GUIDELINES FOR INCLUSIVE COVID-19 VACCINATION

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The guidelines for inclusive COVID-19 vaccination contain information about vaccines, preparation before vaccination, implementation and post-vaccination, monitoring, and evaluation.

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2022

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Guidelines for Inclusive COVID-19 Vaccination

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FOREWORD

Praise God Almighty for the presence of plenty of mercy and His grace so that the writers can write a book entitled “Guidelines for Inclusive COVID-19 Vaccination.” This book is one of the efforts to encourage the implementation of vaccinations for all people, including vulnerable groups, persons with disabilities, and other high-risk groups (with the principle of no one left behind). The guidelines are a collection of lessons learned and good practices by the government, civil society organizations, the private sector, and other institutions in administering proper vaccine protocols to fulfill the citizens’ rights.

The participation and contribution of the parties in the Penta Helix approach in the humanitarian field, especially in responding to the COVID-19 pandemic, has been carried out through various activities such as large-scale social restrictions and implementation of health protocols, education and assistance, and also vaccine administration. Vaccination is a right for all Indonesian people. Hence, the administration of vaccination must be inclusive by providing equal access, especially for people who belong to vulnerable groups, persons with disabilities, or other high-risk groups.

According to Trim (2018: 34-35), a manual book contains a collection of information that becomes a reference or instructions to do something. Hence, FPRB DIY and Perkumpulan IDEA Yogyakarta initiated the preparation of this book as guidelines for the implementation of inclusive vaccination for vulnerable groups, persons with disabilities, and other high-risk groups. These guidelines are for vaccination providers such as the government, the community, businesses, universities, and other groups.

The guidelines for inclusive COVID-19 vaccination contain information about vaccines, preparation before vaccination, implementation and post-vaccination, monitoring, and evaluation.
We want to thank all those who have contributed to the preparation of this book. We realize that this guidebook will continue to develop according to each region's conditions and dynamics. For this reason, continuous revisions and improvements can be made in the future to address the obstacles and challenges in administering inclusive vaccination in Indonesia.

Yogyakarta, 2022 The authors

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CHAPTER I
INTRODUCTION

A. Whatis Vaccination?

Due to the COVID-19 pandemic, the Indonesian government issued Presidential Decree No. 11 of 2020 on the Determination of COVID-19 Public Health Emergency. In this regard, the government has made various efforts to overcome the impact of the COVID-19 pandemic. One of them is vaccination.

What is vaccination? Vaccination is a treatment with a vaccine to produce immunity against a disease so that if someone is exposed to the disease, they will not get sick or only experience mild illness and not be a source of the virus transmission. Vaccination is the most effective and efficient effort in preventing several dangerous infectious diseases. History has recorded the prominent role of vaccination in saving the world community from illness, disabilities, and death due to Vaccine-Preventable Diseases (Indonesian: Penyakit yang Dapat Dicegah Dengan Vaksinasi, abbreviated as PD3I)

According to data from the Ministry of Health, vaccination is scientifically proven to reduce the worst risk of COVID-19 infection. However, in 2022, it was shown that 69% of the 5,013 COVID-19 patients who died had not been fully vaccinated. At the beginning of March 2022, in Phase 1, total vaccination reached 92.01% of the vaccination target, Phase 2 reached 70.38% of the vaccination target, and Phase 3 only reached 5.51% of the vaccination target. It indicates that there are still gaps between the vaccination target and those who got vaccines in Phases 2 and 3.

The COVID-19 vaccination aims to reduce the transmission of COVID-19, reduce morbidity and mortality due to COVID-19, achieve herd immunity, protect the public from COVID-19, and stay productive socially and economically.

