

Socio-Economic situation analysis of Persons with Disability (PWDs) in the context of COVID-19 Pandemic

Annexure-12



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ACKNOWLEDGEMENTS

We gratefully acknowledge that the most important contribution to this study was made by the Persons with Disability who have not only responded enthusiastically to all the questions during the interviews and FGDs but also extended valuable cooperation for smoothly carrying out the data collection process. The richness of the data presented in the report reflects the bold and admiring effort made by the enumerators who have made extensive visits during the pandemic situation and personally collected data from the respondents. We gratefully acknowledge the leadership and efficiency demonstrated by Mr. Sanjeeb - Lok Kalyan Seva Kendra, Mr. Kishore Moghe - Gramin Samassya Mukti Trust, Mr.P.C Mishra - Indian Institute of Youth and Development, Ms.Rama Jyothi-Modern Architects for Rural India and Mazhar Rashidi – Pratinidhi in coordinating the study process in their respective states and for ensuring compliance to guidelines shared by the study team. Our great appreciation to Ms.Vidhya , Sateesh and Team from Neural Schema Infotech Private Ltd for their untiring hard work and patience in developing online application that accommodated all the data collection requirements which resulted in producing high quality data. Our humble appreciation and thanks to Dr.D.K.Lal Das for the expert guidance provided in selection of data collection tools, sample and research methodology adopted for the study. We are very grateful to Dr.Seetharam MR for reviewing the first draft report and offering his critical comments and input that enhanced the quality of analysis presented in the report. Our sincere appreciation to our colleague Mr.V.Sreedhar who has worked hard on par with the study team and provided all the logistics and design support in producing this report. Our heartfelt thanks to Mrs. Swati Sinha for coordinating with the state teams to guide on the FGDs and inputs into the report. We are extremely thankful to WSSCC for providing this wonderful opportunity, our special thanks to Mr.Vinod Mishra for all his excellent coordination with UNRC and WSSCC Geneva team in taking forward this study initiative. Our heartiest thanks and grateful appreciation to Mr.Enrico Muratore of WSSCC for his expert guidance and technical support throughout the study process since its inception. We express our sincere thanks to all our colleagues in MARI and FANSA who have extended their valuable cooperation in completing this study assignment.

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Acronyms / Abbreviations

FANSA	- Freshwater Action Network in South Asia
FGDs	- Focus Group Discussions
GKRA	- Garib Kalyan Rojgar Abhiyaan
GSMT	- Gramin Samassya Mukti Trust
ICF	- International Classification of Functioning, Disability and Health
ICMR	- Indian Council of Medical Research
IYD	- Indian Institute of Youth & Development
ILO	- International Labour Organisation
LKSK	- Lok Kalyan Seva Kendra
MARI	- Modern Architects for Rural India
MOSPI	- Ministry of Statistics and Programme Implementation
NGO	- Non Government Organisations
PDS	- Public Distribution System
PIB	- Press Information Bureau
PMGKY	- Pradhan Mantri Garib Kalyan Yojna
PWDs	- Persons with Disabilities
RPWD Act 2016	- The Rights of Persons with Disabilities (RPWD) Act 2016
SBM	- Swachh Bharat Mission
SDGs	- Sustainable Development Goals
UNRC	- United Nations Residents Coordinator
WHO	- World Health Organisation
WSSCC	- Water Supply and Sanitation Collaborative Council

EXECUTIVE SUMMARY

The COVID – 19 has precipitated public health as well as socio-economic crisis globally. The pandemic is far more than a health crisis, it is adversely affecting societies and economies and the worst hit are the most marginalized and vulnerable population groups. Loss of livelihood, suffering due to hunger, depletion of savings and indebtedness are some of the key issues the vulnerable groups had to face. Unless very special and systematic efforts are made it would not be possible to understand the challenges and difficulties confronted by each of these vulnerable categories of population. Persons with disability is one category of vulnerable population subjected to face multiple challenges due to COVID-19 pandemic and particularly during the lockdown situation.

Under the leadership of UNRC, a special initiative has been made to conduct a comprehensive socio-economic situational analysis of different vulnerable groups. FANSA and WSSCC have collaborated to join this initiative and carried out a study on socio-economic situation analysis of persons with disabilities (PWDs), with a sample of 1,111 respondents selected from the states of Jharkhand, Maharashtra, Odisha, Telangana and Uttar Pradesh in India.

The study had assessed the influence of COVID- 19 on PWDs with particular focus on WASH linkages; Coping mechanisms of the PWDs to withstand and recover and the support leveraged for the same; Identified further needs and gaps with focus on WASH for saving lives and reducing risk; and formulated recommendations for improving the quality and speed of action for rebuilding livelihoods and ensuring adequate WASH services for the PWDs.

Key Findings:

Only 37% of the respondents are engaged in income earning activity, out of which 23 % are self-employed, indicating uncertainty and dependency on others' income. Level of awareness about COVID-19 disease, spread and symptoms was high (38 %) or moderate (38 %) and about one-fourth of the respondents had low level of awareness. Urban respondents revealed high level of awareness and the lowest was among the respondents from Tribal areas. About 85 % of the respondents had water and soap available for hand washing at home while availability of handwashing stations is for about 69 %. During the lockdown situation limitations were experienced by respondents in accessing public/community toilets, water and solid waste disposal services and procuring sanitary pads. .

Family Members were the primary source of information sharing on COVID for the majority of the respondents (75 %). Very little attention was paid to provide COVID safety information specially needed for the PWDs and their care givers. The know of Help Line and Arogya Setu is limited to 40% and 32% respectively, while the actual use of Arogya setu App is much less. About 90% of the respondents have never undergone basic pre-cautionary measures like temperature screening and only 3% had undergone COVID testing. A very small percentage of respondents had pre-existing health issues like diabetes, Hypertension, Asthama and disabilities that need regular health services. Some of them had faced difficulties in accessing timely medical and diagnostic services during the pandemic and lockdown situation.

Loss of income during the lockdown was a challenge confronted by majority of the PWDs, as only about 14 % of the respondents who were in earning activity could continue the same and others had faced limitations due to lack of transport and restrictions on mobility. Also, about 38% of the PWDs left their place of work. About 30 % of the respondents had borrowed fresh loans to meet the income crisis during the lockdown situation.

Hurdles faced in accessing the relief support were lack of transport; inadequate information, fear of getting infected in crowds and high temperature during summer. The assistance from the charity organisations had very limited reach in rural and tribal areas. About 49 % of the respondents did not have any stocked commodities at home and they mostly relied on daily purchase of the same. About 86 % of the respondents felt constraints in procurement of food commodities mainly due to lack of stocks at shops, closure of shops particularly run by the petty vendors and street-based hawkers and for majority of them the prices of food commodities during the lockdown period were higher than normal days. Majority of the respondents had to go hungry during the lockdown days due to lack of adequate food commodities. The work load related to cooking, washing and household chores has increased the work load, particularly for women.

About 85% of the respondents have BPL cards. Respondents who have received free Rce, Dal and Cash disbursement benefits were 99%, 77% and 38% respectively. About 61% of the respondents are regularly receiving pension benefit. In addition a small percentage of respondents have received dry ration support and cooked food service from local charity organizations and individual donors.

About 2/3rd of the respondents who are into some earning activity are not confident of reviving their livelihoods after the lockdown. Financial assistance, New Skills and guidance and counselling services are needed by majority of the respondents to rebuild their livelihoods.

Issues and challenges:

- Lack of disability certificate
- Simultaneous of loss of income for the self and care givers of the PWDs
- Lack of information dissemination specific to the needs of the PWDs
- Lack of awareness about the dedicated helpline for PWDs and ineffective functioning of the same
- Low level of knowledge and usage of Arogya setu app
- Lack of surveillance on PWDs having high risk to COVID and disproportionate coverage of PWDs under COVID tests
- Lack of savings and poor borrowing capacity resulted in low ability to withstand the financial crisis caused by COVID pandemic situation
- Conditions imposed by lockdown had further disadvantaged the ability of PWDs to practice the recommendation on 'healthy eating' to remain safe from COVID
- COVID pandemic and crisis triggered by the lockdown had caused emotional stress and insecurity among PWDs
- Disbursement of PWD pensions got delayed
- Livelihood insecurity is a major concern across all categories of the PWDs engaged in employment, skilled labour and self-employment
- Care and support systems functional in the normal circumstances became weaker during the pandemic

Recommendations:

- ❖ **Local governments should be responsive and accountable to improve disability certification process:** Local bodies of governance must be mandated to maintain the data base on all category of PWDs and take proactive measures to support that every interested PWD is tested for certification.
- ❖ **Promote economic self-reliance to build resilience to health disasters:** The impact of existing legal and social protection measures for promoting employment opportunities for the PWDs need to be critically analyzed, reliable baselines must be generated, based on which the Governments should develop and implement targeted plans for achieving progress on employment of the PWDS.
- ❖ Learning provided by COVID pandemic with respect to methods, channels and approaches of reaching public health information to the PWDs need to be captured for future use.
- ❖ **Public knowledge of the guidelines** for the care and protection of the rights of PWDs need to be ensured to generate demand and accountability for implementation of the same.
- ❖ There is need to reinforce the messages to ensure that practice of handwashing is needed not only to keep safe from COVID, but all other disease-causing microorganisms and efforts should be made to sustain the behavioural change achieved during the COVID pandemic.
- ❖ Disaster response personnel and institutions must be equipped to meet the complex communication needs of PWDs
- ❖ Health, Municipal, Social Welfare and Civil Society organizations need to be sensitized and capacitated to ensure that COVID prevention and control measures integrate the needs of PWDs. Similarly measures to support recovering from the losses of COVID and rebuilding the livelihoods should be ensured of inclusive approach to the special needs of the PWDs.
- ❖ Homebased education and employment options evolved during the COVID pandemic should be considered as strategies for enhancing opportunities for the PWDs.
- ❖ Local communities must be sensitized to share the responsibility of supporting the PWDs to recover from the effect of the COVID Pandemic.
- ❖ Governments should provide adequate budgets to ensure that every eligible PWD is provided with pension support.

MIS on implementation and outcomes of COVID recovery measures should be designed to provide segregated data for the PWDs.

Socio-Economic situation analysis of Persons with Disability (PWDs) in the context of COVID-19 Pandemic

1. Introduction

1.1 Overall COVID-19 Situation, Reverse migration, Community transmission and effect of Lockdown

The World Health Organization (WHO) declared an outbreak, a Public Health Emergency of International Concern (PHEIC) On 30th January 2020, and in Feb 2020, WHO officially named this outbreak of the disease associated with the coronavirus as 'COVID-19' where CO-Corona, VI-Virus D- Disease, and 19–2019 is the year it primarily occurred. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is the root cause behind COVID-19 disease. Since its first outbreak in Wuhan, Hubei Province in early Dec 2019, the disease has scummed 77 2221 people to death, infecting 31 664 104 across 235 countries in the world as per the reports on 24th September 2020¹. With a total of over 5.8 million cases, India recorded its highest single-day spike with 96551 cases on 11th September 2020. The spike is also the highest daily cases of any country in the world since the pandemic outbreak. As of 24th September 2020 India reported total of 5732518 cases of which 966382 active cases, with 4674987 recoveries and 91149 deaths².

India and the world have experienced an exponential rise in the cases, resulting from the spread of corona virus infection. The COVID – 19 has precipitated public health as well as socio-economic crisis globally. UN's Framework for the immediate socio - economic response to the COVID-19 crisis rightly emphasises that, "The COVID - 19 pandemic is far more than a health crisis viz., it is affecting societies and economies to their core/ root level. While the impact of the pandemic will vary from country to country, it will most likely increase poverty and inequalities on a global level, necessitating achievement of Sustainable Development Goals (SDGs) even more urgent" (United Nations, 2020). Further, it is feared that the pandemic may trigger hunger deaths in the most underdeveloped nations of African Continent and South Asia.

Measures for control of COVID started with the announcement of 'Janata Curfew' on March 22, 2020. On March 25, 2020, nationwide complete lockdown for 21 days was imposed under the provisions of Disaster Management Act. Lockdown has been justified, as restricted mobility will help in breaking the chain. At the same time, creating necessary health infrastructure was taken up during lockdown to strengthen the preparedness of the country to combat the pandemic (Saha and Bindal, 2020). The lockdown was extended till May 30th 2020. To revive stalled economy, restrictions were lifted in few sectors form April 20th, 2020 (The Times of India, 2020) in a phased manner. The unlock phase started from June 8th 2020 and Unlock 4.0 is starting from the first fortnight of September 2020. Unlock 4.0 allows metros to open, even as educational institutions continue to be shut till September 30th.

The lockdown has wreaked havoc to the socially and economically marginalised sections of society, mostly engaged in the informal economic sector of activities. It is more expected that the pandemic will trigger unemployment to the tune of '400 million workers in the informal economic sector' (International Labour Organisation (ILO) as cited in The Economic Times, 2020) subjecting / exposing

¹ (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>)

² <https://covidindia.org/>

them to the vicious prospect of poverty and hunger. It covers a range of category of workers such as construction workers, vegetable vendors, sanitation workers, migrant workers, rickshaw pullers, domestic helpers, agriculture labourers, construction labourers, women workers, Persons With Disabilities (PWD's) from low-income households and the like. Media and study reports, available in plenty, validates their vulnerabilities during the lockdown period. Loss of livelihood, suffering due to hunger, rendering cleaning service without any protective gear in the containment zones and as a result getting infected with corona virus (Kumbhare, 2020); their savings getting depleted /drained, compelling them to borrow money for survival - have been some of the inevitabilities that such vulnerable groups are made to face. Many migrant workers, who had lost their livelihood (having been left unattended by their employers), were forced to walk long distances to their respective home states. (Sayeed, 2020). In a leading newspaper, Hindustan times Dutta & Tripathi (2020) shared the data of Save LIFE, a road safety NGO, that claims that close to 200 migrant workers have lost their lives in road accidents during the lockdown period. "The dreadful mass exodus of migrant labourers was reminiscent of the situation during the partition of the country in the year 1947" (ibid;2020).

In response to the needs of homeless and poor, the state governments launched provision of cooked meals. For instance, Annapoorna Canteens in Telangana, Didi's kitchen in Jharkhand, provision of cooked meals through SHG's in Odisha. Many non – profit organizations, volunteers, corporates, celebrities and affluent citizens extended their support and provided dry ration, hygiene materials, cooked food, transport facilities for migrants and direct cash transfer to the poor and needy families as per their capacity and outreach (Jansahas, 2020 and SOPPECOM 2020). In the meantime, despite the lockdown, covid-19 fresh cases as well as deaths due to COVID were on the rise. States particularly Maharashtra, Gujarat, Delhi, Andhra Pradesh, Tamilnadu, Uttar Pradesh, Telangana, Karnataka were amongst the worst affected. The medical, para-medical, sanitation, security staff etc., are put under severe stress due to rapidly growing number of COVID positive persons needing medical assistance and hospitalization.

To address the economic distress, the Finance Minister announced a relief package of Rs.1.70 Lakh crores under Pradhan Mantri Garib Kalyan Yojna (PMGKY) (Press Information Bureau (PIB) (a), 2020). The package broadly included insurance coverage of Rs. 50 lakhs for medical, para-medical, security, frontline health workers that includes sanitation staff, etc. provision for additional ration under Public Distribution System (PDS) till June, 2020 (further extended till November), direct cash transfer under various schemes, ex-gratia of Rs.1,000 that included physically challenged persons, allocations for registered construction labourers and many others.

During May 2020, the government initiated a series of interventions particularly, 'Shramik Special Trains' to provide transport to the migrant labourer, students and stranded persons to enable them to reach their native places. Stranded migrant workers got entitlement to receive food grains under PDS without ration card. 'One Nation One Card scheme' as a long - term solution, 'Garib Kalyan Rojgar Abhiyaan (GKRA)' (PIB, (b),2020), a one-time scheme in 6 states, viz; Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Odisha and Jharkhand were also implemented. The scheme calls for the employment to the migrant labourers in the construction work relating to public infrastructure. Despite the series of initiatives meant for the low - income group, its success lies in issuing clear directives and guidelines to the States for the implementation; strict monitoring mechanism and decentralised approach, which was admittedly an ardent task, given the huge population. Not surprisingly therefore, it has been widely reported that the beneficiaries in various locations continued to be deprived of their entitlements. The government record claims that under PMGKY, financial assistance of around 53 thousand crores has been disbursed to 42 crore beneficiaries in India. (PIB (c) 2020). Necessary steps are being initiated for extending financial assistance to the poor and vulnerable for revival of their livelihoods. The extended susceptibilities of the vulnerable groups call for evidence-based research and rigorous analysis to understand the status and assess their needs.

1.2 Profile of the PWDs provisions, laws and any special initiatives of the Governments to provide relief and protection to PWDs

Understanding disability: Persons with disability are those having challenges in life because of cognitive, developmental, intellectual, mental, physical, sensory impairments which may be present from birth or caused during the course of life. In majority of the cases, poverty is both a cause and effect of disability. The International Classification of Functioning, Disability and Health (ICF) defines Disability “as an umbrella term for impairments, activity limitations, and participation restrictions. Disability refers to the negative aspects of the interaction between individuals with a health condition (such as cerebral palsy, Down syndrome, depression) and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings and limited social supports).” (WHO and The World Bank, 2011).

PWD statistics in India: More than a billion people or 15% of the world’s population is estimated to be living with some form of disability. As per the Census data of 2011, the number of persons with disability in India is 26.8 million, constituting 2.21% of country’s population. This figure exceeds 173 Nations, when compared with the total population size of individual countries (www.Worldometers.info). The percentage of disabled population among SCs, STs and general population is 2.45, 2.05 and 2.18 respectively. 20.42 lakh children below the age of 6 years are disabled. Reliability of the data is disputed and it is suspected that the prevalence of disability is much higher than these figures. 56% of India’s disabled population is male and 44% is female, while this ratio is 51% and 49% respectively among the total population of the country. 69% of the disabled population lives in rural India and 39% in urban areas (Census, 2011). According to 76th Round NSS Report, literacy among the PWDs living in rural areas is 47.2% (57.4% male and 33.3% female) and among the urban the literacy is 65.5% (73.3% male and 55.8% female) (Ministry of Statistics and Programme Implementation (MOSPI (c), 2019). Only 28.8% had a certificate of disability which is essential for accessing employment, economic assistance and other welfare opportunities provided by the Governments for the persons with disability. 21.8% have received help/aid from Government, 1.8% received help/aid from sources other than Government and 76.4% did not receive any help/aid. (ibid; 2019).

International Commitments to PWDs: India has signed several international commitments towards establishing inclusive, barrier free and rights based society for the persons with disabilities. India has endorsed the ‘declaration on full participation and equity of people with disabilities in the Asia Pacific region (2000)’. India is signatory to the ‘UN Convention on the Rights of Persons with Disabilities. India has committed to achieve SDGs which are heavily emphasized on Leaving No One Behind (LNOB) and reaching the farthest with inclusive and equitable access to services.

Policy and legal provisions for PWDs: Government of India introduced National Policy for Persons with Disabilities (2006), which recognizes that Persons with Disabilities are valuable human resource and seeks to i)create an environment that provides them equal opportunities; ii) protect their rights and promote their full participation in society; iii) lay strong emphasis on controlling preventable disabilities; iv) provide Physical, Educational and Economic Rehabilitation for a dignified life; v)provide protection against exploitation of women and children with disabilities; vi) ensure barrier free environment that supports independent living of the persons with disabilities; vii) assess and issue disability certificate; viii) provide social security measures and ix) collect regular data on PWDs(MOSPI (a)). The Ministry of Social Justice and Empowerment is the nodal Ministry for implementing this policy, while an inter-ministerial coordination body was set up to coordinate the implementation of this policy. The role of Non-Government Organizations (NGOs) in promoting the welfare of PWDs was very much recognized by this National Policy.

Three most important legislations enacted by Government of India for persons with disabilities are (i) Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which provides for education, employment, creation of barrier-free environment, social security, etc. which was amended as The Rights of Persons with Disabilities (RPD) Act 2016 (ii) National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999, which has provisions for legal guardianship of these four categories of persons and creation of enabling environment for as much independent living as possible. (iii) Rehabilitation Council of India Act, 1992, deals with the development of human resources for providing rehabilitation services. (<https://www.pacer.org/international/India/laws/nppd.asp>).

Rehabilitation Services for the PWDs: In the year 2016, Parliament of India decided to expand the list of disabilities covered under law from seven to twenty one which are detailed under Rights of Person's with Disabilities' (RPWD) Act, 2016. Ministry of Social Justice and Empowerment has established Regional Rehabilitation centres, which are in turn capacitating District Rehabilitation Centres for providing rehabilitation services for the PWDs. National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funds projects each year that conduct research on a wide range of issues including technology, health, independent living, and capacity building of the PWDs. The National Rehabilitation Information Center (NARIC) is the library of the NIDILRR which disseminates the outputs of research project and other information related to PWDs. National Institute of Mental Health (NIMH), National Institute of Mental Health and Neuro Sciences (NIMHNS), National Institute for Hearing Handicapped (NIHH), National Institute for Visually Handicapped (NIVH), National Institute of Occupational Health (NIOH), Institute of Public Health (IPH) are the premier institutions in India established for providing training and rehabilitation services to the PWDs.

Education and Employment: These two factors play an important role in determining the socio-economic empowerment of the PWDs. Among the total disabled population, only 5% are graduates and educated above that. About 61% (57% male and 43% female) of the children in the age group of 5-19 years are attending educational institutions(Census 2011). Overall attendance to schools in this age group is higher in urban (65%) than in rural (60%) areas. 54% of the children with multiple disabilities and 50% of children with mental illness never attended educational institutions. Only 36% of the disabled (47% male and 23% female) are working (MOSPI (b), 2017). Among the workers 54% are cultivators and agricultural labourers which has inherent challenges in providing stable income and employment. Disabled non workers are dependent on their families.

WASH Services for the disabled: Implementation of guidelines of Swachh Bharat Mission (SBM), India's Sanitation flagship program laid heavy emphasis on inclusive approach and a special handbook for sanitation facilities for the PWDs was introduced. But there have been serious gaps in translating the spirit of these guidelines into practice, resulting in exclusion of many vulnerable groups, including PWDs in sanitation progress. Since the launch of SBM in 2014, more than 11 crore toilets have been built in rural and urban areas of India, however negligible progress has been made in creating disabled friendly toilets. Similarly, considerable progress has been achieved in reaching the piped water supply services in both rural and urban areas, but these facilities too are not accessible for the majority of the PWDs.. Mandatory provisions of Right to Education Act has improved the availability of water facilities (69%), basic sanitation (73%) and Hygiene (54%) facilities in schools (UNICEF and WHO, 2018) but accessibility of these facilities for the PWDs is still a major concern. In the context of COVID-19 pandemic, the demand for water, sanitation and hygiene services has suddenly gone higher resulting in widened gaps between demand and supply. The increased gaps in availability, coupled with lack of accessibility had worst hit the people with disabilities.

Persons with Disabilities in the context of COVID-19: Though this pandemic has adversely affected all population, the vulnerable groups are more intensely hit, given their socio economic vulnerabilities, which include PWDs which is one of the major category. The impact experienced and the level of risk to COVID is also widely varying across different sub-categories of PWDs, which is linked to the specific nature of disability. Unless very special and systematic efforts are made it would not be possible to understand the challenges and difficulties confronted by each of these vulnerable categories of population. Loss of livelihood by the PWDs themselves and their caretakers have seriously impacted the supply of basic food and other daily necessities for the PWDs in the poorest communities. The essential care and support including medical services needed by the PWDs got disrupted due to financial and other constraints imposed by the COVID pandemic. Many Government hospitals had been shut due to the restrictions during lockdown and even subsequently accessing the Health Centres continues to be a problem due to restrictions in travel and conveyance. Some of the Government as well as Private Hospitals have been converted into COVID treatment centres making it hard for the PWDs to get access to general healthcare. Lack of sensitivity to the needs of the PWDs was observed particularly in dissemination of information on COVID-19, helpline services and relief support provided to withstand the challenges created during the lockdown period. Frequent washing of hands and maintaining physical distance advised for keeping safe from COVID-19 were found challenging particularly, by those having difficulty with physical movement.

In this backdrop, the Freshwater Action Network in South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) collaborated to conduct socio economic situational analysis of the Sanitation workers and PWDs in the context of COVID -19. This report presents the findings of the study on the situation of PWDs.

2. Methodology

In the current context of COVID, the need arises to move beyond speculation and gather more reliable evidence and rigorous analysis on how the COVID-19 is impacting the vulnerable communities, so that the future intervention strategies to provide relief and rebuild the livelihoods can be better planned and initiated. For this purpose, under the leadership of UNRC a special initiative has been made to conduct a comprehensive socio-economic situational analysis of different vulnerable groups. FANSA and WSSCC have collaborated to join this initiative and shared the responsibility of conducting socio-economic analysis of the two categories of vulnerable groups, namely, frontline sanitation workers (SWs) and persons with disabilities (PWDs) in selected states of India.

