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BUILDING DISABILITY- INCLUSIVE FUTURES

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People with Disabilities and Transport Access: Evidence from PENDA and Inclusive Futures¹

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Abstract Transport is a fundamental enabler of participation in society yet people with disabilities frequently experience barriers to accessing it. These barriers are often greater in low- and middle-income countries (LMICs). Despite its importance, transport remains neglected in disability-inclusive development interventions. This article synthesises evidence from the Disability Inclusive Development Inclusive Futures programme and the Programme for Evidence to Inform Disability Action, which implement and evaluate disability inclusion interventions across multiple LMICs. We draw on their findings to examine the transport barriers experienced by people with disabilities and how these shaped intervention participation and outcomes. Findings highlight inaccessible infrastructure, a lack of accessible public transport options, unavailability of assistive technology, and transport-related stigma and discrimination as barriers. These barriers were shaped by intersectional disadvantage and risk constraining intervention participation and impact. We discuss the implications for disability-inclusive development intervention design and national transport policy, highlighting that transport access is a prerequisite for meaningful inclusion.

Keywords transport, disability transportation, accessibility, assistive technology, infrastructure, stigma, intersectionality.

1 Introduction

Access to transport is a fundamental enabler of participation in society, including for the world's population of 1.3 billion people with disabilities (WHO 2022). However, as in other domains of life, people with disabilities frequently face additional barriers when accessing public transport. These include inaccessible physical infrastructure and transport-related information (e.g. train or bus stations only accessible by stairs, announcements made only via audio-based public address systems), a lack of accessible/



SMILE inclusive education project, Nigeria kids in school

Photo credit Joy Tarbo/Sightsavers

adapted vehicles (e.g. wheelchair-accessible buses and taxis), and discriminatory or stigmatising attitudes from transport providers and other passengers resulting in denial of service and harassment (Park *et al.* 2023; Transport Select Committee 2025). People with disabilities are a heterogeneous group encompassing individuals with mobility, sensory, and cognitive impairments, each with distinct needs and consequent implications for travel policy. The integration of technology into travel planning, for example using websites and apps as the main route for ticket purchasing and travel information, can be a great leveller for some people with disabilities but represents an additional barrier for individuals with some forms of cognitive and visual impairments (Bigby *et al.* 2019). The range of barriers that people with disabilities encounter when accessing transport has led a recent UK government report to sum up the situation as 'access denied' (Transport Select Committee 2025). People with disabilities in the USA (Bascom and Christensen 2017) and the European Union (König *et al.* 2021) similarly report being excluded from social participation due to transport access barriers.

The transport accessibility aspects that high-income countries (HICs) have got wrong offer cautionary lessons for low- and middle-income countries (LMICs) as the latter invest in their transport infrastructure. In 2017, 45 per cent of all infrastructure spending in developing economies was on transport, the vast majority (88 per cent) by public or state-owned enterprises (World Bank 2019). The right for people with disabilities to access transport is protected in the UN Convention on the Rights of Persons with Disabilities (CRPD), which has been ratified by almost every country. Specifically, article 9 (Accessibility) obligates state parties to ensure people with disabilities have

access to transportation on an equal basis to others (UN 2006). This includes identifying and eliminating barriers to accessing transport and ensuring information and services are accessible. However, the Committee on the Rights of Persons with Disabilities, which monitors the fulfilment of the CRPD, continues to observe a range of implementation shortfalls, including gaps in the accessibility of public transport services and the absence of national accessibility legislation and strategies (IDA 2025).

