



Community  
Based Inclusive  
Development  
Report 2023



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**Title page:** CBM Programme Officer Sika visits Abou, who has a physical impairment, and his wife Lare at home in Nassiete, Savanes Region, Togo. © CBM/Happuc

# 1. Foreword

**Community Based Inclusive Development (CBID) is a way of working that ensures people with disabilities are respected and included in their communities on an equal basis, in all areas of life. CBID is therefore essential to driving disability-inclusive development in today's world, and it is at the core of CBM's work.**

Our global CBID portfolio encompasses 166 projects, delivered with 135 partners in 30 countries (**chapter 3**). In **chapter 2** you can find out what constitutes the CBID approach and how we have contributed to its evolution with our partners, while in **chapter 4** we shine a spotlight on projects in four countries to give an impression of how CBID contributes to transforming local communities.

As the world seeks to learn from the recent pandemic, conversations are developing about the support persons with disabilities need to actively participate and live independently in their communities. Consequently, the CBID approach is central to CBM's new **Strategy 2030**, which focuses on community support services and systems for persons with disabilities. You can read more on the strategy and community support in **chapter 9**.

CBID is a key approach to achieve the UN Convention on the Rights of Persons with Disabilities (CRPD) and remains crucial to the

implementation of the Sustainable Development Goals. Participation is a key principle to localise these global frameworks, but what does this look like in practice? In **chapter 5** you can read about our new digital tool, the Inclusive Participation Toolbox, while in **chapter 6** you can find out how we have worked with co-trainers with disabilities to develop training modules in inclusive facilitation.

Rigorous research is an essential part of CBID, bringing together theory and practice. A major new study from CBM examines to what extent the CRPD is being implemented in local communities and provides concrete recommendations to improve this (**chapter 7**). At a time when dealing with multiple, overlapping crises has become the 'new normal', it is more important than ever to ensure communities are resilient. Our new guidelines provide practical tips on how to integrate disability inclusive disaster risk reduction into community programmes (**chapter 8**).

Despite all the current challenges, there is a window of opportunity to drive the development of more inclusive communities. Engaging with communities in turbulent times can be very rewarding. Again and again, I feel deeply impressed and energised when I witness how collective engagement and community mobilisation brings out the best in people all over the world.

On that note, I wish you an inspiring and motivating read of CBM's 2023 CBID Report.



**Dominique Schlupkothen**  
Director Community Based Inclusive Development



## 2. Why Community Based Inclusive Development?

### What is Community Based Inclusive Development?

Community Based Inclusive Development (CBID) is a way of working that ensures people with disabilities are respected and included in their communities on an equal basis in all areas of life.

CBID takes different forms, but always aims to build inclusive communities from the ground up. CBID programmes are delivered by people in the community, with people with disabilities in the lead.

CBM's CBID work pays particular attention to the following technical areas: disability inclusive disaster risk reduction, ear and hearing care, inclusive education, livelihoods and physical rehabilitation.

### How is it implemented?

The backbone of CBID is community mobilisation. Action is initiated by the community itself, or by facilitators such as non-governmental organisations, organisations of persons with disabilities (OPDs), local or national governments.

CBID projects are then planned, delivered, and evaluated by individuals, groups, and organisations within the community.

1960

1980

1990

2004

#### 1960s-1980s

Community Based Rehabilitation (CBR) develops as an approach. CBR moves away from a predominantly urban-based, high-tech and costly approach towards simple rehabilitation which persons with disabilities, family members and health personnel can perform.

