



Policy Inputs to Ensure Access of Vulnerable Groups to COVID-19 Vaccination in Indonesia

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CISDI and PUSKAPA

Background

The significant increase of COVID-19 cases in several provinces in recent months has put even more pressure on the Indonesian government to speed up the COVID-19 vaccination process. As of August 13, 2021, 53,212,350 (25.55%) first doses and 27,228,923 (13.07%) second doses of the vaccine have been administered to the public. The coverage includes 109.47% of the first dose and 100.86% of the second dose for health workers; 154.44% of the first dose and 86.88% of the second dose for public officials; and 23.14% of the first dose and 15.79% of the second dose for the elderly (KawalCOVID-19, 2021). Meanwhile, the implementation of the Vaksinasi Gotong Royong program (a private-sector vaccination scheme) has had minimal contribution to the national vaccination performance. From 28,413 companies that have registered, only 238 companies have been approved so far with a total of 165,000 people targeted for vaccination (KADIN, 2021).

The increasingly urgent situation has forced the government to start vaccinating the general population over the age of 18 in the midst of limited vaccine supply. Since July 2021, vaccinations for the 12-17 year age group have also started in several areas with a significant increase in cases, such as Jakarta, Bogor, Bekasi, Depok, Tangerang, and Greater Bandung, although vaccination progress for the elderly and other vulnerable groups remains slow.

This policy could have a good impact but also has the potential to shift focus from completing the vaccination targets for stages II and III. The confusion of information, minimal outreach and education, generalization of delivery methods, as well as gaps in data collection, and enforcement of regulations in the vaccination process in the field further widens the gap in access for vulnerable groups who should receive priority in stage III vaccination. On top of this, the implementation of Vaksinasi Gotong Royong (VGR) program has been rife with obstacles, from the complexity of the bureaucracy for submitting applications for vaccinations, the limited supply, to the administrative problems that made people who have registered to be vaccinated under VGR scheme not getting certainty that they will be vaccinated, as some could not participate in government program vaccinations either. An idea for paid a self-paid vaccination scheme was also briefly floated, but ultimately cancelled by the government following a strong pushback from the civil society.

Lessons learned from the shortcomings in previous phases should be taken for corrective action. An investigation by Tempo published in their February 20, 2021 edition found that in Phase I there were 5 percent of people who were not the target receiving the vaccine (Tempo, 2021). In the midst of intense efforts to vaccinate as many adults as soon as possible, the risk that vulnerable groups are excluded has escalated further. Mass health programs often exclude individuals and groups who are invisible, socially excluded, and who face multidimensional barriers to accessing government services, whereas these groups are actually more vulnerable to infection and/or to illness or death once infected. **It is therefore important for the government to ensure that these vulnerable groups are also served in the COVID-19 mass vaccination program.**

Through this paper, the Center for Indonesia's Strategic Development Initiatives (CISDI) and the Center on Child Protection and Wellbeing at the University of Indonesia (PUSKAPA) provide input to policymakers on aspects that need to be considered to ensure an effective vaccination coverage for vulnerable groups.

We are aware that the current crisis situation requires the Indonesian government to restructure its priorities in the midst of limited supply, resources and infrastructure. It is also possible, however, that the current vaccination phasing plans are no longer relevant. Therefore, the mention of “Phase III” in this document should not be interpreted as a nomenclature, but as a reminder that the phasing plan was initially prepared to ensure equitable access. We have compiled this input for the government’s consideration to ensure that it can reach out to vulnerable groups as equitably as possible in the midst of the many precarious priorities.

The risk of missing vulnerable groups in mass vaccination activities

Minister of Health Regulation No. 10 of 2021 concerning the Implementation of Vaccination in Combating COVID-19 does not define the “vulnerable groups” who are the target of phase III vaccination. The Regulation only mentions “vulnerable communities from geospatial, social, and economic aspects.” The Ministry of Health Spokesperson for COVID-19 Vaccination verbally mentioned the criteria for vulnerable people included in phase III as: (1) living in the COVID-19 red zones; (2) weak socio-economically; (3) less fortunate; (4) capital city marginal groups; (5) persons with disabilities; and (6) People Living With Mental Illness (PWMI) (MoH, 2021). Based on these criteria, phase III vaccination targets 63.9 million vulnerable people which was originally planned to start in Jakarta on May 5, 2021 and expand gradually in June 2021 with priority in urban areas, red zones, and populations with a high proportion of people with low socioeconomic status.

Since then, the Ministry of Health then issued Circular No. HK.02.02/III/15242/2021 which stipulated that vulnerable people include: 1) people with disabilities, 2) indigenous peoples, 3) inmates in correctional institutions, 4) People in Need of Social Welfare Services (PPKS), 5) Indonesian Migrant Workers with Problems (PMIB), and 6) other communities who do not yet have a Population Identification Number (NIK).

Despite the Circular, the central government has not standardized the operational definition of vulnerable group targeting in regulations, has not calculated targets at the regional level in operationalizing the program at the subnational level, nor has it provided guidelines on how to conduct outreach to these groups. Local governments are given the authority to determine their own targets using their own methods and data. For example, the DKI Jakarta Provincial Government is targeting 1.3 million residents in poor slum neighborhoods and locations that are hot spots for the transmission of the B1617 variant (Delta variant) for the initial stage of phase III vaccination in Jakarta (Tribunnews.com, 2021). Meanwhile, Surabaya has determined low-income communities and residents of flats managed by the Surabaya City Government as an initial priority (Surabaya City Government, 2021).

