

# CBR/CBID Regional Dialogues

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# Executive Summary

The CBR Global Network (CGN) collaborated with five regions of the global CBR/CBID networks to organize online dialogues to continue the conversations around CBR/CBID on a global scale, in light of the postponement of the 3<sup>rd</sup> CBR/CBID World Congress due to the COVID-19 pandemic. Between October and November, 2021, each regional network (Africa, the Americas, Asia, the Pacific, and the Arab regions) held virtual dialogues on five key topics - community level support; poverty, work and financial well-being; innovations in the community; justice, choice and power; and intersectionality and CBR/CBID. Each of the five regions hosted five dialogues, making twenty-five dialogues total.

The dialogues, which lasted approximately 2 hours each were led by a facilitator who provided an introduction to the topic before putting the participants in breakout rooms to discuss common questions on each topic. The dialogues concluded with participants reporting back their breakout room discussions to the plenary. Each dialogue was audio recorded and transcribed for analysis. Analysis was completed using NVivo12 software to organize the data, with the two authors coding the dataset (verbatim dialogue transcripts, chat logs, and supplementary notes) both deductively and inductively, to explore the trends and issues presented during the dialogue in each of the topic areas, and any similarities or differences in topic areas and CBR/CBID practice across the various regions. Based on those findings, the authors identified some potential future directions for the CBR Global Network to explore.

This report presents the common themes identified across the five regions and according to the five key topics. Additionally, we have included one overarching topic COVID-19 and CBR/CBID, as it was a common theme that threaded across the five key topics. The findings detail important experiences of the CBR/CBID stakeholders around the globe, and may inform the thematic planning of the 3<sup>rd</sup> CBR/CBID World Congress.

In total, each theme had approximately 200 discussants. Discussants included both persons with and without disabilities. Table 1 below provides the specific participant information.

Table 1 : CBR Dialogue Participants Summary Table

Topic	Participants by Gender	Participants with Disability
Community Level Support	Total = 198 (93 F, 99 M, 6 Other/Not Specified)	Physical = 33; Visual = 17; Hearing = 5; Sensory = 1; Psychosocial = 1
Poverty, Work, and Financial Well-being	Total = 258 (110 F, 129 M, 9 Other/Not Specified)	Physical = 52; Visual = 24; Hearing = 8; Intellectual = 1
Innovations in the Community	Total = 167 (75 F, 82 M, 10 Other/Not Specified)	Physical = 22; Visual = 13; Hearing = 5; Intellectual = 1
Justice, Choice, and Power	Total = 191 (90 F, 91 M, 5 Other/Not Specified)	Physical = 30; Visual = 9; Hearing = 4; Deafblind = 2
Intersectionality and CBR/CBID	Total = 186 (90 F, 91 M, 5 Other/Not Specified)	Physical = 25; Visual = 13; Hearing = 4; Intellectual = 1; Psychosocial = 1

Each of the five topics had approximately 3-7 key themes uniting the dialogues across the regions. Table 2 summarizes the major findings.

Table 2: Summary of Key Findings

Topic	Main Themes	Summary Points
Community Level Support	<ul style="list-style-type: none"> <li>Community support implementation</li> <li>Presence and implementation of legal frameworks and policies</li> <li>Advocacy</li> <li>Capacity building</li> <li>Accessibility</li> <li>Participation of persons with disabilities and their families</li> <li>Cross-sectoral collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Provision of direct rehabilitation and community based support is crucial to directly reach persons with disabilities and facilitate access to all other services and improve inclusion in health, education, livelihood, and community services.</li> <li>Legal frameworks and policy, advocacy, accessibility, participation, government commitment and cross sectoral collaboration are the key facilitators for access to community level supports in the CBR/CBID practices.</li> <li>Limited focus to serve persons with certain types of disabilities, lack of skilled workers, poor resources, and the dynamic national contexts are outstanding barriers for access to community level supports.</li> </ul>
Poverty, work and financial well-being	<ul style="list-style-type: none"> <li>Employment</li> <li>Access to Finance</li> <li>Policy and Government Supports</li> <li>Supports in the Community</li> </ul>	<ul style="list-style-type: none"> <li>Access to meaningful employment is important; entrepreneurs with disabilities need loans and seed / start-up capital.</li> <li>The implementation of local policy, government commitment to action, arrangement of skills training, capacity building, and access to local community groups are important sources of supports for employment opportunities and access to financial supports.</li> </ul>

