



ROADS TO INCLUSION

A TOOL FOR IDENTIFYING PROGRESS
IN COMMUNITY BASED REHABILITATION PROJECTS





WHY THIS TOOL?

Community Based Rehabilitation (CBR) projects often focus at the level of the individual but in recent years it is increasingly being regarded as work towards the creation of more inclusive societies. Many activities to foster inclusion are therefore being developed. However, indicators to measure progress in this area are lacking, particularly in relation to the following elements.

- The society's attitudes towards people with disabilities and their families, existing stigmas and discriminatory barriers.
- Disabled people's lack of access to social services and gatherings, including health and education services, social and religious gatherings and income-generating activities.
- The influence people with disabilities have on decision making.

The roads to inclusion tool has been developed by ENABLEMENT (the Netherlands) and LIGHT FOR THE WORLD on the basis of an action research

programme carried out in Burkina Faso, Ethiopia and North East India. Communities in two sites of each country were asked to define what inclusion meant to them and those definitions were used as a basis for developing this tool.

LIGHT FOR THE WORLD and ENABLEMENT hope this tool will support CBR teams in assessing communities' progress in becoming more inclusive of persons with disabilities and planning activities to further the inclusion process. It promotes reflection on changes related to inclusion rather than judging projects on the impact of their work, and is thus not a tool for impact evaluation or comparing inclusion between different countries and cultures.

The tool can be used in a variety of contexts. We recommend adjusting it to fit your organisation's needs and seeing it as an inspiration on how it could be done, not as a prescription on how it should be done.

HOW TO USE THE TOOL

THE PROCESS INVOLVES FIVE STEPS

1. Preparation for data collection page 4
2. Facilitation of group discussions page 5
3. Discussion with the CBR team page 7
4. Analysis of the data generated page 8
5. Planning for future activities page 8

1. PREPARATION FOR DATA COLLECTION

A person should be chosen from the CBR team to carry out the data collection based on how good he/she is at leading group discussions and whether he/she can speak the local language, without regard to his or her position in the team. The team as a whole should also choose the community to be studied. It may be useful to

plan how the moderation and discussion should be pursued so as to take into account local culture and context.

The participants in the group discussions should be a sample of persons with disabilities and/or their families living in the implementation area.

They should include the following:

- People with different types of disabilities.
- Different age groups, including elderly people and children.
- Women and men.
- People of varying education and income levels.
- People belonging to different religious and cultural groups.

It is preferable to have mixed groups that include members of the above categories. However, when some groups cannot express their opinions in a mixed group, separate groups can be made. Some participants might be more active or dominate the discussion while others will be shy and say little or nothing.

Try to encourage a real consensus and not have one person decide on what the group opinion is. Try and let all group members participate, while acknowledging that there are group dynamics at play and that there will never be totally equal participation in a group discussion.

Discussions should take place in:

- Rural and urban places;
- Poorer as well as more prosperous places; and
- Areas where you feel the project is doing well as well as areas where the project is having more difficulty.

You will need the following materials:

- This user guide for reference. Read and understand it before going to the field.
- Some inclusion cards for participants who can read.
- Coloured cards, stickers or stones depending on your voting procedures (see section below).
- A flipchart and coloured pens.
- A notebook and pen for the person taking notes.

> Note that there are many inclusion cards and not all topics might be relevant for all projects. We therefore recommend making a selection beforehand.