In addition, the priority of targeting vulnerable groups in COVID-19 red zones risk missing regions that may actually experience high transmission but are not categorized red due to lack of tracing, testing, and treatment in those regions. On the one hand, given the limited supply of vaccines, a risk-based priority setting would certainly be very good. On the other hand, the zoning color indicators depend on the ability of local governments to carry out tracing, testing, and treatment. This risks denying access to vaccinations for vulnerable groups in areas that appear green. With the rise of cases of the Delta variant outside Java, the gap in the allocation and distribution of vaccines has become more apparent. Data from the Ministry of Health as of August 6, 2021 shows that Jakarta has administered the first vaccination dose to 37% of the population, while North Maluku to only around 5%. Additionally, the WHO Situation Report of July 28, 2021 also mentions that many health workers in Papua, Maluku, and Central Sulawesi have not even received any vaccines at all.

The government’s translation of vulnerable groups also does not give much consideration to the limited access to health services as the main component. This is evident in the priority given to urban and industrial areas as targets for the Phase III vaccination program. Meanwhile, rural areas and underdeveloped, remote, and outermost (disadvantaged) regions that have limited access to health services have not been given priority. Whereas, limited access is one of the factors of socio-economic vulnerability according to Article 23 Paragraph 2 of Law No. 39 of 2012 concerning the Implementation of Social Welfare.

Vulnerable groups that are targeted for phase III do not include other vulnerable groups who are also affected, so it could be that the prioritization has not been comprehensive. Groups with certain comorbidities, such as diabetes, hypertension, chronic kidney failure, heart disease, and respiratory illnesses are at high risk of morbidity and mortality. Unfortunately, these groups have not yet been prioritized for vaccination. Likewise, inmates, refugees, asylum seekers, residents of vertical housing, orphanages, boarding schools and other groups who have to live in one densely populated dwellings for an extended time because there is no other choice should also get the government’s attention to reduce morbidity and mortality. This should also include groups that are socially marginalized and have difficulty accessing health due to stigma and discrimination, for example gender minority groups and women victims of violence. In addition, humanitarian workers who continue to work at the frontlines during the pandemic, such as health cadres, social workers, outreach workers for PLWHA, tuberculosis patient companions, did not get vaccination priority from the start. Some vulnerable groups are targeted for vaccination by certain local governments, but this policy is not implemented consistently across all regions in Indonesia.

Recommendation 1: Expand coverage of vulnerable groups

Vulnerability in the COVID-19 pandemic situation is dynamic, thus the definition of vulnerability must be expanded (The Lancet, 2020). At the global level, WHO through the Strategic Advisory Group of Experts on Immunization (SAGE, November 2020) provides a set of recommendations for a vaccine priority roadmap based on groups considered most vulnerable to the impacts of COVID-19, which takes into account the epidemiological situation and vaccine supply in Figure 1. In Indonesia, the term “vulnerability” has generally been stipulated in several laws (Table 1), such as Law No. 11 of 2009 concerning Social Protection and Law No. 39 of 2012 concerning the Implementation of Social Welfare.

Table 1. SAGE-WHO Vaccination Priority Recommendations (WHO, 2020)

| Vaccine Supply | Priority Groups |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 1 (Vaccine availability is limited, only for 1-10% of the population) | <ul style="list-style-type: none"> • Stage 1a: Health workers with high to very high risk levels • Stage 1b: The elderly |
| Stage 2 (Vaccine availability is limited, for 11-20% of the population) | <ul style="list-style-type: none"> • Individuals/Groups with comorbidities • Individuals/Groups with high sociodemographic risk (e.g. people with disabilities, the poor-very poor, gender, ethnic, racial, religious minorities) • Health workers who provide immunizations • High priority school teachers and educators |

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| <p>Stage 3 (moderate vaccine availability, for 21-50% of the population)</p> | <ul style="list-style-type: none"> • Essential workers outside the health and education sectors • Pregnant women • Health workers with low risk • Individuals/groups producing vaccines • Individuals/groups with high risk of not being able to effectively maintain physical distance (e.g. the homeless, prison inmates, etc.) |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

According to Law No. 11 of 2009, the pandemic can be categorized as a social crisis. Thus, it requires special handling, especially to protect populations that are socio-economically vulnerable. If referring to Law No. 39 of 2012, social vulnerability can be assessed based on four indicators, namely: (1) access to services, (2) demographics, (3) marginality/exclusion, and (4) geography/remoteness.

At the beginning of the pandemic, BAPPENAS, the National Development Planning Agency, issued a policy review to address and prevent the impact of COVID-19 on children and vulnerable individuals, and proposed expanding the definition of vulnerable groups to one that is more multidimensional (BAPPENAS, UNICEF, PUSKAPA, KOMPAK, 2020). The expansion of this definition is necessary because the COVID-19 pandemic does not only leave a medical impact on individuals, but also socio-economic ones for both individuals and communities, including children. Through this policy review, BAPPENAS described individual and community vulnerabilities through three criteria, namely: risk of exposure, risk of illness/death, and individual/community capacity to protect themselves. In line with other characteristics of vulnerability, these three criteria do not stand exclusively. A person or a community may be vulnerable to being exposed to COVID-19 and at the same time not have the ability to protect themselves.

Referring to the multidimensional vulnerability definition initiated by BAPPENAS, Law No. 39 of 2012, as well as guidelines from SAGE-WHO and models from the CDC, we propose several indicators that can be used to identify subpopulations vulnerable to COVID-19. Due to its vulnerability in the context of COVID-19, the government needs to reach out, prioritize (where possible) and ensure these groups can get COVID-19 vaccinations immediately.

