Pacific Disability Forum

Community-Based Inclusive Development (CBID) in the Pacific

Acknowledgements

The Pacific Disability Forum (PDF) wishes to extend our deepest appreciation to the many individuals who generously shared their perspectives, experiences, and stories to shape this paper on Community-Based Inclusive Development (CBID). They represent OPDs, service providers, government, regional organisations and donors. Contributors from Cook Islands, Fiji, Samoa, Solomon Islands, Tonga and Australia have helped ground this work in lived realities, community wisdom, and frontline experience.

We acknowledge the tireless efforts of persons with disabilities, families, Organisations of Persons with Disabilities (OPDs), service providers, and government partners who continue to drive meaningful change with limited resources. Your innovation, commitment, and leadership demonstrate that inclusion is not only possible – it is already happening, often under challenging conditions.

We also recognise the development partners and donors who support this important work of CBID across the Pacific. Their contributions have enabled programs and partnerships that are helping to build stronger, more inclusive communities across the Pacific.

Contact

Enquiries about this Paper can be directed to:

Pacific Disability Forum
Ground Floor, Kadavu House, 414 Victoria Parade, Suva, Fiji.
infor@pacificdisability.org
GPO Box 18458, Suva, Fiji.
(+679) 3312 008.

The development of this paper has been funded by the Australian Government through the Department of Foreign Affairs and Trade, with technical support from CBM Australia Inclusion Advisory Group. The views expressed in this publication are the Pacific Disability Forum's alone and are not necessarily the views of the Australian Government.

Australian Aid

cbm global disability inclusion

inclusion advisory group

Contents

Purpose of this paper	4
What is Community-Based Inclusive Development (CBID)?	4
Why CBID matters in the Pacific: CBID history and current status	6
The CBID matrix: A visual representation of CBID in the Pacific	10
CBID - The Pacific Way	17
Practical characteristics of CBID–The Pacific Way	19
Challenges in advancing CBID and the CRPD	22
CBID in frameworks and strategies	26
Roles and recommendations by CBID stakeholder	27
Conclusion	33
Appendix 1: CBID in Action: Practice Examples	34
Appendix 2: CBID as a Precondition of Inclusion	42
Appendix 3: The Pacific CBID journey	43
Appendix 4: Pacific CBID Matrix – Sixth Component: Humanitarian and Climate Action	47
Appendix 5: List of contributors	49

Purpose of this paper

This paper has been developed by the Pacific Disability Forum (PDF). It was created with input from a wide range of Pacific stakeholders, including OPDs, government representatives, service providers, and donors.

The paper explains what Community-Based Inclusive Development (CBID) means in the Pacific and why it is vital to upholding the rights of persons with disabilities, in line with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). It shares real examples of how CBID is making a difference in communities. It also offers clear recommendations on how CBID can be supported, strengthened, and resourced – so that no one is left behind.

This document, developed in 2025, is a living tool and may be adapted as emerging priorities and new learning come to light.

What is Community-Based Inclusive Development (CBID)?

Community-Based Inclusive Development (CBID) **is a way of working that ensures full and effective participation of persons with disabilities in all aspects of community life.**

Rooted in the rights of persons with disabilities, CBID promotes inclusion and equity through a holistic approach that facilitates individual empowerment, strengthens families, and builds inclusive communities.

While CBID may have started as a program, it is now better understood as a cross-cutting, community-led approach that supports persons with disabilities to actively participate in their families, communities, cultural and governance structures, development processes, and decisions about their own lives.

© Pacific Disability Forum, 2025

CBID is about supporting:

- Persons with disabilities to exercise their agency and live the life they choose
- Persons with disabilities to be actively included within families, within communities and village life
- Traditional and non-traditional community systems, cultural beliefs, values and practices to be inclusive and representative of their diverse populations
- Services and opportunities that are available to the community, from national to local level, to be inclusive and accessible to everyone
- Persons with disabilities to be fully and meaningfully included across all sectors such as education, livelihood and employment, disaster risk reduction and climate resilience, health, sport, village activities, and political participation at the community level.

CBID aligns with the CRPD, the Sustainable Development Goals (SDGs) and the 2050 Strategy for the Blue Pacific Continent, ensuring that persons with disabilities are part of development from the planning stages. CBID is widely recognised globally as a cost-effective, community-driven strategy for achieving disability-inclusive development. It has been successfully implemented in Africa, Asia, Pacific and Latin America, providing valuable insights on how grassroots disability inclusion can be scaled and sustained. [1]

"We cannot separate CBID and CRPD. CBID supports the implementation of the CRPD. Just like you need your heart to keep pumping blood to survive and be well, CBID is the pumping heart of the CRPD. CBID helps us think about the basics of rights and inclusion so that we can access school, health care, work and contribute to the economic development of our families, communities and country." OPD representative, Polynesia.

CBID bridges national and local level development. It is a vehicle for national priorities, strategies, services and opportunities to reach people in the community and in their homes. CBID's approach has value in the Pacific given its unique geography. Its purpose is to connect city/urban systems, structures and services with those in rural, remote and island communities ensuring no one is left behind. CBID shifts us beyond just disability specific services by bringing together governments, Organisations of Persons with Disabilities (OPDs), communities, and service providers (public, civil society, faith-based and private) to create a more inclusive society for all. Refer Appendix 1 for a collection of stories about CBID in action in the Pacific today.

1. WHO, UNESCO, ILO, & IDDC. (2010). Community-Based Rehabilitation: CBR Guidelines. Geneva: World Health Organization.

© Pacific Disability Forum, 2025

In the Pacific, CBID also sits alongside five other critical preconditions for inclusion: non-discrimination, accessibility, assistive technologies/devices, support services and social protection. The preconditions for inclusion are essential to building an enabling environment for the inclusion of persons with disabilities in all aspects of society. Refer Appendix 2 for more information about CBID as a precondition.

"We made CBID one of the preconditions. It doesn't mean it's any different to CBID before. It's another way of stressing inclusion and how persons with disability can be included in all parts of society by making sure all parts of the CRPD are embedded into programs, services, government policies as they relate to communities. It's also about decentralisation of services that are only available in town to ensure access by those who are in the outer islands or remote/rural areas". Setareki Macanawai, former CEO Pacific Disability Forum.

Why CBID matters in the Pacific: CBID history and current status

CBID has a long history in the Pacific, first introduced as community-based rehabilitation (CBR) in the 1970s. As global understanding of disability evolved – particularly through the influence of the CRPD – there has been a shift in language and practice. With this shift, the term Community-Based Inclusive Development (CBID) emerged to reflect a broader shift in development thinking from viewing disability through a medical or service-delivery lens to understanding disability as a social, rights and development issue. A summary of the Pacific CBID journey is in Appendix 3.

History has taught us that CBID works best when there is strong local leadership, commitment from governments, and active advocacy by OPDs. While global frameworks have offered guidance, it is Pacific communities and stakeholders who have shaped CBID into what it is today – relevant, inclusive and grounded in local realities. We refer to this as **CBID – the Pacific Way.** Refer to Section 4 below for a deeper dive into what CBID – the Pacific Way means to us.

For many Pacific Island nations, CBID is essential. Communities are often spread across vast distances and access to government services can be difficult, especially in rural and outer islands. CBID helps bridge this gap by ensuring inclusion happens at the grassroots level.

© Pacific Disability Forum, 2025

"At the end of the day the community is where persons with disabilities live and everything that goes on in the community to some extent will have an impact on their lives. CBID is about empowerment of persons with disabilities in their own communities where they actually live every day. It's about their inclusion and meaningful participation in activities and initiatives that happen within the community. Empowering them to be their own voice in their own communities." OPD representative, Melanesia.

Despite its history, a major challenge is the misunderstanding that CBID is an isolated program. This confusion has led to CBID being underfunded and overlooked, limiting its potential to create sustainable change. It is critical that stakeholders understand CBID as an approach that ensures sustainable inclusion and participation, rather than as a short-term project.

"If we say it's a program, people will think it comes with a lot of money. There is not a lot of money, so CBID is an approach – it's about how we work with communities to make services available, to make community groups inclusive to achieve our goals for the population. We need more resources from government and donors but we will continue to do the work with the resources we have." Government representative, Melanesia.

"The biggest challenge is advocating for resource allocation and implementation because getting a piece of the pie along with others is hard. Conversations are happening at the national level. They are insisting that CBID is already happening at country level but the approach is not reflecting the human rights-based approach, it's taking a medical and charity approach. It's not just about what is happening or that services exist it's also about the approach. It is about OPDs, government and service providers working together." OPD representative, Polynesia.

Terminology: CBR, CBID or community-based inclusion?

In the Pacific, the terms CBR, CBID and community-based inclusion are used interchangeably depending on history, context and preference. Pacific OPDs caution against worrying too much about what term is used and instead focus on the 'why' (rights) and 'how' (full and meaningful participation) of your policies, programs and practices. In other words ensure that: 1) your program and approach focuses on the rights and inclusion of persons with disabilities and their families in all aspects of your work; and 2) CRPD principles, particularly "nothing without us", guide your work. Doing so will facilitate full and effective participation of persons with disabilities – the driving purpose beneath the terminology of CBR, CBID and community-based inclusion.

© Pacific Disability Forum, 2025

CBID Dialogue in collaboration with ADRA Learning Meeting in Tavualevu, Fiji.

It appears that momentum on CBID has been hindered in recent times where there has been a lack of awareness and understanding of CBID as a foundational approach, insufficient funding for rights-based services at the community level, and gaps in regional networks and coordination. As the stories in this paper demonstrate, where CBID does exist it is transformational, and OPDs are calling for governments and development partners to scale up commitments to renew action in this critical pathway for disability equity and rights.

"CBID needs to be a sustainable approach that is considered and realised by everyone, not only us as persons with disabilities. It is an approach that needs to be recognised by government as well. We need stronger policy around CBID approaches and resourcing. Not only monetary but human resources also because this will ensure persons with disabilities have equal opportunity and can access services on an equal basis with others. OPDs are championing CBID because we understand the difference it can make. We can get support from development partners but look at USAID. There may come a time where donors pull out, then what? Where does that leave CBID at the local level? National governments need to increase their focus, prioritising CBID within policies and resource allocations." OPD representative, Melanesia.

Practice example: Using existing structures to strengthen CBID in Solomon Islands

For many years, Solomon Islands has been working to support persons with disabilities through CBR. Across the country's nine provinces, field officers have been a familiar presence, providing rehabilitation services to people in their own communities. They have long been the ones families turn to for support, ensuring that persons with disabilities receive care, mobility aids, and the help they need to stay connected to their communities.

In recent years, things have started to change. CBID evolved, the government ratified the CRPD and committed to Universal Health Coverage (UHC). It is now understood that rehabilitation is a mainstream health service that should be available to all the population, including persons with disabilities. Further action is required beyond rehabilitation in order for persons with disabilities to be included equally in communities. Disability inclusion is increasing in priority across all sectors – health, education, livelihoods and community development. The Ministry of Health (MOH) has revised its mandate, its division responsibilities, structure and position descriptions to make sure that both rehabilitation and disability inclusion are included in government planning and services from ward (village) to national levels.