2.1 Objectives of the Study

1. To contribute to the joint initiative planned by UNRC to make a comprehensive nationwide socio-economic situational analysis of vulnerable groups in the current context of COVID-19 pandemic.
2. To understand the influence of COVID- 19 on PWDs and analyse the social, physiological, economic, demographic and gender dimensions of the same with particular focus on WASH linkages.
3. To understand the capacities, resources and coping mechanisms of the PWDs to withstand and recover from the influence of the COVID-19, including their ability to leverage the support from the government agencies.
4. To understand the ongoing interventions, identify further needs and gaps with focus on WASH for saving lives and reducing risk of COVID-19 with particular focus on PWDs.

- To make suggestions to the concerned government agencies on immediate action and also frame recommendations for improving the quality and speed of action for rebuilding livelihoods and ensuring adequate WASH services for the PWDs.

2.2 Methods of Survey:

For this social survey explanatory design of mixed method research was adopted. The explanatory mixed method research design is a two-phase research design. In the first phase the social survey process started with the collection of quantitative data followed by the collection of qualitative data in the second phase.

2.3 Area of Study

Initially, it was planned to carry out the socio-economic situational analysis with 1,000 sample drawn from 5 states for PWDs. As such, the populations of PWDs were segmented into states and then based on the following criteria, the sample was selected:

- Backward state and having higher number of positive cases.
- Backward state and having highest number of migrant labourers returning home.
- States having high number of positive cases but doing well in implementing control measures.
- Representation of different geographical parts of the country.
- Presence of FANSA State Chapters to take the responsibility for data collection.

2.4 Sampling

As population of PWDs were not known, quota sampling technique of non-probability sampling method was used to select the sample of respondents. As per the broad guidelines from UNRC, it was decided to select a sample of 200 each from five states, selected to be covered under the study.

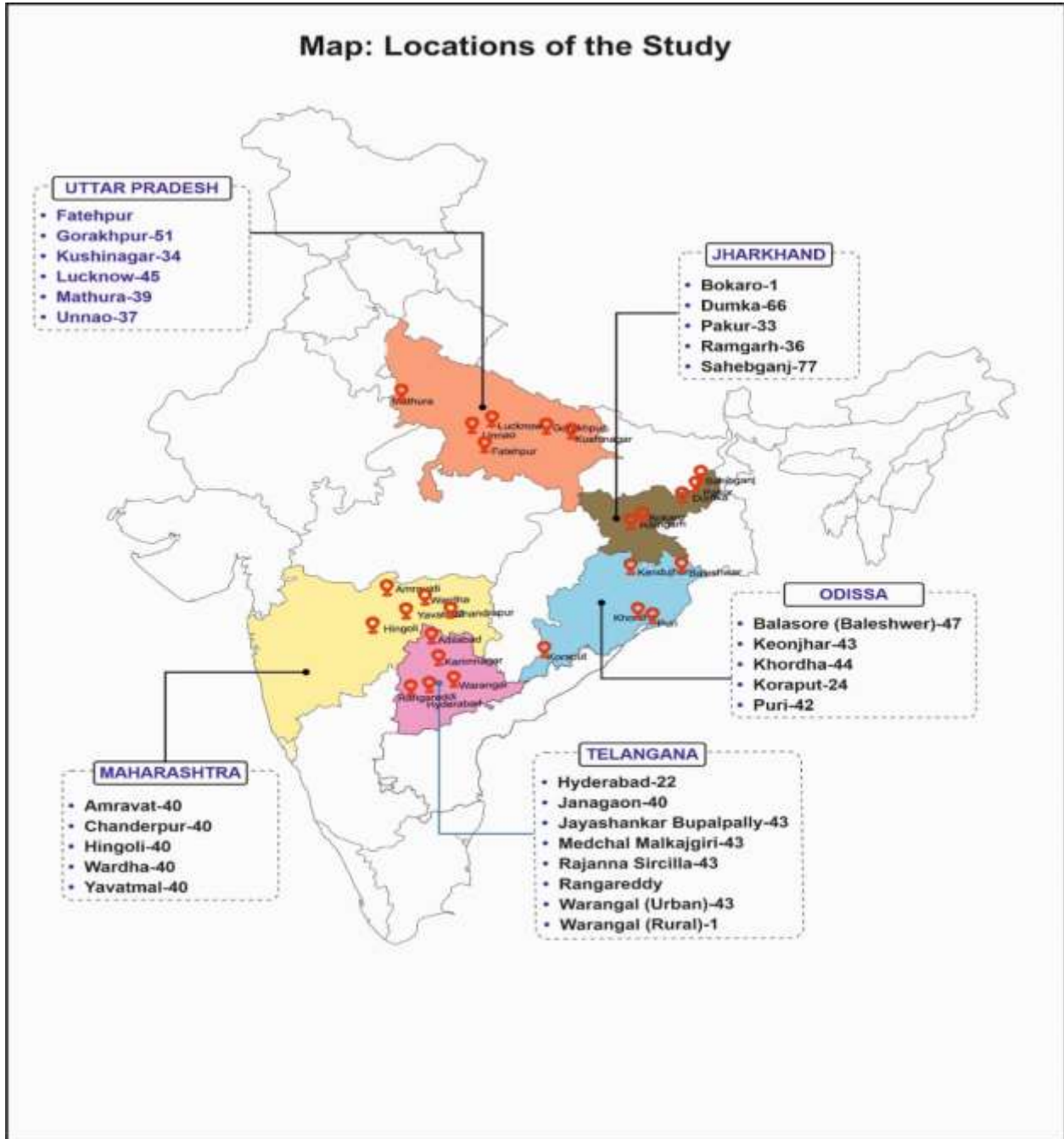
For sample selection, all the 21 categories of disabilities listed under 'The Rights of Persons with Disabilities Act, 2016' were considered. Keeping in mind the possible errors and omissions in administering interview schedules, state partners were asked to collect data from 260 to 270 respondents (30 to 35 % more than the decided size of sample). After scrutiny of interview schedules, responses of 1,111 PWDs were found consistent and reliable. Therefore, it was decided to keep all the respondents whose responses were consistent and reliable in the sample for further analysis. The state wise sampling distribution is given below:

Table-1: State wise Distribution of Sample

S. No.	Name of the State/Union Territory	PWDs	
		Female	Male
1	Jharkhand	174	84
2	Maharashtra	109	116
3	Odisha	124	87
4	Telangana	141	71
5	Uttar Pradesh	99	105
	Sub Total	647	463
	Grand Total of the sample	1110 + 1*=1111	

* One respondent from Telangana was third gender person.

States represented in the study: Though a sample of 200 was planned from each state, actual data was collected from a total of 1,111 respondents covering five states, viz Jharkhand (258), Maharashtra (225), Odisha (211), Telangana (213), and Uttar Pradesh (204). All the five states have significant number of COVID positive cases. Maharashtra stands highest in the country with 8 lakh and above cases (GOI, COVID-19, September 5, 2020) Uttar Pradesh (UP) with two lakh and above cases and Telangana one lakh and above cases (GOI, COVID-19, and September 5, 2020) are in the list of top 10 states with two Lakh and above cases, while Jharkhand has the lowest among five states, with little more than 35,000 COVID positive cases. Majority (53.9%) of the respondents are from rural areas. The remaining are from Urban (30%), Peri-Urban (10.8%) and Tribal (5.3%) areas. Thus, the final states selected for the study are given in the map-1



2.5 Data Collection Methods and Tools:

For the study, both quantitative and qualitative data collection methods were used to collect data from primary sources. Interview schedules were prepared to collect the primary data from PWDs. Interview schedule had two sections. Section A covered interviewers details. Section B consisted of a number of sub sections to collect data related to personal identification, socio economic profile, and awareness about COVID-19, safety measures, livelihood and income during lockdown, life at the time of lockdown, status of WASH services, social protection, relief support/ assistance during the lockdown and Livelihood-post lockdown. Detailed Interview Schedule is included as Annexure-1.

The final interview schedule was translated into regional languages of respective states and was uploaded on the web page of FANSA to enable online data collection. Special data collection application was developed for this purpose which enabled real time monitoring of the data quality as well as the data collection progress in each location / state. The software application included features to ensure logical correctness of responses for interlinked questions. If a particular response to a question makes the subsequent questions not applicable, default command has been set to skip those questions. Similarly totalling of numbers, date and time of data collection are pre-programmed to eliminate errors and any chances of deliberate manipulation. This has enabled us to completely avoid errors in data collection and tabulation of the data, which was done with great amount of accuracy and efficiency of time.

Qualitative data was collected through FGDs and case studies. To guide the field facilitators detailed guidelines were provided which included step by step process for organizing FGDs, checklist to be used for facilitating the relevant discussion and template for documenting the outcome of the FGDs. Open ended questions were framed to conduct FGDs to collect deeper insights related to various aspects covered in the interview schedules. The detailed check list used for conducting FGD can be viewed in Annexure-2 and the guidelines for the same as Annexure-3. To ensure quality of participation and compliance to COVID advisory, FGDs were limited to groups of 15 to 20 sanitation workers and PWDs. The FGDs were facilitated by a resource person and the insights gathered were summarized and used in the final analysis of data. A total of 10 FGDs were conducted involving 113 PWDs (37 Women and 76 Men). Detailed list of FGDs along with the locations is provided in Annexure-4. To illustrate the typical or specific conditions of individual persons, case studies were developed for five PWDs and the same is included in this report. The case studies presented are relevant to the issues covered under general analysis and conclusions drawn from the data. The check lists and the guidance notes were prepared to guide the field level facilitators involved for collecting the best relevant case studies. Detailed checklist used for collecting the information is given as Annexure-5. The FGD reports and case studies were thoroughly reviewed by the study team and feedback was provided to field facilitators to address the gaps in the information.

2.6 Pre-Testing of Data Collection Tools

In line with the overall purpose of this study the interview schedules were developed through collective work of the study team. Dr.D.K.Lal Das, expert in social research methods and statistical analysis has scrutinized and ensured that the tools are coherent with the best standards of tabulation and analysis process. Field testing of the schedules was carried out in two stages. Initially the manual questionnaires were tested on 22nd June 2020 by two of the study team members in Warangal district of Telangana. Issues related to validity of the questions, correctness of wording, understandability, acceptance and ability of respondents to answer the questions under different sections, logical flow and interconnectedness of different sections of the schedule, assessing the average time taken to collect data from each respondent and viability of the same etc., were identified during the pre-testing and

schedules were reframed and finalized to address the identified issues. The schedules in bilingual format were then uploaded into online application, after which the state partners were given orientation and asked to have practice run in their respective states. Based on the feedback received, further modifications were carried out and the schedules were finalized.

2.7 Selection of Partners and Investigators

For selection of state level partners FANSA has circulated a detailed note on the proposed study and invited expression of interest and brief profile from the interested state level organizations. Presence of state chapters of FANSA in all the selected nine states and one union territory gave added advantage to engage credible and capable enumerators for this study. Based on the scrutiny of EOIs received potential organizations were selected. After giving orientation on their role (June 24th 2020) an agreement was signed and following organizations were engaged as state partners for the study.

Table-2: List of the Partner Organisation from the Selected states

Sr. No.	Name of the CSO partner	State
1	Lok Kalyan Seva Kendra (LKSK)	Jharkhand
2	Gramin Samassya Mukti Trust (GSMT)	Maharashtra
3	Indian Institute of Youth & Development (IIYD)	Odisha
4	Modern Architects for Rural India (MARI) hosted By FANSA	Telangana
5	PRATINIDHI	Uttar Pradesh

Based on the guidance provided by the study team, the enumerators for the data collection were appointed by the state partners, who were then provided training (July 7th, 2020) on using quantitative and qualitative data collection tools. WhatsApp group was created to keep regular contact and address all the problems encountered by the enumerators during the period of data collection in the field.

For the purpose of data collection 826 face to face, 280 telephonic and 5 online interviews were conducted and 1,111 respondents were reached out. The interviews, FGDs and case studies were conducted and data was collected during the period of 8th to 27th July 2020. The details of the states along with districts and number of participants is included as Annexure-6.

2.8 Data Processing and Analysis:

On completion of data collection and scrutiny of the data, the consolidated data sheets were prepared. It was followed by preparation of data tabulation plan. All the data collected in response to questions with pre-coded responses were tabulated as per the tabulation plan. Univariate and bivariate tables were prepared for further analysis. Qualitative data collected through FGDs and Case studies were integrated into quantitative data analysis. To supplement statistical analysis and understand trends and patterns of data graphs and diagrams were prepared.

2.9 Limitations of the Study

1. Since the outbreak of COVID pandemic intra state and inter-state mobility has become highly restricted due to which study team could not travel to field locations to guide and monitor the data collection process and the interaction was limited to only telecommunications. Even the data collection team had serious constraints to travel to reach habitational areas of the respondents.

2. Online data collection system was opted for the study due to logistic constraints related to printing and transportation of interview schedules and also considering the advantages of eliminating errors. However, lack of reliable internet connectivity caused frequent disruption to online filling, leaving several schedules partially filled, which necessitated interviewing of much higher number of respondents than the sample size.
3. The sample selected across the 21 sub-categories of PWDs could not be ensured to have a balanced distribution nor was it intended to have a representative sample for the entire nation. Thus, the conclusions drawn, and recommendations made reflect the broad trends. The sample also did not include PWDs under institutional care.
4. The study is very much explorative/ indicative in nature. As the COVID pandemic is completely a new and unfamiliar situation, there is no possibility of finding any prior research on the issues considered for the study. The research team had challenges to draw boundaries for conducting the socio-economic analysis specific to the current context of COVID pandemic. To some extent, the analysis became generic in nature for the two selected categories of population.
5. The data collection was carried out at a point of time, when the vulnerable people were in desperate need of relief support. Though, it was very well clarified that the data collection was not intended to provide any relief support, information shared by few of the respondents might have been influenced by the expectations that the study may qualify them for support from government and other agencies.
6. Due to the fear of COVID risks and general advisory against travelling and meeting many persons, there was difficulty in finding adequate number of enumerators. Even the respondents were also not forthcoming to interact with enumerators and voluntarily share the data. In the case of Uttar Pradesh and Odisha States, the main coordinators of the study fell ill, which resulted in a bit of delay to the entire study schedule.

3. Data Analysis

This chapter presents the data analysis and findings from the empirical data that has been carried out with an objective to understand the socio-economic conditions of the PWDs in the current context of COVID-19 pandemic. A common understanding on the category of respondents were developed using key socio-economic parameters such as place of living, age, gender, caste, identity, education, employment, dependency, etc. This is followed by analyzing the external factors (e.g. information sharing, relief support) that interacted with pre-existing socio-economic conditions and influenced the preparedness and ability of the PWDs to cope with the COVID-19 pandemic situation. The awareness level of the respondents was assessed to understand their level of susceptibility to COVID-19. The changes caused by the pandemic to the socio-economic conditions (e.g. loss of assets, indebtedness) of the PWDs are also analyzed. Special emphasis has been given to analyse the availability of food commodities, WASH services and social security measures, as all these factors have tremendous influence on keeping PWDs safe from COVID-19, health and quality of life of the PWDs and their families. The last section of the analysis is focused on the future life and livelihood conditions as perceived by the respondents and the support felt needed by them to cope up better with the sudden changes caused by COVID-19 and lockdown situation. Analysis of the quantitative data has been strengthened with additional insights from the qualitative data gathered through Focus Group Discussions (FGDs) and case Studies.

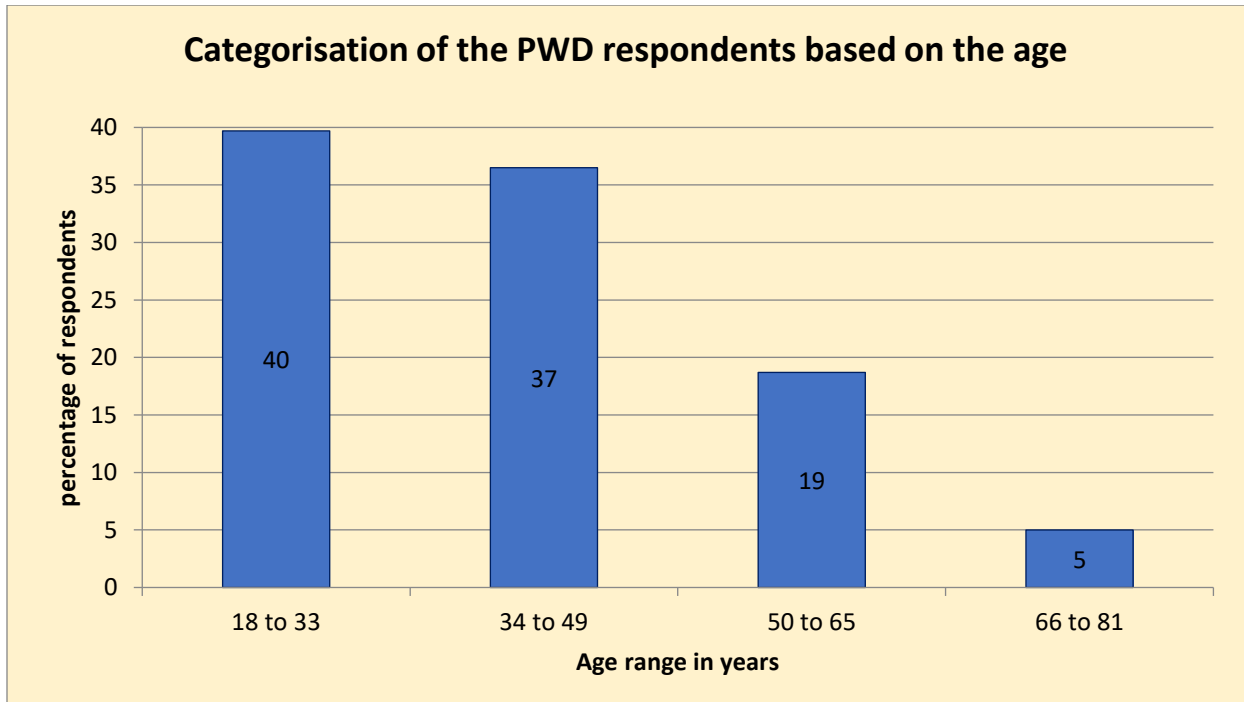
3.1 General information of the respondents:

a) States represented in this study:

Though a sample of 200 was planned from each state, actual data was collected from a total of 1,111 respondents covering five states, viz., Jharkhand (258), Maharashtra (225), Odisha (211), Telangana (213), and Uttar Pradesh (UP) (204). All the five states have a significant number of COVID-19 positive cases. Maharashtra stands highest in the country. UP, Telangana and Odisha are in the list of top 10 states with one Lakh and above, while Jharkhand has the lowest among five states with little more than 35,000 COVID-19 positive cases. Majority (54 %) of the respondents are from rural areas. The remaining are from Urban (30 %), Peri-Urban (11 %) and Tribal (5 %) areas.

b) Age of the respondents:

For the purposes of this study, the sample selection is limited to members who are of 18 years and above age. Children are not included in the sample as they are considered to be totally a diverse group, who need different approach and data collection tools for assessing their situation. The age of the respondents covered under the study is varying between 18 to 90 years. Majority of them (75%) are young and the middle aged are in the age group of 18 to 46 years. On an average they were 30 years of age (Standard Deviation = 13.6 years). Negative effects of disability on the living conditions, psychological functioning and ability of self-care is higher among the older people. In the remaining about 25 % of respondents were comparatively older people. Among them, little over seven % (60 years and above) were in high risk bracket, vulnerable and disadvantaged. Distribution of respondents is shown by the following histogram (please see Graph No.1).

Graph-1: Graph showing the distribution of respondents by age.

Source: Primary data of the study

c) Gender and caste:

About 59 % of the respondents are males and about 41 % are females. The gender ratio of sample is close to the gender ratio in national population of PWDs which is 56 percent male and 44 percent female. Only one respondent was third gender person. Majority of the respondents (52%) are from Other Backward Caste (OBC) communities. Respondents from Schedule Caste (SC) community are little above 22 %, Schedule Tribes (STs) are about 14 % and the remaining is from general category of population. Among the total respondents nearly 55 % are married, 40 percent are unmarried and about five % are widowed.

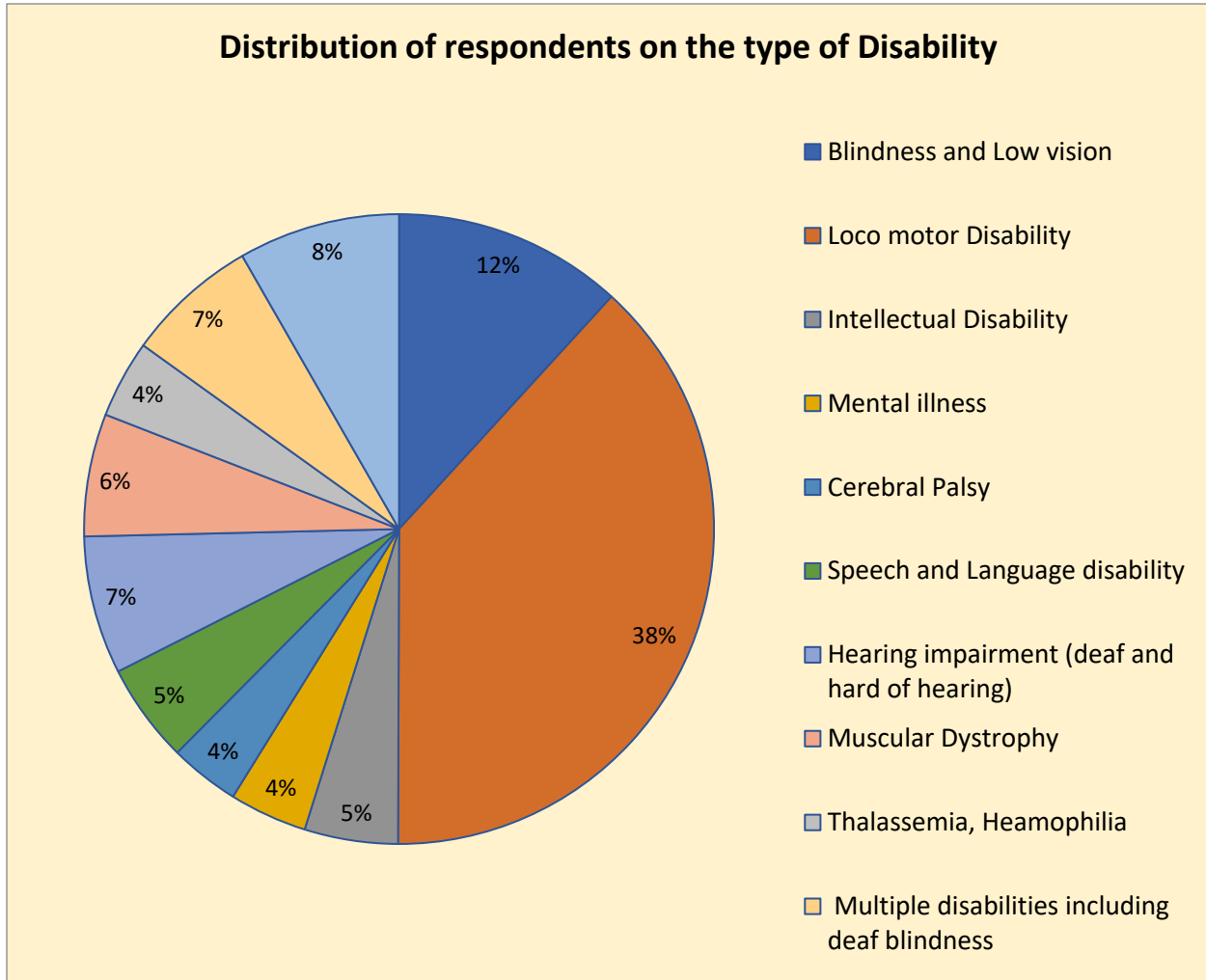
d) Educational status:

Literacy and level of education are significant contributors to the social and economic development. In the case of disabled, it has greater significance in empowering them to secure their rights and entitlements of social justice. Access to education enables the disabled to be more independent in their living and included in the main social streams of the society. Information collected from the respondents revealed that nearly 29 % are illiterates which is much lower compared to national figure of 45 % (Census 2011). 23 % are educated up to 5th standard, which means they may be literates but lack qualifications required for securing employment and development opportunities. Nearly, 38 % of the respondents have studied up to Secondary or Higher Secondary level which is helpful in securing low paid, lower level non-professional job opportunities. Only seven % of them are graduates and a little above three % are postgraduates and above which indicates higher possibility of achieving improved standards of living.

e) Nature of Disabilities :

The sample of respondents included members of all the 21 kinds of disabilities covered under The Right of Persons with Disabilities Act, 2016 (RPWD Act, 2016). A large number of respondents (38 %) are persons with loco motor disability followed by hearing impairment (7%) category, multiple disabilities (7 %) and blindness (7 %). Sizeable number of respondents has low vision, speech disability (5 %) and intellectual disability (5 %). Remaining 31 % falls in other categories as per the RPWD Act. The following pie diagram illustrates the distribution of respondents by nature of disabilities.

Graph-2: Pie diagram showing the distribution of respondents by nature of disabilities.



