

# Gender and Disability Inclusion in Urban Development





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This Policy Brief on ‘Gender and Disability Inclusion in Urban Development’ has been developed under the joint initiative between NIUA and UN in India on ‘Mainstreaming Gender and Disability Inclusion in the Implementation of SDGs, particularly SDG 11’ supported by the UN Partnership on the Rights of Persons with Disabilities.



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# List of Abbreviations

<b>ASD</b>	Autism Spectrum Disorder
<b>BBMP</b>	Bruhat Bengaluru Mahanagara Palike
<b>BMTC</b>	Bengaluru Metropolitan Transport Corporation
<b>CCTVs</b>	Closed Circuit Television
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women
<b>DPOs</b>	Disabled Peoples' Organisations
<b>DRR</b>	Disaster Risk Reduction
<b>ICF</b>	International Classification of Functioning, Disability and Health
<b>ICTs</b>	Information and Communication Technology
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender
<b>NCPEDP</b>	National Centre for Promotion of Employment for Disabled People
<b>NUTP</b>	National Urban Transport Policy
<b>RPWD</b>	Rights of Persons with Disabilities
<b>RPWDA</b>	Rights of Persons with Disabilities Act of 2016
<b>SDGs</b>	Sustainable Development Goals
<b>SEWA</b>	Self-Employed Women's Association
<b>SIPDA</b>	Scheme for Implementing of Persons with Disabilities Act, 1995
<b>TOD</b>	Transit Oriented Development
<b>UMTA</b>	Unified Metropolitan Transport Authority
<b>UN</b>	United Nations
<b>UNCRPD</b>	United Nations Convention on the Rights of Persons with Disabilities
<b>UNDP</b>	United Nations Development Programme
<b>WASH</b>	Water, Sanitation and Hygiene

# Executive Summary

More than half the world's population (55 per cent) lives in urban areas, a figure projected to reach 68 per cent by 2050.<sup>1</sup> The tremendous growth of cities and the rate of urbanisation present serious challenges in numerous areas of urban development. These include housing, transportation and mobility, water, sanitation and hygiene (WASH), social and physical infrastructure, health and medical services, nutrition and food security, education, employment, sustainability and safety which significantly impact vulnerable groups in particular, such as women and girls, children and youth, persons with disabilities, elderly persons, urban poor, informal-settlement dwellers, migrants, among others.

Cities, through the provision of infrastructure, facilities and services, can either foster inclusion or perpetuate exclusion, based on their design.

In India, women account for 48.5 per cent and persons with disabilities form 2.1 per cent of the total population.<sup>2</sup> Within this population, a combination of factors such as poverty, age, religion, caste, class, and ethnicity among others adversely impact the nature of exclusions faced by women, girls and persons with disabilities in cities.

Some key issues that emerge from an examination of existing literature, and legal and policy frameworks for gender and disability inclusion in urban development is a lack of consideration of the diversity of urban users and their varying needs, lack of decentralised, participatory and people-centric planning, policy multiplicity and incoherence, siloed agencies working on urban planning, design, and governance with little interface among themselves with other departments responsible for service delivery, and lack of sex, age and disability disaggregated data among others.

While gender equality and disability inclusion are outlined as goals both at the global and the national level, their realisation in the urban context lies primarily in the domain of state and municipal authorities. This policy brief highlights the various specific vulnerabilities faced by women, girls and persons with disabilities in the city, and advocates for inclusive and participatory planning approaches which are gender transformative and aimed at the ethical and meaningful inclusion of women, girls and persons with disabilities in the city. It advocates a multi-pronged approach for systemic reform that includes legislative and policy changes aimed at strengthening local institutions, promoting decentralised participatory planning and design, increasing political representation of women and persons with disabilities in planning and governance, and capacity building, training and sensitisation at various levels, and promoting partnerships with relevant stakeholders in civil

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<sup>1</sup> UN DESA 2018.

<sup>2</sup> Census 2011.



society, private sector, neighbourhood and community groups working in cities.

Furthermore, adopting feminist and gender transformative planning approaches, developing age-responsive, disability-centric initiatives including incorporating universal design criteria in all urban development projects and service delivery, financial and technical support for inclusion initiatives, preferential procurement policies for women and persons with disabilities would be critical to ensure inclusive urban

growth. Designing safe, accessible and affordable urban transport and mobility infrastructure that accounts for the needs of women, children, persons with disabilities and their caregivers, focusing on non-motorised transport and last-mile connectivity, is essential. In addition to this, extensive WASH coverage with public sanitation facilities that are free and accessible, robust digital infrastructure that is accessible and affordable to women, girls and persons with disabilities are some of the key steps that need to be taken.

# I. Introduction

In the 2030 Agenda for Sustainable Development, world leaders pledged to achieve 17 Sustainable Development Goals (SDGs) by 2030 which include gender equality and empowering all women and girls (SDG 5), making cities and human settlements inclusive, safe, resilient and sustainable (SDG 11), explicitly recognising gender equality and disability as essential cross-cutting issues. **SDG 11 calls for ‘universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities’ as well as paying special attention to their needs in providing safe, affordable, accessible and sustainable transport systems.** The SDGs also emphasise elimination of poverty, access to clean water and sanitation, safety and freedom from violence, economic, social and spatial justice, access, mobility, health, nutrition and hygiene, climate action, education, safe and affordable housing, basic services, employment opportunities and security of tenure along with participatory decision-making with a focus on vulnerable groups such as women, girls and persons with disabilities. The realisation of each of these goals is inextricably tied to the building of safe and inclusive cities for women, girls and persons with disabilities.

Feminist and disability scholars working on access argue that exclusion on the basis of gender and disability is socially and spatially constructed into the urban environment through a lack of consideration of the diversity of urban users.<sup>3</sup> The New Urban Agenda (2016) emphasises rights-based and people-centred approaches to urban development that are age and gender

responsive, planet sensitive, contextualised and evidence-based, and grounded in the principle of decentralisation, operationalised through just and participatory processes. These are embodied in the concepts of ‘Leave No One Behind’ and ‘Planning from the Margins’ which reaffirm commitments to human rights, gender equality and disability inclusion in the context of cities.

Despite widespread recognition of the importance of gender equality, accessibility and inclusion of persons with disabilities in urban development, women, girls, and persons with disabilities are often not prioritised in the urban design and planning process. Various factors such as an absence of a feminist and disability-centric perspective, participatory planning processes, lack of awareness among urban planners, practitioners and municipal officials, absence of tools and expertise, lack of a legal mandate among others hinder the effective implementation of gender and disability-inclusion in cities.

A key concept in tackling gender and disability exclusion in cities is the notion of the ‘norm,’ imagined as male and able-bodied, and constructing the ‘other’ as female or having a disability or both.<sup>4</sup> Historically, urban environments around the world, in their design and development, reflect patriarchal gender roles and inequities.<sup>5</sup> This is characterised by zoning practices that separated the public sphere such as workplaces from the private sphere such as housing, through land-use policies that did not take women and children into account. Urban mobility policies prioritised male workers’ mobility over that of female caregivers and

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<sup>3</sup> Visakha 2021.

<sup>4</sup> Phadke, Khan, Ranade 2011.