Instead of creating new systems, the government is strengthening what is already in place. The field officers, now taking on roles as Rehabilitation and/or Disability Coordinators, will be responsible for providing rehabilitation as well as coordinating inclusion efforts at provincial and ward levels. They will help make sure that schools, health services, livelihood and community programs are inclusive. MOH is also working with 18 different government ministries at the national level, encouraging a disability inclusion focus in their policies and plans, and disability inclusion to be reflected in their own provincial and ward structures and programs.

Partnerships also play a big role. Save the Children works with MOH to support children with disabilities in schools, while CBM Australia is helping to develop livelihood programs in Guadalcanal. These efforts show that CBID is not about creating new programs – it is about making sure existing services work for persons with disabilities.

While in Solomon Islands MOH is the custodian of the government's disability policy, it is recognised that every country across the Pacific has its own structures, which must be respected.

"Pacific countries position disability focal teams across various ministries from internal affairs to women's and justice ministries and prime minister's departments. As an approach, CBID can be supported through any ministry. A critical factor in countries where remote islands and mountainous terrains make access a challenge is to use existing structures to reduce the risk that persons with disabilities become just another policy discussion. CBID is about making a real difference in people's lives, where persons with disabilities can access any service and participate in any activity in the community."
Elsie Taloafiri, Director Rehabilitation and Disability Division, Ministry of Health.

© Pacific Disability Forum, 2025

Challenges remain: funding is limited and donor support for disability inclusion is inconsistent and greater awareness about the CRPD and CBID would strengthen efforts. But the government remains committed. A national disability coordination committee is being developed to strengthen efforts across all sectors. The key lesson from Solomon Islands is simple: every country is different, but CBID works best when it builds on what is already there. By using existing structures to reach communities, disability inclusion can become part of everyday life, not just an idea on paper.

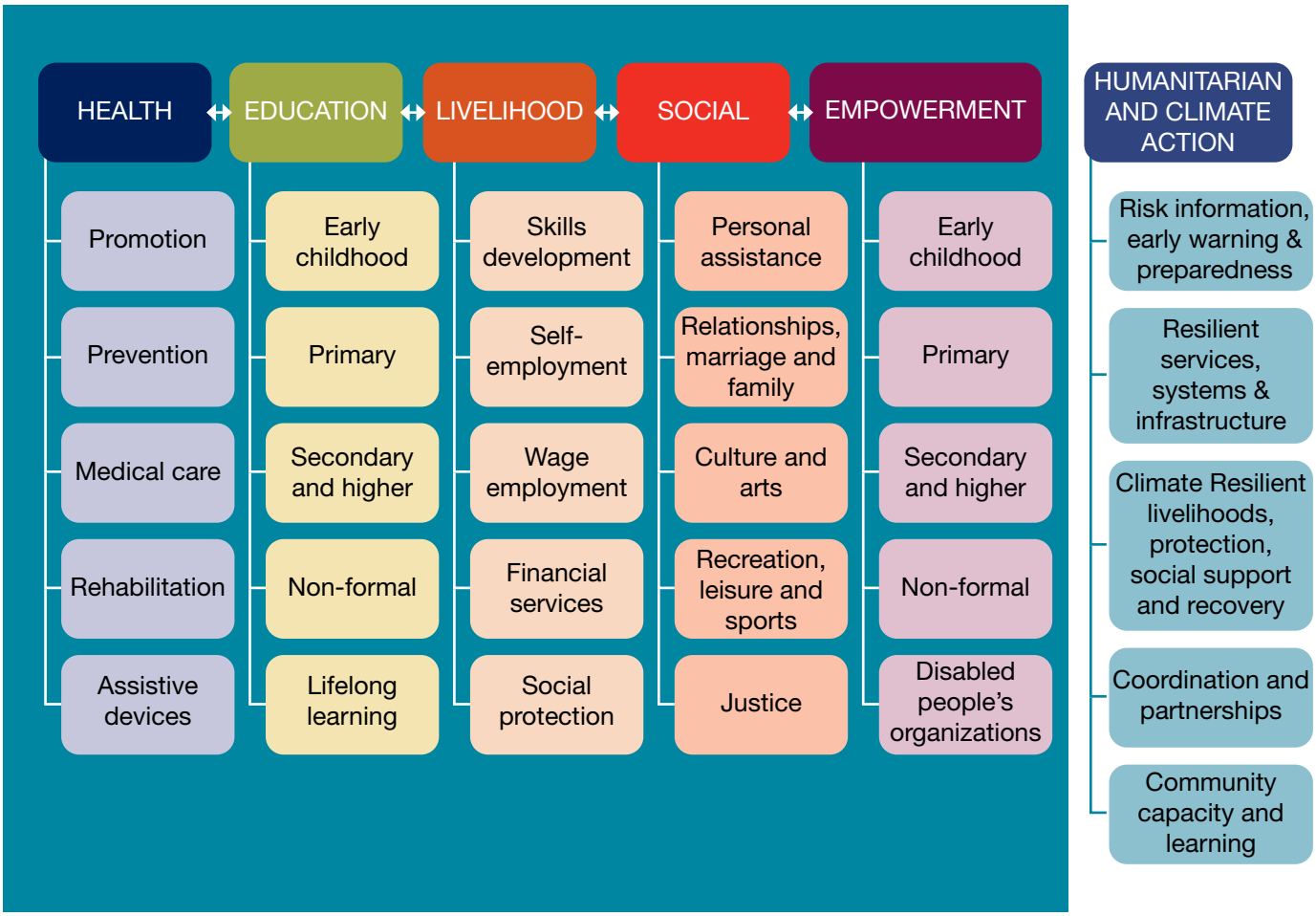
The CBID matrix: A visual representation of CBID in the Pacific

The CBR matrix, developed by the World Health Organization (WHO), has long served as a practical framework for implementing CBR. It organises efforts across five interconnected components: Health, Education, Livelihood, Social, and Empowerment – each with key elements that support the inclusion and wellbeing of persons with disabilities. In line with the shifts in language and practice towards CBID, many stakeholders now refer to the matrix as the CBID matrix – an approach rooted in rights, participation and inclusion.

"It's important for government, service providers and organisations of persons with disabilities (OPDs) to be together and go along for the same ride. OPDs were trained but without the government and service providers understanding the CRPD and CBID bringing different stakeholders together to support persons with disabilities was hard. Until we had the CBR Matrix that provided a clear framework, ensuring that everyone – government, service providers, and OPDs – had a role to play." Destiny Tara Tolevu, Cook Islands National Disability Council (CINDC) Board member.

© Pacific Disability Forum, 2025

CBR MATRIX*



* The CBR Matrix was developed by WHO in 2003 and reflects the conceptualisation and priorities of that time. The application of the matrix and the issues and aspects of life addressed through CBID programs have evolved over time, however it continues to be a useful tool in the Pacific. The Humanitarian and Climate Change content we have placed to the right of the CBR Matrix is work that we are increasingly applying through CBID approaches and programs since the 2000s.

© Pacific Disability Forum, 2025

Humanitarian and Climate Action in the CBID matrix

The Pacific has ongoing vulnerability to disasters and the impacts of climate change. Lived experiences of Pacific communities show that disability inclusion and climate resilience are deeply intertwined. **In this context, a Pacific-specific CBID matrix would also recognise Humanitarian and Climate Action as both a cross-cutting theme and a separate standalone component of the matrix.** A more detailed explanation and table of what this would look like is in Appendix 4.

At the time of writing this paper, PDF propose the following sub-elements for a Pacific-specific CBID matrix component that supports implementation of the Pacific Disability-Inclusive Humanitarian and Resilient Development Strategy 2025-2035 at the community level:

1. Inclusive Risk Information, Early Warning and Preparedness
2. Accessible and Resilient Services, Systems and Infrastructure
3. Climate-Resilient Livelihoods, Protection, Social Support and Recovery
4. Coordination and Partnerships
5. Community Capacity and Learning

In practice, the CBID matrix continues to be a valuable tool for:

- Enabling decision-makers and communities – families, leaders, OPDs, churches, and services – to reflect on strengths, identify gaps, and work together to drive inclusive change
- Mapping out what inclusive development looks like in practice, particularly in rural or under-resourced areas
- Exploring how traditional leadership, churches, family networks and community groups influence each component – and how these community assets can be harnessed and strengthened for inclusive development
- Planning, coordinating and budgeting for multi-sectoral efforts
- Strengthening linkages across services, systems and stakeholders
- Promoting meaningful participation of persons with disabilities at all levels
- Supporting analysis, monitoring and evaluation.

© Pacific Disability Forum, 2025

Practice example: Partnership in practice – how Palau's CBID working group is creating change

In Palau, collaboration lies at the heart of community progress. Since 2019, a multistakeholder working group—guided by the CBID matrix—has brought together government agencies, organisations of persons with disabilities, parents organisations, community organisations, UN representatives, Embassies in residence and persons with disabilities to advance disability rights through a whole-of-community approach.

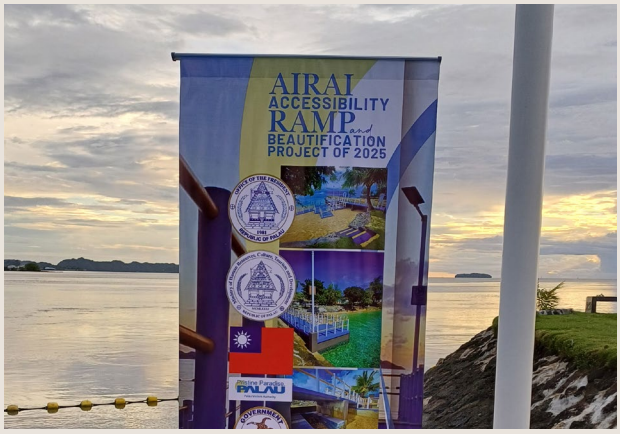
Though the official action plan has expired and changes in government have disrupted continuity, the group remains active. Meeting on a needs basis, partners coordinate advocacy campaigns, awareness-raising events, and service improvements. Their strength lies in shared ownership: no one actor carries the burden alone.

Through this CBID-inspired partnership, real change is visible. In education, the Ministry of Education now collaborates closely with the working group to better include students with disabilities in mainstream classrooms and develop career pathways through vocational training. In accessibility, a collaborative project of the CO93 funded by the ROC,Taiwan led to the construction of a water-access ramp at Long Island, Koror State, designed with OPDs and Palau Parents Empowered. It is now benefitting children, older persons, rehabilitation patients and people participating in Non-Communicable Disease Prevention Exercise Programs. The value of this ramp has led to a second ramp under development in Airai State by the same CO93 om partnership with MHRCTD, PVA, Airai State Government, OPD and PPE.

The group has also begun working toward specialised assistive device services and continues to raise awareness about disability rights and the CRPD. However, barriers remain—especially limited understanding within government agencies about their roles under the CRPD and the fragility of progress when political priorities shift.