#### 1980s

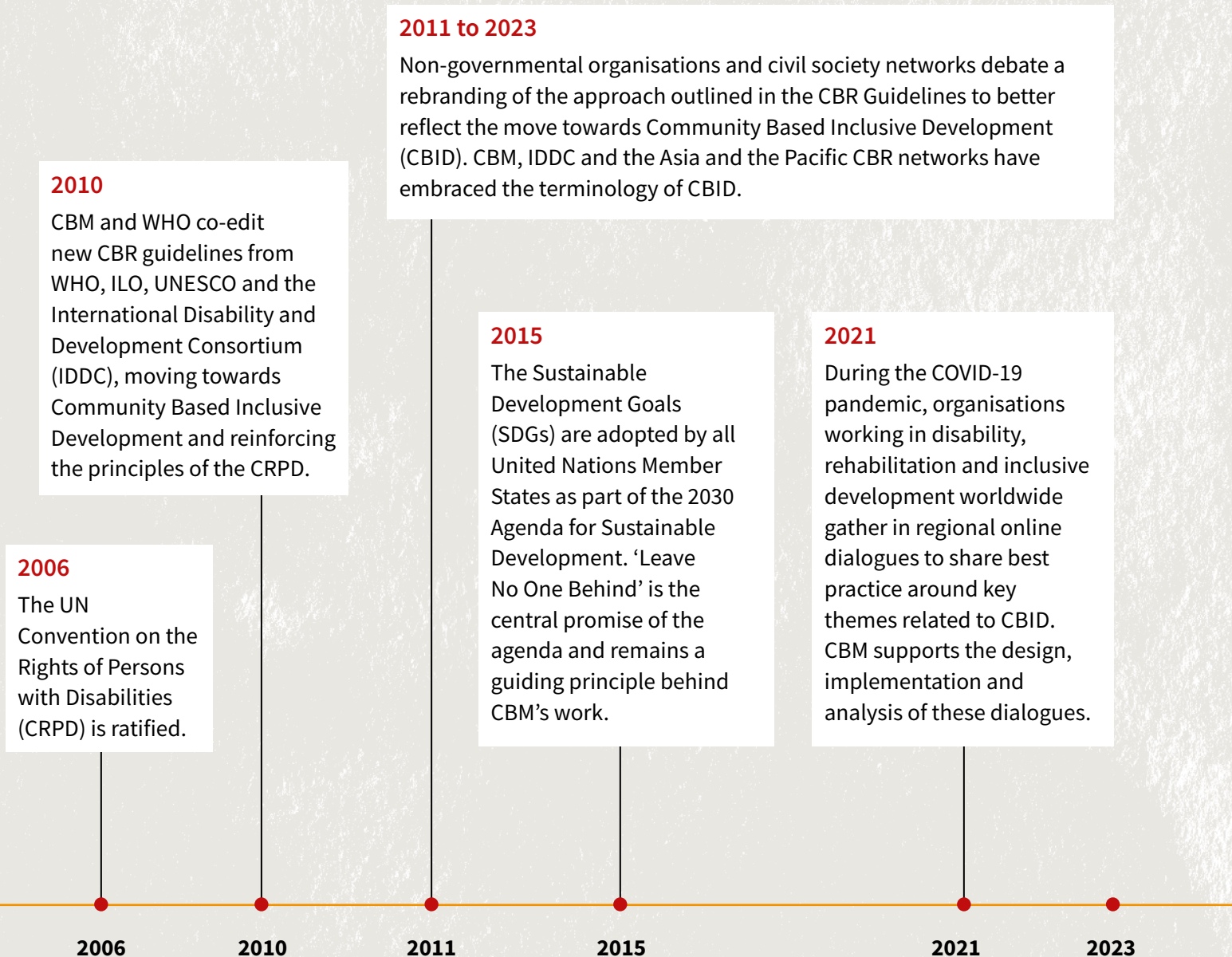
CBM begins working in CBR, focusing on health, education and livelihoods, and quickly expanding this approach around the world.

#### 1990s onwards

CBM provides essential technical support and thought leadership to the World Health Organization (WHO), producing CBR Guidelines, CBR Indicators and an online course.

#### 2004

A CBR position paper is published by WHO, the International Labour Organization (ILO) and UNESCO, following an international consultation with the disability movement and CBR implementers.



**CBID programming often includes:**

- 1. Community mapping:** understanding the context and the issues that have shaped the community, including local stakeholders, resources, services, infrastructure, terrain, hazards and barriers to inclusion.
- 2. Capacity building** on a broad range of topics, such as rights, accessibility of services or how to form local peer support groups.

- 3. Awareness raising and advocacy** to bring about change and reduce stigma and discrimination.
- 4. Networking** to understand and participate in local networks and collaborate with other development actors.
- 5. Sharing, learning and accountability:** bottom-up, community-led monitoring, evaluation and research, providing data and evidence to influence both local and national policies and frameworks.

## 3. CBID projects across the world

### The Americas

| Country       | No. projects | No. partners | Multi-year budget (EUR) |
|---------------|--------------|--------------|-------------------------|
| 1 Guatemala   | 3            | 3            | 1,428,000               |
| 2 Haiti       | 4            | 3            | 1,254,000               |
| 3 Honduras    | 5            | 4            | 2,513,000               |
| 4 Nicaragua   | 2            | 2            | 608,000                 |
| Multi-country | 2            | 2            | 730,000                 |
| <b>Total</b>  | <b>16</b>    | <b>14</b>    | <b>6,533,000</b>        |

