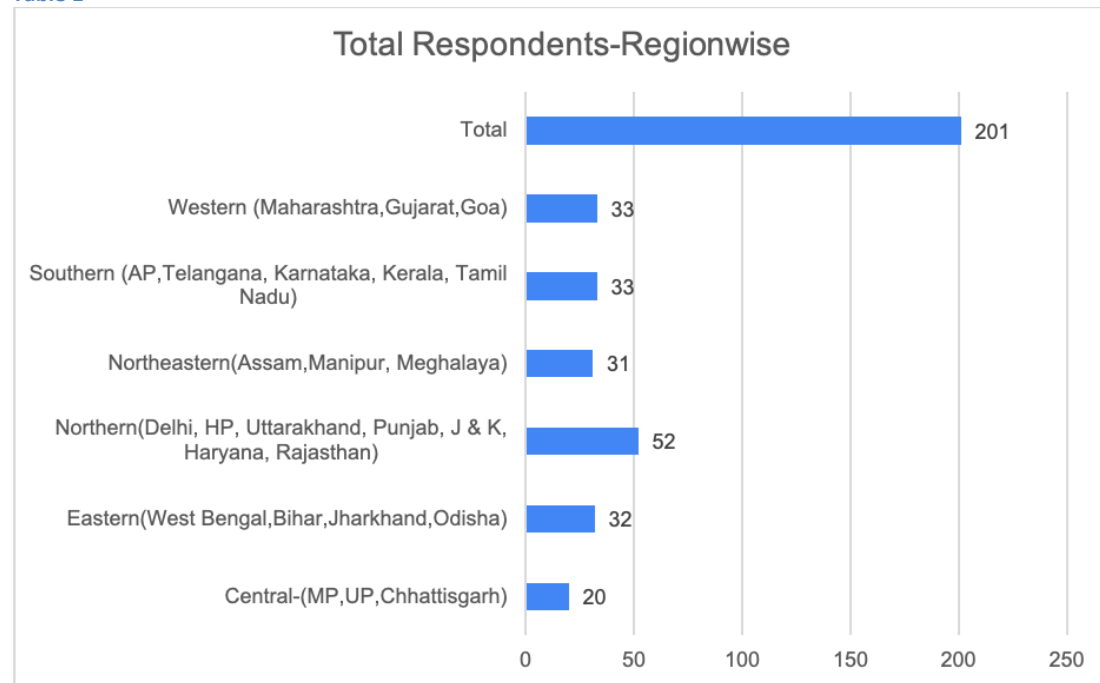
While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.<sup>5</sup> DATA FROM NCPEDP'S SURVEY of 1,067 (approx. 73% male, 27% female) persons with disabilities showed that over 73% of those interviewed were facing particular challenges on account of the lockdown. Out of those facing particular challenges, 57% said they were facing a financial crisis, 13% spoke of challenges in accessing rations, while 9% were facing obstacles in access to healthcare and medical aid. (See Figure 1).



As the survey questions were primarily dichotomous (requiring yes/no answers), NCPEDP had telephonic interviews with 201 of the 1,067 respondents in order to get more detailed information on the challenges faced. These 201 were selected on a stratified random sampling basis so as to cover different geographical areas from among those who had expressed that they were undergoing particular challenges. The different geographies covered are represented in Table 1 below.

<sup>5</sup> Covid-19 And The Rights Of Persons With Disabilities: Guidance, OHCHR, United Nations, April 29, 2020

Table 1



THIS REPORT LOOKS AT THE FOLLOWING AREAS OF CONCERN:

### **COMMUNICATION, ACCESSIBLE INFORMATION, ACCESS TO HELPLINES**

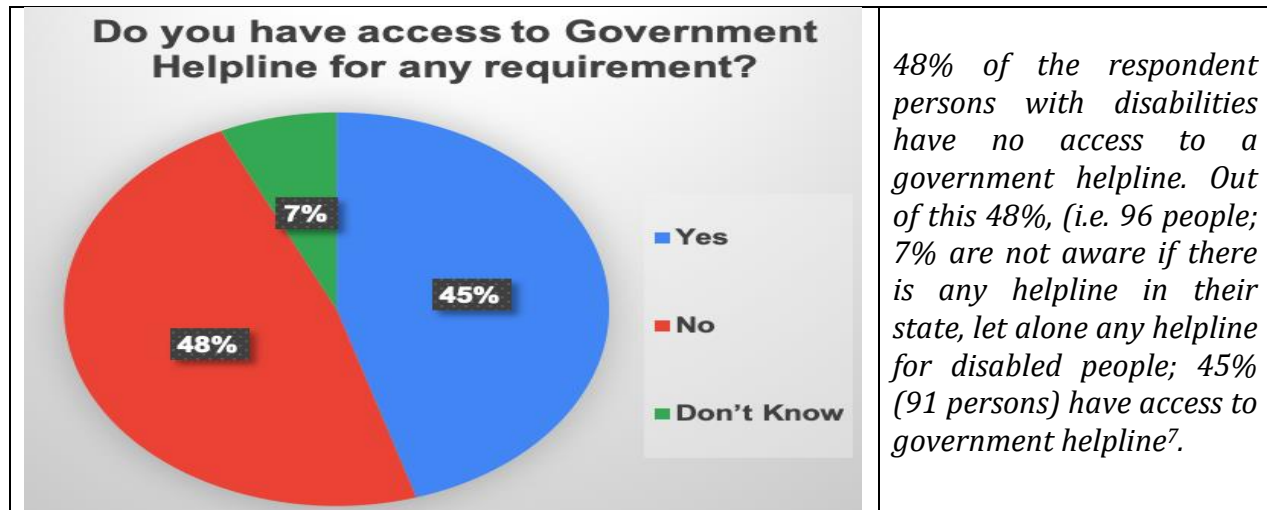
Under the UNCRPD, accessible information is understood as information provided in formats that allow every user to access content on an equal basis with others. In cases of disaster warnings and messaging, the importance of conveying these in accessible formats cannot be overemphasized. In fact, it can be the difference between life and death.

There is a general lack of accessible information around COVID-19. The government's channel Doordarshan provides Indian sign language interpretation, but not up to required standards. In fact, groups representing deaf / hard of hearing persons had to take up the matter with the authorities. The Health Ministry also brings out daily updates (both at the central and state levels), but without any sign language interpretation.

Most people have not been able to access helplines. Moreover there is no dedicated helpline for persons with disabilities which makes it harder for them, especially people who are deaf/hard of hearing and have to use sign language for communication. Many people with disabilities, especially in rural areas, don't have access to necessary technology/digital accessibility, and are even more marginalized and left out during lockdown.

On a positive note, the Government of Nagaland conducts daily briefing with the help of Indian sign language interpretation. The state of Kerala has also been very active in ensuring the availability of information in accessible formats.

“As a deaf person, I have no access to correct and up to date information about COVID-19 in (Indian) sign language. When using a mask, others find it difficult to understand what I am signing, so I have to remove the mask again and again, which puts me at risk<sup>6</sup>.” (NCPEDP Survey respondent)



### ACCESS TO ESSENTIALS (E.G. FOOD, CLOTHING, SHELTER)

Access to food and groceries have become particularly difficult for persons with mobility issues. What compounds the problem is that communication barriers make a difficult situation dire. Access to essentials often requires the physical presence of the person with disability, and the commute has been made extremely difficult during the lockdown. Since no financial security has been provided, access to basic essentials is a challenge<sup>8</sup>.

In Tamil Nadu, people are receiving rations through the local administration after calling the helpline, but what they get as 1 month groceries is 5kg rice, 1 kg dal and 1 packet of wheat or 1 packet of cooking oil (not both). This leaves out other essential groceries, so necessary for the sustenance of persons with disabilities having particular health issues.

The Government of Manipur has assured that people with disabilities will get some monetary relief but as many people with disabilities do not have disability certificates, they are being denied the relief they are entitled to. The relief package distributed by the PDS system provides only 4-5 kg rice per person, and no other food item.<sup>9</sup>

“I am a person with a disability living in a very interior place. While the government has announced relief, we did not receive any because the government grassroots worker does not want to come to such a remote area. I had to get the higher authorities involved

<sup>6</sup> NCPEDP Survey 2020

<sup>7</sup> NCPEDP Survey 2020 (Subsample data)

<sup>8</sup> NCPEDP Survey 2020

<sup>9</sup> NCPEDP Survey 2020

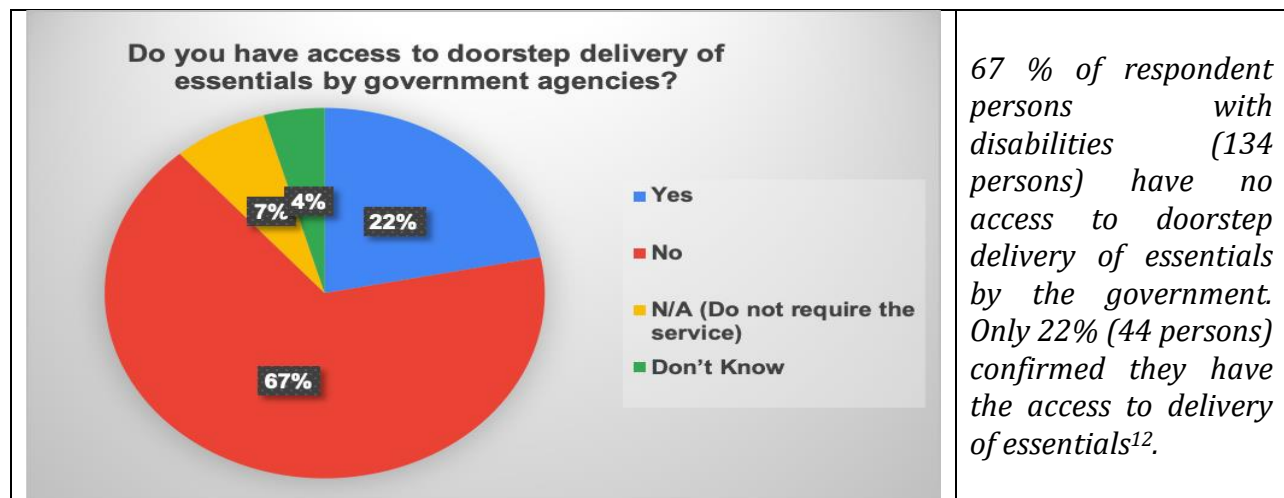


through my connections so that I could get the relief. Even then, their behaviour was very degrading towards persons with disability. We are only able to get relief because of the help received from an NGO<sup>10</sup>.” (NCPEDP Survey respondent)

For Jeyaraman M from Nagamalai-Pudukottai area, his physical disability is hurting him and his family far more than ever during the lockdown period. Unable to procure essentials, he is forced to seek the mercy of others to help him and his wife, who is also a disabled person. “We have to beg our neighbours for getting groceries and are unable to go to the town. I eke out a living by writing petitions for Rs 10-20 in front of the district collectorate. Now, even that is not possible. How can I support my wife and two children?”<sup>11</sup>

In Baghpat’s Sheherpur village, Vakila’s family is depending on the charity of neighbours. Both Vakila and her husband, Khalid, have 40% disability. They lost their jobs after the factory they were employed at shut down. “Our neighbours give us food for our children but how long will they continue to do so?” asked Vakila.<sup>13</sup>

In Meerut, Shah Nawaz is faced with the daunting task of finding a new job. The 24-year-old, who has a disability in his right leg, worked as a carpenter in a factory until it closed when lockdown was announced. He has no money to pay rent and just enough rations to feed his family of four for two days. “It is hard to find a job with my disability. Now I don’t know when the factory will reopen, and when it does, I don’t know if I will still have a job,” he said.<sup>14</sup>



<sup>10</sup> NCPEDP Survey 2020

<sup>11</sup> <https://timesofindia.indiatimes.com/city/madurai/lockdown-a-double-challenge-for-disabled/articleshow/74921235.cms>

<sup>12</sup> NCPEDP Survey 2020 (Subsample data)

<sup>13</sup> <https://timesofindia.indiatimes.com/india/how-covid-19-lockdown-has-hit-disabled-people-hard/articleshow/75003358.cmsz>

<sup>14</sup> <https://timesofindia.indiatimes.com/india/how-covid-19-lockdown-has-hit-disabled-people-hard/articleshow/75003358.cms>



## ACCESS TO HEALTHCARE, MEDICAL AID

Health care workers are not trained or equipped to deal with people with disabilities. There is a lack of doctors who are trained in problems related to disabled people. At the same time, being a high risk group, testing for disabled people has to be prioritized. Ironically, at this time, visiting hospitals itself is both a challenge and a risk.