		<ul style="list-style-type: none"> <li>• It is important for training to match the skills, interests, and abilities of the person, as well as market demands.</li> <li>• Low education, lack of the required job skillset, market oversaturation for some common employment types, and stigma and incorrect assumptions are the major obstacles for financial wellbeing of persons with disabilities and their families.</li> <li>• Social protection measures, along with arrangement of job placement, on-the-job supports, mentorship and apprenticeship opportunities for persons with disabilities can add value to improve the financial wellbeing and reduce poverty among persons with disabilities.</li> </ul>
Innovations in the community	<ul style="list-style-type: none"> <li>• Technology for innovation in CBR/CBID <ul style="list-style-type: none"> <li>- Education</li> <li>- Health</li> <li>- Livelihoods</li> <li>- Advocacy and training</li> <li>- Challenges</li> </ul> </li> <li>• Innovations to facilitate conventional CBR/CBID services</li> <li>• Participation of persons with disabilities</li> <li>• Collaboration</li> <li>• Barriers for innovation</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization of technology is one of the key tools of innovation in CBR/CBID. It has been used for telemedicine, digital patient information system and self-screening; for assistive devices, distance education and audio/video education programs; for online marketing, telework, and working from home; networking, training, advocacy, and delivery of basic rehabilitation services at various levels.</li> <li>• Discussants shared various innovations they used to facilitate conventional rehabilitation services, including using local resources and different techniques to facilitate access to CBR/CBID services.</li> <li>• Technology, participation, and collaboration are the main facilitators to enhance different types of innovations in CBR/CBID programs.</li> <li>• Geographic and physical access, right use of technology, and digital literacy are the major challenges for effective use of technology. In addition, improving financial capacity, collaboration of important actors and advocacy are facilitators for innovation and technology utilization.</li> </ul>
Justice, choice and power	<ul style="list-style-type: none"> <li>• Policy Implementation</li> <li>• Family and Community</li> <li>• Participation</li> </ul>	<ul style="list-style-type: none"> <li>• Proper implementation of policies and access to family and community level supports the keys for access to justice for persons with disabilities.</li> <li>• Accessibility and gender intersect with the ability of persons with disabilities to access justice, and families and challenging guardianship practices can also impede access to justice.</li> <li>• Raising awareness, advocacy, legal aid, peer support, and service coordination are key facilitators. It is critically important to have the engagement of persons with disabilities and families of persons with</li> </ul>

		disabilities in awareness, advocacy, and decision-making.
Intersectionality and CBR/CBID	<ul style="list-style-type: none"> <li>• Understanding the concept</li> <li>• Key stakeholders</li> <li>• CBR/CBID strategies</li> <li>• Challenges in implementing an intersectional approach</li> </ul>	<ul style="list-style-type: none"> <li>• Intersectionality seemed to be a new or lesser-understood concept among a number of discussants. There were less concrete examples of the concept in the planning, implementation and evaluation of the CBR/CBID practices, as compared to the other four topics.</li> <li>• Common intersecting issues discussed included age, gender, sexual orientation, physical access, religion, ethnicity/race, type and degree of disability, poverty, national stability, language and climate.</li> <li>• Culture, attitudes, and geography were obstacles to implementing intersectional approaches.</li> <li>• Collaboration of various stakeholders and purposeful pushes from donors helped to integrate intersectionality into CBR/CBID programs, although there is acknowledgement that more could be done.</li> <li>• Stakeholders include persons with disabilities, governments, self-help groups, local community members, religious leaders, health professionals, NGOs, media, families, and funders.</li> </ul>
COVID-19 and CBR/CBID	<ul style="list-style-type: none"> <li>• Impact of COVID-19 on persons with disabilities and CBR/CBID programs</li> <li>• CBR/CBID strategies to support persons with disabilities during the pandemic</li> <li>• Innovations brought about by COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Persons with disabilities experienced major challenges during the COVID-19 pandemic, as did CBR/CBID programs.</li> <li>• Digital technology, participation and collaboration were key strategies used to facilitate the CBR/CBID practices and address the needs of persons with disabilities during the pandemic.</li> <li>• Awareness creation/advocacy, facilitation of direct supports related to health, livelihood, education, networking/social inclusion and capacity building are the common provisions facilitated to reach persons with disabilities during the pandemic.</li> </ul>

