

Inclusive Vaccination Strategy



Introduction and Rationale

Globally 15 percent of the population lives with disability and are estimated to be world's largest minorities (World Health Organisation, 2011). In India approximately 2.2 percent (Census, 2011) of the population lives with some form of disability and face acute challenges in accessing basic services (e.g., healthcare, livelihood, education) due to limited or non-availability of public transportation facilities, inaccessible digital information and discrimination/exclusion faced within the society. Since the COVID-19 outbreak in 2019, worldwide, persons with disabilities have been profoundly impacted due to the increased risk of getting infection, unavailable or poor access to healthcare services and the adverse social impacts of restriction or lockdown measures (Shakespeare et al., 2021).

As per WHO¹ and UNICEF² on 'Disability Considerations for COVID-19 vaccination', persons with disabilities are at greater risk of contracting the virus (WHO, 2021). They face barriers in implementing the hygiene and social distancing measures because they often rely on touch to obtain information. Furthermore, many persons with disabilities live with underlying health conditions which makes them susceptible to the virus.

To address the concerns of persons with disabilities, who are at higher risk of adverse COVID-19 outcomes, the Government of India (including, NDMA³, MoHFW⁴, DePwD⁵) have launched various initiatives and mitigation measures. A document on 'Comprehensive Disability

Inclusive Guidelines for Protection and Safety of Persons with Disabilities' during COVID-19 was released in April 2020 to provide guidance/instructions for state/city governments to ensure provision of essential services, social security measures and provide necessary support to persons with disabilities including their caregivers (DePwD, 2020). In September 2019, National Disaster Management Authority (NDMA) emphasized the adoption of 'Disability Inclusive Disaster Risk Reduction' at national/state/city level. Despite these guidelines, persons with disabilities continue to face challenges in accessing services during the pandemic. The launch of vaccination drive (January, 2021) by the Ministry of Health and Family Welfare (MoHFW) has brought some relief from the impact of covid-19. However, persons with disabilities continue to face barriers in getting the vaccination.

To understand the access to vaccination and interlinked issues faced by persons with disabilities, Building Accessible, Safe and Inclusive India Cities (BASIIIC⁶) programme at National Institute of Urban Affairs (NIUA⁷) has conducted in-depth interviews with Civil Society Organizations (CSOs⁸) and the issues and challenges highlighted were related to Accessibility, Awareness and Affordability. In view to make COVID-19 related initiatives specifically vaccination initiative inclusive and in lieu of the assessment done, BASIIIC Programme in collaboration with Smileys, highlights the existing concerns related to inaccessibility issues of the vaccination drive. It also provides implementable recommendations for city officials and urban local bodies to make the whole process accessible, inclusive and affordable.

¹ WHO: World Health Organisation

² UNICEF: United Nations Children's Fund

³ NDMA: National Disaster Management Authority

⁴ MoHFW: Ministry of Family and Health Welfare

⁵ DePwD: Department of Empowerment of Persons with Disabilities

⁶ BASIIIC: Building Accessible, Safe and Inclusive Indian Cities

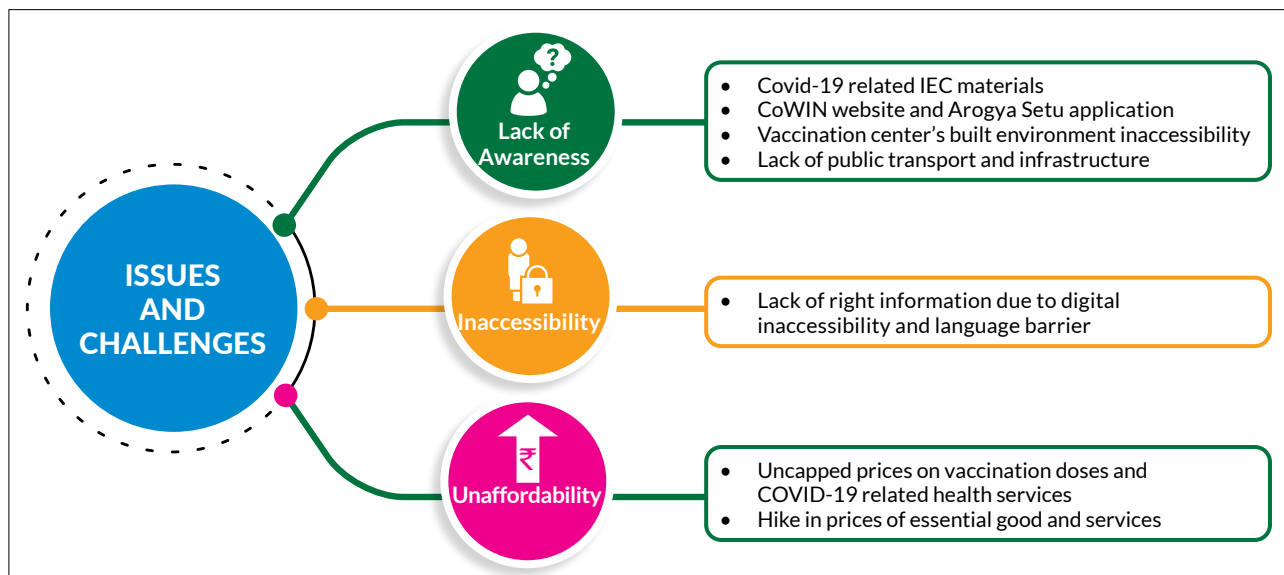
⁷ NIUA: National Institute of Urban Affairs

