# The impact of COVID-19 on older persons in India
# 2020 in review

## Highlights

- India reported its first COVID-19 case on 30 January 2020 and its first COVID-19 death on 13 March 2020.[1] As on 08 December 2020 India has the second highest number of reported cases of COVID-19 in the world and the third highest number of deaths due to COVID-19 globally.[2] However, in terms of per capita mortality rate India is only 78th globally with 9.43 deaths per 100,000 population.[3]

- The Government of India (GoI) announced a countrywide lockdown from 25 March – 31 May 2020, after which restrictions were eased in a phased manner.[4]

- As per estimates on 13 October 2020 53 per cent of the deaths have occurred in the age group of 60 and above,[5] though they accounted for only 12 per cent of COVID-19 positive cases as per data released in September.[6]

- A nation-wide survey of older persons in June 2020 indicated that the pandemic has adversely impacted the livelihoods of roughly 65 per cent of the participants.

- An independent survey conducted in April 2020 concluded that 51 per cent of older persons surveyed were reported to have been physically or mentally mistreated during the pandemic.[7]

- India's real GDP growth rate is expected to decline from 4.2 per cent in 2019 to −10.3 per cent in 2020.[8] Data released by the National Statistical Office indicates that India has technically entered a recession, with the GDP of India declining by 7.5 per cent in the July-September quarter (Q2),[9] following 23.9 per cent in the April-June quarter (Q1).[10]

- It is estimated that 400 million workers from India's informal sector (of which 11 million are expected to be older persons) are likely to be pushed into extreme poverty.[11] [12]

- The COVID-19 lockdown has impacted the livelihoods of a large proportion of the country's nearly 40 million internal migrants.[13] A majority of these migrant workers are daily wage labourers, who were stranded after the lockdown and started fleeing from cities to their native places.

- The COVID-19 related lockdown increased the unemployment level to 23.5 per cent during the month of April. This has been steadily coming down with the end of the lockdown and resumption of economic activities, to reach 6.51 per cent in November.

- The Karnataka High Court on 7 July 2020 issued directives to the Insurance Regulatory and Development Authority of India to extend health insurance coverage of COVID-19 to senior citizens, as its earlier directive excluded those aged above 65.[14]

- The Government of India and various state governments have launched several schemes targeting older persons to alleviate the impact of the pandemic including advance disbursal of pensions, ex-gratia relief, free food grains, dedicated helplines and dedicated geriatric COVID-19 centres.

# Overview of COVID-19 in India

## COVID-19 disease invasion and trends

The total number of COVID-19 positive cases in India as on 18 December 2020 was 9.98 million - with a fatality rate of 1.45 per cent, a recovery rate of 95.40 per cent, and the remaining 3.14 per cent being active cases.[15] As on 8 December 2020, India has the second highest number of reported cases of COVID-19 in the world (after the United States) and the third highest number of deaths (after the United States and Brazil).[16]

As the number of positive cases in the former epicentres of Mumbai and Delhi are decreasing over time, access to healthcare services in these cities has improved.[17] From the initial epicentres of Delhi, Mumbai, and Ahmedabad, COVID-19 spread to other regions, including smaller cities and districts, despite the nationwide lockdown. Pune, Bengaluru, Kolkata and Hyderabad became some of the new COVID-19 hotspots by the month of July.[18] Rural penetration of COVID-19 increased considerably over time; rural districts accounted for 54 per cent of new cases in August.[19] Reverse migration arising from the lockdown was an early driver, but much of the spread now is via community transmission.

When the active COVID-19 cases as on 18 December 2020 are considered, the state of Maharashtra alone accounts for 20.5 per cent of the total; the three most affected states of Maharashtra, Kerala and West Bengal account for 45.2 per cent, and the 15 least affected states and union territories account for only 3.5 per cent of the total active cases.[20]

India had imposed a stringent nationwide lockdown that lasted from March 18 to May 31. A study by the University of Oxford that tracked government responses to COVID-19 in 73 countries had given India a rating of 100 on the "Stringency Index", as India had implemented all measures factored by the research team including school closures, border closures, travel bans etc.[21] The stringent lockdown brought the Indian economy (with the exception of essential services) to a standstill and pushed a very large number of workers from India's informal sector into extreme poverty. Faced with the prospect of severe hardships to the economically weaker sections of society and keeping in view the falling trends in COVID-19 positive cases and fatalities, the central government decided to undertake the phased lifting of restrictions. By November, over 5 phases of "unlocking" were implemented and with that almost all restrictions on economic and social activities were relaxed - with few exceptions such as restrictions on cinema halls and large gatherings in closed spaces - in all areas except containment zones (a contiguous area of few buildings or a neighbourhood where the spread of COVID-19 has been identified).[22] Due to a spike in the number of COVID-19 cases in certain states and union territories – caused by a confluence of factors such as the start of the festival season leading to increased movement of people, the onset of winter and laxness in observation of COVID-19 prevention guidelines – the government released the latest set of guidelines on 25 November, which were to be in force until 31 December 2020.[23] Special Operating Provisions have been provided for various activities like air travel, operation of schools, higher educational institutions, shopping malls, gymnasiums etc.[24] As per the guidelines issued on 29 August 2020, state and union territory governments have been directed not to impose any lockdowns outside containment zones without prior consultation with the central government. However, they are now authorised to impose night curfews if necessary.[25]

## Economic trends

India's GDP contracted by 23.9 per cent in the first quarter (April 2020–June 2020) of financial year 2020-21. In terms of gross value added, some of the worst affected sectors were construction (–50%), trade, hotels and other services (–47%), manufacturing (–39%), and mining (–23%).[26]

India entered a technical recession with the GDP declining by a further 7.5 per cent in the second quarter (July–September). Some of the worst affected sectors were trade, hotels and other services (–15.6%),

mining (−9.1%), construction (−8.6%) and financial and professional services (−8.1%), while a few sectors such as manufacturing (0.6%) and agriculture (3.4%) showed minimal growth.[27]

With one of the slowest recoveries in Asia, India is expected to take the longest time among major economies to get back to pre-COVID-19 growth levels. While the growth spurred by the initial push from the unlock phase was expected to lose momentum in the third quarter of the current fiscal year,[28] the Reserve Bank of India is estimating that the economy may return to positive growth in the third quarter (October–December).[29]

### *Unemployment*
The unemployment impact of COVID-19 and the lockdown is likely to be felt by a significant proportion of India's population. The unemployment rate increased from 8.7 per cent to 23.5 per cent during March–April 2020. However, in June 2020, it had come down to 11 per cent.[30] The unemployment rate is estimated to have declined to 7.43 per cent by July 2020 and further to 6.51 per cent by November 2020, suggesting continuing resumption of economic activities in India.[31]

