



# **Old and Poor in the time of Covid-19 Pandemic in India**

## **A Case Study of Old Age Pension Schemes**

***JUNE 2020***

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## Inferential Survey Statistics and Research Foundation

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### Foreword

Emergence of Covid19 and the resultant lockdown to reduce effects of Covid19 has changed the dynamics of society and the livelihood in an unprecedented manner and the most affected are the old and poor with maximum risk to their health and well-being. Old age pension beneficiaries being from below poverty line and low-income categories, are one such vulnerable group to whom the Government has advanced in cash their pensions of four months together to mitigate their hardships. The study on "Old and Poor in the time of Covid-19 Pandemic in India -A Case Study of Old Age Pension Schemes" tries to unravel the proposition whether the advance is timely and advantageous to the old and poor pensioners, what is their health status, level of awareness and practice of preventive measures and what is their consumption and expenditure pattern of the advances they received. The study is based on the telephonic survey of the old age pension beneficiaries in Odisha.

This is the first ever telephonic survey conducted by the Inferential Survey Statistics and Research Foundation as part of their quick response to emerging socio-economic problems with hard statistical reasonings. The survey has been critical in testing the strength and quickness of the field and quality of the field work.

Survey findings such as 27% of the old age pension beneficiaries have chronic disease, almost 52% are not aware of stay in home as preventive measures, more than 55% of them exhausted 80% of the four months advance given to them within a few weeks, 55% of these not getting food grains free of cost and 14.5% spent the advance on medical purposes, all these have policy imperatives and make mockery of the massive publicity on preventive measures advocated by the Government and free Government assistance to poor and old and find the decision to advance the four months pension as questionable. The report has distinct findings for the most susceptible section of the group i.e. the families comprising of only old members. Their fate hangs between survival and subsistence living.

I hope that the Government machinery takes leaf from the survey findings and think over whether the old age pensioners, in view of the exhaust of advance in a few weeks need resumption of monthly pension well before the completion of four months period and streamline its welfare measures as penetrative.

The study is the combined efforts of the members of the Foundation, still for the initiative, for the conceptualization and shaping out the report, I, on behalf of the Foundation thank and appreciate the whole-hearted efforts of Dr. N. K. Sahu, the project Director and the able assistance of Shri Srikara Naik. I release the Report and declare it to be in public domain.

Dr. B. B. Singh  
Chief Executive Officer

10 June 2020

## **Old and Poor in the time of Covid-19 Pandemic in India**

### **A Case Study of Old Age Pension Schemes**

From 24<sup>th</sup> March 2020, India went for first phase of the countrywide 21 days ‘lockdown’ to prevent the spread of and minimize the damage caused by pandemic Covid-19. Along with that, Government of India and State governments declared number of interventions not only in health fronts, but also in economic and societal fronts. One such intervention was advance payment of four months old age pensions to all beneficiaries of Old Age Pension Schemes by Odisha government. A similar decision was taken by the government of India promptly, and assured the States to release 3 months advance pension and ex-gratia payment of Rs. 1000, in two installments of Rs. 500/- each<sup>1</sup> in favour of each beneficiary. The rationale of such lump-sum advance payments, although not expressly indicated, was to mainly mitigate the hardships and distress, if any, of the rural/urban poor and to strengthen the rural/urban livelihood and economy during lockdown. In the meantime, 4 months advance payment of pensions were delivered to beneficiaries at their respective villages/wards/Gram Panchayat (GP) in Odisha.

2. Indira Gandhi National Old Age Pension Scheme (IGNOAPS), a 100% Centrally Sponsored Scheme, ensures monthly pension to members of BPL family that are 60 years of age and above. A beneficiary between 60 and 79 years of age gets Rs.200 per month and 80 years and above gets Rs. 500 per month. State governments have also the option to add their contribution to the central contribution to assist the IGNOAP beneficiaries. State government of Odisha provides an additional amount of over and above central contributions and pays a total of Rs. 500 per month and Rs. 700 per month to respective groups of IGNOAPS beneficiaries. However, many states provide much more than what the central government pays (**Annexure-1**). IGNOAPS is one of the pension schemes under the National Social Assistance Programme (NSAP) being implemented by the Ministry of Rural Development, Government of India. Other components of the programme are Indira Gandhi National Widow Pension Scheme, Indira Gandhi National Disability Pension Scheme and National Family Benefit Scheme.
3. In addition to IGNOAPS, the government of Odisha has been implementing a separate scheme called Madhu Babu Pension Scheme for Old Age Person (MBPOAP) covering 18.65 lakh beneficiaries that are having family income of less than Rs.24,000 per year with the same rates of pension as in case of IGNOAPS (14.19 lakh beneficiaries). Both IGNOAPS and MBPOAP are for rural and urban people. District wise scheme details are at **Annexure-2**.

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<sup>1</sup> Letter dated 28<sup>th</sup> March 2020 by Minister Agriculture & Farmers' Welfare and Rural Development & Panchayati Raj, GoI to the Chief Ministers of States.

## **PROBE /HYPOTHESIS**

4. The beneficiaries are poor and deprived sections of the society. On reaching the age of 60 years they become eligible for benefit under either of the old age pension schemes. They have been receiving the financial assistance in addition to their family income to support their subsistence level consumptions. Now that they have received a lump-sum amount as advance, their consumption/expenditure behavior/pattern might have changed leading to many implications. *It may be hypothesized that these people might tend to spend proportionally a higher amount within a very short period in view of the lump-sum amount that they have received in one installment and, thus, may exhaust the entire amount even before receiving their regular subsequent installment of pension (in 5<sup>th</sup> month in case of Odisha) is due.* If it is so, and if they happen to be the only earning member of the family, they certainly have a problem in hand to face hardship sooner or later. If they live with other adult/child members in family, their family equations may also change as the whole family would be in distress due to lack of livelihood opportunities during the period of lockdown. The proposed study aims to capture such outcomes at individual and family/household levels.
5. Secondly, these poor old people are also the most vulnerable section in so far as Covid-19 pandemic attack<sup>2</sup> is concerned. India is no different<sup>3</sup>. *The study, therefore, also attempts at gathering information regarding their health status and the preventive measures that they have been following for their safety during this period.*

## **METHODOLOGY**

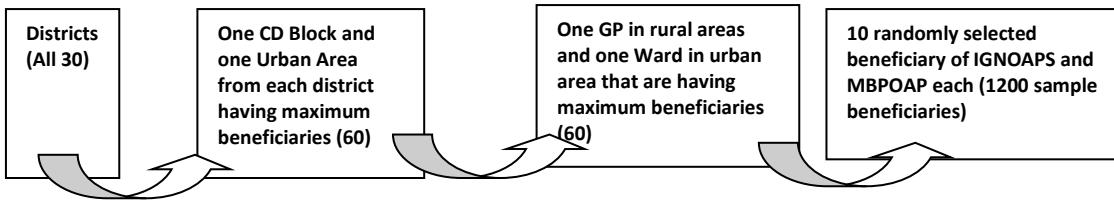
6. During the 'lockdown' and subsequent time, it is expected that people must be maintaining social distance and staying mostly indoors in their homes. Thus, to reach them for the required feedback, it is possible only through telephonic probes. The NSAP MIS provides some details of the beneficiaries and their contact mobile numbers<sup>4</sup>. A scanning of the data in NSAP MIS showed that getting communication numbers was not a problem (in most of the cases) the list of which was used as sampling frame for the purpose of the study. Proposed sampling was for both rural and urban areas since these schemes are implemented in both.