⁸ CSOs: Civil Society Organisations

Identified Issues and Concerns

According to MoHFW, in addition to the healthcare workers and front line workers, senior citizens and persons with disabilities have been prioritized for the vaccination drive. There has been a constant effort by the concerned bodies to make it a people centric and accessible process. However, lack of access to right information, digital devices, public transport and vaccination centres act as hurdles to

avail the facilities, specifically for persons with disabilities (irrespective of age, ability and gender). Disparities due to lack of uniform and coordinated actions amongst state and city governments have further widened the access to healthcare services. The diagram below identifies specific issues related to inaccessibility, lack of awareness and unaffordability.



Recommendations

Based on the identified issues, BASIIC Programme recommends the following four major recommendations could be adopted at city/local level.

Recommendation 1: Prioritising access and accessibility at vaccination centres

Spatial and digital accessibility and socio-economic equity are enablers for persons with disabilities to live an independent life in an urban environment. Due to digital inaccessibility, persons with disabilities are finding it challenging to register and book slots from CoWIN applications for vaccination. Furthermore, they are often left behind from availing vaccination due to inaccessibility of vaccination centres and no priority access. In light of this issue, it is recommended that vaccination is prioritised for persons with disabilities by implementing four possible models developed by a Bengaluru based non-governmental organisation - Smileys. It is suggested that:

I. Prioritising access and making vaccination centres accessible vaccination centres

- Priority access must be given to persons with disabilities (irrespective of age, ability and gender) at all vaccination centres.
- Incorporation of universal design elements within the designated vaccination camp should be made mandatory. The universal design elements which includes but are not limited to – accessible entry and exit points, appropriate waiting mechanism, accessible waiting area, ramps, lifts, staircase, tactile paving, accessible washrooms, availability

of manual assistance, audio- visual communication tools, braille printed information.

- Availability of trained/sensitised staff to understand the needs and challenges of persons with disabilities.
- Provision for a separate and accessible vaccination centre at least one in each ward/zone for persons with disabilities on priority basis should be created.

II. Door to Door Vaccine Drive and Near to Home Vaccination Camps

- Persons with disabilities who are bed ridden or rely on caregivers for mobility are unable to leave home to visit a public vaccination site. For such a population, bringing the vaccines to their door or arranging mobile vaccine camps is emerging as a promising practice. This could be conducted in areas which have the highest concentration of persons with disabilities or in dense slums/communities. NGOs⁹/community organisations/RWAs would play an important role in identifying locations with a high density of disabled population in an urban area.
- Makeshift vaccination centres could be established where the density of persons with disabilities is high. This could be setup with the support of on-ground volunteers, community leaders and also health staff such as ASHA¹⁰ workers, Anganwadi workers, ANMs¹¹ etc.
- Involvement of persons with disabilities and their representative organisations during the planning stage is necessary and recommended.

⁹ NGOs: Non- Governmental Organisations

¹⁰ ASHA: Accredited Social Health Activist

¹¹ ANM: Auxiliary Nurse Midwife

III. Volunteer coordinated vaccination support

- An end-to-end national volunteer support group could be established to support persons with disabilities in availing the vaccination. For example facilitating a hassle free commute from home to vaccination centres.
- Involve volunteers/team from local NGOs to spread information to the vulnerable groups in city based slums and communities.

MoHFW has released advisory guidance notes for state/city/ local government bodies on making the vaccination drive accessible for persons with disabilities/elderly persons (MoHFW, 2021). The guidance note highlights the adoption and implementation of the following key aspects:

- Identify possibilities of setting 'Near to home COVID Vaccination Centres.
- List the beneficiaries who could be involved in vaccination support.
- Identification of NHCVC¹² site and linkages with existing CVC.
- Steps to organize NHCVC along with registration of beneficiaries through CoWIN.
- Details on facilitating travel of elderly and persons with disabilities to vaccination sites and making vaccination centres accessible for all.

Similar strategies have already been adopted by many Indian cities' officials such as Chennai and Assam since the launch of vaccination drive.