<sup>5</sup> Weisman 1981.

the domestic economy.<sup>6</sup> This resulted in the construction of urban spaces where not only did women not feel safe or welcome in the public realm, but children, persons with disabilities, the elderly and myriad other vulnerable groups were excluded in the planning and design of cities.<sup>7</sup>

Globally, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) includes equality between men and women as one of its general principles and explicitly recognises the compounded discrimination across the axes of gender and disability faced by women, girls and children with disabilities, calling for the full development, advancement and empowerment of women. **At the national level, the Rights of Persons with Disabilities Act of 2016 (RPWDA), a progressive rights based regime, guarantees the right to equality, the right to live with dignity and the right against discrimination of persons with disabilities, at par with others.<sup>8</sup> It specifically places an obligation on governments, at all levels, to take measures for ensuring that women and children with disabilities enjoy their rights equally with others.<sup>9</sup>**

Gender inequality concerns in this context include the specific challenges faced by women and girls, especially women and girls with disabilities in cities. The concerns extend to lack of accessibility, extreme stigma and shame associated with disability, lack of access to education and jobs, deprivation of autonomy in the context of health, sexual and reproductive rights, absence of adequate WASH infrastructure including lack of accessible sanitation facilities and provision of gender-neutral facilities among others.

While there are significant resonances between interventions aimed at gender and disability inclusion, it is necessary to account for the social, cultural and attitudinal barriers that might vary across contexts. Some studies note that while interventions aimed at disability inclusion that relieve the burden on households are more acceptable at community levels, gender power relations are deeply ingrained and may be more difficult to demonstrate change in.<sup>10</sup> When it comes to women and girls with disabilities, they experience combined disadvantages associated with gender as well as disability, adversely affecting their access to healthcare, diminished access to assistive devices,<sup>11</sup> rehabilitation facilities owing to stigma, a lack of female healthcare staff or service providers, travel restrictions, limited resources among others. The importance of traditional gender norms to cultural notions of family and community makes questioning these norms challenging and difficult.<sup>12</sup> This requires special focus on gender inequality to be placed in urban development priorities, with an emphasis on not only inclusion but also transformation of unequal gender relations in Indian cities.

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<sup>6</sup> Fainstein and Sevron 2005.

<sup>7</sup> World Bank 2020.

<sup>8</sup> India, RPWDA, Section 3.

<sup>9</sup> India, RPWDA, Section 4.

<sup>10</sup> Water Aid 2017.

<sup>11</sup> World Bank 2011

<sup>12</sup> Water Aid 2017.

## II. Objectives

This policy brief contributes to efforts toward gender and disability inclusion in Indian cities, particularly in the implementation of SDG 11 of building safe, inclusive, resilient and sustainable cities. The brief outlines the specific vulnerabilities faced by women, girls and persons with disabilities in cities, identifies areas for priority intervention and advocates participatory planning approaches, promoting methods and principles for gender-transformative planning, and implementation of programmes and projects aiming at the ethical and meaningful inclusion of women and girls with and without disabilities, and other persons with disabilities in cities.

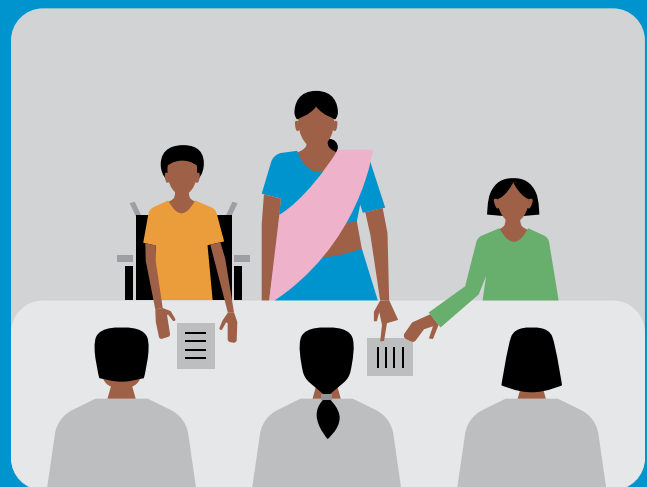
This brief suggests and examines measures for advancing gender and disability inclusive urban development by:

1. Highlighting the importance of gender equality and accessibility, focusing on the inclusion of women, girls and persons with disabilities in urban development priorities;
2. Outlining the specific vulnerabilities faced by women, girls and persons with disabilities in cities, particularly those with invisible disabilities as well as the specific challenges faced by women and girls with disabilities;
3. Identifying measures for building safe, inclusive, resilient and sustainable cities through the identification of areas for priority intervention; and
4. Suggesting implementable measures for urban planners, practitioners, municipal officials and government institutions for progressing toward creating gender and disability-inclusive cities.

## III. Limitations

Owing to the limitations of the scope of this study, this policy brief does not specifically cover the needs and challenges faced by vulnerable groups such as elderly persons, single parents, people living in extreme poverty and in informal settlements, those facing caste- and religion-based discrimination, sexual and gender minorities including people from LGBT groups, migrants among other such groups. There are significant challenges faced by them, particularly, in the context of access to safe and affordable housing, rental housing discrimination, lack of employment opportunities, barriers to political participation and access to public facilities such as healthcare, child-care, elder care, education and sanitation facilities among others. Each of these groups requires specific consideration and further, careful research to develop

targeted interventions for their inclusion and representation in urban development priorities.



*An illustration depicting participatory planning processes with women and girls with and without disabilities as stakeholders.*

## IV. Methodology

In order to produce this policy brief, a mix of research methods and processes were adopted including literature review, data analysis and stakeholder consultations. As part of undertaking a situational analysis of the institutional, legal, and regulatory environment, national and international policies and standards developed by relevant stakeholders on gender and disability inclusion in the urban context, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), UNCRPD, SDGs, New Urban Agenda, among others, were reviewed. Various research and policy documents by UN agencies as well as other development organisations on gender and disability inclusion relevant to the context of South Asia were also examined. Further, laws in India such as the RPWDA and laws concerning urban planning and development were reviewed in order to highlight areas of legal and policy intervention at various

levels of governance for expanding gender and disability inclusion in urban development and promoting universal accessibility in cities. Quantitative data from existing, publicly available sources was analysed. As part of preparing this brief, stakeholder groups including architects, planners, representatives from Disabled Peoples' Organisations (DPOs), persons with lived experience of disabilities and subject-matter experts were consulted. Furthermore, the draft of this policy brief was subject to peer review by multiple reviewers. It was also discussed exhaustively and validated in a roundtable expert discussion and validation workshop that involved stakeholders ranging from the government and civil society, including organisations of persons with disabilities, women's organisations, architects, persons with lived experience of disability and advocacy groups.

“After the pandemic there are fewer women on the streets. Safety is often a precursor for a lot of women's access to public space. For women with disabilities, public spaces tend to be doubly dangerous. For instance, men with visual disabilities can go to a bus stop and ask for directions. When women do that, it's a potential site for sexual harassment. The fact that a lot of women use bus stops, means that they would also have to use restrooms and resting spaces and this is also the case with children with disabilities because caregivers who need to take children outside will also be prominently women in India. So the fact that the city is not accessible to women also means that different groups are affected.”