1. Individuals without access to adequate and qualified health services, including health insurance;
2. Individuals with low socio-economic status: income, education level, type of work (daily, casual, or informal);
3. Individuals with comorbidities, especially those proven to be aggravating, such as diabetes, hypertension, chronic kidney failure, heart disease, and respiratory illnesses;
4. Demographic groups with low power relations such as the elderly, children, and women;
5. Individuals who experience social exclusion based on religion/belief, disability, ethnicity, gender/sexuality, HIV-AIDS status, and citizenship status;
6. Residents in underdeveloped, remote, outermost (disadvantaged) regions;
7. Individuals who are unable to carry out health protocols¹, including individuals in households without access to clean water and adequate sanitation and densely populated areas, individuals living in cramped housing or social institutions with limited private space.

¹Health protocols include wearing a mask, washing hands, keeping physical distance, avoiding crowds, and reducing mobility. In COVID-19 campaigns in Indonesia, these are often referred to as “5M” (memakai masker, mencuci tangan, menjaga jarak, menghindari kerumunan, mengurangi mobilitas)

As mentioned earlier, these indicators are not mutually exclusive, but often intersect or are correlated. For example, as in many areas with high social segregation and exclusion, comorbidities are more common in poor populations or among people with disabilities, or in gender minority groups. Indigenous peoples, for example, can be categorized as vulnerable not only because they usually live in remote areas, but because they are often also socially excluded so that information about vaccinations or COVID-19 in general does not arrive quickly and effectively. The more the vulnerability variables are present in an individual/group, the higher the priority score.

Recommendation 2: Identify barriers for vulnerable groups to access vaccination programs

At the time this note was compiled, Indonesia was facing the second wave of the COVID-19 pandemic. As a measure to reduce the rate of transmission and reduce the severity of infection, the government has accelerated the phasing of vaccination programs in areas with high transmission rates. Some big cities have even started vaccination for the 12-17 age group, although vaccination of the elderly and vulnerable groups is still stalled in many places.

The opening of large access to vaccinations must of course follow adequate supply of vaccines. However, we also identified some barriers that vulnerable sub-populations face in accessing vaccination programs. Of course the barriers to this vaccination program will further increase their vulnerability to COVID-19.

1. **Administrative barriers**, for example the absence of legal identity documents or residence, including residents who do not have a resident identity according to their domicile, such as seasonal migrants (see Recommendation 3)
2. **Financial barriers** may include the costs of accessing health services and the costs of transportation to health services as well as the opportunity costs of time spent accessing health services. In addition, for people with comorbidities, for example PLWHA, they have to pay for a CD4 test as a condition for vaccination screening.
3. **Infrastructure barriers** that include supply availability, distribution, and quality, availability of health services that can run vaccination programs, including cold chain facilities for storing vaccines. These barriers can also include lack of road access and means of transportation that can disrupt vaccine distribution and prevent people from reaching vaccination locations. Vaccination centers that are not connected and integrated with health care facilities force vulnerable groups with comorbidities to have to allocate additional time and money to queue outside their routine control schedule.
4. **Barriers to access to information** that can be accessed easily and reliably on how to register, schedule vaccination programs, effectiveness, and adverse events following immunization (AEFI).
5. **Social and behavioral barriers**, such as low health seeking behavior for various reasons, lack of proper information about COVID-19 and vaccines, and distrust of COVID-19 vaccines, and health workers in general.

Just like indicators of vulnerability in the context of the COVID-19 pandemic, these barriers also do not operate alone but are often interrelated and reinforcing. For example, COVID-19 vulnerable groups living in remote areas are often hindered by the long distance they must travel to get to health facilities. To reach the nearest health facility, they have to set aside one to several days. Public transportation is often also not available, and even if available the costs incurred are can be very high.

Assuming that in many provinces, districts/cities, vaccination programs have or will soon enter the stage of mass vaccination for the adult population, these recommendations and identifications are

intended to help programs identify vulnerable groups in society that are often invisible and missed by mass health programs. To reach these vulnerable groups, the government needs to provide additional and special efforts, including collaborating with community-based organizations or other societal organizations.

Recommendation 3: Help the vaccination of vulnerable groups without identification number (NIK) with a special approach and additional effort

Initially, the Decree of the Minister of Health Number HK.01.07/MENKES/4638/2021 concerning Technical Instructions for the Implementation of COVID-19 Vaccination required residents to show their identification number (NIK) in accessing vaccinations. Various online vaccination registration portals provide the NIK field which must be filled in by the prospective vaccine recipient. This MoH Decree also encourages residents who do not have a NIK to immediately register and apply for an NIK at the Population and Civil Registry Office (Disdukcapil).

Later, Circular No. HK.02.02/III/15242/2021 concerning the Implementation of Vaccination for Coronavirus Disease 2019 (COVID-19) for Vulnerable Communities and Other Communities who do not yet have a National Identity Number was issued. We appreciate this step. In this Circular, the Ministry of Health encourages the Provincial and District/City Health Offices to organize COVID-19 vaccination services and provide NIK registration in one service location with the Population and Civil Registry Office for people who do not have NIK.

According to the Ministry of Health, NIK is needed as the basis for verifying vaccine recipients according to target data supplied by the central government to vaccination locations. However, due to the urgency of the need to immediately vaccinate as many people as possible, when this recommendation was drafted, in several large cities experiencing high transmission, the local government had removed the domicile requirement to be able to get the COVID-19 vaccination. This discretionary domicile policy was the right step although it has not been implemented evenly throughout Indonesia. Unfortunately, NIK is still used as a requirement in some places, asking people to continue to bring their identity cards (KTP) to the vaccination location even though compatibility between the domicile on the ID card and the vaccination location is no longer required.

