



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಂಘ, ಬೆಂಗಳೂರು
ಆರೋಗ್ಯ ಸೌಧ, ಮಹಡಿ, ಮಾಗಡಿ ರಸ್ತೆ, ಬೆಂಗಳೂರು-560023



ಸಂಖ್ಯೆ:ಎನ್‌ಹೆಚ್‌ಎಂ/ಡಿಡಿ/ಐಎಂಎಂ/16/2021-22

ದಿನಾಂಕ:02.06.2021

ಇವರಿಗೆ,

1. ಮುಖ್ಯ ಆಯುಕ್ತರು, ಬಿಬಿಎಂಪಿ, ಬೆಂಗಳೂರು.
2. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು, ಜಿಲ್ಲಾಡಳಿತ ಕಛೇರಿ.


ಮಾನ್ಯರೇ,

ವಿಷಯ: ಹಿರಿಯ ನಾಗರಿಕರಿಗೆ ಮತ್ತು ವಿಕಲಚೇತನರಿಗೆ ಮನೆಗೆ ಸಮೀಪ ಕೋವಿಡ್ ಲಸಿಕಾಕರಣ ಕೇಂದ್ರ ಆಯೋಜಿಸುವ ಕುರಿತು.

ಉಲ್ಲೇಖ: 1. ಭಾರತ ಸರ್ಕಾರದ ಪತ್ರ ಸಂಖ್ಯೆ: D.O. No. T-22011/01/2021-Imm dated 27.05.2021

ಮೇಲ್ಕಂಡ ವಿಷಯ ಮತ್ತು ಉಲ್ಲೇಖಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಹಿರಿಯ ನಾಗರಿಕರು ಮತ್ತು ವಿಕಲಚೇತನರು ಈಗಾಗಲೇ ಕಾರ್ಯನಿರತ ಕೋವಿಡ್ ಲಸಿಕಾಕರಣ ಕೇಂದ್ರಗಳಿಗೆ ತಲುಪಲು ಸಾಧ್ಯವಾಗುತ್ತಿಲ್ಲವೆಂಬ ಅಂಶವನ್ನು ಮನಗಂಡು ಮನೆಗೆ ಸಮೀಪ ಕೋವಿಡ್ ಲಸಿಕಾಕರಣ ಕೇಂದ್ರ ಆಯೋಜಿಸಿ ಈ ಫಲಾನುಭವಿಗಳಿಗೆ ಲಸಿಕೆ ದೊರಕಿಸಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲು ತಿಳಿಸಲಾಗಿದೆ. ಈ ತಂತ್ರವು ಸಮುದಾಯ ಆಧಾರಿತ ವಿಧಾನವಾಗಿದ್ದು ಮನೆಗೆ ಹತ್ತಿರದ ಸಮುದಾಯ ಕೇಂದ್ರ ನಿವಾಸಿ ಕಲ್ಯಾಣ ಸಂಘಗಳ ಕೇಂದ್ರಗಳು, ಪಂಚಾಯತ್ ಕಟ್ಟಡ, ಶಾಲೆಗಳು/ಕಾಲೇಜುಗಳಲ್ಲಿ ಕೋವಿಡ್ ಲಸಿಕಾಕರಣ ಕೇಂದ್ರಗಳನ್ನು ಆಯೋಜಿಸಬಹುದಾಗಿರುತ್ತದೆ. ಈ ಲಸಿಕಾಕರಣ ಕೇಂದ್ರಗಳನ್ನು ಸದ್ಯ ಚಾಲ್ತಿಯಲ್ಲಿರುವ ಕೋವಿಡ್ ಲಸಿಕಾಕರಣ ಕೇಂದ್ರಕ್ಕೆ ಜೋಡಿಸುವುದು. ಇದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಮಾರ್ಗದರ್ಶಿ ಟಿಪ್ಪಣಿಯನ್ನು ಈ ಪತ್ರದೊಂದಿಗೆ ಲಗತ್ತಿಸಿದೆ.