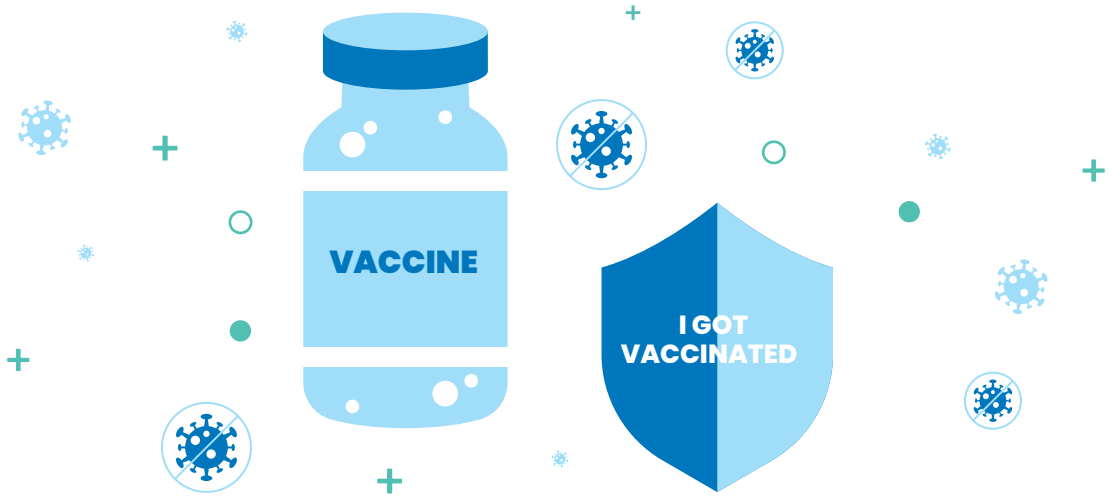
The Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07 / MENKES / 12758/2020 determines some types of vaccines that can be used to implement vaccination in Indonesia. The types of vaccines are those produced by PT Bio Farma, AstraZeneca, China National Pharmaceutical Group Corporation (Sinopharm), Moderna, Novavax Inc, Pfizer Inc., and BioNTech, and Sinovac Life Sciences Co., Ltd.

According to the technical guidance for administering the COVID-19 vaccination, the vaccine is injected twice within 14 to 28 days. And the dosage ranges from 0.3 milliliters (ml) to 0.5 ml.

The following is the vaccine dose given to Indonesians:

1. The Sinovac-CoronaVac is a 2-dose vaccine (0.5 ml per dose) with a preferred interval of 14 days between doses.
2. The Sinopharm COVID-19 vaccine is a 2-dose vaccine (0.5 ml per dose) with a preferred interval of 21 days between doses.
3. The Oxford-AstraZeneca Vaccine requires two doses (0.5 ml per dose), given 28 days apart.
4. The Novavax COVID-19 Vaccine is a 2-dose vaccine (0.5 ml per dose) with a preferred interval of 21 days between doses.
5. The Moderna COVID-19 Vaccine is a 2-dose vaccine (0.5 ml per dose) with a preferred interval of 28 days between doses.
6. The Pfizer/BioNTech COVID-19 Vaccine is a 2-dose vaccine (0.5 ml per dose) with a preferred interval of 28 days between doses.

Due to the COVID-19 development, the Indonesian government decided to start COVID-19 boosters. A COVID booster shot is an additional dose or a dose of a vaccine given after the original shot(s) to keep us optimally protected against coronavirus.



B. Inclusive Vaccination Policy

The implementation of the COVID-19 vaccination in Indonesia has been carried out since January 13, 2021, with a total target of 181.5 million people. The implementation of the COVID-19 vaccination is carried out in four periods:

1. The first period of vaccination is given to health workers, health worker assistants, and Health services staff;
2. The second period of vaccination is given to the elderly and public services;
3. The third period is given to the vulnerable group based on geospatial, social, and economic aspects; and
4. The last period is given to other communities.

Since its first implementation on February 17, 2021, the implementation of COVID-19 vaccination for the elderly community has not been optimal. Compared to the group of public service officers at the same stage, the elderly who have got vaccine is only one-third of the total public service officers. Furthermore, in the current implementation of the COVID-19 vaccination, access to COVID-19 vaccination services for vulnerable groups, persons with disabilities, and other high-risk groups is not optimal.

Therefore, acceleration is needed to ensure protection for all citizens. In addition, the government must carry out an inclusive COVID-19 vaccination to fulfill citizens' basic rights.

Based on the Circular of Minister of Health Number HK.02.01/MENKES/598/2021 on the Acceleration of the Implementation of COVID-19 Vaccination for the Elderly, People with Disabilities, Educators, and Education Personnel, they can get vaccines in all health facilities or vaccination centers. Access to vaccines is not limited to the domicile address stated on the residential ID card.

The circular letter mandates all regional heads, heads of health offices, and heads of healthcare facilities to provide COVID-19 vaccination to:

1. Give priority, facilitation, and easy access for the elderly and people with disabilities to get COVID-19 vaccination.
2. Accelerate the implementation of COVID-19 vaccination for the elderly and people with disabilities through health services and COVID-19 vaccination centers.
3. The elderly and persons with disabilities can be served in any health services/vaccination center. In addition, access to vaccines is not limited to the domicile address stated on the residential ID card.
4. Collaborate with communities, local organizations, and the private sector to mobilize the elderly and people with disabilities, register them, and arrange shuttle transportation to health facilities or vaccination centers.

C. Inclusive Vaccines for All

Vaccination is for all citizens and can be accessed by all citizens without exception, including vulnerable groups, persons with disabilities, and high-risk groups. According to Law No. 8 of 2016, there are at least five types of persons with disabilities, namely:

- People with physical disabilities
- People with sensory disabilities
- People with intellectual disabilities
- People with mental disabilities
- People with multiple disabilities.