Persons with disabilities with conditions such as diabetes are facing problems getting their tests done during this time as no pathology labs are open, and home collection of blood samples has stopped due to the lockdown. Those taking lithium for mental health treatment have also had to stop blood testing necessary to control dosage. The almost 50% drop in supply of blood in blood banks has made blood transfusion a major challenge. This has put people with thalassemia at great risk.

People on prescription pain killers have difficulties in accessing essential medicines. People with spinal cord injuries are facing a huge shortage of medical kits as well as medical services such as fixing catheters. Some medicines cannot be prescribed over telephone, as a result of which the persons dependent on these medicines no longer have access to them. Lack of different therapies for people with neurological and genetic disabilities results in exhaustion, extreme spasticity, brain/cog fog, insomnia, depression and unproductivity.

In states like Assam, certain essential medicines for people with thalassemia, hemophilia, multiple sclerosis and so on were only available in the state headquarters and people with these conditions across the state are having difficulties procuring them during the lockdown period. Some finally managed with the help of NGOs or the district administration. But many have been unable to access such support.

Persons with severe disabilities who need diapers, catheters, urine bags, disposable sheets, bandages, cotton, antibiotic medicines etc. are unable to procure these either due lack of funds, unavailability of these items, or inability to physically get them oneself or through the help of another. Lack of transport facilities has made it difficult to procure psychiatric medications and treatments for epilepsy and other regular treatments of persons with health disabilities which involve admission, infusions, clinical observations, etc. Local public health centres do not have sufficient medicines to attend to people with intellectually disabilities. In fact, people with intellectual disabilities have been confined to their home in prison like conditions during this lockdown because of which they are facing behavioural issues, which are compounded by the non-availability of medicines and therapy.

“Because of this lockdown I am facing problems in getting access to necessary things like the uroba, catheter and CIC pipes. I have dialed the emergency number 112 but they refused to deliver the things and said I should ask my neighbour for help. My parents are stuck in UP and I am alone here with my younger sister and therefore I am unable to manage these things<sup>15</sup>. (NCPEDP Survey respondent)

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<sup>15</sup> NCPEDP Survey 2020

“I am a person with disability and faced a problem in my ear during this lockdown. Since no clinics were open, I had to travel forty kilometers to Ahmedabad to get it treated. This also put me at great risk of getting infected<sup>16</sup>.” (NCPEDP Survey respondent)

### **ACCESS TO CAREGIVERS, ASSISTIVE DEVICES and SUPPORT GROUPS**

The near total lockdown meant that caregivers were overnight not able to be with the persons with disabilities who depend on them. Even in cases where the caregiver was willing to attend duties, the lack of transport options made it impossible. Although the rules allowed for issuance of passes for such services, obstacles in implementation got in the way. Those in positions of influence have managed to use their personal contacts to procure passes for their caregivers.

Persons with disabilities who depend on social and peer support groups and systems, reading rooms, listening circles, cafes and friendship groups have been suddenly left isolated and alone, without lifesaving social contacts.

Assistive devices can play a critical role in the life and functioning of a person with disability. The lockdown, with its consequential restriction on services and purchases, has put some persons with disabilities at considerable risk. If anything were to happen to their devices, their access to replace or repair them was practically eliminated.

Despite government orders, Soumita Basu (a severe arthritis patient)’s caregiver was unable to reach her. “With police lathi-charging people venturing out, there was no way for my helper to reach my house, even if she managed to get a letter of permit made<sup>17</sup>.”

Lt Col Ramesh Chandra Sarna, a resident of Meerut who has been bedridden after a stroke last year, was unable to access the services of his medical attendant or physiotherapist since the country went on a lockdown. “I need 24x7 medical attention. But when I asked my caregivers if they would be able to visit my house, they were worried that the police would stop them. There is little clarity on how to get a pass for them,” he said.<sup>18</sup>

In his 40s, Piyush Nigam from Lucknow stays alone and is a wheelchair user with 80% disability. It took the intervention of the DePWD for the authorities to issue a pass for his caregiver.<sup>19</sup>

<sup>16</sup> NCPEDP Survey 2020

<sup>17</sup> <https://timesofindia.indiatimes.com/india/how-covid-19-lockdown-has-hit-disabled-people-hard/articleshow/75003358.cms>

<sup>18</sup> <https://timesofindia.indiatimes.com/india/how-covid-19-lockdown-has-hit-disabled-people-hard/articleshow/75003358.cms>

<sup>19</sup> <https://timesofindia.indiatimes.com/india/lockdown-poses-challenges-for-persons-with-disabilities-despite-curfew-passes-protocol/articleshowprint/74986575.cms>

## FINANCIAL CHALLENGES

In many states (like Maharashtra) pensions to persons with disabilities have not been released. In states like Jharkhand and Bihar, payment has been delayed by 5 months, and is being released very slowly. At the same time, large numbers have lost their jobs/source of livelihood. There are many persons with disabilities who are in financial distress, but do not officially come under the BPL category, as a result of which they are not receiving any financial assistance or free ration. Financial challenges are made worse by the fact that inflation has gone up and salaries have been drastically reduced.

In Delhi, there have been cases where landlords are demanding rent, and threatening to double the amount in case of default. In Karnataka, 2 months' pension was released by the state but the beneficiaries were asked to come and collect the amount themselves. Thus, due to accessibility issues, many were not able to get their dues.<sup>20</sup>

Some employees with visual disabilities in NEIGRIHMS (North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences), Shillong, were informed that their absence from work during lockdown period would be treated as leave without pay. This was in contradiction to the DePWD Guidelines and DOPT notifications regarding exemption of employees with disabilities. It was only on intervention by an NGO in the region that these employees were allowed exemption.

Majority of persons with disability are engaged in the unorganised sector. Many respondents in the NCPEDP Survey said they earned their living as small vendors (e.g. a roadside bar, or a tiny stall selling food or other items). These people have had their livelihoods completely destroyed due to the lockdown. Many of them are the bread earners in their families. One of them sustained a family of six (including four sisters who are deaf). Some of them maintain their elderly parents. In spite of their loss of livelihood, they are not receiving any relief from the government<sup>21</sup>.

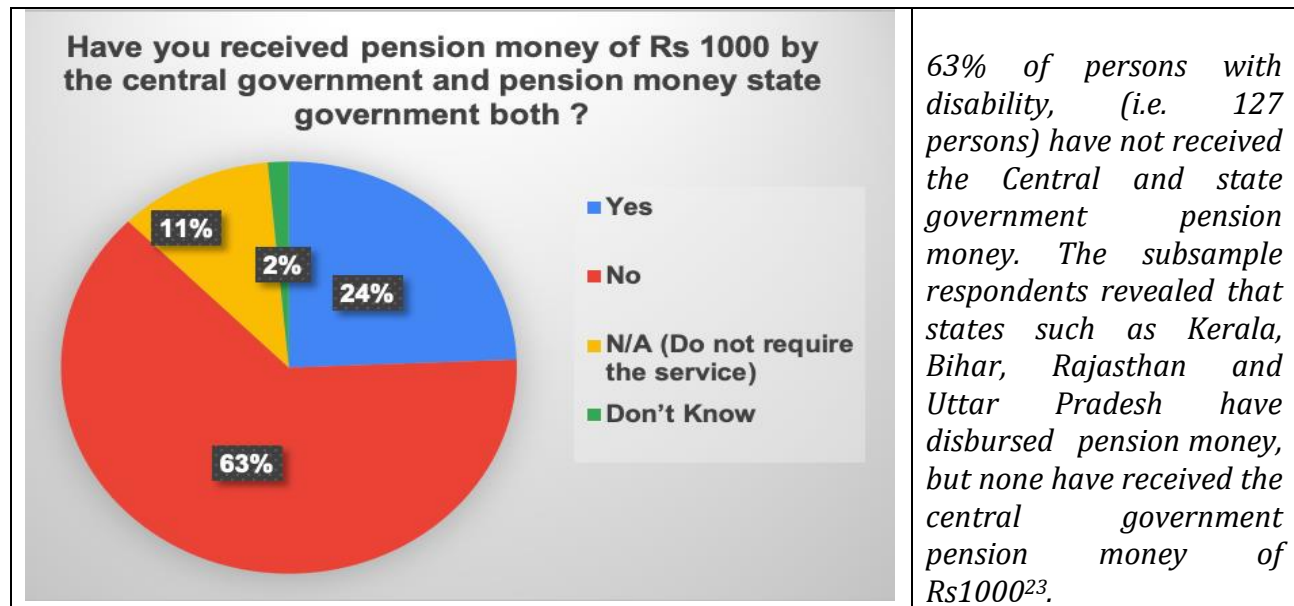
"I am a person with disability and my income is 750/- per month. Though this is a small amount, I was able to earn more through commissions. But now that my office is closed, I have no source of income<sup>22</sup>." (NCPEDP survey respondent)

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<sup>20</sup> NCPEDP Survey 2020

<sup>21</sup> NCPEDP Survey 2020

<sup>22</sup> NCPEDP Survey 2020



### DISCRIMINATION, VIOLENCE AND ABUSE

Disability became a ground for prurient ridicule and laughter. In a series of Tik Tok videos shared among millions across the country, people were shown pretending to be disabled in order to deceive the authorities. The videos were not just distasteful in their (apparently successful) attempt to poke fun at disability, but they were also dangerous as they spread the false narrative that manifestations of disability should be doubted and scrutinized. This at a time when people with disabilities are already hard hit by the lockdown.

Instances of abuse and attacks on persons with disabilities tend to go up in times of great stress as they are often not in a position to adequately defend themselves. Abandonment of family members with disabilities is also a grave challenge. Increase in the number of people within a household, sharing and decision making during scarcity, impoverishment and not having purposive activities complicate relationships in households, resulting in more conflict and negligence.

In Kolkata, a 78-year-old man killed his 45-year-old disabled son in a quarrel over the issue of wearing of a mask. "Over the past few days, the man and his son were having fights regularly because every time the son went out of the house, his father insisted that he should wear a mask and the son refused. On Saturday, a heated altercation broke out for the same reason and the man killed his son in a fit of rage. He strangled his son with a cloth," said a police officer.<sup>24</sup>

<sup>23</sup> NCPEDP Survey 2020 (Subsample data)

<sup>24</sup> <https://www.hindustantimes.com/india-news/kolkata-man-kills-48-year-old-physically-challenged-son>

A family has abandoned a deaf person at AIIMS-Raipur after admitting him as a Covid-19 suspect. The address they gave is a fake one, and the phone number given is not in service. AIIMS staff is taking care of him even as they battle the pandemic. The authorities are trying to locate his family with the help of police. The man, aged around 49, was brought by his family to AIIMS-Raipur on March 29. They pressed doctors to test him for Covid- 19, insisting that he had shown symptoms of the disease at home.<sup>25</sup>

## PSYCHOSOCIAL ISSUES

Pandemics, such as the current COVID 19 pandemic, fundamentally disrupt human existence, and affect persons with disability disproportionately. Persons with pre-existing mental health problems and psychosocial disabilities are particularly disadvantaged during lockdowns. For persons with mental illness or epilepsy, reduced access to medication can lead to relapse of symptoms, as can the compounded stress. Persons with disabilities in institutions face higher risk for contracting COVID.

Interpersonal issues between family members can get triggered in situations of a lockdown. The break in familiar routines and the unavailability of caregivers can further aggravate the situation. Persons with disabilities are just as vulnerable to anxiety, apprehensions, sadness and grief, irritability, sleep disturbances and withdrawal as their non-disabled peers. Persons with intellectual and developmental disabilities, especially, may require assistance in understanding the current crisis and consequent disruptions to their routine lives.<sup>26</sup> Anxiety and change in routine are a big challenge for disabled people, who are used to a routine. With the sudden lockdown, their lives are topsy-turvy leading to great anxiety.<sup>27</sup>

Rajashree Anand, parent of an adult autistic girl, supports physical distancing and the lockdown, but says this has an adverse impact as well. "People with autism are very particular about a structure being followed, both for themselves and for people around them. They get disturbed when this routine changes suddenly. This can be stressful for the child and parent and may cause meltdowns. My daughter has experienced bouts of crying/whining, mood-swings, sleeplessness, crankiness, etc. Getting her to do something else at home stresses her out as it is not a part of her routine".<sup>28</sup>

## ISSUES RELATED TO WOMEN WITH DISABILITIES

Women with disabilities face the added burden of intersectional discrimination – they are discriminated against because they are women, and also because of their disabilities.

