राजस्थान सरकार
निदेशालय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।

अति आवश्यक

क्रमांक कोरोना/2020/५९५
समस्त, मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
राजस्थान।

विषय : कोरोना-19 के दौरान दियांजनों के जन कलायण हेतु।

संदर्भ :-भारत सरकार का पत्रक दो No. Z-18015/9/2020-NHM-II dated 28.04.2020

उपरोक्त विषयांतर्गत लेख है कि सामाजिक व्यावहारिक और आवश्यकता निदेशक संस्थान विभाग, भारत सरकार द्वारा कोरोना-19 के चलते दियांजनों का प्राथमिकता दे उपचार, स्वस्थ एवं स्वस्थ जीवन, समय-समय पर कोरोना-19 की जांच क्वार्टरलाइन फेसिलिटी एवं उपचार उपलब्ध कराने हेतु गाइडलाइन जारी की गई है जो की पत्र के साथ संलग्न कर आपको आवश्यक कार्यवाही हेतु प्रस्तुत की जा रही है।

संलग्न :- उपरोक्तानुसार।

निदेशक (जन स्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवाएं,
राजस्थान, जयपुर।

क्रमांक कोरोना/2020/४९५
प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रस्तुत है:-
1. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
2. निजी सचिव, शासन सचिव एवं मिशन निदेशक (एनएडएम), राजस्थान।
3. अतिरिक्त निदेशक (प्रामाण्य स्वास्थ्य) मुख्यलाइन।
4. नोडल ऑफिसर (आईडीएसपी), मुख्यलाइन।
5. समस्त, संयुक्त निदेशक-जोन, राजस्थान।
6. समस्त, मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राजस्थान।
7. समस्त, उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (स्वास्थ्य), राजस्थान।
8. संबंधित अधिकारी को पालनार्थ।
9. प्रभारी, सर्वर रूप को संबंधित कोई-मेल करने व वेबसाइट पर अपलोड करने वाले।
10. संस्कृत पत्रावली।

निदेशक (जन स्वास्थ्य)
चिकित्सा एवं स्वास्थ्य सेवाएं,
राजस्थान, जयपुर।
Dear Madam,

This is in continuation of my earlier communication dated March 23rd and March 26th, 2020 whereby comprehensive guidelines were issued for the welfare of Persons with Disabilities (PwDs) during COVID-19.

2. As you are aware, to mitigate the effects of the pandemic, many COVID-19 centers have been identified as containment units, isolation treatment centres and testing labs for enhancing the holding capacity for medical purposes as required. You would agree that the current crisis poses even greater threats to the Divyangjan not just due to their lesser/compromised immunity, ability to perceive or comprehend information but also due to non-availability of accessibility features in the physical environment and eco-system provided at such COVID related facilities.

3. DEPwD has already published guidelines concerning information dissemination in alternative accessible formats, priority treatment for PwDs and provisions of safety, healthy living and hygiene for PwDs, attendants, care-givers and accessible service providers, such as sign language interpreters (Copy enclosed). In addition, it is also necessary that basic physical accessibility features as listed below are ensured, as per reasonable accommodation in the centres for COVID-19 testing and quarantine facilities as well as for treatment at hospitals and health centres:

- All operating and control mechanisms and self-operated devices (sanitizer dispensers, glove cases, soaps, wash basins) are placed within approachable reach of PwDs, especially for wheelchair users.
- Graphical and simple, prominent signage as per standard requirements of colour and contrast are put up.
- Ramps (gradient 1:12) with railings are provided.
- Atleast One (01) low height accessible counter at reception, testing areas and pharmacies.
- Audio announcements and captioned videos for public announcements of important news to be made.

Cont..../2
• Ensure accessibility in lifts or assigning liftman in at least one lift for extending help to PwDs.
• Reserving areas/ rooms/ wards for PwDs that may be provided with accessible toilets.
• Provision for vestibular cabins for attendants of COVID-19 patients, especially with intellectual disability and mental illness.