Despite these challenges, the CBID approach has made one thing clear: equity cannot be achieved through inclusion alone. True change requires active, informed, and resourced participation from across society, particular participation of persons with diverse disabilities. For OMEKESANG, Palau's national OPD, CBID is not just a framework—it's a way to ensure people with disabilities are seen, heard, and supported in all aspects of life.

"Our vision is for persons with disabilities to live in harmony and safety," shared Tess Nobuo, president, OMEKESANG. *"To be part of the community like everyone else. The CBID approach helps us get there—and we want to see it grow."*



Community Based SRHR Program and Pre-Conditions Awareness Program in Vanuatu.

In the Pacific, CBID may target or have started in one area of the CBID matrix, for example health or livelihoods, as a program and then evolved to connect persons with disabilities with stakeholders and services in other sectors. It is important to note that, while not specifically mentioned within the matrix sub-areas, gender-based violence, sexual and reproductive health and cyber security are priorities for persons with disabilities under the CBID matrix. Programs focused in these areas lend themselves to a CBID approach. Refer Appendix 1 for practice examples across the matrix.

Alternatively, some organisations and services work across several CBID matrix components as they support a person through their life providing early intervention, provision of assistive devices like wheelchairs or white canes, education support and connection to vocational training and employment opportunities. Refer to Practice Example: Service provider-led CBID in Samoa to see how Loto Taumafai Society works across the CBR matrix components, ensuring a lifespan focus.

Some countries like Cook Islands have used it as a framework for their national policy as shared in the following practice example.

© Pacific Disability Forum, 2025

Practice example: Using the CBID matrix to frame Cook Islands policy

When the national disability policy was developed in Cook Islands, it was built using the CBID/CBR matrix, mapping out responsibilities across different sectors. At the time, Australian Government funding supported the process, making collaboration easier. But once the policy was in place, a familiar challenge emerged – everyone saw the importance of the work, but few took responsibility. Government agencies often referred everything to the OPD, Cook Islands National Disability Council (CINDC), expecting them to implement changes without the resources or authority to do so.

"The motto 'Nothing about us without us' was misunderstood. It is important that roles and responsibilities are clear. OPDs first and foremost are advocacy organisations and governments are the duty bearers responsible for protecting, promoting and fulfilling the rights of persons with disabilities. We need to work together, alongside service providers and the community also." Ngatokotoru Tara, Co-Chair CINDC.

COVID-19 changed everything in the Cook Islands, as stakeholders suddenly had to work together. The OPD had experience being resourceful with little funding, while service providers relied on government support, which stopped suddenly. With the pandemic forcing everyone to come to the table, a new understanding emerged – real progress required shared responsibility. As the national disability policy comes up for review, there is a chance to ensure that the lessons from COVID-19 are not forgotten and that every stakeholder actively plays their part in CBID.

A note on empowerment: Empowerment is both a component and cross-cutting principle of the matrix. As a component it focuses on strengthening the voice, agency and leadership of persons with disabilities, ensuring they are firstly active drivers of change, and secondly beneficiaries. Activities in this component aim to create environments where persons with disabilities can exercise their rights, claim resources, and influence policies. As a cross-cutting principle, persons with disabilities influence all other components by ensuring initiatives are implemented in ways that enhance self-determination, autonomy, choice and dignity.

We think of empowerment like the 'root system' of a tree, with the components being the branches. While the empowerment component is one visible part of the tree (a branch), the principle of empowerment runs underground, nourishing and sustaining all aspects of the approach. Without strong roots, the tree cannot grow, just as CBID cannot be effective without ensuring empowerment is embedded across all interventions.

Overall, the CBID matrix aims to help ensure development initiatives – particularly at the community level – are holistic, inclusive, rights-based, and responsive to the diverse barriers faced by persons with disabilities across multiple areas of life.

© Pacific Disability Forum, 2025

Practice example: Service provider-led CBID in Samoa

In Samoa, Loto Taumafai Society (LTS) is a backbone of support for persons with disabilities, walking alongside them from early childhood through to adulthood. LTS began in 2004 as an early intervention program for children aged from birth to five years. The organisation has since evolved into a comprehensive, lifespan-focused service that weaves across all components of the CBR matrix – health, education, livelihood, social and empowerment.

From special education for children who cannot access mainstream schooling to therapy sessions delivered in homes across Upolu and Savai'i, LTS delivers personalised care where it's needed most. For children growing into youth, the team develops individual learning plans, vocational programs like screen printing and vegetable gardening, and even prepares students for employment through partnerships with local businesses.

LTS has also become a critical referral point for the Ministry of Health, stepping in where no government services are available. Despite playing this crucial role, no funding accompanies these referrals, placing enormous strain on already stretched resources. Five field staff support 271 clients. However, funding cuts from both the Ministry of Education and Culture (MEC) and donors like Australia via the Samoa Disability Partnership Program, has resulted in a reduction in community outreach. Where once families received weekly visits, they now receive support fortnightly or monthly – when possible.

The drop in funding hasn't just affected therapy services. It's eroded the wraparound supports that enable quality inclusion – like school transport, classroom aides, meals and cleaners. These roles, once funded, are now absorbed by already overwhelmed staff. Even retaining skilled staff is difficult when salaries can't be matched with other organisations.

Yet in the face of all this, LTS continues. Community outreach is still conducted in partnership with Nuanua O Le Alofa, the national OPD, and awareness efforts over the last 21 years have slowly shifted mindsets. Where children with disabilities were once hidden at home, now they're visible – playing, learning and participating in public life. Families who once felt alone now feel supported. One young woman in Savai'i, empowered through a screen-printing initiative, now sells her work from a small shop in front of her home. Another child, born with hydrocephalus, progressed from lying down to walking unassisted – thanks to an individual development plan, therapy and parent support every step of the way.

The story of LTS is a story of what's possible when services follow people through every stage of life and when stakeholders collaborate. It's also a reminder that without sustained investment, inclusion can stall. LTS's team continues to advocate, innovate and partner where possible, but they can't do it alone. As Samoa looks to the future, the work of LTS shows what community-based, culturally grounded, and person-centred disability support can achieve – if it's resourced to thrive.

© Pacific Disability Forum, 2025

CBID - the Pacific Way

"The Pacific Way originates from our leaders in the Pacific – collective of people coming together to strategise, to plan, to dream, to implement and ensure CBID. Bringing people of diversity together." OPD representative, Melanesia.

In 2017, a comprehensive regional-wide study collaboratively conducted between the University of Sydney, Fiji National University and Solomon Islands National University explored the meaning of the 'Pacific Way' in CBID practice. [2] This study found four dimensions that drive Pacific-specific CBID practice, or *CBID – the Pacific Way:* ownership, orientation, action and outcomes. Below we have paraphrased and further built upon this framework in line with PDF's and PDF members' ongoing learnings and practices over the decades. The following reflects our contemporary understanding of *CBID – the Pacific Way.*

The four dimensions of *CBID – the Pacific Way* include:

- **Ownership:** CBID "is developed and grown by us". We involve local people, use our own resources, and adapt practice and innovation to our local culture. CBID – the Pacific Way requires us to partner with others, share information and lobby governments.
- **Orientation:** Priorities and solutions to address and remove everyday barriers to participation are driven by families and communities. In Pacific culture, CBID starts with family.
- **Actions:** Involves us working together to look after the population who live together in communal culture. It involves families, church, women's and youth groups, village development plans and committees, etc., with persons with disabilities included in these community structures.
- **Outcomes:** We focus on ensuring that Pacific Island people have accessible homes and communities, opportunities to participate in community activities, hold roles in the community and access services and supports where needed (e.g., homes, schools, communities).

2. Millington, Villeneuve, Waloki, & Pala (2017). CBR Practice and Education the Pacific Way

"Pacific people are communal people, we live in communities, there is a structure, we have traditional processes where community collaborates, plans together, works together. We are also so scattered. Outer islands are rural areas so how can we make sure services reach the unreached. The communal way of living, what about other communities who are not there yet or doing it yet. We need the coming together of different parts of government and society. We need to use, draw on, tap into and connect persons with disabilities into existing structures of the community to address issues inclusively for the whole community. This also includes focusing on children, older persons and groups often marginalized and excluded in communities." OPD representative, Melanesia.

Practice Example: OPD-led CBID in Fiji

Fiji Disabled Peoples Federation's (FDPF) power as a national OPD comes from its base: the branches. These local teams, built and led by persons with disabilities, are more than just networks – they are the driving force behind inclusion where it matters most: in the community.

Across Fiji's 21 branches, persons with disabilities are stepping into leadership roles, taking part in village meetings, and shaping decisions that once ignored them. Whether it's checking the width of a new footpath or ensuring evacuation centres are accessible, they're making their communities more inclusive for themselves, and for older people, children, and everyone else.

This grassroots engagement didn't happen overnight. FDPF has invested in capacity building, including training branch leaders in advocacy, access audits, and understanding their rights. These efforts mean branches can engage directly with local government, sit on district committees, and support others in the village to understand and act on disability inclusion.

But there's a catch: none of this work is directly funded. Volunteers lead branches, often juggling advocacy with their own day-to-day lives. FDPF has become resourceful – 'piggybacking' on existing programs, like Disaster Risk Reduction or Sexual Reproductive Health Rights, to deliver training and collaborate with stakeholders, like Spinal Injuries Association, to distribute assistive devices. Still, the lack of funding limits how far this vital work can go.

CBID needs more than policies – it needs investment. Resourcing OPD branches means resourcing inclusion where people live, work and gather. These branches are changing lives – they are shifting the way persons with disabilities are seen and their barriers addressed across Fiji. From the ground up, they are proving that sustainable, inclusive development must begin in the community.

© Pacific Disability Forum, 2025

Practical characteristics of *CBID – the Pacific Way*

"CBID is the bridge between OPDs, service providers, and governments. It brings people together to plan, develop, and design an inclusive model of community development."
OPD representative, Melanesia.

In line with the Pacific Way, a CBID approach – and any CBID/CBR program – needs to practically incorporate the following characteristics.

1. Rights-based and inclusive by design

- Anchored in the CRPD and aligned with national policy commitments.
- Applies a rights-based lens regardless of whether CBID is implemented as a program, project or system.
- Embeds the principle of "Nothing (About Us) Without Us" by operationalising CRPD Article 4.3 – ensuring persons with disabilities, including children and where necessary parents, are meaningfully involved in all legislation, policy, and decision-making processes through their representative organisations.
- Aims to overcome barriers in the community that exclude persons with disabilities from accessing programs, services or opportunities, and enables persons with disabilities and their families to be included in all aspects of community life.
- Recognises the importance of digital access and safety. With more services and information moving online, digital inclusion must include safeguards – such as accessible platforms, digital literacy and protection from online abuse or cyberbullying, especially for persons with disabilities.