### *Poverty and inequality*
In 2019, India accounted for an estimated 6.5 per cent of the global population living in extreme poverty.[32] Various studies have indicated that the current crisis is expected to push an additional several million into poverty.[33 34 35] The IMF estimates that 40 million people in India are likely to be pushed into extreme poverty as a result of the COVID-19 pandemic.[36] While India's welfare programs have targeted rural poverty, the current crisis has plunged many urban households into transient poverty, and these newly poor households are not covered by social safety net programs.[37]

## Political trends

The pandemic was viewed as having strengthened Indian federalism in the initial phases of COVID-19. The cooperation of the state governments with central government policies has been critical in the battle against COVID-19.[38] Unity has also been observed across political parties in the fight against COVID-19.[39] Later on it was observed that pandemic had altered centre-state relations in some respects. With lockdowns and a consequent decline in economic activity, states are facing a drastic reduction in revenue, which has increased their financial dependence on the central government. Certain reforms which have been introduced in this period and which have traditionally been opposed by many states have met with little or no opposition.[40] Inter-state relations also witnessed turbulent times during the crisis as conflicts arose over the internal migration issue. Moreover, the hardening of state borders during the lockdown was not eased in a timely manner in many states despite the unlock guidelines issued by the centre. This led to severe restrictions in the movement of goods and people and the disruption of supply chains.[41 42]

The Election Commission, in June, announced the extension of postal ballot facility to citizens above 65 years of age and COVID-19 affected persons in quarantine. Earlier, this facility had been reserved for senior citizens above 80 years, persons with disabilities and persons engaged in essential services outside their home state.[43]

## Population dynamics

### *Reverse migration*
The COVID-19 lockdown has impacted the livelihoods of a large proportion of the country's nearly 40 million internal migrants.[44] Nearly 60 per cent of urban male migrants and 59 per cent of urban female migrants have migrated from rural areas for decent work.[45] The majority of these migrant workers are daily wage labourers, who were stranded after the lockdown and started fleeing from cities to their native places. Many had to endure numerous hardships on the way including hunger, accidents and death.[46] Among the states from which migrant labourers went back, Maharashtra has said 1.1 million have left the state, while Gujarat said 2.05 million had gone back home.[47]

The Chief Labour Commissioner estimated the number migrants stranded across the country during the lockdown to be 2.6 million; 10 per cent of them are said to be in relief camps, 43 per cent on work sites and 46 per cent in other clusters. The Solicitor General, on the other hand, informed the Supreme Court of India that 9.7 million had been transported back home.

# Impact of COVID-19 on older persons

## Income

In a survey conducted by Agewell Foundation in March–April 2018, 30.1 per cent older respondents said that their primary source of income was their monthly pension; 19.4 per cent respondents claimed that their main source of income is money earned in form of rental from their land / house properties, interest on investments, dividends, etc.; and 20.19 per cent respondents claimed their main source of income in old age is their jobs or other gainful engagements. During the interview with some older respondents, it was also found that 8.2 per cent of older persons have no or marginal income in old age. They are totally dependent of others for their day-to-day needs and requirements.[48]

The income security of many older persons in the rural areas was adversely affected by the pandemic and the lockdown because of reduced remittances from family members (who had migrated to cities) returning back to their native villages; and also older persons themselves migrating back to their villages.[49] [50] In rural households where younger family members had migrated to cities in search of higher incomes, the family income which was earlier used to meet the expenses of older persons is now likely to be reduced as these younger members lose their jobs and return to their villages.

In India, the formally employed workforce benefits from pension schemes such as the Employees Provident Fund Organization (EPFO) or the New National Pension System (NPS).[51] However, only 10 per cent of the total employed older persons in India are salaried or formally employed and can avail these pension benefits in their old age. This implies that approximately 90 per cent of the older workforce is employed in the informal sector and faces challenges relating to savings or social protection in the old age.[52] Apart from the formal sector pension, there is also the Government's pension scheme for the below poverty line (BPL) population, called the Indira Gandhi National Old Age Pension scheme (IGNOAPS). Under this scheme, persons below the poverty line aged above 60 years are entitled to a monthly pension of Rs.200 and those aged above 79 are entitled to a monthly pension of Rs.500.[53] However, only 18.4 per cent of the estimated 136 million older persons in the country are currently receiving this pension.[54] In February 2020, the GoI launched the Pradhan Mantri Shram Yogi Maan-dhan Yojna (PM-SYM), a pension scheme for workers in the informal sector that guarantees them a minimum assured monthly pension of Rs.3,000 (USD 40) after the age of 60 years based on contributions made starting from the age of 18 years.[55] The monthly contribution ranges from Rs.55 to Rs.200 depending upon the entry age of the beneficiary, which varies from 18-40. As on 12 July 2020, 4.4 million workers have subscribed for this new pension scheme, but older persons who are currently working are unlikely to benefit from this intervention.[56]

A June 2020 survey of advanced pension (pension benefits paid out in advance of their due date) beneficiaries in Odisha, conducted by the Inferential Survey Statistics and Research Foundation, shows that expenditure from the advance pension amount was higher for families with older persons, adults and children compared to families having only older persons.[57] Further, migration might be disadvantageous for older internal migrants who are registered to claim benefits like entitlements under Public Distribution System (PDS) at one particular location, as this access is lost upon migration to a different location.[58] Also related to these insecurities are the issues in accessing food, which are expected to be magnified for the older poor persons living in India's poorest states, namely Chhattisgarh, Jharkhand, and Bihar, as these states face food insecurity as a major challenge.[59] The problem of food insecurity was compounded in the case of the elderly due to lack of social assistance created by social distancing norms.[60]

## Unemployment

Among older persons in India 49.37 per cent are economically active: 16.5 per cent of them are employed in the informal sector work, 4.4 per cent are in salaried or formal employment, and 81.5 per cent are self-employed (both formal and informal sectors).[61] Older persons comprise 11.8 per cent of migrants in India. Applying the estimates to population of older persons of roughly 136 million, 67.14 million are economically active and 11.07 million are informal workers.