-Architect [Focus Group Discussion conducted by Vidhi Centre for Legal Policy on 21<sup>st</sup> March, 2022]

# V. Main Findings

## A. Challenges for Gender Inclusion in Cities

Violence against women and girls is a pervasive reality in cities, in public as well as private spaces. Globally, around 87,000 women were intentionally killed in 2017, of which more than half of them (58 per cent) were killed by intimate partners or family members, making the home ‘the most likely place for a woman to be killed.’<sup>13</sup> The 2018 global estimates indicate that almost every one in four adolescent girls aged between 15–19 has been subjected to physical and/or sexual violence from their intimate partner.<sup>14</sup>

Nearly 33 per cent of women experience spousal abuse: both physical and emotional. However, only one-fourth of married women who experience abuse report physical and serious injuries and only 14 per cent sought help to stop the violence.<sup>15</sup>

Despite constituting roughly half of the world population, women only account for 15 per cent of land and property ownership globally.<sup>16</sup> Studies show that women’s ownership of a house or land is correlated with significantly reduced risk of intra-marital violence, both physical and

psychological. As such, property ownership has the effect of allowing women to escape male intimate partner violence, with 71 per cent of the women property owners who experienced long-term physical violence successfully left the home, compared to only 19 per cent of respondents who did not own property.<sup>17</sup>

Further, inadequate and inaccessible WASH facilities expose all women and girls to violence as well as serious health hazards. The lack of adequate WASH facilities in cities also affects women’s ability to practise safe and adequate menstrual hygiene, a highly neglected issue complicated by cultural taboos. This is a serious factor linked to reproductive health, social exclusion and girls’ discontinuing or dropping out of education on reaching puberty.<sup>18</sup> This particularly affects women and girls living in informal settlements, especially those belonging to marginalised communities, who have limited access to sanitation facilities and consequently face severe health hazards in the form of bladder and urinary tract infections due to dehydration and withholding urination.<sup>19</sup>

A study undertaken by the Right to Pee campaign in 2012, found that while there were more than 2,466 urinals built for men, no urinals were built for women in Mumbai, revealing planning mindsets which assume women do not occupy public space as part of the workforce who will need to use publicly funded urinals.<sup>20</sup> Furthermore, statutory

<sup>13</sup> UNODC 2018

<sup>14</sup> WHO, 2021

<sup>15</sup> WHO, 2021

<sup>16</sup> UN Habitat 2020

<sup>17</sup> Agarwal and Panda 2007

<sup>18</sup> World Bank 2020

<sup>19</sup> Shelley 2017

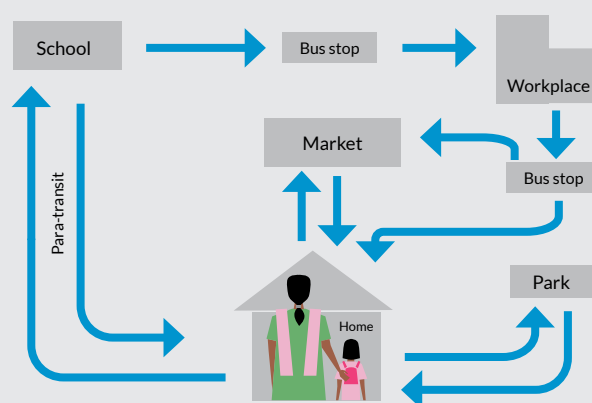
<sup>20</sup> Pawar 2021

frameworks relating to sanitation are, by and large, gender neutral in their approach, imposing a generic responsibility on local bodies and other relevant agencies to maintain sanitation without particularly highlighting or addressing sanitation-related needs and concerns of women, which likely undermines their needs and concerns related to sanitation in cities.<sup>21</sup>

Women’s travel patterns in India are marked by complex ‘trip-chaining’<sup>22</sup> i.e. combining one or more destinations within one trip. Women, predominantly tasked with unpaid domestic and care-work, in addition to paid work, make shorter and more trips, requiring them to change, divert, and break their journeys to pick up children, run errands, shop or take on other family obligations.<sup>23</sup>

This renders travel costlier for women, since they may end up paying for multiple single fare tickets or travel fare during such a chained trip. The lack of accessible and safe mobility infrastructure, particularly public bus infrastructure, makes mobility in cities extremely difficult for women as well as caregivers, to children or family members with disability. The lack of accessible mobility infrastructure and existing infrastructure in a state of disrepair exacerbate the challenges faced by women and girls with disabilities, and other persons with disabilities, rendering them more vulnerable to a higher risk of accidents, violence and lack of safety in cities.

Despite women constituting half of the urban population, ‘gender’ is not a core competence<sup>24</sup>



An illustration depicting trip-chaining, wherein one or more destinations are combined within one trip.

among urban local institutions or managers, with expertise on women’s needs perceived to be within domain-specific programs or agencies such as the department of women and child development. This has resulted in urban renewal programs and policies being undertaken without a gender perspective. Moreover, to tackle the ongoing problem of lack of safety for girls and women in cities, protectionist measures using technological interventions (such as CCTVs) are often touted as potential solutions, without a deeper analysis<sup>25</sup> of how urban planning and transport systems are gendered.

## B. Challenges for Disability Inclusion in Cities

According to the United Nations Development Programme (UNDP), 80 per cent of persons with disabilities live in developing countries,<sup>26</sup> with 3 out of 5 persons

<sup>21</sup> Koonan S 2019

<sup>22</sup> World Bank 2020.

<sup>23</sup> Shah, Viswanath, Vyas and Gadepalli 2017.

<sup>24</sup> Khosla 2009.

<sup>25</sup> Shah, Viswanath, Vyas and Gadepalli 2017.

<sup>26</sup> UNDP 2018

with disabilities being women and disability being more common among children and adults who are poor.

Further, a direct relationship between disability and higher illiteracy, unemployment and lower wages, with disability exacerbating the risk of poverty is also documented. There are also high economic and social costs associated with disability that often arise directly because of inaccessible environments, with persons with disabilities experiencing worse educational and labour market outcomes and high poverty rates.

For persons with disabilities, access to the city confers a basket of rights—with accessibility to urban spaces being a precondition to the full enjoyment of their social, economic, cultural and political rights and freedoms. Indeed, both the UNCRPD as well as the RPWDA recognise the right of persons with disabilities to barrier-free, accessible urban spaces.<sup>27</sup> There are numerous physical, socio-economic, attitudinal and structural barriers to access that limit the participation of persons with disabilities as well as any person experiencing an impairment, such as an elderly person, pregnant women, children, among others, in cities.

The UNCRPD defines persons with disabilities to include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.<sup>28</sup> The International Classification of Functioning, Disability and Health (ICF) views<sup>29</sup> disability as a ‘bio-psycho-social model’ adopting an interactional approach<sup>30</sup> which recognises disability as arising from a negative interaction

between a health condition and environment, underlining the role of structural, health, social, personal, attitudinal and institutional conditions. This covers a wide range of complex and diverse experiences that might differ significantly based on the type of impairment. This understanding of disability requires inclusive interventions that are suited to the individual in question, specific to the local context, community and other factors such as affordability, convenience, technological capacity, cultural context among others. For instance, women and girls with disabilities experience gender discrimination in addition to barriers to access, which requires their access needs to be addressed from a feminist as well as disability justice perspective. In the context of cities, the built environment, public infrastructure and services, transport and mobility, housing, job creation, training and education, healthcare and early childhood interventions impact various groups of vulnerable people differently and are some of the key sites of targeted intervention for women, girls with and without disabilities as well as other persons with disabilities. This is reflected in the framework set out under the UNCRPD as well as the RPWDA.