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<sup>2</sup> Statement – Older people are at highest risk from COVID-19, but all must act to prevent community spread. Dr Hans Henri P. Kluge, WHO Regional Director for Europe, Copenhagen, 2 April 2020  
(<http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>)

<sup>3</sup> India Today (6 April 2020): 63% of corona virus deaths in India in 60+ age group: Health ministry (<https://www.indiatoday.in/india/story/63-of-coronavirus-deaths-in-india-in-60-age-group-health-ministry-1663951-2020-04-06>)

<sup>4</sup> nsap.nic.in (State Dashboard New)



## SAMPLING DESIGN AND SAMPLE SIZE

7. Being a telephonic survey, the Study has the limitation of small sample size, however, since the universe of beneficiaries are all senior citizens (60 and above age) of BPL/Low Income families, it is mostly homogeneous in nature and thus, small sample beneficiaries each from rural and urban areas and under each of the two schemes i.e. IGNOAPS & MBPOAP were considered to be fairly representative. The survey covers all the 30 districts of the State and from each of the district, for the rural sector, one Community Development (CD) Block having maximum number of beneficiaries and for urban sector, one town having maximum number of beneficiaries. At the second stage, one Gram *Panchayat* (GP) from the selected CD Block and one urban ward from the selected town, each with maximum numbers of beneficiaries were purposively selected to ensure getting required numbers of sample beneficiaries with telephone/mobile. It was decided to have 10 sample beneficiaries each from rural (selected GP) and urban (selected ward) areas and under each of the two schemes i.e. IGNOAPS & MBPOAP. As such 40 sample beneficiaries were selected in each of the district aggregating the total sample size for the study as 1200. Sample beneficiaries was selected by adopting simple random sampling. NSAP MIS was used for sample frame. As per the pilot conducted on the response rate of the beneficiaries, in the first round itself an additional 90 sample beneficiaries were selected through simple ransom sampling from and listed for each of the selected GP and urban ward for substitution against the failed response in an order/ sequence assigned to them. In the study, communication was directly made with the sample beneficiaries to achieve collecting maximum data/information on the status regarding the advance old age pension that they have received and measures that they have been taking to protect themselves from the pandemic Covid-19. Another important advantage of such communication is the feasibility of collecting some static family/individual related data each time along with dynamic data (data on consumption, expenditure, debt/savings/investment, exigency expenses and Covid-19 related etc). The call making was obviously made in local language (Odia) by well trained personnel.
  
8. In the field, despite persistent efforts by the surveyors and availability of a substitution list of 90 sample beneficiaries (mobiles), in some of the GPs/ urban wards, the required numbers of respondents could not be made available. Thus, additional substitution list of mobile numbers, wherever required by the field, was prepared and made available. Finally, the coverage was frozen after 3 rounds of attempts to prevent any further delay to complete the survey and the study. By that time, sufficient number of sample respondents were contacted covering 1071 beneficiaries of old age pension schemes in all 30

districts of Odisha (5 districts where sample was less<sup>5</sup> than the targeted 40 beneficiaries were Boudh-10, Gajapati-10, Ganjam-10, Malkangiri-10 and Nabarangapur-30). Table-1 shows gender-wise, rural and urban area-wise and scheme-wise, percentage coverage of beneficiaries in the total sample.

Table-1: Sample Covered (In Percentage)					
	Rural	Urban	IGNOAPS	MBPOAP	All
Male	30.16	28.20	29.69	28.66	58.36
Female	18.02	23.62	19.42	22.22	41.64
Both Male & Female	48.18	51.82	49.11	50.89	100.00

Note: Numbers of total sample is 1071

9. **Family** is a sociological unit/entity consisting of parents, children, relatives living together in a house. It is the smallest and most basic social unit, which is also the most important primary group found in any society. In this study, the members of the family reside under one roof, though they may or may not have food from one hearth (*chulla/chulli*). On the other hand, a **household** is a socio-statistical unit where the members have their food from a common hearth (*chulla/chulli*) and also live together. A family may have one or more households. In this study, from the perspective of old age person (OAP), they are (i) Family having only Old member(s), (ii) Family having only Old member(s) and Adult(s), (iii) Family having Old member(s) Adult(s) and Child(ren), (iv) Family having Old, adults, children and having separate Hearth/*Chulla*. In category (i), (ii) and (iii) all members live together under one roof and take food from a single Hearth/*Chulla*, but in case of (iv), a sub-unit of family takes food from a separate Hearth/*Chulla*. Throughout this study, we will try, wherever it is relevant to find out the differences in attributes with respect to various variables (data collected) of the study within these categories of families/households. In our sample we found 16.15% of families fall in category (i), 36.41% in category (ii), 46.03% in category (iii) and only 1.31% in category (iv) *This means, Odia families mostly are integrated units where old, adult and young/child lives together and eats from common hearth/chulla.*
  
10. A comparison of the average number of children, adults and old age members of a family and household has been given in Table-2. The table shows that there is not much difference between family and household size across the categories of the sample.

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<sup>5</sup>contact mobile numbers of beneficiaries as available in the NSAP website needs to be updated in order to ensure valid information about the beneficiaries in a government platform/website. At this stage, mobile numbers of beneficiaries in the NSAP website, in many cases besides being not available, those available were in most cases were either invalid or wrong number or multiple beneficiaries with single number. Many districts where these problems were encountered during survey were-Baudh, Gajapati, Ganjam, Malkangiri Nabarangpur, Sundargarh, Sonepur, Rayagada, Puri, Nayagarh, Sambalpur, Nuapada, Bhadrak,,Keunjhar, Kalahandi, Jharsuguda, Koraput etc.

<b>Table-2: Average Numbers of Child, Adult and Old Persons in Various Category</b>								
	Family				Household			
	Child	Adult	Old	All	Child	Adult	Old	All
All Sample	0.94	2.42	1.61	4.97	0.93	2.39	1.60	4.93
Rural Sample	0.94	2.42	1.61	4.97	0.93	2.40	1.60	4.93
Urban Sample	0.92	2.41	1.61	4.94	0.92	2.38	1.60	4.90
IGNOAPS Beneficiaries	0.94	2.43	1.61	4.98	0.93	2.40	1.60	4.94
MBPOAP Beneficiaries	0.92	2.41	1.61	4.94	0.92	2.38	1.60	4.90
Male Beneficiary in F/HH	0.94	2.42	1.61	4.97	0.93	2.39	1.60	4.93
Female Beneficiary in F/HH	0.94	2.42	1.61	4.96	0.93	2.39	1.60	4.93

## CHRONIC DISEASES: PREVALENCE AND NATURE

- 11.** Our target respondents are old and poor people that are receiving old age pension under IGNOAPS and MBPOAP. Because of age and deficient nutrition intake and other reasons, the members of the family and specially the pension receiving old people may have various diseases/illness, especially that are chronic in nature. As the vulnerability of individuals to Covid-19 goes up for the section that are having chronic diseases, the central government in its advisory had notified the names of diseases that are 'chronic' in nature and had advised those affected to take extra cautions during this pandemic<sup>6</sup>. In this section we will examine the health conditions of both the members of the family and the IGNOAPS/MBPOAP beneficiaries.
- 12.** The listed chronic diseases are (i) chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, post tuberculous sequelae, interstitial lung disease, (ii) chronic heart disease, such as heart failure, (iii) chronic kidney disease, (iv) chronic liver disease, such as alcoholic and viral hepatitis, (v) chronic neurologic conditions, such as Parkinson's disease, stroke, (vi) diabetes, (vii) hypertension and (viii) cancer. It is important to know about the prevalence of chronic diseases in a family as it not only shows the vulnerability portent to Covid-19 attack, but also the financial and emotional stress and strain on the family during this hard time. **Table-3** summarizes the status of prevalence of chronic diseases amongst the beneficiaries surveyed in families of different categories. The survey results reveal the following:
- 10.46% of total sample families have members other then the beneficiaries who suffer from at least one listed chronic disease. This comprises of 11.82% families which lives in rural areas and 9.19% in urban areas.
  - Scheme-wise, 10.46% of families having beneficiary members suffering from at least one chronic disease are both under IGNOAPS and MBPOAP.
  - From the point of view the study, two categories of family are important. First those having only old members and second, the families that have old members along with other adults/children

<sup>6</sup> Advisory for protection of senior citizens aged above 60 years by Ministry of Social Justice and Empowerment, GoI dated 13/04/2020 (letter of secretary to chief secretaries)

but have separate hearth/chulli and thus constituting separate household within the family. Respectively, 12.07% and 7.14% of families fall in these two broad categories. The combined proportion of these two categories having chronic disease is relatively higher (11.70%) in comparison to the combined proportion of other two categories- family having only old member with adult(s) and family having old members with adult(s) & children (10.19%).