2. Partnerships, community-driven and locally led

- Embodies the principles of localisation by shifting power, resources, and decision-making to local actors – including persons with disabilities, families, communities, civil society organisations, and governments.
- Fosters genuine partnerships, where persons with disabilities, families, communities, OPDs, governments and service providers work together, share resources, and commit to the shared goal of inclusion and leaving no one behind.
- Draws on traditional knowledge, cultural practices, and local governance structures (e.g., Talanoa) to ensure solutions are grounded, relevant, and sustainable. [3]

3. Australian Government, Department of Foreign Affairs and Trade (n.d), DFAT Guidance Note: Locally-led Development

© Pacific Disability Forum, 2025

- Builds on and strengthens existing community systems and leadership, including village and island councils, to support inclusive and equitable development.
- Promotes decentralisation, bringing services, support, and decision-making closer to where people live – especially in rural and outer island communities.
- Encourages flexible, community-led innovation, recognising that sustainable inclusion must be driven by the people and contexts it is designed to serve (e.g., persons with disabilities and their families).

3. Agency and representation

- Strengthens the voice, visibility and leadership of persons with disabilities, supporting their self-determination and full participation in community life.
- Creates meaningful opportunities to participate in local development, planning, governance, and decision-making – from design to implementation, monitoring and evaluation.
- Ensures choice, independence and dignity across the life course and recognises intersectionality, addressing the specific barriers faced by women, children, older persons, indigenous peoples, and persons with diverse disabilities.

4. Connected and integrated systems

- Applies a twin-track and multisectoral approach:
    - Mainstreams disability across all development sectors (health, education, livelihoods, social protection, climate, DRR, etc.), which also includes targeted outreach and reasonable accommodations where required to ensure access to mainstream sectors (e.g., OPD participation in decision making, personal support services, accessible information and communication).
    - Resources disability-specific services where needed to ensure full participation (e.g., access to assistive technology, peer-to-peer supports, OPD establishment and expansion to ensure diverse representation, investment in sign language training by deaf associations).
- Links local CBID efforts to national strategies, enabling policies to result in tangible change at the community level.
- Encourages shared responsibility among governments, OPDs, NGOs, faith-based groups, and service providers.

© Pacific Disability Forum, 2025

5. Sustainable and locally resourced

- Prioritises **long-term investment by national and local governments in local capacity,** including establishment of local OPDs backed by rights and advocacy training, strengthening disability inclusion capabilities of community leaders, Civil Society Organisations (CSOs), services, and village committees, ensuring accessibility of local infrastructure, information and communication, reducing reliance on external actors.
- Advocates for inclusion of persons with disabilities at all stages of budget planning and decision-making – from village to national level.
- Redirects investment toward inclusion-focused programs and services, rather than exclusionary infrastructure that reinforces inequality.

6. Data-driven and accountable

- Builds on **locally collected, disaggregated data** to track progress and inform inclusive decision-making.
- Strengthens systems for **monitoring, evaluation, and feedback** to ensure transparency and CRPD compliance.
- Embeds accountability to persons with disabilities, ensuring that their experiences shape how services are delivered and policies evolve.

Practice example: Expanding CBID in Fiji

When the FDPF visited Rotuma in January 2025, they found a community with minimal services for persons with disabilities – but a government structure that could support change. Invited to introduce the concept of CBID, FDPF saw an opportunity: disability inclusion could be built into existing district governance.

They proposed forming District Disability Committees, chaired by local government leaders, to ensure that needs from villages reached national decision makers. If inclusion starts where planning and budgeting happens, accessibility wouldn't be an afterthought – it would be a given.

As OPDs, FDPF knows that Talanoa and advocacy sparks action. If Rotuma's leaders adopt this approach, persons with disabilities will shape their own communities – ensuring meeting spaces, services, and opportunities are accessible for all. This is just the beginning, but with CBID, inclusion in Rotuma could become a reality.

© Pacific Disability Forum, 2025

Challenges in advancing CBID and the CRPD

"Persons with disabilities are out in rural and remote areas and in the outer islands. We are always asked for data at the national level so we seek information and data from persons with disabilities in those areas. This data supports our national level advocacy and policies. It changes participation, attitudes, influences budgets. What we are seeing is that even if it changes policies, legislation and influences budgets at national level, nothing is trickling down to where it really matters – in the community – even though their data influenced the change." OPD representative, Melanesia.

Key regional challenges and barriers in facilitating CBID are:

Policy and funding gaps

- National disability policies exist, but implementation is inconsistent due to lack of local government ownership and weak coordination across levels of government.
- Funding for CBID remains fragmented and short-term, with donor dependency and limited influence of local budgeting processes on national allocations.
- Inclusion is often deprioritised in national budgets, with governments prioritising infrastructure over disability-inclusive services.
- The lack of financial transparency and accountability discourages some donors from investing in CBID, often due to limited visibility into fund usage and the absence of formal monitoring and reporting systems.

Access and service gaps

- CBID services remain urban-focused, leaving rural and outer island communities underserved.
- Assistive devices and rehabilitation services are city-based, meaning long wait times and high travel costs for those in remote areas.
- Decentralisation is slow, and local services are often under-resourced, making it difficult for communities to access disability-inclusive education, healthcare, and employment opportunities.
- Transport barriers remain a major issue, limiting access to essential services and increasing costs for persons with disabilities and their families.
- Digital exclusion and the lack of policies to address cyberbullying or ensure digital safety leave persons with disabilities, especially young people, more vulnerable to harm and further exclusion.

© Pacific Disability Forum, 2025

Systemic understanding and collaboration challenges

- CBID is often misunderstood as a short-term program rather than a long-term, community-driven approach, leading to fragmented and inconsistent implementation.
- Government, service providers, OPDs and donors often operate in silos, leading to overlapping efforts and lack of clear roles between OPDs, service providers and duty-bearers.
- Misinformation and weak coordination mechanisms mean that mainstream services often fail to fully integrate disability inclusion, reducing effectiveness and accountability.
- OPDs are sometimes expected to take on government responsibilities, such as service delivery, data collection and monitoring, instead of focusing on advocacy.
- COVID-19 temporarily improved coordination, but now that emergency funding has ceased, stakeholders are reverting to working in silos.

Climate resilience and disaster risk reduction (DRR) barriers

- Disaster response plans and evacuation shelters are rarely designed to accommodate persons with disabilities, excluding them from emergency response efforts.
- Disability-inclusive DRR is often led by OPDs informally, but governments have not institutionalised disability inclusion in disaster management structures.
- Post-disaster relief is often inaccessible, with food and medical aid not adapted to the needs of persons with disabilities.
- Climate change is worsening the risks faced by persons with disabilities, with rising sea levels and extreme weather events making accessibility and mobility even more difficult in some Pacific communities.

Stigma, ableism and intersectionality

- Stigma and exclusion from CBID approaches persist, often reflected in norms and practices where disability is viewed as a private family issue rather than a shared community or a development priority.
- Women and girls with disabilities face increased risk of gender-based violence and economic marginalisation.
- Children, older persons, and persons with intellectual and psychosocial disabilities often experience additional barriers to full participation in community life and services.
- Indigenous persons with disabilities may struggle to access services due to language barriers and a lack of culturally appropriate disability services.
- Social protection systems often fail to account for the diverse needs of persons with disabilities, reinforcing economic dependence and exclusion.

© Pacific Disability Forum, 2025

Community Based SRHR Program run by Fiji Disabled Peoples Federation in Fiji.

The practice of social exclusion and segregation instead of independent living, deinstitutionalisation, and community inclusion [4]

- Lack of community-based supports means many persons with psychosocial and intellectual disabilities have no real choice but to live in institutional settings, often far from their families, culture and land. These placements are frequently framed as ‘care’ or ‘rehabilitation’, but in reality they often lead to isolation, loss of rights, and social exclusion.
- Investing in institutional or segregated settings reinforces exclusion. Resources that could support inclusive, community-based programs are instead redirected to models that separate persons with disabilities from everyday community life. This approach deepens stigma and undermines the development of inclusive systems and services.
- True community inclusion is only possible when persons with disabilities can choose where and with whom they live, with access to the necessary supports. At present, community-based supports for persons with psychosocial and intellectual disabilities remain underdeveloped and underfunded in the Pacific.
- A whole-of-society approach, addressing discriminatory beliefs, lack of appropriate supports for persons with disabilities and their families and other factors, is needed to shift away from institutional care towards inclusive, community-driven models that promote dignity, autonomy and participation for all persons with disabilities.

4. Transforming Communities for Inclusion (2025), Global Disability Summit: Consolidation Statement and Call to Action

A caring community - supporting persons with psychosocial disabilities the Pacific way

When Sera stepped into her role at Psychiatric Survivors Association (PSA), she quickly saw the gap between intention and impact. “We were assuming we knew our members’ needs,” she said. With no formal handover, she taught herself how to apply for a grant from Pacific Disability Forum’s OPD Fund, which led her team to conduct a data survey along Fiji’s Suva to Nausori corridor.

What they found reshaped their entire approach.

Instead of guessing, they asked. One-on-one sessions and women’s group meetings helped them understand the lived realities of persons with psychosocial disabilities in terms of access to health, education, livelihood, housing, disaster response. They discovered persons with psychosocial disabilities experienced lack of information, social isolation, limited access to health services, and high vulnerability to abuse.

With this insight, they launched a rights-based project funded by the Fiji Women’s Fund. The goal was clear: create a community where persons with psychosocial disabilities are respected, safe, and supported. Not institutionalised. Not ignored. Supported to thrive.

They called it a **Community Watch Zone for Persons with Psychosocial Disability** – a watch zone where the community takes responsibility for supporting their members with psychosocial disabilities. Starting with hospital referrals, community visits, and discussions with leaders, PSA with the support of the local health team identified a motivated village. They trained community members, faith based organization members, families, and health workers in CRPD, emotional wellbeing, suicide prevention, and disaster preparedness. Together, they reimagined care as a true community of support.

Today, community representatives, who are first responders for persons with psychosocial disabilities, and who may be people with psychosocial and intellectual disabilities, health workers, village ‘Turaga-ni-koro’ (head man), ensure members eat three meals a day, live in clean environments, take their medication, and are not left alone. They cut nails, clean houses, ensure they are not victims of abuse and advocate when rights are at risk. They are PSA’s eyes and ears on the ground.

The community even expanded the care model to include all persons with disabilities, not just those with psychosocial conditions. It works because it’s built on respect, relationship, and shared responsibility. And it works because it starts where people live.

PSA is expanding with new women’s groups, farming tools, and community watch zones now in the northern and maritime divisions. With community at the heart, support is not just possible—it’s sustainable, scalable, and rooted in rights because it is culturally appropriate, tailored at the heart of community values.