In *a* nationwide survey of 5,099 elders conducted by HelpAge India across 17 states and 4 Union Territories in June 2020, COVID-19 lockdown has negatively impacted the livelihood of 65 per cent of older persons. 60 per cent of these were from rural areas while 40 per cent were from urban areas. 56 per cent were males, while 44 per cent were females. 67 per cent were aged 60-69 years, 28 per cent were aged 70-79 years and 5 per cent were 80 plus in age. 71 per cent respondents stated that the livelihood of the breadwinner of their family was adversely impacted by the pandemic.[62] [63]

There were also restrictions placed on the employment of older persons by state governments considering their increased vulnerability to COVID-19. The state of Kerala decided to restrict people above the age of 65 from getting guaranteed wage employment for 100 days under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), as it apprehended a surge in COVID-19 cases.[64] Even though the MGNREGA assures allowance and compensation in case work is not provided on demand, such allowance will be given only at the end of the year.[65] [66] A resolution of the Maharashtra government barring senior citizens working as entertainers and crew members in television and film industries from returning to work in studios and outdoor settings was struck down by the Bombay High Court on grounds of discrimination.[67]

## Poverty

The impact of the pandemic on income might vary depending upon the nature of the job and the area of domicile (rural or urban) in the respective states. It can be said that the impact of COVID-19 on the income security of older persons employed in the informal sector with no security of tenure or access to social security provisions like pension, health insurance etc. is likely to be severe.[68] [69] Almost three-fourths of vulnerable older persons are working in the low productive and subsistence agriculture (73%) sector followed by construction (7.4%) and hotel, trade and restaurant sector (6.8%). This means that almost 87 per cent of the population of older persons belonging to the bottom 40 per cent of the households on the economic ladder were vulnerable and faced difficult conditions during the COVID-19 lockdown.[70]

The World Bank has projected a 23 per cent decline in international remittances to India in 2020. It is estimated that nearly 10 per cent of rural households have remittances as the primary source of income.[71] [72] A 2011 study by HelpAge International had shown that in states with relatively fewer economic opportunities in the rural sector, such as Bihar, older persons were heavily reliant on remittances from family members working outside the village.[73] It is expected that this decline would have an adverse impact on food intake and health outcomes of children and older persons in these families. These concerns become more pressing in light of the findings of the first Study on Global Ageing and Adult Health by the World Health Organization, which found that over 90 per cent of older persons in India had insufficient fruit and vegetable intake. The problem of insufficiency of dietary intake may have been worsened for older people during this crisis. India was among the countries with the highest proportion of older persons facing difficulties in carrying out basic activities of daily living.[74] To address some of these adverse consequences, there is a need to provide some family allowance to households that have an older member.[75]

## Health and care

### *COVID-19 among older persons*
Older persons are at severe risk from COVID-19 - first from the mental anxiety of getting exposed to the virus, second from contracting the virus itself, and third from being denied treatment for COVID-19 or non-COVID ailments in hospitals.[76]

Older persons are more likely to be more susceptible to viruses like COVID-19 due to multiple reasons:

- Older persons living in multi-generational households would not be able to self- isolate fully when other members of the household go out for work or other purposes.
- Some people with cognitive impairments may struggle to understand, remember, or follow COVID-19 prevention precautions or may be unable to cope with self-isolation.
- Some may have to frequently visit hospitals and rehabilitation centres.

The prevalence and severity of disabilities increases with age. Older persons with disabilities are at a higher risk of contracting COVID-19 due to multiple reasons:

- Some may face limitations to follow precautionary practices such as frequent hand washing and social distancing as they often depend on others for activities of daily living like dressing, eating and bathing.[77]
- Persons with visual disabilities rely highly on the sense of touch (reading Braille, providing inputs on electronic devices, using canes etc.) for mobility and work, thus increasing their risk of getting infected.
- Persons with disabilities are more likely than the general population to have other underlying conditions.

Older persons are at higher risk of adverse outcomes in case they contract COVID-19 due to the impact of COVID-19 being exacerbated by pre-existing medical conditions. Half of the estimated 136 million older persons in India suffer from chronic diseases.[78] Specifically, 30 per cent of those aged 60-79 years and 37 per cent of those aged above 80 are living with acute morbidities.[79]

Older persons are also affected by systemic factors related to the health system in case they contract COVID-19:

- Many of the quarantine centres do not have differently abled persons/ older persons friendly infrastructure like lifts or differently abled-friendly toilets.
- There is also evidence of healthcare providers discriminating against the older COVID-19 patients. For instance, a private hospital in Chennai refused to admit the older members – 84-year-old male and 67-year-old female - from a COVID-19 positive family, even though it took in two younger family members.[80] In an interview the Chief Mentor of Kolkata chapter of Dignity Foundation revealed that older patients in Kolkata who tested COVID-19 positive in September continued to face difficulties in getting admission to hospitals for treatment.[81]
- Some private hospitals insisted on COVID-19 tests for patients who need regular treatments like dialysis every time they (or their family members) visit the hospital, which, according to the public health group Jan Swasthya Abhiyan, inflates the overall cost of treatment for these patients and puts them at risk.[82]

As of 13 October 2020, 53 per cent deaths due to COVID-19 in India were reported among people who were over 60 years of age.[83] Due to the severe impact of COVID-19 on older persons, demographic analysis can provide an indication of the level of vulnerability of different states and the level of success in controlling outcomes such as mortality. A *Lancet* study provides a vulnerability assessment of Indian states based on demographics (with the three main indicators being proportion of older people, proportion of population living in urban areas and population density). The most vulnerable states identified by the report were Daman and Diu, Chandigarh, Puducherry, Lakshadweep, Goa, Kerala and Maharashtra.[84]

States with a higher older population have experienced different levels of success in preventing COVID-19 related fatalities. While states like Tamil Nadu, Punjab, Jammu & Kashmir, Maharashtra and West Bengal have recorded high fatalities, other states with an aged population like Kerala, Himachal Pradesh, Odisha and Andhra Pradesh have been relatively more successful in preventing such fatalities.[85]

### *Access to healthcare*
In the *Lancet* study mentioned above, "Availability of healthcare" is another domain of the vulnerability index. The indicators used are: the proportion of households with health insurance, the proportion of households who reported no nearby public health facility, and number of hospital beds per 1000 population (for state or union territory level). Some of the highly vulnerable states in this domain are: Haryana, Punjab, Gujarat, Maharashtra, Uttar Pradesh, Jharkhand, Bihar and Madhya Pradesh.[86]

At present, most of the geriatric out-patient department (OPD) services are available at tertiary care hospitals. Also, most of the government facilities such as day care centres, old age residential homes, and counselling and recreational facilities are urban based. A study conducted to assess the unmet needs of the geriatric population in rural Meerut (district of Uttar Pradesh) observed that as many as 46.3 per cent of the study participants were unaware of the availability of any geriatric services near their residence and 96 per cent had never used any geriatric welfare service.[87]

