



IMPACT OF COVID -19 on PERSONS WITH DISABILITIES, INDIA

BACKGROUND: As per the latest Census 2011, out of the total 121 crore population, a total of 2.68 crore people or 2.21% of the total Indian population lives with a disability. The World Health Organisation estimates that a whopping 15% of the world's population lives with some kind of a disability.

IMPACT OF COVID 19: As COVID-19 sweeps the world, Persons with Disabilities are at a higher risk of serious illness (and even death if they contract coronavirus). Some of the challenging factors include the following:

1. The concept of social distancing which is fundamental in controlling the spread of Coronavirus cannot be emulated by Persons with Disabilities. For example, many PwDs cannot perform even the most basic activities (such as hand washing and personal hygiene) independently. Moreover, the blind navigate their way through touch. Persons with Intellectual Disabilities are also highly dependent on their caretakers and attendants.
2. Existing health issues such as diabetes, pulmonary illnesses, weak lower diaphragm functioning etc. increase the chances of the disease.
3. The lockdown has disproportionately affected Persons with Disabilities in comparison to the non-disabled population. For example, many Persons with Intellectual Disabilities require regular therapy, without which their condition deteriorates. Access to medication has taken a huge blow, with many not having enough medical supplies till the end of the lockdown. Groceries have been hoarded by the non-disabled, leaving nothing for Persons with Disabilities living independently. Special schools have been shut, leaving many children to take care of themselves independently.
4. The unavailability of passes has left many Persons with Disabilities stranded alone in their homes, with no one to take care of them. In cases where caretakers and attendants have contracted the virus, no substitutes are available for the disabled community.
5. Most of the content available on coronavirus is inaccessible to the deaf, resulting in many uninformed.
6. Government websites are still not accessible to the Blind.
7. Diagnostic and quarantine centres, whether private or public have inaccessible infrastructures. They do not even have basic lifts or disabled friendly toilets.
8. Research has indicated that unemployment and poverty rates are higher among Persons with Disabilities which has worsened their struggle in the time of the pandemic.
9. For thalassemia patients, there is an acute shortage of blood supply which is dangerous for their condition.
10. Access to support systems have been cut which has a negative impact on PwDs.
11. Structure and routines can reduce anxiety for people with intellectual disabilities – but at a time when structure and routine is quickly changing, this can have a big effect on emotional and mental wellbeing.
12. Autistic people can often be very sensitive to changes in food tastes, textures, and smells caused by sensory overload. As well as increasing anxiety, being unable to buy their usual foods because of food shortages and not being able to shop in the usual supermarket at the usual time of day can lead to a limited diet, as substitutes may be unacceptable.



Recommendations: FICCI would like to recommend the following:

1. We request Government of India to ensure that Section 8 of the RPWD Act 2016 (which stipulates that the PwDs shall have equal protection and safety in situations of risk, armed conflict, humanitarian emergencies and natural disasters) is followed religiously.
2. All caretakers, attendants and support staff for Persons with Disabilities should be given the status of health care professionals and supplied with safety gear.
3. It should be ensured that no caretaker or attendant is stopped from reaching the house of PwDs. All arrangements should be made to make this hassle-free.
4. The absence of public transport is a major challenge for caretakers. The relevant authority needs to ensure that the transportation needs of caretakers and attendants are met.
5. All essential services including groceries medication, blood supply and oxygen cylinders for Persons with Disabilities should be made available indefinitely.
6. The state authorities should ensure the home delivery of all essential services for Persons with Disabilities.
7. All institutional care centres must remain open to house the inmates, who otherwise would be left abandoned.
8. The health professionals at the forefront should be trained in dealing with Persons with Disabilities. This should also include the staff at diagnostic and quarantine centres.
9. Public health officials should ensure that no discrimination is meted out to PwDs.
10. Diagnostic and quarantine centres should be made accessible for Persons with Disabilities
11. Information on Covid 19 should be available in accessible formats such as Braille and Indian Sign Language for consumption by PwDs.
12. Counselling and peer support networks should be made available online. A data base may be created in consultation with disability rights organisations from the panchayat level upwards for providing counselling services to the disabled in need during the entire period of the lockdown and after.
13. A 24X7 helping number should be made available to all PwDs which can not only provide information on Covid 19 but also extend telephonic counselling sessions.
14. The Disaster Management Authorities should include the State Commissioner for Persons with Disabilities during disaster management. They should be in charge of all disability related issues. The Commissioner should act at the State Nodal Authority to ensure inter-Ministry interactions. In the absence of a State Commissioner, the State Minister/Secretary for Social Justice and Empowerment should take up the issue.
15. As majority of PwDs are unemployed or employed in the unorganised sector, the Government should increase the ex-gratia amount to Rs. 5,000 per month.