Too little, too few

An initial analysis of the social protection response to COVID-19 crisis for persons with disabilities in India.

Only 7.6% of working age persons with disabilities covered by Indira Gandhi Disability Pension (NSAP) used to provide COVID-19 relief, no coverage to children with disabilities

May 2020
Key messages

COVID 19 has led to a socio-economic slowdown that has affected the population in general, but has had a catastrophic impact on persons with disabilities\(^1\). Persons with disabilities experience loss of income and work, loss of support services, inaccessibility of information and services including health related services and a lack of protocol to support in case of health emergency due to the virus. Social protection measures for persons with disabilities prove to be inadequately resourced at 0.03% of GDP (Union and states spending). It is recommended that the Union and State Governments adopt measures including:

a. Ensuring the accessibility of information and communication including availability of sign language interpreters and services.
b. Immediately mobilising maximum available resources to ensure that persons with disabilities receive adequate support, not less than 5000 INR / Month to reflect the catastrophic loss of income and significant increase of basic and disability related costs. This has to done for all beyond NSAP beneficiaries. The basic income ceiling for accessing benefits should be removed and coverage should include:
   - All beneficiaries of State schemes
   - Holders of disability cards and
   - Children with disabilities.
c. Expanding the registration of persons with disabilities to all states and issuing a temporary certificate at the local level/panchayat for persons with disabilities so that they can benefit from relief support during COVID-19 response and recovery and other emergency situations. Effective appeal mechanisms should be put in place alternatively.
d. Further compensation of additional costs of disability especially for children with disabilities and persons with high support requirements, through any available schemes at union and/or state level.
e. Recognising, supporting and scaling up community-based rehabilitation and support services, including by providing grants to DPOS and NGOS who provide such services.
f. Urgently consulting and considering demands and effectively coordinating with persons with disabilities through their representative organisations to address the massive gaps in support and relief.
g. Ensuring inclusion of persons with disabilities in the rural and urban livelihood mission program, skill development programs by ensuring responsive design of the program.
h. Collecting data at all levels on persons with disabilities.

Impact of the COVID-19 pandemic on persons with disabilities

The COVID-19 pandemic has come down heavily on the ailing health sector, where public spending on health amounts to only 1.29% of GDP for the financial year 2020. The current focus of the Government is towards prepare the health system to face the worst. As a major step forward, the government has decided to implement a nationwide lock down and impose a restriction on the movement of people, as practiced in many countries of the world, from 24 March 2020\(^1\).

The lack of preparation for the lockdown has an adverse impact on the socio-economic status of many marginalized groups including migrant workers, daily wage labourers, small and medium entrepreneurs, those engaged in public works\(^2\), children, particularly homeless children\(^3\) and those in rural areas\(^4\) and persons with disabilities\(^5\). The specific impact upon persons with disabilities and their family members has been particularly harsh:

a. Persons with disabilities and their family members who are part of the informal sector are disproportionately impacted due to loss of work and income. Poverty coupled with social stigma has lead persons with disabilities getting limited share of food, in some cases resulting in starvation and death\(^6\).

b. Government efforts are inconsistent with the guidelines\(^7\) to ensure accessibility of information related to the pandemic and the mitigation measures for persons with

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\(^1\) Puja Mehra, ”India’s economy needs big dose of health spending”, LiveMint, 8 April 2020  
\(^2\) ET Online,”Full speech: PM Modi announces nationwide lockdown to fight coronavirus pandemic” The Economic Times, 24 March 2020  
\(^3\) Aruna Roy, Nikhil Dey, “Locking Down two different Indias”, 31 March 2020, The Hindu,  
\(^4\) Kunal Purohit, “India COVID-19 lockdown means no food or work for rural poor”, Al Jazeera, 3 April 2020,  
\(^5\) Geeta Pandey, ”Coronavirus: The children struggling to survive India’s lockdown”, BBC News, 11 April 2020,  
\(^6\) Chandan Nandy, ”No Safe Haven: Children in Rural India May be at Risk of Trafficking due to COVID-19 Crisis”, News 18, 9 April 2020  
\(^8\) Abhishek Angad, ”’Daughter did not die of hunger’: Jharkhand couple’s thumb impression taken on paper”, The Indian Express, 11 April 2020,  
visual impairment\textsuperscript{11}, Deaf, hard of hearing people, deaf blind people\textsuperscript{12}, persons with psychosocial disabilities and persons with intellectual disabilities.

c. Lack of adequate data on persons with disabilities at all levels has adversely impacted the delivery of services by the responsible agencies in most part of the country.

d. There has been no consideration given to the requirements of maintenance of assistive devices and equipment which has caused fear of losing mobility\textsuperscript{13}

e. Persons with chronic medical conditions requiring interventions including blood transfusion, dialysis and medicines, experience restriction in access to these services due to lock down\textsuperscript{14} and lack of protocol for support.

f. Safety Kits and precautionary information to support persons with disabilities in case of sickness due to the virus are not provided to family members who provide support services. Union and state governments are yet to announce alternative support services for persons with disabilities in the event of family members getting infected\textsuperscript{15}.

g. The availability of personal assistants and care service providers are restricted due to lack of clear guidelines\textsuperscript{16}.

h. Government is yet to announce protocol ensuring accessibility of health services including priority services for person with disabilities impacted by COVID-19.

i. As the situation in other countries hit earlier by COVID 19 has shown, institutions and care homes could be potential hotspots for massive infection. In the event of closure of these institutions and repatriation of individuals to their families, this should be accompanied by support for the individual and the family\textsuperscript{17} to make this sudden transition by compensating the additional costs to the family with both in cash and in-kind support, in collaboration with NGOs. This may require specific temporary measures by the Government as persons with disabilities in Government run institutions do not access socio-economic inclusion programs and other social protection schemes.