© Pacific Disability Forum, 2025

CBID in frameworks and strategies

Commitment to CBID is assured in key regional frameworks, including:

- The **Pacific Disability Forum Strategic Plan 2021–2025.** CBID is a cross-cutting element of PDF's strategic plan because it is recognised as being essential to the delivery of so many of the other Key Result Areas, including disability movement strengthening, DRR, precondition policy work, and mainstreaming work.
- **The 2050 Strategy for the Blue Pacific Continent,** which emphasises people-centred development as a thematic area and inclusion and equity as a strategic pathway for action across all thematic areas and goals. The commitment to accelerating the policy frameworks, systems and institutional strengthening, financing and capabilities and capacities relative to the preconditions for inclusion, including CBID is reinforced in the strategy's implementation plan (page 20).
- The **Pacific Regional Strategy for Disability 2010–2015,** and the succeeding **Pacific Framework on the Rights of Persons with Disabilities 2016–2025** (PFRPD). Both regional frameworks reflect CBID principles and priorities with their explicit focus on the inclusion of persons with disabilities in mainstream and targeted programs, services and governance processes at the community level.
- **The Pacific Disability-Inclusive Humanitarian and Resilient Development Strategy 2025–2035,** which specifies actions and key performance indicators relative to the role of CBID in emergencies.

More globally, the following key frameworks emphasise a CBID approach:

- The **2030 Agenda for Sustainable Development** (SDGs), particularly SDG 4 (quality education), SDG 8 (decent work), SDG 10 (reduced inequalities), and SDG 11 (inclusive communities).
- The **Sendai Framework for Disaster Risk Reduction,** which focuses on disability-inclusive community responses to climate-related disasters.
- The **UN Disability Inclusion Strategy** (UNDIS), which guides international donors and organisations in mainstreaming disability in all areas of development. It also emphasises the twin-track approach and the need to balance mainstreaming strategies and targeted support ensuring it is tailored to address the needs of specific communities.
- **Australia's International Disability Equity and Rights Strategy: Advancing Equity to Transform Lives** (IDEARS), which prioritises work with partners in the Pacific to achieve our collective 2050 Strategy for the Blue Pacific Continent's ambition to recognise, accelerate and apply the preconditions for inclusion in the region. This includes supporting locally led development efforts. It also outlines the preconditions for inclusion as Strategic Priority 3, and names CBID as one of the preconditions.

© Pacific Disability Forum, 2025

Roles and recommendations by CBID stakeholder

To ensure a holistic, locally led, and sustainable approach to CBID stakeholder engagement, and to action the Pacific Way, the following summary of roles and recommendations is provided for each stakeholder group. The recommendations reflect CRPD principles, CBID – the Pacific Way approach, localisation principles and Environment, Social and Governance (ESG) principles.

Persons with disabilities and representative OPDs (including PDF)

Role: Persons with disabilities and OPDs are central to CBID, advocating for rights, ensuring meaningful participation in decision-making, serving as role models and influencing inclusive development initiatives.

Key recommendations for OPDs:

- Advocate for CRPD and CBID implementation and influence policy at all levels.
- Ensure persons with disabilities and their families at subnational and local levels are aware of their rights through training, mentoring and awareness programs to combat stigma, ableism and discrimination within families and communities.
- Lead advocacy and program implementation at the local level, ensuring cultural and contextual relevance.
- Actively participate in community planning and decision-making processes.
- Strengthen OPD capacity for leadership, advocacy, and policy engagement.
- Facilitate peer support networks for persons with disabilities and their families.
- Monitor and evaluate CBID programs to ensure effective implementation.
- Advocate for the inclusion of persons with disabilities in climate resilience and DRR planning, ensuring accessible early warning systems, evacuation protocols, and post-disaster recovery efforts.
- Ensure access to rehabilitation services, assistive devices, and psychosocial services.
- Advocate for inclusive education, vocational training and livelihood programs.
- Promote inclusive governance and data-driven decision-making.
- Advocate for inclusive programming and service delivery at local government levels.

© Pacific Disability Forum, 2025

Families of persons with disabilities

Role: Families provide essential care, support and advocacy, ensuring inclusion in education, health and community activities.

Key recommendations for families:

- Actively participate in training on human rights, the rights-based approach to caregiving, community inclusion, and use and maintenance of assistive devices.
- Gain knowledge and training on disability-inclusive disaster preparedness to be equipped with skills to support relatives with disabilities during emergencies and climate-related disasters.
- Strengthen peer support networks for shared learning and emotional resilience.
- Advocate for better access to inclusive education, healthcare, social protection and livelihood opportunities for family members in your community.
- Advocate for improved access to community-based health services for caregivers.
- Advocate for and participate in inclusive financial literacy programs to strengthen economic resilience for all family members.
- Recognise and redistribute caregiving responsibilities in ways that promote gender equity and value the contributions of all caregivers, including persons with disabilities.
- Facilitate family-led initiatives that enable caregivers, including caregivers with disabilities, as active participants in CBID programs.

Governments (regional, national, subnational and local)

Role: Governments are responsible for implementing the CRPD, enforcing disability rights laws and policies, and integrating CBID principles into national and local development strategies.

Key recommendations all levels of government:

- Strengthen enforcement of disability rights laws and policies in line with the CRPD.
- Advocate for CBID to be explicitly referenced and prioritised in the future iteration of Pacific Framework for the Rights of Persons with Disabilities, as an approach that ensures the rights of persons with disabilities within their families and communities.
- Establish legal frameworks to mandate accessibility and inclusion in public services, including at subnational and local levels.
- Promote digital safety and inclusion by developing policies and programs that address cyberbullying, improve digital hygiene, and ensure accessible and secure online participation for persons with disabilities.
- Allocate adequate funding for CBID initiatives, including inclusive infrastructure and services.

© Pacific Disability Forum, 2025

- Explore and leverage Pacific-led financing mechanisms to support the implementation of CBID and the six preconditions, including resourcing CBID through regional platforms aligned with broader development and climate agendas to avoid duplication and inefficiencies in funding architecture.
- Enhance coordination between government agencies, OPDs, service providers and other community stakeholders to improve service delivery.
- Ensure local governments lead CBID planning and implementation, adapting policies to local contexts.
- Support decentralised service provision to reach persons with disabilities in rural and outer island communities.
- Prioritise deinstitutionalisation by phasing out investment in segregated services and scaling up culturally appropriate, rights-based supports – such as peer support, inclusive housing, family and village-based assistance, and psychosocial services. Community-based solutions should be co-designed with persons with psychosocial and intellectual disabilities.
- Establish participatory feedback mechanisms to enhance accountability and responsiveness in service delivery.
- Government Disability Focal points to share and use this CBID position paper as an internal advocacy and policy alignment tool. Strengthening the capacity of focal points to champion CBID from within government can enhance whole-of-government understanding, reduce 'us vs. them' dynamics, and improve translation of policy into practice.
- Integrate disability-inclusive climate resilience and DRR strategies into national and local planning, ensuring early warning systems, emergency shelters and evacuation plans are accessible to all.
- Expand social protection mechanisms for economic security.
- Invest in community-led disability data collection to improve planning and accountability.
- Use regional convenings to co-design solutions to complex CBID issues.

© Pacific Disability Forum, 2025

Service providers (healthcare, education, livelihood and social services)

Role: Service providers deliver essential services and ensure disability-inclusive approaches are integrated across sectors.

Key recommendations for service providers:

- Implement ongoing training for service providers on rights-based inclusive practices in partnership with OPDs.
- Ensure accessibility in healthcare, education, livelihood and social service facilities.
- Collaborate across sectors to create a holistic approach to disability inclusion, ensuring active participation of OPDs.
- Ensure service delivery systems are resilient to climate-related disruptions and include emergency preparedness measures that are accessible to persons with disabilities.
- Strengthen the availability of rehabilitation services and assistive devices.
- Improve data collection on disability inclusion to inform service improvements.
- Promote digital safety and inclusion by developing policies and programs that address cyberbullying, improve digital hygiene, and ensure accessible and secure online participation for persons with disabilities.
- Transition away from institutional and segregated service models by partnering with communities, OPDs, and families to co-design inclusive, rights-based community supports. This includes investing in peer support, culturally grounded psychosocial services, and community-based crisis and housing supports that enable persons with disabilities to remain in their homes and communities.
- Strengthen disability inclusion practices within justice services and build disability-targeted justice services where needed, for example when persons with psychosocial disabilities are denied legal capacity or are hospitalised involuntarily.
- Ensure accessible infrastructure is also environmentally sustainable.
- Engage local leaders, persons with disabilities and their families in co-designing inclusive services tailored to community needs.

© Pacific Disability Forum, 2025

Communities (including village communities and faith-based organisations)

Role: Communities ensure that social structures and local initiatives are inclusive of persons with disabilities.

Key recommendations for communities:

- Promote disability awareness and challenge stigma and ableism through community Talanoa (dialogue).
- Support positive shifts in community attitudes and practices around caregiving by promoting shared responsibility and valuing the care work of all community members, including women and persons with disabilities.
- Ensure persons with disabilities participate in local decision-making and planning.
- Establish community support networks for families of persons with disabilities.
- Develop inclusive infrastructure and services at the community level.
- Strengthen community-based disaster preparedness and resilience by involving persons with disabilities in DRR planning, and ensuring accessibility in emergency response protocols.
- Collaborate with OPDs and government to advocate for disability-inclusive development.
- Strengthen informal caregiving networks and peer support groups.
- Encourage and support faith-based organisations to integrate accessibility into places of worship.
- Encourage partnerships between community groups and OPDs to co-create inclusive solutions.

Donors and development partners

Role: Donors and development partners provide financial, technical, and policy support to advance disability-inclusive development.

Key recommendations for donors and development partners:

- Support sustainable, long-term funding for CBID initiatives, ensuring meaningful engagement with OPDs and diverse representation throughout the program cycle.
- Strengthen partnerships with Pacific governments to support the integration of CBID into national and subnational policies, systems, and service delivery.
- Invest in regional collaboration, frameworks, and convening platforms that advance CBID, build cross-country learning, and promote coordination between governments, OPDs, and service providers.

© Pacific Disability Forum, 2025

- Prioritise local capacity strengthening and leadership, including core funding for community-based organisations and service providers with reach and trust at the local level.
- Encourage multi-sectoral approaches, ensuring that disability inclusion is embedded across broader development agendas – including health, education, employment, and DRR.
- Fund inclusive climate adaptation and DRR initiatives that actively involve and protect persons with disabilities, especially those in rural and outer island communities.
- Promote research and data collection to inform evidence-based funding, programming, and policy decisions across sectors.
- Invest in inclusive economic participation, including disability-specific entrepreneurship, microfinance, and social protection programs that reflect gender, age, and disability diversity.
- Align funding strategies with global frameworks, including the CRPD, SDGs, and the 2050 Strategy for the Blue Pacific Continent.
- Shift funding models to prioritise local leadership and decision-making, ensuring communities and OPDs drive the design, implementation and monitoring of CBID efforts.

Private sector

Role: The private sector contributes to economic inclusion through employment, innovation, and corporate social responsibility (CSR).

