



THE PROFOUND EFFECT OF COVID-19 PANDEMIC ON PERSON WITH DISABILITIES (PWDS) IN INDIA

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ABSTRACT

The virulent disease (COVID-19) and its consequential lockdown have inexplicably effectuated Persons with Disabilities (PwDs) in contrast to the population of non-disabled as the society of PwDs section has been inadvertently excluded. In addition, PwDs are highly exposed to the virus due to their bodily, sensory and semantic limits and restrictions. This paper deals with the challenges faced by all the sections of PwDs include children, students, unemployed, employees, women and elders during the pandemic. In this paper suggestions are also discussed for the relief of PwDs during these uneven times. There is a need to consider the particular conditions of their disability, everyday life routines and take adequate and prompt steps to ensure their safety and security in circumstances of crisis. The policies made by the Government of India have not worked out principally in the process of execution at the field level in respect of PwDs. Now is the best time for community to identify, help, endorse and appreciate the criteria of PwDs.

KEYWORDS : Covid-19 in India, Pandemic, Lockdown, Effect, Person with Disabilities

INTRODUCTION:

The COVID-19 virulent disease, is an epidemic of corona virus disease 2019 (COVID-19) caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). The disease was declared a global health emergency of international significance by the World Health Organisation in January 2020 and a pandemic in March 2020. Globally, as on the date of 15th January 2021, there have been 91,816,091 confirmed cases of COVID-19, including 1,986,871 deaths, reported to World Health Organisation. In India, there have been 10,527,683 confirmed cases with 151,918 deaths.

The symptoms of COVID-19 are extremely variable, ranging from no to serious illness. The virus spreads mainly through the air when people are close to each other. It leaves an infected person breathing, coughing, sneezing, or speaking, and enters another person through his or her mouth, nose, or eyes. It might also spread via contaminated surfaces. For up to two weeks, people remain infectious, and can spread the virus even if they do not have symptoms.

Social distancing, using a face mask in public, drainage and air filtering, hand washing, shielding one's mouth while sneezing or coughing, disinfecting surfaces, and screening and self-isolation for individuals who are exposed or symptomatic are prescribed preventative steps. The pandemic has triggered global social and economic instability, including the biggest global recession since the Great Depression. Misinformation has circulated through social media and mass media. There have been incidents of xenophobia and discrimination against people from areas with high infection rates.

In the absence of treatment, the only way to stop the spread of the virus is actually to cease most human contact. Essentially, the fewer individuals have contact with each other, the less they can spread the virus. Social lockdown is urgent to bring down overall transmission, given the rapid spread of the virus, and see if testing followed by isolation could be effective, all in an attempt to decrease infections and spread cases over a longer period of time to avoid overwhelming health systems.

In view of the pandemic outbreak and rapidly spreading of COVID-19 around the globe, the Government of India has declared the situation as under the National Disaster Management Act, 2005, the required recommendations were released. The Government of India, on 24 March 2020, ordered nationwide lockdown up to 31st May 2020. It was ordered on 22 March following a 14-hour voluntary public curfew, followed by enforcement of a series of regulations so

far in the COVID-19 affected regions of the country. During the lockdown, there has been an increase in suicides, people losing their jobs, lack of supply of basic needs, domestic violence cases, people getting stuck at the work locations, travel ban, closure of schools, and loss of lives due to pandemic. The Covid-19 attributed to individuals being mentally imbalanced. With each passing day, layoffs and pay cuts are rising, leading people to suffer from stress and fear of losing financial security. The migrant workers lost their livelihood, were unable to return home and were devoid of necessities. More persons are losing their lives as days fly by. The highly contagious virus has wreaked havoc. There have been several instances where a positive COVID has been left alone with no support from relatives or friends. An individual committed suicide because, after successfully being treated for COVID, her family did not welcome her.

In this manner, the pandemic has affected the human being in many ways. It is very difficult to be a common man in such a situation; at this juncture, you have to imagine how difficult it would be to have a Person with Disability (PwD) in such a situation.