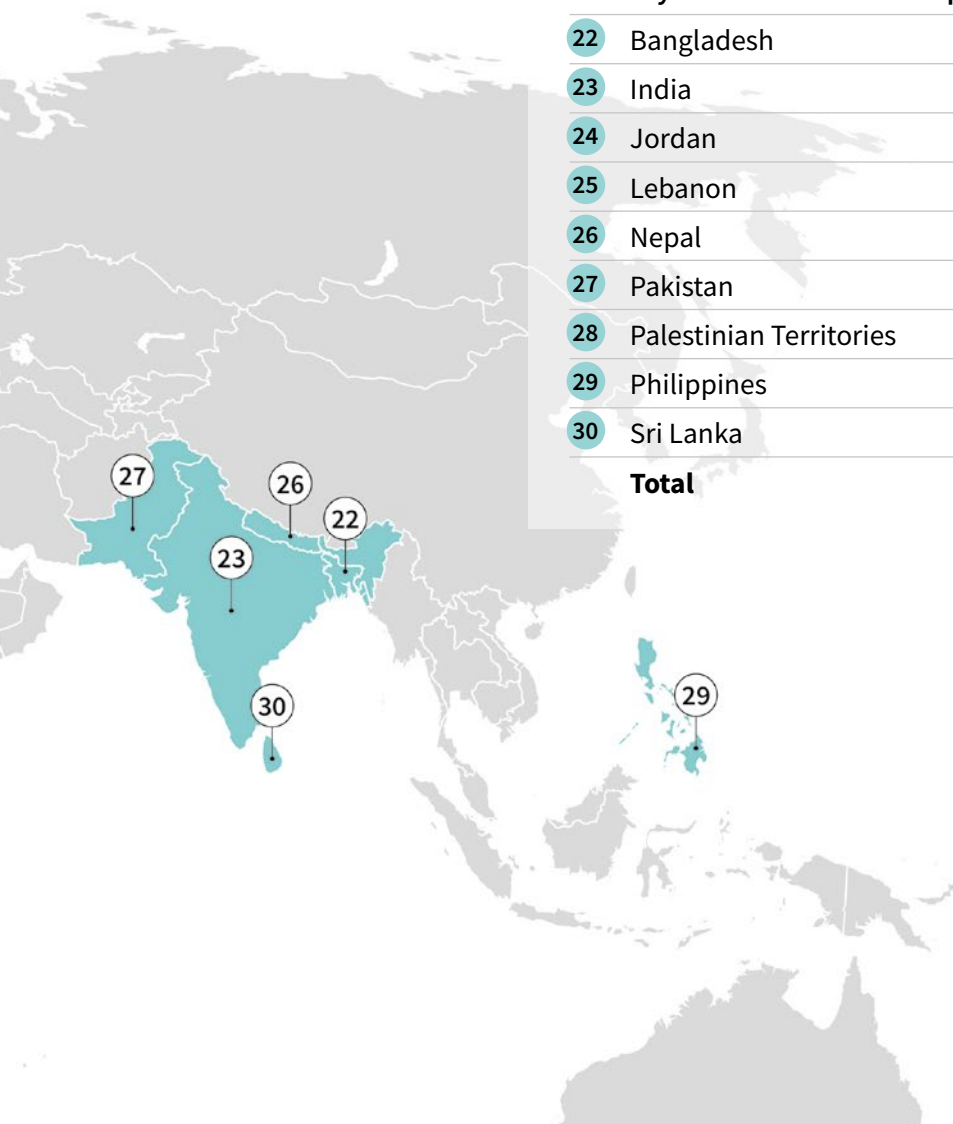
### Central and West Africa

| Country         | No. projects | No. partners | Multi-year budget (EUR) |
|-----------------|--------------|--------------|-------------------------|
| 5 Benin         | 1            | 1            | 142,000                 |
| 6 Cameroon      | 3            | 3            | 4,949,000               |
| 7 Côte d'Ivoire | 3            | 3            | 2,004,000               |
| 8 DRC           | 3            | 3            | 763,000                 |
| 9 Niger         | 10           | 8            | 3,319,000               |
| 10 Nigeria      | 10           | 9            | 3,901,000               |
| 11 Sierra Leone | 1            | 1            | 500,000                 |
| 12 Togo         | 5            | 4            | 2,853,000               |
| <b>Total</b>    | <b>36</b>    | <b>32</b>    | <b>18,431,000</b>       |



## Asia and the Eastern Mediterranean

| Country                    | No. projects | No. partners | Multi-year budget (EUR) |
|----------------------------|--------------|--------------|-------------------------|
| 22 Bangladesh              | 1            | 1            | 159,000                 |
| 23 India                   | 25           | 19           | 6,802,000               |
| 24 Jordan                  | 3            | 3            | 1,799,000               |
| 25 Lebanon                 | 1            | 1            | 275,000                 |
| 26 Nepal                   | 6            | 5            | 1,737,000               |
| 27 Pakistan                | 6            | 6            | 2,844,000               |
| 28 Palestinian Territories | 4            | 3            | 1,911,000               |
| 29 Philippines             | 1            | 1            | 51,000                  |
| 30 Sri Lanka               | 7            | 6            | 2,483,000               |
| <b>Total</b>               | <b>54</b>    | <b>45</b>    | <b>18,061,000</b>       |



## Worldwide projects

| No. projects | No. partners | Multi-year budget (EUR) |
|--------------|--------------|-------------------------|
| <b>3</b>     | <b>3</b>     | <b>739,000</b>          |

## East and Southern Africa

| Country        | No. projects | No. partners | Multi-year budget (EUR) |
|----------------|--------------|--------------|-------------------------|
| 13 Ethiopia    | 16           | 10           | 8,228,000               |
| 14 Kenya       | 10           | 8            | 4,338,000               |
| 15 Malawi      | 4            | 4            | 4,899,000               |
| 16 Rwanda      | 4            | 2            | 2,960,000               |
| 17 South Sudan | 2            | 1            | 2,078,000               |
| 18 Tanzania    | 2            | 2            | 608,000                 |
| 19 Uganda      | 9            | 6            | 5,814,000               |
| 20 Zambia      | 5            | 5            | 1,985,000               |
| 21 Zimbabwe    | 5            | 3            | 4,924,000               |
| <b>Total</b>   | <b>57</b>    | <b>41</b>    | <b>35,834,000</b>       |

### Total

|                                |                   |
|--------------------------------|-------------------|
| <b>No. countries</b>           | <b>30</b>         |
| <b>No. partners</b>            | <b>135</b>        |
| <b>No. projects</b>            | <b>166</b>        |
| <b>Multi-year budget (EUR)</b> | <b>79,598,000</b> |

## 4. Country snapshots

CBID is CBM's approach to realise the UN Convention on the Rights of Persons with Disabilities and ensure that persons with disabilities can enjoy their human rights and achieve their full potential. Find out how this is brought about in four countries in different regions: Asia, the Americas, West and Central Africa as well as East and Southern Africa.