Knowing the types of disabilities can adequately help and assist people with disabilities.

In a pandemic, people with disabilities will face more significant challenges if they contract COVID-19. They have to depend on others because meeting their needs during self-isolation is not easy for people with disabilities, especially those who have not received vaccinations. Therefore, it is urgent to accelerate vaccination for persons with disabilities. There are a lot of people with disabilities who have not received the COVID- 19 vaccination due to the following reasons:

1. Despite the circular letter from the Minister of Health of the Republic of Indonesia, vaccination for persons with disabilities is not considered a priority.
2. There are obstacles to information access, especially for deaf, blind, intellectual, mental, and multiple disabilities.
3. There is misinformation about the COVID-19 virus and especially its side effects.

Another obstacle is that people with disabilities whose education rights are not fulfilled become insecure because they think they do not have sufficient skills and knowledge to contribute to society. Consequently, this condition becomes an external factor that impedes society's acceptance of people with disabilities.

People with multiple disabilities and people with disabilities who are in (state- funded and private-funded) rehabilitation centers also need attention and support in accessing vaccination services.

Furthermore, education for families of people with disabilities and collaboration with the rehabilitation center managers regarding access to vaccines, data management, access to information, and other inclusive principles are crucial.

Obstacles in accessing information and vaccination services are not only experienced by persons with disabilities and the elderly but also by other vulnerable/high-risk groups such as people with comorbidities, PLWHA (People Living with HIV/AIDS), LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex) and groups of daily workers such as carrying laborers and others. The PLWHA and LGBTQI groups are vulnerable or high-risk because they often get unfavorable discrimination and stigma from the community. Hence, they experience difficulties accessing vaccinations.

To achieve the goal of accelerating vaccination for the elderly, vulnerable groups, persons with disabilities, and the high-risk group, it needs some efforts to reduce the barriers, one of which is by implementing an inclusion mandate in the implementation of the COVID-19 vaccine.

The inclusion mandate consists of five keys as follows:

- Disaggregated Data
- Accessibility
- Participation
- Capacity Building
- Priority Protection.

Actions in each mandate can overlap and be implemented simultaneously. For example, to ensure the active participation of people with disabilities and other high-risk groups, provision of accessibility (physical and non-physical) is required. The availability of appropriate data is crucial to examine who will participate and the capacities and difficulties. In addition, accessibility also relates to protecting one's dignity due to gender, age, and disability differences. The availability of accessibility and space for participation will increase the capacity of people with disabilities and other high-risk groups.

We need to encourage the implementation of an inclusion mandate in implementing the COVID-19 vaccine in Indonesia to ensure that no one is left behind, has access to COVID-19 vaccinations, and participates in making a healthy Indonesian society.

CHAPTER II
GUIDELINES FOR INCLUSIVE COVID-19 VACCINATION IMPLEMENTATION

A. VACCINATION PREPARATION STAGE

Regarding the inclusion mandate, disaggregated data is essential to identify the diversity, needs, and presence of persons with disabilities and other high-risk groups. The disaggregated data identify gender, age, disability, and location. This data has to be prepared before the vaccination process so that everyone can get access to vaccination. In addition, the disaggregated data can be used to design a vaccination plan to determine the location, information media, supporting facilities, and tools needed to provide inclusive services. In preparing the disaggregated data, it is also necessary to ensure that the data is updated and synchronized.

Therefore, vaccination providers need to collect or obtain disaggregated data and facilitate registration in collaboration with the urban village (Kelurahan), village (Padukuhan), neighborhood/hamlet (RT/RW), organizations of people with disabilities, local communities, or communities targeted for vaccination.

Accessibility becomes an essential mandate for the implementation of inclusive vaccination. Accessibility ensures that the location, transportation, information communication, education, facilities, and services are universal or accessible to all, including people with disabilities and other high-risk groups. Accessibility supports equality in the community by removing barriers (physical and non-physical) and allowing the high-risk groups to meet their needs.