Cost factors might also lead to infrequent monitoring of chronic diseases among older persons. Illustrating the cost impact of COVID-19 on healthcare, Dr Irudayarajan, Professor, Centre for Development Studies, in an interview with Nathan India, stated that according to his research, nearly 50 per cent of older persons in India have been affected during the lockdown as their own or their children's incomes have declined, resulting in a neglect of their healthcare requirements.[88] HelpAge India stated that increased neglect of health during the pandemic might arise among older women, who might justify not accessing medication or healthcare for chronic diseases such as high blood pressure because of reduced household incomes.[89]

Availing treatment for non-COVID ailments has also become challenging for older persons as the non-emergency departments at many hospitals have been non-operational or operational with limited capacity. The Head of Geriatric Medicine Department, AIIMS New Delhi, in an interview with Nathan India, stated that access to healthcare had been severely affected during the lockdown due to closing down of public hospitals in order to create beds for COVID-19 patients.[90] Furthermore, due to the use of hydroxychloroquine for the treatment of COVID-19 in the early days of the pandemic there was a shortage of supply in the open market, which caused acute distress to elderly patients suffering from rheumatoid arthritis.[91] From May 2020 onwards there have been reports of hospitals in states across the country resuming their out-patient department (OPD) and inpatient services for non-COVID-19 patients. The West Bengal government issued a directive in this regard in May, after which many private hospitals resumed normal services.[92] In Mumbai, the local government allowed a few public hospitals to resume OPD and non-emergency surgeries for the treatment of non-COVID-19 cases.[93] However, even by late July – almost a month after the countrywide lockdown was lifted - many private hospitals in Delhi which were converted to Dedicated COVID Hospitals (DCH) were still awaiting approval from authorities to resume non-COVID-19 services.[94] The situation of accessibility to healthcare services for non-COVID-19 patients is still far from returning to the pre-COVID times even in September. In Delhi, the continued shutdown of local neighbourhood clinics for a prolonged period has caused disruptions in consultations of older citizens suffering from chronic diseases such as diabetes and hypertension, who mostly rely on the services of these clinics and would hesitate to approach larger hospitals during the pandemic.

In a webinar titled "COVID-19 & Health of Senior Citizens – Impact & Way Forward", the CEO of HelpAge India also stated that the health system has been largely captive to the COVID-19 response. This has severely affected response to other health needs such as primary care, prevention and diagnosis of non-communicable diseases, so co-morbidities risk associated mostly with older persons is expected to increase.[95] The health system becoming captive to the COVID-19 response has also affected availability of treatment for acute conditions. For instance, the WHO reported that 30 per cent fewer acute cardiac

emergencies were able to reach health facilities in rural areas in India in March 2020 as compared to the previous year.[96]

President Elect of the Geriatric Society, West Bengal, highlighted that there is an immediate need for Accredited Social Health Activists (ASHA) who work at the village level, to be trained in working knowledge of geriatric care. Underscoring the shortage of geriatric physicians, he stated that those who complete a post-graduate diploma in geriatric medicine and family medicine must be recognised as intermediate specialists so that shortages are to some extent addressed up to secondary level of care.[97]

Accessibility to healthcare has been addressed to some extent by tele-consultations. However, lack of digital skills among a large section of older persons continues to be a challenge. Another challenge is that sections of older persons such as those with hearing or speech impairments and cognitive impairments would not be able to communicate effectively in tele-consultations. In rural areas, there may be a need to set up well-equipped community digital centres with assistance to older persons so they can access telemedicine services.[98] Establishing mobile clinics and teams for periodic inspections and treatment may be another option in hard to reach locations.[99]

In the past few months, senior citizens have also faced problems regarding health insurance coverage. A Public Interest Litigation filed by Letzkit Foundation, a charity organisation, stated that the Insurance Regulatory and Development Authority of India's (IRDA) directive to insurance companies on provision of COVID-19 coverage had excluded senior citizens above 65 years of age. As a result, senior citizens covered under a vast majority of health insurance schemes were either not given coverage for COVID-19 or were asked to pay additional premiums. The Karnataka High Court in its order dated 7 July 2020 issued a directive in favour of the petitioner, but it remains to be seen to what extent the directive is implemented.[100]

### *Institutional or community-based care*
Inhabitants of old age residential care facilities are the group that is at the highest risk of COVID-19 infection as they are essentially a group of high-risk individuals living in close proximity, using common facilities such as recreational areas and sharing care givers. However, unlike in European countries, disaggregated data on number of residents in old care homes are not available for many countries in Asia, including India. Hence the mortality rates in old age homes due to COVID-19 may not be captured.[101]

Anugraha India is an NGO which works as regional resource and training centre on ageing, under the Ministry of Social Justice and Empowerment (MoSJE), and coordinates with a network of 46 old age homes. This NGO reported that old age homes are facing challenges because of shortage and limited availability of trained geriatric care takers, and difficulties in maintaining sustained and regular supply of sanitation products and medicines.[102] Organisations providing long-term care to older persons living with dementia, such as Alzheimer's and Related Disorders' Society of India and the Nightingales Medical Trust, are facing staff shortages,[103] because of which some residents are reported to have been transferred to nearby nursing homes.[104] As per the founder and managing trustee of Nightingales Medical Trust (NMT), one of the challenges during the lockdown has been the adverse impact on morale of the staff due to restricted mobility and availability of limited caregiving staff during this time.[105] Increased cost of operations also is affecting the smooth operation of old age homes (residential care centres).[106]

There have also been limitations in meeting certain healthcare needs of older persons during in-home care. The President Elect of the Geriatric Society, West Bengal, points out that the usage of devices such as those for ultra-sonography and echocardiography is currently not legal for in-home care and that these must be legalised.[107]

### *Mental health and psychosocial wellbeing*
As per the latest "Guidelines for Surveillance, Containment and Caution" issued by the central government, citizens aged more than 65 continue to be advised to stay at home.[108] A leading psychiatrist, and Fellow of the Indian Psychiatric Society, underlines the importance of reorienting the public messaging of reverse quarantine of older persons in the wake of rising mental health issues and continued isolation of

older persons during the unlock phases. He highlighted that there is a segment of the older population – "the vibrant elderly" – who had been largely healthy physically and mentally earlier but are now at the risk of slipping into depression due to the stark contrast between their previously active and currently confined lifestyles.[109]

NGOs and voluntary organisations such as Dignity Foundation and Caremongers India have reported an increase in distress calls by older persons amid the pandemic.[110] The anxiety and social consequences associated with its prevalence and prevention have pushed many elders in India to end their lives.[111]

