



NCPEDP - Javed Abidi Fellowship on Disability

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Baseline Report

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Jaipur, Rajasthan

Accessible Tourism in Jaipur, Rajasthan

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1 Executive Summary

Tourism is referred to as the travel that people undertake and stay in places outside of their usual environment for less than one consecutive year for leisure, business, health or other reasons. In 2021, global tourism and travel's contribution to GDP accounted for around 5.8 billion US dollars, which was roughly 21 per cent more than the previous year but still below what was recorded in 2019. Accessible Tourism (AT) is one of the parts of inclusive tourism which is further an integral component of sustainable tourism. Accessible tourism refers to an approach that aims to provide and facilitate leisure and recreational facilities for all. It requires that the barriers and constraints be mediated to foster inclusive tourism for all. Several factors such as economic, psychological, social, environmental and competitive, affect and contribute to accessible tourism. Though common in countries such as the USA and Australia, accessible tourism is relatively unheard of in India. Several barriers restrict the growth of accessible tourism in India, such as infrastructural accessibility, lack of training and dismissing attitudes towards people with disabilities.¹

The present study attempts to understand the scope of accessibility and accessible tourism in Jaipur, the capital city of the north-western state of Rajasthan. The study involved surveying two sections of the population: 77 persons with disabilities and 11 service providers owning public spaces in the city. The data was collected virtually with the help of a Google form for each group. The gathered data was analysed and supported with similar findings. Some of the crucial findings are: almost a third of the participants travelled daily, while 10 per cent travelled once a year and 2 per cent never travelled at all; work-related travel was the primary purpose of travel (43.5 per cent); 80 per cent of the participants said they preferred using their personal vehicles for travelling; accessibility was the most chosen reason for the choice of their preferred mode of travel; and ramp and same-level access was the most reported access need. As far as the response of the service providers is concerned, 45 per cent of them said that persons with disabilities never visited their businesses; 18.2 per cent had employed people with disabilities; 81.8 per cent were aware of the diverse access needs of people with disabilities; 36.4 per cent were aware of the Accessible India Campaign; while 45.5 per cent were aware of the RPwD Act of 2016. Certain suggestions have also been shared at the end of the report.

- **Kavya Mukhija**

¹ <https://tourism.gov.in/sites/default/files/2020-04/PPA.pdf>

2 Background

2.1 Tourism: An Introduction

The tourism industry comprises many industries such as accommodation, transport, tourist attractions, travel companies, and numerous other industries. Hence, it is difficult to arrive at a common definition of tourism (Lock, 2022)².

In a broad understanding, tourism is referred to as the travel that people undertake and stay in places outside of their usual environment for less than one consecutive year for leisure, business, health or other reasons. In 2021, global tourism and travel's contribution to GDP accounted for around 5.8 billion US dollars, which was roughly 21 per cent more than the previous year but still below what was recorded in 2019. Taking note of how lucrative the travel industry is, several countries have come to incentivise policy formation that enables greater development in the sector. In the past year, Japan stood first in the Travel & Tourism Development Index, followed by the USA, Spain, France and Germany.

2.2 Tourism and the Sustainable Development Goals

The promotion of ethical, environmentally-friendly and universally-accessible travel is the responsibility of the United Nations World Tourism Organisation (UNWTO), which works to advance the Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development.

The adoption of the Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development by governments in 2015 marked a turning point for global development. The comprehensive set of 17 Sustainable Development Goals and 169 related targets is centred on people and is transformative, universal and integrated, based on the original Millennium Development Goals (MDGs).

All the objectives could potentially benefit from tourism, either directly or indirectly. Goals 8, 12 and 14 on sustainable and equitable economic growth, sustainable consumption and production (SCP), and sustainable utilisation of oceans and marine resources, respectively, all list it as a target. Goal 11 of the Sustainable Development Goals (SDGs 2015), often known as the 2030 Agenda for Global Action, is to "Make cities and human settlements inclusive, safe, resilient, and sustainable." With its appeal for inclusive urbanisation, access to green areas, and universal design for user-friendly and sustainable transportation networks, this objective encompasses tourism and recreation. In its 2011 Declaration, The United Nations World Tourism Organisation (UNWTO) predicted tourism will increase and experience sustained development, reaching 1.8 billion international tourists by 2030. To promote the complete economic and social inclusion of all people, accessible locations and tourism offerings directly benefit users by encouraging more environmentally-friendly travel

² https://www.statista.com/topics/962/global-tourism/#topicHeader__wrapper

practices.³ The 2030 Agenda has a strong position on sustainable tourism. However, implementing this agenda effectively calls for a well-defined implementation strategy, sufficient funding, and investments in infrastructure, technology and human capital.

2.3 Accessible Tourism

“There are an estimated 650 million persons living with disabilities in the world today. If one includes the members of their families, there are approximately 2 billion persons who are directly affected by disability, representing almost a third of the world’s population. Thus, persons with disabilities represent a significant overlooked development challenge, and ensuring equality of rights and access for these persons will have an enormous impact on the social and economic situation in countries around the world” (United Nations Convention on the Rights of Persons with Disabilities, 2008).⁴

Accessible Tourism (AT) is one of the parts of inclusive tourism which is further an integral component of sustainable tourism. AT refers to an approach that aims to provide and facilitate leisure and recreational facilities for all. It requires that the barriers and constraints be mediated to foster inclusive tourism for all. 'Accessible' does not simply imply that a location is physically accessible; but it refers to a broader meaning, that everyone, regardless of disability, can use a particular product or service. The accessibility principle is often thought of as being a concern only for disabled people. It is a myth that the implementation of most accessibility measures does not benefit all. An accessible environment is an essential requirement for as much as 10 per cent of the global population, an important factor in ensuring comfort for around 30-40 per cent and problematic for no one (Buj, 2010).⁵ It is estimated that everyone will potentially benefit from accessibility at some point in life. Developing AT is not merely the right thing to do; there is a social demand for it. Moreover, as Rains (2004)⁶ has rightly put forth, AT is not charity, it is yet another type of lucrative business. The transition towards fully accessible tourism requires resources. But there is a benefit to it, not only in a more just and inclusive society but also in terms of more economic gains for tourism conglomerates and destinations.

Disabled people's marginalisation may be exacerbated if they are denied a vacation (Hall D, 2006)⁷. The costs of accessibility should be split among all members of society rather than just those who require it if the society wants to guarantee that all its members have the same

³ <https://www.un.org/development/desa/disabilities/issues/promoting-accessible-tourism-for-all.html>

⁴ <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

⁵ Carles Buj. (2010). Paving the way to Accessible Tourism, International Centre for Responsible Tourism heeds Metropolitan City.

⁶ Rains, S. (2004). Universal Design and the International Travel & Hospitality Industry. Paper presented at the Designing for the 21st Century III, Rio de Janeiro, Brazil: 7th - 12th Jan, 2015

⁷ <https://www.iosrjournals.org/iosr-jbm/papers/Vol18-issue9/Version-1/A1809010108.pdf>

opportunities. We should as a society confront and address the issue of accessibility because it is one of fairness.

Factors Contributing to Accessible Tourism

Research has put forth that several factors contribute to quality accessible tourism (Jaccés, 2022), which are as follows:

- Economic factors, including market value and investments (Bowtell, 2015) and accessibility, affordability and cost of services (Wang, 2010).
- Psychological factors, which consist of motivations for travelling of people with disabilities (Cole et al., 2019) and the levels of tourist satisfaction attained (Tutuncu, 2017).
- Social factors such as the importance of free time (Poria et al., 2003), collaboration between stakeholders and co-creation processes (Nyanjom et al., 2018) and training of professionals (Portales, 2015).
- Environmental factors that include investments to improve accessibility (Saleem & Shahul, 2013), accessible information about spaces (Pühretmair & Miesenberger, 2006) and accessible transport and mobility (Small & Darcy, 2010).
- Apart from these, Dominguez et al. (2015) have also proposed certain competitiveness factors for accessible tourism, which include physiotherapy and climate, a mix of activities, culture and history, accessibility, infrastructure, hospitality, political will, cost value, location, awareness, destination planning and management, safety, service quality and brand management.

3 Global Perspective

Starting in 2015, measures were taken to regulate the accessibility of tourism, i.e., to ensure that services are adapted to meet the needs of all people and thus promote AT. These measures include the publication of the Manual on Accessible Tourism for All Public-Private Partnerships and Good Practices by the World Tourism Organisation (UNWTO), which served as a basis and guide for numerous subsequent studies.

The UNWTO formed a resolution in 2005 supporting 'accessible tourism for all' and is recognised as a key reference document for guiding the development of the tourism sector along the path of greater accessibility. The UNWTO's Global Code of Ethics for Tourism (1999), which establishes a framework for the ethical and sustainable development of global tourism, is also significant for ensuring equal access to tourism. The lack of tourist product availability and insufficient information are two factors that contribute to the travel and tourism industry's unsatisfactory service of individuals with accessibility needs.

Accessible Tourism is the process of providing universal tourism-related goods, services, and surroundings that enable persons with disabilities and elderly citizens to function independently, with equity, and with dignity. Preiser and Ostroff (2001)⁸ also recommend that accessible tourism benefits most people including minority populations such as the elderly, parents with toddlers in prams, and employees as it incorporates accessible and inclusive design for a range of occupational, health and safety requirements.

Tourism is one activity that many people with disabilities feel must be sacrificed as it calls for an orchestrated synchrony between physical, mental and social capabilities, which are often adversely affected or compromised by a disability.

Nevertheless, the advocates widely accept one of the many things that bind persons with and without disabilities is their desire to travel (Packer & Carter, 2005).⁹ According to Darcy & Dickson (2009)¹⁰ accessible tourism, the provision of universally-designed tourism products, services and environments enables people with access requirements, such as mobility, vision, hearing, and cognitive dimensions of accessibility, to function independently and with equity and dignity.

⁸ Preiser, W. F. E., & Ostroff, E. (2001). *Universal Design Handbook*. New York: McGraw-Hill

⁹ Packer, T., & Carter, M. (2005). *Out of the Blue! Valuing the disability market in tourism: Report of the 5th National Nican Conference*, Perth, Perth: Centre for Research into Disability and Society, Curtin University of Technology.

¹⁰ Darcy, S. & Dickson, T., (2009). A Whole-of-Life Approach to Tourism: The Case for Accessible Tourism Experiences. *Journal of Hospitality and Tourism Management*, 16(1), (PDF) *Accessible Tourism: Determinants and Constraints: A Demand Side Perspective*. Available from: https://www.researchgate.net/publication/324248468_Accessible_Tourism_Determinants_and_Constraints_A_Demand_Side_Perspective [accessed Jun 26, 2022].

Making travel accessible to all people is a sensible response to a predictable demographic shift and an important revenue source for the tourism industry, according to Ambrose (2012)¹¹. However, Darcy (2010)¹² countered that by saying that AT is still a neglected and underestimated area of sustainable tourism.

It has been observed that physical access and access to information are often less than adequate in transport, at tourist destinations, in accommodation, and at all kinds of venues and attractions. The number of tourists travelling to and within Europe as well as the calibre of the tourist attractions and goods are all directly and adversely impacted by this lack of accessibility. A lot of tourists and potential travellers encounter access issues, particularly those who have physical or sensory impairments, older and maybe more frail persons, pregnant women, people with young children, and anyone with an ongoing medical condition including a temporary disability. All these people need 'accessible tourism.'

Trends in Global Tourism

The coronavirus (COVID-19) pandemic turned the global tourism industry upside down in 2020, as countries worldwide adopted travel bans and emergency measures to limit the spread of the virus. As a result of the travel restrictions, global leisure spending decreased by 49.4 per cent in 2020 over the previous year, reaching around 2.37 trillion U.S. dollars.¹³

Vacations, visiting friends and family, and all other journeys conducted for pleasure often fall under the umbrella of leisure tourism. In contrast, business travel refers to all journeys made for professional purposes, including going to conferences, meetings and congresses. In 2020, global business tourism spending amounted to 504 billion U.S. dollars, dropping by roughly 61 per cent compared to 2019 due to the health crisis.