\textsuperscript{11} As shared by Ketan Kothari, during our interview for this purpose, date 10.04.2020
\textsuperscript{13} As shared by Arman Ali, NCPEDP in an interview for this purpose dated 10.04.2020
\textsuperscript{15} As shared by DPOs during the interview on 10.04.2020
\textsuperscript{17} As shared by Pavan Muntha, Swadhikar Andhra and Nandini, West Bengal in an interview for this purpose dated 10.04.2020. It was shared that persons with disabilities in institutional set up are sent home without any support and information and many of them are stranded and DPOs had to intervene.
Pre-existing barriers and inequalities for persons with disabilities

The Census of 2011\textsuperscript{18} states that persons with disabilities constitute at least 2.21\% of the population of the country. 44.10\% of this population are women with disabilities. The following table compares the situation of persons with disabilities with the general population regarding employment and working status.

Table 1: Profile of Persons with disabilities in comparison to the general population as per census2011

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Persons with disabilities (in %)</th>
<th>General Population (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-worker Population (including student population)</td>
<td>63.67</td>
<td>60</td>
</tr>
<tr>
<td>Non-worker population (excluding student population)</td>
<td>46.36</td>
<td>34.99</td>
</tr>
<tr>
<td>Main worker\textsuperscript{19}(of all age group)</td>
<td>26</td>
<td>29.94</td>
</tr>
<tr>
<td>Marginal workers\textsuperscript{20} (of all age group)</td>
<td>11</td>
<td>9.85</td>
</tr>
<tr>
<td>Those who receive Pension</td>
<td>4</td>
<td>1.13</td>
</tr>
<tr>
<td>Illiteracy</td>
<td>45.48</td>
<td>36.93</td>
</tr>
<tr>
<td>Illiteracy among women</td>
<td>55.44</td>
<td>44.02</td>
</tr>
<tr>
<td>Non-worker population among women</td>
<td>60</td>
<td>19.84</td>
</tr>
</tbody>
</table>

Source: Census 2011

69.49\% of the population of persons with disabilities live in rural areas. 2 million families have more than one person with disability in the household. Social protection measures do not take into consideration the restrictions experienced by these families in terms of additional costs and loss of family income. This exacerbates the risk of further marginalisation of these families.

Existing social protection programs for persons with disabilities have low coverage. Data released by the Government has shown that only 7.60\% of working age persons with disabilities are covered by NSAP\textsuperscript{21}, and coverage of State schemes is at 42.78\%. Even where there is coverage, adequacy of these schemes is questionable. The average value of the contribution across states is less than 25\% of the poverty line Only 15\% of beneficiaries


\textsuperscript{19} As per census 2011 main workers are those who have jobs for more than 6 months in a year.

\textsuperscript{20} having work ranging from less than 3 months to less than 6 months in a year

\textsuperscript{21} National Social Assistance Programme. This comprises of five schemes:
- Indira Gandhi National Old Age Pension Scheme,
- Indira Gandhi National Widow Pension Scheme,
- Indira Gandhi National Disability Pension Scheme (IGNDPS),
- National Family Benefit Scheme and
- Annapurna
receive more than 2000 INR (26 USD) per month\textsuperscript{22}. Both of these features are reflected in the relative budget allocation – disability related social protection schemes amount to only 0.2\% of the total disbursements and 0.04\% relative to the GDP\textsuperscript{23}.

The main social programs that are generally available for persons with disabilities in most of the States include:

Table 2: Social Protection programs for persons with disabilities at both Union and State levels