### Suicides by older persons in the context of COVID-19

In India it is estimated that 10-20 per cent of the older population are dealing with mental desolation and loneliness. The stringent nationwide lockdown that was carried out in India left older persons struggling with financial insecurities, non-availability of essential groceries, inaccessibility of technology, and lack of socialisation resources. The WHO Regional Director for South-East Asia stated that *"perpetually evolving and changing information about the virus has both triggered and aggravated existing and pre-existing mental health conditions which need urgent attention".[112]* Older persons who are dealing with mental health issues were more vulnerable to the COVID-19 pandemic, and its social consequences pushed several of them to commit suicide. The Director of the National Institute of Health and Mental Sciences Bangalore stated that people who are diagnosed with COVID-19 suffer acute anxiety as *"nearly all COVID-19 patients believe that they are [among] the 1-2 per cent who will die of the disease".[113]*

An older couple from Punjab commited suicide by consuming poison and left a suicide note stating that they were worried about Coronavirus. A 75-year-old man in Maharashtra committed suicide by hanging himself from the ceiling fan, and his suicide note contained only two words "corona fear". A 60-year-old man in Tamil Nadu who was suspected of having contracted Coronavirus committed suicide in the isolation ward of a government hospital out of fear of the disease, though his test results, which came later, were negative. In Punjab a 65-year-old woman believed herself to be Corona positive and commited suicide to prevent "infecting" her daughters.

The spate of suicides by older persons during the COVID-19 period highlights the environment of fear and ignorance that prevailed in the early days of the pandemic as well as the fragile mental state of older persons and the need for increased community-based support and mental health care. A former director of WHO's Mental Health Division said, *"Mental health systems have always been very scanty in India and during this [pandemic] time, the gap between what is needed and what is available has widened markedly".[114]* A small team of peer counselors working under a local administrator and trained on established models – such as Dr. Vikram Patel's Sangath or the Atmiyata model by the Centre for Mental Health Law and Policy (CMHLP) – might be a suitable model for India.[115] The founder of Bengaluru-based Suicide Prevention India Foundation (SPIF) advocates for the launch a mental health-focused national public health awareness campaign by the Central government, along the lines of the polio eradication campaign.[116]

*Source:* Elderly suicides in India: An emerging concern during COVID-19 pandemic. Cambridge University Press Public Health Emergency Collection, June 2020[117]

As of 2015, an estimated 4.4 million people in India were living with dementia. The Alzheimer's and Related Disorders Society of India (ARDSI) has projected that this number would increase to 5.3 million by 2020 and to 7.6 million by 2030. For those in the age bracket of 80 and above, nearly 20 per cent are estimated to be living with dementia.[118][119] While the majority of older persons in India with dementia receive home care without additional support from outside or professional caregivers,[120] organisations such as ARDSI offer day care facilities, home care services and residential care facilities in multiple locations across India. There has been disruption in the services of some of the organisations catering to the care of people with dementia. With the temporary shutdown of day-care services, the ARDSI has been undertaking several activities remotely. Support and guidance to caregivers is being provided through

telephone, videoconferencing, social media platforms and off-distance monitoring. Moreover, one-to-one counselling and support meetings are being conducted to help families. The shortage of staff during lockdown has been handled by a temporary and safe transfer of some residents to nearby nursing homes to ensure continuity of care. However, some continuity is being ensured through telemedicine services as well as phone and email consultations.[121]

## Elder abuse

An issue facing older persons that is less visible compared to health and income security is that of violence, abuse and neglect. Various studies have indicated that the current crisis is likely to lead to increased marginalisation, abuse and institutionalisation of older persons in India, where ageist stereotypes are often internalised and older persons are far less likely to be active in demanding equal rights and inclusivity.[122] [123] Through a telephonic survey of 5000 older persons by Agewell Foundation in April 2020, 51 per cent of respondents claimed that their human rights are at stake during lock down period, as they are being mistreated, harassed (mentally or physically), or threatened/tortured/neglected/ isolated/marginalised. In June 2020, another survey (online) of 5000 older persons in India conducted by the Agewell Foundation showed that 69 per cent of the surveyed respondents have been affected adversely during the pandemic and lockdown.[124] 71 per cent older respondents were of the perception that cases of elder abuse had increased during the lockdown.[125] 58 per cent claimed that worsening interpersonal relationships were the main factor responsible for this increase. Abuse commonly took forms of disrespect and verbal abuse, silent treatment (not talking to them), ignoring their daily needs, denying proper food and medical support, financial cheating, physical and emotional violence and forcing them to work. Agewell Foundation reported that there are at least 15-20 daily cases in Delhi where older persons suffering from Alzheimer's or other mental issues have been left on roads or in temples by their families.[126] Further, as travel curbs restrict families and/or caregivers from visiting older relatives frequently, crime against older persons which was already at 4,230 cases in 2018[127] is also likely to increase during the pandemic.[128]

HelpAge India stated that the dynamics of the relationships of older persons within families are changing due to COVID-19 because of confinement within a set boundary. A study by Agewell Foundation showed that COVID-19 has also increased age-based discrimination and stigmatisation of older persons, creating a negative atmosphere for them as younger family members hesitate to come close to them.[129] Disempowerment of older persons living with their families is likely, as the latter would now decide whether older persons will be allowed to go out for recreational activities like morning walks or not. Social distancing is another factor disrupting the elders' social networks and causing mental stress among older persons. There was petition filed against GoI's restrictions imposed on the movement of senior citizens aged above 65, claiming it could push them into depression.[130]

It is also possible that the current crisis may have had differential impacts on well-being, given different experiences of older men and women. For instance, a survey by the Agewell Foundation in 2015 indicated that nearly 77 per cent of respondents believed older women faced a restricted social life due to gender bias, and close to 86 per cent believed that older women's health status was more likely to be neglected.[131] The lockdown period witnessed an increasing number of complaints of domestic violence to the National Commission for Women.[132]

## Digital divide

The dynamics of the social relationships of older persons have also been disrupted or altered, with a direct bearing on their general well-being. Contact with family members living separately is now limited as only 7 per cent of older persons in India have smartphones and Internet access.[133] The Information and Technology Ministry e-governance services arm Common Services Centre (CSC) has partnered with HelpAge India to provide digital literacy to citizens above the age of 55 years through a pilot project. The project will be implemented by CSC Academy, the education arm of CSC, and the pilot will involve 1500 people in three states – Rajasthan, West Bengal and Tamil Nadu.[134] CSC Academy already has centres in 5000 blocks in the country and therefore this project holds great potential to be scaled up.