Across all of the dialogues, there are common aspects that may indicate future directions for the CBR Global Network and its collaborators. These include:

- The necessity of inclusion and engagement of persons with disabilities at all levels and in all topics;
- The importance of government commitment, coordination across sectors, and the challenge of translating policy to practice;
- Key activities of CBR/CBID that cut across all topics – advocacy, awareness-raising, and training;
- The necessity for access to technology for persons with disabilities;

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- The future potential for growth in intersectional approaches to CBR/CBID; and
  - The opportunity for CBR/CBID programs to play a role in multi-sectoral collaboration and service coordination.

The report below provides a full, detailed analysis, including extensive quotes from the dialogues, as well as a discussion section expanding on the six cross-cutting points outlined above.

It is important to note that given the format of these dialogues (internet-based), as well as the nature of participants (NGOs, Civil Society, Government, CBR program leaders), the perspectives shared in this report are unlikely to be fully representative of all CBR stakeholders (e.g., those without internet access, or time to participate) or all contexts within each region. Nevertheless, we believe these dialogues provide useful insight into contemporary CBR practices around the globe.

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# Background

Community based rehabilitation (CBR) was originally conceptualized to improve access to rehabilitation services in low- and middle-income countries, by making use of existing local resources. Over the years, however, CBR has evolved into a multi-sectoral strategy that addresses the broader needs of persons with disabilities, such as education, health, social, livelihood and empowerment, facilitating inclusion and participation within the community. This broader strategy, known also as Community Based Inclusive Development (CBID) is achieved through collaboration across sectors (such as health, education, social welfare, and employment), levels of government (local, regional and national) and involving a broad range of stakeholders. The evolution of the approach aligns with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and a human rights-based approach to disability.

Today, there is wide variance in the programmes that are called CBR/CBID. This diversity of practices was demonstrated at the 2<sup>nd</sup> CBR World Congress, held in Malaysia in September 2016. With the onset and continuation of the global pandemic, the 3<sup>rd</sup> CBR World Congress was not held in 2020 as originally planned. In order to maintain momentum, CGN collaborated with five regional CBR/CBID networks across the globe to organise online regional dialogues centred on five common topics with guiding questions for each. These twenty five dialogues took place in October and November, 2021. This report summarizes observable themes across these dialogues and suggests some potential next steps, particularly as it relates to the thematic planning of the 3<sup>rd</sup> CBR/CBID World Congress.

# Context / Methods

The dialogues were held across five different regions:

- Africa
- The Americas
- Asia
- The Pacific
- The Arab region

Although the Arab region does not have an established CBR/CBID network, the CGN committee includes representation from the Arab region and representatives also wanted perspectives from this region, Arab region dialogues were added.

Each region held five, 2-hour, virtual dialogues using the Zoom platform, on days and times most convenient to each region. The dialogue topics were identified and refined with regional network contributions. Table 3 provides the specific questions for discussion addressed by each region for each topic.

Table 3: Regional Dialogue Discussion Questions

Topic	Dialogue Questions
<b>Community Level Support</b>	<ol style="list-style-type: none"> <li>1. Please give examples of how your CBR programme has contributed to the realization of UNCRPD art 19 and SDGs 10 and 11. What else could your programme do?</li> <li>2. What factors in your CBR programme enhance care and support in the community and who is involved?</li> <li>3. What in your experience contributes to resilience of people with disabilities, their families and community to cope with difficulties? What can we all learn from these examples?</li> <li>4. Please suggest some social innovations to engineer systems and structures that would make real the promise of CBR/CRPD/SDGs.</li> <li>5. What existing social innovations have the potential to make a real difference to the wellbeing of people with disabilities in communities? What are the mechanisms by which we can drive these forward?</li> <li>6. <b>In the last two years</b>, what changes have you seen in collaboration across sectors (such as health, education, and employment), levels of government (local, regional and national) <b>and</b> involving a broad range of stakeholders including Persons with disabilities on their organizations.</li> <li>7. Please share to what extent persons with disabilities and their organizations actively participate in your work and what difference their contribution has made to the quality of your CBR program?</li> </ol>