<table>
<thead>
<tr>
<th>Name of the Programs</th>
<th>Design</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work &amp; Employment</strong> (MGNREGA\textsuperscript{24})</td>
<td>100 days guaranteed job for all in rural areas. Persons with disabilities are identified as one of the target groups – workplace accommodations are also part of the guidelines</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Housing for all – mandates at least 3% allocation for persons with disabilities. The scheme requires a beneficiary to have their own land and is premised on self-construction</td>
</tr>
<tr>
<td><strong>The National Social Assistance Programme (NSAP)</strong></td>
<td>Indira Gandhi National Disability Pension Scheme (IGNDPS) Eligibility: Individuals aged 18 years and above assessed to have more than 80% disability and living below the poverty line and are not employed. Amount: ₹300 (US$4.20) per month. Top-up can be provided by few states with their own resources which range from no addition (Bihar) to ₹2000 (Andhra Pradesh)</td>
</tr>
<tr>
<td><strong>Health care costs coverage</strong></td>
<td>Union Health Insurance program (Swavalamban health insurance) coverage up to ₹ 200,000 with 10% of premium contributed by the family. Coverage for 1 year.\textsuperscript{25} Some States include persons with disabilities under the State Government Insurance program. Measures include a relaxation on the income ceiling eligibility for these programmes. Persons with disabilities are also considered as a single unit as opposed to part of a family to increase overall coverage, for instance, in Tamil Nadu.</td>
</tr>
<tr>
<td><strong>Self-Employment/ Livelihood</strong></td>
<td>Loan Subsidy Interest Subsidy Skill development supply of equipment for self-employment</td>
</tr>
<tr>
<td><strong>State level cash transfer</strong></td>
<td>Maintenance Allowance (Tamil Nadu) State top up over and above the Union NSAP Marriage allowance Care giver allowance - Kerala</td>
</tr>
<tr>
<td><strong>Assistive Device</strong></td>
<td>Wheel chairs Canes/ Tricycles goggles Adapted scooters</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Scholarships and Stipends</td>
</tr>
<tr>
<td><strong>Publicly funded community support services</strong></td>
<td>Only Kerala offers personal assistance in few districts CBR programs exist in many states but mostly NGOs funded</td>
</tr>
<tr>
<td><strong>Rehabilitation centres and institutions</strong></td>
<td>Grants for rehabilitation centres Homes for persons with intellectual impairment Rehab homes for persons with psychosocial disability</td>
</tr>
</tbody>
</table>

\textsuperscript{22} See Annexure 2
\textsuperscript{23} See Annexure 1
\textsuperscript{24} Mahatma Gandhi National Rural Employment Guarantee Act
COVID 19 response measures and persons with disabilities

In the wake of the pandemic and the lockdown, major social protection measures were announced by the Union Government, which include:

- Cash transfers (extra payment) to the NSAP beneficiaries (old age pension, disability pension, widow pension and all women with Jan Dhan accounts)
- Supply of rations through the public distribution system for those with ration cards
- Waiver of loans, enhancing the credit limits and moratoriums for bank loans and interest subsidies.

The efforts focus on the small and medium enterprises and those in informal employments. The State Governments have also taken specific measures to support marginalised groups, sometimes including persons with disabilities.

Specific measures announced for persons with disabilities so far by the Union and the State Governments include cash transfers, food kits and services. The following table presents those Union and State level measure as of the 8th of May 2020 and provides the initial reaction of the disability movement to those initiatives. Effort has been made to understand the relief measures and their level of implementation across the country by interviewing key leaders of the disability movement in selected states. All States that have specifically mentioned persons with disabilities in their relief schemes are included.

Table 3: COVID 19 specific social protection announcements across States and Union with initial reaction of the disability movement

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26 Response to COVID -19, Series-2, Policy Response of Union and State Governments as on 06 April 2020, School of Public Policy and Governance, TATA Institute of Social Studies, Hyderabad
28 Response to COVID -19, Series-2, Policy Response of Union and State Governments as on 06 April 2020, School of Public Policy and Governance, TATA Institute of Social Studies, Hyderabad
30 Ibid.
31 Links provided in table below
32 Further updates at the various levels of Government will be compiled by the Centre for Inclusive Policy and released in the form of bulletins.
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Name of the States</th>
<th>Measures announced</th>
<th>Initial reaction of the disability movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. One off top up to NSAP Pension for those who already receive pension segregated in 3 instalments 2. Guideline for ensuring accessibility and support services during the emergency period for persons with disability</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Kerala34</td>
<td>1. Food Kit 2. Hot cooked food 3. Kerala top up to NSAP Pension in advance35</td>
<td>The disability movement is happy with the implementation plan. The food kits and hot cooked food are Universal and so reaches all. The disability pension has already been transferred</td>
</tr>
<tr>
<td></td>
<td>Tamil Nadu36</td>
<td>1. 2 month’s maintenance allowance to be paid in advance37 2. Help line for in kind service and rehabilitation services</td>
<td>The distribution of extra payment pension and maintenance allowance is slow and only a couple of districts are covered so far. Helpline somehow is responsive in urban areas but many people in rural areas are either not informed or can’t get through to helpline or do not get the support that they have requested.</td>
</tr>
<tr>
<td></td>
<td>Himachal Pradesh38</td>
<td>State specific disability allowance – advance payment of the first quarter</td>
<td>The resources have already been transferred</td>
</tr>
</tbody>
</table>


35 Dr Thomas Isaac, Kerala Finance Minister, “55 lakh old aged, differently abled and widows in Kerala have been paid ₹ 8500 each. Kerala government has now embarked on a mission to provide ₹1000 to 5000 to 46 lakh persons on register of Labor Welfare Funds. Total Social Security in times of Covid is the slogan.” Twitter, 7 April 2020 https://twitter.com/drthomasisaac/status/1247575526645116928 last visited on 8 May 2020.