<sup>25</sup> <https://timesofindia.indiatimes.com/india/family-deserts-deaf-mute-as-corona-patient/articleshow/74940173.cms>

<sup>26</sup> 'Mental Health in the times of COVID-19 Pandemic Guidance for General Medical and Specialised Mental Health Care Settings', Department of Psychiatry, NIMHANS

<sup>27</sup> <https://newzhook.com/story/covid-19-disabled-people-with-disabilities-social-distancing-coronavirus/>

<sup>28</sup> <https://newzhook.com/story/covid-19-disabled-people-with-disabilities-social-distancing-coronavirus/>

According to the International Disability Alliance, one in five women lives with some form of disability, with an inordinate proportion in developing countries such as India. Majority of women with disabilities are to be found among low-income groups. These women face layers of prejudice that stem from gender, poverty, a lack of education and social prejudice. Often denied sexual and reproductive rights, they are at greater risk of sexual assault and violence.

In fact, incidents of domestic violence appear to be rising in the country during the COVID-19 lockdown. In India, the first signs of the problem appeared in data provided by the National Commission of Women (NCW) in mid-April, which suggested an almost 100% increase in domestic violence during the lockdown.<sup>29</sup>

For females with disabilities, it is doubly difficult to stay safe during lockdown, said Mariammal R, a disabled woman who is part of a welfare association in Madurai, Tamil Nadu. “Many of the disabled people, especially women, are staying in rented houses”. They are unable to pay rent. They are unable to even get loans and cannot afford to pay them later, that too with interest. Their future has become uncertain as most of them don’t have regular income and survive on government allowances or pensions,” she said.<sup>30</sup>

## ISSUES RELATED TO CHILDREN WITH DISABILITIES

Children with disabilities are perhaps the most vulnerable. For many, their almost total dependence on parents or other care givers puts them also at the receiving end of any distress suffered by these guardians. The lockdown has also put them at an unfair disadvantage in the arena of mainstream education. Children with disabilities are especially hard to serve through distance programmes. They are among those most dependent on face-to-face services—including health, education and protection—which have been suspended as part of physical distancing and lockdown measures. They are least likely to benefit from distance learning solutions<sup>31</sup>.

Many children with disabilities are facing problems in accessing education because they do not have access to online services that have replaced traditional learning during this lockdown. Many of them come from low socio-economic profiles. Parents are also unable to help as many of these children are first generation learners<sup>32</sup>.

Jeewan Rai, the headmaster of Blind School Namchi, Sikkim says that there wasn’t any dire need of help for their faculty or students since most of the students had already been sent to their guardians before the lockdown. 15 of their faculty, out of whom 8 have visual

<sup>29</sup> <https://www.deccanherald.com/specials/insight/coronavirus-crisis-no-lockdown-for-domestic-violence-829941.html>

<sup>30</sup> <https://timesofindia.indiatimes.com/city/madurai/lockdown-a-double-challenge-for-disabled/articleshow/74921235.cms>

<sup>31</sup> Policy Brief: The Impact of COVID-19 on children 15 APRIL 2020

[https://www.un.org/sites/un2.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_children\\_16\\_april\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf)

<sup>32</sup> NCPEDP Survey 2020



disabilities, are keeping the school premises functional and are also conducting online classes for some students. But the junior students below 6th standard who need to be educated with the help of touch, are unfortunately left out as of now.<sup>33</sup>

“My child Mayuri is a child with a disability. On 18<sup>th</sup> march, we came to Chennai (Vellore) for Mayuri's treatment. Now due to lockdown we can't go back home. We are facing lots of problems here. We are in a financial crisis as we are stuck here and unable to earn our living. Although the government is providing us 3 meals a day, the food provided does not have the nutrition value that a disabled child needs. Mayuri is unable to go for her physiotherapy and speech therapy, or to her school. All this is affecting her physical and mental health<sup>34</sup>. (NCPEDP Survey respondent)

I live in Una. I have an autistic son who is 10 years old. The COVID-19 situation has taken away all his friends. I am a teacher who, along with the other staff, got stuck here in the campus. As I live in a residential school, we are living in the school campus. Most of the students have been sent home. But the others who are here have stopped playing with my son as he is not able to maintain physical distance. This has scared the other parents who are not letting their children go anywhere near my son. The poor child is not able to understand why his friends run away the moment they see him coming. Some of the parents have even stopped talking to me as they don't want to be associated in any way with my child<sup>35</sup>. (NCPEDP Survey respondent)

“I am a child with a disability and my education has suffered a great deal because of this lockdown as I am unable to go to school. I am now dependent on my parents for my lessons. I have other siblings at home as well and their studies are prioritized over mine as they do not have a disability<sup>36</sup>.” (NCPEDP Survey respondent)

<sup>33</sup> <https://www.thesikkimchronicle.com/while-nation-battles-covid-19-through-lockdown-pwds-become-collateral-damage/>

<sup>34</sup> NCPEDP Survey 2020

<sup>35</sup> NCPEDP Survey 2020

<sup>36</sup> NCPEDP Survey 2020

## Chapter 3 GOVERNMENT RESPONSE TO THE ISSUES AND CONCERNS OF PERSONS WITH DISABILITIES

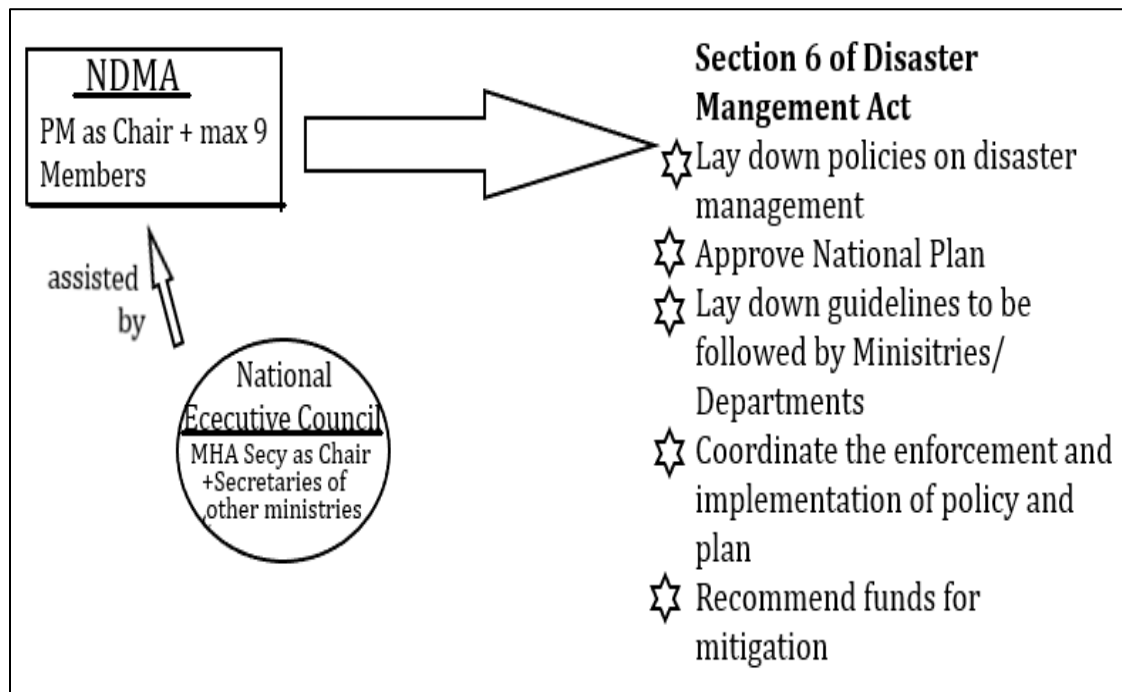
### Response under the Disaster Management Framework

#### NATIONAL DISASTER MANAGEMENT AUTHORITY

When the Government of India announced a nationwide lockdown to combat COVID – 19, it did so under the provisions of the Disaster Management Act (2005). This was strategically done in view of the “need for *consistency in the application and implementation of measures across the country* while ensuring maintenance of essential services and supplies, including health infrastructure<sup>37</sup>”

*The Disaster Management Act lays down the institutional and coordination mechanism for effective Disaster Management at the national, state, district and local levels. It provides a comprehensive system which facilitates inclusion at each level.*

#### Structure (in brief) under DM Act:



<sup>37</sup> NDMA order No. 1-29/2020-PP (Pt II) dated March 24, 2020





In any disaster, the DM Act can bring within its fold the following Ministries, who all have their specific functions to perform:

- Ministry of Social Justice and Empowerment- Nodal Agency
- Ministry of Finance
- Ministry of Consumer Affairs, Food and Public Distribution
- Ministry of Corporate Affairs
- Ministry of Electronics and Information Technology
- Ministry of Environment, Forest and Climate Change
- Ministry of Food and Public Distribution
- Ministry of Health and Family Welfare
- Ministry of Home Affairs
- Ministry of Housing and Urban Affairs
- Ministry of Human Resource Development
- Ministry of Information and Broadcasting
- Ministry of Labour and Employment
- Ministry of Law and Justice
- Ministry of Panchayati Raj
- Ministry of Rural Development
- Ministry of Science and Technology
- Ministry of Skill Development and Entrepreneurship
- Ministry of Urban Development
- Ministry of Women and Child Development

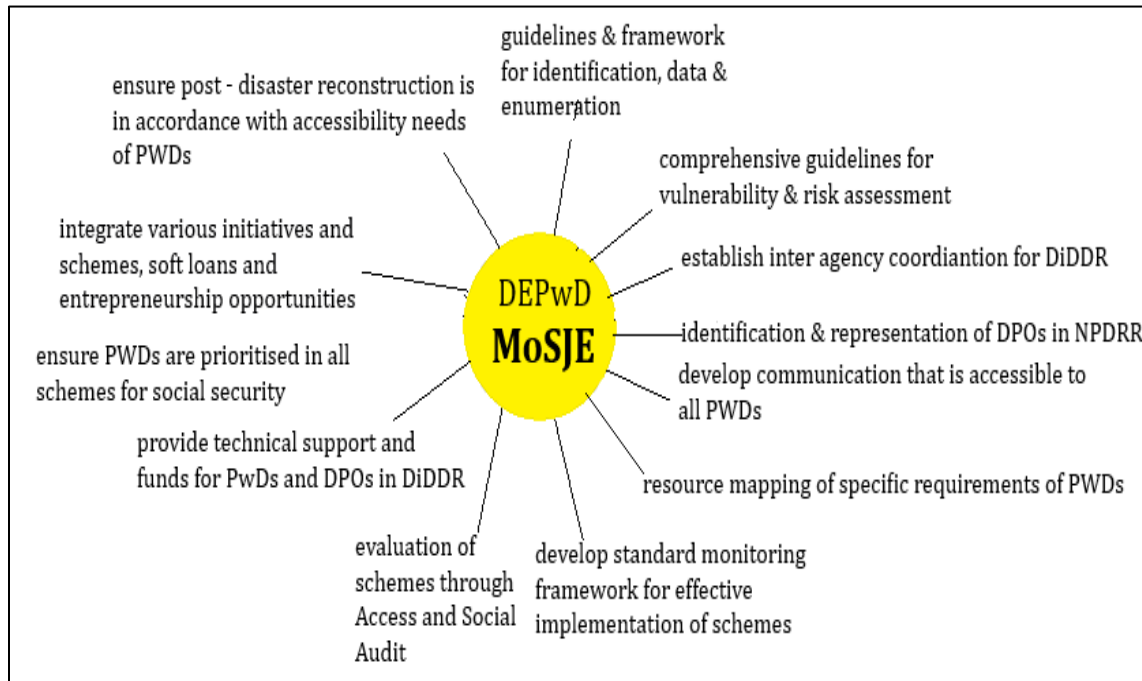
### **NATIONAL DISASTER MANAGEMENT GUIDELINES ON DISABILITY INCLUSIVE DISASTER RISK REDUCTION**

Once the country began functioning in the disaster mode, the National Disaster Management Guidelines on Disability Inclusive Disaster Risk Reduction (DiDRR) should come into play to protect the rights and reduce risk among people with disabilities. These guidelines deal with all stages of Disaster Risk Reduction (DRR) e.g. mitigation, preparedness, response and recovery.