While disability inclusion policies across cities have taken accessibility as a key goal, there are significant problems with the imagination and implementation of accessibility for persons with disabilities. There is an emphasis on wheelchair accessibility,<sup>31</sup> which affects persons with locomotor disabilities, with limited consideration of other forms of disabilities, particularly invisible disabilities such as deafness, intellectual or ‘hidden’ or psychosocial disabilities (such as mental illnesses, autism spectrum disorder or ASD, dyslexia and others). Further, where limited accessible design solutions are implemented such as curb cuts, tactile paving among others, the implementation is often incomplete or faulty due

<sup>27</sup> Article 9, UNCRPD and Section 40, RPWDA.

<sup>28</sup> Article 1, UNCRPD

<sup>29</sup> WHO, The International Classification of Functioning, Disability and Health, 2002

<sup>30</sup> World Bank 2011

<sup>31</sup> Visakha, Ghosh, Reddy, Namratha, and Dastidar 2022.

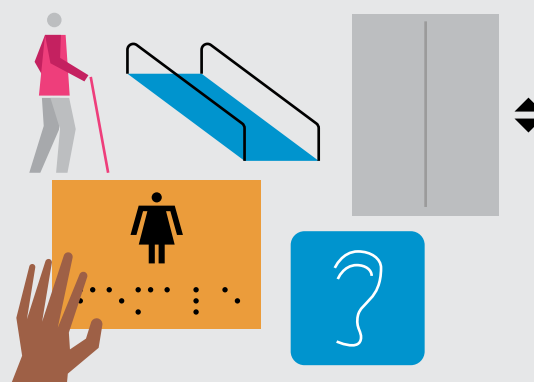


to lack of sensitisation and quality control at the grassroots level. Furthermore, disability inclusion policies need to adopt a multidimensional approach, emphasising participation of persons with disabilities, taking into account factors such as gender, age, poverty, socio-economic status, cultural context among others in order to ensure that persons with disabilities from vulnerable groups are not excluded from such interventions.

Moreover, retrofitting existing inaccessible built spaces including public amenities, transportation and mobility systems, WASH infrastructure among others, must be undertaken after taking into account the diverse requirements of various user categories such that these facilities are safe, accessible, easy and affordable to use. However, retrofitting existing inaccessible infrastructure is significantly more expensive.<sup>32</sup> Universal design, on the other hand, aimed at universal accessibility, is a process adopted for the design of products, environments, programmes and services to be usable by all people to the greatest extent possible, without the need for adaptation or specialised design.<sup>33</sup> Universal design, by its very nature, requires a participatory and consultative approach towards understanding the requirements of all users of a particular site.<sup>34</sup>

### C. Challenges Faced by Women and Girls with Disabilities

According to the World Disability Report, women and girls with disabilities<sup>35</sup> constitute 19.2 per cent of women worldwide, making up a substantial portion of the population. Women and girls with disabilities in India experience



*An illustration depicting aspects of universal design such as documents in braille, wheelchair accessible ramps, elevators that are to be adopted in the planning process.*

profound discrimination, facing compounded forms of discrimination based on their gender, age, marital status, caste, class, disability and other factors.<sup>36</sup> They are at a higher risk of sexual violence, a problem exacerbated for women and adolescent girls with disabilities, especially with severe, multiple or intellectual disabilities.<sup>37</sup>

Women with psychosocial or intellectual disabilities, in particular, are extremely stigmatized and marginalized, enduring stigma and discrimination in every sphere of life—personal, professional, and public.<sup>38</sup> Studies find that while women and girls with disabilities are technically included in government schemes on healthcare, education, rehabilitation, and employment, they often lack meaningful access.<sup>39</sup> Moreover, there are significant gaps in services such as gender-sensitive health care designed to support women and girls with psychosocial or intellectual disabilities in their daily lives.

<sup>32</sup> Snider and Takeda 2008.

<sup>33</sup> India, RPWDA, Section 2(ze).

<sup>34</sup> Visakha, Ghosh, Reddy, Namratha, and Dastidar 2022.

<sup>35</sup> WHO 2011

<sup>36</sup> Rising Flame 2020

<sup>37</sup> Human Rights Watch 2014

<sup>38</sup> Human Rights Watch 2014

<sup>39</sup> Human Rights Watch 2014

In a 2004 survey conducted in Orissa,<sup>40</sup> 22.6 per cent of women with disabilities reported to have been beaten at home and 12.6 per cent of women with physical disabilities and 25 per cent of women with intellectual disabilities had reported to have been raped.

Further, 6 per cent of women with physical disabilities and about 8 per cent of women with intellectual and psychosocial disabilities had been forcibly sterilised. It also found that women with disabilities are less likely to seek care and services because of lack of awareness, negative past experiences as well as discriminatory provider attitudes.<sup>41</sup>

Furthermore, lack of accessible public or government buildings, means that subsequent to the incidence of violence, access to justice continues to be challenging. This includes inaccessibility of helplines or websites, lack of accessible infrastructure at police stations, courts, medical and reproductive healthcare facilities coupled with lack of awareness and sensitisation of personnel in dealing with cases of abuse or violence experienced by women and girls, with and without disabilities.

As outlined in earlier sections, women tend to have more limited mobility opportunities when compared to men.<sup>42</sup> As noted by feminist disability scholars, women and girls with disabilities in particular are significantly impacted by the double disadvantage of gender and disability, especially since there is no gender perspective

incorporated in infrastructure design.<sup>43</sup> Even in cases where infrastructure is accessible, women and girls with disabilities are not often in a position to exit their homes to gain access to it, owing to both negative social stereotypes as well as inaccessible last mile connectivity.

Coupled with barriers to accessing mobility and transportation, education and employment opportunities, women and girls with disabilities are rendered highly vulnerable to abuse and violence, especially within their homes and often at the hands of their caregivers.<sup>44</sup> Continuing dependence on caregiving, lack of economic independence, and fear of institutionalisation can deter women and girls with disabilities from reporting violence, especially from caregivers, and prevent them from seeking protection services.<sup>45</sup>

Moreover, women, girls and persons with disabilities have little access<sup>46</sup> to green spaces, blue spaces and other public spaces such as parks, lakes, community centres as well as recreational spaces, cultural and heritage sites, and leisure spaces which are not designed to be safe and accessible to women and girls with and without disabilities.

## D. Issues for Consideration

The main issues which impede the inclusion of women, girls and persons with disabilities in the urban development agenda in the Indian context are:

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<sup>40</sup> Mohapatra S and Mohanty M 2004

<sup>41</sup> Rising Flame 2020

<sup>42</sup> Kwan 2000

<sup>43</sup> Addlakha 2022

<sup>44</sup> UNFPA and Women Enabled International 2018

<sup>45</sup> UNFPA and Women Enabled International 2018

<sup>46</sup> Holland F 2021

## I. Lack of Consideration of Women, Girls and Persons with Disabilities in Urban Policy and Planning

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Women, girls and persons with disabilities are not ‘planned for’ as the imagined or intended users and inhabitants of cities and its public spaces, as reflected in the planning, designing and maintenance of urban spaces and facilities. This is exacerbated by the lack of participatory and people-centric planning processes, as well as the absence of accurate disaggregated sex and disability data, especially concerning women and girls with disabilities.<sup>47</sup> Consequently, there is an inherent lack of understanding of how urban spaces are viewed and utilised by women and persons with disabilities. This is made worse in cases of persons, especially women and children, with psychosocial disabilities. Accessibility initiatives in India often retain a narrow focus, specifically towards physical, and largely perceivable, disabilities such as locomotor disability, without a cross-disability perspective.