↑ Women who took part in the project in Muzaffargarh District, Pakistan, showing their disability certificates and identity cards.

### Pakistan



In two districts of the Punjab province in Pakistan, CBM and the UN Trust Fund are supporting Bedari, a national women's and children's rights organisation,

**to strengthen support mechanisms to end discrimination and gender-based violence against women and girls with disabilities, and to support women and girls to take leadership roles and speak up for their rights.**

One of the priorities of the project is lobbying local and national governments to improve the accessibility of Computerised National Identity Card (CNIC) registration for persons with disabilities. This is vital to ensure that persons with disabilities receive government-sanctioned support, and that women and girls with disabilities can access critical support and services. Working with organisations of persons with disabilities (OPDs) is a crucial part of this, because they can easily identify women and girls in local communities who would benefit from the CNIC card.



↑ A meeting with a self-help group, Muzaffargarh District, Pakistan.

Advocacy as part of the project has resulted in the submission of a resolution in the Punjab Assembly to make all buildings in the province, especially Violence Against Women Centres, accessible for persons with disabilities.

"I met the project staff and started attending their sessions in my village. This made me aware that I can have a special 'Disabled Person Card' [CNIC registration stipulating her disability] for myself, which can ensure a constant financial support to me and my family. Bedari representatives also supported me for registration [...]. Now I am quite comfortable in my life and help other people in getting a 'Disabled Person Card' with the active support of the project team," says Shahnaz, a project participant.





## Guatemala



**According to the 2018 census data, 1.6 million people in Guatemala – 10% of the population – have a disability. Of this number, at least 70% are of voting age. However,**

**persons with disabilities are often excluded from the voting process and from many other spheres of society due to physical, social, communication and information barriers.**

A CBM-supported project has recently achieved a political milestone as part of its work to build disability inclusive processes into the Guatemalan electoral system.

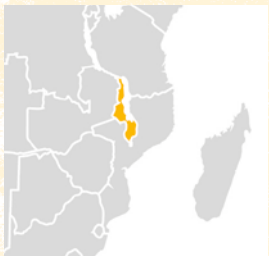
Ahead of the Guatemalan elections in June 2023, a consortium of several OPDs (Asociación Nacional de Ciegos de Guatemala ANCG,

Asociación de Sordos de Guatemala ASORGUA and Asociación Guatemalteca de Personas con Discapacidad Manuel Tot AGPD) signed a letter of understanding with the Electoral Tribunal to develop a guide and training for election officials.

The aims are to strengthen accessibility measures in polling stations, to implement tools that guarantee privacy, to make it easier for persons with disabilities to reach the polling stations and to organise training for staff and volunteers involved in the election process.

The project received the CBID Innovation Fund in 2022, which celebrates the ingenuity of the people we work with, and the power of community, by supporting creative projects run by CBM’s partners that have a practical impact on the lives of persons with disabilities.

## Malawi



**In Malawi, negative attitudes and prejudice result in severe discrimination and human rights violations against persons with albinism, restricting their**

**participation in society, leading to a shorter life expectancy and lower education rates.**

CBM is working with a local partner, the Malawi Human Rights and Resource Centre (MHRRC), on a project to protect, promote and defend the fundamental rights of persons with albinism. The project, funded by the European Union under the European Instrument for Democracy and Human Rights, aims to raise awareness of human rights violations and attacks against persons with albinism. The project aims to strengthen government systems such as policy and legal frameworks, while equipping persons with albinism with skills and knowledge to understand their rights and hold duty bearers to account.

This includes sensitising relevant government officials, health workers, family members, the police and traditional leaders on the challenges faced by and the rights of persons with albinism; capacity building for police, journalists, teachers, religious and local leaders; research and data collection; and advocacy targeting government at national, district and community levels.

Persons with albinism are leading the lobbying and advocacy meetings and have been involved throughout the project design, implementation and monitoring via the Malawi Human Rights and Resource Centre. In five out of the six districts, persons with albinism are now included in Area Development Committees – local decision-making bodies on social-economic development.

“[This project] has helped us to understand how albinism is developed in a person. This has dealt away with beliefs we used to have that a person with albinism is cursed by God,” says Senior Chief Sultan Chowe, speaking during a community meeting.