¹¹ Buhalis D., Darcy S., Ambrose I. (2012), Best practice in accessible tourism. Inclusion, Disability, Ageing Population and Tourism, Channel View Publications, Bristol. *Annals of Tourism Research*, 31(4), (PDF) Accessible Tourism: Determinants and Constraints: A Demand Side Perspective. Available from: https://www.researchgate.net/publication/324248468_Accessible_Tourism_Determinants_and_Constraints_A_Demand_Side_Perspective [accessed Jun 25, 2022]

¹² Darcy, S. et al., (2010) Inherent complexity: Disability, accessible tourism and accommodation information preferences. *Tourism Management*. 31, 816–826. (PDF) Accessible Tourism: Determinants and Constraints: A Demand Side Perspective. Available from: https://www.researchgate.net/publication/324248468_Accessible_Tourism_Determinants_and_Constraints_A_Demand_Side_Perspective [accessed Jun 26, 2022].

¹³ <https://www.statista.com/statistics/1093335/leisure-travel-spending-worldwide/>

4 Accessible Tourism in India

Most of the country's disabled people still grapple with widespread discrimination, inaccessibility and exclusion.¹⁴ The country did away with the charity model of disability, thereby replacing it with the social model in the Rights of Persons with Disabilities Act (2016), which is based on the UN Convention on the Rights of Persons with Disabilities. It also launched the first-ever Accessible India Campaign (AIC; locally known as Sugamya Bharat Abhiyan), which has been the most visible campaign under the PM Modi-led government. The campaign attempts to secure the right to an accessible environment for persons with disabilities concerning its three pillars - accessibility in the built environment, access to transportation, and accessible information and communication technology (ICT). The campaign was aimed at making the 50 most important buildings in Tier-I and Tier-II cities fully accessible within six months, by July 2016. Later, the deadline was pushed up until March 2020. Despite the consecutive extension of deadlines, there has been no study to ascertain the results of the campaign. One of the many factors contributing to the failure of the campaign was the tendency to lay down ambiguous targets in terms of the percentage of buildings to be made accessible under the campaign.¹⁵

Despite India inhabiting close to 26.8 million people with disabilities, travelling for them is a challenging task. Accessible tourism in India, though very common in countries such as the USA and Australia, is relatively unheard of. The size of the market of accessible tourism comprises persons with disabilities, their kin (including other dependents) and other individuals who experience reduced mobility, such as those aged 60 years and above. Largely, therefore, the market composition of people with reduced mobility was up to 18.11 per cent of India's population, in 2001, which accounts for 186.3 million.¹⁶ Even if one-fourth of this is considered economically significant from the purview of tourism, it still makes up for 46.58 million, which is indeed a huge number (Babu, 2010).¹⁷ In 2015, the population was 1292.8 million whereas the disabled population was 219 million.¹⁷ The top five Indian states with the largest percentage of people with disabilities are West Bengal (7.52 per cent), Bihar (8.69 per cent), Andhra Pradesh (8.45 per cent), Uttar Pradesh (15.5 per cent), and Maharashtra (11.05 per cent).¹⁸

It is a matter of fact that India is still working towards ensuring accessibility in the built environment. However, infrastructural inaccessibility is not the only factor that confronts the accessible tourism industry in the country. Oftentimes, interaction with persons with

¹⁴ <https://www.worldbank.org/en/topic/disability>

¹⁵ <https://www.dailypioneer.com/2020/columnists/a-crippled-campaign.html>

¹⁶ Sutheshna Babu, Charusheela Yadav & Saurab Dixit (2010) Problems & Prospects of Accessible Tourism in India, Report in Ministry of Tourism

¹⁷ IndianMOT, 2015

¹⁸ https://ceobihar.nic.in/PDF/Disabled_persons_in_India_2016.pdf

disabilities involves an element of pity and sympathy. In public places, in the absence of suitable accessibility features, persons with disabilities are often assisted manually. While this may seem like an act of kindness, it does make persons with disabilities seem like mere receivers of help, dependent and bare of any purchasing power. In addition to this, the denial of basic human rights and a dignified life makes life miserable for the country's largest minority. On the one hand, accessing basics like education becomes a strenuous war with inaccessibility, one can understand how their need or desire would be completely ignored.

Tour operators, which comprise a major chunk of important stakeholders in the quest between accessibility and tourism, remark that they hardly receive any travel requests from persons with disabilities or their families, which gives them the benefit of not making their services accessible for PwDs. However, according to Neha Arora of Planet Abled - the only travel company in the world that provides accessible and inclusive travel experiences for everyone together - it is more like a Catch-22 situation. Persons with disabilities do not travel because the services out there are not accessible.

However, in times of dread like these, Kerala shone like a beacon of hope. In January 2021, the third and final phase of the "Barrier-free Kerala Tourism Project"¹⁹ was completed, making more than 100 locations senior- and disabled-friendly. The project was originally initiated in 2019 but had to be put on hold because of the ongoing COVID-19 pandemic last year. With this, Kerala has become the first state in India to implement the UN World Tourism Organisation's (UNWTO) call for 'Tourism for All.'²⁰

Policies and Other Frameworks

The Rights of Persons with Disabilities Act (2016) mandates all public buildings to be made accessible for people with disabilities. The deadline set for the selected 1707 buildings to be accessible was June 2022. However, till October 2018, only 3 per cent of these buildings were made accessible. Section 39 of the RPwD Act also directs the Chief Commissioners and/or State Commissioners to invest in programs on sensitisation and training of staff and other stakeholders on disability.

The Rajasthan Tourism Policy introduced in September 2020 attempts to capitalise on Rajasthan's high tourist potential and reposition the state as a preferred tourist destination for both domestic and international tourists. The policy also brings forth a new aspect of tourism-experimental tourism which creates the state's unique geological environments into potential tourist hub spots and creates self-employment opportunities at the same time. Amidst all flowery promises, the policy makes only a one-line mention about making tourist places

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https://www.newindianexpress.com/cdn.ampproject.org/v/s/www.newindianexpress.com/cities/kochi/2019/sep/21/kerala-tourism-launches-barrier-free-tourism-project-for-disabled-people-2036643.amp?amp_gsa=1&_js_v=a9&usqp=mq331AQKKAFQA rABIIACAwper cent3Dper cent3D#amp_aqsa_csa=49326498&_tf=Fromper cent20per cent251per cent24s&aoh=16635311064220&referrer=httpsper cent3Aper cent2Fper cent2Fwww.google.com&share=httpsper cent3Aper cent2Fper cent2Fwww.newindianexpress.comper cent2Fcitiesper cent2Fkochiper cent2F2019per cent2Fsepper cent2F21per cent2Fkerala-tourism-launches-barrier-free-tourism-project-for-disabled-people-2036643.html

accessible - "To improve accessibility for specially-abled persons, physical infrastructure like walkways, ramps, elevators, toilets and other amenities will be provided at popular tourist locations."

Rajasthan Mission 2030

In a bid to transform Rajasthan into the leading state across sectors in India, Chief Minister Ashok Gehlot inaugurated Rajasthan Mission 2030²⁰. The primary objective of the mission is to expedite the development of the state by encouraging and ensuring holistic participation from the citizens. The Chief Minister Rajasthan Economic Reforms Advisory Council (CMRETAC), formed at the departmental level, will submit the Rajasthan 2030 Plan developed after in-depth discussions with all the subject experts and concerned stakeholders. The campaign in the state will be conducted from 15 August 2023 to 30 September 2023.

The present study attempts to understand the scope and status of accessibility in Jaipur, as there is an unavailability of data on accessible places in Rajasthan. The state of Rajasthan inhabits 1.5 million people with disabilities, with the highest number of people belonging to the age group 10-19 years. During the year 2020, 155.64 lakh tourists visited Rajasthan (151.72 lakh domestic and 4.46 lakh foreign).²¹ Tourism accounts for approximately 15 per cent of Rajasthan's economy and provides economic benefits like foreign exchange earnings, regional development, infrastructure development and promotion of local handicrafts.²² The new tagline of tourism is [Lage Kuch Apna Sa](#) and this report explores its possibility for inclusive tourism, especially for tourists with disabilities.

²⁰ <https://www.unwto.org/tourism-in-2030-agenda>

²¹ <https://www.tourism.rajasthan.gov.in/content/dam/rajasthan-tourism/english/pdf/annual-progress-report/Annual-Progress-report-2020-21.pdf>

²² <https://www.tourism.rajasthan.gov.in/content/dam/rajasthan-tourism/english/pdf/annual-progress-report/Annual-Progress-report-2020-21.pdf>

5 Research Methodology

Objectives

- To assess the extent of infrastructural accessibility in Jaipur
- To identify the status and scope of accessibility in public places in Jaipur
- To understand and assess travel-related experiences of persons with disabilities in Jaipur
- To identify the various accessibility needs of persons with disabilities in Jaipur

Sample

For the present study, a sample of 77 persons with disabilities across India and 11 business owners in Jaipur was selected with the help of purposive and snowball sampling. 54.3 per cent of the participants reported living with locomotor disability, 13 per cent with visual impairment, 9.2 per cent with neurological disorders, 2.6 per cent with hearing impairment and 20.9 per cent with other disabilities or a combination of them.

Research Tool

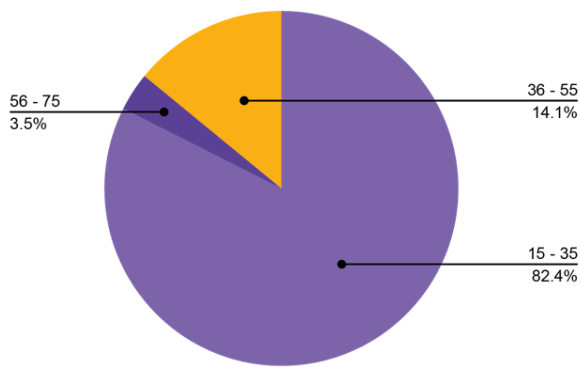
The research employed two self-constructed survey forms. Form 1 (see Annexure A) assessed the travel-related accessibility needs of persons with disabilities while Form 2 (see Annexure B) assessed the accessibility in establishments in public places in the city of Jaipur. Here, 'establishment' refers to any public place which is visited by people.

6 Findings and Analysis

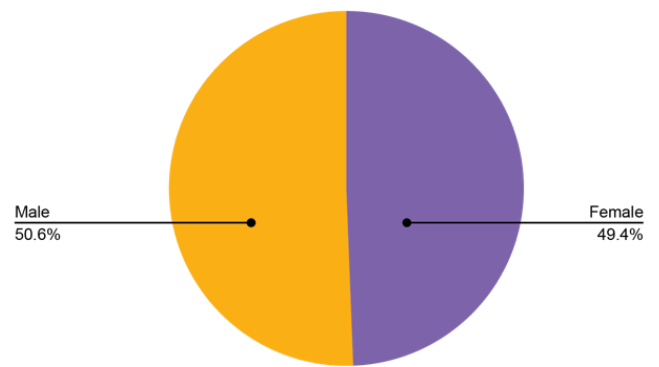
The present study was conducted to understand the status of accessibility in tourist places in Jaipur. For this, people with disabilities from different parts of the country and business owners in Jaipur were surveyed. The findings of the two surveys are shown below:

6.1 Demographic Findings

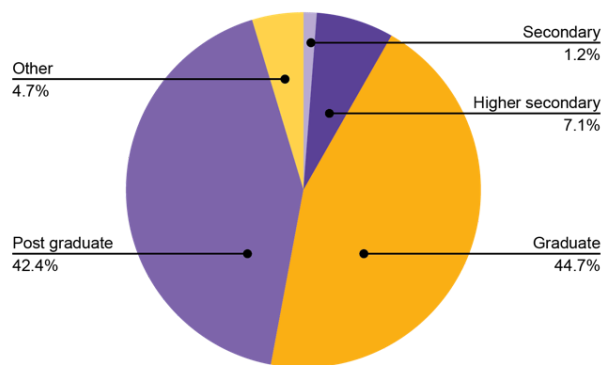
Age of the Participants



Gender of the Participants



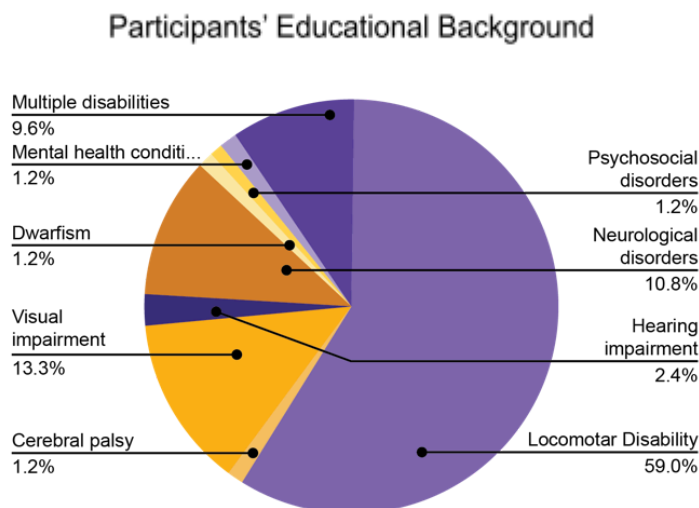
Participants' Educational Background



82.4 per cent of the participants belonged to the age group 15-35, while 14.1 per cent to 36-55 and 3.5 per cent to 56-75. The sample represented the two genders in equal proportion, with 50.6 per cent male and 49.4 per cent female. As per the participants' educational profile, most of them are graduates (44.7 per cent), followed by post-graduates (42.4 per cent), those who have completed higher secondary (7.1 per cent) and secondary

education (1.2 per cent). 4.7 per cent of participants reported other levels of education such as M.Phil.