## II. Challenges in Governance

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Under the Constitution of India, functions such as planning, regulation of built spaces and socio-economic development of a particular area must devolve on urban local bodies or municipalities. Reports note that urban local governments in India are among the weakest in the world, both in terms of capacity to raise resources and financial autonomy.<sup>48</sup> Moreover, in most Indian states, agencies at the state level continue to undertake these functions without community participation laws, with the notable exceptions of states such as Kerala and West Bengal,<sup>49</sup> instead of an elected municipality. Further, even in the existing scheme, women, children and persons

with disabilities are not adequately represented at various levels of decision-making in urban planning and governance. Moreover, the process itself is neither inclusive nor participatory, where inputs at all stages of formulating and implementing an urban development agenda are not taken into account.

## III. Gaps in implementation

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There are challenges that prevent the effective implementation of existing legal and policy frameworks relating to inclusion of women and persons with disabilities in the urban development agenda.

### Built Environment

In an attempt to make barrier-free cities, the RPWDA clearly mandates<sup>50</sup> that existing and new public buildings must comply with the prescribed accessibility standards.<sup>51</sup> However, in practice, these are not strictly enforced due to a range of factors including lack of awareness and sensitisation to the needs of persons with disabilities, absence of accountability frameworks and lack of robust participatory planning processes. Without any express requirements of audits to be undertaken by persons with disabilities, these buildings continue to remain inaccessible. Similarly, procurement processes followed by state and local level agencies form an integral component of implementation of any urban development agenda. Procurement policies and tenders typically fail to incorporate a disability or gender sensitive perspective.

### Transport and Mobility

Despite the RPWDA’s clear mandate to governments to provide accessible transport and mobility to persons with disabilities, there is

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<sup>47</sup> Women with Disabilities India Network 2019

<sup>48</sup> Ahluwalia 2011

<sup>49</sup> TERI 2010

<sup>50</sup> India, RPWDA, Sections 44 and 45

<sup>51</sup> Harmonised Guidelines 2021

a lack of focus<sup>52</sup> on accessibility of multi-modal transport, last-mile connectivity, and continued maintenance of infrastructure surrounding public transport.

Even though the National Urban Transport Policy (NUTP,) 2014 advocates<sup>53</sup> for people-centric transport planning and decision-making, with an emphasis on universal accessibility for women, persons with disabilities, children and elderly persons among others, the realisation of the same is impeded due to significant challenges, notably, the current institutional and legal framework for urban transport that makes it difficult to facilitate integrated transport planning.

Presently, urban transport planning is dispersed among different, siloed agencies at multiple levels, resulting in a fragmented institutional framework,<sup>54</sup> hindering co-operation and co-ordinated planning to meet urban transport and mobility needs, negatively affecting the overall functioning of public transport infrastructure. The NUTP 2006 recommended the setting up of Unified Metropolitan Transport Authority (UMTA) in all million plus cities in India to facilitate coordinated planning and implementation of urban transport programs and manage integrated urban transport systems. However, only 15 cities<sup>55</sup> out of 53 set up UMTAs and it has been noted that even in cities that set up UMTAs, it has largely been ineffective, without an active functional role.

Another key problem in urban transport planning is the lack of integration between land use planning and mobility and transport planning. Recognising the critical relationship between

land use and transport planning, the National Transit Oriented Development (TOD) Policy 2017 requires that a TOD policy must be notified as part of the master planning exercise in cities. However, its adoption by various states and cities in India has been piecemeal. All of the problems outlined above pose a significant impediment to securing universal accessibility to urban transport and mobility in Indian cities.

### Information and Communication Technology

Even in the context of access to Information and Communication Technology (ICTs), the RPWDA clearly mandates that all content, in audio, print and electronic media, must be made available by the government in an accessible format to all persons with disabilities.<sup>56</sup> Moreover, despite the accessibility standards stipulated<sup>57</sup> under the RPWDA, many websites and mobile apps in India are not compliant with the same.<sup>58</sup>

In a 2012 study<sup>59</sup> that tested 7,800 government websites, it was found that 1,985 failed to open, while most of the remaining 5,815 websites had accessibility barriers.

Though the Rights of Persons with Disabilities Rules of 2017s<sup>60</sup> require public and private establishments to comply with the accessibility standards, the Guidelines for Indian Government Websites only require that government websites be made accessible, without the express inclusion of private websites within their scope, leading to ambiguity in their application and ongoing lack of accessibility.<sup>61</sup>

<sup>52</sup> Visakha, Ghosh, Reddy, Namratha, and Dastidar 2022.

<sup>53</sup> India, NUTP 2014

<sup>54</sup> Baindur 2015

<sup>55</sup> Girije and Gupta 2020

<sup>56</sup> India, RPWDA, Section 42.

<sup>57</sup> GIGW 2009.

<sup>58</sup> Centre for Internet and Society 2012

<sup>59</sup> Centre for Internet and Society 2012

<sup>60</sup> Rule 15, RPWD Rules

<sup>61</sup> India, Guidelines for Indian Government Websites, 2009.

In India, it has been observed that only one in three women (33 per cent) have ever used the internet, compared to more than half (57 per cent) of men, according to the National Family Health Survey-5 data.<sup>62</sup> In the urban setting, only 51.8 per cent of women have ever used the internet, compared to 72.5 per cent of men. Furthermore, it has been noted that persons with disabilities especially women with disabilities in particular, are less likely to own mobile phones, especially smartphones,<sup>63</sup> and have lower mobile internet usage. This is attributable to absence of awareness and knowledge of digital products, lack of affordability, patriarchal attitudes, negative perceptions associated with the use of mobile phones,<sup>64</sup> and threat of cyber sexual harassment.<sup>65</sup>

The lack of digital accessibility is a serious concern for persons with disabilities, especially affecting women and girls with disabilities, already impacted by the digital gender gap. This has been felt more during the COVID-19 pandemic, where access to essentials was contingent on access to websites and mobile apps.<sup>66</sup> Despite an ambitious mandate at the national level of developing smart cities all over India towards making them more digitally accessible, there appears to be limited consideration of the requirements of women, girls and persons with disabilities. In a study<sup>67</sup> undertaken by the National Centre for Promotion of Employment for Disabled People (NCPEDP) based on an analysis of 22 smart city proposals, it was found that core infrastructure elements of a smart city did not include accessibility considerations and the role of digital inclusion for persons with disabilities was neglected. There is an urgent need to adopt a gender-sensitive and disability centric-approach to digital inclusion

policies and programs to ensure girls and women with disabilities are not excluded from digital accessibility.