37 Proc. No. 3000/GRH2020 dated 01.04.2020

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delhi&lt;sup&gt;39&lt;/sup&gt;</td>
<td>Advance payment of 2 months pension with the usual state top-up</td>
<td>Uneven distribution with issues in accessing banks as well as lack of cash payment points for those without bank account</td>
</tr>
<tr>
<td>Karnataka&lt;sup&gt;40&lt;/sup&gt;</td>
<td>No specific announcement for persons with disabilities by the State.</td>
<td></td>
</tr>
<tr>
<td>Maharashtra&lt;sup&gt;41&lt;/sup&gt;</td>
<td>Helpline for counselling</td>
<td>Huge back-log for the regular payment of NSAP pension has not been cleared. Helpline seems to be highly dysfunctional. The reach of jan dhan accounts are not consistent.</td>
</tr>
<tr>
<td>Andhra&lt;sup&gt;42&lt;/sup&gt;</td>
<td>No specific announcement for persons with disabilities</td>
<td></td>
</tr>
<tr>
<td>Jammu &amp; Kashmir&lt;sup&gt;43&lt;/sup&gt;</td>
<td>Pension in advance for 3 months.</td>
<td>Amount is transferred</td>
</tr>
<tr>
<td>Assam&lt;sup&gt;44&lt;/sup&gt;</td>
<td>No specific announcement for persons with disabilities</td>
<td>Disaster response group has ensured that all information related to COVID is in accessible format.</td>
</tr>
<tr>
<td>West Bengal&lt;sup&gt;45&lt;/sup&gt;</td>
<td>No specific announcement for persons with disabilities</td>
<td>The general helpline is not accessible</td>
</tr>
<tr>
<td>Odisha&lt;sup&gt;46&lt;/sup&gt;</td>
<td>Government has announced to pay 4 months disability pension with state top up depending on the nature of disability.</td>
<td>Advance payment of pension does not compensate the loss of income of the individual or the family and people fear it might turn out to be deterrent on those months when they will not have anything. Those with ration cards are getting food provisions. At the District level through SHG&lt;sup&gt;47&lt;/sup&gt;’s cooked food are supplied based on the collector’s order. Women with disabilities are getting the women's allowance announced by the Union Government is transferred to their jan dhan account ₹ 500.</td>
</tr>
</tbody>
</table>


<sup>40</sup> As shared by DPOs during our interview on 10.04.2020

<sup>41</sup> As shared by persons with disabilities during our interview on 10.04.2020

<sup>42</sup> As shared by persons with disabilities during our interview on 10.04.2020

<sup>43</sup> As shared by persons with disabilities during our interview on 10.04.2020

<sup>44</sup> As shared by persons with disabilities during our interview on 10.04.2020

<sup>45</sup> As shared by persons with disabilities during our interview on 11.04.2020

<sup>46</sup> As shared by persons with disabilities during our interview on 10.04.2020

<sup>47</sup> Self Help Groups
Overall gaps in emergency response

As seen, the COVID 19 relief for persons with disabilities has mostly been in the form of advance payment of the existing disability allowances and pension across States. There is no evidence of specific cash transfers committed by the States in addition so far.

The value of the emergency cash transfer by the Union Government works out to only USD 14 per person for 3 months in and covers only 7.6% of working age adults with disabilities. When states specific schemes are considered, the coverage is 42% of working age adults with disabilities. The State’s contribution would amount to a small increment to this value wherever there is a top up. This top up varies across States. It is observed that 26 States cover only 15% of the non-worker population\(^{48}\) of persons with disabilities and only one state covers 65% of the population. The following graph explains the critical coverage gaps of the pension across states\(^{49}\).

The value of the transfer remains at 20% of the $1.9/ day poverty line\(^{50}\) in 22 States. The Graph below explains the status of transfer value of pension as opposed to poverty line:

\(^{48}\) Refer Table 2 of this report

\(^{49}\) Refer to Table 5 in Annexure 2 of this report

\(^{50}\) Refer to Table 5 in Annexure 2 of this report
A large proportion of population in informal employment do not have ration cards, which is a mandate for supplying provisions / food kit\textsuperscript{51}. Therefore, it is likely that the pension will only be used for securing food for the family without any cash available for emergencies. Only the State of Kerala has adopted a universal approach for ensuring food security in this emergency.

Access to most of the other existing social protection programs has been stalled. Lack of convergence between Ministry of Human Resource Development and Department for the Empowerment of Persons with Disabilities and lack of clear guidelines on support has adversely impacted children with disabilities without access to any form of services\textsuperscript{52}. There are sporadic instances of NGOs opening online services for their members\textsuperscript{53}. Lack of community-based support services including personal assistance services further isolates with an additional burden on the health of persons with disabilities.

Conclusion & Recommendations

The economic slowdown and recession have led to large scale migration for those in the informal employment sectors, which is the majority of the working population of India, back to their home towns. Returning back to work for those persons is going to be difficult\textsuperscript{54}. This implies an overall adverse socio-economic impact especially for persons with disabilities. Lack of rehabilitation services, support services, other community services, income and jobs will result in abject poverty, poor health and further disability. The cycle of poverty, health and disability will become even more vicious and persons with disabilities will be pushed further to the margins particularly persons with disabilities from other marginalized groups like women, children, and other social groups.