GUIDANCE FOR THE FACILITATOR DURING GROUP DISCUSSIONS

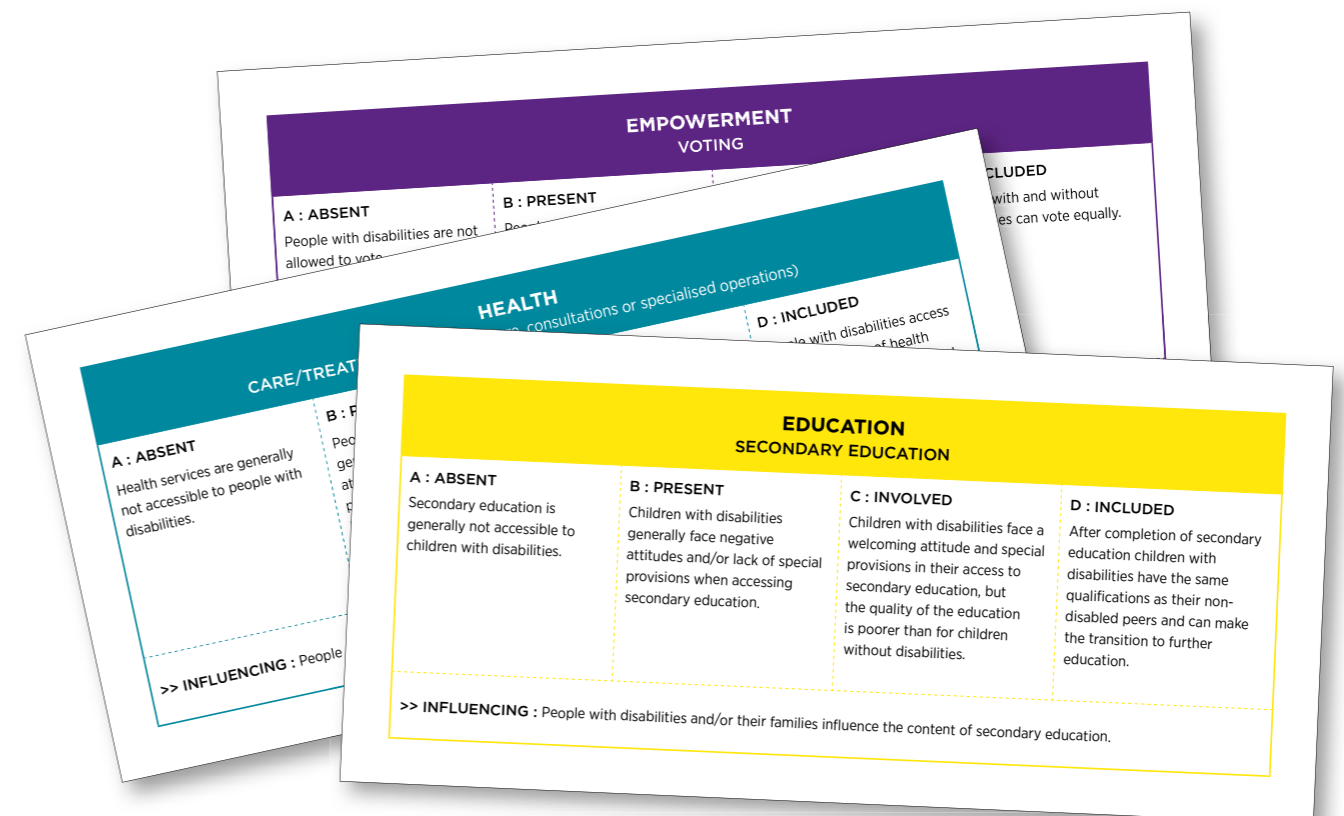
- The facilitator must remain neutral.
- He/she must not make assumptions about what people mean but must encourage them to explain themselves.
- Everyone in the group must be involved in the discussion.
- People must get a chance to finish their arguments and share their personal opinions.
- Everyone must feel comfortable and not be judged on their personal opinions. One or two people in the group must not overly influence consensus.

To use the tool for planning and steering, it is important to know the reasons behind a group decision. Make sure you have a person (not the facilitator) who takes minutes of the discussions and captures the reasons as well as the sentiments in the group.

To reduce costs, the discussions could be organised during field visits that have already been scheduled.

2. FACILITATION OF GROUP DISCUSSIONS

The group discussion will focus on the inclusion cards.



2.1. EXPLAINING THE INCLUSION CARDS

You will first need to explain the five levels of inclusion that may exist in any given situation or facility.