This is of critical importance to ensure the realisation of the rights of women, girls and persons with disabilities to live independently and with dignity. The lack of accessibility to a plethora of digital services renders women and girls with and without disabilities significantly dependent on their families or caregivers, especially in times of humanitarian crises as seen in the COVID-19 pandemic.

### Social Protection Schemes

Towards economic and social empowerment of persons with disabilities, the RPWDA requires the government to formulate schemes to safeguard their rights, including a comprehensive insurance scheme that is not covered under any other statutory or government-sponsored scheme.<sup>68</sup> Specific to women and girls with disabilities, social protection and insurance schemes include scholarship schemes (where 50 per cent of the total scholarship slots each year are allotted to girls with disabilities), rebate on interest available to women with disabilities under certain loan based schemes,<sup>69</sup> schemes under Scheme for Implementing of Persons with Disabilities Act, 1995 (SIPDA)<sup>70</sup> (such as the Accessible India Campaign for barrier-free urban spaces), the National Action Plan for Skill Development of Persons with Disabilities (where 30 per cent of the total intake in each training programme is earmarked for women with disabilities) as well as incentive schemes for providing employment to persons with disabilities in the private sector. Affordable health insurance to persons with autism, cerebral palsy, intellectual and multiple

<sup>62</sup> PRS 2020.

<sup>63</sup> Jan. C.A. and Shanahan. M 2020

<sup>64</sup> OECD 2018

<sup>65</sup> Jan. C.A. and Shanahan. M 2020

<sup>66</sup> Rising Flame and Sight Savers 2020

<sup>67</sup> NCPEDP and FICCI 2021.

<sup>68</sup> India, RPWDA Section 24.

<sup>69</sup> NHFDC 2016.

<sup>70</sup> SIPDA 2016

disabilities are provided under certain schemes (such as Nirmaya insurance scheme of the National Trust).<sup>71</sup>

Despite this, the social protection regime in India for persons with disabilities remains inadequate and fragmented, with most of them left without any access to such schemes.<sup>72</sup> Some of the issues include inaccessibility of the process itself,<sup>73</sup> lack of knowledge about the schemes, lack of a specific standard to determine the adequacy of a social protection scheme,<sup>74</sup> capacity constraints and weak data management systems at local implementation levels.<sup>75</sup>

#### IV. Lack of Coordination and Siloed Agencies

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There is also a lack of coordination between different government departments, whether at the same level or at different levels and they continue to operate in silos. For instance, in Bengaluru, Karnataka while the Bengaluru Metropolitan Transport Corporation (BMTTC) runs public buses in Bengaluru, Karnataka, the Bruhat Bengaluru Mahanagara Palike (BBMP) (Bengaluru's urban local body) is responsible for building and maintaining bus shelters in the city. Bus shelters are crucial to ensure that bus transportation remains accessible for persons with disabilities as curb-side facilities, ramps and railings facilitate entry into and exit from buses. For accessible bus transit facilities, there needs to be coordination between the BBMP and the BMTTC, which is often lacking in practice.<sup>76</sup>

#### V. Lack of sensitisation, awareness and capacity-building

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The RPWDA clearly mandates that the government shall conduct awareness campaigns, sensitisation programmes, and develop human resources towards better implementation and protection of persons with disabilities.<sup>77</sup> Despite this, there is a critical lack of sensitisation, awareness and technical capacity in understanding the requirements of women, persons with disabilities, especially women with disabilities and how such requirements may be incorporated in the urban development agenda. This holds true both in the public sector as well as among private sector players involved in ground level implementation.

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<sup>71</sup> Niramaya 2008

<sup>72</sup> Wapling, Schjoedt and Sibun 2021.

<sup>73</sup> Wapling, Schjoedt and Sibun 2021.

<sup>74</sup> Wapling, Schjoedt and Sibun 2021.

<sup>75</sup> Wapling, Schjoedt and Sibun 2021.

<sup>76</sup> Visakha, Ghosh, Reddy, Namratha, and Dastidar 2022.

<sup>77</sup> India, RPWDA, Sections 39 and 47.

## VI. Emerging Areas in Gender and Disability Inclusive Development

Based on the feedback from stakeholder consultations, it has been highlighted that there is an urgent need for prioritising gender and disability inclusion in urban strategies to combat climate change and disaster risk reduction policies.

The Sendai Framework for Disaster Risk Reduction 2015 (Sendai Framework) elaborates on the critical opportunity to “Build Back Better”, specifically referring to “empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation, and reconstruction approaches” as vital. It also explicitly mentions persons with disabilities and their organisations as key stakeholders, critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration the principles of universal design.

Due to discrimination based on both their gender and disability, women with disabilities are rendered more vulnerable and experience higher risks of violence especially in the context of natural disasters, including those caused by climate change, including gender-based violence, denials of needed services, and barriers to accessing justice. While women and girls, with and without disabilities, experience unique barriers to exercising their rights in the context of natural disasters and climate change, this situation is exacerbated for women and girls with disabilities. For instance, women with disabilities may have limited abilities to flee disasters due to physical barriers, the inaccessibility of early warning information, and the erosion of support from family members and the community.<sup>78</sup> It is essential to develop emergency preparedness and response strategies from a gender and disability perspective at various levels of municipal governance.

“As a person coming from a disability background, one area that needs attention is looking at what extent the disability aspect is covered in policies. Second, to what extent the present curriculum of the engineers and architects look at access for all, and universal design. How many resources have been dedicated to this particular purpose and is there sensitization of the relevant authorities to introduce specific subjects on universal accessibility design, are all questions we need to constantly keep asking.”

-Representative from Disabled People’s Organisation [Focus Group Discussion conducted by Vidhi Centre for Legal Policy on 21st March, 2022]

# VII. Recommendations

## National level

1. Creating enabling urban planning approaches, including tools and setting priorities, through legal, policy and regulatory reforms to ensure feminist and gender transformative urban planning. This could be undertaken through incorporating a feminist and gender transformative perspective as a planning tool.<sup>79</sup> This was seen in Spain, through the Catalanian Neighbourhoods Development Law, that established a gender perspective in planning and urban development legislation. Recognised as a best practice by the European Commission, this law stipulated “gender equity in the use of urban space and facilities” as a requirement for funding support for urban regeneration projects, aimed at improving neighbourhoods, urban areas and towns.
2. Amending existing laws, policies, programs addressing violence against women and girls or develop them specifically to address accessibility concerns and cater to humanitarian emergencies such as COVID-19, as well as adapting service delivery in case of lockdowns or other mobility restrictions.
3. Ensuring representation of girls, women, persons with disabilities, particularly girls, children and women with disabilities at various levels of decision-making in urban planning and governance, including participation in the prioritisation of issues and funds devolved to local governments as part of the 15th Finance Commission.
4. Amending and/ or repealing legislation in violation of the UNCRPD and ensure that persons with psychosocial or intellectual disabilities, with emphasis on women and girls, are guaranteed legal capacity, equal recognition before the law, freedom from discrimination, protection from violence including involuntary detention and forced treatment, and support decision-making.
5. Developing and designing gender and disability sensitive Disaster Risk Reduction (DRR) strategies at various levels of governance, with an emphasis on the promotion of women and youth leadership and setting up national monitoring and evaluation mechanisms to ensure the implementation of inclusive DRR in line with the Sendai Framework.
6. Amending relevant laws and developing appropriate policies, standards and guidelines to facilitate ease of transport and mobility for persons with disabilities, such as measures facilitating adaptation of automotive vehicles, universally accessible public transport among others, keeping in mind specific challenges faced by women and girls with disabilities.
7. Mobilising policy advisory boards and enforcement bodies (such as disability policy advisory boards and disability commissioners, both at the central and state level) responsible for safeguarding the implementation of the rights of persons with disabilities under the RPWDA. Specifically, representation of persons with disabilities in these bodies, as mandated under the RPWDA, must be implemented.<sup>80</sup> Moreover, disability policy advisory boards, under the RPWDA, have been tasked with the responsibility of reviewing and coordinating