In India as per census 2011, about 2.68 Cr persons out of the 121 Cr population, which is 2.21% of the total population are 'disabled' as there were 7 types of disabilities are covered according to the PWD Act 1995. At present, as per the Rights of PWD Act 2016, the disability types have been raised to 21 as such the disabled population will be increased in many folds. There are actually over 2 billion individuals with a form of disability in the world, which is 37.5 percent of the world's population. PwDs are more likely to experience adverse socio-economic outcomes on average as a group than individuals without disabilities. Disability comes in many different ways, as we can see, and is advancing all over the globe. While some disabilities are acute, others, on the other hand, have a long-term impact on the daily actions of individuals.

The Ministry of Health and Family Welfare has provided guidance for the general public as well as health personnel, becoming the central nodal ministry on health issues to curb the spread of the disease in the form of information content for residents and frontline workers, advisory on mass meetings and social distancing, guidelines and procedures to be followed by hospitals including telemedicine practices for patient care, Helpline Numbers and Frequently Asked Questions.

While the entire population is affected by COVID-19, due to their physical, sensory and cognitive limitations, PwDs are

more vulnerable to the disease. As such, it is necessary to understand the specific requirements of their disability, their day-to-day actions, and to take suitable and appropriate measures to make sure their safety and security in circumstances of risk.

Under these cases, Section 8 of the Rights of PwD Act, 2016 provides equal security and safety for PwDs. It also includes emergency management agencies at the district/state/national level to take steps to include PwDs in, and keep them fully aware of, disaster management operations. These officials are mandatory in order to include the State Commissioner for PwDs affected during the disaster rehabilitation process.

Although all residents are subject to the rules provided by the Ministry of Health and Family Welfare and the Ministry of Home Affairs, due to their bodily, sensory, and cognitive limits, PwDs are more vulnerable to the infection, as recognized by the Department of Empowerment of People with Disabilities (DEPWD). The Ministry of Social Justice and Empowerment also mandated that all the government bodies in states and UTs should circulate information about Covid-19 for necessary actions under the Rights of PwDs Act, 2016. Although these recommendations are welcome, preparedness for the long term and mass recognition, accompanied by a multi-faceted strategy, are needed for their actual execution.

In addition, nodal departments are the state disabilities commissioners and have been directed to collaborate with other related organisations. However, these posts are not permanent in nature and there is a lack of supervision, planning, appropriate experience and motivation to execute action plans for employees.

CHALLENGES FACED:

While governments have taken dramatic measures, including giving their people various degrees of assistance, some parts of society that have been unintentionally excluded exist. One such community is PwD's. This is so much of how to stay well is advocated through epidemic has not taken into consideration the failure to obey these guidelines for persons who are immobile or dealing with mental disorders. In contrast to the non-disabled community, the lockdown has impacted PwDs disproportionately.

The containment measures of Corona virus, such as the fundamental concept of social distancing, hand washing, personal hygiene and self-isolation cannot be emulated by PwDs independently the ones who rely on the aid of others to cook, shower, and bathe. In addition, accessibility issues have restricted the PwDs to follow the measures and owing to the infectious aspect of the virus, many caregivers are afraid to offer their services. It is not possible to expect people with learning disabilities to cope with protective controls as they are highly dependent on their caretakers and attendants. Many PwDs have been stranded lonely in their homes because of the unavailability of passes, even in situations where caretakers and attendants have contracted the virus; there are no replacements for the disabled population. Many people with developmental disabilities and autistic people need daily treatment without worsening their condition. Ability to medicine, like groceries, has suffered a major hit, with many not getting adequate prescription supplies until the conclusion of the lockdown. This can have a major influence on physical and behavioural well-being at a time when systems and habits are shifting rapidly. In addition, visually disabled individuals manoeuvre their way through touch for mobility and function, thus raising their risk of infection. Most of the corona virus and public health information material available remains unavailable, which serves as a barrier,

particularly for people with hearing impairments and is also not open to the blind on government websites. Access to support systems like diagnostic and quarantine centres are inaccessible as they do not have basic amenities, such as lifts and disabled toilets. PwDs are at higher risk for underlying health conditions such as diabetes, pulmonary disorders, poor lower functioning of the diaphragm, etc., particularly those related to breathing function, function of the immune system, and heart illness. There is an acute blood flow shortage for patients with thalassemia that is harmful for their disease.

In India, the government must be more constructive

In India, any of the issues outlined above can be improved because of the lack of conducive environment and amenities including poverty and ignorance.