6.2 Disability-related Findings



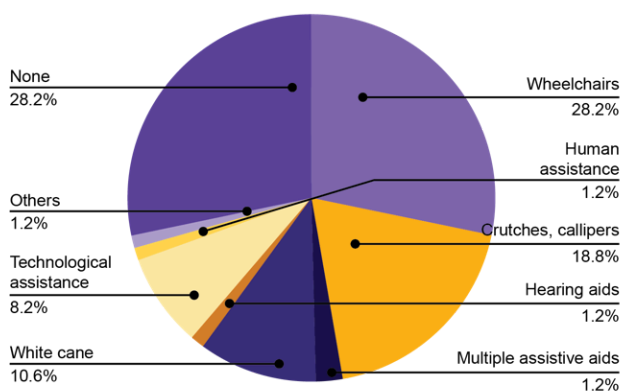
6.3 Table: Disaggregated Disability and Gender Data of the Participants

Sr. no.	Disability	Gender		Total
		Male	Female	
1	Cerebral palsy	1	0	1
2	Dwarfism	1	0	1
3	Hearing impairment	1	1	2
4	Locomotor disability	15	28	43
5	Locomotor disability and MS	1	0	1
6	Locomotor disability and Neurological disorder	1	0	1
7	Locomotor disability and Speech impairment	1	0	1
8	Mental health condition and fibromyalgia	1	0	1
9	Neurological disorder	3	4	7

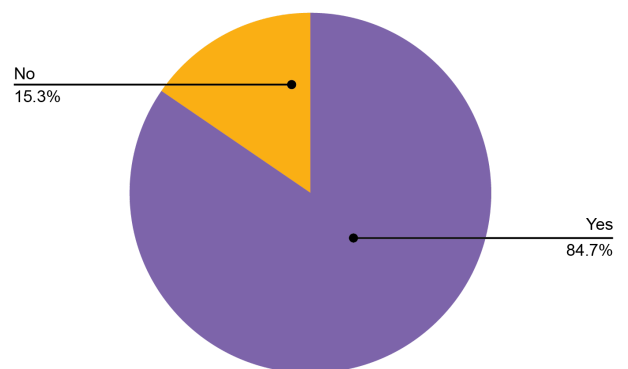
10	Neurological disorder and Bilateral Trigeminal Neuralgia	1	0	1
11	Neurological disorder - Multiple Sclerosis	1	0	1
12	Neurological disorder - Muscular dystrophy	1	0	1
13	Psychosocial disabilities	1	0	1
14	Visual impairment	5	5	10
15	Visual impairment and Neurological disorder	1	0	1
16	Fibromyalgia, POTS, Migraine, Myofascial pain Syndrome, celiac disease, and RLS	1	0	1
17	No Disability	2	0	2
Total		38	38	76

The above table presents the disability- and gender-wise representation of the participants. It can be inferred that more than 50 per cent of the participants lived with locomotor disability (43; 28 males, 15 females).

Assistive Aids used by the Participants



Participants who owned a Disability Certificate



The disability-related data gathered included the nature of participants' disability, whether they owned a disability certificate and the assistive aids they used. Around 60 per cent of participants reported living with locomotor disability, followed by visual impairment (13.3 per cent), and neurological disorder (10.8 per cent). Around one-tenth of the respondents reported living with multiple disabilities such as a neurological disorder and visual impairment, locomotor disability and multiple sclerosis, POTS, fibromyalgia, etc. 1.2 per cent of the participants lived with hearing impairment. The least representation (1.2 per cent) was

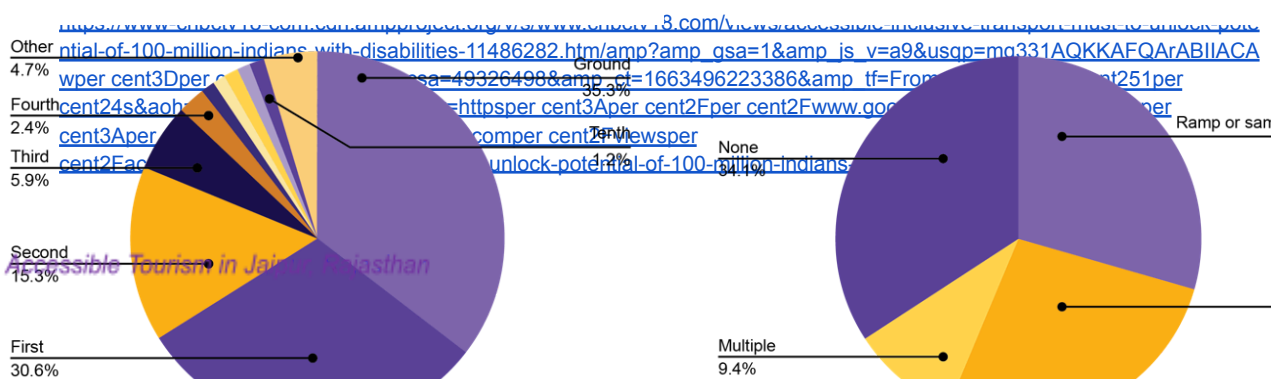
received from participants with dwarfism, psychosocial disabilities, cerebral palsy and mental health conditions. Travelling becomes even more challenging for a person with an invisible disability. In a CNBC report, Usha* expressed angst about her bus commute because the conductor failed to take notice of her among other passengers.²³

Kriti is a young woman with a visual impairment and is not engaged in any revenue-generating activity. She is a graduate and travels once in 1-3 months for health-related reasons. Her preferred mode of transport is her personal vehicle because of its affordability, accessibility, comfort and scarcity of other options as Kriti belongs to a middle-class Indian household. Recounting her experience of travelling independently on the bus, she*, shares how technology facilitated her travel: *"Once I was travelling alone in a bus in my hometown from one district to another. If it was not for the voice assistance and other associated spaces that consisted of the enquiry desk and the live location setting of my phone, it would have been really difficult for me to deal with travelling alone."*

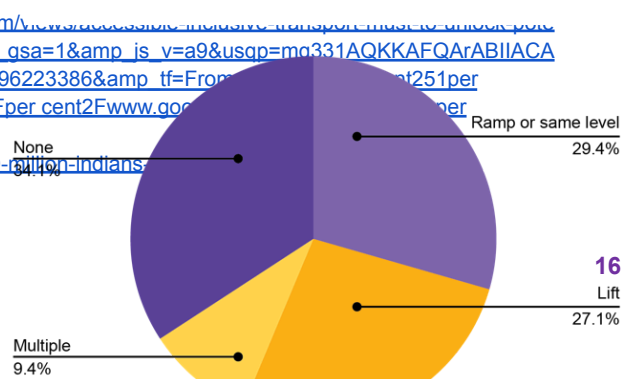
In line with the nature of the disability, wheelchairs were used by more participants (28.2 per cent) than any other mobility aid, followed by crutches, callipers, walking sticks and prosthetics (18.8 per cent) and white cane (10.6 per cent). In the absence of proper infrastructure in public places and transport for people with disabilities using assistive aids like white canes and wheelchairs, people with disabilities are unable to travel independently. As many as 28 per cent of participants also reported not using any assistive aids at all but had other access needs like requiring a resting/seating area. Around 84.7 per cent of participants had a disability certificate while 15.3 per cent did not have one. This can serve as an incentive for people with disabilities to travel as several modes of transportation (like railways) offer concessions to travellers with disabilities, who have disability certificates, and their companions. However, they are unable to use these modes of transport because they lack proper accessibility in terms of the required infrastructure like ramps, wider doors and aisles, accessible washrooms, audio warning and communication systems, and Braille signages.

6.4 Domestic and Familial Findings

Floors on which Participants live



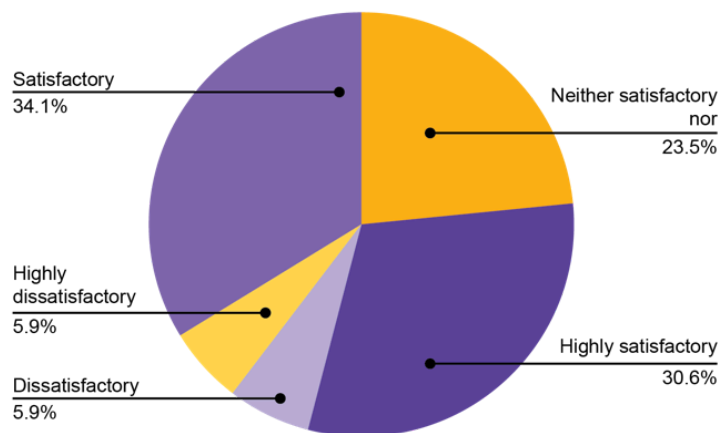
Access to Participants' Residences



Data about the participants' residences is significant since those who lived on higher floors in buildings without any accessible infrastructure faced greater challenges in venturing out of their houses. Most participants lived on the ground floor (35.3 per cent) and first floor (30.6 per cent) while 1.2 per cent said they lived on the tenth floor and 4.7 per cent on floors above the tenth. For the accessibility features in the houses/buildings where the respondents lived, 29.4 per cent had a ramp or same-level access, 27.1 per cent had a lift and 9.4 per cent had a combination of such features. Interestingly, 34.1 per cent of houses had no accessibility features.

Tanisha* is a young woman, aged between 15-35 years and lives with a visual impairment in Pune, Maharashtra. She uses a white cane, has completed her higher secondary education, and is not engaged in any revenue-generating activity. Tanisha undertakes education-related travel every day. She shared, *"My previous house had Braille labels on the lift as well as tactile labels for those who couldn't read Braille, and talking indicators. My current house has none of these."* When asked about how she goes about navigating the new house, which is at walking distance from her previous one, Tanisha said, *"I had to go to a friend's place which*

Perception of the Family Towards the Disability-related Needs of Persons with Disability



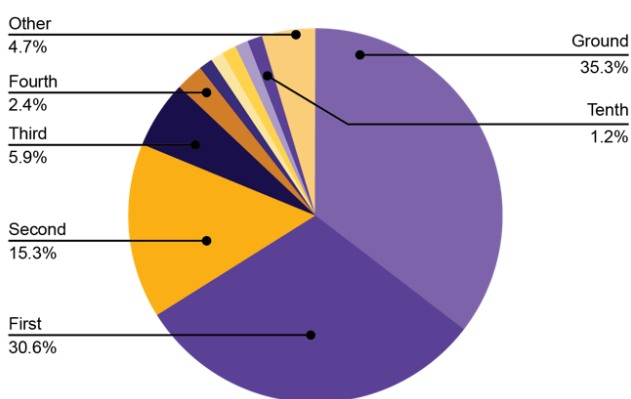
was on the ninth floor, and had to call her to pick me because the lift didn't have Braille labels; it was all touch screen. I was almost there, and it got me thinking about how this was the one thing that was stopping me from getting there myself all the way." Moving houses is an emotional event especially when the previous house is accessible. Tanisha shared that it was a difficult change but she was able to adapt to it quickly as her family was there to support her. It made her feel a little more dependent in comparison to her life in the previous house. About her experiences outside her house, Tanisha shared, *"I'm not allowed to go to the nearby grocery store because the road is ubad khabad [uneven], as most Indian roads are, and I don't even have to cross the street but I'm still not allowed and I probably would be if the roads weren't bad. And when I was living at my previous house, I was so young I*

wasn't even allowed to roam around much so I didn't have a chance to experience going to the grocery store by myself." Even with the [RPwD Act \(2016\)](#) and [Harmonised Guidelines for Universal Accessibility \(2021\)](#) in place, private establishments at large lack basic accessibility features as there's no mandate set in the RPwD to conduct accessibility audits of establishments under private ownership. When navigating one's own house is so tedious, venturing out of the house is altogether out of the question.