Short Term Recommendations:

1. Union and all States should immediately mobilise maximum available resources to ensure that persons with disabilities receive adequate cash and in-kind support,


which should not be less than 5000 INR / Month to reflect the catastrophic loss of income and significant increase of basic and disability related costs.

2. All states must enable expansion of registration of persons with disabilities and issue a temporary certificate at the local level/panchayat for persons with disabilities so that they can benefit from relief support during COVID-19 response and recovery and other emergency situations. An effective appeal mechanism against denial or dissatisfaction with the certification should also be put in place.

3. All public entities must ensure accessibility of all information and communication services, availability of sign language interpreters, tactile interpreters, health services with clear protocol for supporting persons with disabilities during the emergency implemented all across the country. The specific services initiated by the Government such as helpline must comply with universal design standards to meet the requirement of all persons with disabilities including the Deaf and the deafblind persons and persons with learning and intellectual disabilities.

4. States must ensure compensation of additional costs of disability particularly for persons with high support requirements, women and children with disabilities, and also ensure that persons with disabilities who are entitled to other forms of social protection related to their gender or other social identity have access to those schemes and programmes as well to address the multiple and intersectional forms of discrimination they face.

5. Ensuring support services and assistive devices including devices such as braille devices and smart phones, AAC devices available at all levels and not just in cities and district headquarters.

6. The concerned authorities must ensure supplies of products such as diapers, catheters, urine bags, disposable sheets, bandages, cotton, medicines and services such as blood transfusion, dialysis, counselling and other lifesaving services.

7. Union, State and local governments must organize effective consultation with persons with disabilities and their representative organisations in planning the response and recovery strategies for persons with disabilities as mentioned in the National Disaster Management Guideline on disability Inclusive Disaster Risk Reduction55.

8. Disability focal points must be appointed as close to the community as possible.

Long Term Recommendations:

1. Due consideration should be given to universal and categorical disability support cash transfer.

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2. Social protection programs particularly cash transfers could be designed based on the Rangarajan committee report on poverty measurement\textsuperscript{56} and the ILO \textbf{recommendation of $1.90/day}. The social protection measures must be ensured for all persons with disabilities irrespective of the nature and extent of impairment. Due consideration should be given to disability related costs that persons with disabilities face in addition to generic household consumptions goods and services.

3. The Government must enhance and strengthen \textbf{community-based rehabilitation and support services}. So far, this service has been extended by NGOs in few States of the country. Government has to activate its commitment to CBR in a mission mode\textsuperscript{57}. The Government should arrive at a comprehensive policy to ensure effective \textbf{transition of persons with disabilities living in institutions} to move into community living arrangements based on their choices.

4. Initiatives must be taken to ensure \textbf{skill development, local employment}, making the public works (MGNREGA) accessible and more inclusive and innovations within the local industries and establishments and markets leading to \textbf{income generation}. The rural and urban livelihood mission should be strengthened to be responsive to effectively include persons with disabilities.

5. National Disaster Management Guidelines on Disability Inclusive Disaster Risk Reduction, September 2019\textsuperscript{58} must be reflected in the \textbf{State’s disaster response and recovery strategies}. Though few states like Assam\textsuperscript{59} are ensuring accessible information, the guideline has to be followed in the rest of the States.

6. Budget allocation for social protection towards persons with disabilities should be enhanced significantly to achieve \textbf{required coverage and adequacy}.

7. Take steps to enhance measures to \textbf{collect data on persons with disabilities}.


\textsuperscript{58} Id at 50

\textsuperscript{59} Refer Table 3 above
Annexure 1: Key public expenditures for support to persons with disabilities in India 2019-2020 initial budget estimates (pre COVID 19)

Table 4: Disbursements to social protection programs for inclusion of persons with disabilities and its ration to overall disbursements and GDP