## Niger



**In the Dosso Region in Niger, many children with physical impairments and their families lack access to surgical interventions and rehabilitation**

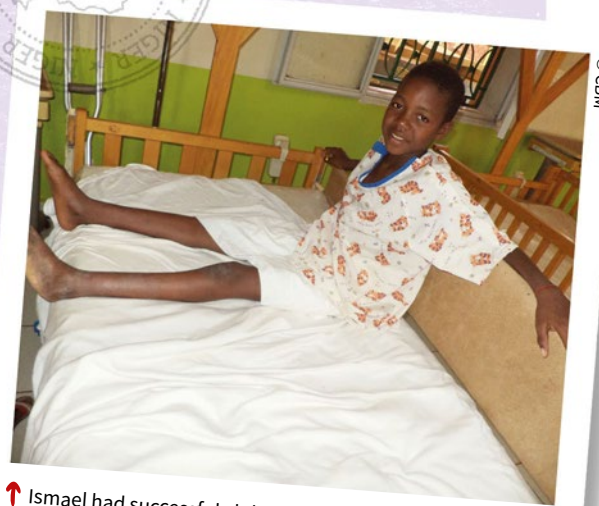
**services. This has an impact on their quality of life including their ability to attend school, to take part in their community, and enjoy their leisure time.**

A CBM-supported project delivered by two local partners, CURE Children's Hospital in Niamey and the Niger Federation of Persons with Disabilities (FNPH), addresses this through an integrated approach. This includes surgery and rehabilitation for children aged 0-18, vocational training for children with disabilities and their families, and sensitisation of community leaders and religious leaders on the rights of persons with disabilities.

As part of the project, children with disabilities have received tricycles to make it easier for them to attend school and participate in their communities. Young people with disabilities participated in training in trades such as sewing,

motorcycle mechanics, plumbing, chair weaving and knitting, and benefitted from financial support to set up their businesses, while families of children with disabilities have received small livestock kits and other support to diversify their income and build their financial independence.

To raise awareness and build demand in communities that previously used mainly traditional healers, health workers have been trained to identify physical impairments and understand the rehabilitation options available. Ten local sections of the FNPH have been set up to broaden their coverage and build their capacity to advocate for the rights of persons with disabilities locally.



↑ Ismael had successful clubfoot surgeries at CURE Children's Hospital in Niamey, Niger.

**To raise awareness and build demand in communities that previously used mainly traditional healers, health workers have been trained to identify physical impairments and understand the rehabilitation options available.**



## 5. Our new Inclusive Participation Toolbox

Participation is a human right. Consequently, it is one of the key principles of the UN Convention on the Rights of Persons with Disabilities, which obliges governments to actively involve persons with disabilities and their representative organisations in all decisions related to its implementation.

However, far too often only symbolic participation takes place, where persons with disabilities and other marginalised groups are presented with ready-made solutions and have little opportunity to bring in their perspective and to be considered from the beginning.

CBM's new Inclusive Participation Toolbox is a digital tool designed to make it easier for governments and professionals working in international cooperation to achieve meaningful participation of persons with disabilities, and organisations of persons with disabilities (OPDs), in programming and decision making.

The toolbox was developed in collaboration with an advisory board made up of 18 members from Asia, Africa, Europe and Latin America including experts from eight OPDs.

**“Participation of persons with disabilities and their representative organisations in decision-making processes is fundamental for their full inclusion in society as agents of development rather than passive recipients”.**

**Rima Canawati, Palestinian Disability Coalition and member of the Inclusive Participation Toolbox Advisory Board.**



### What the Toolbox offers

The Toolbox shows how to involve persons with disabilities and their organisations in development and humanitarian activities as equal partners. It provides guidance on why the participation of persons with disabilities and their organisations is important, how to achieve it in practice, and how to find and work with OPDs.

#### This includes:

- **A guide** on how to apply participatory approaches and ensure persons with disabilities are included throughout your project management cycle
- **A search function** to find OPDs in your region
- **Checklists** to help you plan accessible meetings and events, both face-to-face and online
- **A guide** on inclusive language and interaction
- **Ready-to-use presentations** about the importance of participation of persons with disabilities and their organisations
- **A glossary of key terms** related to disability-inclusive international cooperation
- **Case studies** and examples of good practice
- **An online community** for experience sharing and learning, including receiving information about toolbox updates

### Get involved

We invite you to explore the Toolbox and share it with others. There are resources for everyone, whether you're planning a meeting or event, developing a project or looking up a key term related to the participation of persons with disabilities.

**[Participation.cbm.org](https://participation.cbm.org)**

## 6. Making facilitation inclusive

CBM's CBID training programme has been running since May 2021 and is designed to give staff and partners around the world the knowledge and skills they need to contribute to realising the Convention on the Rights of Persons with Disabilities at community level.

To ensure that the training takes a participatory approach and is accessible for persons with a diverse range of disabilities, we equip all our CBID trainers with inclusive facilitation skills, through specially designed inclusive facilitation modules.

Overall, persons with disabilities have fewer opportunities to build their capacities in lifelong learning. One of the training programme's important aspects is therefore to be inclusive for all. CBM's Accessibility Policy commits to inclusive events and capacity development, so we work with a pool of co-trainers and the inclusive facilitation modules are part of this process.

### Working with co-trainers with disabilities

We developed the inclusive facilitation modules together with three co-trainers with disabilities and initiated a consultation process with persons with disabilities all over the world. In focus group discussions and interviews we asked persons with disabilities with a diverse range of impairments about their experiences of taking part in training.