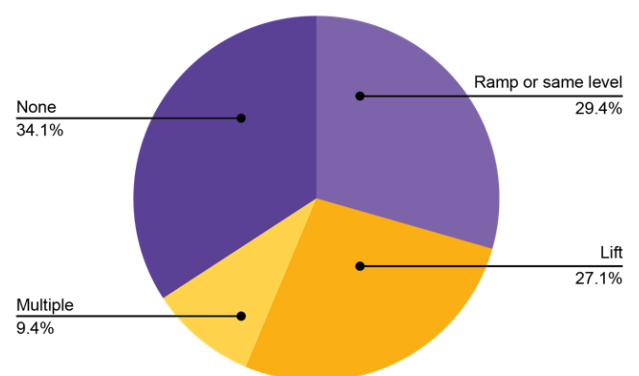
Family support plays a significant role in letting people with disabilities meet their needs as most of them are dependent on their caregivers (comprising their family members) for activities of daily living, travelling and meeting other needs. According to the above analysis, 32.9 per cent of the participants reported that their family's perception towards their disability-related needs was 'satisfactory,' followed by 'highly satisfactory' (31.6 per cent), 'neither satisfactory or dissatisfactory' (23.7 per cent), 'dissatisfactory' (6.6 per cent) and 'highly dissatisfactory' (5.3per cent). In a similar study, it was reported that 19.3 per cent of parents did not understand their children's disability-related needs (Junaidi & Dewantoro, 2020)²⁴. In the present study, out of those who responded with either 'dissatisfactory' or 'highly dissatisfactory,' 10.3 per cent lived with locomotor disability, a neurological condition or a mental health condition.

6.5 Travel-related Findings

Participants' Frequency of Travel



Participants' Purpose of Travel



²⁴https://www.researchgate.net/publication/347952823_Parents'_Perceptions_of_Children_with_Disabilities/link/5feeb6a845851553a00d31b2/download

A little more than a third of the participants travelled daily while 27 per cent travelled once a week. The least number of participants travelled once in 3-6 months while 1.1 per cent of them said that they never travelled. The purpose of travel ranged from work (43.5 per cent) to leisure (24.7 per cent), education (15.5 per cent), health (14.1 per cent) and others (1.2 per cent). This means that travel for people with disabilities is often dependent on the urgency or need of travel (such as work).

Sushil* is a man aged between 15-35 years. He is an architect with a locomotor disability, engaged in a full-time job and travels daily to and from the office. While sharing his experience he said, *"I am also a wheelchair user. I am studying the possibilities of accessible habitats for all users. During college, I travelled to many places but only with the help of my friends. At this age, when my parents have their schedules, it is difficult for me to travel to other places and explore. If I travel, I have to sit in the car [and] can't go to beaches, parks, hills and other many tourist places."*

Tanya* is a woman in the 15-35 age group of 15-35 who lives with muscular dystrophy. She holds a bachelor's degree. However, she is not engaged in full-time employment now. She uses a wheelchair and travels only once a year to hospitals, clinics and dispensaries for health-related matters. She prefers to use a cab for her travel as it is affordable, comfortable and accessible.

Tanya said, *"I think alienation is the most accessible for me as a disabled girl. I rarely go out and the reason is inaccessibility, and in rural areas, it is reaching heights. I have several incidents that highlight my bad experience with inaccessibility, but I would like to discuss my bad experience in school because education plays [an] important role in the life of a disabled person. Our school used to take exams for Class 12 students on the first floor. There was no ramp in my school to reach the first floor. So, I had to take the examination on the ground floor. But the teacher was always careless about my exam paper. I had to remind [her] to give my exam paper. Sometimes, I got my paper around half [an] hour late. I used to roll my wheelchair towards the door and stare continuously to call somebody who could remind the teacher about me. This was my worst experience."* Tanya's experience rightly brings forth the exclusion people with disabilities face in education. A 2020 [report](#) by The Times of India reported that the proportion of children who do not attend school was as high as 75 per cent.

Several [studies](#) have shown that travel has far-reaching benefits of relieving stress and inducing a relaxed state of mind. However, for people with disabilities, it falls under the category of luxurious activities. While it may be necessary for everyone, society does not instil the same importance to travel for PwDs. Hence, the only viable option that remains is for them to stay at home, as brought out by the above anecdotes.

Participants' Preference for Various Modes of Transport



For people with disabilities to travel, public transportation must be accessible for them. However, in India, despite the requisite laws in place, the transportation system remains inaccessible to the world's largest minority. The latest statistics reveal that only 6 per cent of state-owned transport has been made accessible, far below 10 per cent that was to be made accessible for people with disabilities by June 2022²⁵. From the above figure, personal vehicles were the most preferred mode of transport for as many as 80 per cent of the respondents, whereas buses were the least preferred (5.6 per cent), followed by auto rickshaws and trains.

Sana* is a woman aged between 15-35 years. She lives with the neurological disorder Bilateral Trigeminal Neuralgia. She is a graduate and is not engaged in full-time employment now. Sana travels once in six months for health-related reasons. She prefers personal vehicles, cabs and trains while travelling because they are comfortable and conducive to her neurological condition. Sana shared her experience, *"I had a brain [surgery] in 2021. I cannot afford or access planes. It creates pressure in my brain and causes a severe flare. I had to board a train for a journey of 27 hours."*

Divya* is also a young woman aged between 15-35 years. She lives with a locomotor disability and uses a wheelchair to move around. She is a graduate and engaged in full-time employment. Srishti travels once in a year for leisure and prefers to use her personal vehicle. She said, *"I have [had] bad experiences with cabs in Hyderabad. Many times, I was denied the service due [to my] wheelchair. As soon as the drivers learnt that I had a locomotor disability and used a wheelchair, they would cancel the ride and refuse to take me in."*

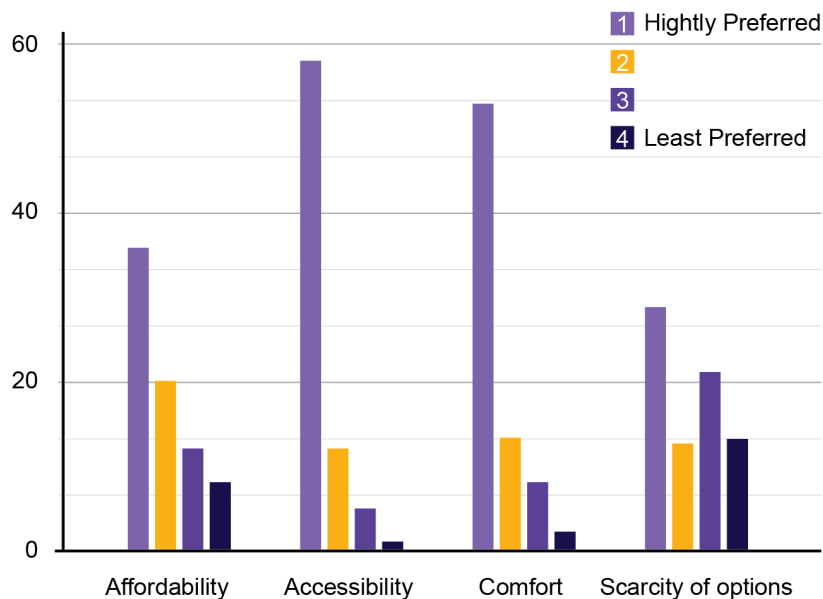
While public transport remains largely inaccessible, the Delhi Metro has set high standards to ensure accessible, independent and safe travel to all, including people with disabilities. Aisha* is a woman aged between 15-35 and lives with a locomotor disability. She uses a wheelchair. She holds an M.Phil. in English Literature and is not engaged in full-time employment. Aisha travels once a month for education-related reasons. She uses her personal vehicle because it is accessible. She shared her first experience on the Delhi Metro with her family. She said: *"I travelled on the Metro in my motorised wheelchair for the first time, it was a very liberating feeling. I was very happy that I could do this on my own. I was travelling with my mom and her friends. People working with the Metro helped me a lot. They even increased the time of the gates, so that I could get off properly. I think a new journey of independence has begun. I am excited about it."*

With accessibility features such as ramps, lifts, tactile pathways, same-level access and an empathetic staff at metro stations and inside the coaches, the Delhi Metro becomes a highly

preferred option for people with disabilities. However, the connectivity between one's place of residence and the metro stations is still laden with numerous barriers like broken and un navigable footpaths, inaccessible buses and bus stops, and a dearth of other accessible modes of public transport. In this regard, people with disabilities must often rely on their personal vehicles.

Though personal vehicles gain precedence, persons with disabilities rely on flights for long-distance travel, given the better accessibility and comfort they offer.

Factors Affecting Participants' Choice of Mode of Transport



However, that too, is riddled with instances of damage to passengers' mobility devices by the airline staff. More than 15,000 wheelchairs have been reported to be damaged since 2018, amounting to approximately 29 a day²⁵. Savita*, a middle-aged woman with a locomotor disability recounted her experience of air travel, *"Once, while travelling with a prestigious airline, I found my wheelchair broken despite it being checked in as fragile luggage. The airport authorities refused to accept their fault and were hostile in the matter."*²⁶

The ability to exercise travel choices aligned with one's needs is skewed in favour of the economically privileged and the non-disabled.²⁷ When asked what determined their choice of a particular mode of transport (Fig. 13), almost 95 per cent of participants ranked accessibility as their most determining factor, followed by comfort, affordability and scarcity of other resources. A report published by Ola Mobility Institute mentioned that the process of getting a mode of transport is far more taxing and exhausting than the journey itself. As a result, persons with disabilities must start well in advance, which leaves them little time for

²⁵ <https://shorturl.at/chjV6>

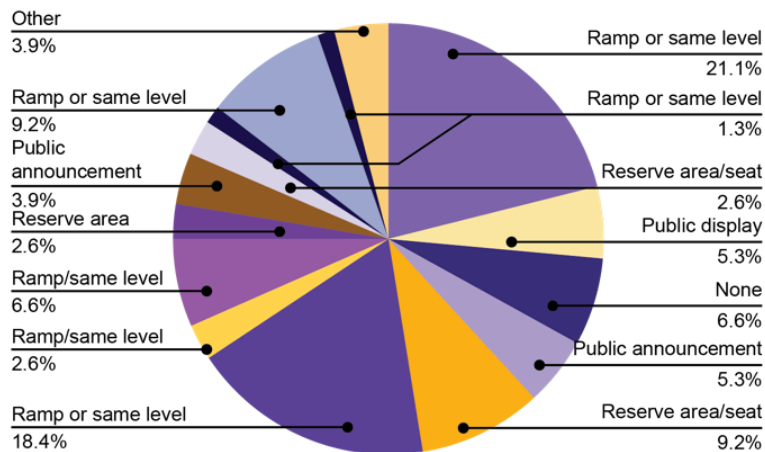
²⁶ <https://www.washingtonpost.com/travel/2021/06/07/wheelchair-scooter-damage-airplane-flights/>

²⁷

https://www.cnbctv18-com.cdn.ampproject.org/v/s/www.cnbctv18.com/views/accessible-inclusive-transport-must-to-unlock-potential-of-100-million-indians-with-disabilities-11486282.htm/amp_gsa=1&_js_v=a9&usqp=mq331AQKKAFAQrABIACA wper cent3Dper cent3D#amp_agasa_csa=49326498&_ct=1663496223386&_tf=Fromper cent20per cent251per cent24s&aoh=16634962165690&referrer=httpsper cent3Aper cent2Fper cent2Fwww.google.com&share=httpsper cent3Aper cent2Fper cent2Fwww.cnbctv18.comper cent2Fviewsper cent2Faccessible-inclusive-transport-must-to-unlock-potential-of-100-million-indians-with-disabilities-11486282.htm

productive activities.²⁸ Bharat*, a wheelchair-using student from Mumbai cannot enter several train stations in the city because of stairs at the entrance. Furthermore, the unavailability of a schedule of accessible buses holds him back from taking a bus, which is also easier on the pocket.²⁹

Participants' Accessibility Needs in Transport



In line with the representation of participants with locomotor disability, the access needed that garnered the most responses (21.1 per cent) was a ramp or same-level access. Most of the time, officials think that installing Braille signage or bus and train ramps will be expensive. Additionally, since fewer disabled persons utilise this, it could result in low returns as well. However, studies have shown that the cost of accessibility elements makes up less than 1 per cent of the overall cost of a project. This begins with planning. The introduction of these amenities will enable faster, simpler, and hassle-free transportation for people with disabilities. This is yet another means of fostering a diverse community.³⁰