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>Union (₹ in billion)</th>
<th>All States (₹ in billion)</th>
<th>Total (₹ in billion)</th>
<th>% to total Public Spending</th>
<th>% to GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Protection</td>
<td>8.274</td>
<td>66.166</td>
<td>74.440</td>
<td>0.1757</td>
<td>0.0341</td>
</tr>
<tr>
<td>Cash Transfer</td>
<td>2.474</td>
<td>61.357</td>
<td>63.832</td>
<td>0.15</td>
<td>0.03</td>
</tr>
<tr>
<td>Assistive devices</td>
<td>2.90</td>
<td>0.997</td>
<td>3.897</td>
<td>0.009</td>
<td>0.001</td>
</tr>
<tr>
<td>Institutions</td>
<td>1.928</td>
<td>1.929</td>
<td>3.857</td>
<td>0.0048</td>
<td>0.0009</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2.90</td>
<td>1.882</td>
<td>4.782</td>
<td>0.0119</td>
<td>0.0022</td>
</tr>
<tr>
<td>Employment &amp; Training</td>
<td>0.41</td>
<td>0.497</td>
<td>0.909</td>
<td>0.0022</td>
<td>0.0003</td>
</tr>
<tr>
<td>skill development/subsidies</td>
<td>0.412</td>
<td>0.413</td>
<td>0.826</td>
<td>0.002</td>
<td>0.0003</td>
</tr>
<tr>
<td>Labour &amp; Employment</td>
<td>0.083</td>
<td>0.083</td>
<td>0.083</td>
<td>0.0002</td>
<td>N.A</td>
</tr>
<tr>
<td>Education</td>
<td>10.67</td>
<td>5.284</td>
<td>15.950</td>
<td>0.0392</td>
<td>0.0074</td>
</tr>
<tr>
<td>Special Schools &amp; scholarships</td>
<td>4.556</td>
<td>4.556</td>
<td>9.112</td>
<td>0.0111</td>
<td>0.0021</td>
</tr>
<tr>
<td>Department School Education</td>
<td>10.67</td>
<td>0.629</td>
<td>11.295</td>
<td>0.028</td>
<td>0.0053</td>
</tr>
<tr>
<td>Higher Education</td>
<td>0.099</td>
<td>0.099</td>
<td>0.099</td>
<td>0.0002</td>
<td>N.A</td>
</tr>
<tr>
<td>TOTAL *</td>
<td>19.3561</td>
<td>71.947</td>
<td>91.298</td>
<td>0.2171</td>
<td>0.0418</td>
</tr>
</tbody>
</table>

Source: Data collated by CIP from the various budget documents of India

*Union Government contributed to only 21.20% of the social protection allocation towards persons with disabilities. The rest comes from the State Governments. Even from among the State Government 56% of the total is contributed by 7 States out of the 30 States and 7 Union Territories.

**The NSAP contribution is inadequate even to cover the approved beneficiaries. The total beneficiaries 1021906, the cost of which would to amount to at least ₹366.88 crore (36.68 billion). However, the actual allocation for the year 2019-20 was ₹247.4 crore (24.74 billion).
### Annexure 2: Coverage of union and state schemes and persons with disabilities

