

# Comments on Creating a More Accessible Vaccination Framework for Persons with Disabilities

## Submission to the Department of Empowerment of Persons with Disabilities

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February 2022

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# Comments on the Vaccination Policy for Persons with Disabilities

Pursuant to the public notice issued by the Department of Empowerment of Persons with Disabilities (“DEPwD”) dated 1st February 2022, inviting comments and suggestions on upgrading the existing framework for vaccination of persons with disabilities (“PwDs”), Vidhi Centre for Legal Policy (“Vidhi”) submits the following comments.

## A. Accessibility to registration mechanisms

In an independent survey conducted by Vidhi on accessibility to vaccines by PwDs, 36.9% of 268 respondents could register themselves on CoWIN, and of those, only 28.9% could do so independently. Measures should be taken to ensure accessible registration mechanisms for PwDs, keeping in mind the following considerations: (a) an accessible and user-friendly interface for registration platforms; and (b) limiting exposure to COVID-19 during the vaccination process, given that PwDs are a high-risk group. In this regard, the following measures should be implemented:

### *CoWIN Platform*

The following measures should be taken to make the CoWIN platform more accessible:

1. Pursuant to the Supreme Court’s order dated 31.05.2021 in *Suo Motu Writ Petition (Civil) No. 3 of 2021 in Re: Distribution Of Essential Supplies And Services During Pandemic*, the CoWIN platform has become much more accessible for the disabled. There are, however, still some outstanding accessibility issues as follows:
  - a. While a visually challenged user can independently navigate the filters and get to the desired centres, she cannot book a vaccine slot. Specifically, pressing enter on the number of available slots does not select the slot. This number has to be clicked in order to book a slot. A keyboard trigger event must be added to the element to make it accessible with a keyboard.
  - b. Drop down menus for the following options are inaccessible with a keyboard: (a) Vaccination Services; (b) Platforms; (c) Resources; and (d) Support. Illustratively, under vaccination services’, available options such as ‘download certificate’ and ‘manage appointments’ cannot be selected with a keyboard. A keyboard trigger event must be added for each of these options.
2. A thorough accessibility audit should be conducted of the CoWIN platform and suitable remedial measures should be taken in a time-bound manner.

### *Helplines*

COVID-19 helplines should be available to meet the needs of PwDs. On the existing COVID-19 helplines [1075 and 104], an option should be added to enable PwDs to book their appointments for the CoWIN platform on the phone. However, the upgradation of the helpline should be pursued independently from the accessibility of the CoWIN platform. Just because PwDs will be able to book appointments using the helpline should not furnish a valid justification for a failure to make the CoWIN platform fully disabled friendly. The following measures should be taken to make COVID-19 helplines work for PwDs:

1. On existing COVID helplines [1075, 104 and any other such numbers], the staff manning such helplines must be provided sensitization training to equip them to address the needs of citizens with disabilities.
2. The DEPwD should conduct a sensitization training in which PwDs should themselves lead the training.
3. The DEPwD should issue a list of FAQs on the kinds of questions that citizens with disabilities might ask, for the benefit of those manning such helplines, to enable staff to be trained to assist them appropriately. Some questions that the list can include are:
  - How can I obtain reasonable accommodation at the vaccine centre?
  - How can I ask for human help at the vaccine centre?
  - How can I access the facility of being vaccinated at home, as a PwD who cannot travel to a vaccine centre?
  - How can I obtain information about the vaccination process in an accessible format?
4. DEPwD must audit the helpline, on at least a monthly basis, to ensure that those manning it have the know-how and sensitivity to assist PwDs appropriately.

### ***Walk-in registration***

While walk-in registration may generally improve ease of access, it should not be viewed as the appropriate solution for accessibility barriers for PwDs, given that some such individuals are high-risk, and any overcrowding at walk-in vaccinations centres may pose an additional risk to them. Keeping this in mind, the following measures should be taken:

1. Provision of disability-specific sensitivity training to the staff responsible for granting registration for vaccinations to PwDs, as well as availability of technically competent persons, such as sign language interpreters.
2. Provision of safe and accessible waiting rooms for PwDs to minimise exposure to COVID-19.