ಈ ನಿಟ್ಟಿನಲ್ಲಿ ತಮ್ಮ ಮುಂದಾಳತ್ವದಲ್ಲಿ ಕ್ರಮ ಕೈಗೊಳ್ಳಲು ಕೋರಲಾಗಿದೆ.


ಅಭಿಯಾನ ನಿರ್ದೇಶಕರು
ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ

ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ:

1. ಎಲ್ಲಾ ಜಿಲ್ಲೆಯ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು.
2. ಮುಖ್ಯ ಆರೋಗ್ಯಾಧಿಕಾರಿಗಳು (ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ), ಬಿಬಿಎಂಪಿ.
3. ಎಲ್ಲಾ ಜಿಲ್ಲೆಯ ಆರ್.ಸಿ.ಹೆಚ್ ಅಧಿಕಾರಿಗಳು,
4. ಲಸಿಕಾಧಿಕಾರಿಗಳು (ಬಿ.ಬಿ.ಎಂ.ಪಿ)

ಮಾಹಿತಿಗಾಗಿ:

1. ಮಾನ್ಯ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು ಹಾಗೂ ಅಭಿವೃದ್ಧಿ ಆಯುಕ್ತರು, ಕರ್ನಾಟಕ ಸರ್ಕಾರ.
2. ಮಾನ್ಯ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಕರ್ನಾಟಕ ಸರ್ಕಾರ.
3. ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಬೆಂಗಳೂರು.
4. ವಿಶೇಷ ಆಯುಕ್ತರು (ಆರೋಗ್ಯ), ಬಿಬಿಎಂಪಿ.
5. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಕಾಧಿಕಾರಿಗಳು, ಜಿಲ್ಲಾ ಪಂಚಾಯತ್ ಕಛೇರಿ.

6. ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
7. ಅಪರ ನಿರ್ದೇಶಕರು, ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ, ಬೆಂಗಳೂರು.
8. ಯೋಜನಾ ನಿರ್ದೇಶಕರು (ಆರ್.ಸಿ.ಹೆಚ್), ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
9. ಉಪ ನಿರ್ದೇಶಕರು, ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ, ಬೆಂಗಳೂರು.
10. ಉಪ ನಿರ್ದೇಶಕರು (ಲಸಿಕೆ), ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
11. ಕಛೇರಿ ಪ್ರತಿ



राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS
SECRETARY

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. T-22011/01/2021- Imm
27th May 2021

Dear Colleague,

The National COVID-19 Vaccination drive was initiated on 16th January 2021 as an important national initiative to curb the spread of the pandemic as well as to reduce the mortality due to COVID-19 disease. Based on WHO recommendations, global experience and scientific rationale, country's operational guidelines and advisories to the States/UTs are updated as per the evolving situation to provide the best possible solutions and guidance for implementation of the vaccination drive successfully for every strata of the society.

2. The vaccination drive was sequentially expanded for prioritized age groups and now covers all person aged 18 years and above. There has been a constant effort to make this drive people-centric, accessible to all and seamless.

3. The idea of taking the COVID vaccination centres closer to the homes had engaged this Ministry's attention for some time. A committee consisting of domain knowledge experts and doctors have examined this issue and multiple options available, based on scientific evidence. The Committee has suggested against door to door vaccination. However, they have recommended a more flexible and people centric approach to cater to special needs of elderly & differently abled persons. Accordingly, the strategy of Near to Home CVC for Elderly and Differently Abled Citizens has been formulated. This strategy was placed before the National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) where it was discussed and deliberated by government & non-government experts and the same has been recommended to be adopted.

4. As per this strategy vaccination drive will be more accessible to elderly and differently abled citizens, who may not be able to travel to the existing Covid Vaccination Centres (CVCs), such beneficiaries can now be offered COVID-19 vaccination at Near to Home COVID Vaccination Centres (NHCVC). The NHCVC follows a community based approach where the sessions can be conducted nearer to home e.g. at Community Centre, Resident Welfare Association Centre, Group Housing Society Centre, Panchayat Building, school buildings etc. for the elderly and differently abled citizens. The NHCVC will be linked to an existing CVC for planning & execution. The guidance for Near to Home COVID Vaccination Centres for Elderly and Differently Abled Citizens has been developed keeping in mind the safety as well as convenience of the beneficiaries, and is enclosed herewith.