Key recommendations for private sector stakeholders:

- Implement disability-inclusive hiring policies and workplace accommodations.
- Ensure products, services and digital platforms are accessible and affordable.
- Invest in assistive technologies and inclusive innovations.
- Support disability-inclusive initiatives through CSR programs and partnerships with OPDs.
- Develop impact-driven business models that create employment opportunities and accessible services for persons with disabilities.
- Promote vocational training and small business support for persons with disabilities.
- Ensure inclusive workplace policies also address environmental sustainability.
- Collaborate on developing and promoting inclusive business continuity plans and DRR strategies that consider the needs of employees and customers with disabilities.
- Partner with local businesses to create employment and livelihood opportunities for persons with disabilities.

© Pacific Disability Forum, 2025

Media

Role: Media plays a critical role in shaping public perceptions, raising awareness, and promoting disability inclusion across all sectors.

Key recommendations media at all levels:

- Raise awareness and combat stigma and ableism by promoting positive rights-based narratives on disability inclusion.
- Provide a platform for persons with disabilities to share their stories and perspectives.
- Advocate for disability-inclusive policies and highlight gaps in implementation.
- Work with local media to amplify grassroots disability inclusion efforts and successes.
- Ensure accessible communication formats in all media content.
- Partner with OPDs and service organisations to develop awareness campaigns and accurate reporting on disability issues.
- Promote ethical reporting standards and diverse representation in storytelling.
- Strengthen digital accessibility in media platforms.

Conclusion

CBID is essential for ensuring the rights of persons with disabilities in the Pacific. It is a proven, globally recognised approach that works within traditional community structures to create real and lasting change. It reflects the Pacific Way – person and family centred, strengthening relationships, sharing responsibility, and ensuring no one is left behind.

This paper calls on governments, donors, and development partners to recognise CBID as a long-term, locally led solution for disability inclusion. It must be supported and resourced – not only through policy and planning, but through investment in the people and systems already working to realise rights at the community level.

Real change begins in communities. When we strengthen local leadership and honour lived experience, we create inclusive societies where all persons with disabilities can participate fully.

© Pacific Disability Forum, 2025

Appendix 1: CBID in action - practice examples

These Pacific CBID examples are against each component of the matrix. Some examples show demonstrate inclusion of persons with disabilities in relation to one right under the CRPD or one component of the CBR matrix e.g. health or education. Other examples reflect how Pacific stakeholders are working to realise rights across the CBR matrix, including in climate and DRR efforts.

Health practice examples

Knowing our rights, using our voice in Fiji

In villages across Fiji, women and youth with disabilities are learning that they have rights – and that those rights matter. Through Fiji Disabled Peoples Federation's (FDPF) community outreach, discussions about gender, disability and violence are beginning to take place in spaces where they never had before. What started initially as a small pilot funded by the Transformative Agenda Program in 2022, is now sustained by the Ministry of Health, supported by partners like UNFPA and Medical Services Pacific.

For many participants, it's the first time they've heard terms like "gender-based violence" or understood that economic abuse – like someone taking their money – is not okay. People share personal stories and are often emotional about the challenges they face daily. Awareness is growing, and so is confidence.

Community-based programs are now linking people with the services they need, whether it's medical help, legal support, or just someone to listen. In some cases, women who were silent are now speaking up, asking questions, and reaching out for help.

This isn't just a project - it's a shift in power. It's about giving persons with disabilities the tools to understand their rights and the confidence to use them. Slowly but surely, these conversations are breaking cycles of silence and creating safer, stronger communities for everyone.

In one community in Sigatoka, the ripple effect continued. When it came time to implementing a new water, sanitation, and hygiene (WASH) program community members – already exposed to inclusion through the Sexual and Reproductive Health and Rights (SRHR) work – made sure that persons with disabilities were consulted. The result was accessible WASH facilities that worked for everyone.

© Pacific Disability Forum, 2025

Persons with psychosocial disabilities bridging the gap and building the future

In the Pacific, persons with psychosocial disabilities often face significant barriers when returning home from psychiatric hospitals. Without adequate support, some are left in unsafe environments, excluded by families, or forced to live on the streets. Recognising this gap, a vision was birthed by to have a tailored support to members who are discharged from St. Giles. A 'reintegration concept' resulted in a pilot program, the first in the Pacific to be tested with the vision to scale with other members of the Pacific Disability Forum in the Pacific. The Psychiatric Survivors Association (PSA) is piloting a reintegration program that goes beyond discharge—it's about ensuring rights, dignity, and lasting community support. The program is supported by St Giles Psychiatric Hospital, ready to refer patients directly to PSA upon discharge.

PSA team have enhanced their capacity and designed tailored training for individuals with psychosocial disabilities, their families, and community leaders. The training focuses on self-care, hygiene, medication routines and non-medicinal therapies, understanding rights, and available services—preparing individuals, families and communities to support a safe return home. PSA also works with local leaders to create inclusive environments and reduce stigma.

PSA's work also addresses intersecting issues such as drug use and HIV. They raise awareness to help members understand their rights and responsibilities, while also working with the justice system to ensure inclusive, accessible access to justice.

The next step is establishing a dedicated facility—a safe space for daily programming, rehabilitation, peer support, and family education.

Though the full vision is still unfolding, PSA's pilot is already gaining attention across the Pacific. With support from Transforming Communities for Inclusion, Pacific Disability Forum, Disability Rights Fund, and CBM Australia, PSA is building a model led by persons with psychosocial disabilities, for persons with psychosocial disabilities. By centring lived experience and engaging families, health and justice sectors, and communities, PSA is laying the groundwork for a sustainable, rights-based transition from hospital to home and community life—one that could become a blueprint for the region.

© Pacific Disability Forum, 2025

Education practice example

Co-creating change in classrooms across Tonga

In Tonga, a quiet transformation is unfolding in classrooms – from bustling urban schools to the farthest islands. It began with a shared goal: to support every teacher in reaching every learner, especially children with disabilities. What made this different was how it happened. OPDs, service providers, teachers, and the Ministry of Education and Training came together, side by side, to co-create a resource for inclusive education.

This wasn't just another manual. It was built through two days of Talanoa, where school principals, government representatives, OPDs, mission and Technical and Vocational Education and Training (TVET) schools all brought their ideas to the table. Together, they developed teaching strategies, shared real experiences from the disability community, and created tools to support learners with different disabilities. Deaf learners were included too, with basic sign language and communication support.

The draft manual is now being drafted, and once validated, it will be officially adopted by the Ministry. Training for teachers will follow, supported by partners like UNICEF and University of the South Pacific (USP). The Ministry has also employed a teacher with a disability to help guide the Inclusive Education Unit, showing real commitment to change.

This activity is about more than a policy or a workshop - it's about how collaboration and cultural respect can build resources that reflect the reality of learners and teachers across Tonga. It's about listening to OPDs, respecting lived experience, and working together to make sure no child is left behind. As one OPD leader put it, "We don't wait for perfect funding or perfect systems. We show up, because our children deserve to be seen, taught, and supported".

"Funding or no funding our work is non-stop. We still show up and advocate, we still have courage to stand up for persons with disabilities. Our children deserve to be seen, taught, and supported." Feofaaki Leka, Tonga National Vision Impairment Association.

Livelihood practice examples

Rooted in the village, grown by the people

In a village in Fiji, change didn't come from the outside. It started with the land, the people, and a shared understanding that their future was already in their hands. With fertile soil and strong relationships, the community decided to plant kava – not just for tradition, but for purpose. Each family contributed to the harvest, and together, they sold enough kava to raise over FJD800,000. The goal was to build a community hall that could double as an evacuation centre.

From the beginning, persons with disabilities were at the table. The hall was made fully accessible, with spaces for women to create handicrafts, and features designed by and for persons with disabilities. That inclusion wasn't accidental – it was the result of a twin-track approach.

Over a decade ago, PDF and the International Labour Organization ran a “Start Your Own Business” training program. Entrepreneurs from that program are in this village growing their farms and small businesses today. With new knowledge and confidence, they shifted from subsistence to commercial farming – and they began to influence how community resources were used.

This is what CBID looks like when it’s community-owned, community-resourced, and community-led. It’s about recognising what’s already there – land, people, culture – and creating space for everyone to take part in shaping their future. It’s not just about livelihoods, it’s about dignity, contribution, and making sure every person has a voice in the development of their village. As one community leader said, “CBID is not about coming to change the way people live - it’s about planting a seed that grows in its own way”. Village Headman, Fiji.

Respect at the table: home-based business restoring dignity

In many Fijian communities, contributing to the family and village is a valued part of identity and belonging. For persons with psychosocial disabilities, this cultural expectation has often led to exclusion—especially when support is lacking for them to participate equally.

In Fiji PSA was the only organization mobilizing to support and assist all street dwellers in the capital city. We provided hot meals, PPE’s, screening and awareness to them. We also advocated on their rights to law enforcement officers. After COVID-19, a situational analysis by the Psychiatric Survivors Association (PSA) revealed this gap. Many members shared that they felt overlooked not just because of their disability, but because they weren’t seen as contributors.

In response, PSA launched a home-based economic empowerment program—led by and for persons with psychosocial disabilities. With tailored training drawing on the International Labor Organization’s Start Your Own Business Training, inclusive business planning, start-up grants and support from carers and community leaders, more than 30 people with psychosocial disabilities have started small enterprises—from sewing and weaving to poultry, crab farming and grass cutting. These businesses are run from home, restoring dignity and shifting perceptions. The initiative is making an impact to persons with psychosocial disabilities and the families, with a learning being that regular support is required beyond the current business model for peer support and one to one mentoring to ensure that individual businesses are sustainable.

Participants are rediscovering their value. *“They kept asking if these activities could happen every day,” a PSA team member shared. “They felt recognised—not for their impairment, but for their strengths and contributions to their families and communities.”*

© Pacific Disability Forum, 2025

Social practice examples

Support services as a livelihood option

In the past, many persons with disabilities in the Cook Islands had to leave their homes to receive care. Some ended up in hospitals, while others had to move overseas. CBR had always been part of the approach, but care and support remained limited. Over time, this component of the CBID approach has evolved.

At first, rehabilitation services were mainly delivered in centres, but as understanding grew, the approach shifted. The government started working with the community, developing referral pathways so that services could reach people in their homes. Formal caregiving was once seen as something only for those on government benefits, but today, it is recognised as a valuable profession. Caregivers now provide support to multiple people in the community, and the government has begun to acknowledge its importance.

One major step forward was the government's decision to fund Te Vaerua CBR Centre to provide caregiver training. At the same time, nurses who had worked in hospitals saw an opportunity to create home-care businesses, allowing people to remain in their communities instead of seeking care abroad. The shift has been gradual, but today, more persons with disabilities can live at home with the support they need. The Cook Islands' experience shows that with time and commitment, care and support can evolve to truly serve the community.

The cost of being included – why CBID helps reflect real lives

CBID is often talked about in terms of rights, it's also about realities. For someone in an urban centre of Fiji, the bus fare to access a service might be $1. For someone on a remote island, it's a $20 boat ride, followed by a truck journey inland. That difference matters – and it's why CBID is essential.

FDPF draws on its community branches to highlight these hidden costs. In consultations on social protection, they've shown how a one-size-fits-all approach fails to meet the needs of persons with disabilities. Whether it's the cost of fuel, access to mobility devices, or the challenge of communication in remote areas, CBID helps make these gaps visible.