We appreciate the government's efforts not to make NIK an absolute requirement for vulnerable groups. Without this, the absence of a NIK will hinder the government's efforts to vaccinate the entire population (including later childhood residents) and protect them from illness and death from COVID-19. Based on 2020 National Socio-Economic Survey (SUSENAS) data, around 3.99% of the population do not yet have a NIK. This means that around 10.7 million people, including 4.3 million aged 18 years and over and 6.4 million children, do not have ID cards and are at risk of not being able to access vaccinations. In addition, inequality in NIK ownership also reflects socio-economic inequality between regions. Papua and North Maluku, for example, are the two provinces with the largest proportion of the population without NIK in Indonesia. In addition, there are also groups of asylum seekers and refugees who are not registered and do not have NIK.

This latest government policy anticipates that people who do not have NIK are also likely to be those who fall into several vulnerable categories, including in the context of COVID-19 as described previously. Social vulnerabilities tend to be intertwined and influence each other. For example, indigenous peoples experience social and administrative discrimination. Remoteness, as well as the status of trust and domicile that are not accommodated by the service system hinder their access to population administration. Without their NIK/KTP, they cannot register themselves as participants in the National Health Insurance (JKN) nor can they register as social assistance beneficiaries. Without JKN, access to health services, and other social assistance, these

communities are even more vulnerable to illness or death if infected, so it is even more important to ensure they get vaccinated immediately. However, the absence of NIK/KTP, discrimination, and remoteness again become obstacles to getting vaccinated.

In addition to facing structural obstacles such as distance, access, information (as well as structural barriers to health services), residents without NIK face legal procedural barriers such as unrecognized religion/belief, status as asylum seeker/refugee, not having proof of permanent domicile, and so on. Thus, the process of vaccinating residents without NIK can be an opportunity to help them resolve the legal obstacles they face.

The vaccination program can be an entry point to identify, reach, and actively serve people who do not have NIK. This of course requires cooperation and coordination between the health sector and the population registration sector, both at the national and subnational levels. Broadly speaking, there are two technical approaches that can be considered.

First, is to provide integrated services side by side on the same day and place. In this integrated service, residents not only get vaccinations but can also directly access population administration services at the same place and time. This has been initiated through the Ministry of Health's Circular, which encourages the Provincial and District/City Health Offices to provide COVID-19 vaccination services and produce NIK in one service location with the Population and Civil Registry Office for people who do not yet have an NIK.

Second, perform a tiered service where officers record data and contacts of individuals who do not have an NIK who come to the vaccination post to be submitted and followed up by the Population and Civil Registry Office or related institutions. The second step can also be aligned with the bottom-up data collection process for vaccination as described in the Ministry of Health by involving community health cadres and administrative registration facilitators at the village level.

See <https://puskapa.org/publikasi/1145/> for details.

Recommendation 4: Strengthen vaccination strategy through special outreach programs

The vaccination trend that saw a decline during emergency activity restrictions (*PPKM Darurat*) must be anticipated by the government immediately. Neither the central government nor local governments can rely solely on the mass vaccination strategy as is currently being carried out. Given that vulnerable groups, especially groups with comorbidities, have a high risk of being infected and experience severity and case fatality when participating in a mass vaccination program, this strategy needs to be supported by special outreach strategies, such as creating mobile vaccination centers to reach socio-economic vulnerable groups or community groups whose access is geographically limited. This can be done in collaboration with the private sector providers of telemedicine and home care, which are starting to be used for self-isolation services. For example, the Singapore government through its mobile vaccinations program succeeded in administering home vaccinations for 27,019 people with comorbidities (Lim, 2021).

An essential option for comorbid groups is the integration of outpatient services with COVID-19 vaccination services through expanding access to vaccinations to Puskesmas (Community Health Centers), private clinics, and hospitals. Additional health personnel, budget and supply-side readiness are needed to reduce the burden on Puskesmas which are currently being charged with three responsibilities at once, namely health promotion, 3T (testing, tracing, treatment), and

vaccination. Outreach can also be done by involving civil society organizations, health cadres, neighborhood unit (RT/RW) officials, and other community leaders. The involvement of the police/military apparatus for outreach must be carried out carefully, especially in the context of areas prone to armed conflict that have a particular history and trauma. Not only speeding up vaccination, this outreach strategy has proven successful in increasing vaccination reach to vulnerable groups.

Recommendation 5: Strengthen coordination across ministries

The multidimensionality of the issue of vaccination for vulnerable groups requires strong coordination and cooperation between ministries. The wide coverage of vulnerable groups, for example, requires the integration of target data sources from the Ministry of Social Affairs for the poor, People in Need of Social Services (PPKS), and others, as well as the Ministry of Health database which should have a database of people with comorbidities. NIK problems can also be solved by collaboration between the Ministry of Health and the Ministry of Home Affairs; or at the subnational level, between the Health Office and the local Population Administration Office. Cross-ministerial coordination must be strengthened to encourage the integration of data sources and administrative services which continue to be the main challenges for vulnerable groups to access vaccines.