A : ABSENT – not generally accessible to persons with disabilities.

B : PRESENT – accessible to persons with disabilities, but without special provisions and/or a welcoming environment for persons with disabilities.

C : INVOLVED – accessible to persons with disabilities, with special provisions in place and/or a welcoming environment but lacking features that make them completely accessible.

D : INCLUDED – ensuring equal opportunities for people with and without disability.

INFLUENCING – persons with disabilities are able to influence the provision of services and facilities.

- The “influencing level” may be in operation at any part of the inclusion sequence, while other levels are in place and so it can be mentioned together with the other level (A-D) that has been attained. If the group indicates that the influence level is in operation, it is good to know in what way. This helps with planning at the end of this exercise.

2.2. FILL IN THE INCLUSION CARDS VIA CONSENSUS

During the discussion, you may find that certain themes in the inclusion cards do not apply to your particular context. Together with the group, you can decide to remove these themes from the discussion. If disability identity cards do not exist in your country, for instance, this theme is not relevant. Also, when you discuss a theme you can make the example more specific to your context by actually mentioning the name of that service. For example, when you refer to religious services, you can refer to a specific church, mosque or temple in that community.

After eliminating some themes, you will share one inclusion card at a time with the group and ask them for their opinion on where the programme stands at the moment (A. Absent, B. Present, C. Involved, D. Included and or Influencing). The group should decide this through discussion and consensus building.

After a level has been chosen, the facilitator should verify that everyone agrees with the choice. You can do this by writing the level of inclusion on different coloured cards.

You could organise the voting system in different ways:

- People vote orally one by one and records are taken.
- Everyone has 5 cards in the different colours and raises their vote.
- Have the different options on cards on the floor and let people put a stone or a sticker on the card they are voting for.
- Or: you can come up with your own way of voting.

It is important that the person taking notes captures the WHY or the arguments that participants have to choose a particular level. These arguments will help for planning future activities. The argumentation for a certain level can also help in consensus building amongst the

group about their choice for one of the levels. If the group feels that there is an important area that is not mentioned in the inclusion cards, it can be added. That category should also be used in the subsequent group discussions.

2.3 DISCUSSION ON DIFFERENCES BETWEEN DIFFERENT TYPES OF DISABILITIES

When deciding on the level of inclusion, the discussion should focus on inclusion of all types and groups of persons with disabilities and not on single person examples or single type of disability. This is a problem that often occurs, since people often reflect on their own circumstances and not for a group of people with the same characteristics. After defining the level of inclusion for each theme, a discussion should be held on whether there are differences in the experiences of people with different disabilities and also between men and women. These differences should be recorded by the note taker

and discussed during the data analysis. Try to be concrete in this discussion and let the group express themselves and make decisions about the areas of life that require (further) support to achieve inclusion of people with particular types of disabilities or people of differing gender, age or socio-economic status.

After each of the three group discussions you will have an overview of the inclusion levels that have been identified, and notes explaining why the group has come to these decisions and what differences there are regarding different types of disabilities.

3: DISCUSSION WITH THE CBR TEAM

The next step is to go through the data of the group discussion with the CBR team, considering all points mentioned in step 2.

The CBR team will add their perspective based on the following.

- Their field experience.
- The strengths and weaknesses of the CBR project.
- Developments by government and non-governmental actors in the area that might help in moving towards a more inclusive society.

4. ANALYSIS OF THE DATA GENERATED

The analysis of the data should be conducted by the CBR team. They should compare the outcomes of their own discussions to the outcomes of the discussions amongst the group and discuss the differences. After this discussion final inclusion cards are filled. This final outcome represents mainly the voices from the field and should not be overtaken by the opinion of the CBR team. The notes that were taken on the argumentation and reasoning behind particular levels chosen are essential to the analysis. Other data should be added, e.g. the number of inclusive schools

or accessible shops. This can help support the argumentation, although the inclusion cards are meant to capture the perspective and opinions of persons with disabilities about the level of inclusion they experience.