Source: Primary data of the study

f) Registration and Disability Certificates :

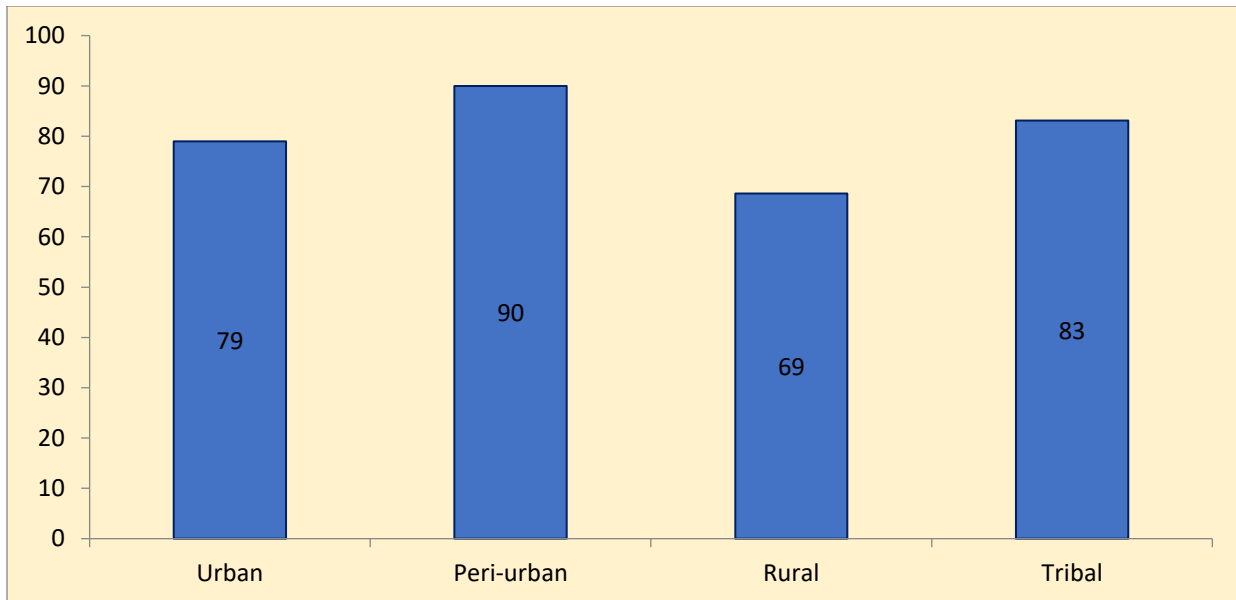
Registration with local authorities is necessary to ensure that decision making authorities implementing welfare measures take into account every disabled person. The local data base should recognize and include all the persons with disability. A large majority (72 %) of the respondents covered under the study have registered with local authorities. Department of Empowerment of Persons with Disabilities, Ministry of Social Justice, has an ongoing project which provides Unique Disability Identity for all the persons who have completed online registration. This has been introduced for the purpose of improving

transparency, efficiency and ease of delivering special services designed for different categories of persons with disabilities. However, majority of the participants in the focus group discussions revealed low level of awareness on the procedure to be followed for securing such Unique Disability ID.

Nearly, 75 % of the respondents are in possession of identity proof mentioning their disability. Competent medical authorities / boards constituted by the state governments issue these identity proof for all the persons having prescribed percentage of disability (Mentally handicapped - 35 percent, Orthopedically - 40 percent, Deaf & Dumb - 60 and above and Blindness - 90 percent or above). This is essential for availing facilities, benefits, concessions and welfare schemes of the government.

Nearly, one-third of the respondents reported that they are not registered with local authorities. To understand the correlation between place of living and status of registration we cross tabulated the data with place of living. Results are presented in Graph No. 3

Graph-3: Distribution of registered respondents based on category of Place of Living and Status of Registration of disability (%)



Source: Primary data of the study

It is evident from the data that, comparatively, more respondents from rural area (31 %) reported that they are not registered with local authorities than respondents from urban, tribal and peri-urban areas.

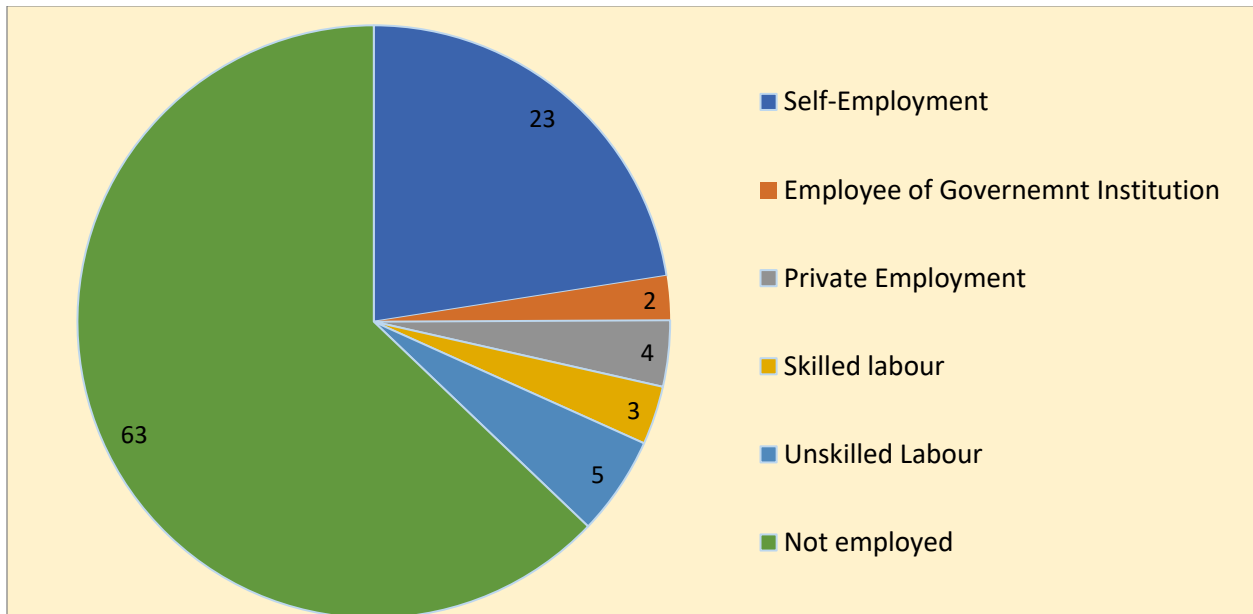
The graph shows that there is association between 'place of living' and 'status of registration' which was also statistically significant when Chi Square test administered. This was substantiated by qualitative data. Analysis of qualitative data revealed that in some cases (e.g. homeless, shanty dwellers, from remote rural/ tribal areas) lack of residential proof, birth certificates are making it difficult to obtain the certificates. Also, PWDs in rural and tribal areas have less accessibility and awareness of the procedure and guidelines to be followed for obtaining the disability certificate. Some of them are not really claiming all the benefits, even after having certificates. The most sought-after support is disability pension scheme.

g) Employment:

The RPWD Act, 2016 made provision for four % vacancies in all government bodies / agencies. Only 37 % of the respondents are engaged in income earning activity which indicates a huge percentage of unemployment and high level of dependency on others. Out of 37 % who are engaged in income earning activities 23 % are self-employed as shown in the graph No.4. State wise disaggregated data indicated that higher percentage of PWDs engaged in earning activity were in Jharkhand (52 %) followed by Telangana (50 %) and the lowest was recorded in Maharashtra (21 %). As per the Act, four % vacancies in all Government establishments were to be reserved for the PWDs. There are legal obligations on private establishments making unlawful for any kind of discrimination against PWDs. Despite these protective provisions, lack of adequate employment opportunities, particularly in rural areas, is reported as a major problem by the participants of focus group discussions.

Respondents engaged in income earning activity in urban areas is about 54 %, in peri-urban nearly 43 %, in rural areas 28 % and in tribal areas it is least with 22 %.

Graph-4: Distribution of respondents based on their Nature of Employment / Income Earning Activity (%)



Source: Primary data of the study

h) Dependency:

Data revealed that little over 56 % of the respondents have dependents on their earnings. About 30 % of the respondents have children as dependents. Respondents having up to two dependents are around nine %. Respondents with three and four dependents are found to be almost 12 % and 11 % respectively. Remaining 15 % of the respondents have dependents ranging from five to 22, while there is one respondent in each category of 13, 14 and 22 dependents. Little above 56 % of respondents have stated that they are fully or partially dependent on the earning of other family members who are casual labourers, petty entrepreneurs and artisan professionals.

3.2 Awareness level and knowledge of COVID -19

'CO' stands for Corona (name of the virus), 'VI' for Virus 'D' for disease and '19' indicates the year of outbreak of this virus which is 2019. Level of awareness is one of the key determinants of individuals' safety from COVID-19 and its prevention and control in the society at large. Corona-19 is a new virus; knowledge of common people is highly limited, and misconceptions are fast spreading. Thus, there is a greater need to ensure that everyone has adequate understanding to be able to prepare self and guide others in the family and community for mutual safety and protection. Desired level of awareness of the problem reduces dependency on others to keep safe from the problem. The rapid spread of COVID-19 created an urgency for universal awareness rising, which required barrier free and inclusive approach in reaching the key messages. Awareness is of much greater significance particularly for the people whose vulnerability is higher due to their health, social and economic disadvantages. The study made an attempt to assess the level of awareness of the PWDs on COVID-19. To assess the level of awareness of the PWDs on COVID-19 questions were asked on four aspects of disease, namely, knowledge about COVID-19, spread of CORONA virus, symptoms of COVID-19 and prevention of COVID-19. Responses were analysed and the results are presented in the following sub-sections.

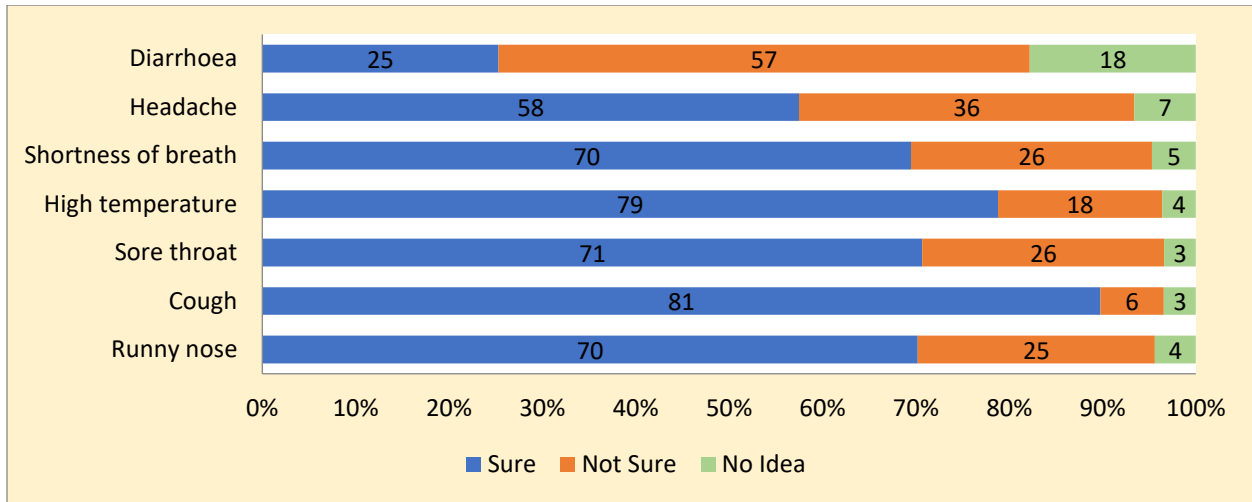
Knowledge of Respondents about COVID-19: A large majority of the respondents (90 %) know that it is a new disease. Slightly lesser number of respondents knows (82 %) that it is caused by Corona virus. The risk of death associated with COVID-19 is known to a higher number of (88 %) respondents. Comparatively, lesser number of respondents (77 %) said that: 'It is disease that can affect lungs and airways'. Keeping safe from the disease demands right knowledge among 100 % people. Though the percentage of respondents lacking right kind of knowledge is smaller it represents much higher proportion of public health risk.

High risk of COVID-19 infection for aged people is found to be in the knowledge of almost 79 % of respondents. Little over 72 % of the respondents agreed that the risk is high for the persons with respiratory problems and about 68 % agreed that there is high risk for persons with pre-existing problems like Diabetes, Asthma, and Anaemia etc.

Knowledge of Respondents about the Spread of Corona Virus : On the question of how does the Corona virus spread, little over 84 % of the respondents agreed that it spreads through droplets from coughing, sneezing and spitting by any infected person. Whereas, 81 % of them agreed that contact with human body, objects and places where active virus is present, could be the cause of infection spread of Corona virus.

Knowledge of Respondents about the Symptoms: According to the respondents, cough and fever are the most commonly known symptoms of COVID-19 and Diarrhoea is least known symptoms. The data presented in the graph No.5 indicates the knowledge of the respondents about COVID19 vis-à-vis its varied symptoms.

Graph-5: Distribution of respondents based on their Knowledge on Symptoms of COVID-19

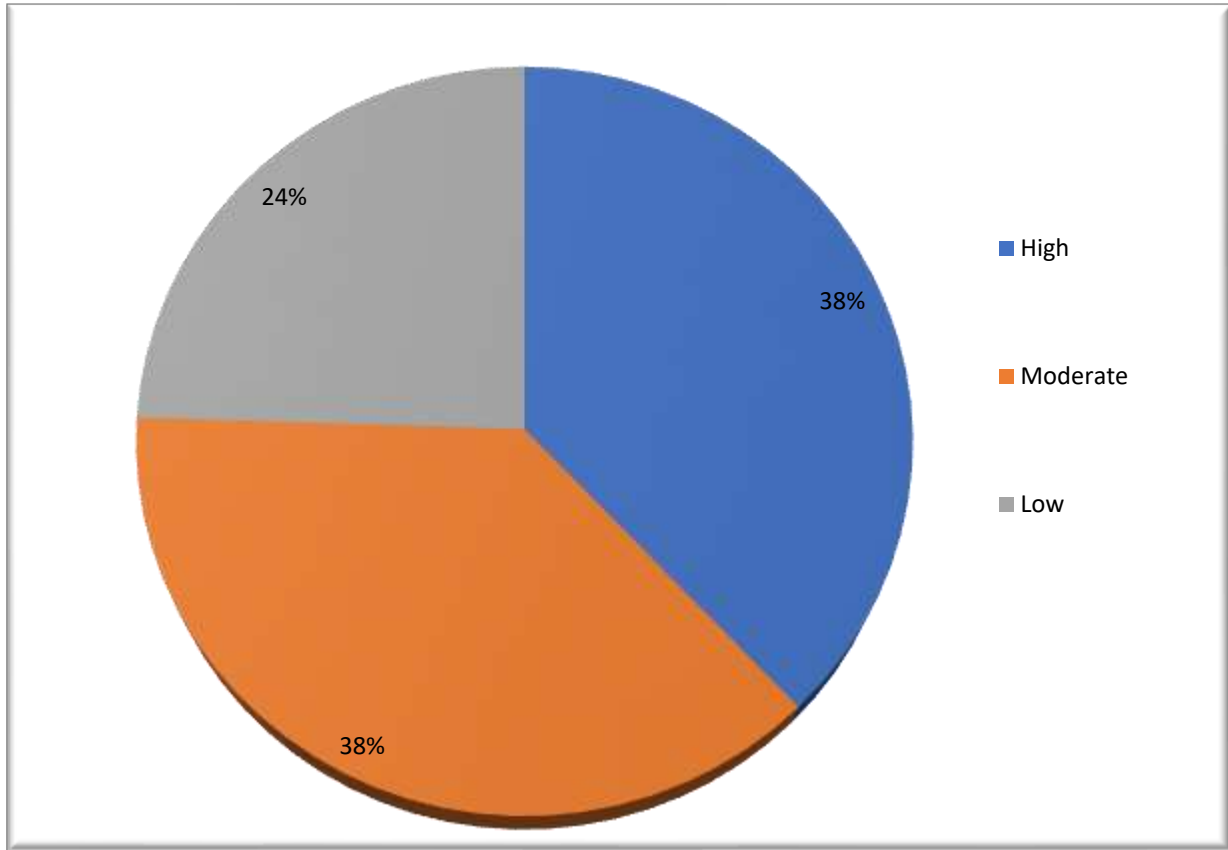


Source: Primary data of the study

Knowledge about Important Prevention / Safety practices: Knowledge of five most important prevention practices is found to be very high among all the respondents. The high percentage of agreement scored by the prevention / safety practices is avoiding shaking hands (87 %), avoiding close contact with persons coughing and sneezing (87 %), use of masks while going out (88 %), safely staying at home and minimising contacts with others (87 %) and frequent hand washing (86 %).

To assess the level of awareness of the PWDs about COVID-19, responses were scored and summed up for further analysis. Analysis of summed scores and classification of scores are presented in Graph No.6

Graph-6: Distribution of respondents based on their awareness level about COVID-19



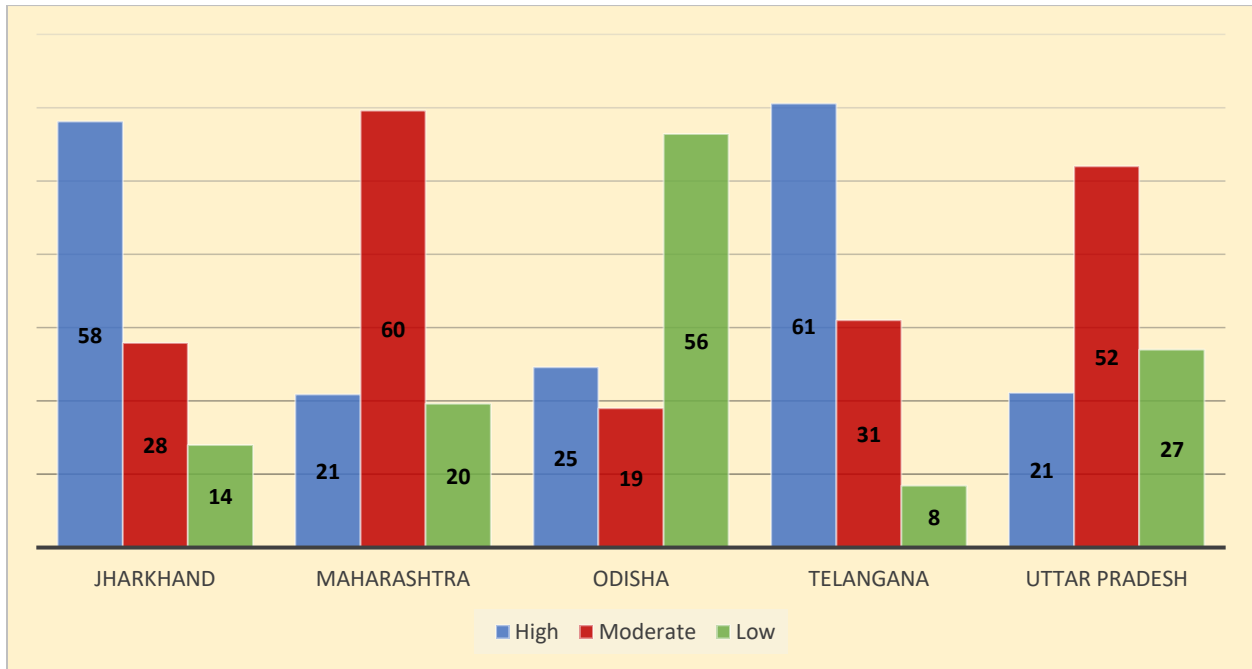
Source: Primary data of the study

It is evident from the analysis of scores that a large number of respondents' level of awareness about COVID-19 were high (38 %) or moderate (38 %). Only, one-fourth of the respondents come in the category of low level of awareness. The three levels ; high, moderate and low was based on first and third quartile values.

To examine if the level of awareness about COVID-19 is associated with some variables like state of domicile, place of living , age, gender, educational status we cross tabulated the data relating to level of awareness about COVID-19 with the selected variables. Results are presented in following sections.

State wise segregation of data indicated that highest level of awareness is in Telangana (61 %), followed by Jharkhand (58 %), Odisha (25 %), Uttar Pradesh (21 %) and Maharashtra (21 %). (See Graph no.7)

Graph-7: Awareness amongst the respondents about COVID-19 by States

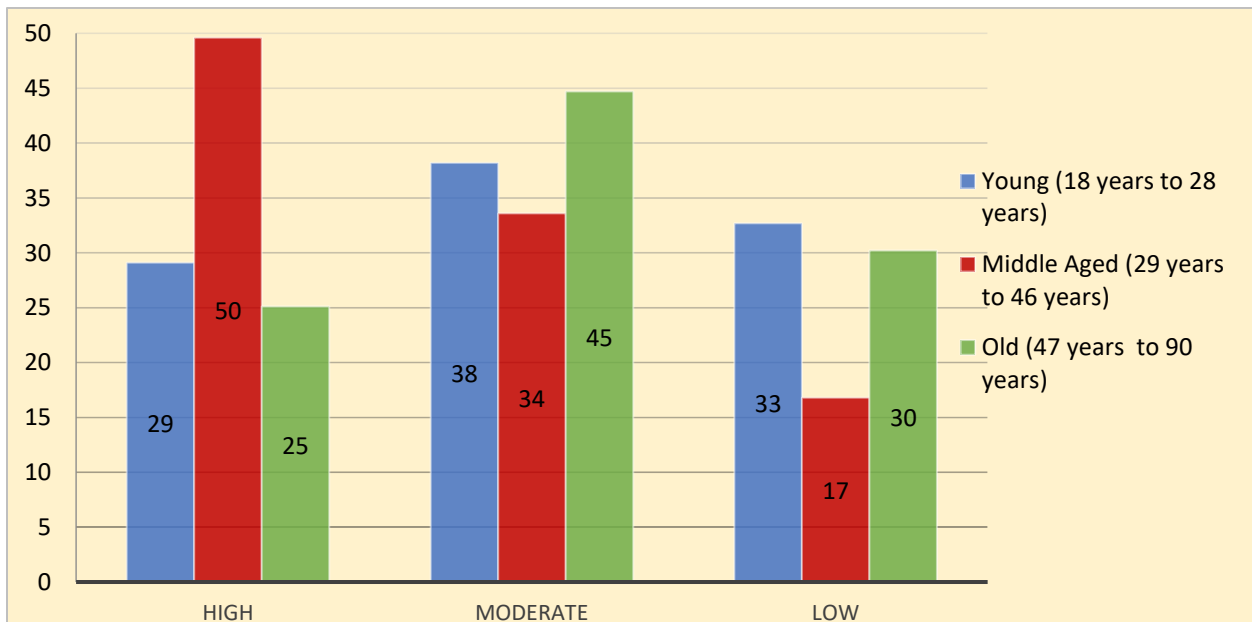


Source: Primary data of the study

Age wise, middle aged (29 to 47 years) respondents showed high level of awareness with about 50 % scores, while young respondents (18 to 28 years) scored little above 29 % and the balance scores for the older age group (above 48 years).

It is evident from the data that more male respondents (42 %) had comparatively, higher level of awareness than female respondents (32 %).

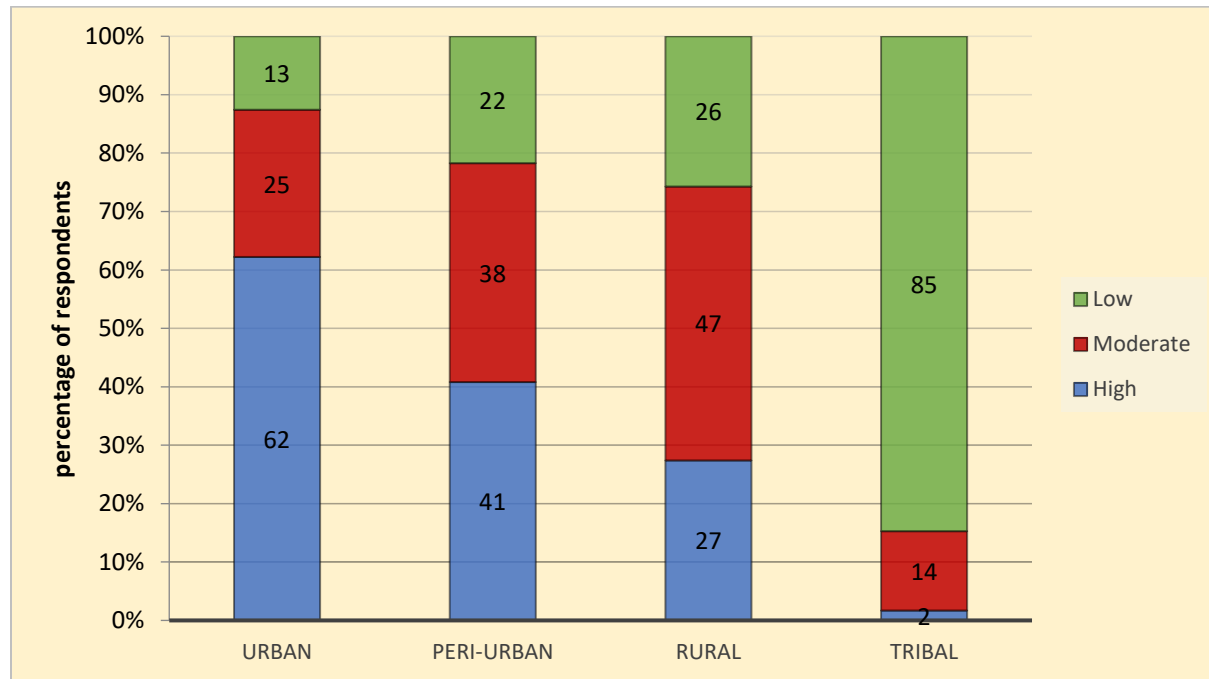
Graph-8: Age group wise segregation of level of awareness about COVID-19 (%)



Source: Primary data of the study

The data presented in the Graph-9 indicated that awareness is higher in the urban areas followed by peri-urban, rural and tribal areas.