However, people with disabilities in LMICs face at least the same and often greater barriers to accessing transport than in HICs, because of poorer infrastructure (Duri and Luke 2022; Kett, Cole and Turner 2020) and other related factors (e.g. greater unmet need for assistive products, more negative attitudes towards disability). Affordability is also a key barrier. People with disabilities are more likely to experience poverty relative to people without disabilities (Banks, Kuper and Polack 2017), meaning that they are often unable to afford transport-related costs, particularly as accessible options often entail greater costs. The multidimensional nature of barriers to transport access is well illustrated by an example from one South African qualitative study. People with disabilities recounted taxi drivers complaining about having to transport bulky wheelchairs in crowded vehicles, and being told instead, 'you must carry your wheelchair' (Vergunst *et al.* 2015). This instance illustrates the intersection of at least three issues: inadequate transport infrastructure (e.g. lack of wheelchair-accessible taxis), limited availability of travel-suitable, affordable assistive products (e.g. lightweight, foldable travel wheelchairs), and persistent discriminatory attitudes towards people with disabilities among drivers and society more broadly. The study authors explicitly label the instruction 'you must carry your wheelchair' as absurd (*ibid.*) because individuals who need wheelchairs to get around are the people who are least able to carry them.

Similarly, absurdity is a starting point for this article, in that transport continues to remain a neglected factor in disability-inclusive development interventions, despite its critical importance. One reason for this is that there is a lack of good-quality disability inclusion interventions overall. To date, such interventions have generally taken a medicalised approach to development by focusing on how to 'fix' people with disabilities rather than addressing the structures and systems that exclude them (Saran, White and Kuper 2020). However, even within holistic, multi-level interventions that aim to both support individuals and address structural barriers to inclusion (e.g. inaccessible workplaces, negative attitudes), access to transport is often treated as peripheral or left unaddressed entirely. This gap is striking, given that physical access to workplaces, schools, and health centres is a prerequisite for people with disabilities to fully benefit from the systems that these facilities are part of, namely employment, education, and health care. Moreover, in

the context of interventions, transport can operate as a hard constraint on programme participation, limiting the reach of the intervention or people with disabilities' exposure to programme components. Inaccessible or unaffordable transport could therefore nullify the potential gains from otherwise well-designed programmes and may put potential participants with disabilities at unnecessary risk. Using data collected as part of the Disability Inclusive Development Inclusive Futures (hereafter Inclusive Futures) programme and the Programme for Evidence to Inform Disability Action (PENDA), we interrogate these issues and show that it is illogical to expect multicomponent disability-inclusive development interventions to work (or work as well as they should, assuming a high quality of other components), without a concurrent focus on addressing transport-related barriers. Moreover, we explore what could be done better in future disability-inclusive development interventions and highlight current evidentiary gaps.

2 Context and evidence base

Both the Inclusive Futures programme and PENDA are funded by the Foreign, Commonwealth & Development Office and are linked programmes. Specifically, the Inclusive Futures programme is delivering interventions to support the inclusion of people with disabilities within several LMICs, focusing on areas such as employment, education, health care, and addressing disability-related stigma and discrimination. PENDA is conducting evaluations of 13 disability inclusion interventions across 13 LMICs, including some of the Inclusive Futures interventions. At the time of writing, PENDA has completed an evaluation of two Inclusive Futures interventions – STAR+, an employment programme for youths with disabilities in Bangladesh (Carew *et al.* forthcoming a, in press; Shatil *et al.* 2024), and InBusiness, a disability-targeted micro-entrepreneurship programme in Kenya (Carew *et al.* forthcoming b). PENDA has also supported an impact evaluation of an inclusive education intervention in Bangladesh (Das *et al.* 2024). Additionally, the Inclusive Futures programme has produced evidence on inclusive education in Kenya (Wickenden, Rohwerder and Njungi 2022; Wickenden, Njungi and Rohwerder 2023a, b) and Nigeria (Wickenden *et al.* 2023), as well as the impact of the Covid-19 pandemic on people with disabilities in Bangladesh, Kenya, Nepal, Nigeria, and Uganda (Thompson and Rohwerder 2023; Wickenden *et al.* 2021). Furthermore, both empirical evidence and methodological reflections were produced through research about learners with deafblindness and other marginalised impairments in Bangladesh (Shaw and Wickenden 2022; Thompson and Abdur 2025; Wickenden and Thompson 2023). This article synthesises the PENDA and Inclusive Futures programme evidence around access to transport. As the remit of the article is to review programme evidence, the findings necessarily draw on analyses that are forthcoming within the PENDA portfolio.⁵ These studies represent the most comprehensive and up-to-date evidence available from the programmes and

were conducted under peer-reviewed protocols with publicly available methods.