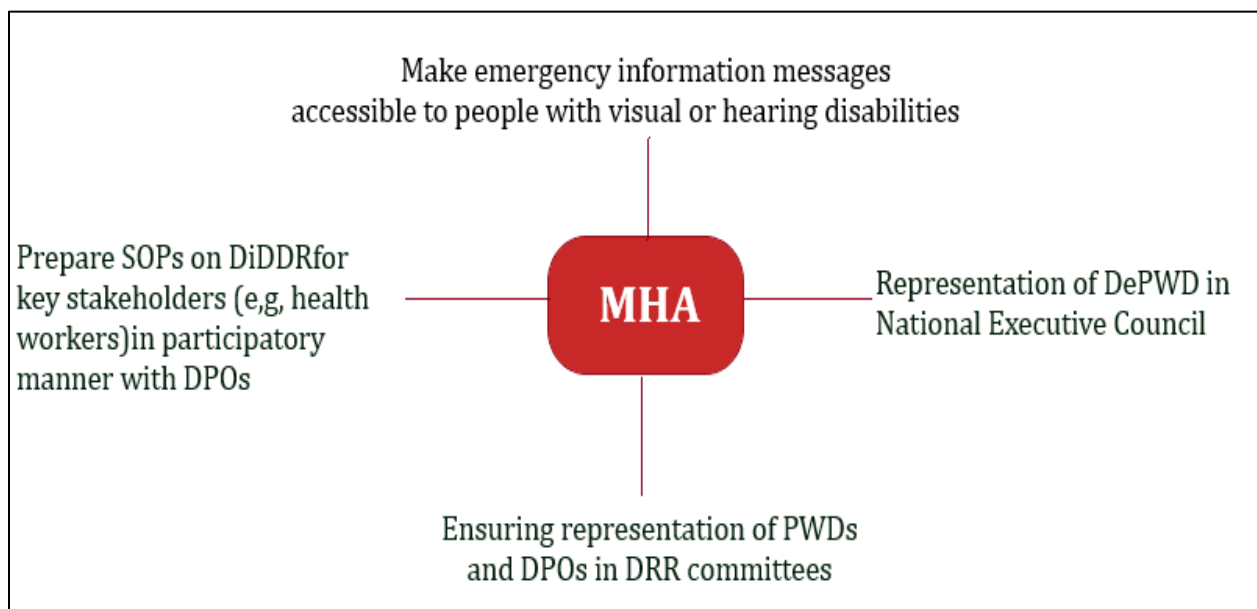
*The principles of disability inclusion are based on the norms to:*

-  Strengthen the implementation process on providing appropriate support to persons with disabilities when responding to disasters
-  Empower persons with disabilities and their representative organizations to contribute to all aspects of DiDRR so that they are viewed not as passive actors but as decision makers.

***As the Nodal Agency under the DiDRR Guidelines, the DePWD of the MoSJE plays a pivotal role in the DiDRR Guidelines. Some of its functions are in the figure below:***



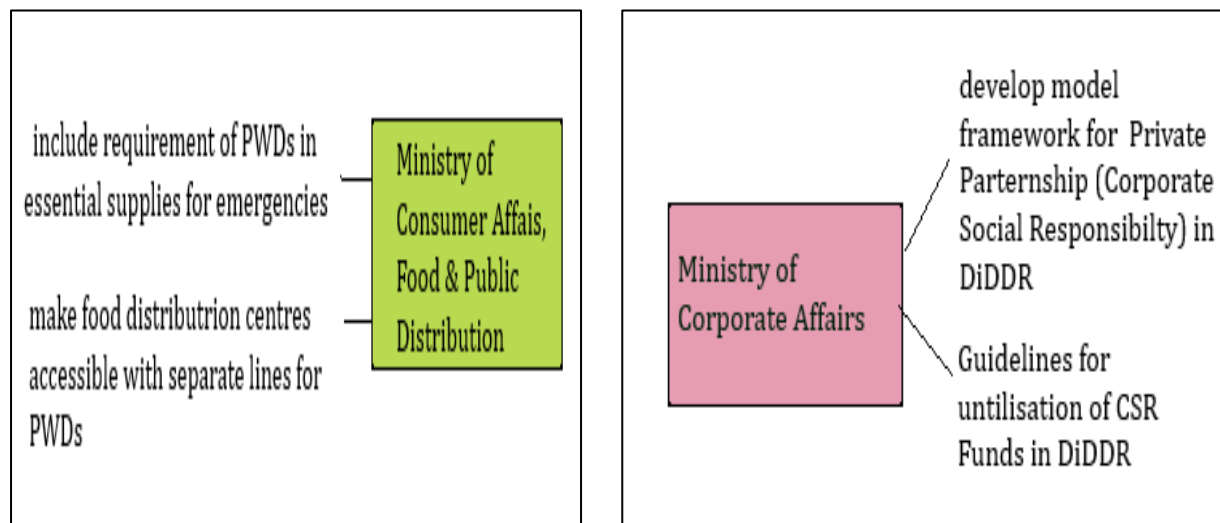
***As the key ministry in the National Executive Council of the NDMA, and having a pivotal role under the DM Act, the MHA plays a key role in ensuring that the initiatives of the DePWD are followed. The role of the MHA in the DiDRR Guidelines are mentioned in the figure below:***



The DiDRR also spells out specific roles for various ministries, including:

- Ministry of Consumer Affairs, Food and Public Distribution
- Ministry of Corporate Affairs
- Ministry of Electronics and Information Technology
- Ministry of Health and Family Welfare
- Ministry of Human Resource Development
- Ministry of Information and Broadcasting
- Ministry of Skill Development and Entrepreneurship

*The figures below indicate the role of the Ministry of Consumer Affairs, Food and Public Distribution & the Ministry of Corporate Affairs:*



#### SENDAI FRAMEWORK

The DiDRR Guidelines have been framed in September 2019 to provide practical directions to support the implementation of DiDRR based on established and internationally accepted norms and practices, more specifically, the Sendai Framework.

The Sendai Framework for Disaster Risk Reduction (2015-2030) aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years. It outlines seven clear targets and **four priorities for action** to prevent new and reduce existing disaster risks: (i) Understanding disaster risk (ii) Strengthening disaster risk governance to manage disaster risk (iii) Investing in disaster reduction for resilience and (iv) Enhancing disaster preparedness for effective response and to "Build Back Better" in recovery, rehabilitation and reconstruction.

The DiDRR Guidelines are in line with the paradigm shift to Disaster Risk Reduction and adoption of appropriate inclusive approaches and strategies to “Build Back Better”. **Building Back Better (BBB)** is a holistic concept using post-disaster reconstruction and recovery as an *opportunity to improve a community's physical, social, environmental and economic conditions to create a more resilient community in an effective and efficient way.*

*The Sendai Framework (adopted by India in 2015) also emphasizes the importance of inclusion and accessibility, and recognizes the need for the involvement of persons with disabilities and their organizations in DRR policies and implementation.*





This is especially articulated in its **Priority 4:**

Enhancing disaster preparedness for effective response and to Build Back Better in recovery, rehabilitation and reconstruction: *Women and persons with disabilities should publicly lead and promote gender-equitable and universally accessible approaches during the response and reconstruction phases. ...Empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches is key. Disasters have demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of a disaster, is a critical opportunity to “Build Back Better”, including through integrating disaster risk reduction into development measures, making nations and communities resilient to disasters.*

## DEPWD GUIDELINES

On March 27, 2020, the Department of Empowerment of Persons with Disabilities (DEPWD) under Ministry of Social Justice and Empowerment has issued “**Comprehensive Disability Inclusive Guidelines**” to States and Union territories for protection and safety of Persons with Disabilities (Divyangjan) in light of Pandemic Covid-19 (Corona Virus). Its key provisions are:

### General action points

-  All information about COVID 19, services offered and precautions to be taken should be available in simple and local language in accessible formats; i.e. in Braille and audible tapes for persons with visual impairment, video-graphic material with sub-titles and sign language interpretation for persons with hearing impairment and through accessible web sites.
-  Sign language interpreters who work in emergency and health settings should be given the same health and safety protection as other health care workers dealing with COVID19.
-  All persons responsible for handling emergency response services should be trained on the rights of persons with disabilities, and on risks associated with additional problems for persons having specific impairments.
-  Relevant information on support to persons with disabilities should be a part of all awareness campaigns

- During quarantine, essential support services, personal assistance, and physical and communication accessibility should be ensured e.g. blind persons, persons with intellectual/ mental disability (psycho-social) are dependent on care giver support. Similarly persons with disabilities may seek assistance for rectification of fault in their wheelchair and other assistive devices.
- Caregivers of persons with disabilities should be allowed to reach persons with disabilities by exempting them from restrictions during lockdown or providing passes in a simplified manner on priority.
- To ensure continuation of support services for persons with disabilities with minimum human contact, due publicity needs to be given to ensuring personal protective equipment for caregivers.
- The Resident Welfare Associations should be sensitized about the need of persons with disabilities so as to allow entry of maid, caregiver and other support providers to their residence after following due sanitizing procedure.
- Persons with disabilities should be given access to essential food, water, medicine, and, to the extent possible, such items should be delivered at their residence or place where they have been quarantined.
- The States/UTs may consider reserving specific opening hours in retail provision stores including super markets for persons with disabilities and older persons for ensuring easy availability of their daily requirements.
- Peer-support networks may be set up to facilitate support during quarantine for PwDs ;
- Additional protective measures should be taken for persons with disabilities based on their impairment who need to be given travel pass during the emergency period and should also be sensitized for their personal safety and protection.
- Persons with disabilities should be given priority in treatment, instead they should be given priority. Special care should be taken in respect of children and women with disabilities.
- Employees with blindness and other severe disabilities in both public and private sector should be exempted from essential services work during the period as they can be easily catch infection.
- On-line counselling mechanism should be developed to de-stress persons with disabilities as well as their families to cope with the quarantine period.
- 24X7 Helpline Number at State Level be set up exclusively for Divyangjan with facilities of sign language interpretation and video calling.
- The States/UTs may consider involving Organisation of Persons with Disabilities in preparation and dissemination of information material on COVID 19 for use of PwDs.

### **Mechanism to resolve disability specific issues during the period**

#### **(a) State Commissioner for PwDs**

- The State Commissioners for PwDs should be declared as the State Nodal authority in respect of persons with disabilities.
- They should be the overall in-charge to resolve disability specific issues during the crisis period.

- 🗎 They will coordinate with State Disaster Management Authority, Health, Police and other line Departments as well as District Collectors and district level officers dealing with persons with disabilities.
- 🗎 They will be responsible to ensure that all information about COVID 19, public restriction plans, services offered are available in local language in accessible formats.

**(b) District Officer dealing with empowerment of PwDs**

- 🗎 The District Officer dealing with empowerment of PwDs should be declared as the District Nodal authority in respect of persons with disabilities.
- 🗎 He should have a list of PwDs in the District and monitor their requirements periodically and should have a separate list of persons with severe disabilities who need high support in the locality.
- 🗎 He will be responsible for resolving the issue within the resources available and if necessary may take the help of Non-Governmental Organisations and Civil Society Organisations/Resident Welfare Associations.

**EMPOWERED GROUPS UNDER THE DISASTER MANAGEMENT ACT**

On March 29, eleven Empowered Groups of Officers were constituted to meet the “pressing need to augment and synchronise efforts cutting across various Ministries/Departments. These Groups are empowered to identify problem areas and provide effective solutions thereof; delineate policy, formulate plans, strategize operations and take all necessary steps for effective and time – bound implementation of these plans/policies/strategies/decisions in their respective areas.”<sup>38</sup>

THE 11 GROUPS HAVE BEEN APPOINTED TO LOOK AT THE FOLLOWING:

1. Medical Emergency Management Plan
2. Availability of Hospitals, Isolation and Quarantine Facilities, Disease Surveillance, Testing and Critical Care Training
3. Ensuring Availability of Essential Medical Equipment
4. Augmenting Human Resources and Capacity Building
5. Facilitating Supply Chain & Logistics Management for availability of necessary items such as food and medicines
6. Coordinating with Private Sector, NGOs and International Organisations for response related activities
7. Economic and Welfare Measures
8. Information, Communication and Public Awareness
9. Technology and Data Management
10. Public Grievances and Suggestions
11. Strategic Issues Related to Lockdown

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<sup>38</sup> MHA Order No. 40 – 3/2020 – DM – 1(A) dated March 29, 2020

## POSITIVE ASPECTS OF THE RESPONSE UNDER THE DISASTER MANAGEMENT FRAMEWORK

1. The Disaster Management Framework allows for speedy, effective and coordinated action at all levels of governance in all parts of the country
2. The DiDRR Guidelines meet international criteria (Sendai Framework as well as 10 of the 17 SDGs). In fact the DiDRR Guidelines are based on the Sendai Framework which stresses the role of persons with disabilities in disaster management planning and implementation.
3. The DePWD Guidelines comprehensively consider and address most of the concerns and challenges that face persons with disabilities during the COVID – 19 crisis.
4. The Empowered Groups have the potential to ensure that specialized skill and knowledge inform the policies and processes to be rolled out in critical areas of governance to deal with the challenges thrown up by the COVID – 19 crisis.