### Access to goods and services

In the absence of caregivers, the lockdown also brought to the fore challenges such as difficulty in procuring essential items, facing the approximately 30 million elders living alone in India.[135] This holds true especially for older persons with disabilities. As per the Census of India, 2011, older persons constituted 21 per cent of the persons with disabilities in India.[136] Several concerns with regard to the welfare of persons with disabilities have been raised recently by the National Centre for Promotion of Employment for Disabled People (NCPEDP). Their report titled "Locked Down and Left Behind" suggests that with the exception of a few states, there were no dedicated helplines for persons with disabilities, no active effort to ensure information availability in accessible formats, a shortage of medicines for people with intellectual disabilities and delays or non-release of pensions.[137]

# Government/International bodies responses

### Regulations and guidelines

The Ministry of Health and Family Welfare (MoHFW) issued a health advisory for older persons[138] and advised persons above 65 years of age or with co-morbidities to stay at home, except for essential and health purposes.[139] [140] As per the order, failure to abide by lockdown rules could invite a jail term or heavy penalty under the Disaster Management Act, 2005.[141] The MoHFW also introduced telemedicine guidelines and a teleconsultation platform called 'ESanjeevani OPD' – for clinical consultations between a doctor and a patient, to the benefit of older persons. Salient features of this web-based national teleconsultation service include patient registration, token generation, queue management, audio-video consultation with a doctor, ePrescription, SMS/email notifications, serviced by State's doctors free of charge.[142] [143] In June 2020, the GoI fixed the rates for COVID-19 treatment and testing.[144] The Government also mandated that 50 per cent of beds in private hospitals be reserved for treatment of COVID-19 patients referred by public health authorities.[145] [146]

In June 2020 the GoI circulated the draft National Policy for Senior Citizens 2020[147] to replace the National Policy for Older Persons, 1999, which is two decades old now. The Healthcare Federation of India (NATHEALTH) convened a cross-sectoral national forum which brought together key stakeholders in senior care, which found the draft to be well composed and covering a wide range of relevant issues. The forum identified following areas that need immediate intervention: providing financial security through tax incentives and pension schemes similar to those in advanced countries, increasing penetration and coverage of health care insurance, providing rental accommodation for senior citizens, capacity building in senior care, and reskilling and providing employment opportunities for senior citizens as part of corporate social responsibility (CSR).[148]

The Supreme Court of India on 4 August 2020 directed the MoSJE, GoI, and states to ensure all eligible older persons are paid pensions regularly and are provided necessary medicines, masks, sanitizers and other essential goods by respective states. The Court further directed that older persons should be given priority for admission in Government hospitals, looking at their vulnerability for COVID-19, and any grievances shared by them must be addressed immediately.[149] On 7 September 2020, the Supreme Court asked state governments to provide comprehensive reports on measures taken by them to ensure priority medical treatment, provision of care and support for older people especially those living alone during the pandemic.[150]

The Reserve Bank of India directed all banks to ensure doorstep delivery of basic banking services to senior citizens (aged above 70) and differently abled persons.[151]

## Welfare measures

An umbrella scheme for senior citizens launched by the central government (Ministry of Social Justice and Empowerment), called the National Plan for Welfare of Senior Citizens, took effect from 1 April 2020 with an annual outlay of USD 27.4 million, which is mainly existing funding expanded under new policy instruments.[152] The announcement of the scheme was expedited in the context of the hardships faced by senior citizens due to the COVID-19 pandemic. It is an umbrella scheme with four sub-schemes that comprehensively cover many aspects of welfare of senior citizens, such as healthcare and nutrition, shelter, financial security, productive ageing, awareness generation and capacity building. The scheme includes work on the components of financial security, healthcare and nutrition, shelter and welfare, and protection of life and property of senior citizens. The plan includes the establishment of a Contributory Welfare Fund for senior citizens with funding support from the central government, private sector, charities etc., as well as a Group Pension Plan for Self Help Groups, Traders Associations, etc. that would provide income security to groups of self-employed people in old age.

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### National Plan for Welfare of Senior Citizens
The sub-schemes under this umbrella scheme and their key provisions are as follows:

1. **Scheme of Integrated Programme for Senior Citizens** – Targeted beneficiaries include indigent senior citizens. Some of the programmes admissible for assistance under this sub-scheme include maintenance of senior citizens' homes for up to 25-50 beneficiaries and maintenance of care homes for senior citizens afflicted with Alzheimer's disease/dementia.

2. **State Action Plan for Senior Citizens** – The objective of this scheme is to support programmes that promote productive and active ageing among senior citizens. Programmes admissible for assistance include organising senior citizens into Elder Self-Help Groups, maintenance of Mobile Medicare units for senior citizens, maintenance of multi-service centres, physiotherapy clinics and the creation of a pool of trained geriatric caregivers.

3. **Convergence with Initiative of other Ministries in the field of Senior Citizens Welfare** – To ensure implementation of programmes that may require coordination of various departments and Ministries, convergence activities are promoted.

4. **Media advocacy, capacity building, research and other projects for welfare of senior citizens** – Programmes envisaged under this sub-scheme include awareness generation and sensitisation, training on geriatric care and capacity building programmes, organising regional level seminars, workshops and conferences, research proposals on issues relating to senior citizens, etc.

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Post the announcement of the country-wide lockdown, the GoI announced various welfare measures for the public in general and older persons in particular:

- The National Health Authority (NHA) decided to cover COVID-19 testing and treatment of the poorest of the poor in private hospitals under the GoI's health insurance scheme for the deprived, called Ayushman Bharat (or the Pradhan Mantri Jan Aarogyaojana).[153] [154] [155]
- The GoI announced that pensions for the months of April, May and June would be paid in advance to 24.98 million (18.4 per cent of older persons) poor people under its National Social Assistance Program (NSAP) covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS).[156] [157]
- Besides the advance pension amount, the GoI also announced an ex-gratia amount of Rps.1,000 (USD 13 approximately) for the months of April, May and June in two instalments to be given to older persons, differently abled and widows under its Pradhan Mantri Garib Kalyan Yojana (PMGKY) (roughly 29.8 million beneficiaries). [158]