<sup>79</sup> Martinez Z & Ciocchetto A 2009

<sup>80</sup> India, RPWDA, Sections 60 and 66.



the activities of departments at the central and state level while dealing with matters relating to disability.<sup>81</sup> In addition, there must also be effective and efficient systems in place to facilitate coordination between bodies at different levels of governments, including local levels, involved in urban development. Such systems must also enable consultation by government agencies, UN agencies, private sector bodies, civil society organisations for capacity building as well as to conceptualise, design, build, implement and maintain a gender and disability inclusive urban development agenda.

8. Ensuring that the Chief Commissioner for persons with disabilities and state commissioners for disability are empowered with adequate resources and an independent monitoring capacity to investigate complaints of abuses against persons with disabilities, especially women and girls with disabilities.
9. Ensuring that women with disabilities and persons with psychosocial or intellectual disabilities are adequately represented in the National Commission for Persons with Disabilities and State Disability Commissions.

## State Level

1. Increased access to land tenure has significant positive effects on women's freedom and well-being. Urban land management programs focusing on expanding titling options for women should be prioritised in urban land management efforts.
2. Decentralisation of urban planning process through the implementation of the 74th Constitutional Amendment that envisages urban local bodies undertaking planning functions such as preparing the master plan or the city development plan.
3. Ensuring accessibility standards notified under the RPWDA, such as, Harmonised Guidelines and Standards for Universal Accessibility in India 2021, the Bus Body

Code for public transport, and the Guidelines for Indian Government websites, are integrated in the relevant legal frameworks at the state and municipal levels and their effective implementation.

4. Setting up mechanisms of periodic review and assessment to ensure that rules and regulations at the municipal level (such as building bye-laws) are updated in line with changes in national accessibility standards, with special attention to the safety of women, children, persons with disabilities as outlined in the TOD Policy.
5. Setting up dedicated UMTAs in all million plus population cities, backed by legislation with adequate functional and financial autonomy, as a full time professional body with representation from all city agencies and stakeholders for integrated transport planning, as outlined in the NUTP 2014.
6. Ensuring harmonisation between transportation and land use policies, by amending existing planning laws and policies to ensure the integration of transport planning in the city planning exercise through the master plan exercise, as outlined in the TOD Policy.
7. Amending public procurement laws and adopting procurement policies and processes to incorporate gender and disability perspectives, such as inclusion of universal accessibility as key criteria, particularly in the context of urban infrastructure and service provision including but not limited to built environment, transport and mobility, ICTs and other digital infrastructure and services. Furthermore, promoting inclusive procurement practices favouring women and persons with disabilities.
8. The processes involved in setting up, implementing and monitoring an urban development agenda by an agency (such as planning agencies, development authorities and urban local bodies) must be transparent, gender and disability focused, inclusive and participatory. Participation and obtaining

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<sup>81</sup> India, RPWDA, Sections 65 and 71.

inputs from different stakeholders, especially women, children, young people and persons with disabilities, through various, safe and accessible modes must be facilitated.

## Municipal Level

1. Urban local bodies or municipalities in India must be empowered with necessary functional and financial autonomy to undertake urban planning and socio-economic development. Moreover, representative ward committees should play a key role in planning their respective wards and ensuring representation of women, children, young people with disabilities, persons with disabilities, particularly women with disabilities. Such committees must be mobilised further to consider and communicate its requirements to the municipality through its specific plans.
2. Ensuring access to green and blue spaces in cities such as parks, lakes as well as recreational spaces, cultural and heritage sites and leisure spaces to girls, women and persons with disabilities. It is necessary to ensure that such spaces are safe, universally accessible to women, girls and persons with disabilities, keeping in mind factors such as availability of resting spaces, sanitation facilities, conducive timings and entry restrictions designed to encourage women, girls and persons with disabilities to use such spaces.
3. Designing and providing public WASH infrastructure in cities as well as implementing WASH programmes to be gender and disability inclusive and universally accessible, meeting the needs of especially girls and women with and without disabilities. Ensuring provision of gender-neutral sanitation facilities, provision of menstrual health products, child-friendly design among others, is necessary for the safe and convenient use of such facilities by all.

### Case Study

#### Kilikili—Create Inclusive Play Spaces for Children with Disabilities in Indian Cities

Kilikili, a registered trust, was created with the objective of providing inclusive public spaces for all children and thereby helping create a society where disability does not lead to discrimination and exclusion. The organisation is unique for its participatory processes focusing on potential users of public space, making children's consultation the centrepiece of their work on inclusive play spaces. They partnered with municipal agencies such as the BBMP and successfully installed eight inclusive public play spaces, as of 2021.

They work to make parks inclusive and enable the design of multi-sensory parks featuring safe swings, accessible basketball poles, wheelchair accessible merry-go-rounds, as well as quiet zones for children with neurodivergent conditions such as autism among others. They also provide consultancy services such as access audits and accessibility solutions, designing inclusive play spaces, designing play and recreation programs for children with or without disabilities and enhancing children's participation.

# General Recommendations

## I. Technical

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1. Adopt gender-transformative and age responsive planning processes, enabling the direct participation of women and girls, particularly from socially and economically disadvantaged backgrounds. This includes incorporating planning tools such as gender analysis, safety audits, exploratory walks, among others to inform the planning and design process.
2. Progressive adoption of the universal design approach at the design stage for all urban development projects and service delivery. Universal design is a key guiding principle of the Harmonised Guidelines and Standards for Universal Accessibility in India 2021. Incorporating universal design criteria in public infrastructure eliminates the need to retrofit at a later date,<sup>82</sup> and adds only 0-1 per cent additional costs, if any. Often redesigning a building for accessibility requires no additional space, only a rearrangement of the existing plan.<sup>83</sup>
3. Develop systems for collecting, analysing and disseminating accurate and reliable disaggregated data on gender and disability to better inform and implement targeted urban policy decisions.
4. Design and build a robust digital infrastructure to bridge the digital divide and digital awareness and literacy gaps which women and persons with disabilities, especially women and children with disabilities, face. This will enable better access to the facilities, services and opportunities that an urban space has to offer, safer movement, access to accurate information and greater participation in urban governance processes, among other benefits.
5. Conducting regular gender and disability audits of various inclusive and accessibility initiatives, in partnership between public and

private parties, to understand and address the barriers to inclusive urban development, as well as review it from the perspective of inter-linkages with social protection schemes and measures. Further, efforts must be made towards design and issue of insurance policies specifically for women with disabilities, along with greater awareness as well as capacity building towards effective implementation of such schemes.