## GAPS IN THE RESPONSE UNDER THE DISASTER MANAGEMENT FRAMEWORK

1. As is clear from the figure below, the DM Act in conjunction with the DiDRR Guidelines had the potential to provide considerable relief to people with disabilities. However, they were not implemented. In the 6 steps shown below, only the first three were followed either wholly or partially.

Step 1 (preparation) was partially followed, though in all fairness, the DiDRR Guidelines came out only in September 2019.

Step 2 (declaring national emergency) was taken promptly.

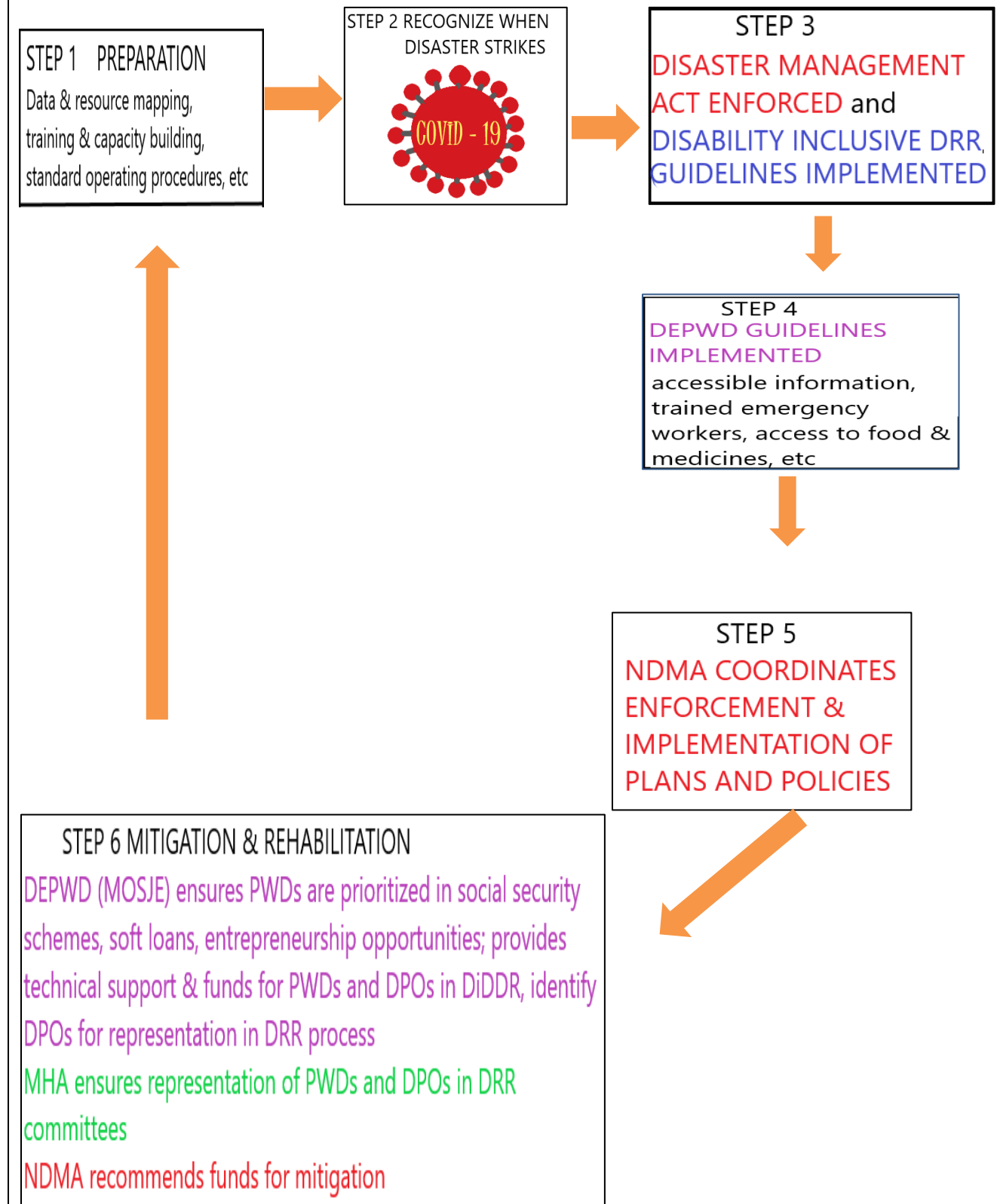
Step 3 (implementation of the DiDRR Guidelines) was practically ignored. No mention was made at any of the top government levels (except for the DePWD) of these Guidelines. In fact, as Chairperson of the NDMA, the Prime Minister made no mention whatsoever of persons with disabilities in his addresses to the nation.

Step 4 (DePWD Guidelines) was taken promptly, considering that they came out barely 3 days after the lockdown was announced, and they had to traverse the unknown waters of an unusual, unprecedented disaster.

Steps 5 and 6 (NDMA coordinating the implementation of the DiDRR and DePWD Guidelines) and the various actions by the MHA and DePWD toward mitigation and rehabilitation are almost completely lacking.

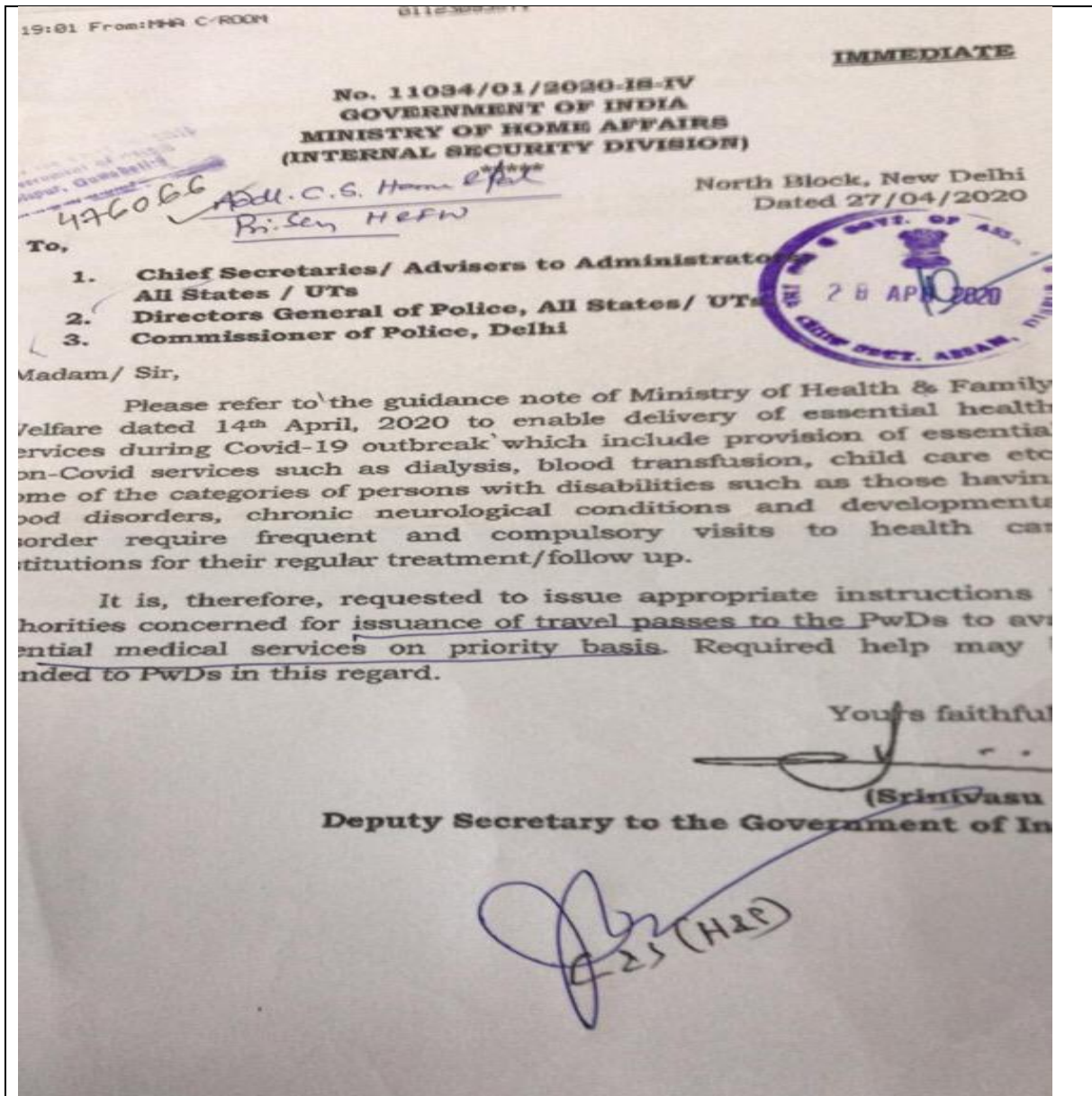


**Duly implemented, DiDRR Guidelines deal with all stages of Disaster Risk Reduction (DRR) e.g. mitigation, preparedness, response and recovery:**





2. While the DePWD Guidelines addressed many of the issues of persons with disability, they were not made mandatory, and rather expressed to be “measures ... suggested which need to be acted upon by various State/District authorities to give focused attention to protection and safety of persons with disabilities during COVID 19.” This led to situations where critical directions (such as the one below by the MHA to allow passes for persons with disabilities requiring medical attention) came a full month later.



It took nearly a month for the direction that travel passes to be issued to PWDs to avail essential medical services on priority basis

It also led to a situation of multiple directions that can lead to some confusion. Below are 2 notifications of the DOPT that seem to contradict each other – while the first seems a direction to exempt employees with disabilities (from being called to perform essential duty), the second makes it out be just an advisory.

<p style="text-align: center;">No. 11013/9/2014-Estt. (A.III) Government of India Ministry of Personnel, Public Grievances and Pensions Department of Personnel &amp; Training</p> <p style="text-align: right;">North Block, New Delhi 27<sup>th</sup> March, 2020</p> <p style="text-align: center;"><b>OFFICE MEMORANDUM</b></p> <p><b>Subject: Preventive measures to contain the spread of COVID19 - Guidelines for protection and safety of Persons with Disabilities (Divyangjan) during COVID-19.</b></p> <p>In continuation of this Department's OM of even no. dated 25.03.2020, all the concerned Ministries/ Departments, while drawing up roaster of staff who are required to attend essential services within their respective Ministry/ Department may keep in mind that employees, who are persons with disabilities (PWD) are exempted.</p> <p style="text-align: right;"><i>G. Jayanthi</i> (G. Jayanthi) Joint Secretary</p> <p>To</p> <ol style="list-style-type: none"> <li>1. All the Ministries/Departments of the Government of India</li> <li>2. PMO/Cabinet Secretariat</li> <li>3. PS to MoS(PP)</li> <li>4. PSO to Secretary(Personnel)</li> <li>5. Sr.Technical Director, NIC, DoPT</li> </ol>	
<p>On 27<sup>th</sup> March, the Department of Personnel &amp; Training (GOI) directed that in all Ministries/Departments, employees with disabilities are exempt from attending essential service duty</p>	

No.11013/9/2014-Estt.(A.III)  
Government of India  
Ministry of Personnel, Public Grievances and Pension  
Department of Personnel & Training

New Delhi, dated the 1<sup>st</sup> April, 2020

**OFFICE MEMORANDUM**

Subject: Preventive measures to contain the spread of COVID-19 – Guidelines for PSUs and Financial Institutions-reg.

The undersigned is directed to refer to OM of even number dated 27.03.2020 wherein all ministries and departments were advised to exempt persons with disabilities (PwDs) from duties while drawing up roster of employees required to attend essential services (copy enclosed).

2. It is also requested that similar instructions may be issued to Banks/Financial Institutions/PSUs etc. under the administrative control of Department of Financial Services and Department of Public Enterprises.