We strongly recommend keeping your data for comparison over time (e.g. a three- or five-year period). Then a table/diagram could be made that shows how inclusion has developed in the community over the years.

5. PLANNING FOR FUTURE ACTIVITIES

The team will adapt their activities/plans so as to continue generating progress towards more inclusive communities. During the planning, they may want to use the CBR guidelines and 'Disabled Village Children' by David Werner, or other available resource materials, for ideas about activities that can promote further inclusion.

The planning tool (attachment 2) should not be seen as a separate project/activity on top of regular CBR activities, but as an intrinsic part of the CBR work. Also, there is no need for your CBR programme to have activities for every theme on

the inclusion cards, just the ones most relevant to your situation. Priority for activities should be based on human, financial and time resources you have.

When describing activities it is important to avoid such general terms as "awareness raising", "advocacy" and "networking". Be very specific about the type of activity that is involved, its purpose and target group. For example: "Plan a meeting with microcredit service provider [NAME] and discuss opportunities and ways to include persons with disabilities in their services."

6. ACKNOWLEDGEMENTS

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in North East India, Bethany Society; and in Europe, the developers and writers of the tool at Enablement: Huib Cornielje, Marije Cornielje, and Evert Veldman, and at LIGHT FOR THE WORLD: Johannes Trimmel, Marieke Boersma and Jess Blijkers.

IMPROVING THE ROADS TO INCLUSION TOOL

To make this tool better we would like to hear from you about your experience in using it. Would you be so kind as to send us the results

you gained from using the tool and answer the following questions? Please send your comments to roadstoinclude@light-for-the-world.org

1. Do you feel the inclusion tool is useful for you as a CBR team? Please explain why or why not.

2. How much time did it take you and your team to understand and use the tool?

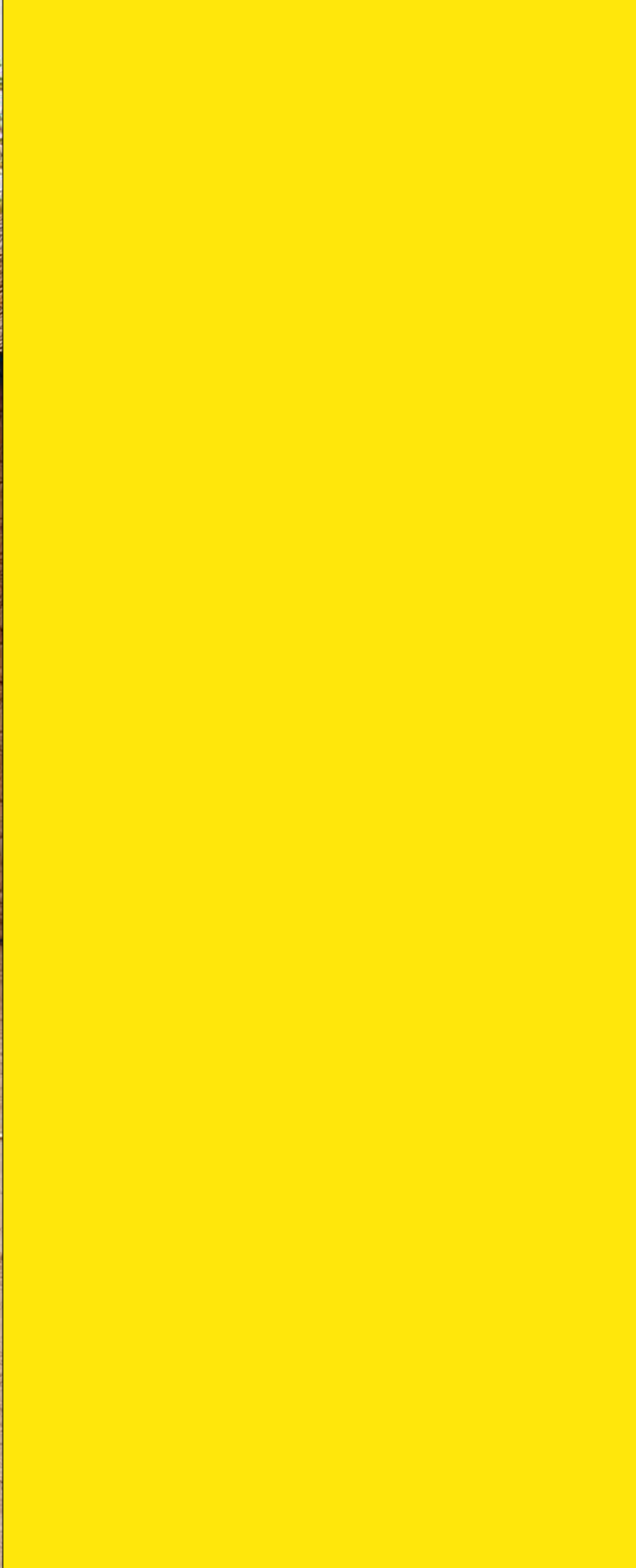
3. Were the Inclusion cards useful to gaining a better understanding of inclusion? Please explain why or why not.