4. In view of the above, you are requested to urgently initiate necessary action to ensure these basic features of accessibility are provided so that PwDs, persons with restricted mobility and those dependent upon attendants/caregivers are not inconvenienced further, especially during the times of this pandemic.

Yours sincerely,

(Shakuntala D. Gamlin)

Ms. Preeti Sudan,
Secretary,
Ministry of Health and Family Welfare,
Nirman Bhavan,
New Delhi.
Dear Chief Secretary,

This is regarding creating awareness about preventive measures to contain spread of COVID 19.

2. I sincerely appreciate the efforts of your Government for taking steps in line with the advisory issued by Union Ministry of Health & Family Welfare and also innovative measures taken at your end for containment of the spread of the disease.

3. I would like to draw your attention that the information in this regard is very often not accessible by the persons with disabilities and as such they remain unaware of the safety measures to be taken by them to deal with the situation.

4. You may be aware that the Central Government has enacted the Rights of Persons with Disabilities Act, 2016 that envisages dissemination of all information in accessible format both print and electronically. You would agree with me that all the information relating to COVID 19 are to be made available in accessible formats for the benefit of persons with disabilities enabling them to deal with the situation equally with others. Also, Rule 15 of the Rights of Persons with Disabilities Rules clearly mandates that all the websites must be made accessible in accordance with guidelines for Government websites, as adopted by the Department of Administrative Reforms and Public Grievances, all public domain documents to be uploaded in the website either in OCR or ePUB format.

5. I would request you to issue appropriate instructions to Health and Publicity Departments in your State/UT, to take immediate measures to make all the publicity material related to COVID 19 accessible in the following manner:

   a) Print material in Braille and audio tape for persons with visual disability
   b) Videographic material with sub-titles and sign language interpretation
      for persons with hearing disability.
   c) Information in the websites and social media with all documents in
      OCR/e-PUB format.
6. I would also like to request you to advise Health Department of your State to issue appropriate instructions for priority in treatment of persons with disabilities as envisaged under Section 25 of the RPwD Act, 2016. Action taken in this regard may kindly be intimated to us.

With regards,

Yours sincerely

Sd/-

Chief Secretaries of all States/UTs

(Shakuntala D. Gamlin)

Copy to:

1. Principal Secretaries/Secretaries, Department of Health of all States/UTs

2. Principal Secretaries/Secretaries, Department dealing with Empowerment of Persons with Disabilities of all States/UTs

(Shakuntala D. Gamlin)
Annexure

Comprehensive Disability Inclusive Guidelines for protection and safety of persons with disabilities (Divyangjan) during COVID 19.

In view of the pandemic situation due to the outbreak and rapid spread of COVID-19 across the world, the public health has been endangered both nationally and internationally, necessitating urgent measures on the part of both the Central and State Governments, aimed at containing the spread of the disease. The Government of India has declared the situation arising out of COVID-19 as a National Disaster and necessary guidelines have been issued under the National Disaster Management Act, 2005.

2. The Ministry of Health and Family Welfare, Government of India being the nodal Central Ministry on health issues has issued guidelines for general public as well as health workers to contain the spread of the disease. These are available on their website (www.mohfw.gov.in) which inter-alia contains:-

- Awareness material (both in Hindi and English) for citizens and frontline workers;
- Advisory on mass gatherings and social distancing;
- Guidelines and procedure to be followed by hospitals including telemedicine practices for patient care;
- Common Helpline Numbers: 1075, 011-23978046, 9013151515
- Frequently Asked Questions
3. While COVID 19 is impacting the entire population, persons with disabilities are more vulnerable to the disease due to their physical, sensory and cognitive limitations. As such, there is a need to understand their disability specific requirements, daily living activities and take appropriate and timely measures to ensure their protection and safety during situations of risk.

4. Section 8 of the Rights of Persons with Disabilities Act, 2016 guarantees equal protection and safety for persons with disabilities in these situations. It also mandates Disaster Management Authorities at District/State/National levels to take measures to include persons with disabilities in disaster management activities and to keep them duly informed about these. These authorities are mandatorily required to involve the concerned State Commissioner for Persons with Disabilities during disaster management. In September 2019, National Disaster Management Authority, Union Ministry of Home Affairs issued National Disaster Management Guidelines on Disability Inclusive Disaster Risk Reduction (DiDRR) in line with the above provisions. Further, recently on 24th March 2020, Ministry of Home Affairs has issued guidelines for various authorities so as to prevent spread of COVID 19 for a period of 21 days starting from 25.3.2020.