Table-3: Percentage of Family having Chronically Diseased Member(s)					
Family Category	Family having Chronic Disease	Family having Chronic Disease in Rural Area	Family having Chronic Disease in Urban Area	Family having Chronic Disease in IGNOAPS Beneficiary Family	Family having Chronic Disease in MBPOAP Beneficiary Family
All	10.46	11.82	9.19	10.46	10.46
Family having only Old member(s)	12.07	14.63	9.78	13.92	21.05
Family having only Old member with Adult(s)	11.54	16.46	7.96	11.48	11.59
Family having Old members with Adult(s) & Children	9.13	8.49	9.83	8.88	9.40
Family having Old, adults, children and having separate Hearth/Chulla	7.14	0.00	33.33	0.00	16.67

**Note:** Excluding IGNOAPS & MBPOAP Beneficiaries in the Family

13. Prevalence of age group-wise chronic disease amongst individual beneficiaries of old age pension can be seen in Table-4. On an average 4.20% of the old age persons have been observed to be suffering from multiple chronic diseases, but it is as high as 7.96% in case of age group of 80 years and above. Table-4 also reveals that chances of the old people getting affected by any of the chronic diseases is very high. The range is between 20.53% in the age group of 60-64 years to 33.87% in the age group 75-79 years. This would imply that, there is increased health risk for people in higher age groups.

Table-4: IGNOAPS & MBPOAP Beneficiaries with Chronic Diseases (in %)			
Age Groups in Years	Percentage of Beneficiary	Beneficiaries with Multiple Chronic Disease	Beneficiaries with Single Chronic Disease
All	100.00	4.20	22.88
60-64	35.48	2.63	20.53
65-69	31.84	4.40	23.17
70-74	16.34	4.57	24.00
75-79	5.79	4.84	33.87
80 & above	10.55	7.96	22.12

**14.** We can see from Table-5 that the common chronic disease is Hypertension/Blood Pressure (BP) (48.78% of all those having chronic disease), followed by Diabetes/Sugar (19.51%) and Chronic (long-term) respiratory disease (13.94%). A substantial 29.69% of the old people have responded that they have one or other of the listed chronic diseases. Though more than half of the respondents (53.33%) admitted that they don't have any chronic disease, about 12% replied that they don't know whether they have any chronic disease? Prevalence of chronic diseases in either the family members or the OAP beneficiaries show that the rate is high warranting need for additional and regular medical attentions in general and more so during the Covid-19 time. It is always questionable how the monthly pension of Rs. 500/- to Rs. 700/- is of any use to this class of people. Certainly, these people need an upscaled public Health System with detailed protocol for their treatment, referrals and follow up under the National Health Mission (NHM), both in normal and COVID time.

**Table-5:** Prevalence of Individual Chronic Disease in Beneficiary of Old Age Persons (in %)

(i)	Chronic (long-term) respiratory disease, such as Asthma, Obstructive pulmonary disease (COPD)	13.94
(ii)	Chronic Heart disease, such as heart failure	3.14
(iii)	Chronic Kidney disease	1.74
(iv)	Chronic Liver disease, such as, alcoholic and viral hepatitis	0.00
(v)	Chronic Neurological conditions, such as Parkinson's disease, Stroke	2.77
(vi)	Diabetes/Sugar	19.51
(vii)	Hypertension/Blood Pressure (BP)	48.78
(viii)	Cancer	10.10
A (i to viii)	Any of the listed Types	29.69
B	Have none of the above disease	53.33
C	Don't know	11.97

## AWARENESS ON GOVERNMENT INSTRUCTIONS

**15.** Both the Government of India and the State Governments have issued various instructions to general public and the vulnerable sections like old age people (OAP) to minimize the spread of the viral decrease- Covid-19. Information Education Communication (IEC) and propaganda materials were used by governments through various channels of media. Awareness campaign was organized by government and non-government organisations at different levels to provide day-to-day status of spread of the disease as well as on preventive measures for the benefit of the public. Odisha government took various measures to run the campaign to fight Covid-19, including through electronic media<sup>7</sup>. Few IEC materials used by government of Odisha are given below, for example.

<sup>7</sup><https://statedashboard.odisha.gov.in/>

### TO AVOID COVID-19

<b>✓ DO THIS</b>	<b>✗ NOT THAT</b>
Stay Home Family Games Indoor Activity Home Chef Weekly Groceries Virtual Chats	Visit People Playdates Group Exercise Dine In Daily Groceries In-Person Chats

Facebook: HFWOdisha | Twitter: @HFWOdisha

### ମାସ୍ ପିଣ୍ଡିବା ବାଧତାମୂଳକ

- ୦୫ ଏପ୍ରିଲ, ୨୦୨୦ ସହାଳ ୭ଟା ରୁ ମାସ୍ ପିଣ୍ଡିବା ବାଧତାମୂଳକ ଥିଲେ ।
- ଘର ବହାରିବା ସମୟରେ ପ୍ରତ୍ୟେକ ଲୋକ ମୁହଁ ଓ ନୀଳକୁ ମାସ୍ ବାରା ଆବୃତ କରନ୍ତୁ ।
- ମାସ୍ ବଦଳରେ ବିଜପରଷ ନୂମାଳ, ଗାମଣ୍ଡା ବା ଡେଣ୍ଟା ବ୍ୟବହାର କରାଯାଇପାରେ ।

@pr\_Odisha | @iprodisha

## ODISHA FIGHTS CORONA

CM Naveen Patnaik reviews COVID19 situation

**Special focus on**

- Testing facilities to be scaled up to at least **1000 tests per day** by **10th April**
- Odisha Covid Hospital **bed capacity** to increase to at least **3000** by **15th April**
- Sufficient availability of Personal Protective Equipments (**PPEs**) for medical professionals
- Sufficient availability of necessary **medical equipments**
- Stringent action** against those trying to communalise the pandemic
- Seamless movement of **goods** and **essential commodities**

Facebook: CMO.Odisha | Twitter: @CMO\_Odisha

**Home Department**  
**Government of Odisha**

Any person from Odisha in distress in any other part of the country and in distress may call the Home Department Helpline No. **0674-2392115**

All concerned are advised to contact the helpline to enable us to capture all details and initiate suitable actions in coordination with respective State Governments.