4. How did you experience carrying out planning with your team based on the Inclusion cards and additional information?

5. Do you think it is feasible/doable in your project to use the tool for monitoring on an annual basis? Please explain why or why not.

6. Do you have any other comments about the tool you would like to share with us?

THANK YOU VERY MUCH FOR YOUR ANSWERS AND YOUR TIME.



PUBLISHING INFORMATION

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HEALTH

HEALTH INFORMATION (e.g. information about family planning or nutrition)

A : ABSENT

Health information is generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions (such as sign language or information in Braille) in accessing health information.

C : INVOLVED

People with disabilities face positive attitudes and special provisions in their access to health information, but they are less informed about health issues than people without disabilities.

D : INCLUDED

People with disabilities have the same knowledge about health issues as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the means of communication for health information.

HEALTH

PREVENTION (e.g. vaccination or hygiene campaigns)

A : ABSENT

Preventative health services are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions in access to preventative health services.

C : INVOLVED

People with disabilities face positive attitudes and special provisions are available as a part of access to preventative health services, but are more likely to contract diseases than people without disabilities/or are more likely to have poor health compared to persons without disabilities (including multiple disabilities).

D : INCLUDED

People with disabilities access the same quality of preventative health services as their non-disabled peers, and special attention is directed to preventing further disabilities.

>> **INFLUENCING** : People with disabilities influence preventative health services.

HEALTH

CARE/TREATMENT (e.g. dental care, consultations or specialised operations)

A : ABSENT

Health services are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions in their access to health services.

C : INVOLVED

People with disabilities face positive attitudes and special provisions in their access to general health services, but the health care they receive is of less quality compared to persons without disabilities.

D : INCLUDED

People with disabilities access the same quality of health services as their non-disabled peers, and their specific health needs are being addressed.

>> **INFLUENCING** : People with disabilities influence curative healthcare services.

HEALTH HEALTH INSURANCE

A : ABSENT

Health insurances are generally not available to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions in their access to health insurance.

C : INVOLVED

Health insurance conditions are the same for people with and without disabilities but at an extra cost for people with disabilities.

D : INCLUDED

Health insurances provide equal services and special provisions for people with disabilities at no additional costs.

>> **INFLUENCING** : People with disabilities influence the conditions of health insurances.

EDUCATION PRIMARY EDUCATION

A : ABSENT

Primary education is generally not accessible for children with disabilities.

B : PRESENT

Children with disabilities generally face negative attitudes and/or lack of special provisions when accessing primary education.

C : INVOLVED

Children with disabilities face a welcoming attitude and special provisions in their access to primary education, but the quality of the education is poorer than for children without disabilities.