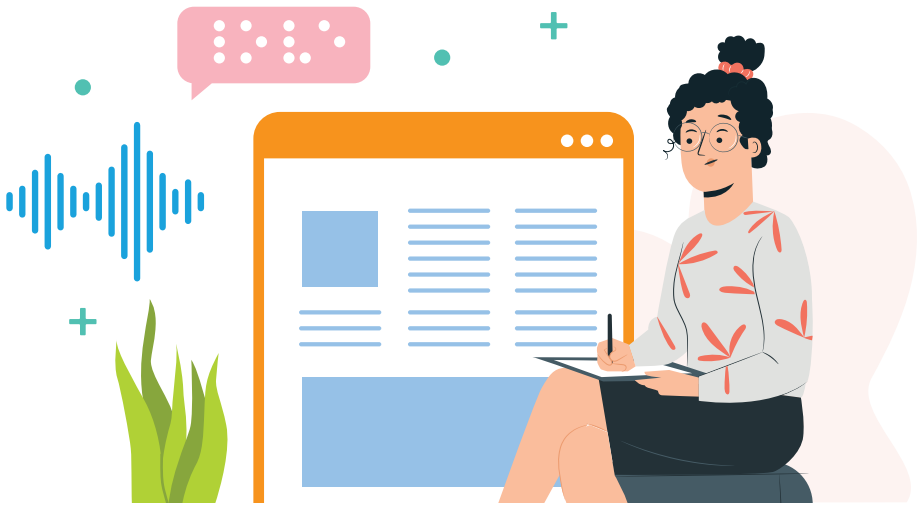
In terms of accessibility, the things to prepare before implementing vaccination are:

1 Access to information

Access to a wide range of information must be provided based on the needs of the people with disabilities and high-risk groups. For instance, delivering information about vaccination must be in simple language, easy to understand, and equipped with a clear caption or a Sign Language Interpreter for people with hearing impairment. As for people with vision impairment, we can provide them with voice notes or braille. Media for information, education, and communication (IEC) must be made in various formats by considering the target recipients of information based on disaggregated data. Certain groups or those with intellectual, mental, and multiple disabilities still have the right to get vaccines and education. For this reason, the families' involvement in conveying information/knowledge and assistance during the vaccination process is necessary. In addition, it is also crucial to provide access to information and vaccines to people with disabilities in (state-funded and private-funded) rehabilitation centers.

The participation of the community, facilitators, and their network groups in disseminating information and education, as well as self-help groups, is one of the strategies to minimize the barriers faced by people with disabilities in accessing information.

However, delivering information, educating, and interacting with people with disabilities also requires different ways and ethics from other abled bodies. Therefore, vaccination providers involving people with disabilities and other high-risk groups must know the ethics to interact with them to strengthen the mainstreaming of inclusion in implementing the COVID-19 vaccination.



The material on communicating with disabilities was delivered by Mr Dody Khaldiri from Difabel Siaga Bencana (Difagana) DIY. There are different ways, techniques, and methods of communicating with persons withdisabilities.

On August 18, 2021, IDEA, Ohana, and Difagana worked together with the Health Office to prepare activities. In addition, we also mapped the need for vaccination support, such as wheelchairs and sign language interpreters. The last stage of

preparation was carried out by simulating the vaccination of people with disabilities to ensure no obstacles while getting vaccines.

(Report on the Implementation of Covid-19 Vaccination for Vulnerable Groups at the Health Office of Bantul, 19 August and 16 September 2021 by FPRB-IDEA)

2 Access to location, schedule, and transportation

Determination of vaccination location needs to consider convenience for people with disabilities and other high-risk groups. Venues for administering vaccinations must be prepared by creating particular pathways and adjusting the existing physical environment to ensure universal access by providing guiding blocks, ramps, handrails, special signs, and broader entrances.

The schedule of vaccination should also be regulated appropriately. For example, because the vaccination is only scheduled during the day, it does not favor the groups that only have free time at night. One of these groups is daily workers, such as carrying laborers whose day is spent working to meet their daily needs.

Also, if the venue for vaccination is far, it is necessary to manage transportation services for people with disabilities and high-risk groups.

Another strategy to reach the entire community is a home-visit vaccination for persons with disabilities and the elderly.