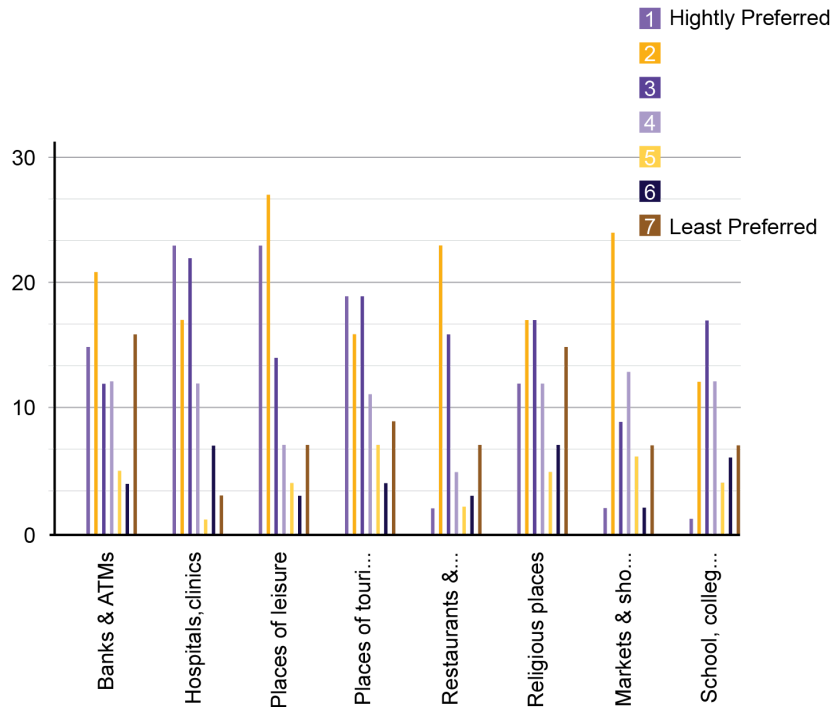
²⁸ <https://www.cnbctv18.com/author/ola-mobility-institute-12061/amp>

²⁹

https://www.cnbctv18-com.cdn.ampproject.org/v/s/www.cnbctv18.com/views/accessible-inclusive-transport-must-to-unlock-potential-of-100-million-indians-with-disabilities-11486282.htm/amp?amp_gsa=1&_js_v=a9&usqp=mq331AQKKAFAQrABIACA w%3D%3D#amp_agsa_csa=49326498&_ct=1663496223386&_tf=From%20%251%24s&aoh=16634962165690&referrer=https%3A%2F%2Fwww.google.com&share=https%3A%2F%2Fwww.cnbctv18.com%2Fviews%2Faccessible-inclusive-transport-must-to-unlock-potential-of-100-million-indians-with-disabilities-11486282.htm

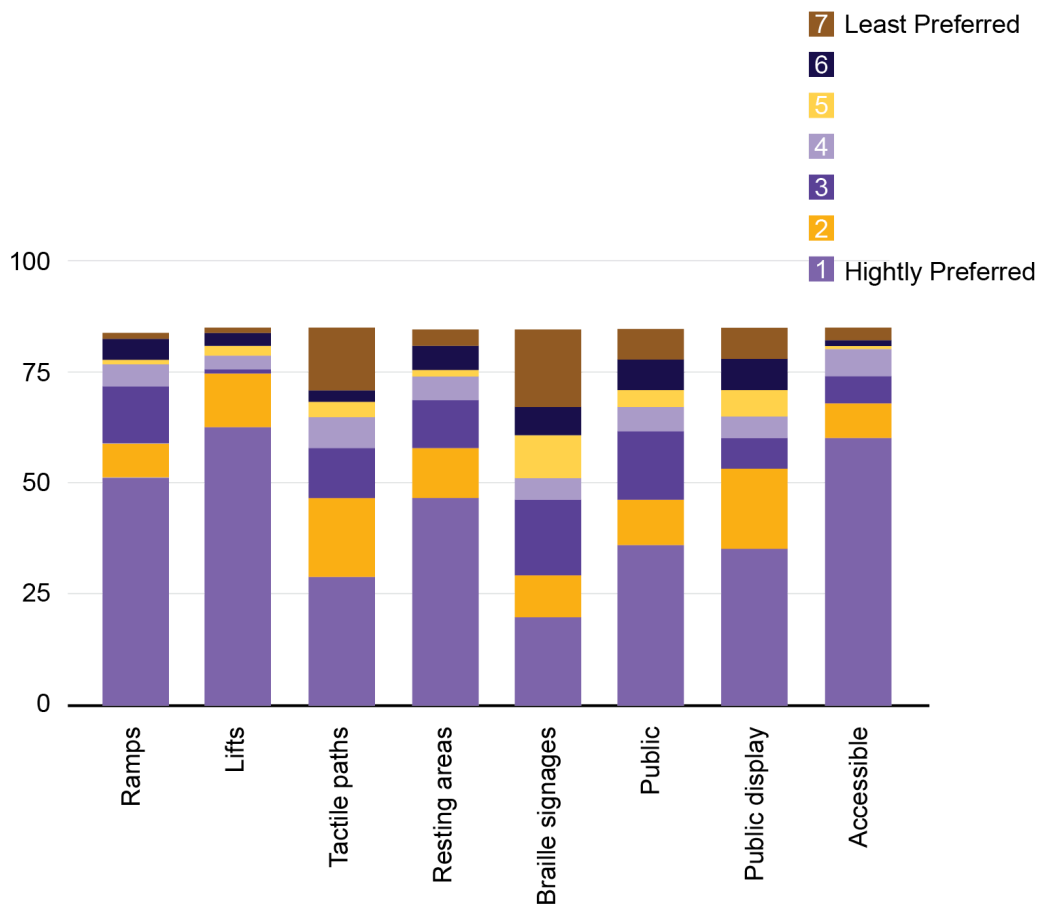
³⁰ <https://deal-foundation.com/need-for-accessible-public-transport-in-india/>

Participants' Frequency of Travel to Public Places



According to Fig. 15, hospitals, clinics and other medical institutions are visited most often, followed by places of leisure and places of tourist interest. The last preference was given to banks and ATMs, followed by religious places and places of tourist interest. One of the participants said that almost all the public spaces are inaccessible whereas hospitals are accessible. Though welcome, this reflects the orthodox belief that persons with disabilities only visit hospitals and other medical facilities

Participants' Access Needs According to their Importance



Of the 77 participants, most reported lifts as being a highly important access need, closely followed by accessible restrooms. Braille signages and tactile walkways were reported to be the least important. A 2014 Times of India report³¹ stated that the state falls short on accessibility accommodations for people with disabilities. Being a cultural hub, tourist places such as Nahargarh Fort, Hawa Mahal and City Palace remain largely inaccessible.

Findings from the RTI (06-01/2020-AIC) dated 6.8.2022

The RTI was filed under the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India to gather details of the status and impact of the Accessible India Campaign in Jaipur. The information sought included:

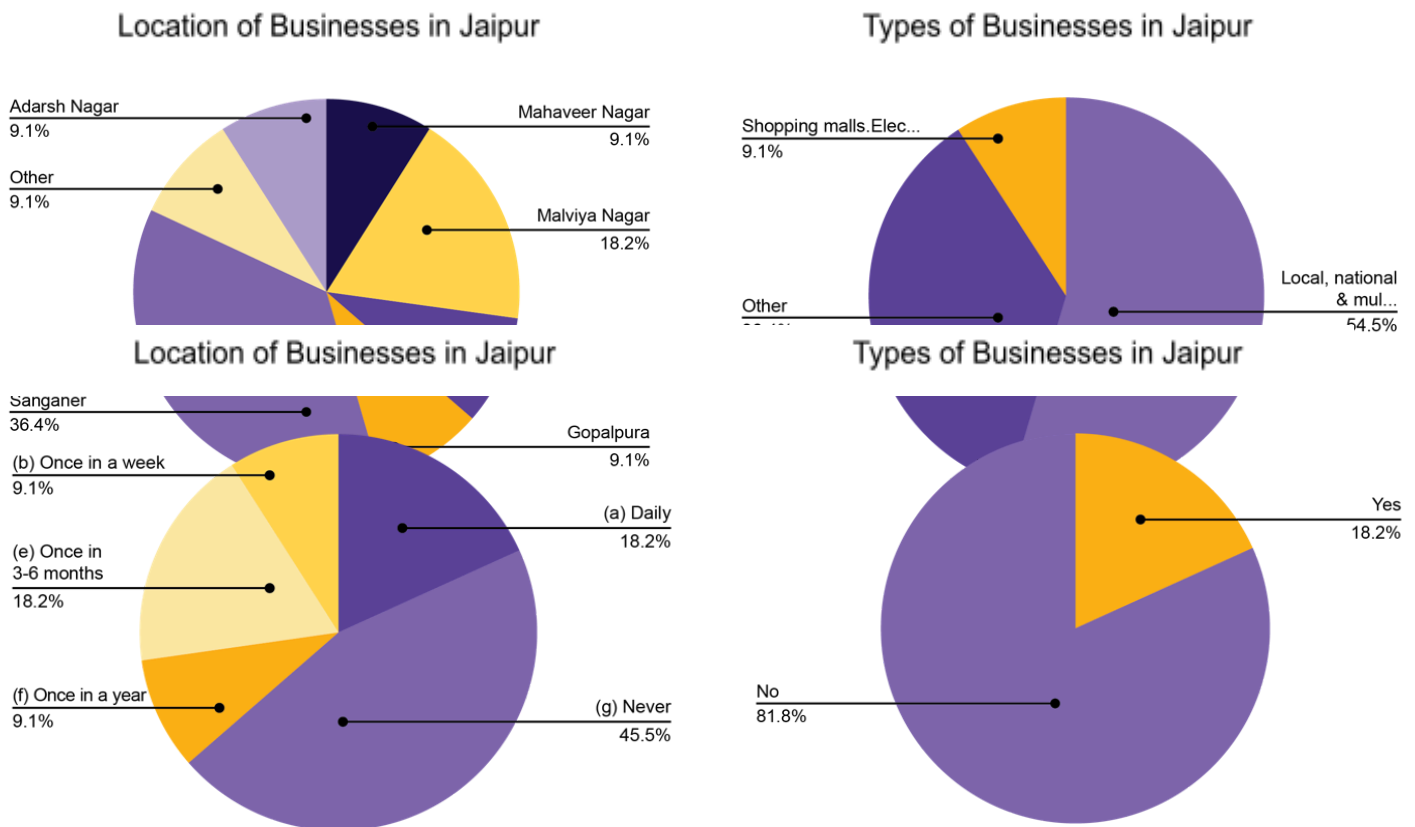
- **Current status of the Accessible India Campaign in Jaipur**

Total number of public buildings and spaces audited and made accessible in the city

³¹ <https://m.timesofindia.com/city/jaipur/raj-lacks-basic-facilities-for-the-disabled-study/articleshow/45368819.cms>

- Access audit details of the forts, monuments and palaces, Jaipur Junction Railway Station and Jaipur Metro Rail
- List of all access auditors involved in the process in Jaipur and India
- The process of selecting access auditors
- Budgetary allocations and expenses incurred during the process in Jaipur, the state of Rajasthan and India
- The following details were found:
- 87 buildings have been audited in the city. However, the data about the number of buildings made accessible could not be gathered as the state government had reported the work to still be in progress.
- The access audits were conducted by Svayam, New Delhi.
- The process of selecting the access auditors included empanelling organisations working in the field of architecture or disability (including NGOs) and allocating the access audit work to these authorities. The list of auditors comprised 18 organisations.
- During the financial year 2016-17, Rs 22.81 lakh were released by the department for access audit of the buildings to Svayam, New Delhi for Jaipur.

7 Accessibility and Inclusion among Businesses in Jaipur



The 11 businesses that participated in the study were located in various localities in the city of Jaipur. More than a third were in Sanganer, a suburban hub famous for indigenous art and craft. The distribution of the type of business showed that more than 50 per cent were local, national or multinational companies, followed by salons, shopping malls, electronic shops, garment stores and general stores.