5. You are requested to advise the concerned officials to take the necessary measures towards the same and start planning and preparatory activities at the earliest. It is also advised to ensure that all other essential health services are maintained and, therefore, meticulous planning is required.

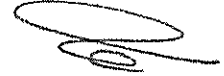
.....contd/-

: 2 :

6. I look forward to your support in successful implementation of this intervention and guidance to your Health team towards quality COVID-19 vaccination drive.

Warm Regards .

Yours sincerely,



Encl : as above

(Rajesh Bhushan)

Additional Chief Secretary/Principal Secretary/Secretary (Health), All States/UTs

Near to Home COVID Vaccination Centres (NHCVC) for Elderly and Differently Abled Citizens

Guidance Note

1. Background

- As per the recommendation of National Expert Group on Vaccine Administration for COVID-19 (NEGVAC), besides Health Care Workers (HCWs) and Front Line Workers (FLWs), the prioritized group of beneficiaries for COVID-19 vaccination has been expanded to cover general population aged 45 years and above from 1 April 2021. The vaccination against Covid-19 is also made available for all citizens above 18 years of age from 1 May 2021, through State Government Channels and private hospitals
- The population aged above 60 years (senior citizens) are already included in prioritized age group for COVID-19 vaccination since 1 March 2021. The average national coverage with first dose for this age group is 42% as of 15 May 2021.
- Apprehensions have been expressed that many of the senior citizens and individuals with special needs may not be able to receive the doses of COVID-19 vaccine due to inability to travel to a Covid Vaccination Center.
- To ensure vaccination of senior citizens and differently abled population having limited mobility due to their physical condition, there is need to increase access by bringing vaccination services closer to the community and nearer to homes while maintaining all necessary precautions and safety measures, as per Operational Guidelines and Advisories issued from time to time.

2. Rationale

- The elderly usually have high incidence of co-morbid conditions, making them more vulnerable to morbidity and mortality due to COVID-19 infection and its complications.
- There is a need to vaccinate the most vulnerable population (elderly & the differently abled) who may be left behind because of inability to travel to COVID-19 Vaccination Centers (CVC), thus ensuring equitable access to vaccines.

3. Proposed Strategy for Near to Home COVID Vaccination Centres (NHCVC)

- It follows a community-based approach where sessions can be conducted in non-health facility based settings and are nearer to home, e.g. in a community centre, RWA centre/office, panchayat ghar, school buildings, old age homes etc.
- **Continuation of Community-based services:** Meticulous and need based planning for additional COVID-19 vaccination sessions in community needs to be undertaken to minimize its impact on routine immunization and other community based essential health services.
- **Human resource and Infrastructure:** Deployment of trained human resources to provide vaccination services in community settings in an overstretched health system needs to be planned meticulously along with identification of appropriate site for vaccination, that meets the criteria for quality vaccination as per the guidelines, which includes proper waiting area and observation room.