3 Vaccination requirements and registration

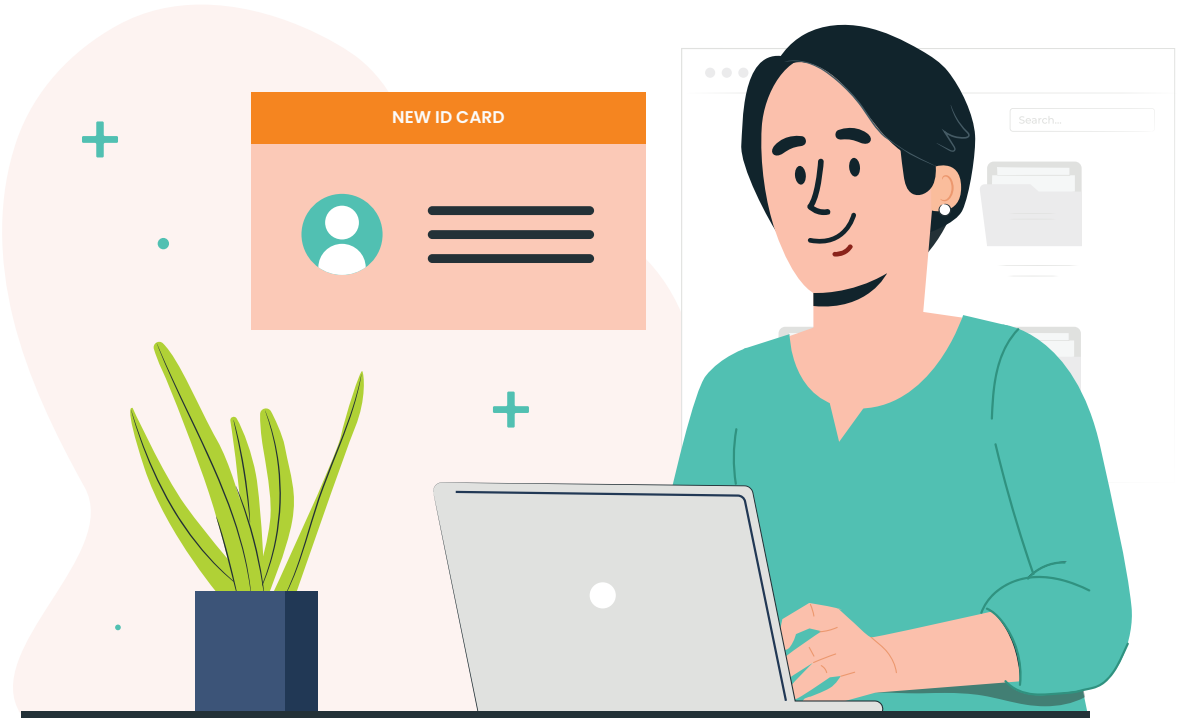
Currently, the main administrative requirement to access vaccinations is ownership of a National Identity Card (KTP) and an Identity Number (NIK). However, it is one of the obstacles for some persons with disabilities or other high-risk groups who do not have KTP/NIK. Thus, they need support from all parties to fulfill the need for ID cards/NIK before vaccination. This case can be identified during the preparation of disaggregated data. And to help them meet the requirement for ID cards/NIK, the officers can cooperate with Dukcapil.

Online vaccination registration is difficult for the elderly and persons with disabilities, especially those who do not have mobile phones. Therefore, there should be alternatives such as manual or door-to-door registration.

The requirements for taking the vaccine are not complicated. People who do not have ID cards as Kulon Progo residents are allowed to get the vaccines, including those who live

in the Kulon Progo Regency area and nearby areas, such as the sub-districts on the westernmost side of the Sleman and Bantul regencies. In addition, the Civil Registry Office (Disdukcapil) of Kulon Progo provides an ID card record service at the vaccination center to facilitate those who do not have an ID card.

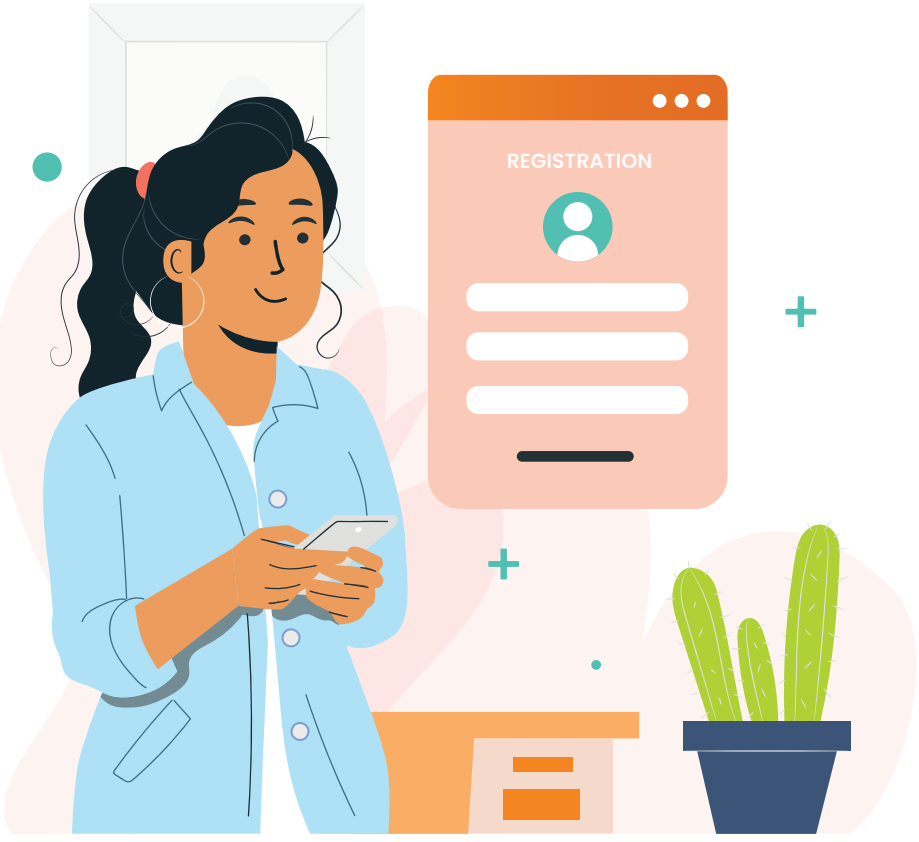
(Report on the Implementation of Covid-19 Vaccination for vulnerable groups in Kulon Progo, August 9 and September 2,2021 by FPRB-IDEA)