D : INCLUDED

After completion of primary education children with disabilities have the same qualifications as their non-disabled peers and can make the transition to secondary education.

>> **INFLUENCING** : People with disabilities and/or their families influence the content of primary education.

EDUCATION SECONDARY EDUCATION

A : ABSENT

Secondary education is generally not accessible to children with disabilities.

B : PRESENT

Children with disabilities generally face negative attitudes and/or lack of special provisions when accessing secondary education.

C : INVOLVED

Children with disabilities face a welcoming attitude and special provisions in their access to secondary education, but the quality of the education is poorer than for children without disabilities.

D : INCLUDED

After completion of secondary education children with disabilities have the same qualifications as their non-disabled peers and can make the transition to further education.

>> **INFLUENCING** : People with disabilities and/or their families influence the content of secondary education.

EDUCATION HIGHER EDUCATION

A : ABSENT

Higher education is generally not accessible to young people with disabilities.

B : PRESENT

Students with disabilities generally face negative attitudes and/or lack of special provisions when accessing higher education.

C : INVOLVED

Students with disabilities face a welcoming attitude and special provisions in their access to higher education, but the quality of the education is poorer than for students without disabilities.

D : INCLUDED

After completion of the higher education of their choice, people with disabilities have the same qualifications as their non-disabled peers.

>> **INFLUENCING** : Students with disabilities influence the content of higher education.

EDUCATION

NON-FORMAL EDUCATION (e.g. literacy, numeracy, financial management, etc.)

A : ABSENT

Non-formal education is generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions when accessing non-formal education.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions in their access to non-formal education, but the quality of the education is poorer than for people without disabilities.

D : INCLUDED

After completion of non-formal education people with disabilities have the same competences as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the offer and content of non-formal education.

EDUCATION COMPUTER ROOMS/INTERNET CAFÉS

A : ABSENT

Computer rooms are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions when trying to make use of computer rooms/internet cafés.

C : INVOLVED

People with disabilities face a welcoming attitude when making use of computer rooms/internet cafés, and there are special provisions (e.g. special software, ramp). However their utilisation of computers remains restricted.

D : INCLUDED

People with disabilities make equal use of computer rooms as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the availability of appropriate computer services.

LIVELIHOOD FORMAL EMPLOYMENT

A : ABSENT

People with disabilities are generally not employed.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions resulting in fewer employment opportunities.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in their access to formal employment, but the conditions of employment (e.g. salary) are not equal.

D : INCLUDED

People with disabilities are formally employed under the same conditions of employment as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence conditions of formal employment.

LIVELIHOOD AGRICULTURE/BREEDING

A : ABSENT

People with disabilities generally do not work in agriculture/breeding.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions resulting in fewer chances to work in agriculture/breeding than their non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in their access to work in agriculture / breeding, but their activities remain restricted compared to their non- disabled peers.

D : INCLUDED

People with disabilities have the same opportunities to be active in the field of agriculture/breeding as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence conditions of agricultural work.

LIVELIHOOD (INFORMAL OR FORMAL) BUSINESSES

A : ABSENT

People with disabilities generally do not run businesses.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions, resulting in fewer business opportunities.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available to run businesses (e.g. subsidies). However their access to the market remains restricted.

D : INCLUDED

People with disabilities have equal business opportunities to their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence (informal or formal) business conditions.

LIVELIHOOD VOCATIONAL TRAINING

A : ABSENT

Vocational training is generally not available for people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions when accessing vocational training.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions in accessing vocational training, but the quality of their education remains limited and they have choice limitations.

D : INCLUDED

After vocational training based on their choice, people with disabilities have the same qualifications and skills as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the offer and conditions of vocational training.

LIVELIHOOD MARKET/STORES

A : ABSENT

Markets/stores are generally not available to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions, resulting in difficulties to access markets/shops.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in their access to markets and stores.

D : INCLUDED

People with disabilities have equal access to markets/shops as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the construction and design of markets/shops.