3 Findings

Qualitative data from the Inclusive Futures programme and PENDA highlight many of the remaining challenges relating to transport, which were not always addressed in Inclusive Futures interventions at the programmatic level, and which remain a barrier to full societal inclusion of people with disabilities. Internal factors (related to experiences of the individual), external factors (related to the environment), and structural factors (related to the community and cultural rules) were all found to impact experiences of transport and mobility for people with disabilities (Thompson and Abdur 2025). Barriers to accessible transport were found to impact their full and meaningful inclusion in society, including while undertaking activities such as going to work (Shaw and Wickenden 2022; Wickenden and Thompson 2023; Thompson and Abdur 2025) and accessing education (Wickenden *et al.* 2022; Wickenden, Njungi and Rohwerder 2023a; Wickenden *et al.* 2023). Lack of consideration of accessible and affordable transport for people with disabilities risks constraining the impact of otherwise well-designed interventions, for example, by inhibiting programme participation (Carew *et al.* in press) or constraining impact pathways (Carew *et al.* forthcoming b).

3.1 Physical infrastructure and public transport provision

The physical environment in most LMICs remains inaccessible. Road safety was found to be particularly concerning for many of the participants, but particularly those with sensory-related impairments (Thompson and Abdur 2025). In Bangladesh, the infrastructure and transport systems were found to be inaccessible for many people with disabilities (Carew *et al.* in press; Thompson and Abdur 2025); for example, in Rangpur, footpaths are either unavailable or inaccessible. As one participant stated, 'We persons with disabilities don't have any pathways to even walk in Rangpur' (Shaw and Wickenden 2022: 32). PENDA's evaluation of the disability-inclusive employment intervention STAR+ in Bangladesh found that programmatic support to help youths with disabilities travel to their apprenticeships and classroom training was limited or absent entirely (Carew *et al.* in press). Consequently, many parents/caregivers had to travel daily with these youths to ensure they could participate in key intervention activities (Shatil *et al.* 2024). Specifically, over a six-month, five-days-a-week placement, about a quarter of all youths who participated in STAR+ said that they needed parent/caregiver support to travel to workplaces always/most of the time (Carew *et al.* forthcoming a). This sustained support was burdensome for families. Conversely, PENDA's evaluation of the disability-inclusive livelihoods intervention, InBusiness, which supported micro-entrepreneurs with disabilities in Kenya, identified that the programme did offer transport support to ensure training

attendance. However, once the programme concluded, micro-entrepreneurs faced ongoing transport-related difficulties with conducting their businesses that had not been addressed by the programme (Carew *et al.* forthcoming b). Concerning education, Inclusive Futures research found that in Kenya the lack of public transport options has an impact on children with disabilities accessing school. As one parent explains 'The problem is transport. Sometimes there is no transport' (Wickenden *et al.* 2022: 31). Similarly, a survey of children with disabilities conducted in three *upazilas* (administrative divisions functioning as sub-divisions of a district) of Bangladesh ($N = 1,968$) found that almost half (47 per cent) of children with disabilities were out of school. Difficulty taking the child to school was reported as a main reason why by over a third (35 per cent) of these children's parents/caregivers (Das *et al.* 2024).