Social protection is about designing support systems that work. FDPF branch leaders help gather the evidence, speak from lived experience, and influence national discussions. Their stories are about solutions.

The challenge is that while CBID helps shape inclusive policy, the results often don't trickle back to the communities who influence policy. Funding is limited and branches operate on volunteer time. The government recognises disability in national planning, but budgets rarely reflect the true cost of participation.

© Pacific Disability Forum, 2025

Inclusion is not about equal inputs - it's about equitable outcomes. CBID provides the tools, language, and community voice needed to bridge that gap. It helps decision-makers see what inclusion really costs – and why it's worth it. To move forward, CBID must be recognised not just as a grassroots movement, but as a practical tool for policy, budgeting, and service delivery. Only then will inclusion be more than a goal – it will be a reality.

Empowerment practice examples

One vision, many pathways: advancing rights through CBID in Tonga

Lavame'a Ta'e'iloa Disabled People Association Incorporated (LATA), an OPD focusing on the rights of marginalised persons with disabilities in Tonga, has been strategically transforming the landscape of disability rights. Recognising that true empowerment requires more than just advocacy, LATA invested in building the capacity of persons with disabilities while mobilising funding from multiple sources to turn rights into reality. Their approach was simple but powerful – every project needed to connect with the next, creating a continuous pathway toward inclusion.

LATA's journey began with leadership and governance training, equipping persons with disabilities with the skills to navigate and influence decision-making spaces. This foundation allowed persons with disabilities to successfully advocate for disability-inclusive DRR initiatives, ensuring that persons with disabilities were included in emergency response committees across Tonga's outer islands. Today, these committees are not just planning for persons with disabilities – they include them at the decision-making table.

By aligning funding opportunities with the CRPD framework and using the CBR matrix to conceptualise programs, LATA expanded its impact. From disability-inclusive health initiatives to climate change workshops, vocational training, and access audits for churches, each project built on the last. They worked across multiple sectors – education, employment, governance, and disaster preparedness – proving that CBID is not a standalone effort but a way of thinking that integrates disability inclusion into all areas of life.

LATA's success highlights a crucial lesson: CBID and CRPD are inseparable. LATA's strategic approach demonstrates that with the right vision and investment, persons with disabilities can move from the margins to the centre of community decision-making, ensuring that their rights are not just recognised but realised.

LATA acknowledges its funders: the Governments of Australia, New Zealand and the United States of America, Disability Rights Fund, Global Climate and the World Council of Churches, that supported the above achievements.

© Pacific Disability Forum, 2025

Climate resilience and disaster risk reduction practice example

Inclusion in the eye of the storm – why Fiji's Disability Emergency Operations Centre (DEOC) must be resourced

When disaster hits, persons with disabilities are often left behind – not out of neglect, but because systems were not built with them in mind. In Fiji, the Fiji Disabled Peoples Federation (FDPF) stepped in to change that. At the request of the National Disaster Management Office (NDMO), a Disability Emergency Operations Centre (DEOC) was activated – led by FDPF.

This DEOC coordinates directly with community branches, gathers situation reports (sitreps), and ensures food, dignity kits, and medical supplies reach those who are often out of sight in emergencies. The reality is, many persons with disabilities aren't in formal evacuation centres – they're at home, because most centres are not accessible. Through the DEOC, FDPF makes sure no one is forgotten.

But here's the challenge: while the kits and supplies like mattresses, cooking utensils, raincoats, radio and power banks are funded by various donors, the DEOC itself is run by volunteers who receive an allowance while on shift. The DEOC in terms of its operations, staff time, coordination, communication and infrastructure is under resourced. To ensure it operates, OPD staff are not paid, sharing devices and snacks, using personal resources to run a national-level emergency response system that supports persons with disabilities during a disaster.

And yet, it works, because FDPF has what many systems lack – trusted community relationships, a network of trained branches, and the lived experience to know where the needs are. The DEOC has proven itself time and again. Now, it's time to formalise it.

The call is clear: the DEOC must be embedded within Fiji's national disaster structure and funded accordingly. Not just because it works – but because inclusive humanitarian response is a right, not a bonus. When persons with disabilities are part of the system, not just the response, everyone is safer.

From village to national systems in Vanuatu – inclusion must be built in

When COVID-19 swept through Sanma Province, the official data systems had no way of identifying how many persons with disabilities were affected. But the Vanuatu Disability Promotion & Advocacy Association (VDPA), the national OPD, and the Vanuatu Society for People with Disability (VSDP), a disability service provider, knew where to start: with their communities.

With no disability-disaggregated data to guide them, the two organisations relied on strong local knowledge and trusted relationships. Together, they travelled across East Malo – by boat, on foot, and over rough roads – to reach 77 persons with disabilities in 11 villages. Many of those they found had not been included in the government's previous data collection in 2019. In these remote coastal and inland communities, people received essential food, masks, soap, and COVID-19 awareness sessions. They were seen, supported, and reminded that their lives mattered.

But as effective as the response was, it exposed a deeper issue. The link between villages and national systems is too fragile. Community organisations should not have to carry the full weight of disaster response alone. Their reach and resourcefulness is vital – but without strong national systems that include persons with disabilities in data, planning, and emergency response, too many will continue to fall through the cracks.

This is not just about reacting to a crisis. It's about building a future where inclusion is embedded from the start. Where the strengths of village communities connect to national commitments. Where persons with disabilities are part of the system – not dependent on being remembered by it. Where no one is left behind – no matter where they live.

More stories

Due to the limited resources and time to produce this paper, the stories shared reflect the experiences of only eight (8) countries across the Pacific. This is not the true breadth or depth of Pacific CBID practice today. More stories, shown in video format, can also be accessed at the following links:

- Community Based Inclusion The Pacific Way
- End the Cycle of Poverty and Disability (global focus, including the Pacific)

Appendix 2: CBID as a precondition for inclusion

Preconditions for inclusion are a framework of six elements that PDF advocate as essential to building an enabling environment for the inclusion of persons with disabilities in all aspects of society. CBID sits alongside five other critical preconditions: non-discrimination, accessibility, assistive technologies/devices, support services, and social protection.

The inclusion of CBID as a precondition highlights that without it, persons with disabilities will continue to face exclusion – from education, healthcare, disaster response, employment, political participation, and everyday life. CBID is a practical solution to the daily barriers persons with disabilities face in their communities. It also underscores the need for programs and policies to adapt to and build upon the Pacific's diverse community contexts.

The six preconditions are interdependent, and as such CBID is key to delivering each of them. For example, accessibility is ineffective without assistive devices, and assistive devices are often distributed through CBID. Social protection schemes may exist but CBID workers and programs and/or OPDs are often essential to ensuring persons with disabilities are able to access assessment processes, as well as alternatives to long commutes to collect their entitlements. Peer-to-peer support and rights awareness for persons with disabilities and their families are strong components of non-discrimination. These support services are often facilitated through CBID approaches and programs.

Ultimately, the success of the preconditions framework depends on treating the six preconditions as interconnected and mutually reinforcing. CBID ties them together at the community level – turning policies into practice and rights into reality. It demands that governments, OPDs, and stakeholders work collaboratively through a holistic, inclusive policy model that addresses systemic barriers in a coordinated way. Refer to the Preconditions for Inclusion Issues Paper: Complete Series (November 2024) for more information.

© Pacific Disability Forum, 2025

Appendix 3: The Pacific CBID journey

The Pacific has a rich and intentional history of Community-Based Rehabilitation (CBR), evolving into Community-Based Inclusive Development (CBID). CBID in the Pacific has been actively shaped and led by Pacific communities, OPDs, CSOs, and governments. This history reflects not only global shifts but also Pacific priorities in advancing disability rights and inclusion at the community level.

Early CBR in the Pacific (1970s–1980s)

CBR was introduced by the World Health Organization (WHO) following the 1978 Alma-Ata Declaration. It aimed to improve access to rehabilitation services in low- and middle-income countries by leveraging local resources.[5,6] In the Pacific, early evidence of CBR dates back to the 1970s and 1980s, particularly in Papua New Guinea, Solomon Islands, Vanuatu, Samoa, and Fiji.[7] CBR focused primarily on rehabilitation and support for individuals with disabilities and their families, especially in rural and remote areas.[8] CBR activities or programs were often initiated by national and international non-government organisations like CBM International and Hellen Keller International or UN agencies such as WHO, International Labour Organization (ILO) and the United Nations Economic, Social and Cultural Organization (UNESCO). In countries like Solomon Islands and Fiji, CBR services were provided through the Ministries of Health.

The introduction of CBR shifted the roles and power relationships from the expert professional to the person with disabilities, family, and community. It used a person-centred, person-directed and community-based practice in which local family and/or community members were trained in basic rehabilitation with periodic visits by trained personnel to ensure continuum of care and support.[9] However, the quality and regularity of programs or services varied depending on resources, availability of personnel, assistive products, geographic location and access to training. Many are still run and funded as a program or service today, however, the approach to how they work continues to shift as awareness about the CRPD and CBID as an approach to implement the CRPD grows.

5. World Health Organization (WHO) (2004). A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities (Joint Position Paper with ILO & UNESCO). Geneva: WHO.

6. World Health Organization (WHO), Western Pacific Region (2017), Community Based Rehabilitation

7. Pacific Regional Framework for Community Based Inclusive Development 2016-2021.

8. Millington, Villeneuve, Waloki, & Pala (2017). CBR Practice and Education the Pacific Way

9. Millington, Villeneuve, Waloki, & Pala (2017). CBR Practice and Education the Pacific Way

Disability rights movement and transition to CBID (1990s–2000s)

By the 1990s and early 2000s, Pacific OPDs began influencing CBR programs, advocating for self-determination, social inclusion, and a shift away from purely medical approaches. Recognising that rehabilitation alone was insufficient, CBR practitioners and OPDs expanded their focus to education, employment, and broader human rights advocacy and programs. WHO, ILO, and UNESCO responded by reframing CBR within a social inclusion and poverty reduction context, laying the groundwork for CBID.[10]

The CRPD and strengthening CBID (2006–2015)

The adoption of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2006 marked a major turning point. Many CBR programs aligned their strategies with CRPD principles, broadening their focus to also include livelihoods, empowerment, social inclusion, governance, and advocacy. The 2010 WHO CBR Guidelines and CBR matrix provided a more structured community-driven, rights-based framework, reinforcing CBID as a holistic approach to disability-inclusive development. CBR/CBID was further endorsed by member states in the WHO global disability action plan 2014-2021.

As the CRPD gained traction across the Pacific, the Pacific Disability Forum (PDF) and Pacific OPDs also advocated for inclusive development through policies and programs that ensured persons with disabilities had access to services like education, livelihoods, and social protection. PDF wanted an approach to break down community barriers, increase persons with disabilities' access to both mainstream and disability-specific services, and empower and enable individuals and their families to participate fully in community life.