Graph-9: Place of Living and Awareness about COVID-19 (%)



Source: Primary data of the study

Hence, it can be inferred that the associations between variables are not by chance. Therefore, to know the reasons for the associations, qualitative data on level of awareness and its associations with some selected variables were extracted through focus group discussions. Results highlighted about their valuable insights in understanding the associations of level of awareness with some selected variables. In their colloquial language they termed COVID-19 as disease of '*chhuachhoot*' (untouchability). It was elaborated that, if someone touches a person who is already infected or touching their used clothes etc., can cause high chances of getting infected with the disease. They shared that Panchayat head known as '*Mukhiya*' provided such information. In addition, they revealed that they were suggested to wear face mask made of cloth (*moonh mein kapda baadh kerrehna*) to get saved from the disease. The participants shared that in their villages, they made a collective effort and blocked the entry points to prevent visitors from outside, which they believed was necessary to keep the village safe. However, they could not stop the home returning migrants, which they think is the main reason for spread of the infection in the villages. Members also believed that the disease has come from China and the rich and upper-class people who travel by flight and visit other countries and the migrant labour from other countries carried the infection and spread it amongst them in their areas. Rural and Tribal areas got disconnected to the urban areas due to lockdown and also the community norms imposed to restrict incoming and outgoing visitors. Thus, the interaction with outside world became very minimal. Circulation of newspapers, internet and cable TV services got disrupted, which has negatively impacted the flow of information and awareness on COVID-19. Members from urban areas who had better access to information shared their confusion about various forms of concoctions and food recommended by various sources in the name of preventive care. Members also expressed their confusion about new terms such as social distancing, symptomatic and asymptomatic, containment zones, antigen and RTPCR tests, quarantine, home isolation etc.

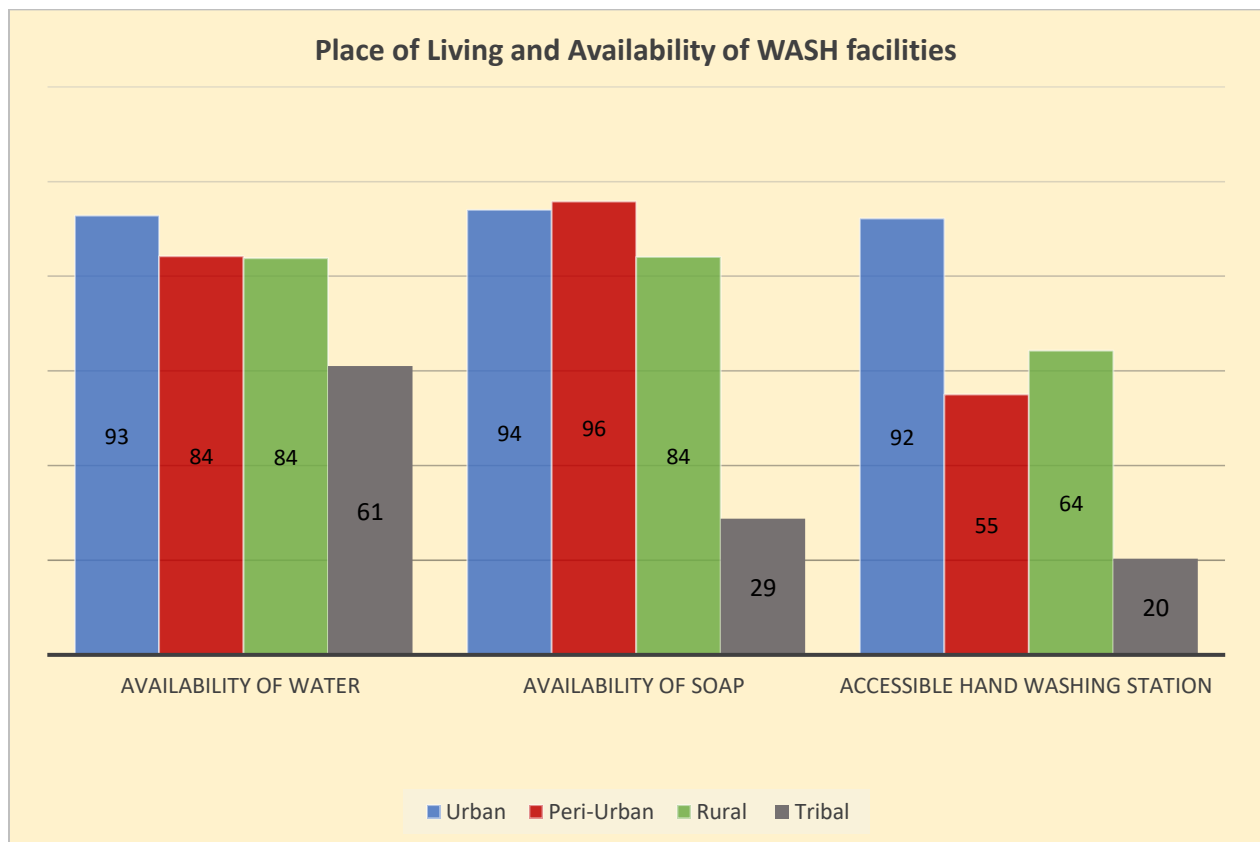
4. Status of access to WASH services

WASH is an **acronym** that stands for "water, sanitation and hygiene". Universal, affordable and sustainable access to **WASH** is a key public health issue within international development bodies and is the focus of Sustainable Development Goal 6 (SDG 6).

WASH facilities during the lockdown period: Availability of safe and adequate water, access to safe toilets, safe disposal, collection and management of liquid and solid waste generated by human beings, hand hygiene and overall personal hygiene are recognized as key preventive and control aspects / determinants of COVID-19. Ability of a person to follow the advisory of safety practices for keeping safe from COVID-19 is directly influenced by the status of access to WASH services. Risk of COVID-19 infection is likely to get compounded in the absence good quality of WASH services required to prevent other infections. Frequent washing of hands and keeping them clean and safe from the virus is top on the list of advisory suggested by global public health experts and organizations. The assessment of facilities for the same indicated that little over 85 % of the respondents had water at home within the premises. Nearly, 85 % had soaps available for hand washing and about 69 % had accessible hand washing stations.

Disaggregated data for urban, peri-urban, rural and tribal areas indicated that the availability of the above facilities is much better in urban areas, while it is very poor in tribal areas. The general inequities in availability of services between urban, rural and tribal areas are shown in the Graph No-10 below.

Graph-10: Respondents access to WASH facilities according to their Place of Living

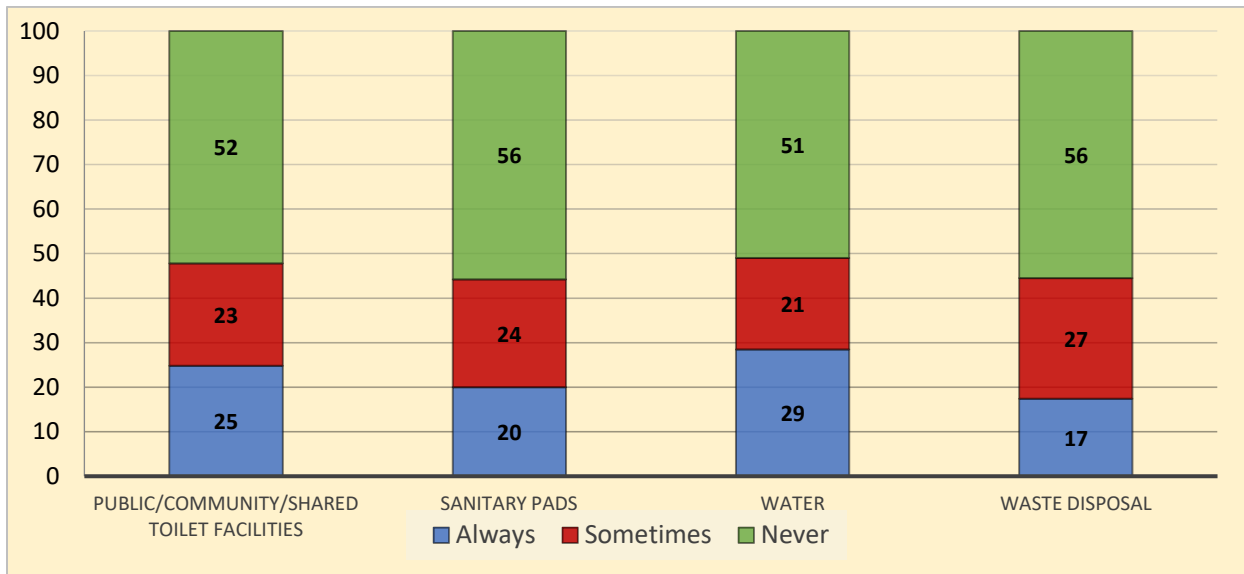


Source: Primary data of the study

The limitations to accessing WASH facilities due to lockdown situation were more prominent in urban areas compared to rural and tribal areas. It could be because of the stringent implementation of lockdown in urban areas.

The data presented in the graph No.11 indicated that a significant number of respondents experienced limitations in accessing water, toilets, sanitary pads and waste disposal services during the lockdown period.

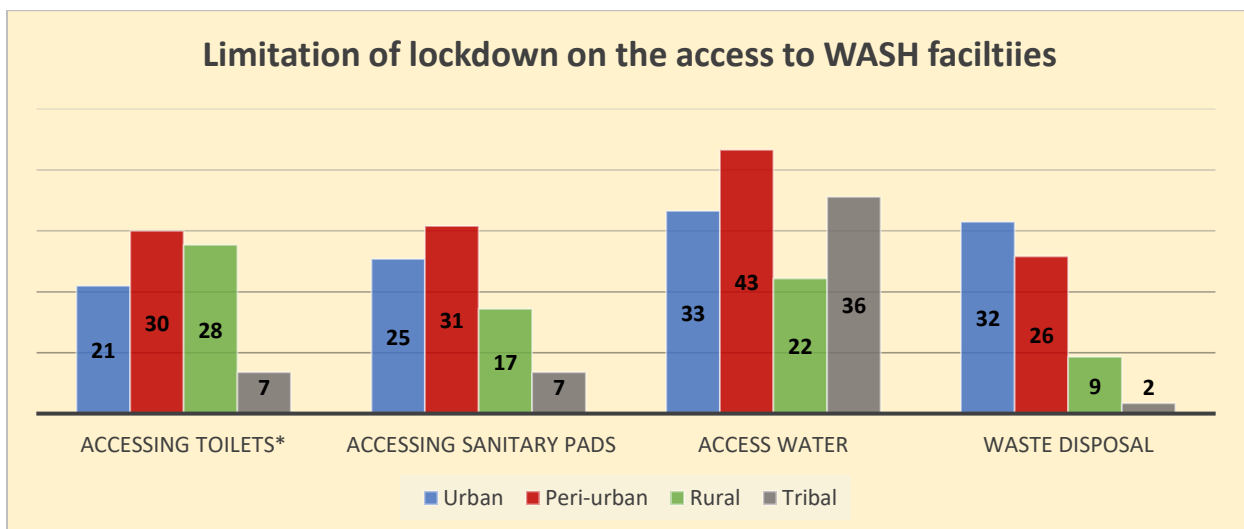
Graph-11: Respondents by limitations experienced in accessing WASH facilities (%)



Source: Primary data of the study

It is reiterated that the limitations to accessing facilities due to lockdown situation were more prominent in urban areas compared to rural and tribal areas. It could be because of stringent implementation of lockdown in urban areas.

Graph-12: Place of living - Access to WASH facilities during Lockdown (%)

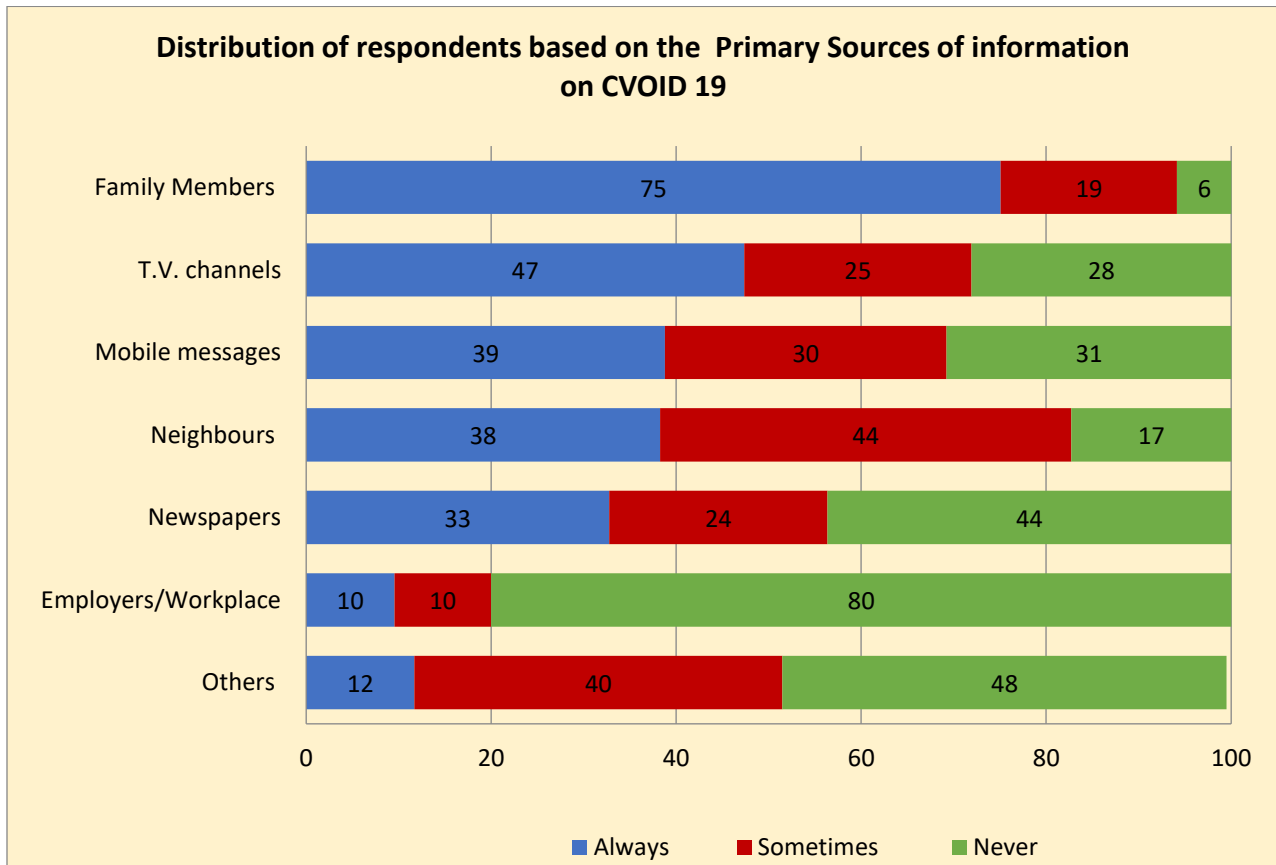


Source: Primary data of the study

5. Sources of information:

Focus group discussions (FGDs) provided valuable insights on the importance of information during the COVID-19 pandemic situation. Participants felt that demand for information since the outbreak of COVID-19 has gone much higher than the normal times. Timeliness and correctness of the information played an important role in dispelling fears and ensuring preparedness and emotional balance of the people during the pandemic. Majority of the respondents (75 %) reported that primary source of information for them was family members. During the Focus group discussions members shared that information received from the family members and neighbours is more trusted, although it is very subjective, influencing and reliability of information is questionable. Television (TV) channels in vernacular media were the second highest rated (47 %) sources of information and it was also a preferred source of information. Respondents opined that health bulletins of Central and respective State Governments were given high importance. Social media (38 %) and Neighbours or community members (38 %) were rated as third highest as primary sources of information. Respondents in the FGDs expressed that though social media was considered as the fastest means of receiving the information, load of information pushed through social media was felt to be much higher than what can be digested and often these sources of information were spreading unnecessary fear, confusing and incorrect understanding, in their eagerness to garner more viewership for their respective channels. Print media and newspapers were considered as primary source by a limited number of (32 %) of respondents.

Graph-13: Primary sources of Information on COVID-19

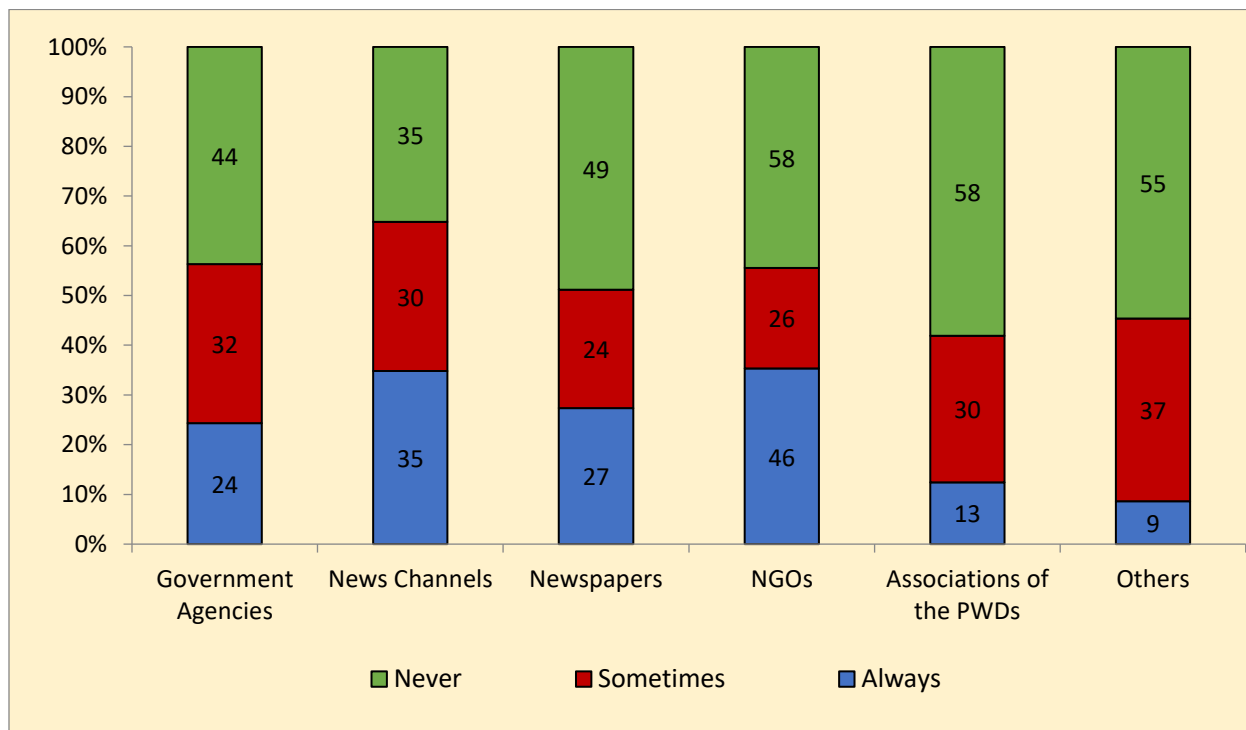


Source: Primary data of the study

Disaggregated data shows that only 23 % of rural respondents and two % of respondents from tribal areas indicated newspapers as primary source of information. In the focus group discussions it was expressed that access to information shared through mainstream print media was limited due to a variety of reasons including literacy, affordability and availability of newspapers during the lockdown situation. But members felt that the reliability is higher with the print media and they felt more comfortable with the flexibility that they can read the newspapers whenever they get time, at their own pace. Very small number of respondents (9 %) indicated employer or work place as the primary source of information. The remaining (12 %) indicated other sources which included public announcements by the local governments, leaflets, NGOs etc.

Information specific to the needs of PWDs : On the whole, there is very little focus on providing the information, specific to risks of COVID-19 for different categories of PWDs. Respondents felt that the information provided by different agencies was inadequate in terms of preparedness, care and support needed by the PWDs to stay safe from the infection. Some of the respondents expressed that they were very worried when their care takers in the families were not following the advised practices like bathing, washing of clothes and handwashing, after returning home from a visit to shops, markets etc. Hospital visits for medical care was an issue on which PWDs lacked proper information. Practical guidance on catering to the needs of the PWDs during this COVID-19 pandemic situation was found to be inadequate. The Graph No.14 presents the data on special information provided to PWDs by various sources.

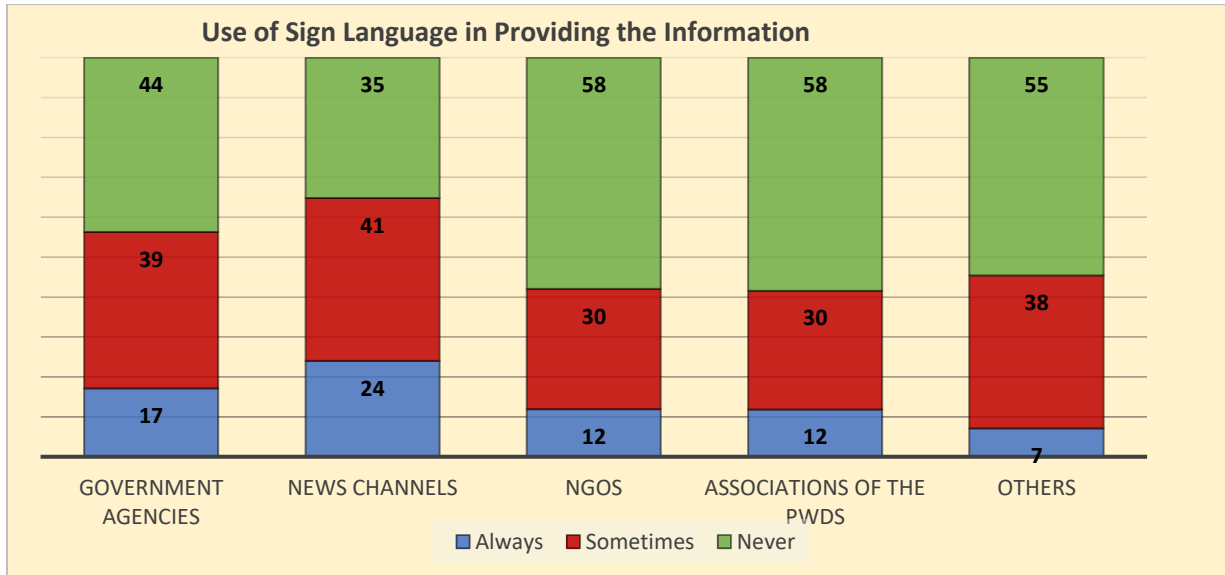
Graph-14: Sources of Getting Special Information related to COVID-19 Pandemic Needed for Persons with Disability (%)



Source: Primary data of the study

Use of sign language was also very negligible which limited the access to information for persons with hearing impairment. The Graph No.15 .presents the data on consistency of use of sign language by different information sources.

Graph-15: Use of sign language in providing information to PWDs by different categories of organisation



Source: Primary data of the study

Knowledge of helpline and use of 'Arogya Setu' App.: During the emergency situations, knowledge and accessing support from helpline plays an important role in maintaining safety and emotional security. Ministry of Health, Government of India has introduced help lines for all the States and Union Territories for all kinds of queries and support and they were working for 24/7. Help line was also directing the callers to right sources of information and other services provided by the government including the help desk and automated responses to queries specific to individuals' conditions. Tamilnadu Government has introduced dedicated helpline services exclusively for elderly persons and PWDs which also included WhatsApp and video calling facility for persons with hearing and speech impairment. Similar initiative was also taken up by Ranchi district administration (Jharkhand State). The need for helpline is much higher for vulnerable population, than the normal population. From this perspective, assessing the knowledge of helpline was of importance in the study. Data revealed that only 40 % of the respondents have knowledge about the helpline numbers to be contacted to seek information on keeping self and family safe from COVID. The knowledge level amongst the total of each category of population was in a descending order from urban to tribal areas, i.e Urban (51 %), Peri-urban (44 %), Rural (35 %) to Tribal areas (14 %). Arogya Setu App. was launched by Government of India, with the main purpose of contacting, tracing and breaking the spread of virus. This App. was made available in 11 languages and also includes a simple self-assessment test and is a handy resource for COVID-19 dos and don'ts, helpline numbers, and authentic safety measures. Hence, the study assessed the knowledge and use of the same by the respondents. Only 32% of the respondents had the knowledge of Arogya Setu App. Similar to the knowledge levels of helpline, the knowledge of Arogya Setu app is higher among the urban and peri-urban respondents (42 % and 42 %) followed by rural (27 %) and tribal areas (2 %). The data indicated that use of Arogya Setu App. is much lesser compared to knowledge level, urban (16 %), peri-urban (14 %), rural (7 %) and tribal (0 %). The knowledge as well as use of Arogya Setu App is much lesser among women respondents. During the focus group discussions most of the participants expressed that though they heard about Arogya Setu App, the exact use of the same was not very clear. Lack of Android phones and skill to download and operate the App was mentioned as another constraint by many of those who were interested to use it.