3.2 Assistive technology and transport

Some evidence was found that the provision or absence of assistive technology impacted how people with disabilities experienced transport and travel. Participants in Bangladesh with sensory impairments recounted how travel was dangerous for them, as they could not hear when vehicles were approaching on the road or trains approaching on the railway (Shaw and Wickenden 2022). There was some evidence that assistive technology had made participants safer while they were out travelling, as one participant recalled:

There occurred a terrible accident with the truck. It hit me out. But, with the help of hearing bud now I can hear the sounds of vehicles. I can go out, work and earn. My life is in a better position than my past life.
(Wickenden and Thompson 2023: 25)

Some of the Inclusive Futures interventions like STAR+ took these safety concerns into account and included working with partners and Organisations of Persons with Disabilities to provide assistive technology such as hearing aids, glasses, and wheelchairs to participants to make the external environment more accessible (Thompson and Abdur 2025). However, although participating youths with disabilities reported high levels of satisfaction with the accessibility modifications in STAR+, the PENDA evaluation noted gaps in the provision of assistive products (Carew *et al.* forthcoming a). For example, a quarter of youths who received an assistive product said that it was not helpful, with the most common reason being pain or discomfort.

3.3 Disability stigma and transport-related discrimination

Disability stigma and transport-related discrimination had an impact on how people with disabilities moved through places and spaces (Thompson and Abdur 2025). One participant in Bangladesh recounted, 'While coming back from the place, I saw one person was staring at me. I got angry', while another

stated 'I couldn't move alone. People used to mock me a lot' (Shaw and Wickenden 2022: 35, 37). Another participant in Bangladesh recalled 'Once I was walking to home, two of girls stopped and started taunting me, with my disabilities' (Wickenden and Thompson 2023: 29). There were instances where participants tried to use public transport (rickshaws/taxis/buses) but could not find a driver or were prevented from accessing the vehicle. One participant in Bangladesh stated, 'Many times local buses don't want to take us [people with disabilities], since we have difficulty getting on' (Thompson and Abdur 2025: 7). Additionally, girls and women with disabilities in Bangladesh face compounded stigma and discrimination when travelling, experiencing both disability-related and gender-related forms, such as sexual harassment (Carew *et al.* in press). Despite many countries having laws preventing discrimination based on having a disability, exclusionary experiences are common. Experiences of disability stigma and discrimination appeared to be exacerbated for people with disabilities during the pandemic (Wickenden *et al.* 2021).

3.4 Independent travel

Evidence from Bangladesh suggests participants viewed accessible transport and unrestricted movement in public places as essential for integration into society, but reported that this is often restricted due to inaccessibility (Thompson and Abdur 2025). The ability of people with disabilities to travel alone was found to be reduced in many contexts, which resulted in frustration, as many people with disabilities wanted to travel independently and regarded this as a source of confidence and pride. Many participants reported that they had to be accompanied by a family member as the risk associated with solo travel was too great. In addition to the physical risks posed by engaging with transport, there was also a gendered element relating to both cultural barriers and safety fears, particularly related to women being alone in public (Shaw and Wickenden 2022). In Bangladesh, women with disabilities were found to have less ability to travel than their male counterparts, due to an intersection of cultural contexts and social constraints, as well as barriers related to accessibility (Thompson and Rohwerder 2023). As one woman with disabilities reflected when discussing her mobility in the area where she lived, 'I couldn't go out alone. There is always a constant intimidation about strangers' (Wickenden and Thompson 2023: 24). Another woman in Bangladesh reflected, 'We have to face so many difficulties as women with disabilities. We can't move [around] properly' (*ibid.*: 33).

In Kenya, safety concerns about children with disabilities accessing public transport (specifically *boda-boda* motorbike taxis) on their own were found to have a negative impact on those children accessing school (Wickenden *et al.* 2022). The safety of children with disabilities while travelling to school was also raised in Nigeria as a particular concern relating to

their inclusion and wellbeing (Wickenden *et al.* 2023). Evidence suggests that if transport is recognised as an important programmatic element, and when training or sensitisation is included in a programme, independent travel via accessible transport is achievable. One participant of the Inclusive Futures programme in Bangladesh who had received skills training including support and encouragement to access transport reflected: 'I used to travel with my parents as I was unable to do so [alone]. But now I can do so' (Thompson and Abdur 2025: 7).