#### Table 5: Number of beneficiaries, coverage and value of IGNDP-NSAP and states schemes for persons with disabilities

<table>
<thead>
<tr>
<th>Andaman &amp; Nicobar</th>
<th>IGNDP &amp; NSAP Beneficiaries</th>
<th>IGNDP-NSAP Beneficiaries &amp; States Schemes</th>
<th>Coverage of Working Age Persons With Disabilities</th>
<th>Coverage All Persons with Disabilities</th>
<th>Coverage All Working Age Adults</th>
<th>Value Of IGNDP + State Top-Up Cash Transfer INR</th>
<th>% Of The Monthly Poverty Line of INGDP NSAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>3</td>
<td>0.08%</td>
<td>0.08%</td>
<td>0.05%</td>
<td>2,000.00</td>
<td>50.13</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>12</td>
<td>96</td>
<td>2.70%</td>
<td>51.94%</td>
<td>1.43%</td>
<td>2,743.00</td>
<td>75.19</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>112</td>
<td>796</td>
<td>0.84%</td>
<td>5.94%</td>
<td>0.42%</td>
<td>2,980.00</td>
<td>50.13</td>
</tr>
<tr>
<td>Assam</td>
<td>36766</td>
<td>15,1877</td>
<td>15.49%</td>
<td>64.00%</td>
<td>7.66%</td>
<td>31.64%</td>
<td>75.19</td>
</tr>
<tr>
<td>Bihar</td>
<td>120,563</td>
<td>120,563</td>
<td>11.42%</td>
<td>11.42%</td>
<td>5.17%</td>
<td>5.17%</td>
<td>75.19</td>
</tr>
<tr>
<td>Chandigarh</td>
<td>100</td>
<td>4015</td>
<td>1.20%</td>
<td>48.32%</td>
<td>0.68%</td>
<td>27.14%</td>
<td>75.19</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>32,260</td>
<td>32,260</td>
<td>10.86%</td>
<td>10.86%</td>
<td>5.16%</td>
<td>5.16%</td>
<td>75.19</td>
</tr>
<tr>
<td>Dadra Nagar Haveli</td>
<td>142</td>
<td>142</td>
<td>8.20%</td>
<td>8.20%</td>
<td>4.31%</td>
<td>4.31%</td>
<td>75.19</td>
</tr>
<tr>
<td>Damodar Dhu</td>
<td>580</td>
<td>580</td>
<td>15.96%</td>
<td>15.96%</td>
<td>8.71%</td>
<td>8.71%</td>
<td>75.19</td>
</tr>
<tr>
<td>Delhi</td>
<td>6321</td>
<td>75724</td>
<td>5.11%</td>
<td>61.21%</td>
<td>2.69%</td>
<td>32.24%</td>
<td>75.19</td>
</tr>
<tr>
<td>Goa</td>
<td>62</td>
<td>62</td>
<td>0.35%</td>
<td>0.35%</td>
<td>0.19%</td>
<td>0.19%</td>
<td>75.19</td>
</tr>
<tr>
<td>Gujarat</td>
<td>12384</td>
<td>25,1870</td>
<td>14.3%</td>
<td>43.24%</td>
<td>1.13%</td>
<td>23.06%</td>
<td>75.19</td>
</tr>
<tr>
<td>Haryana</td>
<td>34386</td>
<td>186,318</td>
<td>12.54%</td>
<td>67.93%</td>
<td>6.29%</td>
<td>34.10%</td>
<td>75.19</td>
</tr>
<tr>
<td>Himachal</td>
<td>851</td>
<td>851</td>
<td>1.13%</td>
<td>1.13%</td>
<td>0.55%</td>
<td>0.55%</td>
<td>75.19</td>
</tr>
<tr>
<td>Jammu &amp; Kashmir</td>
<td>2674</td>
<td>2674</td>
<td>1.52%</td>
<td>1.52%</td>
<td>0.74%</td>
<td>0.74%</td>
<td>75.19</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>25,601</td>
<td>25,601</td>
<td>7.11%</td>
<td>7.11%</td>
<td>3.32%</td>
<td>3.32%</td>
<td>75.19</td>
</tr>
<tr>
<td>Karnataka</td>
<td>44,298</td>
<td>90,0000</td>
<td>6.21%</td>
<td>126.12%</td>
<td>3.35%</td>
<td>67.97%</td>
<td>75.19</td>
</tr>
<tr>
<td>Kerala</td>
<td>20,4155</td>
<td>40,7412</td>
<td>49.22%</td>
<td>98.22%</td>
<td>26.80%</td>
<td>53.48%</td>
<td>75.19</td>
</tr>
<tr>
<td>Lakshadweep</td>
<td>66</td>
<td>66</td>
<td>7.21%</td>
<td>7.21%</td>
<td>4.09%</td>
<td>4.09%</td>
<td>75.19</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>107,221</td>
<td>220,857</td>
<td>14.25%</td>
<td>29.36%</td>
<td>6.91%</td>
<td>14.23%</td>
<td>75.19</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>8724</td>
<td>81,6389</td>
<td>12.54%</td>
<td>50.92%</td>
<td>0.29%</td>
<td>27.55%</td>
<td>75.19</td>
</tr>
<tr>
<td>Manipur</td>
<td>11,46</td>
<td>1325</td>
<td>3.64%</td>
<td>4.21%</td>
<td>1.96%</td>
<td>2.26%</td>
<td>75.19</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>1521</td>
<td>1521</td>
<td>7.21%</td>
<td>7.21%</td>
<td>3.43%</td>
<td>3.43%</td>
<td>75.19</td>
</tr>
<tr>
<td>Mizoram</td>
<td>717</td>
<td>717</td>
<td>8.45%</td>
<td>8.45%</td>
<td>4.73%</td>
<td>4.73%</td>
<td>75.19</td>
</tr>
<tr>
<td>Nagaland</td>
<td>1,201</td>
<td>1,276</td>
<td>8.17%</td>
<td>8.68%</td>
<td>4.05%</td>
<td>4.31%</td>
<td>75.19</td>
</tr>
<tr>
<td>Odisha</td>
<td>8,9057</td>
<td>8,9057</td>
<td>14.73%</td>
<td>14.73%</td>
<td>6.99%</td>
<td>6.99%</td>
<td>75.19</td>
</tr>
<tr>
<td>Puducherry</td>
<td>1286</td>
<td>1286</td>
<td>7.11%</td>
<td>7.11%</td>
<td>4.26%</td>
<td>4.26%</td>
<td>75.19</td>
</tr>
<tr>
<td>Punjab</td>
<td>4698</td>
<td>15,3698</td>
<td>1.31%</td>
<td>42.93%</td>
<td>0.72%</td>
<td>23.50%</td>
<td>75.19</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>2,9498</td>
<td>54,0901</td>
<td>4.63%</td>
<td>84.99%</td>
<td>1.89%</td>
<td>34.56%</td>
<td>75.19</td>
</tr>
<tr>
<td>Sikkim</td>
<td>459</td>
<td>459</td>
<td>4.25%</td>
<td>4.25%</td>
<td>2.48%</td>
<td>2.48%</td>
<td>75.19</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>57,201</td>
<td>29,4671</td>
<td>8.06%</td>
<td>41.51%</td>
<td>4.85%</td>
<td>24.97%</td>
<td>75.19</td>
</tr>
<tr>
<td>Telangana</td>
<td>23,357</td>
<td>49,1480</td>
<td>7.60%</td>
<td>42.78%</td>
<td>3.81%</td>
<td>21.44%</td>
<td>75.19</td>
</tr>
<tr>
<td>Tripura</td>
<td>1783</td>
<td>4,240</td>
<td>5.17%</td>
<td>12.30%</td>
<td>2.77%</td>
<td>6.59%</td>
<td>75.19</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>7,3213</td>
<td>20,7828</td>
<td>3.84%</td>
<td>10.91%</td>
<td>1.76%</td>
<td>5.00%</td>
<td>75.19</td>
</tr>
<tr>
<td>Uttarakhand</td>
<td>2,822</td>
<td>74,703</td>
<td>3.19%</td>
<td>84.38%</td>
<td>1.52%</td>
<td>40.32%</td>
<td>75.19</td>
</tr>
<tr>
<td>West Bengal</td>
<td>66,440</td>
<td>66,440</td>
<td>6.04%</td>
<td>6.04%</td>
<td>3.29%</td>
<td>3.29%</td>
<td>75.19</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>102,1906</strong></td>
<td><strong>574,9462</strong></td>
<td><strong>7.60%</strong></td>
<td><strong>42.78%</strong></td>
<td><strong>3.81%</strong></td>
<td><strong>21.44%</strong></td>
<td><strong>75.19</strong></td>
</tr>
</tbody>
</table>
Note 1: Telangana got bifurcated from Andhra Pradesh only after census 2011 so no separate data, so coverage data have been clustered