Temperature screening and Testing: Temperature screening was considered as useful precautionary measure, though not as isolated step, for early detection of the suspect cases and subjects them for timely testing, so that medical attention and transmission control measures could be more effectively implemented. The data pointed that more than 90 per cent of the respondents have never undergone any temperature screening. Even among those employed, only about six per cent had undergone screening at workplace. Supermarkets and shopping areas are the other places where about five per cent respondents have undergone temperature screening using Infrared Thermometer. COVID-19 testing is considered very important for rigorous vigil and containment of the infection. Tests were very instrumental in early detection of COVID-19 positive cases, which helps effective implementation of measures for medical and recovery support and isolation management. Late detection is one of the major reasons for the death among the infected persons in India. The data indicated that a total of about three per cent of respondents have undergone the COVID-19 tests. Percentage of respondents tested among different population categories was urban-2, peri-urban-3, rural-5 and tribal-0.

Pre-existing health conditions indicating high risk to COVID-19 : There has been serious confusion about why the virus was causing serious illness only for some and not everyone. Though, there is limited information about the COVID-19, the available knowledge suggested that people with certain pre-existing health conditions are at greater risk than others. Thus, the PWDs with those underlying health conditions causing greater risk, needed extra care and protection to keep themselves safe from COVID-19. This study attempted to identify the PWDs with such predominant / pre-existing risk health conditions.

Table-3: Pre-existing Health Conditions

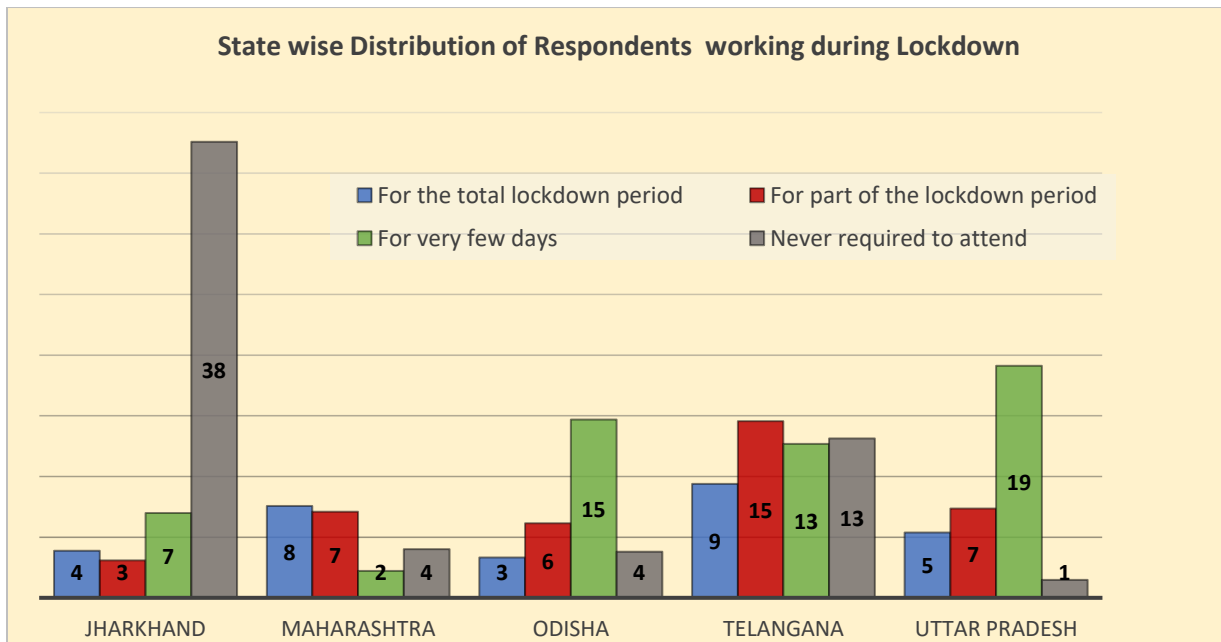
S. No.	Responses	Yes	No	Total
1	Diabetes	3	97	100
2	Hypertension	3	97	100
3	Asthma / Respiratory	7	93	100
4	Disability conditions which require medical care from time to time	2	98	100

In managing with above stated underlying health conditions, PWDs had difficulties during the lockdown period. About 14 % reported difficulties in getting medicines; little over six % of them had difficulty in seeking doctors consultation and treatment; nearly 10 % of them could not get access to diagnostic services needed and about eight % of them could not get the emergency services needed. During the focus group discussions, the participants stated that it needs lot of sensitivity to understand the nature of difficulties of the PWDs. Just to cite an example, breakdown of wheelchair was mentioned as an issue that requires emergency services for the PWDs. This difficulty got compounded for PWDs as the doorstep delivery of varied kinds of services have been completely pulled out during the lockdown period.

6. Livelihoods and Income

Work during lockdown period : Most of the working PWDs are working in unorganised sectors or engaged in self-employment. As one of the participants expressed that making a choice between ‘work and staying safe at home’ was like devil and deep sea situation for the PWDs – both choices being precarious and wrought with serious risk / consequences. But because of the intense fear in the initial phase of pandemic, majority of those respondents into earning activity either opted to stay off their vocation or reduce the number of working days. But they could not afford to continue taking off from work as they ran out of cash to buy essential commodities required for sustenance. Because the income opportunity was simultaneously lost for other family members also, some of the PWDs felt compelled to engage in their earning activities. About 14 % of the respondents who were in earning activity have continued to engage for full or partial period of the lockdown, while others choose not to work. Lack of transport and restrictions on mobility were experienced as hurdles to continue engagement in earning activity, which was felt mostly in urban areas, while it was negligible problem in peri-urban, rural and tribal areas. State wise disaggregated data for the question, whether the respondents had to work during the lockdown period is presented in the Graph No.16

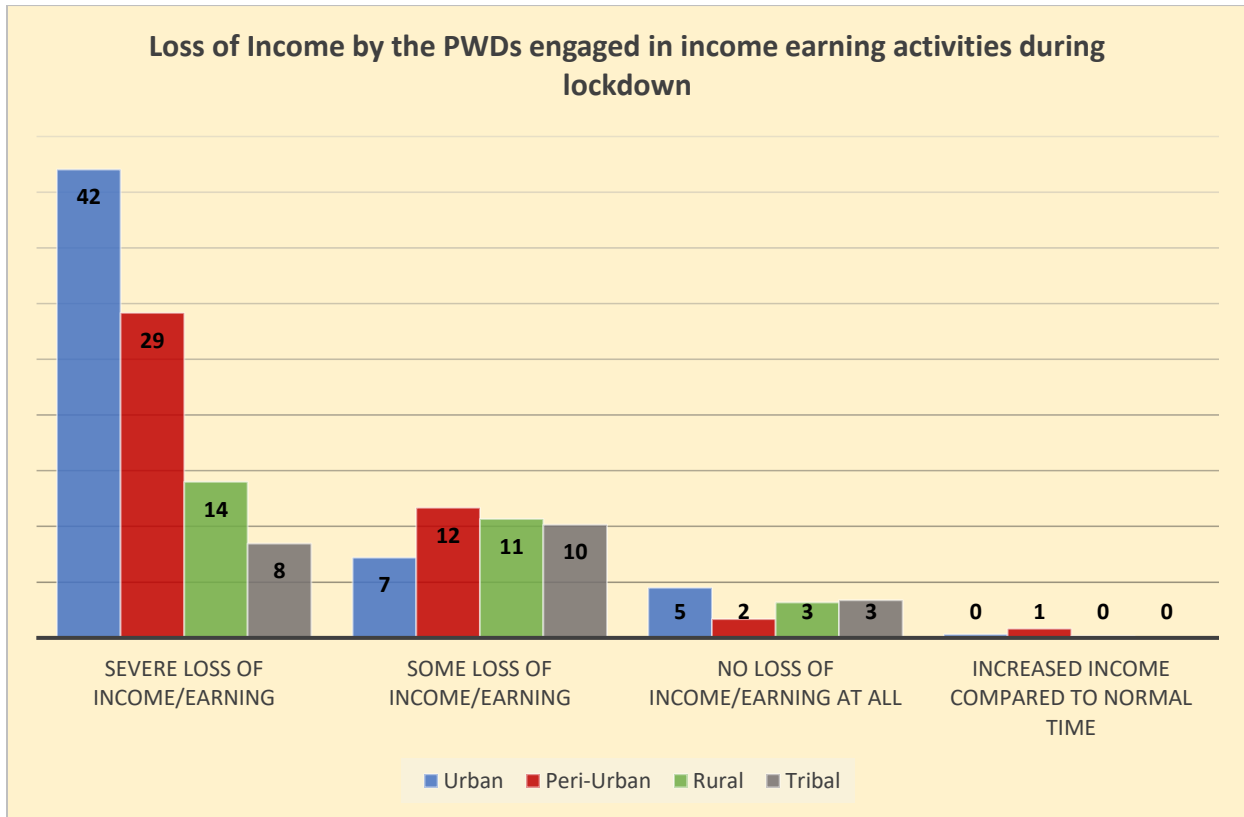
Graph-16: State wise Distribution of Respondents continued Working during Lockdown Period



* This graph does not include the not employed percentage of PWD respondents

Source: Primary data of the study

Loss of Income: During the lockdown situation the respondents have lost income due to variety of reasons. Limited hours of work, poor turnout of buyers / clients at vending outlets, non-availability of supplies needed to run the self-employment outlets, drop out of assistant workers, etc. were the main reasons which had negatively impacted the livelihood activity and incomes of the respondents. Loss of income was more severely felt in urban areas, which is 42 %, where concentration of PWDs into earning activity was high, indicating that maximum number of PWDs suffered due to loss of income (see Graph No.17).

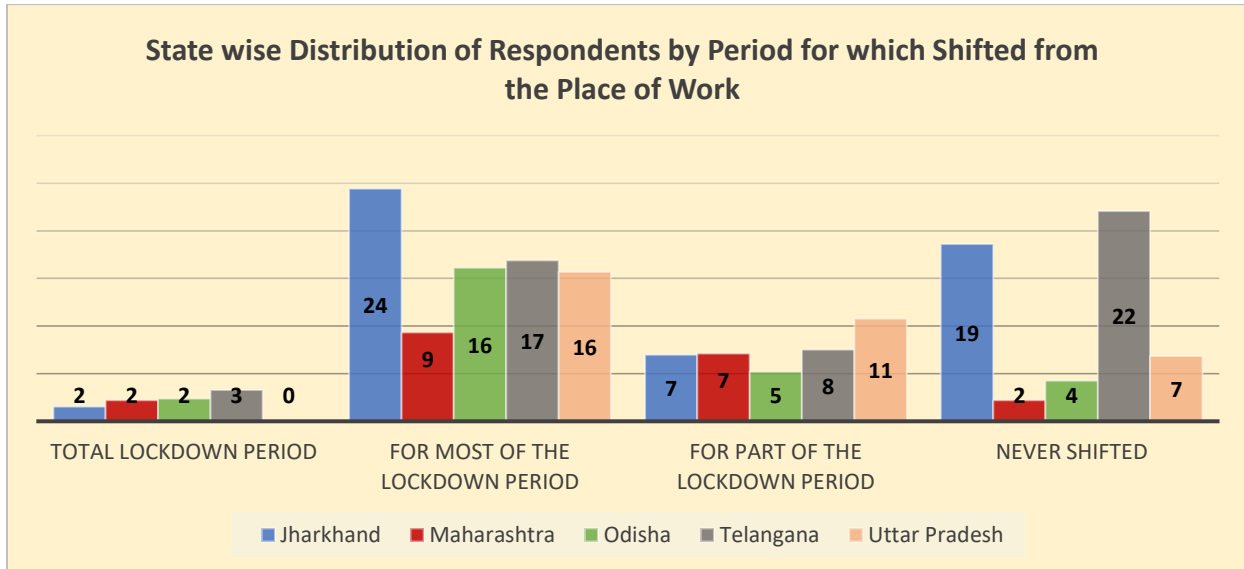
Graph-17: Distribution of respondents based on their Loss of Income during lockdown

Source: Primary data of the study

Relief support and welfare offered at workplace: Respondents employed in government organisations and well-established organisations received salaries / wages for the lockdown period (even if reduced, in a good number of cases) during which they could not attend the work. Also, some organisations have implemented relief / support and welfare measures to take care of the people working for their organisations. The data indicated that this opportunity did not exist at all, for about 82 % of the PWDs as they are not working in any government or established organisation. Out of the remaining 18 %, about 16 % of the respondents have received some form of relief / support from the employer and nearly two % of them did not receive any such support. Despite losses to their businesses, some of the employers have made generous initiatives of providing relief, which was in the form of salary advances, differing loan repayments, supply of food commodities and hygiene material.

Shifting from workplace as coping mechanism : About 38 % of the respondents have opted to shift from their place of work to manage challenges of the lockdown situation and the remaining continued to live in the same place. Joining the parents and sibling in homeplace for solidarity, mutual support and emotional security was mentioned as reason for shifting from the place of work. Also, this shifting has happened mostly from urban to rural as it was considered cheaper particularly when the income got eroded. And some of the respondents expressed that rural areas are safer than urban areas, as outbreak of the pandemic was expected to be rapid and intense in densely populated areas, particularly neighbourhoods of the poor. Respondents also mentioned that compared to others, change of place is much less amongst the PWDs due to challenges of transport. Due to shifting from place of work, very few of them have taken alternate income earning which is mostly daily wage labourers in the new places.

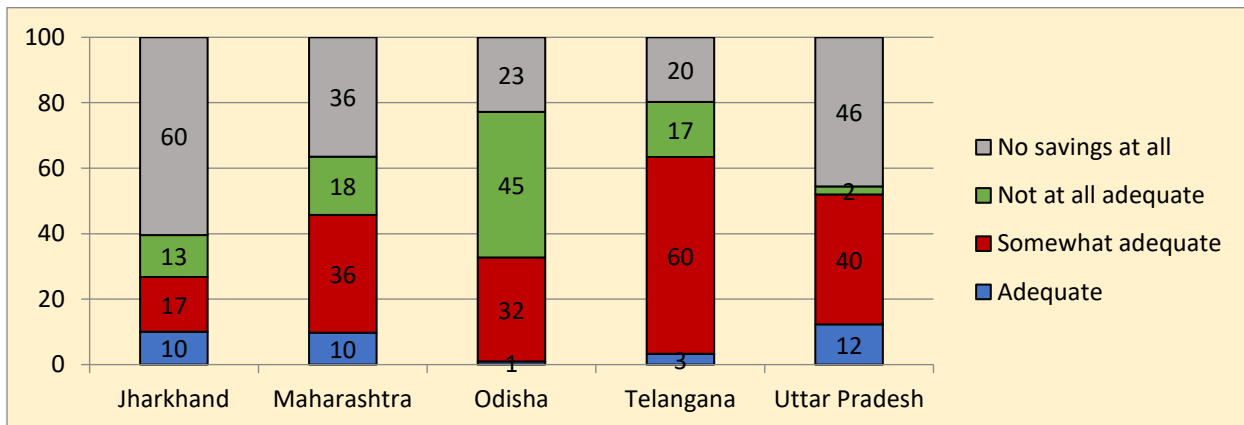
Graph-18: State wise Distribution of Respondents by period for which Shifted from the Place of Work



Source: Primary data of the study

Savings, Assets and Loans : Most of the respondents (63 %) had no savings to cope with loss of earnings during the lockdown period. Only a small percentage (2 %) of respondents indicated that they had enough savings to manage their necessities during the lockdown period. About 29 % of them had savings but it was inadequate. Another seven % of them had too little savings. Lack of essential savings to fall back during emergency situations such as the present one, is the resulting condition and deepens the vulnerability of persons with disability. The data confirms that the disability is cause and consequence of poverty. Income and expenditure gap is higher for the PWDs due to limited earning opportunities, which are linked to limited education and on the other hand they have higher living expenses due to their special needs including medical support. Comparisons between the States on levels of savings indicate that Jharkhand has the highest percentage of 60 % amongst all where the PWD’s have reported with no savings at all. This is followed by Uttar Pradesh (46 %), Maharashtra (36 %) Odisha (23 %) and Telangana (20 Percent) as presented in the Graph No.19.

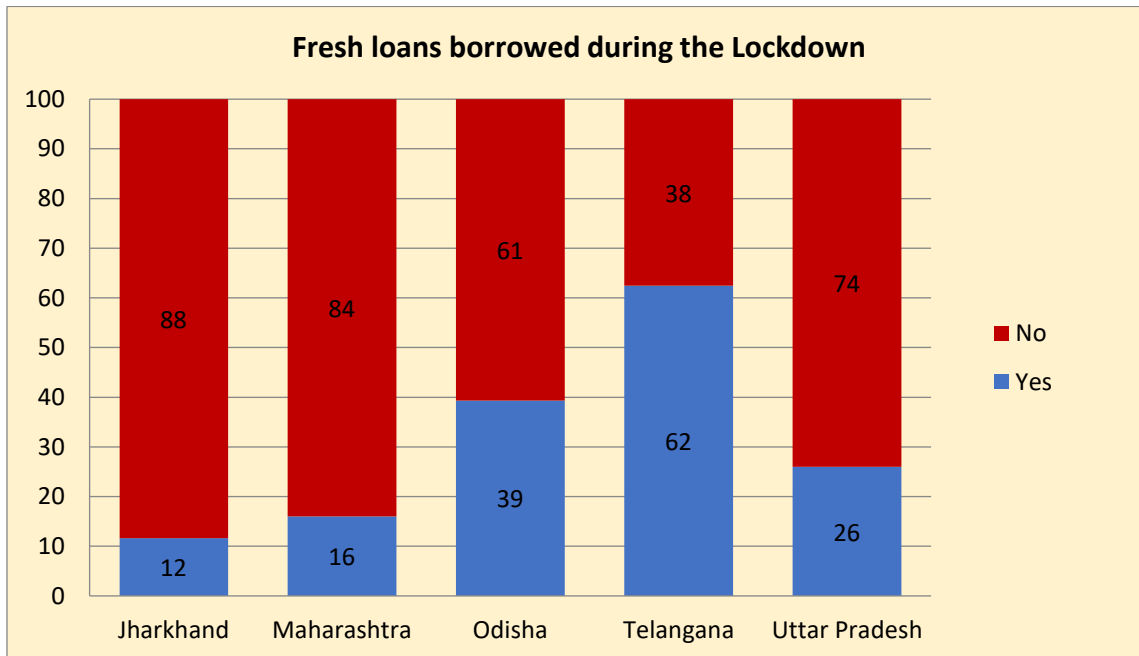
Graph-19: State wise Distribution of Respondents by Availability and Adequacy of Savings (%)



Source: Primary data of the study

In crisis situations such as COVID pandemic, the asset base of person plays an important role in meeting the cash flow gaps. Also, erosion of capital assets during emergency situations is likely to precipitate and perpetuate the poverty conditions of the vulnerable communities. Data revealed that about eight % of total respondents had to dispose off or pledge their assets to get cash in hand needed to survive during the lockdown situation. About 19 % did not have any assets to liquidate and 74 % had some assets but could withstand the crisis without pledging or disposing them off. The data also revealed that about 30 % of the respondents had borrowed fresh loans to meet the income crisis during the lockdown situation. The data indicated that in Telangana, Odisha and Jharkhand percentage of new loan borrowers is higher among female than male respondents (See the GraphNo.20).

Graph-20: State wise Distribution of Respondents by Fresh Loans Borrowed During Lockdown Period



Source: Primary data of the study

Life at the time of lockdown: The important factors considered for assessing the life of PWDs during the pandemic and lockdown situation included accessibility of assistance provided by government and others ; availability of food commodities including procurement of Public Distribution System (PDS) services ; affordability of food commodities ; changes in workload and whether PWDs were subjected to any discrimination, violence and harassment.

Hurdles experienced in accessing the assistance from government and others : Cash disbursement from the State Governments and Central Government ; free supply of food commodities ; serving free cooked food ; travel passes for free mobility during the lockdown situation ; free supply of masks and hygiene material ; free shelter for quarantining were included in the assistance provided by governments and different other agencies. Almost all respondents indicated that they had hurdles in accessing whatever assistance was provided by governments. The common reasons stated for the hurdles experienced were lack of transport; inadequate information about the service delivery points ; fear of getting infected from the crowds gathering to collect commodities supplied free at PDS outlets ; high temperature during summer and disorganised systems of distributing the services from the government agencies. Many of the CSOs and charity organisations focused serving urban poor in

prominent slums, where duplication of efforts was also observed while certain less known poorer pockets were not reached at all. The assistance from the charity organisations had very limited reach in rural and tribal areas. PWDs expressed gratitude for relief support provided, though it was limited to very few places. In one of the FGDs (Hyderabad) PWDs shared that a TV Channel management has supported 30 poor PWDs with a cash contribution Rs.1,000 each.

Lockdown has caused worst crisis to the family

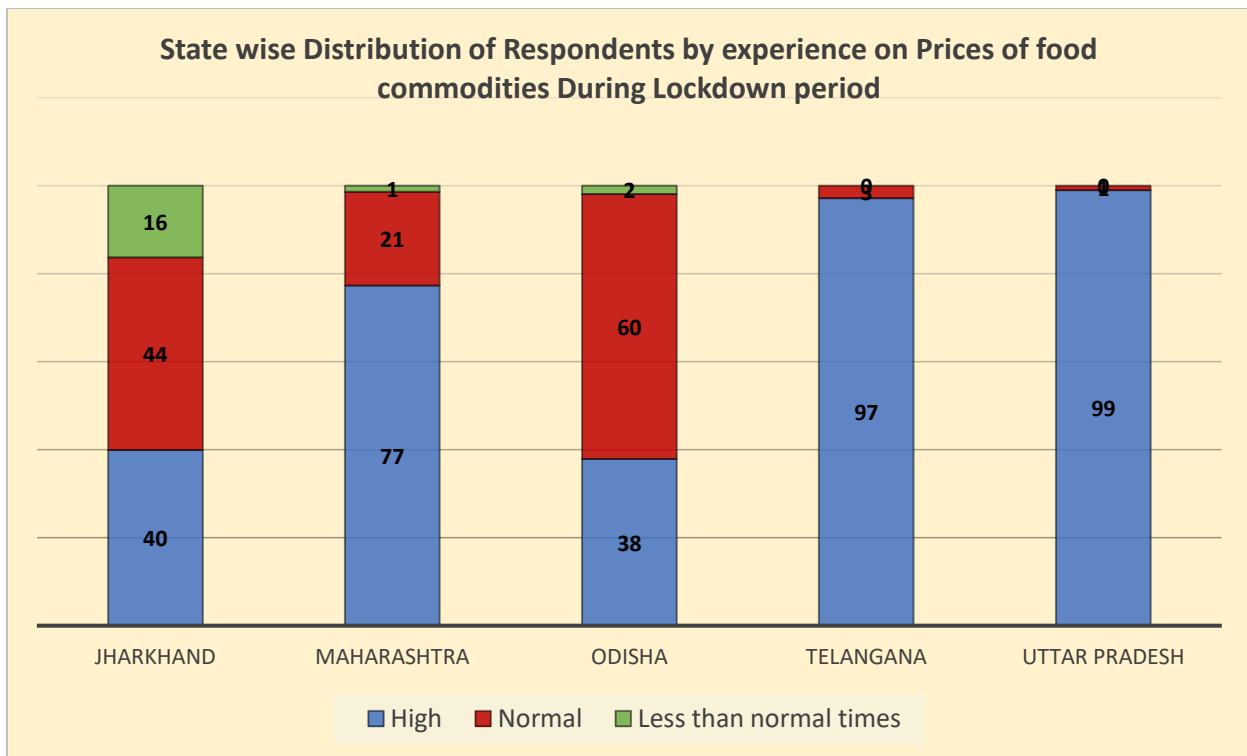
Rambaran Nishad, aged 62 years and physically challenged (loco motor disability) belongs to Bantangia community in Gorakhpur district of Uttar Pradesh State. He lives in Chilibilia village with his wife, daughter and two grand children (small kids). Their daughter is a landless agriculture labourer and sole bread winner for the family of five. COVID-19 pandemic and lockdown has brought the agricultural operations in the village to a complete halt. The fear of the COVID had spread wide in the village. Rambaran received ration as per the entitlement, however they were not able to afford to buy other essential food items as there was absolutely no cash on hand. The family members were fed for many days with boiled rice salt and sometimes they tried locally available edible leaves. The entire family experienced worst form of food crisis during the lockdown and somehow managed to survive. After the lockdown has been relaxed Rambaran's daughter started working under Mahathma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and could earn some cash to buy essential food commodities and medicines for the older parents.