Institutionalising CBID: Pacific-led commitments, initiatives and networks (2011–Present)

At the 2011 Asia-Pacific CBR Congress in Manila, Pacific representatives engaged with WHO and development partners, requesting support to expand CBR efforts in the region. This led to the First Pacific Islands Community-Based Rehabilitation Forum (2012, Fiji), in which 78 people attended across government officials, OPDs, service providers, and training institutions representing 18 Pacific countries. It was supported by WHO, the Asia-Pacific CBR Network, the Australian Government, Motivation Australia, Pacific Islands Forum Secretariat (PIFS) and PDF. The forum resulted in the Pacific Regional CBR Action Plan (2012–2014) and the establishment of the Pacific CBR Network.[11] PIFS, PDF and WHO collaborated thereafter to support country CBR efforts and sub-regional level CBR training between 2013 and 2014. The Melanesian Subregional Forum was held in Solomon Islands, the Micronesian Subregional Forum was held in Federated States of Micronesia and the Polynesian Subregional Forum was held in Samoa. A second regional forum was held in 2015 and the third in 2018.

10. World Health Organization (WHO) (2004). A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities (Joint Position Paper with ILO & UNESCO). Geneva: WHO.

11. Pacific Disability Forum (2015), Community Based Rehabilitation in the Pacific: presentation at the 3rd Asia Pacific CBR Congress in Japan.

© Pacific Disability Forum, 2025

The Pacific CBR Network Committee was intentionally established to represent the three subregional constituencies in the Pacific, namely Melanesia, Micronesia and Polynesia. Members representing government, OPDs, service providers and training institutions from these three subregions constituted the committee. PDF and PIFS provided the coordination support. The Committee still exists today, albeit inactive due in part to the absence of a regional CBR conference in recent years and the transition of the committee to function as part of the governance mechanism of the PDF Board.

A 2015 evaluation of the first Pacific CBR Action Plan (2012–2014),[12] supported by WHO, assessed that there had been increasing government commitment to CBR. CBR had become a central element of national disability policies. For example, Cook Islands used the CBR matrix as the framework of its national disability policy. CBR was also stated as a priority, service, program and/or approach in national disability policies of the Governments of Fiji, Kiribati, Samoa, Solomon Islands, and Papua New Guinea (PNG). An increasing number of governments had also allocated budgets and funded human resources for CBR, including in Vanuatu, Kiribati, Solomon Islands and Fiji. The evaluation informed the development of the next strategy, the Pacific Regional Framework for Community Based Inclusive Development 2016–2021.

At the regional level, Pacific Leaders endorsed the Pacific Regional Strategy for Disability 2010–2015, and the succeeding Pacific Framework on the Rights of Persons with Disabilities 2016–2025 (PFRPD). Both regional frameworks reflected CBID principles and priorities with their explicit focus on the inclusion of persons with disabilities in mainstream and targeted programs, services and governance processes at the community level. PDF and Pacific OPDs continued strong advocacy regarding CBID, including naming CBID as a core element in PDF's 'preconditions for inclusion framework' which was first outlined in their 2018 SDG-CRPD Monitoring Report. CBID is also a cross-cutting theme in PDF's 2021-2025 Strategic Plan.

In 2021, during the COVID-19 pandemic, PDF and the Global CBR Network co-facilitated Pacific regional dialogues on CBR/CBID, covering five key topics: community support, financial well-being, community innovations, justice and empowerment, and intersectionality. Similar dialogues were held in Africa, the Americas, Asia, and the Arab regions. The final report examined regional trends, COVID-19's impact, and future directions, informed this paper.[13]

12. Parasyn (2015), Evaluation Report: Evaluation of CBR progress in the Pacific region since the establishment of the first Pacific CBR Action Plan 2012-2014.

13. Aldersey & Ahmed (2022), CBR/CBID Regional dialogues, CBR Global Network.

Shifts toward CBID terminology and advocacy (2015–Present)

Since 2015, CBID terminology has gained traction as regional and global organisations (International Disability Alliance, Asia Pacific Development Centre on Disability, International Disability and Development Consortium, PDF, and development partners) increased their advocacy for community-driven, inclusive development. Shifts in references and narratives regarding CBID are being increasingly seen in policy papers, reports, international advocacy efforts, published research, and in regional and global discussions such as the Global Disability Summit 2018 and 2022.

Training and workforce development

The need for trained CBID practitioners has been a long-standing challenge. Initially, CBR training relied on visiting physiotherapists, occupational therapists, and speech therapists from abroad. To address this, formalised training programs were introduced including:

- Fiji National University (mid–2000s): Certificate in Disability and CBR
- Solomon Islands National University (ongoing): Diploma in CBR
- Callan Studies National Institute, PNG: Certificate in CBR

With the shifts towards CBID, many programs continuously evolve in curriculum, certification level and name. The lack of resources for CBR/CBID positions limit the number of jobs available, despite the local need for services.[14]

Professional development for CBR practitioners has been and still is sought from the Australia-Pacific Technical College's (APTC) Australian qualification Certificate IV in Disability and on-the-job training via donor volunteer programs, such as from Australia and Japan. Pacific organisations and governments also draw on their own partnerships with providers abroad who run periodic training.

Given CBID's cross-sectoral nature, there is a need to build the understanding and capability of professionals across a wide range of sectors – not only in health and rehabilitation, but also in education, social protection, local governance, climate change and emergency management, and community development. In addition to general awareness and training for all frontline workers, there is a growing demand for targeted personnel who play a direct role in enabling access and inclusion. These include, but are not limited to, allied health practitioners, inclusive education support staff, sign language interpreters, disability focal points, personal assistants, and mobility and assistive technology specialists. The long-term sustainability of CBID depends on integrating these roles into national systems and investing in Pacific-led training pathways.

14. Millington, Villeneuve, Waloki, & Pala (2017). CBR Practice and Education the Pacific Way.

Appendix 4: Pacific CBID matrix – sixth component: Humanitarian and Climate Action

The sixth component of the Pacific CBID matrix, 'Humanitarian and Climate Action', addresses the disproportionate impact of disasters and climate change on persons with disabilities, and the particular relevance of humanitarian and climate action to the Pacific region. It aligns with the Pacific Disability-Inclusive Humanitarian and Resilient Development Strategy (2025–2035), ensuring that disability inclusion is embedded across preparedness, response, recovery, and adaptation strategies.

Sub-areas of the component

Inclusive risk information, early warning and preparedness

Ensure persons with disabilities access, co-create, and act on early warning systems and preparedness measures, including accessible communication formats for persons with diverse disability types, including intellectual and psychosocial disabilities, Deaf and Deafblind people, people with low literacy or minority languages, and people in remote areas. Ensure risk communication about, for example, cyclones, flooding, earthquakes, pandemics, sea level rise is shared with communities in ways that are timely, clear, accessible, and actionable – before, during, and after disasters.

Accessible and resilient services, systems and infrastructure

Strengthen universal access to resilient infrastructure and services, including accessible evacuation shelters, WASH, health and gender-based violence services, and all services developing specific plans for persons with disabilities to ensure their continuity of care during emergencies.

Climate-resilient livelihoods, protection, social support and recovery

Promote inclusive, climate-smart livelihoods, social protection systems, and long-term economic recovery that address disability-related risks and are gender-responsive. While livelihoods is its own column of the matrix, the high need for climate-focused action requires emphasis and specific consideration of elements such as economic recovery after disaster events and climate-resilient skills and livelihood programming.

© Pacific Disability Forum, 2025

Coordination and partnerships

Leverage and coordinate the collective skills, expertise, connections and resources of the various actors in the sector to ensure the most effective and efficient climate and humanitarian action for persons with disabilities in all their diversity. Ensure that persons with disabilities and OPDs have equitable access to humanitarian and climate finance, decision making and governance mechanisms.

Community capacity and learning inclusive resilience

Empower individual, households, communities, faith-based organisations and community-based DRR and climate action programs to effectively respond to and recover from disasters, ensuring resilience and inclusion of persons with disabilities – particularly women with disabilities and other marginalised persons with disabilities.

Pre-Conditions Awareness Program in Te Toa Matoa (OPD), in Kiribati.

Appendix 5: List of contributors

Below is a list of people consulted to inform this paper and/or who contributed stories and practice examples.

Country/Region	Person interviewed	Organisation	Stakeholder Type
Cook Islands	Ngatokotoru Tara, Co-Chair	Cook Islands National Disability Council (CINDC)	OPD
Cook Islands	Destiny Tara Tolevu, Board Member	Cook Islands National Disability Council (CINDC)	OPD
Fiji	Setareki Macanawai, President	Fiji Disabled Peoples Federation (FDPF)	National OPD
Fiji	Senimelia Seru, Office Manager	Fiji Disabled Peoples Federation (FDPF)	National OPD
Fiji	Anaseini Vakaidia, Sexual and Reproductive Health and Ending Gender Based Violence Program Coordinator	Fiji Disabled Peoples Federation (FDPF)	OPD
Fiji	Village Headman	-	Fijian village
Fiji	Sera Osborne, Office Manager	Psychiatric Survivors Association	OPD
Palau	Tess Nobuo, Office Manager	OMEKESANG	National OPD
Samoa	Mataafa Faatino Utumapu, General Manager	Nuanua O Le Alofa, Disability Advocacy Organisation (NOLA)	National OPD, one of the first members of the Pacific CBID/CBR Committee
Samoa	Sharon Suhren, Principal	Loto Taumafai Society	Service provider
Solomon Islands	Elsie Taloafiri	Ministry of Health	Government

© Pacific Disability Forum, 2025

Country/Region	Person interviewed	Organisation	Stakeholder Type
Tonga	Rhema Misser	Lavame'a Ta'e'iloa Disabled People Association Inc (LATA)	OPD
Tonga	Unaloto Faingata'a Halafihi	Naunau 'o e 'Alamaite Tonga Association Incorporated (NATA)	OPD
Tonga	Feofaaki Leka	Tonga National Vision Impairment Association	OPD
Tonga	Tanoa Tui, Principal Education Officer	Ministry of Education and Training	Government
Vanuatu	Nelly Caleb, Office Manager	Vanuatu Disabled People's Association (VDPA)	National OPD
Pacific	Maria Miller, Program Officer	Pacific Disability Forum	Regional OPD
Pacific	Sainimili Tawake, Chief Executive Officer	Pacific Disability Forum	Regional OPD
Pacific	Sisi Coalala, Manager Inclusive Development	Pacific Disability Forum	Regional OPD
Pacific	Simione Bula, Pacific Programs Coordinator	CBM Australia	INGO
Pacific	Melinia Nawadra, Team Leader Social Policy and Social Inclusion Adviser	Pacific Islands Forum Secretariat	Intergovernmental Secretariat of Pacific Governments
Global	Hannah Birks, Shelly Thomson, Larissa Burke, Victoria Halliday	Australian Government Department of Foreign Affairs and Trade (mix of teams - Office of the Pacific, Gender Equality, Disability and Social Inclusion Branch, Health and Universal Health Coverage Section	Donor