### ***Registration details***

The registration form should have the option to indicate whether one has any form of disability, for which reasonable accommodations may be made. This will lead to informed coordination in vaccination centres, and increase accessibility for PwDs. A sample question is: *Please indicate whether you have any form of disability, and if yes, please specify the kind of disability. This is to ensure that the vaccination centre that you visit will be accessible for you.*

## **B. Accessibility of vaccination centres**

In the survey conducted by Vidhi, only 75.7% of the 235 respondents had received the vaccination, of whom only 56.1% reported it as accessible and 24.9% had to make multiple attempts to get the vaccine.

Section 25(1)(b) of the Rights of Persons with Disabilities Act, 2016, reads as follows: “25. Healthcare. – (1) The appropriate Government and the local authorities shall take necessary measures for the persons with disabilities to provide, - “Xxx (b) barrier-free access in all parts of Government and private hospitals and other healthcare institutions and centres;” Some suggestions are set out below to operationalize this statutory command.

### ***Adequate and trained staff***

Vaccination centres should have appropriately trained resource persons who will be responsible for providing support to PwDs. This includes:

1. Availability of support staff to assist PwDs navigate the vaccination centre with ease (for example, persons to help persons with visual disabilities find the vaccination counter).
2. The persons who will be responsible for administering the vaccine and communicating information to beneficiaries should be provided with sensitivity training.
3. Each vaccination centre should appoint technically competent persons, such as sign language interpreters, who can communicate with PwDs, as may be needed (for example, communicating the potential side effects and precautions to be observed in respect of vaccinations). Such persons may be made available on the basis of the number of PwDs expected to visit a vaccination centre on any given day, based on the information solicited from the registration form.
4. A repository of such technically competent persons should be made available to vaccination centres by the DEPwD.
5. All vaccination centres should have a designated point of contact to whom PwDs may contact to address any questions or concerns.

### ***Accessible infrastructure***

To ensure that PwDs can visit vaccination centres, infrastructural accessibility requirements must be considered:

1. Parking spots should be designated for persons with disabilities, where wheelchairs, cars, etc. may be parked.
2. Vaccination centres should be physically accessible to PwDs, through the use of elevators and ramps, and where not possible, the vaccination of PwDs should be conducted on the ground floor.
3. Any vaccination camps must provide comfortable waiting arrangements for PwDs. Further, it must be ensured that such camps have end-to-end comprehensive and holistic accessibility for PwDs.
4. The feasibility of designated vaccination centres for PwDs or scheduling specific days in common vaccination centres only for the vaccination of PwDs should be explored.

### ***Priority in vaccinations***

Section 25(1)(c) of the Rights of Persons with Disabilities Act, 2016, reads as follows: “25. Healthcare. – (1) The appropriate Government and the local authorities shall take necessary measures for the persons with disabilities to provide, - xxx (c) priority in attendance and treatment.” Given this statutory command, all vaccination centres must prioritise PwDs in vaccine administration. In the survey conducted by Vidhi, 55.3% of the respondents did not receive the vaccine on priority. In this relation, appropriate steps should be taken, including creating a separate queue or counter for PwDs in every vaccine centre.

### ***Door-to-door vaccinations and near-to-home vaccinations***

In the survey conducted by Vidhi, only 10.8% of the 259 respondents had the opportunity to obtain the door-to-door vaccination. This highlights the limited accessibility of PwDs to these campaigns, and in this regard, the following steps should be taken to bolster these campaigns:

1. The CoWIN platform and all helplines should have the option of registering for the option to opt for door-to-door vaccinations and near-to-home vaccinations, as the case may be.
2. The DEPwD must take targeted measures for the vaccination of PwDs residing in rural areas.

3. Information as to which PwDs have registered for these schemes should be provided to District Magistrates, so that appropriate arrangements can be made to provide them vaccination on the terms set out in these schemes effectively.
4. Adequate awareness should be generated, in accessible formats, through wide outreach and dissemination activities.

## **C. Monitoring and evaluation**

### ***Data collection***

As mentioned above, registration forms should have the option to indicate whether one has a disability and if so, the category of disability. This data should be used systematically to collect data on the number of PwDs who have been vaccinated, as this will help track vaccination numbers and formulate evidence-based policies in this regard.

### ***Grievance redressal mechanism***

A mechanism must be created where PwDs may file complaints in cases where they were unable to access vaccines or faced accessibility barriers. For this, an officer may be appointed on a district or sub-district basis, to whom such complaints can be filed. The procedure for filing such complaints should be available online and offline through text and phone. Such a mechanism will ensure that PwDs are able to get speedy resolution in case of inaccessible centres, as well as ensure accountability and compliance with accessibility requi

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