**Home Department**  
**Government of Odisha**

ଲକ୍ଷ୍ମୀଭାବର ସମୟରେ ଦେଶର ଯେବେଳେ ରାଜ୍ୟର ଅସୁରିଧାରେ ଥୁବା ଓଡ଼ିଶାର ଲୋକମାନେ ମୁହଁ ଦିଲାଗର ସହାଯତା ଦିଲାଗ ୦୬୭୪-୨୩୯୨୧୧୫ ରେ ଯୋଗାଯୋଗ କରିପାରିବେ ।

ସମସ୍ତଙ୍କୁ ଅନୁରୋଧ ଏହି ନିମ୍ନରେ ଦେଖନ୍ତି କରି ଆମ୍ବୁ ସବିଶେଷ ଉଥ୍ୟ ଦିଅନ୍ତୁ । ସମ୍ପୂର୍ଣ୍ଣ ରାଜ୍ୟ ସରବାଳକ ସହ ଯୋଗାଯୋଗ କରି ଯଥାକ୍ଷେତ୍ର ଉପରେ ଉପରେ କରାଯିବ ।

16. In order to judge the effectiveness of the propaganda regarding various aspect of Covid-19 pandemic, this survey tried to get feedbacks from the respondents regarding their awareness and various steps that they were supposed to take to keep themselves safe from the disease. In the 1<sup>st</sup> stage, they were asked to name the steps they should follow in order to avoid spread of Covid-19, without giving them any prompt. As they are free to name the steps, their knowledge about such steps/measures was automatically prioritized. Three attempts were given to them one after another and the feedbacks were recorded. Table-6 captures the feedbacks. It was found that most of the respondents (67.69%) identified 'Stay at home' in the 1<sup>st</sup> feedback and 'Wear mask' as the next common feedback (10.83%). The same respondents, in their 2<sup>nd</sup> attempt named 'Maintain Social distance' as the most known measure (46.13% of respondents) followed by 21.76% as 'Ware mask' and 13.17% as 'Stay at home'. In the 3<sup>rd</sup> attempt, 'Wear mask' was reported by most respondents (46.87%). An analysis of the feedback given by respondents (old & poor) without prompt shows that three most important steps that they were aware and required to be followed to avoid spread of Covid-19 were 'Stay at home', 'Maintain social distance' and 'Wear mask' respectively.

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**Table-6: Awareness about Govt. Advisory to avoid Spread of Covid-19: Without Prompt in order of Feedback sequence (% of All Respondents)**

<b>Advisories</b>	1st Feedback	2nd Feedback	3rd Feedback
Stay at home	67.69	13.17	4.30
Maintain Social distance	5.14	46.13	10.46
Wear mask	10.83	21.76	46.87
Work from home	0.00	0.00	0.00
Transport service suspended (with exception)	1.68	2.80	4.86
Use cloth as face mask	0.09	1.12	3.73
Religious/ social congregation not allowed	0.09	0.19	1.03
All congregation of more than 5 persons are prohibited	0.00	0.00	0.00
Wash hands	8.31	1.87	7.28

17. As our sample respondents are old, their information retention capacity might be relatively less because of failing memories in older age. Thus, to get feedback from them, we prompted them all the items listed in Table-6 and wanted to know whether they were aware about these steps to be followed during Covid-19 pandemic time. Feedbacks received from them have been shown in Table-7. It is observed that, despite massive propagandas by government machinery, the messages regarding Covid19, especially its preventive measures, have not reached the people to the desired extent. Awareness amongst beneficiaries (with prompt) has been observed to be ranging from meager 37.25% with respect to 'Prohibition of congregation of more than 5 persons' to 59.66% with respect to 'Working from home'. Even regarding the most common measures like 'Staying in home', ' Maintaining social distance' and 'Wearing mask' only 47.81%, 51.91% and 57.24% respectively of the beneficiaries surveyed have informed of their awareness about these measures and that too with prompt. However, the awareness was noticed to be relatively higher amongst the urban respondents vis-à-vis rural respondents, MBPOAP beneficiaries vis-à-vis IGNOAPS beneficiaries, female vis-à-vis male beneficiaries. The difference may be due to difference in accessibility to information. For instance, people living in urban areas may have chance of greater accessibility to information through various media than their rural counter parts. MBPOAP beneficiaries also, who are supposed to be relatively better off than IGNOAPS beneficiaries may have greater scope of accessibility to information. Similarly, males, because of their greater mobility out of home and chance of meeting people and exchanging information, may have chance of accessibility to information more than females.

**Table-7: Awareness about Govt. Advisory to avoid Spread of Covid-19: With Prompt  
(% to category total)**

Category of Beneficiaries of OAP	Stay at home	Maintain Social distance	Wear mask	Work from home	Transport service suspended (with exception)	Use cloth as face mask	Religious/ social congregation not allowed	All congregation of more than 5 persons are prohibited
	1	2	3	4	5	6	7	8
All	47.81	51.91	57.24	59.66	55.74	39.87	54.72	37.25
Rural	46.12	47.87	54.07	56.01	53.68	38.18	51.94	32.75
Urban	49.37	55.68	60.18	63.06	57.66	41.44	57.30	41.44
IGNOAPS	47.34	50.19	55.32	57.98	54.18	37.83	53.42	37.83
MBPOAP	48.26	53.58	59.08	61.28	57.25	41.83	55.96	36.70
Male	47.04	50.40	55.84	58.08	54.88	37.76	54.72	37.60
Female	48.88	54.04	59.19	61.88	56.95	42.83	54.71	36.77

### OBSERVANCE OF GOVERNMENT INSTRUCTIONS

- 18.** In the previous section we found that awareness and knowledge about Covid-19 pandemic is not only low in old and poor, but also, it is mostly limited to only a few measures like, ‘Staying in home’, ‘Maintaining social distance’ and ‘wearing mask’. Within such low level of awareness, an attempt has been made in this study to find out the extent of observance or violation of the government instructions by considering the practice of ‘staying in home and not going out unnecessarily’.
- 19.** In the footnote of Table-8 it is indicated that 40.52% of all OAP ventured outside their homes at least for a day within 15 days prior to the date of interview. 35.48% beneficiaries have also reported 3 to 4 days of their moving out of home and 14.29% regarding 5 to 6 days of their moving out of home during 15 days prior to the survey. Category-wise breakup of this is given in Table-8 and Table-9. As can be seen, in general, respondents residing in urban areas, IGNOAPS beneficiaries and males are more active in moving out of their houses/homes than their counter parts. **The surprising finding is that the persons having chronic diseases have violated this principle of ‘Stay at home’ more frequently than individuals without chronic diseases.** We have not probed much to find out why this is happening.

**Table-8: Violation of Stay at Home Principle by Old Age People (In Percentage)**

No of Days gone out in 15 days	OAP that have gone outside home in the last 15 days	Rural Areas	Urban Areas	IGNOAPS Beneficiaries	MBPOAP Beneficiaries	Male Beneficiaries	Female Beneficiaries	Beneficiary With Chronic Diseases	Without Chronic Diseases
	100	47.93	52.07	53.23	46.77	60.37	39.63	80.41	19.59
1-2 Days	45.16	50.00	50.00	58.16	72.45	59.18	40.82	78.57	21.43
3-4 Days	35.48	46.10	53.90	49.35	50.65	58.44	41.56	83.77	16.23
5-6 Days	14.29	50.00	50.00	50.00	50.00	67.74	32.26	85.48	14.52
7-8 Days	1.38	16.67	83.33	50.00	50.00	50.00	50.00	66.67	33.33
9-10 Days	1.15	60.00	40.00	40.00	60.00	60.00	40.00	40.00	60.00
11-12 Days	0.92	75.00	25.00	75.00	25.00	100.00	0.00	50.00	50.00
13-14 Days	0.69	0.00	100.00	33.33	66.67	100.00	0.00	33.33	66.67

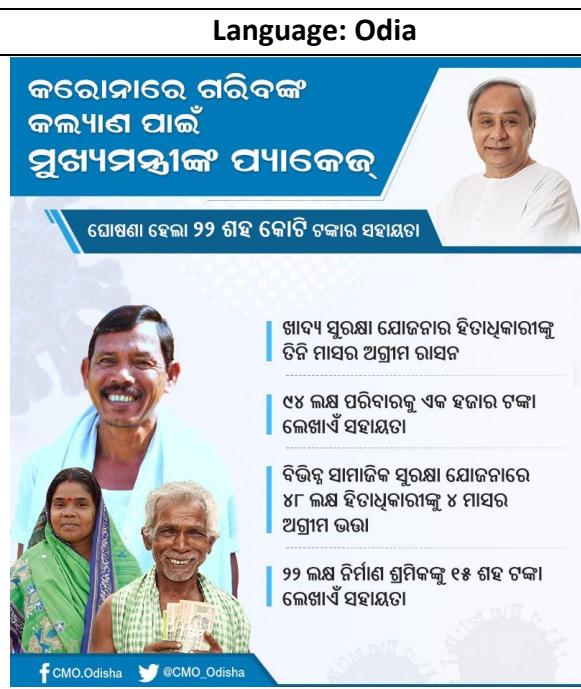
**Note:** 40.52% of all OAP ventured outside their home at least for a day within the past 15 days from the date of interview.