3.5 Urban/rural impact on transport

Evidence from the Inclusive Futures programme points towards a marked difference in experiences for people with disabilities living in rural and urban areas. Evidence from Kenya found that the cost of transporting children with disabilities to school was prohibitive for many parents. Transport in rural areas in general costs more, and the impact of this is exacerbated for people with disabilities. Sometimes parents selected a less suitable school for their children with disabilities as it was easier to get to and cheaper. In addition, fuel prices rose dramatically in 2022; consequently, the cost of transport went up, which also impacted people with disabilities (and particularly those living in rural areas) in a negative way (Wickenden *et al.* 2022; Wickenden, Njungi and Rohwerder 2023a, b).

The physical geography of rural areas can also have an impact on transport options. For example, mountainous and rocky landscapes in rural Kenya are hard for people with disabilities to navigate (Wickenden, Njungi and Rohwerder 2023a). In Bangladesh, the geographic features of rural areas were not highlighted as an issue, but the infrequency or lack of accessible transport options available for those living in remote areas were, particularly with regard to people with disabilities in rural areas getting to work (Shaw and Wickenden 2022). For people with disabilities living in urban areas transport was regarded as easier to arrange, and the distances to travel were generally shorter (Thompson and Abdur 2025). This had an impact on the jobs available to people with disabilities, as the accessibility of the journey to work influenced where they could work (Wickenden and Thompson 2023). In addition, evidence suggests that there is less enforcement of accessibility measures and policies in rural areas (Thompson and Abdur 2025). The rural/urban divide also impacts access to education services. In Kenya, children with disabilities living further away from Education Assessment and Resource Centres were found to be less likely to access them, despite their parents having knowledge of their importance (Wickenden *et al.* 2022; Wickenden, Njungi and Rohwerder 2023b). During the pandemic, people with disabilities in urban areas experienced more restrictions to transport than those who lived in rural areas (Thompson and Rohwerder 2023).

3.6 Impact of the Covid-19 pandemic on transport

As some of the research for the Inclusive Futures programme was collected during the pandemic, elements of the data discuss transport issues that people with disabilities experienced during it (Wickenden *et al.* 2021). For example, evidence shows that during this period various restrictions impacted people with albinism accessing sun cream and people with physical disabilities maintaining assistive devices, which limited their mobility and ability to access transport (Shaw and Wickenden 2022). In addition, social distancing regulations had a particularly negative impact on people with visual impairments who used others to guide them or relied on touch to navigate. One participant in Bangladesh recounted that, 'When visited to any place I used generally CNG [rickshaw] and sometimes by mistakenly I touched someone due to my impairment and most of them scold me like I am the carrier of the corona' (Thompson and Rohwerder 2023: 458). To comply with regulations, some public transport providers reduced their capacity, to allow for social distancing. This resulted in people with physical disabilities being excluded from journeys, which drivers justified due to the extra space needed to transport wheelchairs or other assistive devices. In addition, evidence from Uganda suggests that transport costs increased exponentially during the pandemic, creating an additional barrier to travelling for people with disabilities. Negative treatment from the authorities further hampered transport for people with disabilities during the pandemic. This ranged from refusing to assist people with disabilities to move around, to exercising violence in public spaces under the pretence of retaining public safety (Thompson and Rohwerder 2023). In general, the ability of people with disabilities to travel around as they needed was significantly negatively impacted by the pandemic and the government responses (Wickenden *et al.* 2021).

4 Discussion

The evidence to date from the Inclusive Futures programme and PENDA clearly identifies access to transport as a critical area to address within disability-inclusive development programmes. Consistent with prior research from both HICs (e.g. Park *et al.* 2023) and LMICs (Kett *et al.* 2020), our findings confirm that barriers to transport access span inaccessible physical infrastructure and a lack of accessible, affordable public transport options (Carew *et al.* in press; Thompson and Abdur 2025; Shaw and Wickenden 2022), unavailability of assistive technology (Shaw and Wickenden 2022), and frequent transport-related stigma and discrimination (Thompson and Abdur 2025; Wickenden and Thompson 2023). Moreover, the presence of other environmental and contextual factors worsens some people with disabilities' access to transport. Research from the Inclusive Futures programme found that transport access disadvantage was compounded for people with disabilities living in rural compared to urban areas (Wickenden, Njungi and Rohwerder 2023b) and during periods of public health regulations affecting movement

(e.g. social distancing) during the pandemic (Thompson and Rohwerder 2023). These findings highlight intersectional barriers.