Recommendation 6: Call off administrative sanctions against residents who have not received the vaccine

Policies regarding incentives and/or sanctions assume that barriers to vaccine acceptance are caused purely by ignorance, doubt, reluctance, and indiscipline (demand problems). In fact, in the midst of vaccine scarcity, limited infrastructure, and current governance chaos, linking COVID-19 vaccination with substantial support such as delaying or stopping the provision of social security, social assistance for government administrative services, and/or fines is very dangerous. These sanctions have the potential to make it more difficult for vulnerable groups not covered by vaccination services to access basic services.

Special Outreach Recommendations for Vulnerable Groups

| No. | Vulnerable group | Characteristics of vulnerability | Vaccination barriers | Efforts that can be made | Initial data that can be used | Network organization |
|-----|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Individuals without access to adequate and qualified health services, including health insurance | <ul style="list-style-type: none"> Can't get health services if infected with COVID-19 | <ul style="list-style-type: none"> Infrastructure barriers (access, distance, cold chain, information) Financial barriers (transportation costs and opportunity costs) Barriers to access to information regarding vaccination, both clinically and administratively | <ul style="list-style-type: none"> Bring vaccination services closer to remote communities through Puskesmas/mobile services and house-to-house outreach | <ul style="list-style-type: none"> PODES | <ul style="list-style-type: none"> Community, charitable and religious organizations that work with these communities |
| 2. | Transwomen population | <ul style="list-style-type: none"> Discrimination from society and government Often missed by health services Generally have low education having to work odd, high-risk jobs, and low income Often separated from family, thus not administratively registered (do not have a NIK and KTP) | <ul style="list-style-type: none"> Social barriers: because of exclusion in the community, it is likely that transwomen do not get information about the vaccination program (schedule, location, and requirements). If there is data for vaccination, they may also be missed Administrative barriers: many transwomen are separated from their families so they do not have an NIK and KTP (or KTP no longer matches their current domicile). It is not recognized that the transfer of identity means that you do not have an ID card Financial barriers: many transwomen are also PLWHA (see PLWHA column) | <ul style="list-style-type: none"> Organize special vaccinations for transwomen in collaboration with community organizations Eliminating the KTP/NIK requirement (see Recommendation 3) | <ul style="list-style-type: none"> Data from the Social Service and from KPAD/KPAN on key populations | <ul style="list-style-type: none"> Community-based organizations/advocacy networks at national or local level, such as Srikandi, Swara, Kebaya Social workers and Social Service |
| 3. | People living with HIV-AIDS (PLWHA) | <ul style="list-style-type: none"> Comorbidity Discrimination from society and government Often missed by health services Due to stigma, they are often reluctant to disclose their status as PLWHA | <ul style="list-style-type: none"> Social barriers: the need to disclose the status of PLWHA during screening can discourage them from getting vaccinated due to stigma from society, peers, or health workers Financial barriers: As part of the screening, people living with HIV must have a CD4 count of 200 and this CD4 test is expensive and cannot be done in all health facilities | <ul style="list-style-type: none"> Organize special vaccinations for PLWHA by cooperating with community organizations or those working on this issue | <ul style="list-style-type: none"> Data from the Health Office/P-Care and health facilities with HIV-AIDS services KPAD/KPAN data on key populations | <ul style="list-style-type: none"> Community-based organizations/advocacy networks/activists at national or local level |

| No. | Vulnerable group | Characteristics of vulnerability | Vaccination barriers | Efforts that can be made | Initial data that can be used | Network organization |
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| 4. | People with disabilities | <ul style="list-style-type: none"> • People with disabilities find it difficult to access health services due to various reasons (accessibility, staff who are not friendly/ understand the needs of people with disabilities) or because they are not registered. In addition, basic services, including health, often fail to take into account the needs of disabled groups (Pal, 2011) • People with disabilities are more likely have low education and not have sufficient income, thus fall into poverty • Depending on the cause and form of disability, some disabilities are also associated with comorbidities (such as diabetes) thereby increasing the risk of illness and death if infected • People with disabilities (physical, sensory, intellectual) as well as People Living With Mental Illness (PwMI) are often not well recorded, so public services fail to target them, also due to stigma from society and families • Public information about COVID-19 and vaccination programs often does not include specific strategies to reach the diverse communication needs of people with disabilities | <ul style="list-style-type: none"> • Infrastructure barriers: long distances to access services, inaccessible facilities, complicated procedures, and minimal assistance • Administrative barriers: people with disabilities (physical, intellectual) and People Living With Mental Illness (PwMI) are often not registered in the population administration because they are hidden by their families, their status carries a stigma, or administrative and civil service services are not accessible/disability friendly • Social barriers: disability, especially in children and congenital, is often perceived to be associated with vaccination. In addition, information and education about vaccines often disregard the characteristics and communication needs of persons with disabilities • There is a possibility that the community/ family hides or does not prioritize family members with disabilities | <ul style="list-style-type: none"> • Eliminating the KTP/ NIK requirement (see Recommendation 3) • Data updating needs to be done bottom-up through direct screening, either manually or by special outreach. Collaboration between local governments, NGOs, and educational institutions needs to be carried out to collect data or update data as well as special outreach, including door-to-door, to overcome the problem of accessibility of facilities and services • Involvement of disability groups in developing and implementing communication strategies regarding COVID-19 and vaccination • Ensure there is assistance for vaccination programs for people with disabilities • Pick-up strategy and trained companion | <ul style="list-style-type: none"> • The database can be a triangulation of data kept at subdistrict/ village level, social services, BPJS Health, and data from Puskesmas | <ul style="list-style-type: none"> • Disability organizations at national and local levels, such as PPDI, HWDI, Gerkatin, Pertuni, and so on, including support groups for parents with children with disabilities or other disability-related patient groups • Social workers, TKSK, and other Social Service employees • Orphanages and schools that serve people with disabilities and PwMI • Therapy service providers, both in public and private health facilities |