- Based on the learnings from Routine Immunization, listing of Elderly and Differently abled citizens will have to be prepared and Near to Home Vaccination Centres can be organized to provide COVID-19 vaccines to a defined population.
- These NHCVC will be organized specially for this target population only while vaccination for all other age groups will continue at the existing CVCs.
- Based on the cohort of this eligible population of elderly & differently abled, District Task Force (DTF) / Urban Task Force (UTF) will decide the location of NHCVC to maximize the reach of services to the target population, reduce vaccine wastage along with causing minimal impact on the existing health services.
- NHCVC will be linked to an existing CVC for vaccination purpose; the CVC in-charge will be responsible to provide vaccine, logistics and human resources required for vaccination.
- The site for NHCVC will be pre-identified in collaboration with community groups and RWAs. Such sites could be at Panchayat Bhawan, Sub-Health Centres and Health & Wellness Centres with availability of adequate space, Community Halls, RWA Premises, Polling Booths, Schools etc. and needs to have a Vaccination Room and a Waiting Area with appropriate access for the target group, for example ramp for wheel chair access and Observation Room to ensure waiting for 30 minutes post vaccination as per MoHFW Operational Guidelines available at the MoHFW website at <https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf>
- District Task Force (DTF) / Urban Task Force (UTF) will be responsible for planning and implementation of vaccination at the NHCVC, with full flexibility to adjust the proposed plan as per local circumstances and need.
- Once identified & verified for meeting CVC criteria, all such sites will be registered on the CoWIN portal as Near to Home Covid Vaccination Centres (NHCVC).
- Each team at NHCVC will comprise of five members – Team Leader (necessarily a Doctor), Vaccinator, Vaccination Officer 1 for Co-WIN registration and/or verification of beneficiary, and Vaccination Officer-2 and 3 for crowd control, assistance to vaccinator, ensuring 30 minutes observation of beneficiaries following vaccination for any AEFI and any other support.
- In a scenario where there is a group of target beneficiaries under one roof like Old Age Home etc., the NHCVC can be organized at that site as per the Operational Guidelines.
- Innovative strategies like the one adopted by Greater Chennai Corporation wherein each zone has been allotted 2 - 4 vehicles for two-way transportation of beneficiaries (differently abled) can be considered. The beneficiary can be linked to a helpline number to avail the support for pickup and drop to the NHCVC.

4. Defining eligible population for COVID-19 vaccination at NHCVC:

- All individuals above 60 years age with no vaccination or first dose vaccination
- All individuals below 60 years with disability due to physical or medical conditions

5. Registration & appointment through Co-WIN:

- The beneficiaries can either register themselves in advance, on-site or can be registered following Facilitated Cohort Registration process on Co-WIN.
- Verification will be done preferably using Aadhaar. Apart from Aadhaar, other IDs approved by the MoHFW are: 1. EPIC, 2. Passport, 3. Driving license, 4. PAN Card, 5. Smart

Card issued by RGI under NPR, 6. Pension Document with Photograph. The Guidance on vaccination of persons without the prescribed identity documents may also be referred to (available at MoHFW website at <https://www.mohfw.gov.in/pdf/SOPforCOVID19VaccinationofPersonswithoutPrescribedIdentityCards.pdf>)

- All Vaccination must be recorded in real time through the Co-WIN Vaccinator Module on the same day.
- Vaccination will follow standard procedure of registration, verification at session site and reporting in Co-WIN including AEFIs reporting and management (refer to operational guidelines)

<https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf>

6. Line listing of Beneficiaries

- For differently abled citizens, line-listing available with health or other departments (for example, Department of Social Welfare at the State/District level) must be utilized.
- PRIs, Urban Local Bodies, Municipal Corporation will coordinate with relevant stakeholders such as Resident Welfare Associations (RWAs), Cantonment Board, Public/ Private Establishments to enlist target populations as defined above.
- Information could be collected through call centers regarding differently abled persons who may require transport or any other assistance for vaccination.
- DTF / UTF will ensure completeness of line listing and use these listings for adequate NHCVC planning.
- Line listing can be done by ASHAs in rural community, while in Urban areas multiple sources are to be utilized including Urban ASHAs, Mahila Arogya Samitis (MAS), Ward Committees, RWAs, Volunteers from Civil Defense etc.

7. Identification of NHCVC Site and linkage with existing CVC

- The District Task Force (DTF) / Urban Task Force (UTF) will finalize the NHCVC sites based on the eligible target population and availability of human resources.
- The DTF / UTF will identify and designate an existing Covid-19 vaccination center (CVC) to undertake vaccination at NHCVC.
- Nodal Officer In-charge of designated CVC will review the proposed NHCVC for essential criteria such as availability of 3 rooms / space for vaccination, feasibility of managing AEFIs (refer to Operational Guidelines) and availability of internet etc. and will coordinate to plan vaccination at site.
- Nodal Officer In-charge of designated CVC will ensure vaccination by deployment of vaccine, logistics and human resources on the day of vaccination.