LIVELIHOOD BANK SERVICES (e.g. opening a bank account, withdrawing money from the bank)

A : ABSENT

Bank services are generally not available to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions when accessing bank services.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions when accessing bank services however the quality of the services received remains limited.

D : INCLUDED

People with disabilities have equal access to bank services as their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the offer and conditions of accessing bank services.

LIVELIHOOD (MICRO)CREDIT

A : ABSENT

Microcredit is generally not available to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions and have more difficulties in accessing microcredit than their non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in their access to microcredit services but their utilisation of the services remains limited compared to their non-disabled peers.

D : INCLUDED

People with disabilities have credit services equal to their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the conditions of microcredit services.

LIVELIHOOD

SOCIAL PROTECTION SCHEMES (e.g. social security, insurance, etc.)

A : ABSENT

Social protection schemes are generally not available for people with disabilities.

B : PRESENT

People with disabilities are entitled to social protection schemes, but generally face negative attitudes and/or lack of special provisions resulting in fewer opportunities to access them than their non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available for them to access benefit from mainstream social protection schemes, but their access remains limited compared to their non-disabled peers.

D : INCLUDED

People with disabilities access the mainstream and/or disability specific social protection schemes to which they are entitled. And social protection schemes are in place that equalise opportunities for persons with disabilities.

>> **INFLUENCING** : People with disabilities influence conditions of social protection.

LIVELIHOOD

SUPPORT GIVEN BY MAINSTREAM DEVELOPMENT PROGRAMMES

A : ABSENT

Mainstream development programmes generally do not support people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions resulting in difficulties in accessing mainstreaming development programmes.

C : INVOLVED

People with disabilities are considered beneficiaries of mainstream development programmes, welcome attitudes are there and special provisions are in the programmes, but they still benefit less than their peers.

D : INCLUDED

People with disabilities benefit equally from mainstream development programmes to their non-disabled peers.

>> **INFLUENCING** : People with disabilities are involved in the planning, monitoring and evaluation of mainstream development programmes.

SOCIAL HOUSEHOLD

A : ABSENT

People with disabilities generally do not participate in household activities.

B : PRESENT

People with disabilities generally experience negative attitudes and/or no provisions are made for them to participate in some household activities, resulting in limited participation.

C : INVOLVED

People with disabilities experience positive attitudes and provisions are made for them to engage in household activities, but their involvement is not equal.

D : INCLUDED

People with disabilities are seen as an equal member of the family and give their contribution to the running and management of the household.

>> **INFLUENCING** : People with disabilities influence decisions made within the family.

SOCIAL MARRIAGE

A : ABSENT

People with disabilities generally do not get married.

B : PRESENT

People with disabilities have more difficulties in getting married than their non-disabled peers.

C : INVOLVED

People with disabilities marry but are treated differently than their non-disabled peers (e.g. no choice in selecting a partner or marrying only non-disabled or only a disabled partner).

D : INCLUDED

People with disabilities have opportunities to marry the person of their choice, in equal measure as their peers.

>> **INFLUENCING** : People with disabilities influence community perceptions on marriage.

SOCIAL FRIENDSHIP

A : ABSENT

People with disabilities generally do not have friends.

B : PRESENT

People with disabilities have more difficulties in making friends than their non-disabled peers.

C : INVOLVED

People with disabilities have friends but are treated differently from non-disabled peers.

D : INCLUDED

People with disabilities have equal opportunities to make friends with the people of their choice.

>> **INFLUENCING** : People with disabilities influence community perceptions on social life.

SOCIAL SPORT

A : ABSENT

People with disabilities generally do not engage in sports.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions, resulting in fewer opportunities to access sport than their non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in their access to sport, but they have limited choice.

D : INCLUDED

People with disabilities have opportunities to participate in the sports of their choice, equal to their peers.

>> INFLUENCING : People with disabilities influence the availability and conditions of sporting activities in the community.