5. While the guidelines issued by the Ministry of Health and Family Welfare and Ministry of Home Affairs are applicable to all citizens, the following measures are suggested which need to be acted upon by various State/District authorities to give focused attention to protection and safety of persons with disabilities during COVID 19.

6. General action points
• All information about COVID 19, services offered and precautions to be taken should be available in simple and local language in accessible formats; i.e. in Braille and audible tapes for persons with visual impairment, video-graphic material with sub-titles and sign language interpretation for persons with hearing impairment and through accessible web sites.

• Sign language interpreters who work in emergency and health settings should be given the same health and safety protection as other health care workers dealing with COVID19.

• All persons responsible for handling emergency response services should be trained on the rights of persons with disabilities, and on risks associated with additional problems for persons having specific impairments.

• Relevant information on support to persons with disabilities should be a part of all awareness campaigns.

• During quarantine, essential support services, personal assistance, and physical and communication accessibility should be ensured e.g. blind persons, persons with intellectual/ mental disability (psycho-social) are dependent on care giver support. Similarly persons with disabilities may seek assistance for rectification of fault in their wheelchair and other assistive devices.

• Caregivers of persons with disabilities should be allowed to reach Persons with disabilities by exempting them from restrictions during lockdown or providing passes in a simplified manner on priority.
• To ensure continuation of support services for persons with disabilities with minimum human contact, due publicity needs to be given to ensuring personal protective equipments for caregivers.
• The Resident Welfare Associations should be sensitized about the need of persons with disabilities so as to allow entry of maid, caregiver and other support providers to their residence after following due sanitizing procedure.
• Persons with disabilities should be given access to essential food, water, medicine, and, to the extent possible, such items should be delivered at their residence or place where they have been quarantined.
• The States/UTs may consider reserving specific opening hours in retail provision stores including super markets for persons with disabilities and older persons for ensuring easy availability of their daily requirements.
• Peer-support networks may be set up to facilitate support during quarantine for PwDs;
• Additional protective measures should be taken for persons with disabilities based on their impairment who need to be given travel pass during the emergency period and should also be sensitized for their personal safety and protection.
• Persons with disabilities should be given priority in treatment, instead they should be given priority. Special care should be taken in respect of children and women with disabilities.
• Employees with blindness and other severe disabilities in both public and private sector should be exempted from essential
services work during the period as they can be easily catch infection.

- On-line counselling mechanism should be developed to de-stress persons with disabilities as well as their families to cope with the quarantine period.
- 24X7 Helpline Number at State Level be set up exclusively for Divyangjan with facilities of sign language interpretation and video calling.
- The States/UTs may consider involving Organisation of Persons with Disabilities in preparation and dissemination of information material on COVID 19 for use of PwDs.

7. Mechanism to resolve disability specific issues during the period

(a) State Commissioner for PwDs

- The State Commissioners for PwDs should be declared as the State Nodal authority in respect of persons with disabilities.
- They should be the overall in-charge to resolve disability specific issues during the crisis period.
- They will coordinate with State Disaster Management Authority, Health, Police and other line Departments as well as District Collectors and district level officers dealing with persons with disabilities.
- They will be responsible to ensure that all information about COVID 19, public restriction plans, services offered are available in local language in accessible formats.
(b) District Officer dealing with empowerment of PwDs

- The District Officer dealing with empowerment of PwDs should be declared as the District Nodal authority in respect of persons with disabilities.
- He should have a list of PwDs in the District and monitor their requirements periodically and should have a separate list of persons with severe disabilities who need high support in the locality.
- He will be responsible for resolving the issue within the resources available and if necessary may take the help of Non-Governmental Organisations and Civil Society Organisations/Resident Welfare Associations.