Availability of commodities : To meet the food needs of all the family members, only about 49 % of the respondents stated that they did not have any stocked commodities at home and they mostly relied on daily purchase of these commodities. Nearly, 26 % of the respondents expressed that they had enough commodities, while another 26 % had food commodities which were sufficient only for some days of the lockdown period. Highest number of respondents from Jharkhand (57 %), Uttar Pradesh (31 %) and Maharashtra (26 %) responded that they did not have food commodities in stock. The situation was comparatively better in Odisha (11 %) and Telangana (10 %) as much smaller number of respondents stated that they did not have food commodities. Families which were meeting their food needs based on daily wage earnings suffered most, as the lockdown and loss of wage / employment disrupted such daily based system of procuring food commodities. About 86 % of the respondents indicated that the procurement of food commodities was constrained mainly due to lack of stocks at shops, closure of shops particularly run by the petty vendors and street-based hawkers. Data indicated that for most respondents, the prices of food commodities were higher than at normal times, which had affected their affordability and thus food consumption was not adequate in quantity and quality while 'eating healthy' was suggested as essential to develop immunity and thus, stay safe from COVID-19. Due to inadequate availability of food commodities at home, about 69 % of the respondents revealed that their families had to go hungry during most of the days of the lockdown period while 27 % of the respondents stated that they had to go hungry for some days and only about four % of the respondents stated that they never had to go hungry. The state wise response on prices of food is presented in the table below. Respondents reported that the prices of food commodities have gone up during the lockdown period. Data from the States, included in the study reveals that the high percentage of respondents from Uttar Pradesh (99 %) and Telangana (97 %) reported high prices of food commodities during the lockdown. This is followed by Maharashtra (77 %) Jharkhand (40 percent) and Odisha (38 percent) as shown in the Graph No.21

COVID-19 pandemic forced the elderly and disabled couple into begging

Meerabai Waman Wagathe, aged about 60 years and her husband Waman Wagathe aged about 72 years, are residents of Kherada village located in Hingoli district of Maharashtra. Meerabai has artificial leg implanted and her husband has multiple disability, including visual and hearing impairment. The only asset they have is a small house located on the outskirts of the village and they are landless labour. The old couple has been abandoned by their step son. They do not have anyone to look after and support them financially or otherwise. She works as daily wagger to eke out their living. Until recently, they were not aware of disability pension and hence never pursued it. Recently, they succeeded in getting the disability certificate, but the pension approval is still in the process. They have the ration card but only rice was supplied under Public Distribution System (PDS). During the lock down period, she lost the daily wage work. Hence, the couple was forced to beg during the entire lockdown period. The villagers provided them food, cash, face masks and sanitizer. After lockdown, Meerabai has resumed her work as labourer and stopped begging in the village. She prays gods that the lockdown must never come again.

Graph-21: State wise Distribution of Respondents by Prices of food commodities During Lockdown period



Source: Primary data of the study

Other important concerns : Most of the respondents (61 %) stated that the work load and responsibilities at family level has increased. Household chores have increased as all the family members are confined to stay at home during the lockdown situation. Preparation of food and home maintenance with increased emphasis on hygiene and sanitation has increased the workload particularly for the women. About 29 % of the respondents stated that their work load remained unchanged and 11 % stated that it had actually decreased.

Feeling of increased insecurity and risk has been a continuous feeling amongst 27 % of respondents, while 45 % felt so only at times during the lockdown period. This feeling was slightly higher among men. The reasons stated for increased insecurity and risk was rising / increasing number of cases in their neighbourhood and not knowing the transmission modes of the infection ; long gaps in meeting close relatives and friends ; frightening stories about non availability of ambulances and hospital admissions and the staggering cost of treatment for the infection ; lack of cash on hand to meet running expenses of home and any medical emergency situation due to COVID-19 and other peripheral reasons. Discrimination from other family members was continuously felt by a very small number (3 %) of respondents, while it was felt sometimes by 28 % of respondents. Nearly 70 percent of the remaining respondents have not reported any kind of discrimination. About three % of the respondents stated that they have been subjected to violence by the family members during the lockdown period. Due to social distancing norms, all shops, supermarkets and medical shops started introducing queue system. Only about three % of the respondents stated that priority queue was always maintained for PWDs and 30 % stated that it was only at times and 67 % respondents expressed that priority access for PWDs was never provided at shops and market places during the lockdown period.

7. Social protection, relief support and assistance received

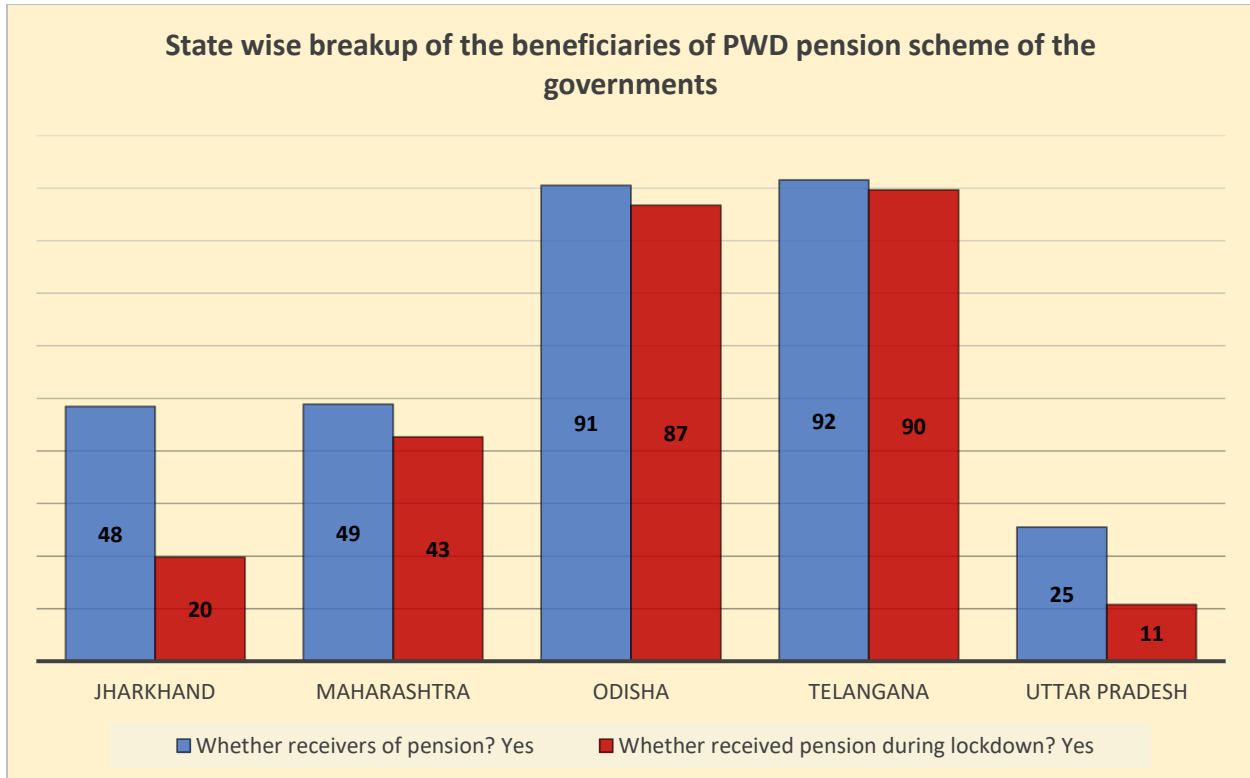
Pension : About 61 % of the respondents indicated that they were recipients of the pension benefit from the government sources. Amongst the remaining, some of them have applied for pension and waiting for the approval from the concerned local authorities. Some others have said that they are disqualified due to lack of supporting documents. In some cases, the need is very high due to social conditions, but their disability percentage is less than 40 %, which is minimum to be eligible for pension benefit. Government of India and all the State Governments are providing pension with benefit varying from Rs.1,000 to Rs.2,000 which is decided based on the percentage of disability. Most respondents said that pension benefit is significantly contributing to their quality of life, dignity and reduced dependency on others. Even those PWDs having assured care and support from their families are very keen about pension support, as they want to have income of their own. Lack of knowledge of different welfare and social security schemes and absence of support systems for severely disabled persons was stated as a constraint in accessing the benefits of government schemes implemented by the government. Amongst the five states covered under the study Telangana (90 %) and Odisha (87 %) had highest number of respondents receiving the pension benefit. Particularly in Jharkhand (20 %) and Uttar Pradesh (11 %) the percentage of Pensioners

Lakhisahoo from Jharkhand , is not entitled for disability benefits-deepened sustenance crisis during the lock down.

The fifty six (56) years old Lakho, a visually impaired, lives in the drought-affected village (Petkhasta) in Kherwa Panchayat of Sahibganj district of Jharkhand State, with his wife and a son. In the absence of disability certificate, he is not able to avail disability pension. They do not have ration card and thus did not receive dry ration provided under PMGKY. The family has no cultivable land. Lakhi's son rented an autorickshaw to provide transport services to make income for the family. But the nationwide lockdown had badly hit livelihood and there is no cash to meet the subsistence needs of the family. The meagre savings that they had, was spent for the medical treatment of his ailing wife. In post lockdown, the earnings of Lakhi's son is comparatively much less than pre pandemic situation. Daily sustenance has become a big struggle for the entire family.

who could receive pension benefit during lockdown period is very low, while in Maharashtra it is 43 percent. Following (please see Graph No.22) is the state-wise breakup of the beneficiaries who are recipients of pension benefit. The data reveals that the difference between the pensions received in usual times and pensions received during the lockdown is very low in Telangana Odisha and Maharashtra.

Graph-22: State wise beneficiaries, who received PWD pension from the governments (%)



Source: Primary data of the study

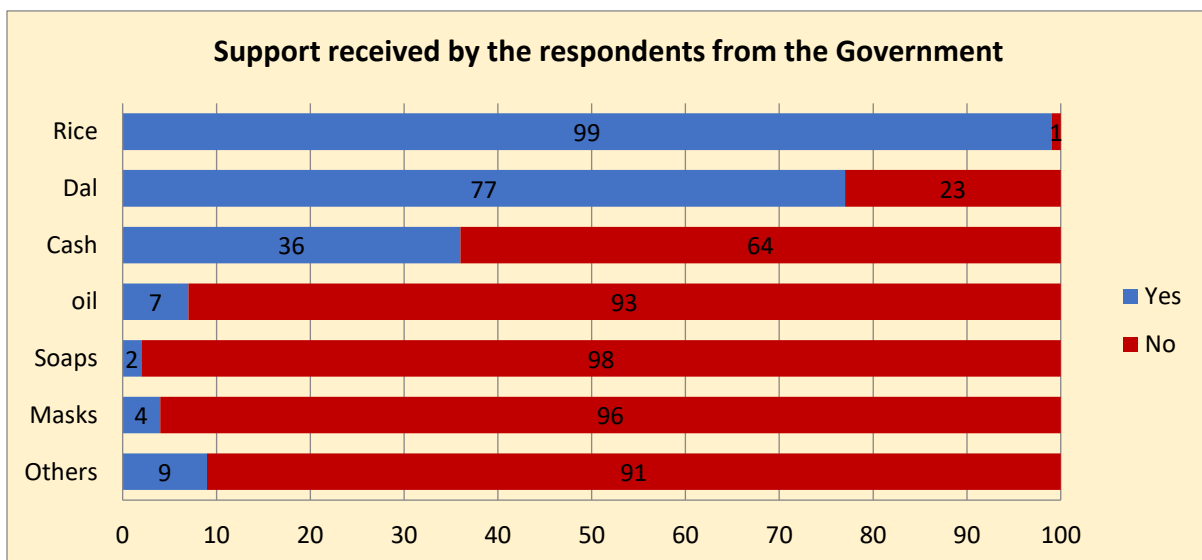
Relief support from Government sources : Dry ration support provided by the government under PDS played a significant role in meeting the essential food requirements and food security of the vulnerable sections. About 85 % of the respondents had the BPL category ration cards that make them eligible to access free and subsidised food commodities supplied by the State Governments. State wise percentage of respondents having the ration cards was Jharkhand - 80 %, Maharashtra - 91 %, Odisha - 91 %, Telangana - 94 %, and Uttar Pradesh - 70 %. Rice, *Dal* and Cash disbursement were the main support provided by the government sources. Following Graph No.23 presents the data on the support received by the respondents from the government sources.

Continued pension support enabled the family to tide over the crisis during lockdown:

Mudfort huts is a slum inhabited by 600 households in 500 makeshift huts. S.Rajaiah, aged 42 years, is differently-abled (physically challenged). Married to Renuka, the couple has been living in this slum along with their two children for the past nine years. Rajaiah has been a member of a group of differently-abled with nearly 50-60 members. *With regular pension support of Rs.3,000/- per month*, Rajaiah does not find the situation very difficult. Rajaiah’s regular pension did not stop in spite of the lockdown and that is helping the family to tide through the situation even to this day. Renuka got Rs.500 support twice during the lockdown period under Pradhan Manthri Jan Dhan Yojana. However, Renuka’s inability to go out for work, has had a psychological effect and put out a forewarning of state of things in the days to come. The family received cooked food from Police and other benefactors and some ration from NGO which helped them to sustain for a month. But Rajaiah has taken a loan of Rs.10,000/- and repayment of the same has become difficult as both Rajaiah and his wife lost income during the lockdown. *Rajaiah has been requesting for government health facility to conduct enough check-ups in their slum, so that timely and precautionary action can be taken.*



Graph-23: Support received by the respondents from the government sources



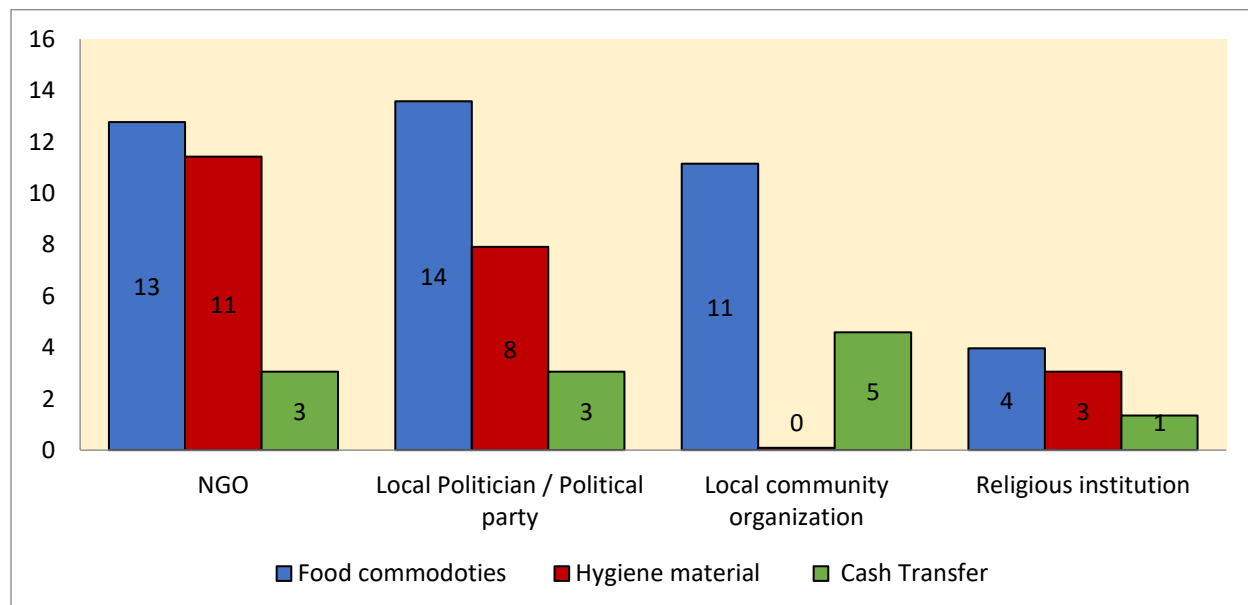
Source: Primary data of the study

Participants of focus group discussions in Telangana shared that there are three varieties of PDS cards ;

1. **General card** : During normal times 6 kgs. rice per person/ per month is given @ Rs.1.00 per kg. During lockdown 12 kg per person per month was given at free of cost. After the lockdown has been relaxed, 10 kgs rice and one kg. *dal* (pulses) per person is issued per month at free of cost.
2. **Anthyodaya card** : Family with PWD and single person (wife or husband) with dependent children are eligible to have such card. In normal times 35 kgs. of rice per month @ Rs.1.00 per kg is given and during lockdown, same ration is given at free of cost and is still continuing even after relaxing of lockdown.
3. **Annapurna card** : Single person without any dependents is eligible to have this card. During normal times 10 kgs. of rice per month @ Rs.1.00 per kg is given and during lockdown 12 kgs. of rice at free of cost is issued and after relaxing lockdown 10 kgs. Of rice at free of cost is supplied. Some of the participants also got direct cash transfer of Rs.500 from Central Government (Jan Dhan Yojana) and Rs.1,500 from State Governments, which was mainly used for vegetables, medicines and other essential supplies needed by families.

Support received from Other Sources : In addition to the support from governments, several organisations and individuals have come forward to provide relief / support to the poor and vulnerable communities. NGOs and charity organisations ; Corporate Foundations ; local political parties / leaders ; local community organisations and religious institutions are the main actors who have provided relief / support in the areas / communities prioritised by them. However, this support is mostly concentrated in urban and peri-urban areas and very negligible reach in rural and tribal areas. Following is the status of support received by the respondents from these other sources (Please see Graph No.24)

Graph-24: Distribution of respondents who received support from various organisations during the lockdown

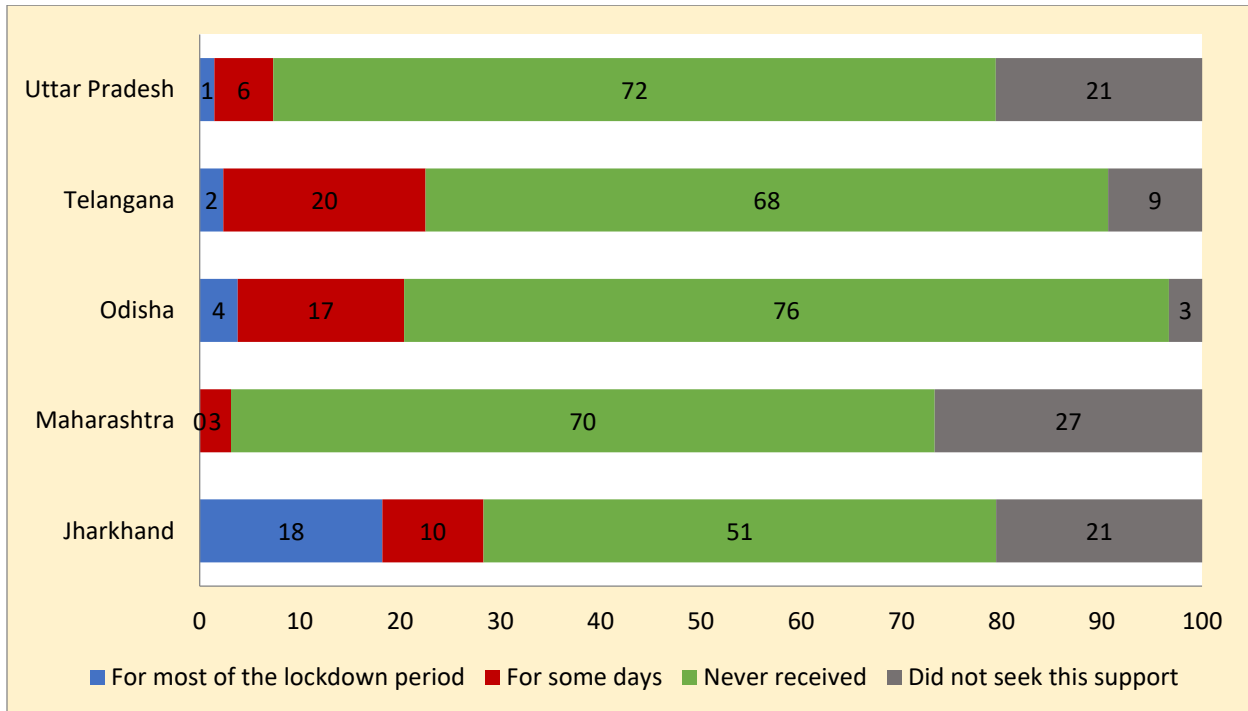


Source: Primary data of the study

Cooked Food : Immediately after the lockdown, home returning migrants, homeless people and those dependent on daily wage earnings suffered from hunger, for want of food. People who had no food commodities and those who lacked own cooking arrangement suffered worst. Municipal Corporations,

individual donors, NGOs and community organisations have responded in a big way and served ready to eat cooked meal to meet to the needy population. Graph No.25 presents that in all the States, more than 50 % respondents have not received cooked food support. Odisha has the highest percentage (76 %) with such cases followed by Uttar Pradesh (72 %) Maharashtra (70 %) and Jharkhand (51 %).

Graph-25: Distribution of respondents who received cooked food support during the lockdown (%)



Source: Primary data of the study

Cash Transfer Support : The names of the schemes and quantum of cash assistance received varied from State to State. Some of the most common schemes that have benefitted about 36 % of the respondents included the following :

Pradhan Mantri Jan Dhan Yojana : Some of the women respondents have indicated that they received Rs.500.00 per month towards cash disbursement support under this scheme over two months of lockdown period.

Pension Scheme for PWDs : Depending on the nature and percentage of disability respondents have been receiving pension support from Rs.1,000 to Rs.2,000 and the same has been received by the respondents during the lockdown period, except in the States of Jharkhand and Uttar Pradesh, where it was delayed. In Telangana, most PWDs are receiving financial assistance from Rs.1,000 to Rs.3,016 under Asara scheme of the State Government.

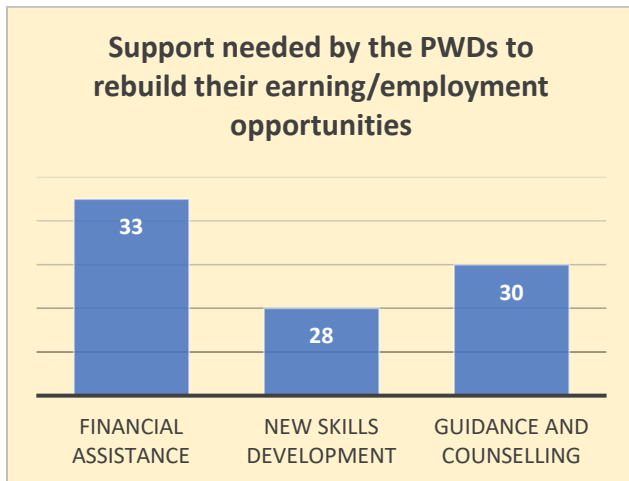
Special Cash Assistance Support: Varying amounts of special assistance has been provided in almost all the states (e.g. Telangana Rs.1,500).

8. Livelihoods - Post lockdown:

About 63 % of the total respondents are not engaged in any income earning activities. Amongst the remaining 37 % respondents, 11 % did not have to shift from their workplace, while 26 % had to shift from their workplace. Out of this 26 %, about 21 % stated that they were not going to return back to their work places, consequent to outbreak of pandemic ; 5 % stated that they will return after the situation becomes normal and a small percentage (5 %) of them were not sure, whether they wanted to return or not. Thus, the fear of pandemic and hardship faced during the lockdown period influenced the respondents to stay closer with their relatives in native places. Out of the 37 % respondents engaged in earning activity, 14 % indicated that they are confident of reviving their livelihood activity after lockdown is lifted, 12 % were not so confident and 11 % stated that they are not confident at all about reviving their livelihood activities. Reasons stated for lack of confidence included, loss of working capital of small businesses as the same was spent for household needs during the lockdown, raw material or stocks in their business outlets got totally liquidated, damaged, loss of client base and uncertainty of the demand for their products / services etc.

One of the participants at focus group discussion shared that she is a tailor by profession and she has a motor operated sewing machine. Due to lockdown there was no demand and she did not use it for more than three months. Now that motor is under repair and she needs at least Rs.1,500 to get it repaired and she has no money. Since she is not able to take up the job, her clients are going to other tailors in the neighbouring area. She needs small financial support to revive her livelihood activity. There are many such cases, where re-starting livelihoods is not possible without financial and other forms of support needed.

Graph-26: Support needed by the PWDs to rebuild their earning/employment opportunities



Source: Primary data of the study

Respondents who are into employment prior to the lockdown period were not sure whether their employer would re-invite them into job as a good number of businesses have either completely collapsed or it may take a long time for them to rebuild / resurrect themselves to the pre-pandemic status. Displacement from the current job opportunities and compulsions of choosing alternate employment opportunities and consequent fall of their wage rates in new jobs was stated as likely reality after the lockdown situation. Support needed by the PWDs to rebuild their earning / employment opportunities is presented in Graph No.26.