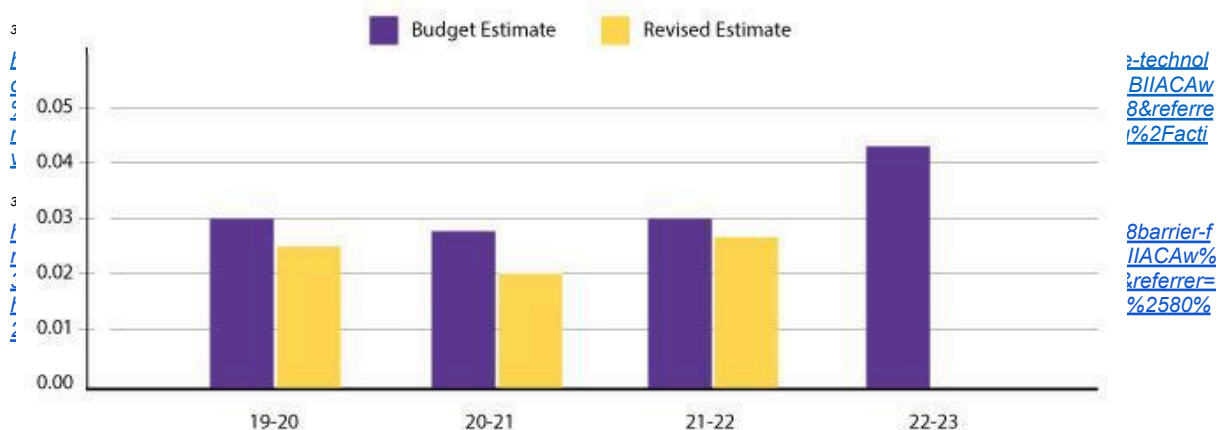
As per Fig. 19, 45 per cent of the businesses have never had people with disabilities visit them. These included salons and manufacturing units. The reasons could be several, including lack of easy access, lack of awareness of the presence of the business and absence of the need to avail of the services offered. The research also revealed that only 18.2 per cent of the businesses employed people with disabilities. Though the employment of people with disabilities in businesses studied in this research was negligible, the Rajasthan

Similarly, less than half (45 per cent) of the respondents said that they were aware of the RPwD Act of 2016, as opposed to 55 per cent who were not aware of it. This throws light on the dire need for awareness and sensitisation programmes at both, individual and organisational levels. Organisations such as Sishu Sarothi (Assam), NCPEDP (New Delhi)³³ Karnataka Rajya Vikalachethanara Rakshana Samiti (Karnataka)³⁴ and DesignBridge Foundation (Maharashtra)³⁵ have carried out several sensitisation programmes with crucial stakeholders to educate them about the RPwD Act.

Budget Allocation - Central

Ratio of Expenditure Outlay for subhead Social Security and Welfare to Total Union Budget	2019-20	2020-21	2021-22	2022-23
Budget Estimate	0.0298	0.0274	0.0301	0.0431
Revised Estimate	0.024	0.0208	0.0258	Cannot be Calculated
Percentage of revision	-18.33	-24.23	-14.33	Cannot be Calculated

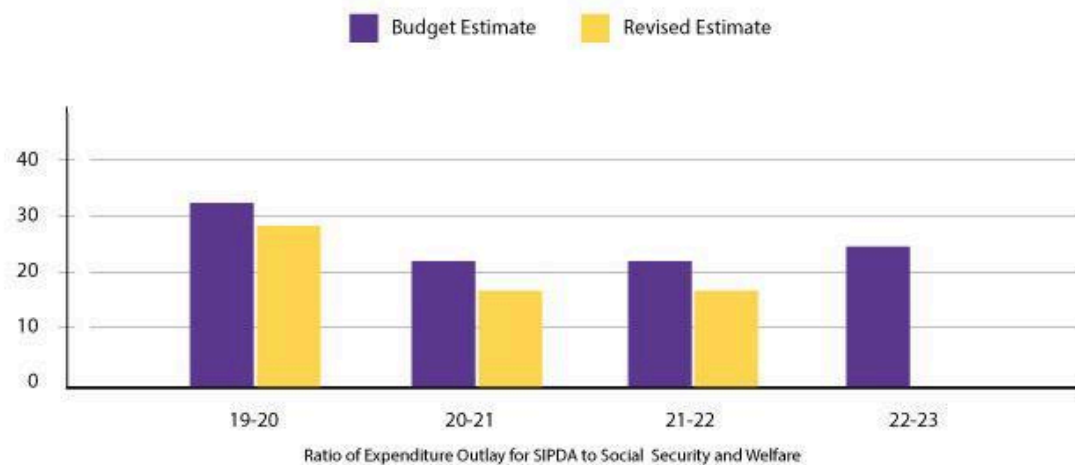
Ratio of Expenditure Outlay for sub head Social Security and Welfare



The above figures show the ratio of expenditure of the subhead Social Security and Welfare to the total Union Budget. The percentage of revision follows a declining trend. This means that the proportion of budget allocation to the Social Security and Welfare head has been decreasing, implying lesser importance being given to the disability sector.

Ratio of Expenditure Outlay for SIPDA to Social Security and Welfare	2019-20	2020-21	2021-22	2022-23
Budget Estimate	32.59	22.32	21.21	23.85
Revised Estimate	28.74	16.14	16.21	Cannot be Calculated
Percentage of revision	-11.81	-27.66	-23.58	Cannot be Calculated

Ratio of Expenditure Outlay for SIPDA to Social Security and Welfare

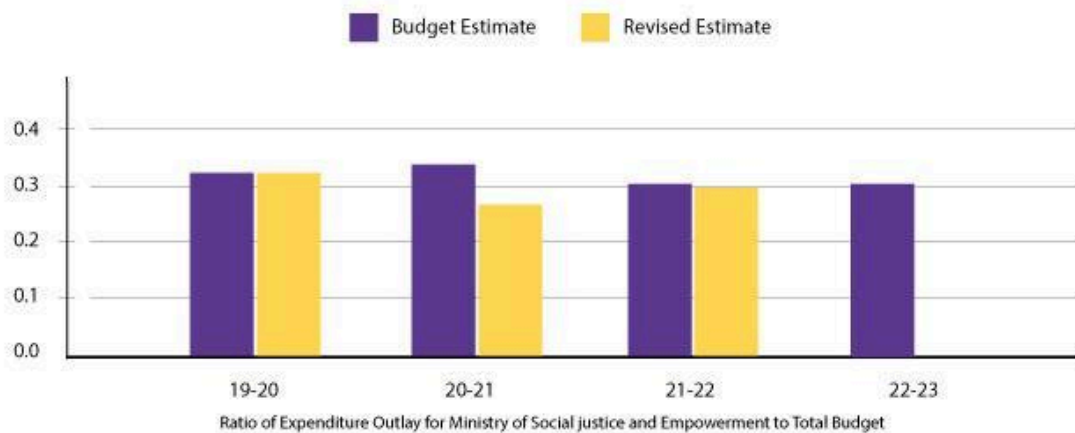


The above figures show the ratio of expenditure SIPDA to Social Security and Welfare. The percentage of revision follows a declining trend. This is evident in most public buildings being inaccessible, lacking retrofitting and the government’s missed deadlines of the Accessible India campaign (March 2018 and June 2022). A [report](#) by The Hindu Business Line stated

that a budget of Rs 134.19 crore was released from the budget of the SIPDA scheme for the Accessible India campaign. The share per disabled person works out to less than Rs 15.

Ratio of Expenditure Outlay for Ministry of Social Justice and Empowerment to Total Budget	2019-20	2020-21	2021-22	2022-23
Budget Estimate	0.3188	0.3321	0.3031	0.3022
Revised Estimate	0.3188	0.2697	0.2962	Cannot be calculated
Percentage revision	0	-18.76	-2.25	Cannot be calculated

Ratio of Expenditure Outlay for Ministry of Social justice



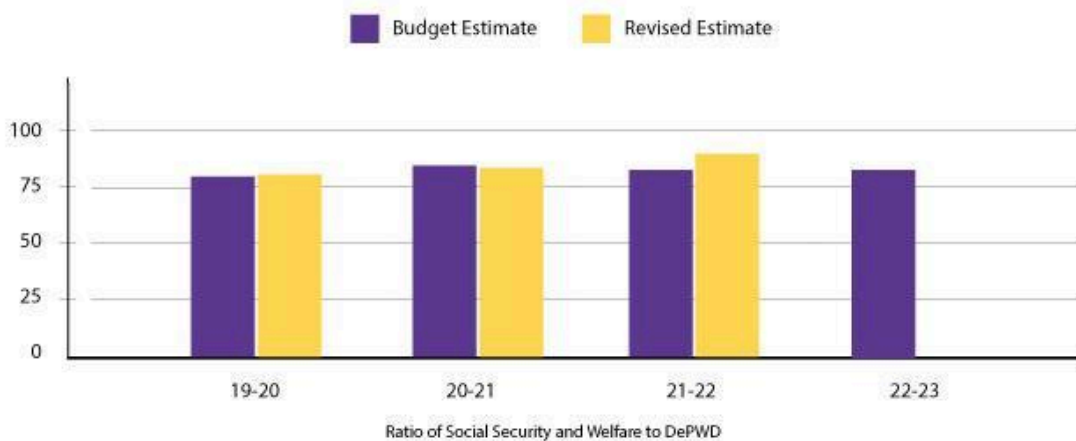
The above figures show the expenditure outlay for the Ministry of Social Justice and Empowerment. Only for the year 2019-20 were the budget estimates the same as the revised ones. There was a sharp increase in the revised estimate for the year 2020-21 but the anomaly was corrected in 2021-22.

The above figures show the ratio of Social

Ratio of Social Security and Welfare to DePWD	2019-20	2020-21	2021-22	2022-23
Budget Estimate	80.19	85.01	84.36	83.12
Revised Estimate	82.22	84.57	87.00	Cannot calculate
Percentage of revision	2.52	-0.52	3.12	Cannot calculate

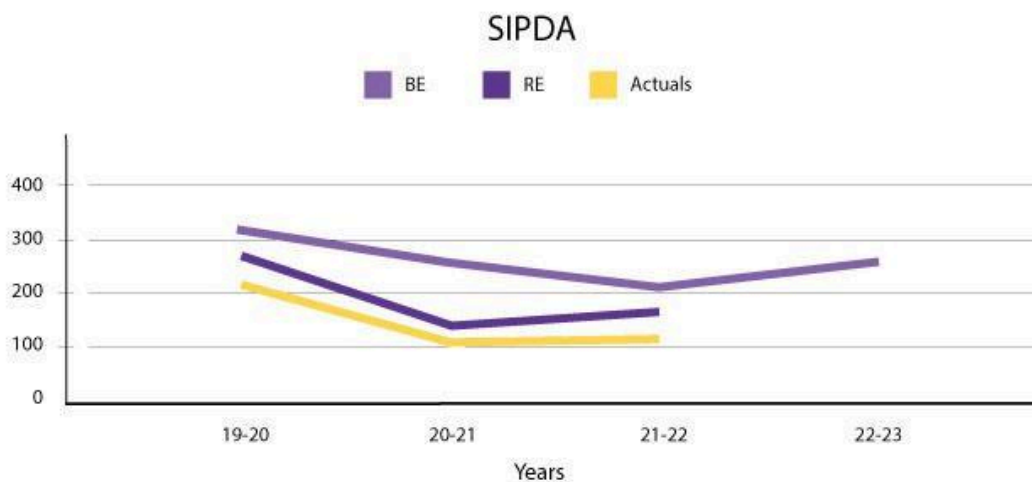
Security and Welfare to the Department of Empowerment of People with Disabilities. The trend shows that the budget estimates increased and declined thereafter. The revised

Ratio of Social Security and Welfare



estimates reveal an increasing trend.

SIPDA			
Year	Year	Year	Year
2019-20	2019-20	2019-20	2019-20
2020-21	2020-21	2020-21	2020-21
2021-22	2021-22	2021-22	2021-22
2022-23	2022-23	2022-23	2022-23



The above chart shows the expenditure on the Scheme for Implementation of Persons with Disabilities Act (SIPDA). The expenditure has been declining through the years. The expenditure on the implementation of the Persons with Disabilities Act was less than the revised estimates. There was a sharp drop in the actual and RE in 2019-20 and 2020-21. This could have been due to the COVID-19 pandemic, which must have curtailed the funds disbursed under the scheme. A [report](#) by IDR Online states that the budget of the SIPDA scheme has declined from Rs 315 crore in the 2019-20 to Rs 150 crore in 2023-24.