<p><b>Poverty, work and financial well-being</b></p>	<ol style="list-style-type: none"> <li>1. Please give examples of how your CBR programme has contributed to the following and what challenges you have faced in complying with CRPD and promoting SDGs in: <ol style="list-style-type: none"> <li>a) livelihood for men and women with different disabilities;</li> <li>b) financial assistance and advice for self-employment;</li> <li>c) promoting entrepreneurship;</li> <li>d) getting disability-specific social security;</li> <li>e) getting social security in general;</li> <li>f) setting up collective saving mechanisms;</li> <li>g) enabling young women and men with disabilities continuing their education, including technical and higher education.</li> </ol> </li> <li>2. What changes are you seeing in social protection measures, if any? What further changes are needed? What can CBR/CBID do to drive the changes?</li> <li>3. How has your CBR programme integrated good practice of inclusive employment promoted in other countries?</li> <li>4. What has been the disability movement's experience in aligning with pro-poor and workers' rights movements in recent years? How can this be improved?</li> <li>5. <b>In the last two years</b>, what changes have you seen in collaboration across sectors (such as health, education, and employment), levels of government (local, regional and national) <b>and</b> involving a broad range of stakeholders including Persons with disabilities on their organizations.</li> <li>6. Please share to what extent persons with disabilities and their organizations actively participate in your work and what difference their contribution has made to the quality of your CBR program?</li> </ol>
<p><b>Innovations in the community</b></p>	<ol style="list-style-type: none"> <li>1. Please give examples of innovation from your CBR programme of how it promotes an inclusive innovation culture/practice in complying with CRPD and promoting SDGs in: a) personal assistance; b) rehabilitation services at home and in the community including assistive devices; c) inclusive play for children; d) inclusive education; e) inclusive leisure and recreational activities and sports; f) livelihoods / employment / entrepreneurship; g) communication; h) advocacy; i) political participation; j) social mobilisation</li> <li>2. How could the good practice in your CBR programme be rolled out more widely?</li> <li>3. Please list types of innovation, eg. using technology, local material, story-telling.</li> <li>4. What are the barriers and drivers of innovation in CBR/CBID in communities? How can we remove the barriers and increase the impact of the drivers?</li> <li>5. How can we ensure that everyone has equal access to innovations?</li> <li>6. <b>In the last two years</b>, what changes have you seen in collaboration across sectors (such as health, education, and employment), levels of government (local, regional and national) <b>and</b> involving a broad range of stakeholders including Persons with disabilities on their organizations?</li> <li>7. Please share to what extent persons with disabilities and their organizations actively participate in your work and what difference their contribution has made to the quality of your CBR program?</li> </ol>
<p><b>Justice, choice and power</b></p>	<ol style="list-style-type: none"> <li>1. a) Please give examples from your CBR programme of how people with disabilities are able to access justice in the formal sense (through the legal system); b) Please give examples from your CBR programme of how people with disabilities are not able to access justice in the formal sense; c) What kinds of changes and innovations are needed in relation to access to justice which are CRPD compliant?</li> </ol>