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| 5. | Indigenous peoples | <ul style="list-style-type: none"> AMAN data shows that there are 17 million indigenous peoples in Indonesia, of which only 1% have a NIK Indigenous peoples tend to have limited access to health facilities due to barriers to distance/remoteness, information, administration (do not have a NIK/KTP and this affects insurance/JKN membership), and transportation. In the case study of the Kanekes indigenous community in Banten, for example, where the nearest COVID-19 referral hospital is about 30 km away (Irfani, 2021) In addition, health services are also often neglected to reach and bring services closer to remote indigenous communities because they are considered as 'other' (AMAN, 2020). This includes information and education about COVID-19 that does not take into account the special needs and social characteristics of indigenous communities Land and structural conflicts that make indigenous peoples vulnerable but deemed unfit for vaccination | <ul style="list-style-type: none"> Infrastructure barriers: long distances for services, inadequate/expensive transportation, complicated procedures, and minimal assistance Administrative barriers: Indigenous peoples experience legal and procedural barriers (religious requirements and proof of domicile) in accessing administrative services so that many do not have residence documents. The distance to the Population Administration Office is often far without easy and affordable transportation. Moreover, there are land and structural conflicts between indigenous peoples and local governments, making the indigenous peoples in conflict deemed unfit for vaccines Social barriers: social exclusion and discrimination from both the general public and the government creates reluctance, suspicion, and distrust among indigenous peoples towards government policies and services, including vaccination Language barriers that create knowledge and information gaps among indigenous peoples. This prevents information about COVID-19 and vaccines from being delivered or effectively conveyed to indigenous peoples | <ul style="list-style-type: none"> Eliminating KTP/NIK requirements (see Recommendation 3) Involve civil society organizations/ local governments/ key leaders of local indigenous peoples for initial education and conducting special outreach vaccinations and not forcing indigenous peoples out of their areas Strengthen cross-sectoral coordination between local government-civil society organizations-indigenous community leaders to conduct initial data collection, including screening of medical history to be used as a reference for vaccination programs for local indigenous peoples Increase training and awareness of health workers and assistants on the needs and socio-cultural perspectives of local indigenous peoples | <ul style="list-style-type: none"> Remote Indigenous Community (KAT) data, Ministry of Social Affairs Indigenous community data under the purview of the Director General of Culture, Ministry of Education and Culture | <ul style="list-style-type: none"> The Alliance of Indigenous Peoples of the Archipelago (AMAN), a community-based organization/ advocacy network/ activists at national or local level |

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| 6. | Asylum seekers/ refugees | <p>Data as of July 2021 shows around 14 thousand asylum seekers/refugees in Indonesia; 1048 confirmed cases of COVID-19 and 10 deaths due to COVID-19</p> <p>Due to their non-citizen status, asylum seekers/ refugees often do not have access to health services and health insurance such as JKN</p> <p>Living in temporary shelters with limited area and facilities resulting in high risk of transmission</p> <p>Do not have a work permit and ID card in Indonesia. Many of them rely on remittances or savings and after some time fall into poverty</p> <p>With various cultural and linguistic backgrounds, it is possible that official information about COVID-19 and vaccinations will not reach and cannot be understood by this community</p> | <ul style="list-style-type: none"> Infrastructure barriers: the lack of vaccine supply has forced many countries to prioritize their citizens in getting vaccines and not prioritizing asylum seekers/ refugees even though they are classified as vulnerable to COVID-19 without access to health services and insurance coverage Social barriers: culture, language, and low community acceptance cause asylum seekers/refugees who live among the general public to be excluded from registration for mass vaccinations Administrative barriers: asylum seekers/ refugees do not have ID cards/NIK because existing procedures have not accommodated their registration | <ul style="list-style-type: none"> Eliminating the KTP/NIK requirement (see Recommendation 3) Discretion for vaccine priority Strengthen cross-sectoral coordination between the government-UNHCR-IOM together with relevant NGOs to conduct initial data collection including medical history screening which will be used as reference for vaccination programs for groups of refugees/asylum seekers Increase training and awareness of health workers and assistants on the needs and socio-cultural perspectives of refugees/asylum seekers | Data from UNHCR, IOM, and the Indonesian Directorate General of Immigration | UNHCR, IOM, community-based organizations/ charities as well as advocacy/activist networks at national or local level |