8. Microplanning:

- Block / Urban Task Force will be responsible to prepare micro plan for vaccination session

- One team will be assigned to a minimum of 20-30 and a maximum of 100-120 beneficiaries for vaccination. In case more than 100-120 beneficiaries are to be vaccinated at a site on one day, another vaccination team may be deployed.
- District/ Urban Task Force will review plan and ensure availability of human resources, vaccine transport arrangements and other logistics
- Block / Urban Task Force will ensure sufficient awareness and visibility for vaccination.

9. Organizing a Near to Home Covid Vaccination Centre (NHCVC)

- A five-member team 'Vaccination Team (VT)' would be deployed at each NHCVC.
- Each VT will comprise of
 - Team leader (necessarily a doctor)
 - One trained Vaccinator
 - Vaccination officer 1: For registration and/or verification of beneficiaries at session site
 - Vaccination officer 2 and 3: For observing vaccinated members for any adverse event, crowd management and to support the vaccinator in conducting the session.
- More than one VT can be deployed at each NHCVC based on due list and other factors.
- Each NHCVC will be backed up by an Advanced Life Support ambulance/Basic Life Support ambulance/transport vehicle.
- The District Administration will make adequate arrangements for maintaining law and order situation at every session and mitigate any chances of undue pressure on vaccination team to cover non-targeted beneficiaries.
- Panchayat, local Self-Help Groups (SHGs), Resident Welfare Associations, Urban Local Bodies etc. need to support the line listing process and organization of session, including steps to avoid overcrowding at session sites.
- Each NHCVC will be supervised by a Medical Officer for planning and implementation as under RI.
- **Registration of beneficiaries:**
 - Vaccination team will facilitate on-site registration of the targeted beneficiaries in the CoWIN portal, if they are not already registered.
 - After vaccination, the physical copy of Vaccination Certificate should be provided to each beneficiary.
- At a given session, only one type of vaccine will be provided. This is necessary to avoid mixing of vaccine types between 1st and 2nd dose of a beneficiary. In case there are target beneficiaries who have a requirement of a different vaccine as 2nd dose (possibility of some elderly having already received the 1st dose), then different sessions/days could be dedicated in such cases.
- An anaphylaxis kit for management of any kind of adverse event at the site, with contents as per operational guidelines of Govt of India will be available at each NHCVC.
- All vaccination sites will be linked to an AEFI Management Centre as referral for medical management post vaccination. An advanced/basic life support (BLS)

ambulance must be dedicated for vaccination activities being conducted at non-hospital/ health facility -based NHCVC as well as at outreach NHCVC at Sub Health Centre or Health & Wellness Centre and should be utilized for shifting beneficiaries to the linked AEFI management center, if required.

- The district authorities will ensure the availability of logistics including IT infrastructure for registration and data entry in CoWIN software.
- To optimize the use of all remaining vaccine doses in the last opened vial, the remaining doses may be provided to health care workers, front line workers and other eligible populations in order of priority.
- As a follow-up post vaccination, the local mobilisers (ASHA, ANM, AWW, volunteers- NYK, NSS, panchayat/Ward Committee members) will plan visit to beneficiaries a day after vaccination, specially to those who are living alone to know their wellbeing and note any adverse events and provide guidance.
- Operational guidelines and standard operating procedure for COVID-19 vaccination should be referred for detailed planning and operationalization. These are available at <https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf>

10. Facilitate travel of elderly and persons with special needs to Session Site

- To support elderly and differently abled citizens residing in areas around NHCVC both in urban and rural areas, transport arrangements may be made to facilitate their travel to the session site
- Involvement of Resident Welfare Associations in urban areas and the Panchayat in rural areas/Urban local Bodies/community leaders/volunteers/religious institution/philanthropic organization/corporates etc. in supporting the transport arrangements may be encouraged.

11. Making the vaccination center friendly to elderly and persons with special needs

- a. The session site should be chosen and arranged in a way so as to facilitate entry and exit of elderly and differently abled citizens including provision of wheelchair, seating arrangement, drinking water and toilet facilities.
- a. Differently abled beneficiaries may be allowed to be accompanied by a caregiver/ family member.
- b. Signages must be ensured in the facilities to guide beneficiaries to the vaccination site. Due assistance must be provided for hearing and visually impaired people.