	<ol style="list-style-type: none"> <li>2. a) Please cite situations of people with disabilities who feel that they are treated justly in an informal (community) sense? b) Please cite situations of people with disabilities who feel that they are not treated justly in an informal (community) sense?</li> <li>3. Please state the factors that contribute to an environment where people with disabilities can make choices in their day-to-day life. (Examples from different settings like family, work place)</li> <li>4. Please state what role the individual disabled person, family, community and government need to play to enable people with disabilities to make choices in everyday life?</li> <li>5. Please give examples of how power is played out: a) between people with disabilities and their families and b) between people with disabilities and communities. How can power be more equally distributed in communities?</li> <li>6. <b>In the last two years</b>, what changes have you seen in collaboration across sectors (such as health, education, and employment), levels of government (local, regional and national) <b>and</b> involving a broad range of stakeholders including Persons with disabilities on their organizations.</li> <li>7. Please share to what extent persons with disabilities and their organizations actively participate in your work and what difference their contribution has made to the quality of your CBR program?</li> </ol>
<p><b>Intersectionality and CBR/CBID</b></p>	<ol style="list-style-type: none"> <li>1. a) Please give examples from your CBR programme where intersectional approach was easy to incorporate; b) Please give examples from your CBR programme where intersectional approach was difficult to incorporate; c) Is your intersectional approach CBR complaint? If yes, give examples</li> <li>2. a) Please state factors that contributed to incorporating intersectional approach in your CBR programme; b) Please state barriers you faced in incorporating intersectional approach in your CBR programme.</li> <li>3. What factors specific to our region need to be included in intersectional approach?</li> <li>4. Please name the key people who need to be influenced to implement intersectionality.</li> <li>5. <b>In the last two years</b>, what changes have you seen in collaboration across sectors (such as health, education, and employment), levels of government (local, regional and national) <b>and</b> involving a broad range of stakeholders including persons with disabilities on their organizations.</li> <li>6. Please share to what extent persons with disabilities and their organizations actively participate in your work and what difference their contribution has made to the quality of your CBR program?</li> </ol>

Participants were required to register in advance of the dialogue and in registration, they provided various demographic information. Each dialogue had a facilitator or two co-facilitators, as well as several operational and technological support persons. At least one of the two co-authors of this report attended each dialogue as well, and documented and recorded the sessions. Some networks also assigned local

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rapporteurs to support in the documentation and shared these notes with the authors for inclusion in the final analysis.

The Arab regional dialogues took place in Arabic, and were transcribed and translated to English afterward. The Americas regional dialogues took place in Spanish with simultaneous translation to English, transcripts were prepared from the English translation channel. The Africa regional dialogues took place in English with simultaneous French, Arabic, and Portuguese translations. Both the Asian and Pacific region dialogues were held in English. English transcripts were prepared for all of these dialogues. Many of the regions also had simultaneous live captioning, as well as sign language interpreters.

Although there were slight differences across region, in general, two-hour dialogues followed the following format:

- Welcome & Introduction to the theme (10 minutes)
- Discussion of theme questions in small breakout rooms (1 hour)
- Individual group report-backs to main session (45 minutes)
- Closing, session wrap-up (5 minutes)

Participants were informed at the start of each session that their responses would be documented and recorded and would factor into an overall analysis (this report), as well as other future publications and presentations relative to the topic. The authors obtained ethical clearance from the Queen's University Health Sciences Research Ethics Board prior to the beginning of the dialogues.

Following the completion of the dialogues, the report authors organized all documents (notes taken during the session, Zoom chat logs, session verbatim transcripts) into NVivo12 software. We completed content analysis both deductively based on the five focal topics, as well as inductively, searching for themes within the dialogue that may stand alone or beyond the five major topics. We searched for commonalities across the regions, as well as aspects that might have been specific to particular regions.

To guide the analysis, we sought to answer the following questions:

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1. What trends and issues were presented during the dialogue in each of the topic areas? What similarities and differences in topic areas and CBR/CBID practice emerge across contexts (e.g., the various regions)?
  2. What are the potential future directions in CBR/CBID practice based on the global dialogues on CBR/CBID?

## Results

We have organized the results per topic area: Community level support; Poverty, work and financial wellbeing; Innovations in the community; Justice, choice, and power; and Intersectionality. In addition to these five key areas, COVID-19 was an overarching issue that crossed the five different dialogues, so we added this as a sixth key content area to be analysed.

### Community Level Support, Including Rehabilitation

In total, 198 persons participated in the five dialogues on this topic, 84 from Africa, 48 from the Americas, 36 from the Arab region, 20 from the Asian region, and 10 from the Pacific region. Further details about participant characteristics are provided in Table 2.