Furthermore, emerging evidence from PENDA indicates that neglecting access to transport within disability-inclusive development interventions is a threat to programme participation and risks constraining impact pathways. In Bangladesh, lack of support with transport in the STAR+ programme meant that many parents and caregivers had to travel with youths to intervention activities daily, which was burdensome (Carew *et al.* forthcoming a). In Kenya, transport support was provided within the InBusiness programme to ensure that participants could access intervention activities focused on economic empowerment, but some people with disabilities reported transport-related barriers after the programme concluded, which inhibited their ongoing economic activity (Carew *et al.* forthcoming b).

5 Implications for disability-inclusive development and practice

These findings have four main implications for disability-inclusive development and practice.

First, provisions to ensure transport access must be integrated systematically into the design and implementation of disability-inclusive development programmes. Within intervention life cycles, this may include subsidising transport costs and partnerships with transport operators, particularly those who can facilitate accessible and preferred transportation options for people with disabilities. This may involve engaging with both public and private transport service providers, as well as trade unions or professional groups that represent them, including on issues such as disability sensitisation training and awareness raising of the accessibility needs of people with disabilities.

Second, to achieve sustainable access beyond individual programmes, parallel investment is needed to improve the accessibility of existing transport options and to embed accessibility into all future transport infrastructure and services. In many countries with poor infrastructure this is likely to require several modifications across the transport sector. For example, in Bangladesh priority seating on buses, wheelchair ramps to assist boarding on trains, train station lifts, and tactile paving are all key accessibility modifications needed (Emtenan, Ullah and Ahmed 2017). Implementing such modifications will require comprehensive CRPD-compliant national-level policy and legislation, including that which provide enforcement and complaint mechanisms. This naturally begets the question: what exactly constitutes accessible transport and inclusive transport policy and how will the required investments be financed?

Third, more research is needed to produce additional evidence in the area of what constitutes accessible and inclusive transport

solutions in different contexts, and it needs to involve and represent the perspectives of people with disabilities, including individuals with diverse intersectional characteristics. More data is needed from the macro to the micro level on where people with disabilities live, what context-specific barriers (e.g. mountains/ rivers) exist, and what existing transport options are able to connect people to the services they need to access (e.g. schools, clinics). Further evidence is needed regarding the difference in how people with disabilities in urban and rural areas experience accessing transport.

Fourth, current spending needs to be leveraged and investment widened. In 2017, nearly half of all infrastructure spending in developing economies was allocated to transport, the majority by public or state-owned enterprises (World Bank 2019). Accessibility should be systematically integrated into this expenditure, with governments also considering strategies to stimulate private sector investment, for example through incentives or market-shaping mechanisms.

Comprehensively addressing these recommendations will be challenging. However, as our findings show, full inclusion cannot be achieved if people with disabilities remain unable to physically reach the services, spaces, and opportunities that disability-inclusive development interventions aim to open up.

Notes

- 1 This issue of the *IDS Bulletin* was supported by UK aid under its flagship Disability Inclusive Development (DID) programme. The DID programme was delivered through two separate programmes. The eight-year consortium intervention, **Disability Inclusive Development Inclusive Futures** (Inclusive Futures) programme, led by Sightsavers and the International Disability Alliance, ran from August 2018 to March 2026. It has reached more than 19 million people and generated almost **300 learning and evidence resources** to inform policy and practice on disability-inclusive development. The evaluation programme, the Programme for Evidence to Inform Disability Action (PENDA), was delivered by the London School of Hygiene & Tropical Medicine. The opinions expressed are the authors' own and do not reflect the views of the funders.
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