*S. Patnaik* 1.4.20  
(Sagarika Patnaik)  
Director

To,

1. Secretary, Department of Financial Services
2. Secretary, Department of Public Enterprises
- ✓ 3. Senior Technical Director, NIC, DOPT

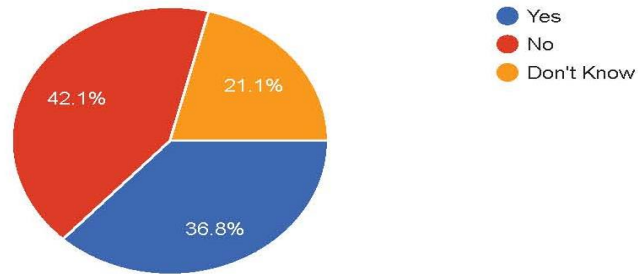
On 1<sup>st</sup> April, the Department of Personnel & Training (GOI) requested that similar instructions be issued to Banks/Financial Institutions/PSUs etc. so that in such places too employees with disabilities are exempt from attending essential service duty. The wordings however seem to suggest that the earlier DOPT notification was actually an advisory.

It is also cumbersome that multiple notifications are required to establish one directive: that PWDs be exempt from being put on essential duty

NCPEDP also developed a questionnaire with a checklist of the directions/recommendations specified in the DePWD Guidelines to understand if there were any gaps in the implementation. These questionnaires were filled by 19 respondents (details in Appendices) from Delhi, Assam, Goa, Karnataka, Uttar Pradesh, Haryana, Telangana, Tamil Nadu, Jharkhand, West Bengal, Punjab and Himachal Pradesh. The respondents are disability activists, working as either heads or senior functionaries of disability related organisations. ***The results clearly show that the 'directions' under the DePWD Guidelines were scarcely being implemented at all.***

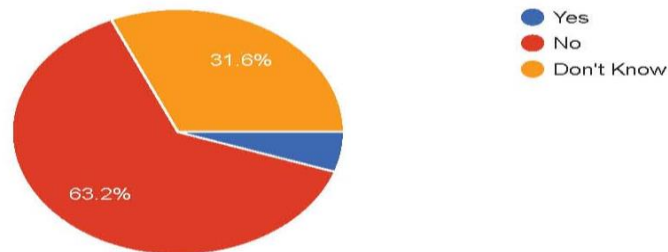
Has the government in your state provided information about COVID-19 in accessible formats?

19 responses



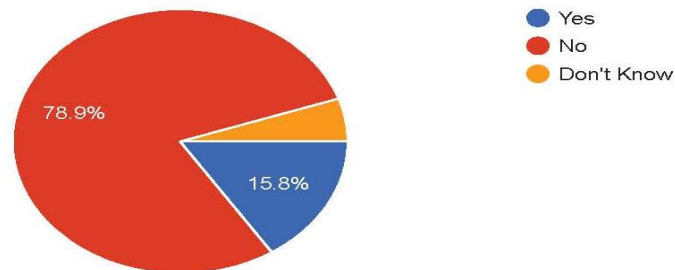
Are the persons responsible for handling emergency response services trained with respect to disability?

19 responses



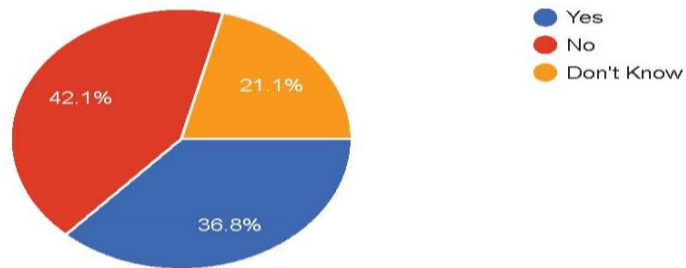
Did the awareness campaign on COVID-19 include information about support to PWDs?

19 responses



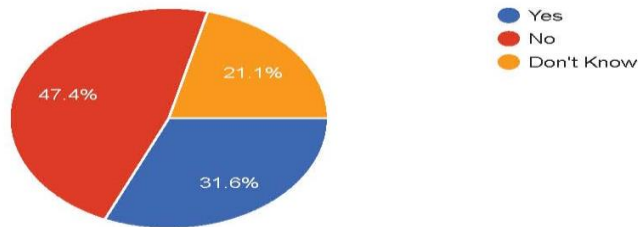
Was the availability of passes to Caregivers of persons with disabilities ensured?

19 responses



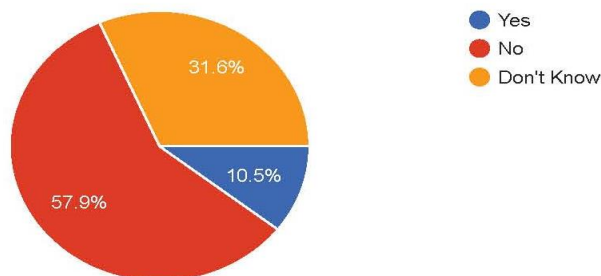
Did the government take steps to ensure access to essential food, water, medicine with the provision of home delivery for PWDs?

19 responses



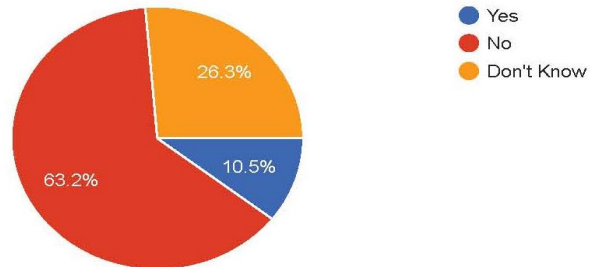
Did the government ensure priority treatment for PWDs and special care for women and children with disabilities?

19 responses



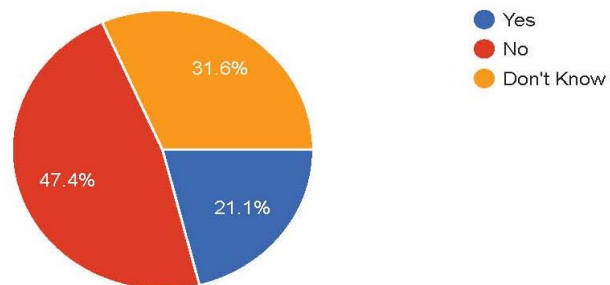
Did the government set up a 24X7 Helpline with sign language and video calling facilities?

19 responses



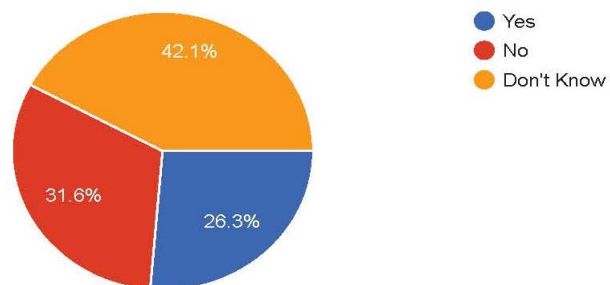
Did the government involve PWD Organisations in preparation and dissemination of information on COVID 19?

19 responses



Did the government declare the State Commissioner for PWDs as the State Nodal Authority?

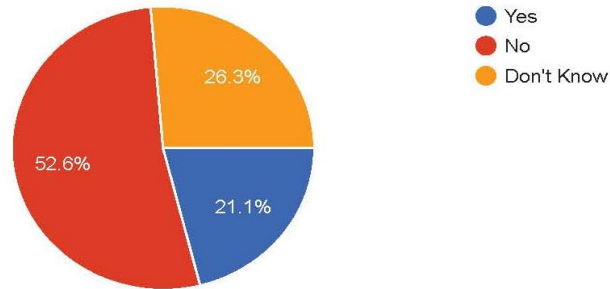
19 responses





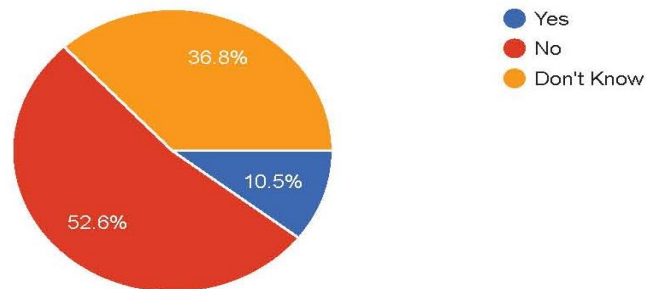
Was the information and services about COVID 19 available in local language in accessible formats?

19 responses



Was a list of PwDs in each District prepared by the District officer for monitoring their requirements periodically?




19 responses






3. With regard to the Empowered Groups, it is a cause for concern that none of the groups mentions disability as an issue. No experts on disability have been invited to assist these groups, ***nor does the DePWD find mention on any of them.***

## Response under Other Initiatives

### ACCESSIBLE INFORMATION, ACCESS TO HELPLINE

-  The Government of Nagaland brings out a daily video briefing on COVID-19 status in the state which includes Indian sign language interpretation. State advisories and information on COVID-19 are being brought out in local dialect and Indian sign language by the office of the Nagaland Disability Commissioner.
-  The state of Kerala has also been very active in ensuring the availability of information in accessible formats. In Assam, under the directive of the State Disability Commissioner, the State Disaster Management Authority has created videos with information on COVID 19 with Indian sign language interpretation and subtitles. Although no helpline has been set up, a list of district level officials designated to deal with concerns of persons with disabilities has been shared by the office of the State Disability Commissioner (though not very widely).
-  *Helpline:* The state of Tamil Nadu has launched a helpline for persons with disabilities catering to people from state to district level. Indian sign language interpreters are also available to cater to deaf and hard of hearing persons. In Nagaland, a helpline for people with disabilities was set up on the initiative of Disability Commissioner. A separate number for WhatsApp video calls was also set up for persons who are deaf/hard of hearing





### ACCESS TO ESSENTIALS (E.G. FOOD, CLOTHING, SHELTER)

-  Bangalore State Police had launched the Clear Pass app for COVID-19 passes for essential services and emergencies. Chhattisgarh government had also issued e-passes.<sup>39</sup>
-  The Tamil Nadu Disability Commissioner issued instructions for specific timings or doorstep delivery of goods from PDS ration shops. The office of Disability Commissioner in Nagaland is ensuring that essential food supplies/dry rations are delivered to the doorsteps of persons with disabilities in need in coordination with District Administrations, partner CSOs and local churches.
-  Kerala has established common kitchens where cooked food is served. Dry rations are provided to those who cannot reach these common kitchens. There were no complaints about access to food in Kerala state.


<sup>39</sup> <https://raipur.gov.in/cg-covid-19-epass/>




## ACCESS TO HEALTHCARE, MEDICAL AID

-  Doorstep medical service such as fixing /changing catheters has been enabled by the Tamil Nadu State Disability Commissioner. Doorstep personal physical therapy has also been enabled.
-  The Institute of Human Behaviour & Allied Sciences (IHBAS) has ensured round the clock emergency services for psychiatry and neurology<sup>40</sup>. Tata Institute of Social Sciences Regional Centre, Guwahati is offering online counseling services
-  The Commissionerate for Welfare of the Differently-Abled in Chennai has instructed the Tamil Nadu state Physiotherapy Council to provide e-physiotherapy sessions for disabled people in the state<sup>41</sup>.
-  Doctors at the Indian Society of Rare Diseases have been providing help to patients with neuromuscular disorders through tele-medications. A similar process is being followed by other doctors in the leprosy colonies as well.

## ACCESS TO CAREGIVERS, ASSISTIVE DEVICES, and SUPPORT GROUPS

-  Care giver passes and travel passes are being implemented by the Government of Tamil Nadu.




## FINANCIAL ISSUES

-  The National Social Assistance Programme (NSAP) is a centrally sponsored scheme administered by the Ministry of Rural Development, Govt. of India. This programme is being implemented in rural areas as well and urban areas. The programme introduced a National Policy for Social Assistance for the poor and aims at ensuring a minimum national standard for social assistance in addition to the benefits that states are currently providing or might provide in future. NSAP at present comprises of 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.<sup>42</sup> Under the IGNDPS scheme, BPL persons with severe or multiple disability in the age group of 18 to 79 years are eligible for pension @ Rs. 500/- per month (Rs. 300/- as Central Share and Rs. 200/- as State Share). In view of the COVID – 19 crisis, the central government has announced that it will provide three months' pension in advance to persons with disabilities under its NSAP. It also announced an ex-gratia of ₹1,000 over three months in two installments for them.