- 20.** Table-9 demonstrates that, this phenomenon of individuals having chronic diseases violating the 'Stay at home' advisory is found in all age groups. **However, the silver lining is that the going out of home decreases with regard to individuals of higher age groups.**

**Table-9: Age Group-wise OAP who have ventured outside their home with/ without Chronic Diseases (in %)**

Age Groups	OAP that have gone outside home in the last 15 days	With Chronic Diseases	Without Chronic Diseases
All	100.00	80.41	19.59
60-64	38.94	81.66	18.34
65-69	34.56	74.00	26.00
70-74	13.82	86.67	13.33
75-79	4.15	88.89	11.11
80-84	5.30	86.96	13.04
85-89	2.07	88.89	11.11
90 & above	1.15	80.00	20.00

## GOVERNMENT ASSISTANCE

Language: Odia	English
 <p><b>କରୋନାରେ ଗରିବଙ୍କ କଲ୍ୟାଣ ପାଇଁ ସୁମ୍ମେମ୍ବୁଳୀଙ୍କ ପ୍ୟାକେଜ୍</b></p> <p>ଯୋଗ୍ୟ ହେଲା ୨୨ ଶହ କୋଟି ଟଙ୍କାର ସହାୟତା</p> <p>ଆଦ୍ୟ ସୁରକ୍ଷା ଯୋଜନାର ହିତଧୂକାରୀଙ୍କୁ ତତ୍ତ୍ଵ ମାସର ଅଗ୍ରମ ରାସନ</p> <p>୧୪ ଲକ୍ଷ ପରିବାରଙ୍କୁ ଏକ ହିତାର ଟଙ୍କା ଲେଖାଏଁ ସହାୟତା</p> <p>ଦିନିକ ସାମାଜିକ ସୁରକ୍ଷା ଯୋଜନାରେ ୪୮ ଲକ୍ଷ ହିତଧୂକାରୀଙ୍କୁ ୪ ମାସର ଅଗ୍ରମ ଭରା</p> <p>୨୨ ଲକ୍ଷ ନିର୍ମାଣ ଗ୍ରହିକଙ୍କୁ ୧୫ ଶହ ଟଙ୍କା ଲେଖାଏଁ ସହାୟତା</p> <p>fb CMO.Odisha    tw @CMO_Odisha</p>	<p><b>Chief Ministers' Package for the welfare of poor during Corona</b></p> <p><b>Announcement for assistance amounting to rupees 22 hundred crore</b></p> <ul style="list-style-type: none"> <li>• Three months advance rations for the beneficiaries of Food Security Programme</li> <li>• Rupees one thousand assistance to 94 lakh family</li> <li>• Four months advance to 47 lakh beneficiaries of various social security schemes</li> <li>• Assistance of 1500 rupees to 22 lakh construction labourers</li> </ul>

21. Targeted beneficiaries received various assistances during the lockdown period under several schemes. The purpose was to assist the affected people in order to meet uncertainty of livelihoods, unemployment, reduction in income and increased need for unforeseen expenses during the lockdown. Some of them are advance payments, and some are assistance of new categories. The survey attempted to record various government assistance received by the respondents (beneficiaries of IGNOAPS and MBPOAP) and their families which have been shown in Table-10, category wise.

**Table-10: Government Assistance received as reported by OAP Beneficiaries and their Family within 40 Days since Lockdown(% to respective category)**

Categories	Old age pension-Individual (Advance)	PDS Ration- For Family (regular with payment)				
		Rice	Dal	Edible Oil	Kerosene	Wheat
All	95.80	88.42	1.87	0.93	6.26	6.35
Rural	94.19	91.28	1.94	0.00	5.43	5.62
Urban	97.30	85.77	1.80	1.80	7.03	7.03
IGNOAPS	94.11	90.11	1.33	1.90	5.13	7.03
MBPOAP	97.43	86.79	2.39	0.00	7.34	5.69
Male	95.36	88.16	1.92	0.96	6.08	5.76
Female	96.41	88.79	1.79	0.90	6.50	7.17

<b>Table-10.</b> cont	PDS Ration- Family (free)		Credited in <i>Jan Dhan</i> Account	Lump sum monetary assistance	Assistance in terms of kind/ commodity (LPG Cylinders, etc.)
Categories	Rice	Wheat			
All	44.82	6.54	12.14	62.93	3.55
Rural	46.71	5.04	14.34	65.89	4.26
Urban	43.06	7.93	10.09	60.18	2.88
IGNOAPS	45.44	7.79	11.22	61.79	1.33
MBPOAP	44.22	5.32	13.03	64.04	5.69
Male	45.76	6.24	10.08	62.56	4.48
Female	43.50	6.95	15.02	63.45	2.24

22. Our objective in this survey was to capture the advance pension payments to the targeted IGNOAPS and MBPOAP beneficiaries and to extract feedback from them whether the advance payment could serve the purpose during the hard time or whether it was advantage or disadvantageous to them. Out of all samples, more than 95% confirmed receipt of advance pension. Normally in Odisha, government agencies move from location to location and dispense the pension in cash. It was observed that percentage of beneficiaries located in urban areas and under MBPOAP who received pension (97.30% & 97.43% respectively) was higher than their counter parts in rural areas and under IGNOAPS (94.19% & 94.11% respectively). Despite this discrepancy, feedbacks from few citizens and public representatives suggest that all the targeted beneficiaries must have received the pension over time.
23. In addition to the above, *Jan Dhan* Account holders reported that they received assistance of ₹500/- or more comprising 12.14 percent of the surveyed families (it is not proportion to the account holders). Most of the families of OAP (61.8%) received lump sum assistance of ₹1000/-in cash and remaining account holders got either ₹500/- or more than ₹1000/-. Out of the total sample families, 10.2% have not received any lump sum cash assistance. Some of the sample families have also received assistance in kind like LPG gas cylinders, but their percentage is very low. The most important assistance received by families of OAP is food grains, pulses, edible oil and kerosene from the PDS (Public Distribution Scheme) under National Food Security Act. They have reported<sup>8</sup>purchasing these items on payments in highly subsidized price (₹1/- per kg of rice). But they have also received free rice and free wheat as per special measures taken by the government in the time of Covid-19. **However, a surprising finding is that, only about 45% of the families of OAP have received food grain free of cost, instead of 100%. Since by definition the IGNOAPS and MBPOAP beneficiaries belong to poor (BPL/ Low Income) families, all such families should have been covered under this free rice/wheat delivery scheme.**

<sup>8</sup> This survey has been conducted between 1<sup>st</sup> May 2020 and 20<sup>th</sup> May 2020.

## EXPENDITURE OUT OF ADVANCE PAYMENT OF OLD AGE PENSION

- 24.** Both the Central and State governments announced payment of advance assistance to beneficiaries of social security programmes. As shown in Table-10, we observed that most of the targeted old age pensioners under IGNOAPS and MBPOAP got the promised amount. However, our probe was also to find out the economic and social consequences of such a benevolent gesture of the government. It is to be noted that the payment is not additional to the existing quantum, but just advance payment of 4 months normal pension<sup>9</sup>. In the PROBE/HYPOTHESIS section it was hypothesized that these people would spend proportionally more as soon as they get the lump-sum advance and may exhaust the full amount before receiving the regular installments (in August 2020 in case of Odisha).