Participants in these dialogues discussed the need for basic rehabilitation and community support implementation; advocacy and capacity building; accessibility; the importance of participation of persons with disabilities and families on issues affecting them; and the role of local governments, partnering organizations, families and local community either as a facilitator or barrier to the required supports. During the conversations, participants highlighted the common challenges for improvement of community level support and key strategies to facilitate community level supports for persons with disabilities.

**Table 4: Participants in the Community Level Support Dialogues**

Region	Participants	Persons with Disability	Type of Organization	Countries Represented
Africa	84 (29 F, 51 M) 4 participants joined with their gadgets without names	22 Physical 9 Visual 3 hard of hearing	27 CSO 19 OPD 3 Network 7 Academic institution 6 government	Burundi, Cameroon, Ethiopia, Egypt, Kenya, Laos, Liberia, Mauritius, Niger, Nigeria, Norway, Rwanda, Sierra Leone, Somalia, Tanzania, Uganda, UK, Zambia
Americas	48 (30 F, 17 M, 1 O)	15 (5 visual, 2 hearing, 7 physical, 1 psychosocial)	12 OPD 20 NGO 7 Government 9 Community Organization	Belize, Bolivia, Chile, Colombia, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, St. Kitts and Nevis, Venezuela
Arab	36 (19 F, 17 M)	3 (visual);	23 NGO 6 Government 7 Missing Data	Egypt, Jordan, Lebanon, Libya, Palestine, Morocco
Asia	20 (9 F, 11 M)	5 (1 sensory, 4 physical)	4 OPD 1 NGO 13 Community Organization 1 Disability Professional Discipline 1 Foundation / Donor	Bangladesh, Cambodia, Canada, France, Germany, Hong Kong, India, Japan, Nepal, Philippines, Thailand
Pacific*	10 (6 F, 3 M, 1 MD)	5 (1 Sensory, 4 Physical, 2 Visual, 1 Multiple)	6 OPD	Cook Islands, Fiji, New Caledonia, Solomon Islands

\*Due to limited data available in this region, only the available participant demographic info is reported in this and subsequent tables.

## Community Supports Implementation

Access to community level support services for persons with disabilities, reported as the core purpose of efforts in CBR/CBID programs, was reflected by participants of discussions across all regions. In many dialogues, this was presented as “rehabilitation” implementation. There is a tension in the CBR/CBID community around what is termed rehabilitation and what is termed community supports, and determining participants’ exact application and terms is beyond the scope of this report. Both terms (rehabilitation and community supports) are addressed in this supports-implementation theme. Participants reported that community participation is a precondition for any person to fulfil their individual and collective aspirations.

“When we deny community life to persons with disabilities this precludes them from engaging in basic human expressions, affecting their dignity and restricting access to the benefits of living in a community.” (Pacific)

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The strategies to include persons with disabilities in the community depended on the individual as well as the contexts where the person needed to access. A participant from the American region presented their comprehensive CBR/CBID programs implementation ranging from individual level support to comprehensive developmental interventions.

“There was the medical component, in terms of the management of the clinics and the special clinics and so on. And there was an educational component in terms of not just parent training but teacher training and also crosscutting with health because they had to do orientations for persons who were working in health centres and so on. But I want to speak in terms of health and sexual reproduction because there was a program that we did called Skills For Life. It came out of a vocational program where we trained and we placed young people in jobs and then monitored them. And then there was a need for education and sexual and reproductive health and so on.” (Americas)

One reflection from the Pacific region indicated that rehabilitation service implementation is crucial to reach directly and facilitate necessary supports for persons with disabilities and beyond.

“I think CBR, as an oriented program of action, would require for Solomon Islands a consultation so that we may move and consider CBR as a service provider of its own to deliver the most needed services, not only for disabilities, but where CBR is needed in terms of rehabilitation.” (Pacific)

Therapeutic interventions discussed across the five regions including horticultural therapy for mental health rehabilitation, organizing and guiding families/self help groups of parents related to their child’s condition, and early identification of persons with disabilities.