The [Seventh Report of the Standing Committee on Social Justice and Empowerment \(2019-20\) by the Ministry of Social Justice and Empowerment](#) revealed the following data:

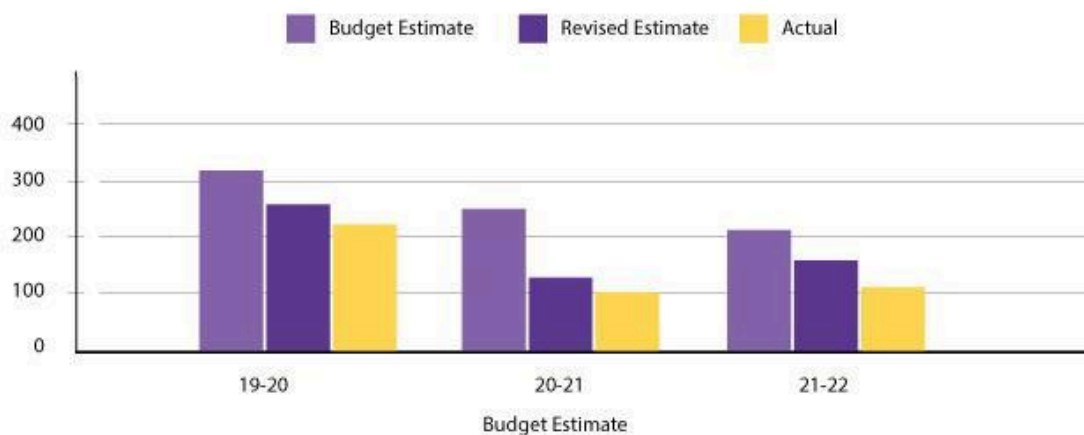
- The Central Advisory Board, in its meeting on 19 September 2019, extended the deadline for Phase I of the Accessible India campaign from July 2016 to March 2020 for 1658 selected buildings in 34 States and Union Territories. Since construction and retrofitting are on-going processes reliant on the proactivity of executing agencies, topographical difficulties, and the flow of funding, yearly targets are not cast in stone. Additionally, the

recognition and auditing of structures is a one-time effort, but funds are granted annually based on the quantity and accuracy of cost estimates obtained from the states and UTs.

- In September 2019, an MIS portal for online tracking was launched to bring all campaign stakeholders onto a single platform to track the achievements being made towards each AIC target, maintain all platform functions digitally, and capture all data in real-time. So far, data has been submitted for 706 State Government buildings, 99 CPWD buildings, and eight websites. To ensure that the information is updated by the fifth of every month and properly validated by an official at the level of Joint Secretary or higher, letters are sent by the Secretary and Joint Secretary, Department of Empowerment of Persons with Disabilities (DEPWD) to all nodal ministries and states/UTs. The most recent letter was sent in January 2020.

Variation of estimates/actuals over years of sub head SIPDA	19-'20	20-'21	21-'22	22-23
Budget Estimate	316	251.5	209.77	240.39
Revised Estimate	260	122.89	147.31	Not Available
Actual	217.34	103.43	108.44	Not Available
% of revision	-17.72151899	-51.13717694	-29.77546837	Cannot be calculated
Actual Utilisation	83.59230769	84.16470014	73.6134682	Cannot be calculated

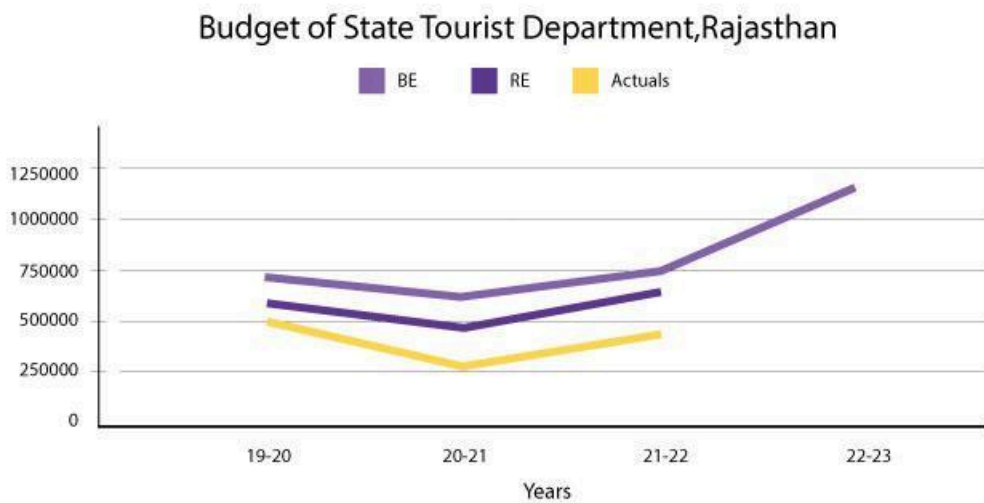
Variation of estimates/actuals over years of sub head SIPDA



The figures show the variation of the actuals of the subhead SIPDA. All figures depict a declining trend.

Budget Allocation – State

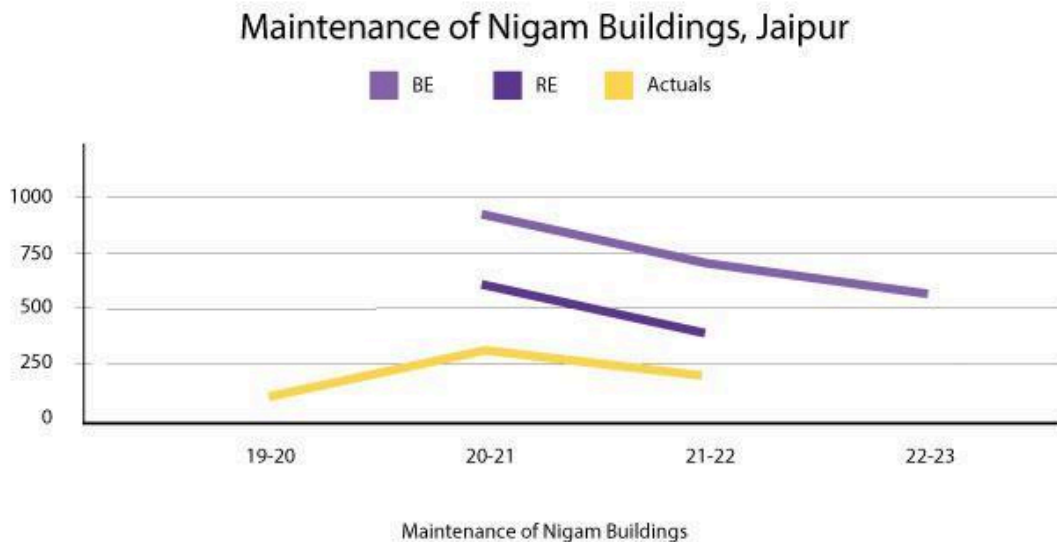
State Tourist Department, Rajasthan			
Year	BE	RE	Actual
2019-20	696092	568448	497716
2020-21	620241	469918	266070
2021-22	757210	648632	430045
2022-23	1178935		



The above chart shows the Budget of the State Tourism Department, Rajasthan from 2019-20 to 2022-23. All budgets declined from 2019-21. However, there has been a sharp increase in the budget estimate for 2022-23. Since 10 per cent of Rajasthan’s economy relies on tourism, this increase could be the government’s measure to rebuild the economy after the pandemic.

Maintenance of Nigam Buildings, Jaipur			
Year	BE	RE	Actual
2019-20			110.10
2020-21	900	600	298.53
2021-22	720	400	222.89

2022-23	600		
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The above chart shows the expenditure on the Maintenance of Nigam Buildings, Jaipur by Jaipur Nagar Nigam. The declining trend reveals that the maintenance of government buildings is not considered important. An analysis of the Jaipur Nagar Nigam’s budget also showed that the largest amount was spent on gardening and related activities. No information was available on the funds spent on creating barrier-free environments under SIPDA. Hence, it is difficult to ascertain whether retrofitting was done, and if so, under which accounting head. It appears that the state is not serious about the accessibility of tourist places in Rajasthan.

All pre-existing public buildings must be made accessible within five years of the date of notification of rules, according to Section 45 of the RPwD Act. The law also requires the state government to create and release an action plan that outlines priorities for ensuring accessibility in all its buildings and spaces that provide essential services, including all primary health centres, civil hospitals, schools, railroad stations and bus stops.

[The Report of the Comptroller and Auditor General of India on Performance Audit of Implementation of Rights of Persons with Disabilities Act, 2016](#) revealed the following data:

- Even the SJED district headquarters were not entirely accessible for SAPs in the eight test-checked districts (August 2021-January 2022), as ramps, railings and accessible restrooms had not yet been built. As a result, SAPs were having accessibility issues.

- In the eight test-tested districts, the audit looked at accessibility in the headquarters of CMHO, RSRTC, Rajasthan SC ST Finance & Development Cooperative Corporation Limited and eight regional/district offices of the Employment Department. The involved departments reported that only ramps were built for SAPs to have easy access. However, other amenities such as wheelchair access, accessible restrooms and signage were not present in these buildings that were needed as per the plan.
- A review of data provided (August 2021) by the Commissionerate for College Education in Jaipur indicated that out of the 328 government colleges in the state, 53, 63 and 251 did not have access to ramps, special restrooms and wheelchairs respectively. In July 2022, the Department of Higher Education, GoR, reported that Government colleges had received instructions to arrange for the construction of ramps, the provision of wheelchairs, and the use of special restrooms.

8 Conclusion

The following recommendations have been put together for making the aforementioned locations disabled-friendly according to the Rajasthan Building Bye-laws, 2020.

Policy	Implication	Recommendation
<p>Section 14, Clause 14.2, Page 77</p>	<p>Parking of at least 2 spaces will be reserved for people with disabilities not more than 300 metres from the building entrance Parking spaces reserved for wheelchair users should be demarcated with clear letters Minimum width of the parking space will be 3.6 metres Voice information for people with visual disciplines</p>	<p>The provisions need stronger implementation in public spaces in Jaipur as parking spaces are not reserved for people with disabilities (for example, at Jaipur Chaupati and Manglam's Ananda).</p>
<p>Section 14, Clause 14.3, Page 77</p>	<p>Public office and commercial buildings of public use must have an entrance for the entry of the differently-abled and this should be clearly indicated with signs. A slope cum stairway will be made to reach this entrance. Slope floor for entry to the building shall be made of rough material. The ramp should have a maximum gradient of 1:12 and a minimum width 1800 mm. The length of the slope shall not exceed 9.0 metres, and shall have a railing on both sides, the height of which should at least be 800 mm from the ground. The railing shall extend at least 300 mm from the upper and lower ends of the slope. There will be a gap of at least 50 mm between the railing and the adjacent wall.</p>	<p>This provision needs stronger implementation as a few public places have ramps but often not built according to the accepted standards (for example, at Jaipur Chaupati and Manglam's Ananda).</p>
<p>Section 14, Clause 14.3 (1): Access road to Chair Floor, Page 78</p>	<p>Wherever a lift is required, at least one lift shall be for wheelchair users. As per the lift by Bureau of Indian Standards, the lift should have a minimum capacity of 13 persons with the following dimensions: Inner depth - 1100 mm Inner width - 2000 mm</p>	<p>The provisions need stricter implementation in public spaces in Jaipur as lifts are often smaller (having a carrying capacity of 5-6 people), have steps leading to them and lack auditory signals</p>

	Width of entrance - 900 mm There shall be sound signals within the lift, indicating the opening or closing of the lift entrance, floor and the sliding door for entry into and out of the lift.	indicating the opening and closing of doors and floor levels (for example, at Manglam's Aananda).
Section 14, Clause 14.3 (5): Toilet, Page 79	The toilet set shall have a commodified toilet for the differently abled, with a wash basin near the toilet door, as per the convenience of the differently-abled. The minimum size of this toilet should be 1500 mm x 1750 mm Minimum width of the door should be 900 mm and it will open outwards. There should be a parallel railing at 50 mm from the wall in the toilet. The height of the commode should be 500 mm from the floor.	These provisions need stricter implementation as public places in Jaipur do not have washrooms for people with disabilities (for example, at Jaipur Chaupati and Manglam's Aananda).