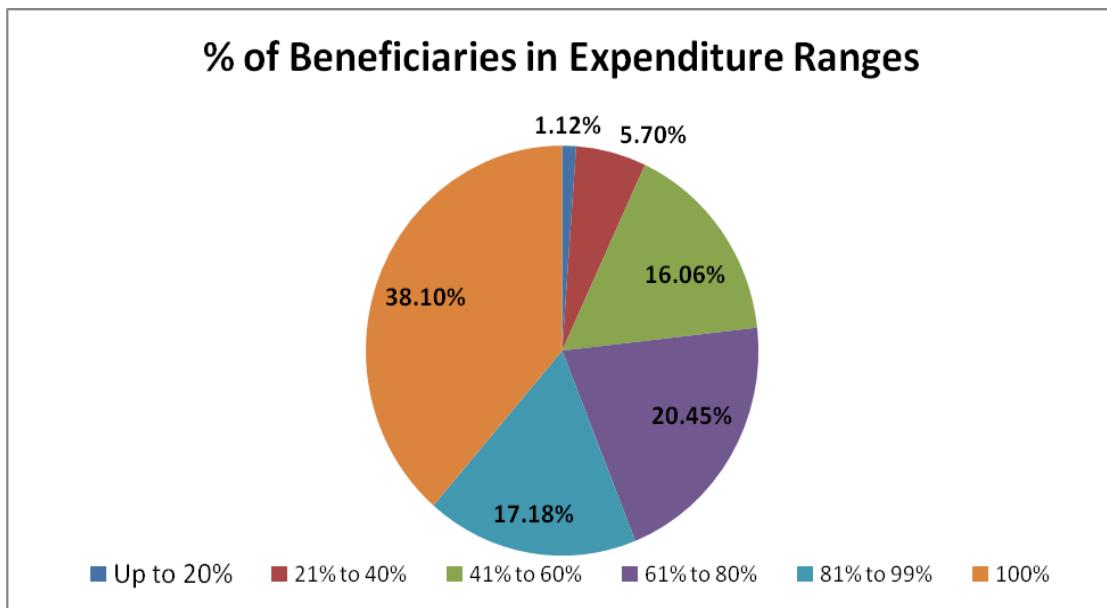
Table-11: Expenditure out of Advance Pension within 40 Days of Lockdown by Category (in % class of expenditure and in % Beneficiaries)						
Category of Family/HH of Beneficiaries	Up to 20%	21% to 40%	41% to 60%	61% to 80%	81% to 99%	100%
All	<b>1.12</b>	<b>5.70</b>	<b>16.06</b>	<b>20.45</b>	<b>17.18</b>	<b>38.10</b>
Rural Family/HH	1.96	4.71	17.06	21.18	18.04	37.06
Urban Family/HH	0.37	6.78	15.57	20.33	16.85	40.11
IGNOAPS Beneficiary Family/HH	1.16	7.35	15.28	20.89	18.38	36.94
MBPOAP Beneficiary Family/HH	1.11	4.27	17.25	20.59	16.51	40.26
Male Beneficiary Family/HH	1.30	5.53	16.42	19.84	18.54	38.37
Female Beneficiary Family/HH	0.91	6.12	16.10	22.00	15.87	39.00
Family having only Old member(s)	0.58	9.94	17.54	21.64	23.98	26.32
Family having only Old member with Adult(s)	1.03	5.68	14.73	23.00	15.76	39.79
Family having Old members with Adult(s) & Children	1.44	4.73	16.67	18.72	16.87	41.56
Family having only Old, adults, children and separate Hearth/Chulla	0.00	0.00	28.57	15.38	0.00	53.85

- 25.** It is found that 38.10% of beneficiaries have fully spent the advance pensions received by them in the first few weeks immediately after the receiving date (between 15<sup>th</sup> March 2020 and 10 April 2020). A substantial 40.11% of the beneficiaries belonging to urban areas, 40.26% of MBPOAP and 39% female

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<sup>9</sup> An attempt by the state government to pay advance salary to doctors, nurses and all health personnel across the state for the months of April, May, June and July in the month of April 2020, was opposed by Doctors Associations. <https://economictimes.indiatimes.com/news/politics-and-nation/odisha-announces-4-months-advance-salary-for-health-personnel/articleshow/74812455.cms>. Even the doctors of Veer Surendra Sai Institute of Medical Sciences and Research (VIMSAR), Burla have informed the Odisha government that they want better masks and PPE instead four months' salary in advance. <https://www.outlookindia.com/newsscroll/vimsar-doctors-seek-better-masks-ppe-instead-of-advance-salary/1786309>.

beneficiary families were noticed to have already spent the entire pension amount in comparison to their counterparts in rural areas, IGNOAP and male category. Further to this it was also observed that, 81% to 99% of the advance pension amount was spent by 17.18% of beneficiaries, 61% to 80% was spent by 20.45% of beneficiaries and 41% to 60% was spent by 16.06% of beneficiaries. **This means, the largest portion of the amount received as advance pension has been spent by the beneficiaries in the first few weeks after receiving the amount.** Spending of the advance pension in higher proportion within days of receipt would imply that they might be in disadvantaged situation, in terms of availability of fund with them, if need be, to meet exigencies during remaining period of the advance payment. However since the spending was mostly on food grains, pulses, edible oil and kerosene, grocery, (besides unavoidable medicines) (Table -13-A), it might also imply that the higher spending might be to keep stock of necessities to meet exigencies during lockdown, which could have been ascertained from the respondents by confirming the average monthly consumption of these items, but could not be done due to time constraints in the telephonic survey.



- 26.** In order to find out the difference in expenditure pattern between rural and urban areas, IGNOAPS and MBPOAP beneficiaries, Male and Female beneficiaries and corresponding types of families, the average and median expenditures were calculated and a comparison has been presented in Table-12A.

**Table-12A: Expenditure Incurred by Old Age Persons (OAP) under Pension Schemes- Location, Scheme and Gender-Wise**  
**(Average/Median in ₹ and Coefficient of Variations-CV in %)**

	Rural Family/ HH	Urban Family/ HH	IGNOAPS Beneficiary Family/HH	MBPOAP Beneficiary Family/HH	Male Beneficiary Family/HH	Female Beneficiary Family/HH
1	2	3	4	5	6	7
Average	1835.66	1859.97	1844.14	1852.22	1827.54	1877.79
Median	1950.00	1900	2000.00	1900.00	1950.00	1950.00
CV	47.32	45.48	46.89	46.16	47.24	45.79

Note: All Families and Households refer to the IGNOAPS/MBPOAP beneficiaries' family/household.

Though data have been collected for the expenditure incurred out of the pension amount, the utilization/purpose is for the family/household, and thus, the classification has been done accordingly. The average expenditure incurred by beneficiaries belonging to rural areas is ₹1835.66/-, which is ₹1859.97 in urban areas. Similar difference was also observed in Median values and noticed to be statistically significant. The beneficiaries belonging to MBPOAP spent ₹1852.22/- and IGNOAP beneficiaries spent a lesser amount of ₹1844.14/- (with similar Median value /expenditure). Lastly, though the Median expenditure incurred by both the male and female beneficiaries is the same, the average amount incurred by female beneficiaries (₹1877.79/-) is much more than their male counterparts (₹1827.84/-).

**Table-12B: Expenditure Incurred by Old Age Persons (OAP) under Pension Schemes- Family Type-Wise**

**(Average/Median in ₹ and Coefficient of Variations-CV in %)**

	Family having Old member(s) only	Family having Old member with Adult(s) only	Family having Old member with Adult(s) & Child	Family having Old member with separate Hearth/Chulla
1	2	3	4	5
Average	1707.76	1846.31	1909.06	1507.14
Median	1900.00	1950.00	2000.00	1800.00
CV	49.76	46.76	45.24	56.75

Note: All Families and Households refer to the IGNOAPS/MBPOAP beneficiaries' family/households.