The response from the Government towards older persons during the pandemic, however, has received criticism. The National Platform for the Rights of the Disabled (NPRD) has expressed inadequacy of the

value of the ex-gratia amount.[159] HelpAge India stated that free ration and food grain are being given only to those with white ration cards who fall below the poverty line (BPL); the rest, who may not be BPL but are equally vulnerable to food insecurity on account of lockdown constraints, are getting neither free food grain nor a government pension.[160] Further, disbursal of advance pension to older persons is equivalent to borrowing for their present from their future, which only diminishes their income security in future. In fact, since many marginalised poor in India do not have access to formal banking accounts, they are unlikely to benefit from the Government's direct benefit transfers (transfer of benefits and subsidies relating to social welfare schemes like MNREGA payments, Old Age Pension, by the GoI directly into the bank account of the beneficiaries).[161] [162] In an interview with Nathan India, the Director of Policy Research and Advocacy at HelpAge India stated that major gaps remain in the responses of states and the centre. These include a lack of evidence gathering and data on the multi-dimensional impact on older people, benefits and special provisions targeted specifically towards older people (most often, older people are one segment of the beneficiaries of a programme), lack of active advertising and outreach of new health facilities and services for older people, and a lack of clear communication on steps to address future uncertainty of their livelihood (such as what would happen when advance pension payments run out).[163]

Over and above the GoI schemes, several state governments have also provided relief to the older poor. The relief packages offered by some of the worst affected states in the initial stages of the pandemic are provided in the table below.

| State | Program/ Scheme | Nature and Value of Assistance (Kind/ Cash) | Total Number of Beneficiaries | Identification Criteria |
|---|---|---|---|---|
| Delhi | Old Age Pension[164] | Pension amount doubled to INR 4,000-5,000 for the months March and April (USD 54 - 67)[165] | 0.5 million[166] | Resident of Delhi for minimum 5 years. Annual family income of less than INR 0.1 million (USD 1,340)[167] |
| | Free Ration Scheme[168][169] | Free ration of 50% more than the normal entitlements (5kg rice, wheat, dhal) during April and 100% more for the month of May | 10.2 million[170] | Ration card holders and non-ration card holders |
| Tamil Nadu | State government announcement | INR 1000 (USD 13) for April month and free ration items from April to June month[171] | | Ration card holders |
| | | Food for destitute and older persons at their residence[172] | | Destitute and older persons |
| Maharashtra | Shiv Bhojan Thali (Meal) scheme[173] | INR 5 (USD 0.067)[174] | 10 million | |

Several other state governments also set up initiatives specifically targeting older persons:

- The Kerala Health Minister in the recent weeks has inaugurated call centres for senior citizens across 14 districts of the state. The initiative was undertaken under the "Grand Care" project for older people, and these centres are meant for addressing the healthcare requirements of senior citizens under reverse quarantine.[175]

- The West Bengal government has initiated the creation of a database of senior citizens living on their own in three municipalities. With the help of the police and medical professionals, the government has been surveying and addressing their needs through home visits.[176]
- The Manipur state health department has set up an outreach team for visiting old age homes (residential care centres) in different districts and is involved in distribution of sanitizers and face masks and providing advice on social distancing and maintenance of hygiene.[177]
- In July, the Assam government set up a dedicated geriatric COVID-19 care centre for those above 65 years of age.[178]
- The Telangana government launched a helpline numbers for the aged. Information will be sent to the respective district welfare officer for follow-up action.[179]
- The state government of Andhra Pradesh has said they will provide free ration (10 kg of rice and one kg of red gram dal per resident) to NGOs running old age homes.[180]

## Kerala's response to COVID-19

Despite being the first state in India to report a case of COVID-19 and being highly urbanised with a high density of population, Kerala managed to contain the pandemic much more effectively than several other states in the initial stages of the pandemic. In Kerala,[181] [182] [183] various factors have contributed to the Government of Kerala's (GoK) effective initial response against COVID-19. Some of these listed below can be used to provide lessons for other states to follow:
- Systematic investment in creating a decentralised healthcare system with village councils at the ground level taking a lead in enforcing and monitoring mass quarantine
- Early screening, tracing and testing
- Effective communication by the Government through
   - Awareness programs (such as "Break the Chain")
   - Information portals such as the Kerala Arogyam and COVID-19 Jagrath
   - Mobile application called 'GoK Direct' to ensure the public had access to the right information regarding monitoring symptoms, approaching health officials, selfcare and isolation
   - Training videos available on "Kerala Health Online Training" the YouTube channel of the Directorate of Health Services

Besides relief packages the GoK has demonstrated how community engagement can be helpful in fighting the COVID-19 crisis.[184] [185] [186] In particular, the GoK's poverty eradication and women empowerment mission, Kudumbashree, has used its three-tier structure comprising Neighborhood Groups (NHGs), Area Development Societies (ADS) at the ward level, and Community Development Societies (CDS) to:
- Conduct an information, education, and communication program to inform NHGs about care of older persons during the pandemic
- Enlist 2,176 resource persons to call the 114,719 older members living in 154,858 destitute families in Kerala to check on their health
- Engage 786 resource persons to contact older persons in quarantine
- Engage 360 community counsellors to provide counselling and mental support to older persons
- Set up community kitchens to ensure cooked meals were readily available to the needy

Besides these, the GoK also set up e-sanjeevani, a telemedicine portal, and "Ottakalla Oppamundu" (which can be roughly translated as You Are Not Alone, We Are With You), telephone-based counselling, for providing psychosocial support to the needy.

*Sources:* Responding to COVID-19 - Learnings from Kerala. World Health Organisation; COVID 19 - A summary of key activities by Kudumbashree. State Poverty Eradication Mission, Government of Kerala; Kerala: Special initiatives for the elderly in COVID-19 times. The Federal, 24 April 2020.

The past few months have also seen the active engagement of local governments in providing support to older people. In states such as Odisha, Assam, Jharkhand, West Bengal and Chhattisgarh, the district administrations and municipal corporations have undertaken various activities for catering to the needs of older persons, such as formation of volunteer groups with resident associations to check in on senior citizens living alone, helping them avail banking services at tdoorstep, providing psychological and emotional support through volunteer-led call centres, setting up senior citizen helpdesks at police stations, launch of special app for a one-stop solution for provision of services etc.[187] [188] [189] [190] [191] [192] The Kolkata Municipal Corporation took the initiative to form volunteer groups with the help of residential associations to check in and provide support to senior citizens living alone.[193] The Ranchi district administration set up a dedicated helpline for senior citizens to resolve their problems. The Jamshedpur administration set up a helpline number for older persons and persons with disabilities and a network for door-step delivery of sanitizers.[194] [195]