Registration for vaccination is participatory and accessible without having to fill out an online link. The committees make registration easy by collecting data manually.

Vaccination at GOR Amongrogo is a vaccination program with various target groups. Groups that have barely had access, such as LGBTQI groups, sex workers, and people living with HIV Aids, take part in the vaccination process.

(Report on the Implementation of Covid-19 Vaccination for Vulnerable Groups at SCH and Lapangan Parkir Amongrogo, August 23 and September 20, 2021 by FPRB-IDEA)



B. VACCINATION IMPLEMENTATION STAGE

The implementation of the COVID-19 vaccination should apply principles regarding respecting human rights (the rights of persons with disabilities and other high-risk groups), full participation, and good-quality accessibility. Standards to implement inclusive vaccination are as follows:

1. The venue for administering the vaccine should be well prepared and accessible to all people and supported by the infrastructure that accommodates the needs of persons with disabilities and other priority groups.

2. There should be a special parking space for people with disabilities.

3. The schedule should be split into two shifts (morning and afternoon) and flexible for persons with disabilities and other high-risk groups to avoid long queues during vaccination. In addition, there should also be special walk sites or routes for persons with disabilities and other high-risk groups.

4. Volunteers and assistants should assist in the vaccination process because most persons with disabilities feel uncomfortable if they are not accompanied by their families or people they know. According to DIFAGANA, there are several things to do when assisting persons with disabilities during vaccinations as follows:

   - Collect data on prospective participants before vaccination.
   - Help take the participants' vehicles to the special parking area.
   - Assist participants in filling out registration forms and initial screening.
   - Assist participants with disabilities in all vaccination processes, especially those with hearing impairment and intellectual disabilities.
   - Manage transportation services for persons with disabilities.
   - Encourage those who are afraid, anxious, and worried about vaccines which often cause high blood pressure and a change in self attitude, especially for people with intellectual and mental disabilities. Based on the experience during the administration of vaccines, peer- to-peer assistance (among persons with disabilities) is a good option.

5. The setup of the vaccination service desks, such as the information desk, disaggregated data verification, doctors and psychologists, health screening and vaccinations, and post-vaccination observation, needs to be adjusted and equipped with adequate supporting facilities as follows:

   - Sign Language Interpreters are at the information desk, and vaccine assistants/ volunteers are in every vaccination service process.
   - The additional information of disaggregated data ((such as gender, age, and disability) can be inputted during the registration process or before the screening form is given to vaccine recipients to identify the number of persons with disabilities who have received the vaccine.
   - The doctor's consultation table should be equipped with primary medicines for hypertension because one of the obstacles that often occurs during vaccination is state hypertension.

6. The ability to communicate with persons with disabilities is also a good and important thing that must be possessed by health workers or officers who facilitate vaccination to support the implementation of inclusive vaccinations.

C. POST-VACCINATION STAGE

After the COVID-19 vaccination, some people will experience side effects or Adverse Event Following Immunization (AEFI). The side effects of the COVID-19 vaccine or AEFI symptoms are something natural. However, AEFI symptoms are usually mild and transient, including pain in the arm or at the injection spot, headache/muscle pain, joint pain, cold, nausea or vomiting, fatigue, and fever (the body temperature is above 37.80C).

The information about how to handle AEFI symptoms needs to be informed to the vaccine recipients. Vaccination providers need to ensure monitoring of AEFI symptoms for at least 15 minutes so that the risk of AEFI symptoms can be minimized. In addition to administering drugs (Paracetamol) to handle the AEFI symptoms, the provision of supporting facilities such as ambulances and other first aid kits also needs to be prepared for mitigation.