27. An examination of Table-12B reveals that difference in average expenditure amongst various types of families/households is quite significant. While the most vulnerable families having only old persons as members and families having old, adult and children having separate hearth/chulla spent much less out of advance pension (₹1707.76 and ₹1507.14 respectively), spending by families having either old and adults or old, adults and children as members was comparatively higher i.e. ₹1846.31 and ₹1909.06

respectively. This is probably due to limited source of income and livelihood opportunities and tendency to save to meet future needs by families in the 1<sup>st</sup> category in comparison to the 2<sup>nd</sup> category (we have not collected data in these parameters in this round of survey).

**28.** The aggregated expenditure as shown above show many interesting features. In order to understand it more meaningfully, we have tried to capture and analyze the composition of expenditure in terms of broad items of expenditure. Expenditure on food grains/pulses (rice, wheat, dal, etc), grocery (edible/non-edible oil, salt, sugar, toiletry, etc.) and medicine (including medical tests) are generally the broad categories and most important items of expenditure, which workout to 43.89%, 26.14% and 14.15% respectively for all the beneficiaries of pension schemes. However, on these items, rural-urban difference is observed with regards to grocery and medicines but not much with respect to food-grains /pulses. The difference is also not much between male beneficiary families and female beneficiary families.

**Table-13A: Expenditure Incurred by Old Age Persons (OAP) under Pension Schemes- Composition of Major Items: Location, Scheme and Gender-Wise  
(Proportions to Total in % )**

	All Beneficiary Family/HH	Rural Family/ HH	Urban Family/ HH	IGNOAPS Beneficiary Family/HH	MBPOAP Beneficiary Family/HH	Male Beneficiary Family/HH	Female Beneficiary Family/ HH
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Food grains/ Pulses	43.89	39.06	38.06	34.82	40.81	37.55	37.94
Grocery	26.14	24.90	21.25	22.40	22.68	22.62	22.15
Vegetables/ Milk	3.44	7.43	10.62	10.09	10.06	10.63	9.16
Tobacco/ Intoxication	0.06	0.06	0.05	0.01	0.09	0.08	0.01
Medicine/Test	14.15	14.00	11.04	13.55	9.99	11.77	12.71
Cloth	3.12	2.01	3.37	3.77	1.63	2.45	3.00
Loan Repayment	3.95	4.03	2.97	3.51	3.30	3.38	3.40
Education of children like tuition fee	0.09	0.14	0.03	0.13	0.03	0.11	0.03
Others	5.16	8.37	12.62	11.72	11.40	11.41	11.60
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

**29.** Comparison amongst different types of families/households has thrown a clearer picture of differences in expenditure pattern on major categories of items (Table-13B). Expenditure pattern shows that the most vulnerable among the poor/old i.e. families having only Old member(s) and Family having Old, adults, children and having separate Hearth/*Chulla*, have greater but nearly similar tendency for spending proportionately more on food-grains/pulses , which was noticed to be 44.95% and 45.68% for the respective categories compared to the families/households of pension holders who live with adults and those with both adults and children and have food from common hearth/chulla. Families of later two categories have been noticed to have spent a lesser proportion of their pension i.e. 38.58% and 34.58% respectively on food-grains /pulses.

**Table-13B: Expenditure Incurred by Old Age Persons (OAP) under Pension Schemes- Composition of Major Items: Family Type-Wise (Proportions to Total in % )**

	All Beneficiary Family/HH	Family having only Old member(s)	Family having only Old member with Adult(s)	Family having Old member with Adult(s) & Child	Family having Old, adults, children and having separate Hearth/ <i>Chulla</i>
1	2	2	3	4	5
Foodgrains/Pulses	43.89	44.95	38.58	34.58	45.68
Grocery	26.14	22.50	22.48	22.71	8.20
Vegetables/Milk	3.44	8.71	10.12	10.49	4.66
Tobacco/Intoxication	0.06	0.00	0.00	0.11	0.00
Medicine/Test	14.15	10.92	11.11	13.07	23.06
Cloth	3.12	1.31	2.94	2.80	7.10
Loan Repayment	3.95	2.81	3.09	3.72	6.65
Education of children like tuition fee	0.09	0.10	0.00	0.13	0.00
Others	5.16	8.71	11.68	12.38	4.66
Total	100.00	100.00	100.00	100.00	100.00

**30.** An interesting category of expenditure that was clubbed by us as 'Other' needs attention. 18 numbers of OAP have reported that they have provided loans to their relatives/family members between ₹500 to ₹2800 (full amount). Out of them 11 are females mostly staying with their families and eating from the common hearth/*chulla*.

## **SUMMARY AND CONCLUSIONS**

- 31.** The first Covid-19 bound 'lockdown' of 21 days (beginning with 25<sup>th</sup> March 2020) was announced by the Government on 24<sup>th</sup> March 2020. Along with this, four months advance payment of pensions under pension schemes of IGNOAPS and MBPOAP were delivered to beneficiaries at their respective villages/wards/Gram Panchayat (GP) in Odisha between 4<sup>th</sup> week of March 2020 to 1<sup>st</sup> week of April 2020. The study was mainly to capture information from the beneficiaries regarding their expenditure pattern and whether such lump-sum payment in one instalment was to their advantage or disadvantage. Secondly, since the poor old people are also the most vulnerable section in so far as Covid-19 pandemic attack is concerned, through this study, an attempt was made to gather information regarding their health status and the preventive measures that they have been following for the safety of their health during this period.
- 32.** Telephonic survey in all the 30 districts of Odisha was conducted during the period 1<sup>st</sup> May 2020 to 20<sup>th</sup> May 2020 covering 1071 sample of IGNOAPS and MBPOAP beneficiaries. The summaries of findings are:

### ***Chronic Diseases:***

- i. Incidences of chronic diseases in the family of the respondents as well as amongst the beneficiaries are found to be substantial. 10.46% of total sample families have members other than the beneficiaries who suffer from at least one listed chronic disease and beneficiaries themselves are concerned, 4.20% beneficiaries have multiple chronic diseases and 22.88% have single chronic disease.
- ii. In case of the beneficiaries, the common chronic diseases are - Hypertension/Blood Pressure (BP)- 48.78%, followed by Diabetes/Sugar- 19.51% and Chronic (long-term) respiratory disease- 13.94%.

### ***Awareness about Guidelines to prevent Covid19:***

- iii. Feedback from respondents (old and poor) without prompt shows that the three most important measures that they are aware of to be followed to avoid spread of Covid-19 are 'Staying at home', 'Maintaining social distance' and 'Wearing Mask'.
- iv. Despite massive propagandas by government machinery, the messages regarding Covid19, especially its preventive measures, have not reached the people to the desired extent. Awareness amongst beneficiaries (with prompt) has been observed to be in the range of only 37.25% with respect to 'Prohibition of congregation of more than 5 persons' to 59.66% with respect to 'Working from home'. Even regarding the most common measures like 'Staying in home', 'Maintaining social distance' and 'Wearing mask', only 47.81%, 51.91% and 57.24% respectively of the beneficiaries have informed their awareness and that too with prompt.
- v. Low level of awareness and violation of the government instructions like practice of staying in home was found to be as high as 40.52% amongst the old age persons i.e. within 15 days prior to the date of interview. 35.48% beneficiaries have also reported 3 to 4 days of moving out of home and 14.29% reported 5 to 6 days of moving out of home during 15 days prior to the

survey. The surprising finding is that the beneficiaries having chronic diseases have violated this principle of 'Stay at home' frequently vis-à-vis beneficiaries without chronic diseases. However, the silver lining is that the going out of home decreases with regard to beneficiaries of higher age groups.