6. Reports of incidence of violence against women with disabilities is prevalent in institutions like hospitals and shelter homes. A robust monitoring and regulatory authority with periodic check-ups for such institutions is necessary in addition to undertaking sensitisation of staff members.

## II. Social

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1. Disability and gender transformative training, awareness and capacity building at all levels of government as well as private players involved in planning, design, implementation, maintenance and monitoring of the urban development agenda. It is necessary to undertake gender and disability sensitisation for staff at the municipal level who are involved in service delivery in cities and towns across India.
2. Women's studies and disability studies to be mandated in academic curricula at schools and university levels, in addition to regular workshops and training sessions at various government levels.
3. Greater role and engagement of DPOs, feminist and women's rights' organisations, and organisations working for the empowerment and participation of women and persons with disabilities, including women and children with disabilities, by facilitating formation of networks between such persons, providing accurate information and helping them participate in decision-making processes, and supporting them in the

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<sup>82</sup> Harmonised Guidelines 2021

<sup>83</sup> Snider and Takeda 2008

use of technology and accessing government benefits, among others. DPOs can also play an active role in collecting and managing the disability-disaggregated data due to their strong networks with the communities of persons with disabilities. There are multiple stakeholders, such as, various tiers of government, DPOs, organisations working for empowerment of women, the private sector, etc. along with laws, policies and schemes at the central, state and local level, which, together play a critical role towards achieving urban development which is truly inclusive of women and persons with disabilities. Consequently, any such inclusion can only be achieved if there is a convergence of multi-sectoral efforts and adequate efforts are put towards building technical know-how and planning capacities at local levels.<sup>84</sup>

#### Case Study

#### Seoul's 'Women Friendly City Project'

Winner of the UN Public Service Award in 2010, Seoul's 'Women Friendly City Project' was launched to address three issues of urban environment—inconvenience, safety, and unpleasantness and enhancing the living standard of women by empowering them. A 2007 survey conducted among Seoul citizens found that 77.4 per cent of the inconveniences that women experienced are found in their daily lives – public restrooms, public transportation, parking, childcare facilities, walking on pedestrian walkways etc, and 67.3 per cent of women felt insecure or frustrated in city life.

The project focused on substantial benefits for women, by targeting five areas closely related to the daily lives of women: care, work, prosperity, convenience, and safety, with interventions directed towards improving restrooms, transportation, and street facilities among others. A four-year plan, covering 90 core programs, was established, ensuring every department of the Seoul Metropolitan Government endeavoured to incorporate women's perspectives into the policies they are dealing with. The project involved a wide range of stakeholders including citizens, women's civic groups, relevant officials of municipal government and experts in fields like women's issues, welfare, road, transportation, housing, architecture and environment.

### III. Economic

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1. Greater push towards employment of women and persons with disabilities coupled with effective implementation and periodic review of policy measures aimed at generating market linkages and higher employment for such persons, especially women with disabilities. This includes promotion of collective action or self-help groups of women engaged in the informal sector in urban areas (such as Self-Employed Women's Association or SEWA and the National Urban Livelihoods Mission). Apart from providing skill development, a robust network and self-employment opportunities, such groups have additional benefits such as credit line, healthcare, childcare, insurance, housing support,<sup>85</sup> co-learning and awareness.<sup>86</sup> Given that cities usually have lower social cohesion, specific attention must be paid towards mobilising such groups.<sup>87</sup> In addition, there must be specific initiatives, both at the central and state level, for providing credit, small loans or grants for business ventures, setting up cooperatives, technical assistance and training.
2. Specific to persons with disabilities, the RPWDA urges the government to formulate schemes, including those providing loans at concessional rates to facilitate employment, for vocational training and self-employment, of persons with disabilities.<sup>88</sup> Consequently, emphasis must be placed on better implementation of skill development schemes set up by various departments at the central as well as state level by supporting public institutions involved in vocational training and encouraging participation of the private sector. Moreover, efforts must be made towards increasing awareness and information about such schemes among

stakeholders, streamlining and making the process of availing the benefits available under a scheme accessible, as well as building capacity and better information and communication technology systems, especially at the local implementation levels. Furthermore, there must be effective implementation of public employment provisions set out under the RPWDA.

3. Encourage street vendors, particularly women, and other informal businesses through subsidising leasing space, loans and grants, licensing, etc. to ensure that streets are continually used, following the concept of "eyes on the street"<sup>89</sup> to enhance safety and accessibility to urban facilities and opportunities, especially for women.

### IV. Mobility

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1. Mobility and transport planning must consider the various locations which women need to access (in addition to traditional notions of access and design); extend access to education and healthcare facilities in peri-urban areas and not just core urban areas.<sup>90</sup> Such planning should be done taking into account inputs from affected people especially women and girls with and without disabilities; mobility and transport routes must be planned keeping in mind women who must access household resources, WASH facilities, healthcare, informal workplaces, and schools, anganwadi centres and facilities for children. Moreover, when taking into account persons with disabilities, such planning should ensure last-mile connectivity; and should be accessible, well-connected and affordable.

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<sup>85</sup> Pozarny 2016

<sup>86</sup> Singh, Ravishanker and Pillai 2020

<sup>87</sup> Singh, Ravishanker and Pillai 2020

<sup>88</sup> India, RPWDA, Section 19.

<sup>89</sup> Jacobs 1992.

<sup>90</sup> UN Habitat 2020.

2. Land use planning must take into account transportation planning to ensure that urban areas and its periphery remain connected and have easy access to all types of opportunities such as education, employment, and other resources. Transportation enables development of economic sectors.
3. Develop policies to provide free or highly affordable public transportation to women, persons with disabilities, children and youth in cities.
4. Urban planning must be people-centric, focusing on accessible streets and pedestrian walkability to enable girls and women's mobility and wheelchair accessibility and safety. Attention should be given to policies which focus on safety, greater inclusion, last-mile connectivity and access.<sup>91</sup> Mobility infrastructure should focus on non-motorised transport, free or low-cost public transport, toilets in national highways, etc. that prioritises connectivity and frequency.

#### Case Study

### Free Public Transport for Women and Girls: Delhi Government's Initiatives

In a bid to address the stark gender wage gap and barriers to mobility for women and girls, the Government of Delhi launched the Pink Slip campaign in 2019 making bus transport free for all women and girls in the city. Noting that only 11 per cent of the city's workforce comprises women and only 30 per cent of daily ridership in the Delhi metro and buses is made up of women, the Delhi government incentivised women's mobility in the city. By improving women's access to public transport, it rendered women and urban spaces safer, recognising that mass transit gives a sense of security to women, due to the sheer number of women travelling together<sup>92</sup> and allowing them to use their savings on transport towards nutrition or personal development. This initiative has led to a boost in women's ridership, benefitting working women in the city significantly.

Furthermore, the Delhi government has taken up a slew of measures<sup>93</sup> to include more women in public transport through relaxing norms to recruit female drivers for its buses, including reducing the minimum height needed from 159cm to 153cm and bringing down the "experience criteria" to a month for women applicants. In another first, the Delhi government has also reserved 1,406 (33 per cent) of the 4,261 new permits for new electric autos in the city exclusively for women.

<sup>91</sup> India, RPWDA, Section 41.

<sup>92</sup> Kejriwal A, 2019.

<sup>93</sup> Goswami S 2022.

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