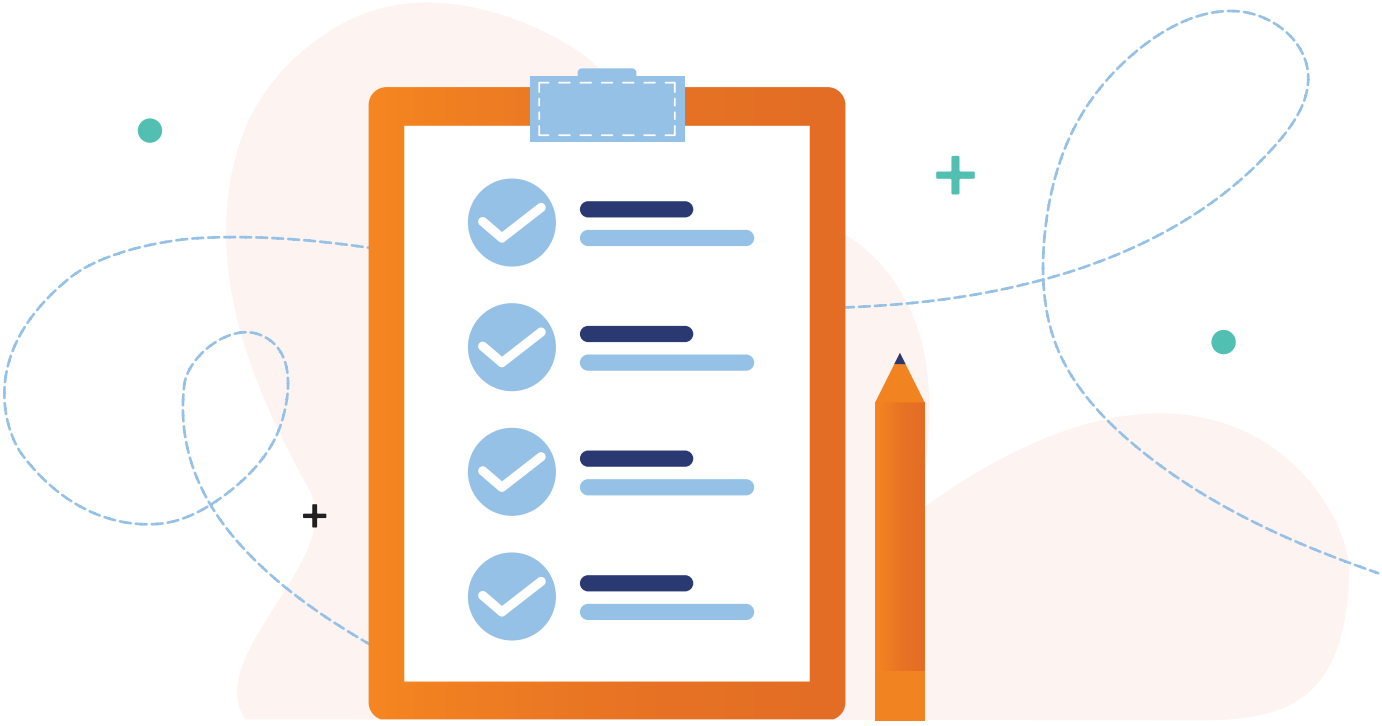
There is also a need for a call center/hotline for vaccine recipients to ask questions or post-vaccination consultations. It is important because AEFI symptoms sometimes do not occur during the monitoring session at the vaccination site but often appear several hours or days after vaccination.
In addition, for persons with disabilities or other high-risk groups, monitoring AEFI symptoms by conducting home visits can also be a strategy to ensure that they are in good condition after vaccination.

CHAPTER 3
MONITORING AND EVALUATION

A. Monitoring

The final stage of vaccination is monitoring and evaluation. It is crucial to get input and learn about vaccination implementation so that the monitoring and evaluation outputs can help close the gaps, especially during the inclusive vaccination process.

The tool for monitoring activity is a question-form containing concise and clear guiding questions. Three important things must be monitored: preparation, vaccine administration, and post-vaccine administration. These three stages will be monitored based on several parameters, such as accessible facilities and infrastructure for vulnerable groups, persons with disabilities, and other high-risk groups, disaggregated data, assistance for vulnerable groups/persons with disabilities, and post-vaccination monitoring. Monitoring can be carried out online (via an inclusive google form) and offline during vaccination.



B. Evaluation

The evaluation process is carried out through a focused discussion in the post-vaccination implementation. Therefore, it has to involve not only vaccination providers but also facilitators, vulnerable groups, and persons with disabilities because they are the main subjects of inclusive vaccination. Moreover, the government as the regulator has an essential role in proposing these guidelines as policy recommendations and references for all parties.