**Government Assistance:**

- vi. More than 95% of the beneficiaries surveyed confirmed receipt of the advance pension.
- vii. It was observed that percentage of beneficiaries located in urban areas and under MBPOAP who received pension (97.30% & 97.43% respectively) was higher than their counter parts in rural areas and under IGNOAPS (94.19% & 94.11% respectively). Despite this discrepancy, feedbacks from few citizens and public representatives suggest that all the targeted beneficiaries must have received the pension over time.
- viii. In addition to advance old age pension, targeted beneficiaries also received various assistances during the lockdown period like free ration under PDS (44.82% of beneficiary got rice and 6.54% wheat), lump sum cash assistance (62.93%) and credit in *Jan Dhan* account (12.14%).
- ix. However, only about 45% of the families of OAP have received food grain free of cost, which should have been 100%.

**Spending Pattern:**

- x. The largest portion of the amount received as advance pension has been spent by the beneficiaries in the first few weeks after receiving it. It is found that 38.10% of beneficiaries have fully spent the advance pensions received by them in the first few weeks immediately after the receiving date. 81% to 99% of advance received have been spent by 17.18% of beneficiaries and 61% to 80% by 20.45% of beneficiaries.
- xi. While the most vulnerable families having old persons only as members and having separate hearth/*chulla* spent much less out of advance pension (₹1707.76 and ₹1507.14 respectively), spending by families having old/adult/child as members was comparatively higher i.e. ₹1846.31 and ₹1909.06 respectively. This is probably due to limited source of income and livelihood opportunities of families in the 1<sup>st</sup> category in comparison to the 2<sup>nd</sup> category.
- xii. Expenditure on food grains/pulses (rice, wheat, dal, etc), grocery (edible/non-edible oil, salt, sugar, toiletry, etc.) and medicine (including medical tests) are generally the broad categories and most important items of expenditure, which workout to 43.89%, 26.14% and 14.15% respectively for all the beneficiaries of pension schemes. A good 14.15% of the beneficiaries have incurred expenditure out of pension for medical purposes may imply that old age pension is not only the source for them to fall back upon to meet such expenditure, but also incurring such expenditure as an inevitable trade off between survival and subsistence living.
- xiii. Expenditure pattern shows that the most vulnerable among the poor/old i.e. families having Old member(s) only and families with old member, adults and children with separate hearth/*chulla*, have greater but nearly similar tendency for spending proportionately more on food-grains/pulses, which was noticed to be 44.95% and 45.68% for the respective categories compared to the families of pension holders who live with adults and those with both adults and children under same roof and have food from common hearth/*chulla*. These later two

categories of families have been noticed to have spent a lesser proportion of their pension i.e. 38.58% and 34.58% respectively on food-grains /pulses.

- 33.** Based on the findings of this survey we are prompted to conclude that the awareness campaign of the government on Covid-19 is not only reaching a few susceptible people but also the instructions are violated rampantly by them. Secondly, the advance payments of old age pensions to the targeted beneficiaries have been fully or mostly spent within few weeks<sup>10</sup>. The findings establish the hypothesis of the study that people, irrespective of their economic status tend to spend more if they have more which may not augur well for the old and poor during a crisis period like lockdown as it may ultimately result in their livelihood crisis. It may be more appropriate to extend such assistance more in kind and less in terms of cash during crisis. Perhaps combination of ex-gratia cash assistance which was given and assistance in kind, could have served the purpose by sticking to the ongoing monthly time line of releasing pension to the old age people.
- 34.** It may not be out of context to mention that as observed during survey, contact mobile numbers of beneficiaries as available in the NSAP website needs to be updated in order to ensure getting valid information about the beneficiaries in a government platform/website. At this stage, mobile numbers of beneficiaries in the NSAP website, in many cases besides being not available, those available were in most cases either invalid or wrong number or multiple beneficiaries with single number.

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<sup>10</sup> It is proposed to enquire the nature of the expenditure made by the beneficiaries further and find out whether such spending and stocking of consumables like food grains can sustain them for rest of the periods in the next round of survey.

**Annexure-1**

<b>State-wise Old Age Pension/Financial Assistance</b>		
<b>State</b>	<b>Scheme</b>	<b>Monthly Pension Amount (INR)</b>
Centre	Indira Gandhi National Old Age Pension Scheme	200-500
Andhra Pradesh	YSR Pension Kanuka	2250
Arunachal Pradesh	Indira Gandhi National Old Age Pension Scheme	1500-2000
Assam	Indira Gandhi National Old Age Pension Scheme	500
Bihar	Mukhyamantri Vridhjan Pension Yojna	400
Chhattisgarh	Indira Gandhi National Old Age Pension Scheme	350-650
Delhi	Old Age Pension	2000-2500
Gujarat	Vayvandana scheme	750-2000
Haryana	Old Age Samman Allowance	2000
Jharkhand	State Social Security Old Age Pension Scheme (SSSOAPS)	600
Karnataka	Monthly Pension Scheme for Older Person	400
Kerala	Indira Gandhi National Old Age Pension Scheme	1200-1500
Madhya Pradesh	Social Security Pension to Senior Citizens	600
Maharashtra	Shravan Bal Seva RajyaNirvuttiVetan Yojana	600
Manipur	Manipur Old Age Pension Scheme	200
Meghalaya	Indira Gandhi National Old Age Pension	500-550
Mizoram	Old Age Pension	200-500
Odisha	Madhu Babu Pension Yojana (MBPY)	500-700
Rajasthan	Social Security Pension Scheme for Old Age	750-1000
Tamil Nadu	Indira Gandhi National Old Age Pension	1000
Telangana	Aasara Pension	2016
Tripura	State Old Age Pension	500
Uttar Pradesh	Indira Gandhi Old Age Pension Scheme	300
Uttarakhand	Indira Gandhi National Old Age Pension	1000
West Bengal	West Bengal Old Age Pension Scheme	750-1000

**Source: IMPACT & POLICY RESEARCH INSTITUTE, 22 April 2020**

(<https://www.thecitizen.in/index.php/en/NewsDetail/index/15/18639/COVID19-Implications-for-People-with-Disabilities-and-the-Elderly>)

**Numbers of Old Age Pension Scheme Beneficiaries (15th May  
2020)**

<b>Sl. No</b>	<b>District</b>	<b>IGNOAPS</b>	<b>MBPOAP</b>
		<b>Total Beneficiary</b>	
1	ANGUL	33472	45058
2	BALESHWAR	78934	93807
3	BARGARH	52200	80865
4	BHADRAK	48764	61381
5	BOLANGIR	76801	87298
6	BOUDH	16582	31005
7	CUTTACK	81504	124377
8	DEOGARH	9976	13863
9	DHENKANAL	45892	46364
10	GAJAPATI	16601	26961
11	GANJAM	94810	100072
12	JAGATSINGHAPUR	47544	59715
13	JAJPUR	63601	72181
14	JHARSUGUDA	16620	22343
15	KALAHANDI	58479	79196
16	KANDHAMAL	20317	56891
17	KENDRAPARA	62459	79119
18	KENDUJHAR	49580	68069
19	KHORDHA	54338	74846
20	KORAPUT	66096	62260
21	MALKANGIRI	29319	30677
22	MA+++YURBHANJ	79763	133720
23	NABARANGAPUR	50024	45298
24	NAYAGARH	37580	45856
25	NUAPADA	40702	37817
26	PURI	65725	89693
27	RAYAGADA	46440	45035
28	SAMBALPUR	36311	48595
29	SONEPUR	33520	30148
30	SUNDARGARH	56344	77685
<b>GRAND TOTAL</b>		<b>1470298</b>	<b>1870195</b>

Source: <http://www.nsap.nic.in/>