Based on these contributions, we developed inclusive facilitation modules and a comprehensive guide to accessibility and support requirements for training. For example, in their responses, persons with intellectual disabilities focused on receiving clear messages from the organisers about travel and accommodation logistics, as they had experienced misunderstandings in the past. Persons who are deaf made clear how important it is to have sign language interpretation not only during the workshop hours, but also for socialising and dealing with hotel staff.

Inclusion International, the international network of persons with intellectual disabilities and their families, supported the focus group discussion with persons with intellectual disabilities while Sense International, an international NGO dedicated to supporting people with deafblindness and their families, assisted with the interviews with persons who are deafblind.

**“Inclusive facilitation is practical yet rights-based because it involves everyone in the process, the organisers, trainers and participants. By involving everyone we can learn and support one another, considering diverse backgrounds and specific accessibility and support requirements.”**

**Shiela May Aggarao, CBID Co-trainer and Secretary of OPD ‘the Nationwide Organization of Visually Impaired Empowered Ladies’**



↑ Shiela May (above) and Jun at a training session in Germany, 2023



### What's next?

A test run of the inclusive facilitation modules was conducted in May 2022. Over three days participants experienced the modules and had the chance to give ample feedback to the developers. The feedback was overwhelmingly positive, and the workshop content was found to be very relevant for CBM staff in general. As a result, CBM supported an inclusive facilitation training session for CBM staff in May 2023.

In September 2023 CBM will conduct the next inclusive facilitation training, improving the skills of CBID trainers. The experiences of participants will be used to further develop the content of the modules.

**“Life Haven Center for Independent Living practices a cross-disability approach. When developing the inclusive facilitation modules, we were able to transfer our knowledge and skills to ensure that this approach is embedded in our training activities with a diverse group of persons with disabilities.”**

**Jun Bernardino, CBID Co-trainer and Executive Director of OPD, ‘Life Haven Centre for Independent Living’.**



**“I heard about the rights of people with disabilities for the first time just two years ago... That's a long time not knowing something so crucial to our wellbeing.”**

Nayana, 30, from Angunakolapelessa in southern Sri Lanka, has spent more than half her life in a wheelchair after surgery to remove a spinal tumour. She took part in a project to improve the quality of life of persons with disabilities through improved access to inclusive health care, education and social services, supported by CBM and run by the Navajeevana Resource Centre for Inclusive Education, with financial support from the Federal Ministry for Economic Cooperation and Development of Germany (BMZ).

Workshops and activities organised as part of the project discussed disability rights, governmental policies and plans to protect the rights of persons with disabilities. Participants also received training on advocacy and networking skills.

Nayana has now become one of the most active members of the Disability Rights Advocacy Network of the Southern Province, which the project helped to set up.

“There are many people with disabilities in our society. They remain hidden. I used to be one of them,” states Nayana. “I moved out of the space I had confined myself in soon after I participated in a project whose main objective was promoting a more inclusive society. At last, people listened to us. We grew more confident.”

The network systematically addresses the obstacles that persons with disabilities face. This includes making the physical environment more accessible, but also challenging attitudes and assumptions about disability.

Nayana says: “Accessibility is about giving equal access to everyone. Without being able to access the facilities and services found in the community, persons with disabilities will never be fully included. There is no wellbeing without inclusion.”



↑ Nayana at home.

© CBM/ Shanti Jayawardena

## 7. From rhetoric to practice: localising the CRPD

The UN Convention on the Rights of Persons with Disabilities (CRPD), which came into force in May 2008, remains in place as the major disability rights instrument, grounded in the recognition that all persons with disabilities, with no exception, must enjoy the same human rights and fundamental freedoms as every other person.

However, the CRPD does not automatically bring about realisation of these rights for persons with disabilities, especially at a local level, and its ratification is only a start. Like any other international human rights convention, the CRPD needs to be entrenched in domestic policies and systems, by national governments and other authorities, to ensure a harmonised application of the treaty. Implementation needs to be actively monitored.

A major new study, led by CBM with support from BMZ, presents findings from studies in five countries (Jamaica, South Africa, Guatemala, Kenya and the Philippines) looking at the extent to which the CRPD is being implemented at local level, and the factors and processes impacting the process of localisation, with a view to understanding the gaps and opportunities within local contexts.

The findings highlight a scenario of fragmentation and multiple barriers, becoming more pronounced in local rural areas in the Global South. They demonstrate how localisation still faces numerous barriers traversing political and legal terrains

**The recommendations will also be used by CBM to implement programmes more effectively and to provide focused advocacy and advice.**



↑ Adjo, 15 and her father Assou, 71, hand in their savings book and contribution during a meeting of a Village Savings and Loan Association in Togo.

© CBM/Happuc

including representation concerns, a lack of awareness of the CRPD, insufficient data, and socio-economic and cultural obstacles, among others. These barriers are accentuated by intersectional dimensions, including indigeneity, age, gender, race and ethnicity.