<sup>40</sup>[http://ihbas.delhigovt.nic.in/wps/wcm/connect/DoIT\\_IHBAS1/ihbas/downloads/ihbasposter](http://ihbas.delhigovt.nic.in/wps/wcm/connect/DoIT_IHBAS1/ihbas/downloads/ihbasposter)

<sup>41</sup><https://newzhook.com/story/e-online-physiotherapy-disabled-people-tamil-nadu/>

<sup>42</sup> <http://nsap.nic.in/>

-  The Delhi government has doubled the pension for widows, persons with disabilities, and the elderly for the month of March<sup>43</sup>. The state of Kerala has not only released payments but also made advance payments to help disabled people cope with this challenge. Kerala has also ensured that even students with disabilities receive 5000 rupees ex gratia payment.
-  Pensions have been issued till the month of April by the state of Karnataka with different segments of amount viz.-a-viz. their percentage of disability. Maharashtra has issued a one month advance pension payment. In J&K as well, an advance ISSS pension of 1,000 rupees has been issued for 3 months, along with 3 months' advance ration with doorstep delivery to BPL card holders.
-  Himachal Pradesh has issued 3 months' advance pension and an amount of Rs. 2,000 per month under the Sahara Yojana. For BPL card holders, free ration is being provided through the PDS.


### **GOVERNANCE STRUCTURES**

-  The state of Kerala has ensured that local self-governments are involved in taking special care of persons with disabilities. It is probably no coincidence that Kerala's efforts at disability inclusion through capacity building have been noted even in the DiDRR Guidelines. According to the DiDRR Guidelines, the state had earlier launched a full-fledged disaster preparedness training programme for persons with disabilities. In May 2016, as part of this endeavour, a Handbook on Disability Disaster Risk Reduction was released together with training materials. The material has been reprinted in Braille. Indian sign language-based training materials have also been prepared.
-  The State Disability Commissioner Office in Assam is responding to issues promptly. In Assam, a list of Deputy Commissioners and Additional Disability Commissioners has been shared with DPOs in order to ease the process of providing relief. However, because of the overwhelming response received, the relief is very limited. On instructions of the State Disability Commissioner, the Assam State District Management Authority came out with an SOP and logistic support is being provided to caregivers. The Assam State Home Department has also been very proactive in issuance of passes to persons with disabilities.
-  In Goa, nodal officers have been appointed in the districts. The personal mobile numbers of the concerned officials are being circulated for easy access of persons with disabilities. Ration is also being provided through doorstep delivery. The

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<sup>43</sup><https://economictimes.indiatimes.com/news/politics-and-nation/pension-for-elderly-widows-specially-abled-being-doubled-in-view-of-covid-19-announces-arvind-kejriwal/articleshow/74747399.cms?from=mdr>

District Commissioners and District Collectors have been in close contact with local NGOs and DPOs.

-  The Nagaland Government has been responsive to the needs of the disability community and has coordinated positively with the Office of the Disability Commissioner. 'Guidelines on COVID-19 measures in respect of Persons with Disabilities' were notified by the Home Department. The Disability Commissioner has been designated State Nodal Authority and overall in charge in matters related to persons with disabilities, and the District Welfare Officers have been designated as the district nodal officers. Separate accessible quarantine facilities have been set up for persons with disabilities in some districts. Steps were immediately taken to make the State COVID-19 Dashboard accessible after the Disability Commissioner wrote to the Information Technology Department.

## Chapter 4 RECOMMENDATIONS FOR ADDRESSING THE REQUIREMENTS OF PERSONS WITH DISABILITIES

*This report looks at 2 levels of recommendations: (i) structural/ governance based, and (ii) issue/challenges based.*

### STRUCTURAL/GOVERNANCE BASED RECOMMENDATIONS

#### Disaster Management Framework

*So long as the country functions under the framework of the Disaster Management Act, the beneficial provisions under the DM Act must be fully implemented.*

#### NDMA

*To ensure speedy and effective action across the country at all levels (national, state and district), the NDMA to coordinate the implementation of various policies and schemes for disaster mitigation and reconstruction.*

#### DIDRR GUIDELINES

*The DiDRR Guidelines should be rigorously implemented, emphasizing their focus on disability inclusive capacity building and action and community based disaster risk management. The following aspects (specified in the Guidelines) should be reinforced:*

- Inclusion of issues of persons with disabilities and their organizations in disaster risk reduction activities as stipulated in the RPWD Act 2016 has to be institutionalized.
- Awareness of DRR planning and services amongst persons with disabilities has to be universalized.
- A two track system built on mainstreaming as well as providing specialized services needs to be adopted.
- In-depth consultation with persons with disabilities and their organizations is required.
- It is important to include persons with disabilities at each stage of the disaster reduction process, from preparedness to accessible warning systems, safe evacuation, accessible shelters, relief and reconstruction.

#### DEPWD GUIDELINES ON COVID - 19

*The DePWD Guidelines, which comprehensively consider and address most of the concerns and challenges that face persons with disabilities during the COVID – 19 crisis, should be **mandatorily and universally enforced by the NDMA/MHA***

### EMPOWERED GROUPS ON COVID - 19




The Empowered Groups have the potential to ensure that specialized skill and knowledge inform the policies and processes to be rolled out in critical areas of governance to deal with the challenges thrown up by the COVID – 19 crisis. The areas they cover resonate entirely with the issues and challenges that confront people with disabilities:

- (a) Medical Emergency Management Plan
- (b) Availability of Hospitals, Isolation and Quarantine Facilities, Disease Surveillance, Testing and Critical Care Training
- (c) Ensuring Availability of Essential Medical Equipment
- (d) Augmenting Human Resources and Capacity Building
- (e) Facilitating Supply Chain & Logistics Management for availability of necessary items such as food and medicines
- (f) Coordinating with Private Sector, NGOs and International Organisations for response related activities
- (g) Economic and Welfare Measures
- (h) Information, Communication and Public Awareness
- (i) Technology and Data Management
- (j) Public Grievances and Suggestions
- (k) Strategic Issues Related to Lockdown

*The Empowered Groups should proactively engage with persons with disabilities and disability organizations so as to ensure disability inclusive strategies and actions. The DePWD, as the focal point for the disability sector in government, as well as various experts on disability issues should be a part of these Groups.*


### **ISSUE BASED RECOMMENDATIONS**

#### **Financial Support**




-  *People with disabilities who have lost jobs/livelihood should be able to register for unemployment allowance (this allowance should be announced on an urgent basis)*
-  *Simplification of procedure for registering oneself as a person with disability for seeking COVID benefits with very minimum documentation. This is crucial as only 28% people with disabilities have certificates.*
-  *Increase the ex gratia cash transfer for people with disabilities announced by the Finance Minister to five thousand rupees. This should not be limited to persons with*

*80% or more disability, but should rather be extended to all persons with disabilities above 18 years of age who do not fall within the income tax paying bracket*




### **Passes for persons with disabilities and their caregivers**





-  *Special priority should be given to issuance of passes to persons with disabilities and their caregivers.*

### **Access to Information, Access to Helplines**



-  *All information about COVID 19, services offered and precautions to be taken should be available in simple and local language in accessible formats; i.e. in Braille and audible tapes for persons with visual impairment, video-graphic material with subtitles and sign language interpretation for persons with hearing impairment and through accessible web sites.*
-  *Only those sign language interpreters who are certified by the Rehabilitation Council of India to be allowed to interpret in national and regional television news programmes, and in special messages by the government.*
-  *There should be a special helpline for persons with disabilities. Centralised helpline systems (with video call facility and Indian sign language interpretation) from the PMO should be established along with a proper delegation mechanism to location wise helplines which could then be held accountable.*

### **Healthcare and Medical Aid**

-  *COVID-19 testing centres should be made accessible.*
-  *There should be a provision door step consultations for persons with disabilities.*
-  *Persons with disabilities and their families should be given priority in treatment In line with recommendations of the WHO:*
  - *Specific isolation ward in every district for persons with disabilities affected by COVID – 19, where the patient may be accommodated with a caregiver familiar to them, parents or family members to help them to cope with the unfamiliar situation and to attend to the specific needs of the disabled person.*
  - *Some temporary arrangements in every district for taking care of persons with High Support Needs, especially to address cases where parents or a single parent of such persons are/is hospitalized due to Corona and have none to look after them at home.*

-  *All persons responsible for handling emergency response services should be linked to organizations specialized in disability in the locality to address problems faced by persons having specific impairments.*
-  *In case of need, personal protective equipment to be provided to caregivers in case of home isolation / quarantine*
-  *On-line counseling mechanism to help persons with disabilities as well as their families to cope with stress during the lockdown, quarantine period and beyond in case of need*
-  *Persons with disabilities to be provided all required health services including their regular infusions / treatment, change of catheters, etc. at their doorstep or at a safe neighborhood facility identified by the government*

### **Access to essentials (food, rations, etc.)**

-  Persons with disabilities should be given access to essential food, water, medicine, etc. To the extent possible, such items should be delivered at their residence or the place where they have been quarantined.
-  Where home delivery is not feasible due to larger areas/ bigger populations, there should be specific separate timing for persons with disabilities in PDS shops as it is not possible for them to stand in long queues.



## Appendices

### 1. The Schedule to the RPWD Act

#### THE SCHEDULE SPECIFIED DISABILITY

##### 1. Physical disability.—

A. Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

(a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from—

(i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b) "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d) "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

##### B. Visual impairment—

(a) "blindness" means a condition where a person has any of the following conditions, after best correction—

(i) total absence of sight; or

(ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or

(iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "low-vision" means a condition where a person has any of the following conditions, namely:—

(i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or

(ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C. Hearing impairment—

(a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. "speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

(a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

3. Mental behaviour,—

"mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.

4. Disability caused due to—

(a) chronic neurological conditions, such as—

(i) "multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) "parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder—

(i) "haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;

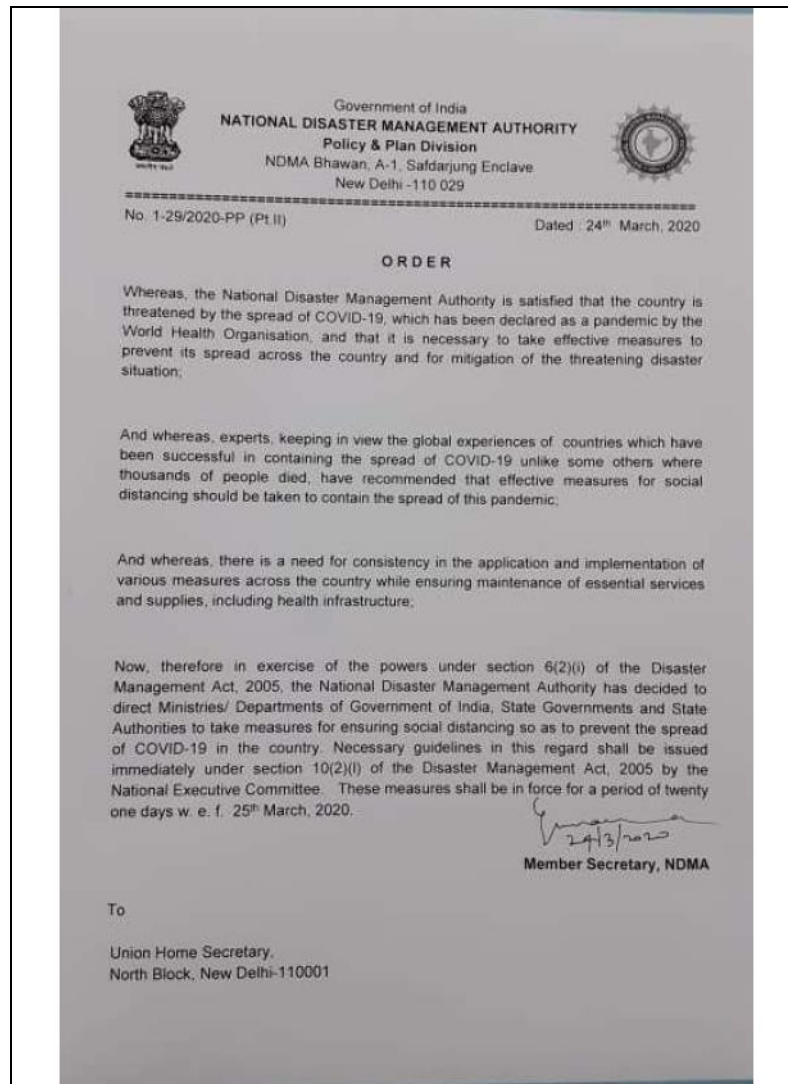
(ii) "thalassemia" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.