SOCIAL

LEISURE ACTIVITIES (e.g. television, theatre, dance performance, etc.)

A : ABSENT

Leisure activities are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions, resulting in fewer opportunities to access leisure activities than their non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available when they participate in leisure activities, but they have limited choice.

D : INCLUDED

People with disabilities have equal opportunities to undertake the leisure activities of their choice.

>> INFLUENCING : People with disabilities influence the availability and conditions of leisure activities in the community.

SOCIAL RELIGIOUS ACTIVITIES

A : ABSENT

Religious activities are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions when participating in religious activities.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions in their access to some, but not all, religious activities.

D : INCLUDED

People with disabilities participate equally in religious activities of their choice.

>> INFLUENCING : People with disabilities influence religious activities.

EMPOWERMENT PUBLIC TRANSPORT

A : ABSENT

Public transport is generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions, resulting in more difficulties in accessing public transport than non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are made for them in public transport, but their access still has limitations.

D : INCLUDED

People with disabilities have equal access to public transport to their non-disabled peers.

>> **INFLUENCING** : People with disabilities influence the arrangements regarding public transport.

EMPOWERMENT POLICE SERVICES

A : ABSENT

Police services are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions resulting in more difficulties in accessing police services than non-disabled peers.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in their access to police services, but their access still has limitations.

D : INCLUDED

The police offer equal services to people with and without disabilities.

>> **INFLUENCING** : People with disabilities influence police services.

EMPOWERMENT VOTING

A : ABSENT

People with disabilities are not allowed to vote.

B : PRESENT

People with disabilities are formally allowed to vote but generally face negative attitudes and/or lack of special provisions to do so.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available in voting procedures and poles, but their access still has limitations.

D : INCLUDED

People with and without disabilities can vote equally.

>> **INFLUENCING** : People with disabilities influence the conditions of voting.

EMPOWERMENT SELF HELP GROUPS

A : ABSENT

Self-help groups are generally not accessible to people with disabilities.

B : PRESENT

People with disabilities generally face negative attitudes and/or lack of special provisions, resulting in difficulties in accessing self-help groups.

C : INVOLVED

People with disabilities face a welcoming attitude and special provisions are available to participate in self-help groups, but their access still has limitations.

D : INCLUDED

People with disabilities participate in self-help groups.

>> **INFLUENCING** : People with disabilities influence the offer and conditions of self-help groups.

A : ABSENT

B : PRESENT

C : INVOLVED

D : INCLUDED

>> **INFLUENCING** :

A : ABSENT

B : PRESENT

C : INVOLVED

D : INCLUDED

>> **INFLUENCING** :

A : ABSENT	B : PRESENT	C : INVOLVED	D : INCLUDED
>> INFLUENCING :			

A : ABSENT	B : PRESENT	C : INVOLVED	D : INCLUDED
>> INFLUENCING :			

A : ABSENT	B : PRESENT	C : INVOLVED	D : INCLUDED
>> INFLUENCING :			

FIELD	Current level (A,B,C,D, Influencing)	Activities to bring about more inclusion in the community	Specific attention needed For ... type of disability, gender differences and/or topic
HEALTH			
Health information			
Prevention			
Care/Treatment			
Health insurance			
EDUCATION			
Primary education			
Secondary education			
Higher education			
Non-formal education			
Computer rooms			
LIVELIHOOD			
Formal employment			
Agriculture/Breeding			
(Informal or formal) Businesses			
Vocational training			
Markets/Stores			
Bank services			

FIELD	Current level (A,B,C,D, Influencing)	Activities to bring about more inclusion in the community	Specific attention needed For ... type of disability, gender differences and/or topic
Micro-credit			
Social protection schemes			
Support given by mainstream (I)NGOs			

SOCIAL			
Household			
Marriage			
Friendship			
Sports			
Leisure			
Religious activities			

EMPOWERMENT			
Public transport			
Police station			
Voting			
Self Help Groups			