Note 2: Sources for the column “IGN-NSAP And States Schemes Beneficiaries”

Union NSAP: All district report http://nsap.nic.in/login/dashboard.do?methodName=get656District

State wise, where available (all links last visited 8 May 2020)


Andhra YSR Pension Karuaka, https://ssspensions.ap.gov.in/

Arunachal Pradesh National Social Assistance Programme (NSAP) http://sjeta.arunachal.gov.in/site_main/index.php/main/pg/nsap

Assam Disability Pension Scheme – Assam https://newzhook.com/story/19179/

Bihar Kishanganj Schemes https://kishanganj.nic.in/schemes/ Bihar has a disability pension scheme to cover those who are not under the IGNDP but the amount is the same as the IGNDP pension.

Chandigarh Pension to the disabled persons http://chdsw.gov.in/?q=content/pension-disabled-persons

DBT Schemes http://chdpeo.gov.in/?q=content/dbt-schemes


Gujarat Indira Gandhi National Disability Pension Scheme (IGNDPS) and Saint Surdas Scheme (Scheme for financial assistance to severely Disable persons) https://sj.gov.gujarat.gov.in/ddsd/showpage.aspx?contentId=1577&lang=English


Karnataka Presentation on Implementation of Social Security Schemes in Karnataka State, https://rural.nic.in/sites/default/files/Karnataka-NSAP%20PRC.pdf See also http://www.dwdsc.kar.nic.in/docs/orders/060.pdf Those below 75% disability Rs. 400 is paid per month as pension and those above 75% are paid Rs.1000 per month.


Madhya Pradesh Madhya Pradesh State Pension Portal http://pensions.samagra.gov.in/Reports/OnlineRequest/ListOfOnlineRequestAcceptedMembers.aspx


Manipur District Social Welfare https://imphalwest.nic.in/district-social-welfare/


Meghalaya Implementation of Chief Minister’s Disabilities Pension Scheme by the Office of the Commissioner for Persons with Disabilities http://megscpwd.gov.in/pension-scheme.html


Puducherry Centre for Internet and Society, “Puducherry”, National compendium on laws policies and programmes for persons with disabilities https://cis-india.org/accessibility/blog/puducherry-govt-schemes.pdf

Punjab Punjab Govt. Releases Rs.131.20 cr for social security pensions in March http://www.dippunjab.gov.in/?q=content/punjab-govt-releases-rs13120-cr-social-security-pensions-march


Sikkim  Details of various schemes / programmes and the contact numbers of the officials under Social Justice, Empowerment and Welfare Department  http://sikkimsocialwelfare.gov.in/?page_id=2200

Tamil Nadu  Revenue and Disaster Management Department Policy Note 2018-2019  

Live beneficiaries in Telangana State  https://www.aasara.telangana.gov.in/SSPTG/userinterface/portal/loginpage.aspx

Indira Gandhi National Disability Pension Scheme  http://dbtripura.gov.in/scheme/schemedetail?id=NDI=#!

Uttar Pradesh  Grant Scheme (Disability Pension) for sustenance of shelter less persons with disabilities  

Important Achievements of Empowerment of Persons with Disabilities Department in last three years  
http://uphwd.gov.in/article/en/achievements

Uttarakhand  Divyang Pension  http://socialwelfare.uk.gov.in/pages/display/96-disability-pension

West Bengal  “West Bengal Disability Pension Scheme”, National Repository of Information for Women  
http://www.nari.nic.in/schemes/west-bengal-disability-pension-scheme
Organizations and individuals consulted and supporting the document

This document has been built with the participation of the following organizations and individuals

Supporting organizations

- Astha
- Bapu Trust for research on mind and discourse
- CBR Global Network
- Centre for Inclusive Policy
- December 3 Movement
- Deafenabled Foundation
- Ektha
- Equals Centre for Promotion of Social Justice
- Humanity Welfare Organization Helpline
- KARO
- National Platform for the Rights of the Disabled
- Society for the Empowerment of the Deafblind
- Swadhikaar
- Swamy Vivekananda Angavikalara Okkuta Pavagada
- Tumkur Zilla Angavikalara Okkuta Tumkur Karnataka

Supporting individuals

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- Prof. Nandini Ghosh, West Bengal

Other participants in consultations

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