9. Issues and Challenges

1. Lack of disability certificate is a major roadblock for a significant proportion of persons with 40% and above disability. This certificate issued by the competent authority is mandatory for any person with disability to access the rightful entitlements provided under the law and welfare measures implemented by the Central and State Governments. Not having the disability certificate has caused extreme limitations in coping with crisis during the lockdown situation. Despite having the need and eligibility, not being able to secure disability certificate is an obvious indicator of the compounded vulnerability. Lack of awareness among the PWDs about procedures and obligations of the local authorities; remoteness of habitats from the hospitals designated to issue certificates; absence of help from others; apathy and lack of accountability amongst the functionaries in the governance system are the main reasons for deprivation of the disability certificate.
2. The employment and earning opportunities are very low for the PWDs. Humility and feeling of loneliness associated with dependency was more intensely felt by PWDs when the incomes of their care providers fell during the pandemic and consequent lockdown. Even among those who are engaged into earning activity, secured jobs are held by very few and majority are into self-employment which exacerbates vulnerability of the PWDs. Acquiring higher qualifications and skills are very low amongst the socially disadvantaged PWDs, which is pushing a majority of them into low paid jobs or high-risk enterprises.
3. Awareness about novel corona virus disease, symptoms and safety measures was high amongst the PWDs. But the gaps persists across all the agencies involved in COVID prevention and control, in making conscious efforts for developing and disseminating messages specifically suited to the needs and conditions of physical, intellectual, sensory and cognitive limitations of the PWDs. Use of sign language was grossly neglected in telecasting special health bulletins and the general awareness information to public. Information on risks specific to different categories of PWDs and protocol to be followed in caring for the PWDs during pandemic time were largely missed out. Exceptionally high and universal threat perceived about corona virus has also created a high level of demand and supply of information which contributed to awareness raising amongst the PWDs.
4. Provisions relating to equal protection and safety of the PWDs under the PWD Act of 2016, Disability inclusive norms stated under disaster risk reduction framework, and the guidelines issued to states by the Ministry of Social Justice, Government of India for safety and protection of PWDS in the COVID context are very comprehensive, but, have not made any visible impact on the ground level practices. Due to limited awareness, most of the PWDs, particularly from the disadvantaged situations, could not make use of the dedicated helplines created by the Governments.
5. Awareness on significance of keeping hands clean to prevent COVID has tremendously improved among the PWDs as well. Mention of hand washing in advisory of safe practices and media focus on the same has made best contribution in raising the awareness which has also motivated people to have accessible facility.
6. The demand for the information on COVID was met with rather oversupply by multiple sources, often mixed with incorrect information that had spread confusion, panic and misunderstanding. Poor compliance of mandatory guidelines for providing the information specifically needed by the PWDs. Sign language was rarely used and communication needs of the deaf were ignored.

7. The knowledge of helpline and Arogya Setu is limited amongst the PWDs whose need for the help is much higher than people living without any disability. The use of Arogya Setu App amongst the PWDs is also very negligible.
8. There is no special effort made by any Government or non-government agencies for identification and surveillance of the PWDs having high risk to COVID. Screening and testing of PWDs is apparently very low. In many cases mobile vans and kiosks deployed for COVID testing were not accessible for Persons with motor driving disability. PWDs faced challenges during the lockdown period in accessing the consultation services from medical doctors, care and support from rehabilitation centres, and door delivery services for medicines and other special necessities.
9. Due to poverty conditions, considerable number of PWDs engaged in earning activities, have continued to work during the lockdown to make income for meeting the essential needs of their families. But lockdown has caused loss of income to almost every earning member.
10. Lack of savings, assets and borrowing capacity was a common problem for a majority of the PWDs and thus they had very little capacity to withstand the economic crisis caused by the COVID pandemic and lockdown situation.
11. Conditions imposed by lockdown had further disadvantaged the ability of PWDs to practice the recommendation on 'healthy eating' to remain safe from COVID. Lack of affordability to stock the food commodities, short supply in market coupled with sudden hike in prices, limited relief support has caused deficiencies in meeting food and other subsistence needs. Relief support from the Government and other sources was not adequate to make nutritious and full meal.
12. COVID pandemic and crisis triggered by the lockdown had caused emotional stress and insecurity among PWDs. Furthermore, workload at home has significantly increased particularly for women PWDs. While it is encouraging to note that queue system is followed at almost all shops and service outlets, ensuring priority access to the PWDs remained mostly unimplemented and long waiting time discouraged PWDs to be independent in procuring their daily supplies of living.
13. Recipients of disability pension and other direct cash disbursement support provided by the Central and state Governments have rated this support as highest contributing factors to assure sense of security, independent living and dignity of the PWDs during the lockdown situation. But the lockdown affected the pension disbursement as more than half of the pensioners did not receive the support in time. Also, the extra costs of the special needs of the PWDs to stay safe from COVID and to cope with lockdown situation were not taken into account by the governments.
14. Livelihood insecurity is a major concern across all categories of the PWDs engaged in employment, skilled labour and self-employment. Loss of job opportunities caused by pandemic had hard hit the PWDs and study found low level of confidence among the PWDs in regaining the employment and earning opportunities. In the absence of dedicated initiatives for meeting the demand for financial assistance, skill building, guidance and counselling support, it would be extremely difficult for the PWDs to tide over the crisis and rebuild their livelihoods.
15. Care and protection during COVID pandemic were left to the PWDs themselves and their families. Care and support systems functional in the normal circumstances became weaker during the pandemic and subtle 'individualization' dominated the behaviour of state and non-state actors. The pandemic exemplified lack of preparedness and capacity of the entire social system to ensure protection to the rights of PWDs in an emergency of this nature.

10. Recommendations

1. **Local governments should be responsive and accountable to improve disability certification process:** Local bodies of governance must be mandated to maintain the data base on all category of PWDs and take proactive measures to support that every interested PWD is tested for certification. There is need for aggressively popularizing the procedures, particularly, the time limit of one week for issuing the certificate since the date of application, amended rules empowering the local Primary Health Centers to issue disability certificate in certain 'obvious' cases of disability and all medical centers examining the disability must be physically accessible and disabled friendly. For the purpose of informing future efforts on developing more inclusive risk reduction strategies, there is need for rigorous research to be carried out on 'disability certificate possession and the coping abilities of the PWDs during the COVID pandemic situation'
2. **Promote economic self-reliance to build resilience to health disasters :** The impact of existing legal and social protection measures for promoting employment opportunities for the PWDs need to be critically analyzed, reliable baselines must be generated, based on which the Governments should develop and implement targeted plans for achieving progress on employment of the PWDs. Governments, aid agencies and CSOs must harmonize their approaches and invest their resources to promote a nationwide cross sectoral approach towards achieving time bound and targeted progress on creating opportunities for the PWDs in public sector, private sector, service sector, small and micro enterprises etc. Meagre disbursements of cash through pensions should not be overemphasized for empowerment and social justice for the PWDs.
3. **Harvest the learning:** Recommending a more efficient delivery of information would be rhetoric. Rather, this study recommends that learning provided by COVID pandemic with respect to methods, channels and approaches of reaching public health information to the PWDs need to be captured. Efforts made by different organizations in disability sector and outside, varied methods tried and its effectiveness need to be thoroughly studied to be able to develop more practical approaches to fulfil the legal and 'socially inclusive' obligations embedded in the laws and policies of the country.
4. **Popularizing and increasing the public knowledge of the guidelines** for the care and protection of the rights of PWDs need to be ensured to generate demand and accountability for implementation of the same. Associations of PWDs, Institutions dedicated for service of the PWDs, Civil Society and activists defending rights of the PWDs should be engaged for keeping vigilance and supporting effective implementation of these guidelines. Adequate Human and financial resources and independent compliance mechanisms should be established for ensuring the practice of guidelines at the ground level. There is need for gathering information on how implementation of COVID guidelines has actually worked for different states and social categories of the PWDs to be able to plan future strategies in similar situations.
5. **Sustaining the progress made on Hand washing Practice:** Considering the current receptivity of people, there is need to reinforce the messages to ensure that practice of handwashing is needed not only to keep safe from COVID, but all other disease-causing microorganisms. Lack of efforts on creating such a holistic understanding may cause loss of progress achieved when the fear of COVID ceased to exist. COVID pandemic has highlighted the need for WASH sector to focus on developing hand and personal hygiene protocol to care providers of the PWDs.
6. **Inclusive Communication:** Disaster response guidelines should recognize the rights of the PWDs to be communicated and necessary provisions should be made to ensure that PWDs have appropriate

choices and alternatives of communication during the disaster occurrence. Disaster response personnel and institutions must be equipped to meet the complex communication needs of PWDs.

7. **Promoting best practices in Helpline services:** Government of India should critically evaluate the inclusiveness and benefits of helpline and Arogya setu for the PWDs so that more effective strategies can be developed. The best practices adopted by state governments (e.g. Tamilnadu) and other National and international agencies in providing help and protection to the PWDs during COVID pandemic need to be studied to instill learnings and promote replication of best practices.
8. **Coordination and Convergence:** There is need for coordinated effort amongst the field level functionaries of Health, Municipal, Social Welfare and Civil Society organizations to ensure that COVID prevention and control measures are oriented to include PWDs. Community Volunteers and ASHA workers engaged in the targeted approach to testing and tracking need to be sensitized to ensure their outreach to the PWDs, particularly those in the high-risk category.
9. **Targeting COVID recovery plans to benefit PWDs:** All the plans and actions aimed at recovery from COVID impact should involve experts, Human Rights defenders and associations of the PWDs to ensure an inclusive approach and all that needed by PWDs to rebuild their lives and livelihoods is provided. Most importantly dedicated budgets must be allocated and fully utilized by National, State and Local Governments to meet the special needs of the PWDs. Onus of implementing the plans and reach of planned support to PWDs should be fixed on the Government institutions mandated to provide support and protect the rights of the PWDs.
10. **Advocating for home-based education and employment solutions for PWDs:** COVID-19 has provided a great learning on the potential and possibility of enhancing home based education and employment opportunities. The disability sector needs to capitalize on this learning to develop strategies and advocate for home-based services and opportunities for the PWDs.
11. **Enabling conditions during the recovery phase:** Public education efforts are needed by the Governments to increase sensitivity, support and enabling conditions for the PWDs to pre-empt barriers from other population and accelerate their recovery progress. Local communities must be sensitized and motivated to take the leadership and proactively share the responsibility of supporting the PWDs to deal with the challenges and recover from the effect of the COVID Pandemic.
12. **Saturation approach to implementation of Social security measures:** Number of pensions and such other social security measures for the PWDs should not be constrained by limitations of financial resources. Governments should provide adequate budgets to ensure that every eligible PWD is provided with this support.
13. **Monitoring and accountability:** Segregated data on COVID victims amongst the PWDs need to be generated. Implementation of COVID response action and monitoring the outcome of the same shall include disintegrated information for PWDs. At every stage mechanism should be ensured to measure the benefits and improvements made in the lives of the PWDs.

References

BBC News India. 2020. India's Poorest 'fear hunger may kill us before coronavirus'. March 25 2020. Available at: <https://www.bbc.com/news/world-asia-india-52002734#:~:text=India%20has%20been%20put%20in,this%20is%20not%20an%20option.> (Accessed September 5 2020)

Dutta. A and Tripathi A. 2020. 198 migrant workers killed in road accidents during lockdown: Report. June 2, 2020. Available at : <https://www.hindustantimes.com/india-news/198-migrant-workers-killed-in-road-accidents-during-lockdown-report/story-hTWzAWMYn0kyycKw1dyKqL.html> (Accessed September 5 2020)

enabled.in. 2017. Disabled Population in India as per Census 2011 (2016 Updated). Available at : <https://enabled.in/wp/census-of-india-2011-disabled-population/> (Accessed September 5 2020)

Hindustan Times. 2020. Over 3.76 crore samples tested for Covid-19 so far, says ICMR. August 20, 2020. Available at <https://www.hindustantimes.com/india-news/over-3-76-crore-samples-tested-for-covid-19-so-far-says-icmr/story-JwaROThmZv8AALpar7VvXI.html>. Accessed on September 5th 2020.

ICMR (2020) 23 June. Available at <https://twitter.com/ICMRDELHI/status/1275425641823793153/photo/1>

(Accessed: 5 September 2020)

ICMR. August 22, 2020. In the fight against COVID-19, India scales a new peak in daily testing, achieves record 10 lakhs test per day. Press Release. Available at: https://www.icmr.gov.in/pdf/press_release_files/PR_ICMR_10Lakhs_Testing_per_Day22082020.pdf (Accessed : September 5 2020).

Jan Sahas. 2020. COVID-19 Relief Response Stories of Resilience & Hope. Available at : [https://jan-sahas.s3.us-east-2.amazonaws.com/COVID-19+Report+\(100+days\).pdf](https://jan-sahas.s3.us-east-2.amazonaws.com/COVID-19+Report+(100+days).pdf) (Accessed September 5 2020)

Kumbhare. S. 2020. Sanitation Workers at the bottom of the Frontline Against COVID-19? The Wire. May 6 2020. Available at : <https://thewire.in/urban/sanitation-workers-covid-19> (Accessed September 5 2020)

Ministry of Statistics and Programme Implementation (MOSPI) (a). N.d. Government Initiatives for Redressal of Disability in India. 8.1. National Policy for Persons with Disabilities in 2006. Available at http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/Chapter%208%20-National%20redressal.pdf (Accessed September 5 2020)

Ministry of Statistics and Programme Implementation (MOSPI) (b). 2017. Disabled Persons in India; A Statistical Profile 2016. Available at http://mospi.nic.in/sites/default/files/publication_reports/Disabled_persons_in_India_2016.pdf

(Accessed September 5 2020)

Ministry of Statistics and Programme Implementation (MOSPI) (c). 2019. NSS 76th round (July – December 2018). Available at :

http://www.mospi.gov.in/sites/default/files/publication_reports/Report_583_Final_0.pdf

(Accessed September 5 2020)

Press Information Bureau (a). 2020. Finance Minister announces Rs. 1.70 Lakh Crore relief package under Pradhan Mantri Garib Kalyan Yojna for the poor to help them fight the battle against coronavirus. Press Release. March 26, 2020.

https://www.who.int/disabilities/world_report/2011/report.pdf?ua=1https://pib.gov.in/PressReleaseSelfframePage.aspx?PRID=1608345 (Accessed September 5 2020)

Press Information Bureau (b). 2020. Prime Minister Narendra Modi Launches Graib Kalyan Rojgar Abhiyan on 20th June to boost employment and livelihood opportunities for migrant workers returning to villages, in the wake of COVID-19 outbreak. Press Release. June 20, 2020 Available at : <https://pib.gov.in/PressReleasePage.aspx?PRID=1632861> (Accessed September 5 2020)

Press Information Bureau (c). 2020. Prime Minister Graib Kalyan Package – progress So Far. Press Release. June 20, 2020 Available at <https://pib.gov.in/PressReleasePage.aspx?PRID=1632861> (Accessed September 5 2020)

Saha, S.K., and Bindal. A, 2020. Why Lockdown is the Best Strategy for India To fight COVID-19. Niti Aayog. April 20 2020. Available at: <https://niti.gov.in/why-lockdown-best-strategy-india-fight-covid-19> (Accessed September 5 2020)

Sayed.V.A. 2020. Report highlights workers’ suffering during lockdown. Frontline. March 27, 2020. Available at: <https://frontline.thehindu.com/dispatches/article31183768.ece> (Accessed September 5 2020)

Sinha, A. August 26, 2020. India coronavirus numbers explained: Delhi first state to cross 90% recovery. Indian Express. 26 August 2020. Available at: <https://indianexpress.com/article/explained/august-26-covid-19-india-cases-numbers-tracker-updates-delhi-6570428/> (Accessed September 5 2020)

Soppecom. 2020. COVID 19 RESPONSE BY SOPPECOM Status Report: One. Available at : <https://www.soppecom.org/pdf/Status-report-COVID19-response-by-SOPPECOM-25April2020.pdf> (Accessed September 5 2020)

The Economic times. 2020. COVID-19 crisis can push 40 crore informal sector workers in India into poverty: ILO. Available at: <https://economictimes.indiatimes.com/news/politics-and-nation/covid-19-crisis-can-push-40-crore-informal-sector-workers-in-india-deeper-into-poverty-ilo/articleshow/75032778.cms?from=mdr> (Accessed September 5 2020)

The Times of India. 2020. Coronavirus lockdown: What’s allowed from April 20 and what isn’t. April 20, 2020. Available at: <https://timesofindia.indiatimes.com/india/coronavirus-lockdown-what-will-be-open-april-20-onwards/articleshow/75232160.cms> (Accessed September 5 2020)

United Nations. 2020. A UN framework for the immediate socio-economic response to COVID-19. Available at <https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf> Accessed on September 5th 2020.

United Nations Children’s Fund (UNICEF) and World Health Organization, 2018. Drinking water, sanitation and hygiene in schools: global baseline report 2018. New York. Available at : <https://data.unicef.org/resources/wash-in-schools/> (Accessed September 5 2020)

World Health Organisation and The World Bank. 2011. World Report on Disability. Available at : https://www.who.int/disabilities/world_report/2011/report.pdf?ua=1 (Accessed September 5 2020)

Websites/ Weblinks

https://censusindia.gov.in/census_and_you/disabled_population.aspx

<https://www.worldometers.info/world-population/population-by-country/>

<https://www.pacer.org/international/India/laws/natlTrust.asp>

<http://disabilityaffairs.gov.in/content/page/acts.php>

<https://www.mygov.in/corona-data/covid19-statewise-status/>

<https://www.mygov.in/covid-19>

Annexure-1

Interview Schedule - PWDs

**Socio-Economic situation analysis of Persons with Disability
(PWDs) in the context of COVID-19 pandemic**

State: _____

Partner Organization: _____

2. Interviewer Name

4. Respondent No.

5.

You may administer this schedule to any person who comes under the following category of PWDs.

Note: As per THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016, **a Person with Disability** is one who has a long-term physical, mental, intellectual or sensory impairment which, coupled with different barriers around him, hinders his full and effective participation in society equally with others. The ACT includes 21 types of disabilities as mentioned below:

1. Blindness
2. Low vision
3. Leprosy cured person
4. Locomotor Disability
5. Dwarfism
6. Intellectual Disability
7. Mental illness
8. Cerebral Palsy
9. Specific learning Disabilities
10. Speech and Language disability
11. Hearing impairment (deaf and hard of hearing)
12. Muscular Dystrophy
13. Acid attack victim
14. Parkinson's disease
15. Multiple sclerosis
16. Thalassemia
17. Haemophilia
18. Sickle cell disease
19. Autism spectrum disorder
20. Chronic Neurological conditions
21. Multiple disabilities including deaf blindness

Respondent's consent:

Your participation in this interview is voluntary and you can refuse to answer any question or terminate the interview at any time. The findings of the report will be shared with WSSCC and the final report will be very confidential and for limited use only. This data collection is not happening for providing you any direct benefit or relief at the moment. Neither is this meant to register you in any scheme. If you agree to participate in this interview your consent will be recorded to proceed further in the interview.

I consent and please proceed with the interview.

Data Enumerator:

I certify that I have discussed the above contents of this form with the respondent and administering the interview Schedule only after obtaining the respondent's consent for participation in the Survey.

SECTION-A

Interviewer / Enumerator Details:

1. Name: _____
2. Gender:
 1. Male
 2. Female
 3. Other
3. Age: _____ (*in completed years*)
4. Contact Number: _____
5. Contact address: _____
6. Date of interview: _____
7. Mode of interview:
 1. Face to face meeting
 2. Telephonic
 3. Online (Skype / WhatsApp etc.):
 4. Any other
8. Time of interview :
 1. Start time : _____
 2. End time : _____
9. Select District : _____

SECTION-B :

Respondent's Information

I. GENERAL INFORMATION

1. Name: _____
2. Contact Address:
 - a. City / District: _____
 - b. Mobile Number _____
3. Category of living place:
 1. Urban
 2. Peri -urban
 3. Rural
 4. Tribal
4. Age: _____ (In completed years)
5. Gender: _____
 1. Male
 2. Female
 3. Other
6. Caste category:
 1. SC
 2. ST
 3. OBC
 4. General
7. Marital status:
 1. Unmarried
 2. Married
 3. Widowed
 4. Divorced / Separated
 5. Live in relationship
8. Educational status:
 1. illiterate
 2. Primary (up to 5th Std.)
 3. Secondary / Higher Secondary (class 6 to 12)
 4. Graduate
 5. Post Graduate + Higher qualification
9. Nature of your disability _____
(Mention the serial number from the list of 21 printed on the first page of this schedule)
10. Are you registered as a person with disability at your local level/panchayat/school/workplace?
 1. Yes
 2. No
11. Do you have an identity proof with your disability mentioned?
 1. Yes
 2. No
12. Are you engaged in any income earning activity?
 1. Yes
 2. No
13. If Yes, nature of your Employment / income earning activity (Tick the major livelihood) (If your response to Q. No. 12 is "No" tick "Not Applicable")
 1. Self-Employment
 2. Employee of Central, State, Local or any other Govt. institution
 3. Private Employment (other than Government)
 4. Skilled labour (hired by others) (Name the skill / trade _____)
 5. Unskilled Labour (hired by Others)
 6. Not Applicable
14. Number of dependents on your earnings:
 - a. Adults :
 1. Male _____
 2. Female _____

- b. Children: 1. Boys _____ 2. Girls _____
- c. Total Number of Dependents _____
15. Are you dependent on others' earnings
1. Yes 2. No
16. If yes, occupation of the person who takes care of you (If response to Q.No. 15 is "no" tick option "Not Applicable")
1. Please specify _____
2. Not Applicable

II. AWARENESS OF THE RESPONDENT ABOUT THE COVID-19 AND STATUS OF ACCESS TO WASH SERVICES

17. What do you know about COVID-19?
a. COVID-19 is a new disease
1. Agree 2. No Idea 3. Disagree
b. COVID-19 is a disease that can affect lungs & airways
1. Agree 2. No Idea 3. Disagree
c. COVID-19 is caused by Corona Virus
1. Agree 2. No Idea 3. Disagree
d. COVID-19 can cause death also
1. Agree 2. No Idea 3. Disagree
18. What populations face the biggest threat in case of Covid-19 infection?
a. Persons who are above 60 years
1. Agree 2. No Idea 3. Disagree
b. Persons with respiratory problems (nasal passage, throat, lungs etc.)
1. Agree 2. No Idea 3. Disagree
c. Persons already having other health problems (eg: Diabetes, Asthma, anemia etc.)
1. Agree 2. No Idea 3. Disagree
19. How does Covid-19 spread?
a. It spreads through droplets from coughing, sneezing and spitting by an infected person
1. Agree 2. No Idea 3. Disagree
b. Contact with anything where active virus is present (human body, objects and places)
1. Agree 2. No Idea 3. Disagree
20. Symptoms of COVID-19?
a. Runny nose
1. Sure 2. No Idea 3. Not Sure
b. Cough
1. Sure 2. No Idea 3. Not Sure
c. Sore throat
1. Sure 2. No Idea 3. Not Sure
d. High temperature
1. Sure 2. No Idea 3. Not Sure
e. Shortness of breath
1. Sure 2. No Idea 3. Not Sure

- f. Headache
 - 1. Sure 2. No Idea 3. Not Sure
- g. Diarrhea
 - 1. Sure 2. No Idea 3. Not Sure
- 21. Do you think that following practices prevent spread of Covid-19?
 - a. Do not shake hands
 - 1. Sure 2. No Idea 3. Not Sure
 - b. Safely stay at home and minimize contacts with other individuals
 - 1. Sure 2. No Idea 3. Not Sure
 - c. Avoid contact with the person who is sneezing, coughing and has fever
 - 1. Sure 2. No Idea 3. Not Sure
 - d. Frequently washing hands with soap / use sanitizer.
 - 1. Sure 2. No Idea 3. Not Sure
 - e. Use of face Masks while going out (eg: shops, markets, public places etc.)
 - 1. Sure 2. No Idea 3. Not Sure
- 22. Do you have the following WASH facilities accessible for you at home to wash hands?
 - a. Water at home (*within the premises*).
 - 1. Always 2. Sometimes 3. Never
 - b. Soap.
 - 1. Always 2. Sometimes 3. Never
 - c. Accessible hand washing facility
 - 1. Always 2. Sometimes 3. Never
- 23. Did the lockdown limit your access to:
 - a. Public/community/shared toilet facilities
 - 1. Always 2. Sometimes 3. Never
 - b. Sanitary pads
 - 1. Always 2. Sometimes 3. Never
 - c. Water
 - 1. Always 2. Sometimes 3. Never
 - d. Waste disposal
 - 1. Always 2. Sometimes 3. Never
- 24. What are your primary sources of information?
 - a. Family Members
 - 1. Always 2. Sometimes 3. Never
 - b. Neighbors
 - 1. Always 2. Sometimes 3. Never
 - c. News Papers
 - 1. Always 2. Sometimes 3. Never
 - d. T.V channels
 - 1. Always 2. Sometimes 3. Never
 - e. Mobile messages
 - 1. Always 2. Sometimes 3. Never
 - f. Employer / work place
 - 1. Always 2. Sometimes 3. Never 4. Not Applicable
 - g. Others
 - 1. Always 2. Sometimes 3. Never
- 25. From which of the following agencies did you get special information related to

- COVID-19 pandemic needed for persons with disability?
- a. Government Agencies
 1. All information 2. Some information 3. No information at all
 - b. News Channels
 1. All information 2. Some information 3. No information at all
 - c. News Papers
 1. All information 2. Some information 3. No information at all
 - d. NGOs
 1. All information 2. Some information 3. No information at all
 - e. Associations of the PWDs
 1. All information 2. Some information 3. No information at all
 - f. Others
 1. All information 2. Some information 3. No information at all
26. Did the agencies use sign language in providing the information?
- a. Government Agencies
 1. Always 2. Sometimes 3. Never 4. Not Applicable
 - b. News Channels
 1. Always 2. Sometimes 3. Never 4. Not Applicable
 - c. NGOs
 1. Always 2. Sometimes 3. Never 4. Not Applicable
 - d. Associations of the PWDs
 1. Always 2. Sometimes 3. Never 4. Not Applicable
 - e. Others
 1. Always 2. Sometimes 3. Never 4. Not Applicable
27. Do you know the helpline contact numbers to seek information to keep yourself and your family safe from COVID-19?
1. Yes 2. No
28. Are you aware of Aarogya Setu App?
1. Yes 2. No
29. Are you using the Aarogya Setu App? (If your response to Q.No. 28 is "No" then tick "Not Applicable")
1. Yes 2. No
 3. Not Applicable
30. Have you undergone screening using infrared thermometer?
- a. At work place
 1. Yes 2. No 3. Not Applicable
 - b. Supermarkets
 1. Yes 2. No
 - c. Other public places
 1. Yes 2. No
31. Have you ever been tested for Corona (SARS-CoV2) infection?
1. Yes 2. No
32. Do you have existing pre-health conditions such as:
- a. Diabetes
 1. Yes 2. No
 - b. Hypertension
 1. Yes 2. No
 - c. Asthma / respiratory issues
 1. Yes 2. No
 - d. Disability conditions which require medical care from time to time?