The main point of monitoring and evaluation is the identification of gaps and challenges to make improvements to the inclusive vaccination administration system legalized through government policies. For persons with disabilities or other high-risk groups, monitoring the AEFI symptoms by conducting home visits can also be a strategy to ensure that they are in good condition after vaccination.

CHAPTER 4
EPILOG

EPILOG

The guidelines for inclusive COVID-19 vaccination are an effort to overcome the COVID-19 pandemic, especially for vulnerable groups, people with disabilities, and other high-risk groups, ensure that the inclusive vaccination provides accessible and affordable accessibility according to the specific needs of the vaccination target groups. Furthermore, inclusive vaccination ensures that all people have the same right to get vaccines as the right to life protection. Also, inclusive vaccination aims to reduce morbidity and mortality due to COVID-19 and to achieve herd immunity.

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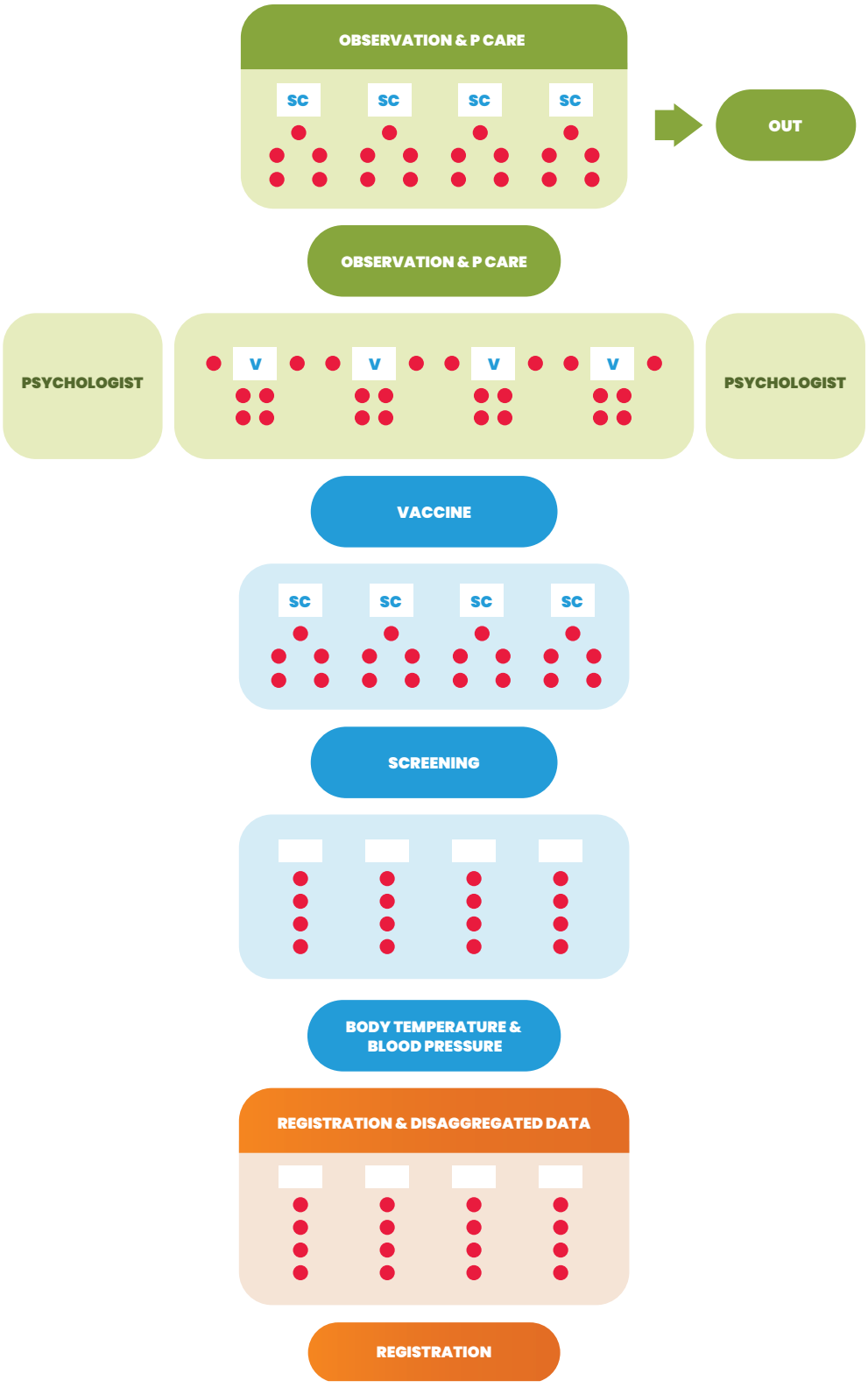
Appendix: Inclusive Vaccination Event Floor Plan



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