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| 7. | People living in dwellings where it is not possible to carry out health protocols (without access to water, sanitation, and with limited floor area) | <p>Due to the poor quality of housing, they are vulnerable to being exposed to the COVID-19 virus and when exposed it is not possible to isolate themselves properly</p> <p>Most likely, people with low incomes and working in the informal sector and do not have the luxury to work from home so they are more vulnerable to exposure</p> | <ul style="list-style-type: none"> • Priority should be given to vaccination to immediately control infection and morbidity rates in dense and slum areas • Vaccination schedules may not fit with people's working hours and vaccination posts may still be far away • Most likely live in locations that are not officially registered with the local government and not included in any RT/RW. Without proof of domicile, it is possible that they do not have a NIK/KTP (or do not match their actual area of residence) | <ul style="list-style-type: none"> • Eliminating the KTP/NIK requirement (see Recommendation 3) • Adapt vaccination schedule to their working hours • Involve civil society organizations/local government/local community leaders for initial education, data collection and vaccination administration | <ul style="list-style-type: none"> • Spatial-demographic data owned by local governments (not by name by address) • Population Census (not by name by address) | <ul style="list-style-type: none"> • Community organizations that reach out to many poor communities and those who live in slums. For example, NGOs or charities often donate when a natural disaster/flood occurs in the city |
| 8. | Seasonal migrants and the homeless | <p>Their mobility makes them vulnerable to exposure to COVID-19</p> <p>Because they are not administratively registered in the area where they work, it is difficult for them to easily access local health services. Sometimes their whereabouts are also hidden or unknown to the RT/RW or kelurahan officers</p> <p>Most of the seasonal migrants work in the informal sector and fall into the category of low-income people</p> <p>Many live in unsuitable boarding houses or shared houses, making them prone to exposure from fellow residents</p> | <ul style="list-style-type: none"> • Administrative barriers: Their ID cards often list a different address from their active domicile (place of work) so they cannot access vaccinations in the areas where they work actively • Due to their whereabouts being unseen, information about vaccinations (schedule, place, etc.) fails to reach them • Vaccination schedule may not fit with their working hours | <ul style="list-style-type: none"> • Eliminating the KTP/NIK requirement (see Recommendation 3) • Enabling cadres in the community to identify and record seasonal migrants and their vaccination needs and ensure they receive adequate information about vaccination • Adapt vaccination schedule to their working hours | <ul style="list-style-type: none"> • It is necessary to mobilize the head of the neighborhood/ community cadre to identify and record this group • Collaboration with the Department of Social Affairs | <ul style="list-style-type: none"> • Charitable organizations |

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| 9. | Communities in underdeveloped, remote, outermost regions (“disadvantaged regions”) | If exposed, people in the disadvantaged regions are vulnerable to illness and death because access to health facilities difficult and the quality of health facilities is not inadequate | <ul style="list-style-type: none"> Infrastructure barriers: Insufficient access to health facilities, both primary and secondary for the people of disadvantaged regions. According to the Ministry of Health report, currently health care facilities in disadvantaged regions are limited to type D hospitals. This includes the lack of health workers in disadvantaged regions and the lack of infrastructure to support the vaccine cold chain in the disadvantaged regions (Bisnis.com, 2021) Difficulties in accessing health services also indicate difficulties in accessing other basic services, including administrative and civil servant services. Outermost provinces, such as Papua, Maluku, and NTT, have a proportion of the elderly population without a NIK between 10-24 percent (Susenas 2019). Without their NIK/KTP they will not be able to access vaccination services Isolation can also result in a lack or withholding of up-to-date information on COVID-19 and vaccination and result in a lack of enthusiasm for accessing vaccinations | <ul style="list-style-type: none"> Eliminating the KTP/NIK requirement (see Recommendation 3) Special outreach using mobile, door-to-door, and Posyandu approaches Involve civil society organizations/local government/local community leaders for initial education, data collection and vaccination administration | <ul style="list-style-type: none"> List of disadvantaged districts/cities in the RPJMN and RPJMD documents Residents registered at health centers in remote and disadvantaged areas or residents registered at Puskesmas with low accreditation | <ul style="list-style-type: none"> It is necessary to identify what organizations work with a particular community. These organizations can be religious or ethnic/ cultural based, or charitable organizations that frequently reach out to them |
| 10. | Residents of social institutions such as dormitories, orphanages, correctional institutions/ detention houses | <p>The quality of housing is often poor due to the lack of funding at the disposal of institutional managers. Without a pandemic, institutional residents are already vulnerable to the spread of infectious diseases such as the flu. When exposed to COVID-19, transmission can occur quickly due to the dense population of the institution. The possibility of self-isolation is very small due to limited facilities</p> <p>Residents' access to health facilities is highly dependent on the readiness of institutional managers</p> <p>Lack of transparency of COVID-19 data in prisons</p> | <ul style="list-style-type: none"> Infrastructure barriers: Long service distances, inaccessible facilities, complicated procedures, and minimal assistance Administrative barriers: Institutional residents do not necessarily hold or have an ID card, their ID card may be different from the domicile of the institution Perception that prison inmates should not receive vaccinations as a form of punishment | <ul style="list-style-type: none"> Eliminating the KTP/NIK requirement (see Recommendation 3) Direct outreach to institutions Involve civil society organizations and institutional managers for initial education, data collection and vaccination administration | <ul style="list-style-type: none"> Data on residents of social institutions is available at the Ministry and Social Service Data on residents of prisons and detention centers is available at the Ministry of Law and Human Rights (Directorate General of Corrections). Data on residents of detention centers in the police are available at each police office Islamic boarding school (<i>Pesantren</i>) student data at EMIS of Ministry of Religion | <ul style="list-style-type: none"> Community-based organizations/ advocacy networks/ activists at national or local level |

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| 11. | People with comorbidities | <ul style="list-style-type: none"> • Low desire of people with comorbidities to access health services (vaccination centers) due to fear of being exposed to SARS-CoV-2 • Lack of family knowledge about COVID-19 risk management has prevented people with comorbidities from wanting to access vaccinations • Comorbidities make one vulnerable to COVID-19 infection • Undetected comorbidities among many | <ul style="list-style-type: none"> • Infrastructure barriers: Limited supply and types of vaccines that are appropriate for people with comorbidities • Barriers to access to information: Lack of information about vaccination eligibility for comorbid groups | <ul style="list-style-type: none"> • Prioritizing the distribution of vaccines with the highest efficacy among the elderly and comorbid groups through special outreach strategies • Improving vaccination delivery mechanisms that minimize the risk of infection • Provide disease screening facilities • Expand the coverage of vaccination service providers to private hospitals and clinics to facilitate access • Improve behavior change communication strategies, both community-based and mass communication campaigns for vaccination safety for the elderly and people with comorbidities | <ul style="list-style-type: none"> • RISKESDAS, PISPK, BPJS-K | <ul style="list-style-type: none"> • Community-based organizations/ advocacy networks/ activists at national or local level |