A recent study reveals that small advancement has been made in applying these recommendations, leaving individuals with varying abilities to rely on second-hand evidence, which may often be weakened or mistaken and deceptive. In television news, the lack of captions and sign language exchange further eliminates individuals with hearing impairments. Furthermore, those with inaccessibility or persons with hearing dysfunction who rely on lip-reading are not capable to converse with doctors and health professionals in this moment of distress.

Children and Students:

In reality, a significant percentage of multi-disabled children are very emotionally vulnerable. With no social contact outside family members and a lack of sports or play, they are left at home to inspire them to make this abrupt shift in their lives. Closure of special schools will have a considerable impact on the child's growth in the long run. There are no physical or other behaviours that aid in the growth of an infant. The absence of events will lead to a shift in the actions, development, and well-being of a child. A majority of students with disabilities are struggling to attend the online learning classes as they would not be able to compete and, because of their failure to access distance learning techniques, would fall behind in learning. It proved to be a big hurdle to them.

At this juncture it is better to supply the material in alternative formats, on recognising that as they are people with varying conditions; all children with disabilities should not be clubbed into one category.

Unemployed:

Today, two-thirds of PwDs in India are without a job and the most of the residual work in the unorganised industry as migrants or temporary labour. The homeless, temporary employees, seasonal workers, and beggars are a significant percentage of PwDs and the community that has been most seriously affected by job losses due to the lockdown.

The disruption has affected them very hard for those who support families, leaving them dependent on family members to take over. There are numerous young people with hearing impairments who have been working in supermarkets, restaurants, hospitals, as data entry operators in private offices, etc. They supported themselves, and often they even supported a partner and children. Not always are extended families in a position to offer support. It's not just a loss of income, as the financial damage faced by the employer may even cause them to lose their jobs.

On March 27, in light of the Covid-19 pandemic, the Ministry of Social Justice and Empowerment provided advice to states on the protection of PwDs. It also claimed that access to necessary food, water and medication should be provided to PwDs. But in the unorganised market, people with disabilities,

many of whom have lost their jobs overnight, are rarely possible to attain them. The guidelines don't address their concerns.

Women:

People with disabilities were facing their own quarantine, unseen and locked off from the rest of the planet, until the corona virus epidemic (Covid-19) upended the world. Now, there are walls closing in. Women with disabilities have struggled to get out of their homes while their families are unable to help them navigate on their own, and they are locked up again now. Many of the challenges are not exclusive to women, but they extend to all PwDs.

Employees:

The Government, on March 27, exempted employees with disabilities from reporting for duty during the lockdown. During the lockdown, PwD workers have faced several challenges, but did not have options for redress. There was no permanent replacement for the post of Chief Commissioner for PwD of the Ministry of Social Justice, and several of the State Commissioners, like Delhi, were vacant for months. Dr. Satendra Singh, a physician and rights activist, believed a long-term demand of PwD had been to allow working from home. At that time, all are used to be laughed at the idea of work from home, but now the whole world is encouraging to working from home.

The e-Office Mission Mode Project, is under the National e-Governance Plan, Department of Information Technology of India, was launched in 2008 with the expectation of converting the government office into a paperless office within a period of 5 years. E-office is a web programme that helps the government to simplify government agencies' whole job flow. Though the Government of India has issued the necessary instructions for the PWD employees to work from home during pandemic, it is true that a fully paperless office is yet to be a reality, but a many of departments of the government have to follow the e-Office. This will help in minimising person-to-person contact thereby reducing the scope for spreading of viruses like the novel corona virus (COVID-19). Secure access to e-Office would have helped the PWD employees in working from home during the lockdown but it is in vain.

Elders:

Even in pre-covid times, elder PwDs having aged health issues like diabetes, sugar, etc and as being wheel chair users living in worried conditions, without the significant knowledge of where their subsequently meal would come from, because of the freebies such as free ration and welfare pension plans, they survived. Many of these persons would have gone their lives because of hunger and illness without such freebies and pension assistance from the state. The issues pertaining to normal times increased in many folds in the time of a crisis like a pandemic, because then it becomes like a double punishment.

Needs to change:

While central and state governments, non-governmental organisations, CSRs, charitable organisations and kind-hearted individuals did their utmost during the COVID-19 crisis to assist these desperately disadvantaged individuals in India by extending support in different ways, still there is a need for major conceptual shift in strategy towards the disability at a policy level is needed to overcome the issues for PwDs in fast track mode from the medical model to the social model that can stimulate the approaches to the research and understanding of disability as a social and political experience and not just a medical health issue. An excellent collection of guidance was established by the Department for PwDs, but left it to the discretion of district and state level officers to act upon them.