Given the fact that Jaipur is the most prominent city of Rajasthan, a state which is known far and wide for its rich cultural heritage, adopting accessible practices is a lucrative opportunity for travel and tourist operators. They will be able to tap into tourists not only from all over the country but also from the entire world, as Jaipur is visited by international tourists as well. Hence, to facilitate accessible tourism in the state, the following measures can be taken.³⁶

- Educate industry players about prospects for accessible tourism
- Develop guidelines for travel and tour companies, lodging establishments and tourist attractions regarding Universal Design and accessible tourism
- By emphasising its economic value, encourage service providers to expand into accessible tourism
- Create a roadmap to make India's top 15 tourist circuits more accessible.
- Organise training and sensitisation programmes for industry experts and enable them to give world-class service to tourists with accessibility needs
- Encourage business leaders to use their marketing material to promote accessible tourism
- Finally, it is important to actively involve persons with disabilities, women, senior citizens, and other stakeholders to understand the needs of the users and include them in the design phases of buildings itself

³⁶

https://www.financialexpress-com.cdn.ampproject.org/v/s/www.financialexpress.com/industry/the-hidden-billion-dollar-opportunity-in-tourism-industry-knocking-at-indias-door/1834915/lite/?amp_gsa=1&_js_v=a9&usqp=mq331AQKKAFQArABIIACAw%3D%3D#amp_agsa_csa=49326498&_ct=1663531352185&_tf=From%20%251%24s&aoh=16635313398466&referrer=https%3A%2F%2Fwww.google.com&share=https%3A%2F%2Fwww.financialexpress.com%2Findustry%2Fthe-hidden-billion-dollar-opportunity-in-tourism-industry-knocking-at-indias-door%2F1834915%2F

9 Limitations of the study

- The study could not meet the optimum sample size of at least 30 participants for business owners due to the virtual nature of the study.
- The sample size of the participants was not representative of the various disabilities.
- The RTI findings lacked crucial details and could not generate much insight into the status of accessibility in Jaipur, Rajasthan.
- The budget documents of the Rajasthan document were only in Hindi which made it difficult to study them. The budget documents were also in scanned formats which made it difficult to search for specific heads and sub heads.
- It was also difficult to look for data as certain data were not available in public domain such as the funds spent on retrofitting of tourist and public places in Jaipur.

10 Annexure A: Google Form for Travellers with Disability

Section 1: Basic Details

1. Name
2. Age
 - a. 15 to 35
 - b. 36 to 55
 - c. 56 to 75
 - d. 75 & above
3. Gender
 - a. Male
 - b. Female
 - c. Prefer not to say
 - d. Other
4. Are you a person with Disability?
 - a. Yes
 - b. No
5. Nature of Disability
 - a. Locomotor
 - b. HoH
 - c. Auditory/Speech impairment
 - d. Visual impairment
 - e. Intellectual Disability
 - f. Blood disorder
 - g. Neurological disorder
 - h. Leprosy-cured person

- i. Acid attack victims
 - j. Dwarfism
6. Do you have a disability certificate?
 - a. Yes
 - b. No
 7. Do you use any assistive devices?
 - a. Wheelchair
 - b. Crutches, callipers, walkers, prosthetics, walking sticks
 - c. Walking cane
 - d. Hearing aids
 - e. Screen readers
 - f. Other
 8. Contact information
 - a. Email address
 - b. Phone number (Optional)
 9. Highest level of education
 - a. Primary
 - b. Secondary
 - c. Higher secondary
 - d. Graduate
 - e. Postgraduate
 - f. Other
 10. Employment
 - a. Partial (seasonal, freelance, self-employed)
 - b. Full-time
 - c. Unemployed

Section 2

1. Which floor do you live on? (Options from 0 to 10, other)
2. What accessibility features are there in your house/building?
 - a. Lift
 - b. Ramp
 - c. Braille signage
 - d. Tactile paths
3. How is your relationship with your family? (Very much satisfactory, satisfactory, neither satisfactory nor dissatisfactory, dissatisfactory, highly dissatisfactory)

4. What is the perception of your family towards your disability-related needs?
(Very much satisfactory, satisfactory, neither satisfactory nor dissatisfactory, dissatisfactory, highly dissatisfactory)

Section 3: Tour & Travel-related

*Disclaimer: travel = out of state of or out of residence

1. How frequently do you travel?
 - a. Daily
 - b. Once in a week
 - c. Once in a month
 - d. Never
2. Purpose of travel (checkboxes): choose all that apply
 - a. Official travel
 - b. Education related
 - c. Leisure
 - d. Shopping or running errands
 - e. Health-related
 - f. Other
3. Preferred mode of transportation (multiple choice grid)
 - a. Auto
 - b. Cab
 - c. Personal vehicle
 - d. Bus
 - e. Train
 - f. Flight
4. Factors of choosing the highly preferred mode of transport (multiple checkboxes)
 - a. Affordability (
 - b. Accessibility (easy in & exit, signages)
 - c. Comfort
 - d. Scarcity of options
5. The needs of accessibility in transportation
 - a. Ramps
 - b. Designated areas/seating
 - c. Public announcements
 - d. Public display
 - e. Other
6. Places of importance (multiple choice grid/multiple checkbox)
 - a. ATMs & Banks
 - b. Hospitals & clinics
 - c. Places of leisure

- d. Places of tourist importance (ghats, forts, temples
 - e. Restaurants & eateries
7. Access needs at the above mentioned places of importance (multiple choice grid or checkbox): include rating, if needed
- a. Ramps
 - b. Lifts
 - c. Resting areas
 - d. Tactile tiles
 - e. Braille signages
 - f. A system for directions
 - g. Announcements
 - h. Accessible restrooms
 - i. Others
8. Please share an experience of travel highlighting good or bad experiences in terms of accessibility.

11 Annexure B: Google Form for Stakeholders

1. Name
2. Location in Rishikesh/Jaipur
3. Type of business
 - a. Hotel, restaurant, cafe...
 - b. Bank, ATM...
 - c. Shopping malls, garment stores & general stores
 - d. Places of tourist interest
 - e. Hospitals, dispensaries, medical stores
 - f. Schools, colleges & other educational institutions
 - g. Local, national & multinational companies
 - h. Other
4. How frequently do PwDs visit your business? *
 - a. Daily
 - b. Once in a week
 - c. Once in a month
 - d. Once in 3 months
 - e. Once in 3-6 months
 - f. Once in a year
 - g. Never
5. Do you know about disability?
 - a. Yes
 - b. No

6. Do you know about accessibility?
 - a. Yes
 - b. No

7. Are you aware about the RPwD Act (2016)?
 - a. Yes
 - b. No

8. Are you aware of the Accessible India Campaign?
 - a. Yes
 - b. No

9. How do you accommodate PwDs at your shop/establishment? Please give a short example.

12 Annexure C: Consent Form

The agreement is between the fellow, engaged for NCPEDP for Javed Abidi fellowship on Disability and the organisation (NCPEDP) for reproduction of audio/video/photograph/content developed for deliverables of the program during his/her fellowship tenure for use on collaterals, website and social media handles of NCPEDP for wider outreach of the objective.

I, _____ acknowledge that NCPEDP holds the copyrights of all the contents re-produced and shall use my content as per the below preferences:

1. Audio

S.No	Type of content	Grant
1.	Use of my personal information like Name	Yes / No
2.	Use of excerpts/quotes from my interview/discussion	Yes / No
1.	Use of my personal information like Name	Yes / No
2.	Use of excerpts/quotes from my interview/discussion	Yes / No
3.	Use of my face in the video	Yes / No
4.	Use of my masked face in the video	Yes / No
1.	Use of my personal information like Name	Yes / No

2. Video

3. Photograph

S.No	Type of content	Grant
1.	Use of my photograph	Yes / No
2.	Use of my masked photograph	Yes / No

I acknowledge the purpose of using the content and thus I will not seek claim compensation for the same. I will take legal course against NCPEDP only in case of personal harm/damage/injury/ defamation caused due to use of the content in an illegitimate manner and in ways beyond the ambit of aforementioned purpose, only after prior information and arbitration.

Agreed and Accepted by: -

I completely understand the purpose and clause of this agreement and solely as an adult approve it.

Participant's Name:

Participant's Signature:

Location:

Date:

13Annexure D: Photos

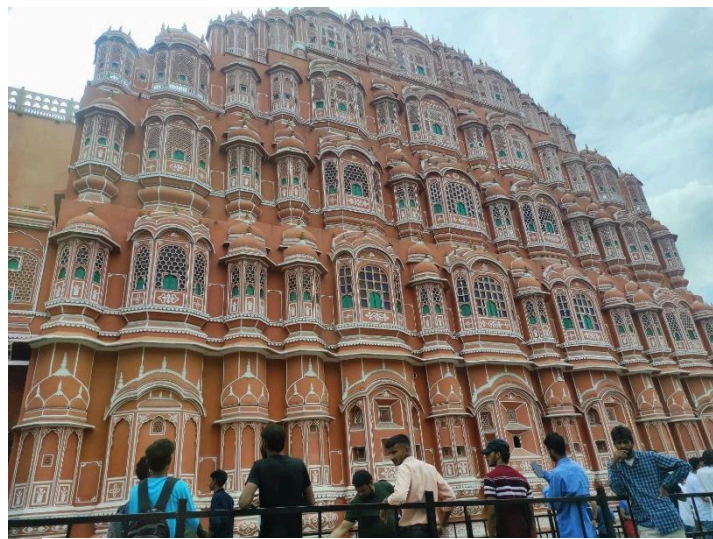


Photo: Kavya with Shri Shantnu Varshney from Rajasthan Housing Board (RHB) at Jaipur Chaupati.

14 Annexure E: Case Study of Hawa Mahal

Hawa Mahal, or the Palace of Winds, was built by the Maharaja Sawai Pratap Singh, grandson of Maharaja Sawai Jai Singh, the founder of the city of Jhunjhunu in the state of Rajasthan in 1799.

Designed by Lal Chand Ustad, the palace has a five-floor exterior which resembles a honeycomb with its 953 small windows called Jharokhas. These windows are embellished with intricate latticework. The original intent of the lattice design was to allow royal ladies to observe everyday life and festivals celebrated in the street below without being seen.



A photo of Hawa Mahal's eastern facade

The Hawa Mahal is a renowned tourist destination in Jaipur visited annually by around 1 million tourists.³⁷ The historical significance of the palace and its engineering complexity, make the palace one of the most popular Indian destinations among both national and international tourists.

From the point of view of accessibility, the Hawa Mahal largely remains a photo stop for people with disabilities, since only the widely celebrated eastern facade is accessible. The internal complex of the structure is reduced to ruins of the erstwhile palace. *"There are narrow pathways and alleys, with broken and narrow stairways which make it extremely difficult for a person to even walk,"* says a 22-year old resident of Jaipur, who is a wheelchair user. He said, *"I was able to know about the inner structure of the palace from my family since I couldn't go on the upper floors."*

37

https://amp-cnn-com.cdn.ampproject.org/v/s/amp.cnn.com/cnn/travel/article/india-hawa-mahal-palace-of-the-winds/index.html?amp_gsa=1&_js_v=a9&usqp=mq331AQIUAKwASCAAgM%3D#amp_tf=From%20%251%24s&aoh=16885374565796&referrer=https%3A%2F%2Fwww.google.com&share=https%3A%2F%2Fwww.cnn.com%2Ftravel%2Farticle%2Findia-hawa-mahal-palace-of-the-winds%2Findex.html



Entry to Hawa Mahal



Open area at the Hawa Mahal



Stairway to the main entry of Hawa Mahal

The Hawa Mahal complex is maintained by the archaeological department of the Government of Rajasthan. The Rajasthan Archaeological Department spent an amount of Rs. 4.8 crore for the renovation of the Hawa Mahal complex in 2006.³⁸ However, the complex remains inaccessible for tourists with disabilities, even though the Rights of Persons with Disabilities Act (2016) mandate all public places to be accessible for everyone, including people with disabilities.

Some recommendations for accessibility features include:

- Ambulifts for people with mobility impairment at least till the first floor of the palace. They should be located near the stairway or wherever there is enough space.
- A tactile model of the structure for people with visual and mobility impairments should be located at the entrance of the complex so that people with visual disabilities can get an understanding of the entire complex.
- Basic training in Indian sign language and disability sensitisation of the staff and guides at palaces.
- Tactile pathways or audio-guide technology can be used on all floors of the complex to aid people with visual disabilities through the complex. Alternatively, a QR code could be placed at multiple points for visitors to scan and access content about the place.

To keep up with the recent updates about Kavya's work, feel free to follow her on [LinkedIn](#), [Instagram](#), [Twitter](#) and [Medium](#).

³⁸ <https://m.economictimes.com/winds-of-change-at-jaipurs-hawa-mahal/articleshow/2651082.cms>