The study concludes with recommendations for global stakeholders, national and local governments, organisations of persons with disabilities (OPDs) and mainstream civil society organisations, which are in line with the upcoming consultations on the state of the 2030 Sustainable Development Agenda. These will also be used by CBM to implement programmes more effectively and to provide focused advocacy and advice.

The recommendations emphasise the importance of understanding and practising localisation of the CRPD as an ongoing process. This process needs to ensure that programme implementation is aligned to local contexts, that reporting to the CRPD committee genuinely reflects local concerns, and it needs to support the generation of local data on disability. Ultimately, countries and local OPDs should develop a comprehensive strategic plan for localisation.



### Strategic international partnerships

CBM has longstanding relationships with many international organisations and networks, allowing us to contribute to international rights frameworks and technical guidelines and to influence the international disability inclusive development agenda.

We have a close collaboration with the **International Disability Alliance (IDA)** working together on several topics. For instance, we supported the pre-planning project for a second World Report on Disability.

CBM is a Non-State Actor in official relations with the **World Health Organization (WHO)**, working on matters of disability inclusion in health and especially in the areas of rehabilitation and ear and hearing care through the WHO-led World Rehabilitation Alliance and the World Hearing Forum. WHO guidelines and publications to which CBM has contributed include the *Global Report on Health Equity for Persons with Disabilities* (2022), the first ever *World Report on Hearing* (2021) and the *Primary Ear and Hearing Care Training Manual* (2023). We have also given input into the *WHO Priority Assistive Products List* and supported the roll out of the WHO Rehabilitation 2030 initiative.

CBM is a founding member of the **International Disability and Development Consortium (IDDC)**. We share our expertise and contribute to the network's activities through IDDC Board and Task Group memberships in the areas of health, livelihood, inclusive education, CBID and collective engagement with the United Nations.

CBM collaborates with **UNICEF** and **UNESCO** in the field of inclusive education, for example through contributing to the *Global Education Monitoring (GEM) Report on Education and Equity*.

As part of our work on livelihoods, we are an associate member of the **ILO Global Business & Disability Network** working in inclusive employment led by the International Labour Organization (ILO) while in the field of disability inclusive disaster risk reduction, we collaborate with the **United Nations Office for Disaster Risk Reduction**.

With a stronger focus on community support services and systems, CBM has expanded our collaboration with international organisations in the context of the Community 2030 Initiative led by the **Office of the High Commissioner for Human Rights**.



Above: Hana, 18, at CBM partner GTM Hospital in Butajira, Ethiopia during a check-up. Four months after surgery for a bilateral hearing impairment, Hana's hearing is much improved. © CBM

## 8. Guidelines for planning and practice: Integrating DIDRR into community development programmes

Climate-related and human-induced disasters are rising dramatically, but too often, persons with disabilities are left behind. CBM, together with our partners, is prioritising integrating disability inclusive disaster risk reduction (DIDRR) into CBID programmes.

Two new publications, developed with the University of Cape Town, aim to provide development practitioners and organisations with the tools they need to ensure that a disability inclusive approach to disaster risk reduction can be integrated into all community development programmes.

*Mainstreaming DIDRR in CBID: a situation analysis* reviews the situation and outlines the extent to which DIDRR is infused within CBID. The study points out the barriers in place and highlights the opportunities available to facilitate the process of mainstreaming DIDRR, which means building DIDRR into the core of community development programmes as opposed to these disciplines operating in separate spheres. This mainstreaming will not only ensure greater preparedness for disasters, but also protection of the gains made in community development programmes.

A major outcome of this study is a new set of guidelines for practice on the mainstreaming of DIDRR in community development: *Mainstreaming DIDRR in CBID – Guidance for Planning and Practice*. In twenty action points, the guide provides pointers for practitioners on how community-based initiatives can become more informed about disasters and start mainstreaming DIDRR. It aims to stimulate reflection at multiple stages, from project planning to implementation and monitoring, to ensure DIDRR becomes an integral part of community-based programmes, in an effective, sensitive and responsive way.



↑ A meeting of a Village Savings and Loan Association (VSLA) in Kabeza Village, Rwanda.



↑ Akuuta is a mother of a child with a disability, affected by the drought in Turkana, Kenya.

**A major outcome of this study is a new set of guidelines for practice on the mainstreaming of DIDRR in community development.**





**Botchi, 51, lives in Gando, in the Savanes Region in Togo. She has a physical impairment and takes part in a project called ‘Inclusive food security and resilience in Togo’, run by the local partner Inades-Formation Togo with support from CBM.**

Botchi developed an impairment following an illness as a child. “I have been in a wheelchair for 40 years. Because of this, I dropped out of school at a very early age.”

She cultivates soybeans, sesame and corn, but in 2022 her field was affected by a drought. “I invest my savings into the field but the production is very low. My sesame field did not produce anything because of the effects of the drought, so I abandoned the field. Unfortunately, we were forced to reduce the number, quantity and quality of meals as a result of the drought.”

As part of the project, Botchi took part in training on agroecological practices, such as the production of compost, and received support to create a savings and credit group for persons with disabilities, of which she has been elected president. “I will put what I have learned into practice next farming season for a better



© CBM/Happuc

↑ Botchi working on her field in Gando, Savanes Region, Togo.

production. I will also start market gardening to diversify my activities. I will be able to sell what I produce and start rebuilding my savings.”