The COVID-19 crisis is recent, and any crisis is, as they claim, an opportunity. The pandemic has presented the government with an incentive to reorient its health policies for the disability sector. In this context, the crisis of COVID-19 is an occasion to consider, reflect and redefine disability, taking into account the socio-economic and political paradigm associated with it, according to its viewpoint. Thus to advance social justice and making meaningfully inclusive communities for PwDs post pandemic, we need to be bold. We need to be innovative. During the COVID-19 crisis and beyond, we need to act together.

SUGGESTIONS:

The lack of concern points to immediate need to set up an influential unified regulatory body, close to other marginalised communities, as like the National Minority Commission and the National Women's Commission, have in place.

It is not necessary to overemphasise the need to fix this. We are still late in addressing the trauma and inconvenience faced by PwDs, and with sustained and swift intervention, this must be alleviated. A few of these measures contain:

- Strict steps should be taken by the Government of India to ensure that Section 8 of the RPWD Act 2016, which provides for fair treatment and safety of PwDs in situations of danger, military conflict, humanitarian crises and natural disasters, is regularly pursued.
- State authorities should ensure that food and groceries for PwDs are supplied at reasonable prices at home. Both critical facilities can be made available permanently, such as medicine, supply of blood and oxygen cylinders.
- Under the public distribution system (PDS) for unemployed PwDs, immediate cash assistance can be given.
- Information on Covid 19 for consumption by PwDs should be available in open formats, such as Braille and Indian Sign Language. Dedicated pages with relevant information for PwDs should be included in the Aarogya Setu app and information should be accessible in sign language.
- Both PwDs who can not only include details on Covid-19 but also expand telephone therapy sessions should be made available with an exclusive 24X7 helpline number.
- In working with PwDs, all the experts in the frontline should be educated. It should also include workers of diagnostic and quarantine facilities that are not discriminated against by PwDs.
- The status of health care workers should be provided to all caretakers, attendants and support personnel for PwDs, supplied with protective gear and removed from other lockdown measures. The appropriate authority must ensure that it satisfies its transport requirements.
- Adequate arrangement of services should be made for PwDs, including transport to and from testing and containment centres.
- Networks with counselling and social reinforcement can be made accessible online. In collaboration with disability rights groups, a data base can be established from the panchayat level onwards to provide counselling services to the disabled in need before and after the whole lockdown period.
- During disaster relief, the Disaster Management Authorities should have a State Commissioner for PwDs. To maintain inter-ministerial communications, the Commissioner should be in charge of all disability-related matters. In the absence of a state commissioner, the State Minister/Secretary for Social Justice and Empowerment should take up the issue.

Although these are times when everyone has to take care

about themselves and cautiously engage with others. It is also the time for society to become knowledgeable of the requirements of PwDs.

CONCLUSION:

As we can see, disability comes in many different forms and is progressing all over the world. At present, as per the Rights of PWD Act 2016, the types of disabilities have been increased from 7 to 21 as such the disabled population will be more than earlier percentage of census 2011 in India. Disability is different and unique for all the PwDs and that affect the everyday needs in the long term. It is incredibly hard for PwDs to continue the daily routine during the epidemic period. Particularly the measures of physical distancing, hand washing, personal hygiene, self-isolation independently, without the support of caretakers and attendants to eat, dress and bathe are not feasible. In addition, unavailability of access to the therapies, medication, groceries, diagnostic centres, quarantine centres, etc including the basic infrastructures like lifts, disabled friendly toilets have augmented the threat. The PwDs with underlying health conditions such as diabetes, pulmonary illnesses, weak lower diaphragm functioning, etc particularly those related to respiratory function, immune system function, heart disease, thalassemia patients and autistic people are more likely to be infected with Covid-19. The Government of India came up with an admirable set of instructions and action plan, but left it to the discretion of state and district authorities to proceed further upon them. Hence none of these policies are worked out most predominantly in the process of implementation. This is the time for community to identify, help, endorse and appreciate the criteria of PwDs. The responsibility falls with the regulatory and administrative authorities to resolve these deficiencies and to ensure that PwDs are included.

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