Recommendation 2: Digital accessibility and access to right information

The lack of right information to avail the vaccine and necessary healthcare services have been identified as major concerns by the prioritised beneficiaries. As persons with disabilities continue to remain isolated due to the social distancing norms, critical public service information related to the pandemic and vaccination released by the government often remain inaccessible for them. The challenges are aggravated mainly due to inaccessible digital content, lack of available information in vernacular languages, socio-economic barriers and lack of sensitization/trained healthcare and frontline workers

In a recently published document by NDMA¹³ on 'Disability inclusive disaster risk reduction', digital accessibility has been highlighted where it has been made mandatory to make IEC materials available in Braille, audio format and subtitled videos in sign language (National Disaster Management Authority, 2019). In view of this,

- Notifications and SOPs¹⁴ released for awareness generation and on ground implementation of Covid-19 protocols by MoFHW and other IEC¹⁵ materials and awareness campaigns must be made available in accessible formats.

- Furthermore, online platforms and information related to COVID-19 support such as CoWIN, Arogya Setu applications must follow WCAG¹⁶ norms which would provide stepwise guidelines to make the digital content accessible for all.
- State/city notifications related to vaccine or covid-19 related information must be translated into vernacular languages and all the healthcare facilities should ensure that content is provided in accessible format.
- Awareness and sensitisation drives should be conducted with the support of local NGOs. In similar reference, Assam's SDMA¹⁷ was persuaded to develop short videos in Assamese with sign language for the hearing impaired and uploading those on digital platforms. Materials were also printed in Braille and distributed for the visually impaired (Karmakar, 2021)
- Helpline numbers must be made available for easy access to information and to avail necessary support for the vaccination process. An extension of this helpline would provide support to persons with hearing impairment and deafblind population in Indian and American Sign Language. All the helpline support professionals must be provided with disability inclusion training to address the needs of persons with disabilities and their caregivers with respect, dignity and in accessible format.

Recommendation 3: Make COVID-19 related health services affordable for persons with disabilities

The need to make vaccination and covid-19 related health care services affordable for persons with disabilities has been a major concern for state/city government bodies. Many persons with disabilities are isolated, dependent on family members, have lost their jobs, and live below the poverty line. They are, hence, unable to bear the burden of a new health crisis. In view of this

- Persons with disabilities must be exempted from paying the vaccination costs as a high proportion of them are unable to afford them.
- To reach the vaccination centres, the transportation cost of cabs/auto might not be affordable. Therefore, it becomes necessary that vaccinations are made easily available through adoption of the above suggested vaccination models in order to reduce the additional financial burden on the persons with disabilities.
- Efforts should be made to make COVID-19 related healthcare services affordable. This would entail provision of necessary medications at affordable price and prioritization in hospital admissions at affordable prices in selected healthcare services for persons with disabilities.

¹² NHCVC: Near to home COVID Vaccination Centres

¹³ NDMA: National Disaster Management Authority

¹⁴ SOPs: Standard Operating Procedures

¹⁵ IEC: Information, Education and Communication

¹⁶ WCAG: Web Content Accessibility Guidelines

¹⁷ SDMA: State Disaster Management Authority

Conclusion

As a UNCRPD¹⁸ ratified nation, it is important that Disaster risk reduction and mitigation strategies are inclusive for persons with disabilities. As we sail through the global health crisis, it becomes necessary that the needs of persons with disabilities and other vulnerable populations are prioritised. It is necessary to adopt and implement the mandates prescribed under Rights of Persons with Disabilities (RPwDs)¹⁹ Act, 2016 so that persons with disabilities have equal access to basic services and infrastructure and are not left behind to avail the benefits of available healthcare services and to prevent further exclusion and discrimination in the society. As mandated within the act,

- There is a need to provide and prioritise free healthcare services for persons with disabilities.
- There is additional emphasis on creating barrier free infrastructure in Government and healthcare centres. It directs the government bodies to take necessary actions to ensure access to right information for persons with disabilities.
- Government notifications/guidelines need to be developed and disseminated in accessible formats (print, electronic and audio).
- Involvement of DPOs²⁰ communities and persons with disabilities in the development, implementation, revision of the vaccination strategy including participation in relevant advisory bodies and working groups would be crucial to implement the recommended strategies at local level.

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¹⁸ UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

¹⁹ RPwD Act: Rights of Persons with Disabilities Act

²⁰ DPOs: Disabled People's Organisations

For any queries or suggestions write to us on
thebasiicproject@niua.org

National Institute of Urban Affairs

1st Floor, Core 4B, India Habitat Centre, Lodhi Road, New Delhi - 110003, INDIA
Phone: (+91 11) 24617517, 24617543, 24617595 ; Fax: (+91 11) 24617513
Website: www.niua.org