1. Yes 2. No

33. If your answer to any one of the options in question 32 is 'Yes', did the lockdown situation cause any problem with regard to the following?
(In case your answer is 'No' to all the options in question 32 then tick mark option "3. Not Applicable")

- a. Medicines
1. Yes 2. No 3. Not Applicable
- b. Doctor consultations and treatment
1. Yes 2. No 3. Not Applicable
- c. Diagnostic services
1. Yes 2. No 3. Not Applicable
- d. Emergency services
1. Yes 2. No 3. Not Applicable

III. LIVELIHOOD AND INCOME DURING LOCKDOWN

(If the respondent is not into any employment or income earning activity then tick option "Not Applicable" from Q. No. 34 to Q. No. 39)

34. Did you have to work during the lockdown?
a. For the total lockdown period
b. For part of the lockdown period
c. For very few days
d. Never required to attend
e. Not applicable
35. Were there any hurdles (transport/restriction of mobility) for you to attend your work during the lockdown period?
1. Always
2. Sometimes
3. Never
4. Not Applicable
36. How did lockdown affect your daily / monthly income or earning?
1. Severe loss of income/earning
2. Some loss of income/earning
3. No loss of income/earning at all
4. Increased income compared to normal time
5. Not Applicable
37. Did your work place provide any relief or welfare support to you for the lockdown period?
1. Always
2. Sometimes
3. Never
4. Not Applicable
38. Did you have to shift from the place of your work to your home place to manage with the lockdown situation?
1. Had to shift for complete lockdown period
2. Had to shift for most of the lockdown period
3. Had to shift for a part of lockdown period
4. Hadn't shifted during lockdown period
39. If your regular livelihood activity was disturbed due to COVID-19 and lockdown,

- did you take up any alternate livelihood activity for earning?
1. Took up alternate livelihood activity for earning
 2. Did not take up alternate livelihood activity for earning
 3. Livelihood activity not disturbed
 4. Not Applicable
40. Did you have your own savings to cope with lockdown period?
1. Adequate
 2. Somewhat adequate
 3. Not at all adequate
 4. No savings at all
41. Did you sell out / pledge any of your assets to make up for the income deficit during the lockdown period?
1. Yes
 2. No
 3. No assets to pledge or sell
42. Did you have to borrow fresh loans to meet your income deficit during the lockdown period?
1. Yes
 2. No

V. LIFE AT THE TIME OF LOCKDOWN:

43. During the lockdown period did you / your family face any hurdles in accessing / receiving assistance from the Government agencies and other organizations offering support?
- a. Government agencies
 1. Always
 2. Sometimes
 3. Never
 - b. Other organizations
 1. Always
 2. Sometimes
 3. Never
44. Did you / your family have enough of commodities and or ration to meet the food needs of all the members?
1. Sufficient for a major part of lock down days
 2. Sufficient only for some days of lock down period
 3. Did not have at all
45. Were you / your family able to procure ration and other food commodities at the time of lockdown?
1. Always
 2. Sometimes
 3. Never
46. How did you find the prices of food commodities during the lockdown compared to normal situation?
1. High
 2. Normal (no significant change)
 3. Less than normal times
47. Did you and or any members of the family go hungry during the lockdown?
1. Most of the days
 2. Some of the days
 3. Never
48. How did lockdown affect your work load and responsibilities at the family level?
1. Increased
 2. Remain unchanged
 3. Decreased

49. Being a PWD did you feel any new insecurity or risks during the lockdown situation?
1. Always
 2. Sometimes
 3. Never
50. Did the lockdown cause any kind of discrimination against you from your family and or other people?
1. Always
 2. Sometimes
 3. Never
51. Did the lockdown conditions cause you to go through any violence?
1. Yes
 2. No
52. Did the lockdown cause you to go through any sexual harassment?
1. Yes
 2. No
53. Did the supermarkets, medical shops and other such places maintain priority access queue / entry for the PWDs?
1. Always
 2. Never
 3. Sometimes

VI. SOCIAL PROTECTION, RELIEF SUPPORT / ASSISTANCE DURING THE LOCKDOWN:

54. Are you a receiver of PWD pension scheme of the Govt.?
1. Yes
 2. No
55. If Yes, did you receive pension amount during the lockdown period? (If the answer is 'No' to the question 54 then Tick 'Not Applicable')
1. Yes
 2. No
 3. Not Applicable
56. Do you or your family has a ration card that gives you eligibility to draw free/subsidized ration support?
1. Yes
 2. No
57. *If answer is 'yes' to the above question, Did you, receive the following ration If answer is 'No' then Tick 'Not Applicable'*
- | | | |
|-----------|---------------------------------|---|
| a. Rice | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| b. Dal | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| c. Oil | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| d. Soaps | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| e. Masks | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| f. Cash | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| g. Others | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> 3. Not Applicable <input type="checkbox"/> |
58. Did you / your family receive any cooked food support during the lockdown period?
1. For most of the days of lockdown period
 2. For some days
 3. No, never received any cooked food support
 4. No, I did not seek any such relief / support
59. Did you / your family receive any dry ration support from any of the following agencies during the lock down period?
- | | | |
|--------|---------------------------------|--------------------------------|
| a. NGO | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
|--------|---------------------------------|--------------------------------|

- b. Local Politician / Political party 1. Yes 2. No
- c. Local community organization 1. Yes 2. No
- d. Religious institution 1. Yes 2. No
60. Did you / your family receive any hygiene materials from any of the following during the lockdown?
- a. NGO 1. Yes 2. No
- b. Local Politician / Political party 1. Yes 2. No
- c. Local community organization 1. Yes 2. No
- d. Religious institution 1. Yes 2. No
61. Did you / your family get any cash transfer support from any of the following agencies during the lockdown?
- a. NGO 1. Yes 2. No
- b. Local Politician / Political party 1. Yes 2. No
- c. Local community organization 1. Yes 2. No
- d. Religious institution 1. Yes 2. No
62. Name three Government schemes that benefitted you as PWD under the direct cash transfer during the lockdown period?
1. _Scheme 1_____
2. _Scheme 2_____
3. _Scheme 3_____

VII. LIVELIHOOD – POST LOCKDOWN: (Skip Q.No.63 to Q.No.68, if the respondent is not an earning member and tick the option "Not Applicable")

63. Are you thinking of returning to your place of work after the lockdown is relaxed?
1. I will return to my work place
2. I will return to my work place only when everything is normal
3. I am not sure, if I will return to my place of work
4. I am not returning to my work place
5. Not Applicable
6. Hadn't shifted during the lock down period
64. Are you confident that you will be able to revive your livelihood activity after the lockdown?
1. Fully confident
2. Not so confident
3. Not at all confident
4. Not Applicable
65. If you are employed, are you confident that your employer will continue your employment?
1. Fully confident
2. Not so confident
3. Not at all confident
4. Not Applicable
66. Do you think that you will have to change your job / livelihood activity once the lockdown is relaxed?
1. I will have to change my job / livelihood activity
2. I am not sure if I am going to change my job/livelihood activity
3. I need not change my job/livelihood activity
4. Not Applicable

67. Do you think that your overall earning / wage rate will be same as prior to the lockdown?
1. Same as earlier
 2. I think my overall earning / wage rate will be little lesser than prior to the lockdown
 3. I am not sure if it is going to be same or less
 4. Not Applicable
68. What support do you think is needed for you to rebuild your livelihood activity?
- a. Financial assistance 1. Yes 2. No 3. Not Applicable
 - b. New skill development 1. Yes 2. No 3. Not Applicable
 - c. Guidance and counselling 1. Yes 2. No 3. Not Applicable
69. Any other observation or information that you wish to share
- a. _____
 - b. _____
 - c. _____
 - d. _____

Annexure-2

Check List - Focus Group Discussion (FGD)

**Socio-Economic situation analysis of Persons with Disability
(PWDs) in the context of COVID-19 pandemic**

State: _____

Partner Organization: _____

YOU MAY CONDUCT FGD WITH MIX GROUP OF MEN AND WOMEN WHO COME IN THE CATEGORY OF PERSONS WITH DISABILITY (PWD's) AS MENTIONED BELOW:

Note: As per THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016, a **Person with Disability** is one who has a long-term physical, mental, intellectual or sensory impairment which, coupled with different barriers around him, hinders his full and effective participation in society equally with others. The ACT includes 21 types of disabilities as follow:

22. Blindness
23. Low vision
24. Leprosy cured person
25. Locomotor Disability
26. Dwarfism
27. Intellectual Disability
28. Mental illness
29. Cerebral Palsy
30. Specific learning Disabilities
31. Speech and Language disability
32. Hearing impairment (deaf and hard of hearing)
33. Muscular Dystrophy
34. Acid attack victim
35. Parkinson's disease
36. Multiple sclerosis
37. Thalassaemia
38. Haemophilia
39. Sickle cell disease
40. Autism spectrum disorder
41. Chronic Neurological conditions
42. Multiple disabilities including deaf blindness

SECTION-A

1. Facilitator / moderator Details:

10. Name: _____

11. Gender: _____ a. Male b. Female c. Other

12. Age: _____

13. Contact Number: _____

14. Contact address: _____

15. Date of FGD: _____

16. Time of FGD: _____

Start time: _____ End time: _____

17. Place of FGD (full details of the location where it was organized):

Please take the pictures and add it in the summary report of the FGD.

2. Note taker/ Recorder's Details:

1. Name: _____

2. Gender: _____ a. Male b. Female c. Other

3. Age: _____

4. Contact Number: _____

5. Contact address: _____

SECTION-B

Details of the participants attending the FGD (print this sheet and circulate before starting of each FGD)

S. No.	Name	Age	Gender			Caste Category				Occupation	Nature of disability	Contact number	Participants' Consent Signature
			Male	Female	Other	SC	ST	OBC	Gen				
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

SECTION-C:

CHECK LISTS FOR FGD's

I. Welcome, Introduction and Objectives

1. Welcome the participants who have come to take part in FGD.
2. Introduce yourself and then tell them to introduce themselves, their name, occupation and address.
3. Brief them about the purpose of the FGD as FANSA along with the State Partner is undertaking the study on the socio-economic situation of the Physically Challenged populations in the current context of COVID-19.

II. Awareness among the participants about the Covid-19 outbreak and status of access to wash services

1. What do you know/understand about COVID-19/Coronavirus?
2. Taking clue from the responses received for the first question, discuss the following points:
 - a. COVID-19 and how does it spread?
 - b. Which population groups are more susceptible to COVID -19
 - c. Preventive measures to be followed (ex: Using face mask, maintain social distancing, washing hands frequently). give the respondents a lead but do not prompt the answers.
 - d. Assess whether they are getting information needed specifically for the PWDs and whether the delivery of the information is PWD friendly.
 - e. How is the disease treated?
 - f. Are there medicines for the disease?
3. What are the symptoms of COVID-19?
4. What were/are the specific challenges and constraints of PWDs during lock down period in relation to:
 - a. access to sanitation
 - b. access to water supply
 - c. access to hand washing and hygiene facilities
 - d. access to sanitary pads and their disposal
 - e. access to health care facilities
 - f. access to PPEs (masks, gloves, sanitizer etc.)

III. Livelihood and income during lockdown:

1. If you were employed, elaborate on your status of employment during lockdown period. (Ask from the group of people who were engaged in income earning activities)
2. What kind of support (ration, money, hygiene materials etc) did you receive from your employer in lockdown period? (Ask from the group of people who were engaged in income earning activities)
3. What financial constraints did you face during lock down period?
4. How did you manage / cope with during lock down period?

IV. Education facilities for PWD students during lockdown: (ask from the group of people who are students or parents of school going children)

1. During times of Covid-19, what was the support received by you to ensure education continues in your household?
2. How has home based education programme being implemented in your neighborhood?

3. Do you have access to online/offline learning?
4. Are the resource materials user friendly for PWDs?
5. Do you have easy accessibility of broadband, wifi, information and communication technology/assistive devices/tools (like sign language interpreters and braille computer) to ensure that education continues at home?

V. Life at the time of lockdown & social protection, relief support / assistance during the lockdown:

1. What were the constraints faced by you during lock down period in relation to :-
 - a. access to dry ration
 - b. access to cooked food
 - c. provision of other essentials
 - d. pensions/scholarships other financial support
2. Taking clue from the responses received in the first question, discuss the following points:
 - a. Separate que for PWDs to avail the services
 - b. Delivery of dry ration at their door step
 - c. Direct transfer of money into the bank accounts
3. What were the support/ services received by you from the local government (Panchayat and Municipality) in the society?
4. What were the support/ services received by you from other agencies (eg, NGOs, welfare Societies, charity or religious Institutions etc.) in the society?
5. What were the other challenges did you face during the lock down period?
 - a. increased work load and responsibilities,
 - b. depression,/ feeling low / loneliness
 - c. mental illness
 - d. treatment of common illness
 - e. neglect
6. What additional support did you receive from your care taker/family members/neighbors?
7. What are the constraints you are facing in receiving health care facilities required on regular basis? (Medicines, consultation and treatments, diagnostic services, emergency services, medical equipment', etc.)
8. What kind of other support (hygiene material) were rendered by the government or any other agencies during lockdown period?
9. What kind of cash assistance did you receive from the government or other agencies?

VI. Livelihood – Post lockdown

1. What are the financial constraints you are facing now in post lock down situation?
2. What are the challenges towards restarting your livelihood activity / employment in post lock down period?
3. What apprehensions do you have to start your livelihood activity/employment again?
4. What kind of support do you need to start your livelihood activity?

VII. General:

Any other observation or information that you wish to share about the challenges you faced during the current context of COVID 19.

Annexure-3

Guidance Note for Focus Group Discussions (FGDs)

Socio-Economic situation analysis of Sanitation Workers and Persons with Disability (PWD's) in the current context of COVID-19 pandemic

State: _____

Partner Organization: _____

- I. Prior Preparation by the Facilitating team** (Organizer, Facilitator/ Moderator, Note taker/recorder)
 1. Get the FGD- Checklist printed. Make enough copies of the checklist so as to ensure every member of the facilitating team to have a copy in hand during the FGD.
 2. Facilitator should read all the questions thoroughly, understand the context and get familiarized with the contents. Discuss all questions within the team and develop clarity on the questions and the roles and responsibilities between the facilitator and note taker.
 3. Enter the facilitator's and Note taker's details in the FGD summary sheet.
 4. Carry two/ three sheets of the participants list in which all the members of the respondent's group will enter details and will sign consenting to be part of the FGD. This list must be attached with the summary of FGD to be submitted to FANSA.
 5. Carry writing pad and pen and smart phone for note taking and recording the discussion with permission of the group.
 6. Select a place which has enough space to make the members seated comfortably with compliance to physical distance to be maintained as given in the Government Advisory.
 7. Note taker/recorder will record all the discussions of the FGDs. S/he may use the smartphone to record the session and then transcribe it later on. It will be his/her responsibility to capture the important points of the FGD session and write the summary to be submitted to FANSA.
 8. Take photos during the FGD with the consent from the members participating in the FGD and the same can be incorporated into the Summary note to be submitted to FANSA
 9. Facilitator should be an attentive listener, respect the views of the group, not allow influencing the group with his/her personal views and opinions, not allow participants to get diverted from the issues raised for discussion / responding, encourage participation of all the members of the group, not make any assumptions.
 10. Tell the participants that you are conducting this Survey on behalf of your organization. Provide a brief of the organization. Tell the participants that the purpose of the FGD is to understand the socio-economic situation of the respondents in the current context of COVID-19.
 11. Tell the respondent that this FGD will not bring immediate cash benefit or any other

benefit to them. The findings of the Survey will be shared with the government agencies and with others concerned.

12. Form the group that the information they give will be treated as confidential. There is no force on them to participate in the discussion, it is their free choice. They can refuse to respond to any particular question or stop responding at any points of time in the FGD.
13. Make it clear to the Participants that there is:
 - No right or wrong answer, only differing points of view
 - This discussion will be recorded, one person should speak at a time.
 - There is no need to agree with others, but you must listen respectfully as others share their views
 - Participants should keep their phone in silent. In case there is an emergency please leave the room and join the call.
14. Ask the respondents if they have understood the purpose of the discussion and ensure that his/her consent to share their views in the documents, media or any other social media.
15. After the completion of the discussion, note taker/recorder will share his/her notes as per the reporting format given. Facilitator should also write his/her Remarks-observations/highlights of the FGD.
16. Facilitator must ensure that the group focuses on the check list of questions and avoid dominance of one single person.
17. On completion of the FGD, thank them for giving their time for the FGD. If they permit take a group picture of the participants.
18. After completion of the FGD please review each FGD, check whether responses to all the questions has been recorded. Make sure that each FGD checklist you have completed has been attached with the notes and has been reviewed thoroughly. Develop a summary of key points that emerged in response to each question asked to the group.
19. Send the Photo of each FGD checklist with summary attached to FANSA.
20. Time schedule for the FGD: Maximum 150 minutes

Suggested break up of available time

- Welcome, introduction and objectives - 10 minutes
- Awareness among the participants about the covid-19 outbreak and status of access to wash services – 20 minutes
- Status of wash services during lock down period and in following the Covid protection advisory – 20 minutes
- Working situation and household income – 15 minutes
- Scenario of employment after the lockdown is relaxed to allow working – 20 minutes
- Life at the time of lockdown – 15 minutes
- Life after Lockdown – 10 minutes
- Summing up – 10 minutes
- Cushion Time – 30 minutes

Annexure-4

List of FGD's conducted in States

S. No.	States	District		Persons With Disabilities		
				Total Number	Male	Female
1	Jharkhand			24	19	5
		Ramgarh	FGD	12	9	3
		Sahebganj	FGD	12	10	2
2	Maharashtra			18	12	6
		Amravati	FGD	10	6	4
		Yavatmal	FGD	8	6	2
3	Odisha			20	14	6
		Balasore (Baleshwer)	FGD	11	8	3
		Puri	FGD	9	6	3
4	Telangana			35	22	13
		Hyderabad	FGD	15	8	7
		Rajanna Sircilla	FGD	-	-	-
		Warangal (Urban)	FGD	20	14	6
5	Uttar Pradesh			16	9	7
		Lucknow	FGD	7	3	4
		Mathura	FGD	9	6	3
		Unnao	FGD	-	-	-
		Total of all States		113	76	37

Annexure-5

Guidance Note for Case Study Documentation

Socio-Economic situation analysis of Sanitation Workers and Persons with Disability (PWD's) in the current context of COVID-19 pandemic

State: _____

Partner Organization: _____

A. PRIOR PREPARATION BY THE FACILITATOR FOR DOCUMENTING THE CASE STUDY

- a. Get this copy of the Case study checklist printed and carry it to the field.
- b. Read all the questions thoroughly, understand the context and get familiarized with the contents.
- c. Carry writing pad and pen and a smart phone for note taking and recording the discussion with permission of the respondent.
- d. Select a place which has enough space to make the respondent and interviewer seated comfortably with compliance to physical distance to be maintained. (Face to face interaction)
- e. Facilitator should be an attentive listener, respect the views of the respondent, encourage him/her to talk freely, do not make any assumptions.
- f. On completion, thank them for giving their time for the case study. If they permit, please take a picture of the respondent and include in the case study report.
- g. Time schedule for the Case Study: Maximum 30 minutes

B. CHOOSING OF THE RIGHT CASE STUDY:

Each case must bring out some very special dimension about the challenges or constraints faced, issues associated in accessing WASH or livelihood activities and impact of lockdown in their day to day lie. Avoid monotony of cases and focus on diversified categories with different livelihood options for getting an overall perspective. A sample types of cases are given below just for guidance.

- a. Respondents who have demonstrated very good or very poor understanding of the COVID where you found extremely important reasons for the same
- b. Respondents who have suffered most or who could manage best the lockdown situation which offer most interesting and insightful reasons for the same.
- c. Respondents who have revealing experience with respect to implications of COVID-19 to their livelihood sources
- d. Respondents who have faced challenges in having access to WASH facilities / services
- e. Respondents who had other health problems and had very special experience in accessing health care during the lockdown situation
- f. Respondents who have very special experience in terms of access or lack of access to food relief that had great influence on their ability to meet the basic subsistence needs during the lockdown situation
- g. Respondents who had to return to home place after the lockdown was declared and who had to adopt to a new job. Can include the stories of their journey back home given the restrictions of travel etc.
- h. Respondents who lived in containment zones for longer period and their experience of life during that period or who have been in shelter homes.
- i. Respondents who have lost property /assets or who got indebted due to lockdown situation
- j. Respondents who are skilled workers and lost their earning opportunity, respondents who are into petty businesses or self-managed micro enterprises

C. ICE BREAKING /WARM UP AND SIGNING CONSENT FORM

- a. Introduce Yourself and your Organization you belong to. Tell the respondent that you are conducting this interview on behalf of your organization.
- b. Brief them about the purpose of this case study is to understand the socio-economic issues of PWDs in the current context of COVID-19.
- c. Inform the respondent that the information they give will be treated as confidential. There is no force on them to participate in the discussion, it is their free choice. They can refuse to respond to any particular question or stop responding at any point of time during the interview.
- d. Ask the respondents if they have understood the purpose of the case study and are willing to voluntarily participate in this case study interview.
- e. Tell the respondent that this interview will not bring immediate cash benefit or any other benefit to them. The findings of the survey will be shared with the government agencies with an objective to bring in policies and schemes to help them in these difficult times.
- f. Ask the respondent for his / her consent to record the conversation with him/her. (Recording will help you in capturing all the important details in writing the case study just in case any of the points are missed while noting down during the interview)

D. POST CASE STUDY INTERVIEW

- a. Write down all important take away pointers and observations
- b. Develop a summary of key points that emerged in response to each question asked to the group.
- c. Transcribe the interview
- d. Consolidate and interpret data
- e. Write the Case study
- f. Make sure that each Case Study Checklist you have completed has been attached with the notes and has been reviewed thoroughly.

E. STRUCTURE FOR CASE REPORT:

- a. Introducing the case
- b. General description covering all aspects mentioned under section II to V above of the check list.
- c. Most interesting / unique part of the case that you want to highlight in this case as a box item.
- d. Conclusion
- e. Add picture

Annexure-6

State, District wise respondents

S. No.	States	District	Persons With Disabilities (PWDs)		
			Sample Size	Male	Female
1	Jharkhand		258	174	84
		Bokaro	-	-	-
		Dumka	104	79	25
		Pakur	36	23	13
		Ramgarh	39	22	17
		Sahebganj	79	50	29
2	Maharashtra		225	109	116
		Amravati	41	19	22
		Chanderpur	61	30	31
		Hingoli	39	20	19
		Wardha	40	20	20
		Yavatmal	44	20	24
3	Odisha		211	124	87
		Balasore (Baleshwer)	44	34	10
		Keonjhar	40	19	21
		Khordha	42	25	17
		Koraput	42	27	15
		Puri	43	19	24
4	Telangana		213	141	72
		Hyderabad	38	20	18
		Janagaon	41	22	19
		Jayashankar Pupalpally	44	28	16
		Medchal Malkajgiri	4	2	2
		Rajanna Sircilla	40	34	10
		Rangareddy	2	1	1
		Warangal (Urban)	44	34	10
		Warangal (Rural)	-	-	-
5	Uttar Pradesh		204	105	99
		Fatehpur	2	1	1
		Gorakhpur	41	22	19
		Kushinagar	40	21	19
		Lucknow	40	22	18
		Mathura	41	19	22
		Unnao	40	20	20
		Total of all states	1111	653	458