(iii) "sickle cell disease" means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5. Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

6. Any other category as may be notified by the Central Government.

## 2. NDMA order No. 1-29/2020-PP (Pt II) dated March 24, 2020



## 3. Relevant portions of the Disaster Management Act, 2005

2(d) 'Disaster' means a catastrophe, mishap, calamity or grave occurrence in any arena arising from natural or man made causes , or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area

2(e) Disaster management means a continuous and integrated process of planning, organizing, coordinating and implementing measures which are necessary or expedient for---

- (i) prevention of danger or threat of any disaster
- (ii) mitigation or reduction of risk of any disaster or its severity or consequences
- (iii) capacity-building
- (iv) preparedness to deal with any disaster
- (v) prompt response to any threatening disaster situation or disaster
- (vi) assessing the severity or magnitude of effects of any disaster
- (vii) evacuation, rescue and relief
- (viii) rehabilitation and reconstruction

#### 4. MHA order on Empowered Groups of Officers

**No. 40-3/2020-DM-I(A)  
Government of India  
Ministry of Home Affairs**

North Block, New Delhi-110001  
Dated 29<sup>th</sup> March, 2020

##### **ORDER**

**Subject: Constitution of the Empowered Groups under the Disaster Management Act 2005**

The pandemic of COVID 19 has engulfed the entire world posing serious challenges for the health and economic security of millions of people worldwide. During this unprecedented situation for effectively addressing issues, constraints and scenarios, a well-planned and coordinated emergency response has become essential.

2. The measures taken hitherto have been effective in containing the pandemic so far. However, considering the gravity and magnitude of the challenges, which are emerging with every passing day, there is a pressing need to augment and synchronise efforts cutting across various Ministries/Departments. Keeping in view the need for such comprehensive action and integrated response, in exercise of the powers conferred under the section 10(2)(h) and (i) of the Disaster Management Act, 2005, the undersigned in the capacity as Chairperson, National Executive Committee, hereby constitute eleven Empowered Groups of Officers (as per Appendix). These Groups are empowered to identify problem areas and provide effective solutions therefor; delineate policy, formulate plans, strategize operations and take all necessary steps for effective and time-bound implementation of these plans/ policies/ strategies/ decisions in their respective areas.

3. In matters involving procurement, the Empowered Group shall take into consideration special instructions given to the Departments vide Department of Expenditure OM No. F.6/18/2019-PPD dated 27<sup>th</sup> March, 2020 and will take suitable decisions/ make recommendations in this regard. In such matters, the concerned Ministries/ Departments shall take immediate action to implement all the decisions/ recommendations of the Empowered Group.

4. During the deliberations, if any of the Empowered Groups is of the view that a particular aspect is not within the domain of that Group and falls within the scope of any other Group(s), they may seek the guidance of the Cabinet Secretary.

  
Home Secretary 29/03/2020

## APPENDIX

**Empowered Groups constituted vide Ministry of Home Affairs Order no No. 40-3/2020-DM-I(A)  
Dated 29.03.2020 for planning & ensuring implementation of Covid-19 Response Activities**

1	Medical Emergency Management Plan	<b>Dr. V Paul, Member NITI Aayog</b> Dr. Renu Swaroop, Secy, DBT Dr. V.Thiruppugazh, NDMA Lav Agarwal, JS, Health Dr. Amandeep Garg, JS,Cabinet Sect Rajender Kumar, Director, PMO
2	Availability of Hospitals, Isolation & Quarantine Facilities, Disease Surveillance & Testing and critical care training	<b>C K Mishra, Secy, EF&amp;CC</b> Vinod Yadav, Chairman, RB Dr. Randeep Guleria, Director AIIMS Dr. Raman R Gangakhedkar, Head ECD, ICMR Jiwesh Nandan, AS, Defence Rachna Shah, AS,Cabinet Sect Vikas Sheel, JS, Health Shrikhar Pardeshi, JS / Mayur Maheshwari, Director, PMO
3	Ensuring Availability of essential medical equipment such as PPE, Masks, Gloves & Ventilators; Production, Procurement, Import & Distribution	<b>P.D.Vaghela, Secy, Pharmaceuticals</b> Guru Mohapatra, Secy, DPIIT Ravi Capoor, Secy, Textiles Dr. G. Satheesh Reddy, Secretary, DRDO M. Ajit Kumar, Chairman, CBIC Naveen Shrivastav, JS, MEA Anu Nagar, JS, DHR Mandeep Bhandari, JS, Health Piyush Goel, JS, Home A Giridhar, AS, Cabinet Sect AK Sharma, AS/ Rohit Yadav, JS,PMO
4	Augmenting Human Resources & Capacity Building	<b>Arun Panda, Secy MSME</b> R. S. Shukla, Secy Parl. Affairs Rajesh Kotecha, Secy, AYUSH Arun Singhal, Spl. Secy, Health Rakesh Kumar Vats, Secretary, NMC Dr. Ravindran, EMR Pankaj Aggarwal, JS, Cabinet Sect V. Sheshadri, JS, PMO
5	Facilitating Supply Chain & Logistics Management for availability of necessary items such as Food & Medicines	<b>Parameswaran Iyer, Secy, DWS</b> Rajender Singh, Member, NDMA Ravi Kant, Secy, F&PD Pawan Kumar Agarwal, Secy, Consumer.Affairs N. N. Sinha, Secy, Border Management Ashok Pandey, Member, CBIC N. Sivasailam, Spl Secy., Logistics &Commerce AVM Jha, JS, Air (Defence) Usha Padhee, JS, Civil Aviation Ashutosh Jindal, JS, Cabinet Sect. Tarun Bajaj, AS, PMO





6	Coordinating with Private Sector, NGOs & International Organizations for response related activities	<b>Amitabh Kant, CEO, NITI Aayog</b> Dr. Vijayaraghavan, PSA Kamal Kishore, Member, NDMA Sandeep Mohan Bhatnagar, Member, CBIC Anil Malik, AS, MHA Tina Soni, DS, Cabinet Sect Gopal Baglay, JS, PMO / Aishvarya Singh, DS, PMO
7	Economic & Welfare measures	<b>Atanu Chakraborty, Secy, DEA</b> T.V. Somnathan, Secy Exp Hiralal Samariya Secy, Labour Rajesh Bhushan, Secy, RD Pankaj Jain Addl. Secy, DFS Amrapali Kata, DS, Cabinet Sect Arvind Shrivastava, JS / Kavitha Padmanabhan, Director, PMO
8	Information, Communication & Public Awareness	<b>Ravi Mittal, Secy, I&amp;B</b> Sunil Kumar, Secy, PR Syed Ata Hasnain, Member, NDMA Punya Salila Srivastava, JS, Home Padmaja Singh, JS, Health Sandeep Sarkar, JS, Cabinet Sect Gopal Baglay, JS / Hiren Joshi, OSD / Pratik Mathur, DS, PMO
9	Technology & Data Management	<b>Ajay Sawhney, Secy, MEITY</b> Anshu Prakash, Secy, DoT G S Toteja, ADG, ICMR N Yuvraj, DS, Health Bharat H Khera, JS, Cabinet Sect Pratik Doshi, OSD/Manharsinh Yadav, DS / Hardik Shah, DS, PMO
10	Public Grievances & Suggestions	<b>Amit Khare, Secy HRD</b> K. Shivaji, Secy, DAPRG Ashutosh Agnihotri, JS, MHA Meera Mohanty, Director, Cabinet Sect. Saurabh Shukla, Director / Abhishek Shukla, DS, PMO
11	Strategic issues relating to Lockdown	<b>Ajay Kumar Bhalla, Secretary, Home</b> Dr. V Paul, Member NITI Aayog V.P. Joy, Secretary, Coordination, Cabinet Sect. A. K. Sharma, AS / Arvind Shrivastava, JS / Abhishek Shukla, DS, PMO

## 5. Respondents in NCPEDP survey on DePWD Guidelines

Sr. No	Name	Organisation	Designation	State	Email	Phone No.	Which state is your organisation established in?
1	Nikita Sarah	The Leprosy Mission Trust India	Head-Advocacy and Com	New Delhi	nikita.sarah@leprosymission.in	9999152764	New Delhi
2	Amvalika Senapati	Shishu Sarothi	Deputy Director- Advocacy and Coordinator- Disability Law Unit	Assam	amvalikas@gmail.com	9864022415	Assam
3	Avelino de Sa	Disability Rights Association of Goa	President	Goa	drag.goa@gmail.com	9326120903	Goa
4	S.Babu	The Association of People with Disability	Associate Director	Karnataka	babus@apd-india.org	9740184768	Karnataka
5	Mridu R. Goel	HANDICARE-Indian Association of Persons with Disabilities	Chairman	U P	handicare@gmail.com	9415578606	U P
6	Sudesh Mukhopadhyay	NA	Former Chairman, Rehabilitation Council of India	GURGAON	drsudesh.mukhopadhyay@gmail.com	09899406827	GURGAON
7	Vagavathalli Narsappa	APAL-Association of People Affected by Leprosy	President	Telangana	assnapal@gmail.com	9000477357	Telangana
8	Poonam Natarajan	Vidya Sagar	Director	Tamilnadu	founder@vidyasagar.co.in	9868524977	Tamilnadu
9	Anuj Jain	National Association of the Deaf	Executive Director	Delhi	deafanuj@yahoo.com	9810468715	Delhi
10	Arun Kumar Singh	Jharkhand viklang munch	President	Jharkhand	arunkjvm@gmail.com	9334801889	Jharkhand
11	shanti auluck	Muskaan-PAEPID	Executive Director	delhi	shantiauluck@gmail.com	09891386895	delhi
12	Smitha	Multiple Sclerosis Society of India	Hon. Jt. Secretary	Tamilnadu d	smitha.citizenrights@gmail.com	9840087540	Tamilnadu d
13	Dawinder Singh	Spinal Cord Injury Association		Punjab	dawinder@gmail.com	9814138141	Punjab
14	Tulika Des	SANCHAR A.R.O.D.	Director	West Bengal	das.tulika1@gmail.com	9830262165	West Bengal
15	Prashant Ranjan Verma	National Association for the Blind - Delhi	General Secy	Delhi	gs@nabdelhi.in	9811688986	Delhi
16	Rajinder kumar	self		punjab	arkalra89@gmail.com	9914823491	punjab
17	Inderjit Nandan	Rishi Foundation (Regd.)	President	Punjab	inderjitnandan@gmail.com	9463705318	Punjab
18	Balbir Singh Guleria	CORD	Community Development Officer	Himachal Pradesh	cordsidhbari@gmail.com	9805245046	Himachal Pradesh
19	Sukhdeep Kaur	Akal college of Education Mastuana sahib Sangrur		Punjab	sksidhu77@yahoo.com	9915556580	Punjab

## 6. More Detailed Structure under DM Act

<b>National</b>	
Ministry of Home Affairs	Overall Coordination
National Disaster Management Authority	Lays down policies plans and guidelines for disaster management and coordinates their implementation
National Executive Committee	Assists NDMA in discharge of its functions, coordinates with Secretaries of Rural Development, Drinking Water and Sanitation, Forests and Climate Change, Science and Technology, coordinates with Civil Defence , volunteers home guards fire services
National Institute of Disaster Management	Includes Secretaries of various departments, Human Resource Development and Disaster Management
National Disaster Response Force	Rapid deployment force which provides assistance to State governments in event of an imminent hazard for search and rescue
India Disaster Resource Network	Integrated data Resource Network is a database in the electronic form maintained by the NIDM, Ministry of Home Affairs. The data enlists inventory of equipment and human resources relevant to disaster management/risk reduction
<b>State and District</b>	
State Disaster Management Authority	Established in States and Union Territories under the DM Act. lays down policies and plans for disaster management in the state, reviews the development plans of different departments and ensures prevention and mitigation measures are integrated into the plans

State Disaster Response Force	Rapid deployment forces at state level
State Executive Committee	Responsibility for implementing the National Plan and State Plan and act as the coordinating and monitoring body for management of disaster in the State
District Disaster Management Authority	Established by the state in each district under the DM Act. Prepares District Disaster Management Plan and acts as planning, coordinating and implementing body for disaster management