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| 12. | People Living With Mental Illness (PWMI) | <ul style="list-style-type: none"> Stigma and discrimination Ability to perform social functions Lack of PWMI-friendly vaccination infrastructure | <ul style="list-style-type: none"> Barriers to access to information: Lack of vaccination program campaigns targeting PWMI and their families. As a result, the desire of PWMI to participate in vaccination is quite low. In addition, there is widespread misinformation about PWMI being immune to COVID-19 Infrastructure barriers: Lack of vaccination quota for PWMI Administrative barriers: health workers who are not educated about the needs of PWMI | <ul style="list-style-type: none"> Carry out vaccinations with special outreach through visits to orphanages or health facilities Train and ensure the availability of mentors | <ul style="list-style-type: none"> Ministry of Social Affairs | <ul style="list-style-type: none"> Schizophrenia Care Community |
| 13. | Laborers, domestic workers, women workers | <ul style="list-style-type: none"> The lack of social and health protection for workers, especially domestic workers, and women workers | <ul style="list-style-type: none"> Barriers to access to information about vaccination programs Vaccination schedules carried out at work have the risk of cutting income Administrative barriers to KTP/ NIK due to changing domicile | <ul style="list-style-type: none"> Protection by Indonesian representatives in overseas to ensure Indonesian citizens, including workers, get vaccines and other social protection needed The Ministry of Labor to ensure that companies provide social protection and time to vaccinate without any wage deductions | <ul style="list-style-type: none"> National Labor Force Survey (Sakernas), Ministry of Labor | <ul style="list-style-type: none"> Trade Unions and Workers, FSBPI, SPRT, TURC |

References

- Acharya, R. (2020). A vulnerability index for the management of and response to the COVID-19 epidemic in India: an ecological study. *Lancet Glob Health* 2020 , 42-51.
- AMAN. (2020, May 4). *Kerentanan Masyarakat Adat di Tengah Wabah*. Retrieved from www.aman.or.id: <http://www.aman.or.id/2020/05/kerentanan-masyarakat-adat-di-tengah-wabah/>
- asumsi.co. (2020, May 18). *Nasib Masyarakat Adat di Tengah Pandemi COVID-19*. Retrieved from [asumsi.co](https://asumsi.co/post/nasib-masyarakat-adat-di-tengah-pandemi-COVID-19): <https://asumsi.co/post/nasib-masyarakat-adat-di-tengah-pandemi-COVID-19>
- BAPPENAS, PUSKAPA, UNICEF, and KOMPAK. 2020. *Racing Against Time, A Policy Paper on the Prevention and Handling of COVID-19 Impacts on Children and Vulnerable Individuals*. Jakarta.
- Bisnis.com. (2021, May 1). *Vaksinasi di Wilayah 3T, Pemerintah Mungkin Gandeng ICRC*. Retrieved from kabar24.bisnis.com: <https://kabar24.bisnis.com/read/20210501/15/1389061/vaksinasi-di-wilayah-3t-pemerintah-mungkin-gandeng-icrc>
- Irfani, F. (2021, May 21). *Kearifan Warga Baduy dalam Menjaga Kampung dari Wabah*. Retrieved from projectmultatuli.org: <https://projectmultatuli.org/kearifan-warga-baduy-dalam-menjaga-kampung-dari-wabah/>
- KADIN. (2021, June 19). *Vaksinasi Gotong Royong*. Retrieved from vaksin.kadin.id: <https://vaksin.kadin.id/#!/kuesioner>
- kawalCOVID-19. (2021, June 21). *Situasi Vaksinasi COVID-19 Saat Ini*. Retrieved from kawalCOVID-19.id: <https://kawalCOVID-19.id/vaksin>
- Lim, J. (2021, Mei 31). 24 people get COVID-19 vaccination at home under ongoing pilot project. Retrieved from www.straitstimes.com: <https://www.straitstimes.com/singapore/24-people-vaccinated-at-home-under-ongoing-pilot-project>
- Pal, G. (2011). Disability, Intersectionality and Deprivation: An Excluded Agenda. *Psychology and Developing Societies*, 159-176.
- PUSKAPA. (2020). *Berkejaran Dengan Waktu: Kajian Kebijakan untuk Mengatasi dan Mencegah Dampak COVID-19 pada Anak dan Individu Rentan*. Jakarta: BAPPENAS.
- Refugee Council of Australia. (2018). *Australia's Man-made Crisis on Nauru: Six years on*. New South Wales: Refugee Council of Australia.
- SMERU. (2020, July 15). *Menimbang Risiko, Membangun Rasa Aman di Tengah Pandemi*. Retrieved from smeru.or.id: <https://smeru.or.id/id/content/menimbang-risiko-membangun-rasa-aman-di-tengah-pandemi>
- The Lancet. (2020). *Redefining vulnerability in the era of COVID-19*. Editorial Vol 395 .
- Law No 11 of 2009. (2009). *Law of the Republic of Indonesia Number 11 of 2009 concerning Social Welfare*. Jakarta: DPR RI.
- WHO. (2019). *Delivery of immunization services for refugees and migrants*. Copenhagen: WHO.
- WHO. (2020). *WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply*. Geneva: WHO



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