In addition to local governments, state departments have also taken initiatives to support older persons during these challenging times. The Uttarakhand Police has set up a senior citizen helpdesk at the COVID-19 control room to address issues of timely delivery of essential commodities including medicines and to resolve any other issues faced by older persons.[196] The Assam State Disaster Management Authority (ASDMA) started an initiative called 'Pratirodhi Bondhu', a volunteer-led call center support mechanism at the village and ward level aimed at providing psychological and emotional support to children and older persons.[197]

### Long-term planning for new normal

The Government has been promoting digitisation during the pandemic. A step in this direction is the Government's launch of the Aarogya Setu mobile application with an objective of enabling Bluetooth-based contact tracing, mapping of likely hotspots, and dissemination of relevant information about COVID-19 to contain its spread. The app has over 150.7 million users as on 21 September 2020, which is more than any other contact tracing app in the world.[198]

The Longitudinal Aging Study in India (LASI) is a ground-breaking nationally representative, longitudinal survey to examine ageing and retirement among India's age 45+ population. It is being undertaken with the support of the Ministry of Health and Family Welfare as a joint undertaking of the Harvard T.H. Chan School of Public Health, the International Institute for Population Sciences (IIPS) in Mumbai, India, and the University of Southern California (USC).[199] The study covers 61,000 non-institutionalized citizens aged above 45 and their spouses in all 30 states and 6 union territories of India.[200] LASI will provide an evidence base for programs for national and state-level programs and policies for older persons.[201]

# Private Sector/NGO responses

### Supporting activities

Organizations focused on the welfare of older persons have stepped up their efforts in response to the pandemic. HelpAge India is catering to the needs of older persons through its network of Mobile Medical Units (MMU) and pan-India health helpline. Its 600 medical personnel are continuing to provide care and medicine at home, and its network of 25,000 volunteers is enabling delivery of food, groceries, and medicine in response to calls for help, especially by older persons living alone.[202] HelpAge is also providing dry rations for destitute older persons in 300 old age homes and night shelters for homeless across India. They have also been active in advocating to the government for the needs of older persons.[203] Dignity Foundation has moved its programmes online, and by logging on through Zoom, senior citizens can take part in activities such as quiz, music and reading every day between 4 p.m. and 6 p.m. This is a pan-India

initiative and coordinated through its six centres at Mumbai, Pune, Kolkata, Bengaluru, Chennai and New Delhi.[204] A Facebook group and telephone helpline called Caremongers India was set up in March. It is an informal group of volunteers across India who help older persons, the physically challenged, etc. navigate social distancing. Caremongers now has over 22,000 volunteers across India. They have WhatsApp groups to coordinate in every city and state. They receive 700 to 800 calls and about 2,000 messages every day.[205]

There have been several notable efforts for the welfare of older persons from the private sector as well. The Confederation of Indian Industry (CII) has supported over 2 million people - including daily wage labourers, older persons etc. with provision of food. 1.175 million cooked meals, and 1.25 million ration kits and 1,650 MT of food grains have been provided to the needy. Community kitchens have also been supported by CII in several cities.[206] The "Hindustan Times", a national newspaper magazine company in partnership with "Samarth Eldercare" and few other partner groups, has launched an initiative called "#HTForElders" to help the elders in accessing essentials as well as alleviating anxiety and fears through helpline numbers which are regularly advertised in the newspapers.[207] Tata Trusts, the non-profit arm of a leading Indian conglomerate, jointly with the Telangana State government, runs a helpline for senior citizens.[208] The social enterprise Silver Talkies which focuses on services relevant to older persons has reached out to the public and offers local non-contact volunteering opportunities for the youth to help older persons. The youth volunteers buy essential and critical care items for seniors, provide online information from authentic sources, and keep seniors virtually engaged through online games, e-books, online meditation classes etc.[209] In tandem with the Reserve Bank of India (RBI)'s directive to ensure doorstep banking for older persons other financial sector entities such as Paytm Payments Bank also launched the "Cash at Home" facility for senior citizens.[210]

Several organisations have been working to deliver food, medicines and other supplies to older persons in different cities across the country. Through their initiative "Senior Patrol", the Robin Hood Army, a volunteer-based, zero-funds organisation is delivering essentials in terms of food and medicine for older persons who are living alone or are away from their support network.[211] An organisation called Project Mumbai has a team of close to 2,000 volunteers and is delivering essentials to the physically disabled and senior citizens living alone. Some volunteers act as "buddies" to older persons to provide emotional support in this difficult time.[212] Action for Pune Development has been engaged in doorstep delivery of essential items for the older persons. There are also other NGOs in the city such as Friends@Senior Citizens, Annapurna Group, etc. that are catering to food requirements and other services like cab booking, accompanying in check-ups, etc.[213] Youngistan Foundation's relief support for older persons during the pandemic has involved grocery shopping, hospital assistance and doorstep delivery of medicines.[214] Bhoomika Trust helps senior citizens living alone in Chennai, with its volunteers fetching medicine and food supplies for them. It also takes senior citizens who have a dialysis scheduled to the hospital.[215] In Bangalore, Relief Riders is a campaign for bicyclists to support senior citizens in their communities by delivering essentials like medicines, groceries and milk.[216]

Various NGOs such as Society of Community Health Oriented Operational Links (SCHOOL), Socio-Economic and Educational Development Society (SEEDS), Action for Pune Development, etc. have continued to cater to food and other essential requirements of older people.[217] [218]

## Awareness Campaigns

The International Advertising Association (IAA) India chapter in collaboration with a creative agency, the Glitch, has produced an elder care campaign to raise awareness on the importance of helping elders who are most at risk during the pandemic. The campaign was backed by various TV channels such as Sony, Discovery, Network 18, etc.

At the community level, Accredited Social Health Activists (ASHA) have played a key role in raising community awareness, ensuring timely access to testing and treatment, and providing home healthcare delivery to senior citizens in states such as Meghalaya and Rajasthan.

Private initiatives have emerged to provide basic functional digital skills training to older people such as "Easy Hai" and ET Now's "Senior Citizens Suvidha – Tech Asaan Hai"[219][220] which covers topics such as digital payments, connecting on social media, awareness on fake news and protection from phishing attacks.

Some NGOs are attempting to spread awareness about the disturbing instances of abuse towards senior citizens and motivate individuals to raise their voice against it. Delhi-based NGO Wishes and Blessings organised an Elderly Care Challenge campaign at its old age home Mann Ka Tilak. The week-long campaign that ended on World Elder Abuse Awareness Day (15 June 2020) gave participants an opportunity to reconnect with their elders and make them feel special. The idea behind this challenge was to relive old memories and spend some quality time with older persons, and give them the love, care and respect they deserve.[221]

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