One of the aims of the project is that persons with disabilities can play an active role in the development process in the community. Botchi also received administrative support to formalise the organisation of persons with disabilities of which she is president, ‘Association des personnes handicapées de l’OTI Sud.’

By taking part in this project, Botchi says, “persons with disabilities want to take care of ourselves and be autonomous... My hope is that this will benefit my children so that they will be my successors tomorrow when I am in my old age.”



**Above:** Loveness, 12, received a wheelchair from CBM partner Child Support Tanzania (CST) and now attends classes with her peers at the CST inclusive school. The school also offers rehabilitation services. © CBM/CST



## 9. Community support services and systems for persons with disabilities

Disability inclusion can only be achieved if persons with disabilities have the support they need to actively participate and live independently in their communities. CBM's new **Strategy 2030** therefore puts a focus on **community support services and systems (CSS) for persons with disabilities**.

Although community support is addressed by relevant disability rights frameworks such as the UN Convention on the Rights of Persons with Disabilities, as well as by technical guidelines such as the community-based rehabilitation guidelines, persons with disabilities still experience significant gaps, especially but not exclusively in low and middle-income countries. CBM's Strategy 2030 puts a new impetus on contributing to addressing those gaps through programme implementation and advocacy.

### Why community support services and systems?

At different stages of life and according to intersecting factors, persons with disabilities require support in various areas such as assistance with daily activities, communication, decision making, mobility, or housing and accommodation. However, despite the efforts of the disability rights movement, this kind of support is not yet fully integrated into official structures and systems. Globally, families or social networks remain the primary providers of support. This means that persons with disabilities lack choice about the support they receive while those providing the support, especially women and girls, often find their own opportunities limited.

The situation is particularly dire in rural and low-income settings, where formal and publicly funded support services for persons with disabilities are



**Above:** Jean-Luc, 41, has taken part in training to be a volunteer community leader for CBM in Jeremie, Haiti. He is pictured at home with his wife Phara, daughter Faniala and son Luckens. © CBM/Nadia Todres





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↑ Sandaruwan, 8, with his teacher Chandrani at Mapalana Vidyalaya school in Kamburupitiya, Southern Sri Lanka. Sandaruwan has cerebral palsy and has just started school at 8 years old.

rarely available. Private and paid services are only available to those with sufficient financial means. This situation increases the likelihood of persons with disabilities living in poverty, experiencing violence and neglect, being institutionalised, or living in an institution-like arrangement at home, and being denied their right to a self-determined life.

### Community support services and systems at CBM

The scope, type and depth of CBM's engagement in different areas of CSS will vary according to the context. Some areas will be addressed through advocacy in close collaboration with organisations of persons with disabilities (OPDs), project partners and alliances, while others will be addressed through CBM-funded programmes with a local community focus. CBM will pilot a consistent community support approach in specific countries

as we work towards gradually connecting our entire programme portfolio with CSS.

As part of our commitment to CSS, we will build additional expertise in inclusive social protection to ensure that we can support persons with disabilities to access existing social protection schemes, as well as advocate for new or improved systems of social protection to be inclusive of persons with disabilities.

### A conducive environment to drive inclusive community support

Globally, post-pandemic conversations provide an opportunity to move towards (more) inclusive community support services and systems. In countries all over the world, systems of social protection are being developed and transformed to ensure that societies are more resilient to shocks and that individuals are better protected from poverty and inequality. This provides unprecedented opportunities to integrate the support needs of persons with disabilities into systems while ensuring that these become more human rights-based, allowing for autonomy and choices in support. Seminal reports like the [recent report of the UN Special Rapporteur on the Rights of Persons with Disabilities](#) which lays out a vision for transformation of services for persons with disabilities support the conversation. This momentum is not to be missed.

#### What are community support services and systems?

**Community support** is the support available locally to individuals, and their families or households, that enables them to carry out daily activities and to actively participate and live independently in their community.

This support is available **formally or informally**. Informal support is provided through family, friends, peer support (including informal self-help groups) or local volunteers. It is often unpaid, unregulated, and not contract-based. Formal support is offered by government, inter-governmental, civil society or private sector providers.

**Community support services** are the specific services provided either informally or formally that are directly available and accessible to persons with disabilities and their families. This could include, for example, specific means of transport on request when accessible public transport is not available.

**Community support systems** consist of the legal, cultural, traditional and institutional frameworks in which community support takes place including laws, policies, regulatory bodies, and institutions. Traditional and cultural beliefs also influence community support. Community support systems are subject to constant change and adaptation.





CBM partner BEIT Cure Hospital in Lusaka, Zambia, works with local stakeholders including other hospitals, community health workers and volunteers, to reach clients in need of specialised orthopaedic, ENT, audiology and plastic reconstructive services, and build awareness of disability inclusion. Wanangwa, 6, pictured here at a check-up, was born with Down Syndrome and hearing loss. His mother Gladys was referred from another hospital to BEIT Cure Hospital, where he received hearing aids. Since then, he has started to speak and become more confident.

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