“We also have a mobile team, which consists of specialists in various fields; physical therapy, occupational therapy, speech, audiology, and optometry. We also have screening in schools. We look at schools, we conduct screening through a specialized team. We work on early detection.” (Arab)

“We’re close to them trying to do what we can. There are organizations of mothers and their families...sometimes they ask us because they don’t know how to deal with their relative with disabilities. We also need to know how the

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families are working so that we can give orientation or guidelines. Or sometimes they already have ideas, but they just need the support to feel safe.”  
(America)

Another aspect of community level supports for persons with disabilities shared across a number of regions were provision of personal level supports including assistive devices, personal assistance, physical and occupational therapy interventions, and access to medical supports.

“They are receiving physiotherapy or occupational therapy and other rehabilitation services from the hospital. They are also receiving the assistive devices, medicine and other materials from the hospitals with the help of our members.” (Asia)

“It is very important for them to have kind of personal assistance... some people with disabilities really need it because of their impairment so that they can participate, and they can also fulfill their duty.” (Africa)

“We book the interpreter that was closest to the hospital...we're providing service to persons with disabilities, just ensuring that they are not left behind.”  
(Pacific)

Education is one of the core components of the WHO-CBR guidelines. Participants across the five regions discussed their experiences in relation to providing community level supports in the school environment. They mentioned a number of strategies to arrange supportive environments within their community including direct engagement of families of children with disabilities, training of important stakeholders in education system, and awareness creation at various levels to accept students with disabilities in the school system.

Participants mentioned their efforts to provide and advocate for necessary supports, from primary school up to university and discussed strategies for inclusion including advocacy, capacity building of students with disability and their family, and teachers' training. Despite their efforts, participants also reported the presence of gaps in inclusion.

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“We are working to promote inclusive education for children to ensure that children with disabilities are able to enjoy learning in inclusive classrooms along with the other children ... The Ghana students, we had an example of students from Ghana who are very confident and resilient and are able to fight for their rights, especially lecture rooms or any other issue regarding lectures, accessibility... the government has advocated teachers to go to the college and the universities to acquire the education of the specialty. And the special education issues. So are coming and supporting the person with disabilities in different schools and colleges here in Tanzania ... Teacher training up to the Community level.” (Africa)

“There are more and more specialized supports and that’s one of my functions in the university is to accompany these students who have disabilities or any other situations ... persons with disabilities degree is coming up... a program on community-based inclusion in the education sector, in the university. Because this program is aimed to train these students... In this country there [are] several universities that are trying to have an inclusive focus. Some a little bit more, some a little bit less. But I don’t know of a public institution that has everything accessible as the convention says, you know, to accommodate all the diversity of students.” (Americas)

In addition to capacity building, participants discussed provision of personal supports such as assistive devices to encourage students to continue coming to school.

“In terms of education, there is a lot of work that's happening, and the government has started using assistive devices that is helping students to be able to communicate very well and also take part in public exams.” (Africa)

Across all the five regions, the core concepts of strategies to improve access to community level support are summarised to the following themes: the presence and implementation of legal frameworks and policies, advocacy, capacity building, accessibility, participation of persons with disability and cross sectoral collaboration.

### **Presence and implementation of legal frameworks and policies**

Participants across all regions stressed the importance of legal frameworks and policies to make governments, the community and individuals responsible for the

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inclusion of persons with disabilities. The UN Convention, Article (19) was the most frequently mentioned legal framework as a foundational tool for policies and rules that support the inclusion of persons with disabilities. Participants also discussed a number of other legal frameworks and identified challenges in the implementation.

“There’s a consensus in the Arab community and the Arab countries that there are laws; however, they are not enforced, no one ensures the enforcement of such laws. I mean, in Palestine, for example, there’s the health insurance and abolition of the disability rate law. There is no monitoring and customary system.” (Arab)

Participants articulated some challenges related to policy implementation including lack of awareness, and poor willingness or commitment of implementers and persons with disabilities.

“We have had many troubles in Peru in terms of exercising our rights that are established in the convention...maybe there’s the lack of knowledge of persons with disabilities knowing what their rights are. And there’s also lack of information about the convention.” (Americas)

Participants reported that some CBR/CBID programs have gaps as they don’t take strong stand with responsibility for the implementation of legal frameworks that guide the inclusion of persons with disabilities. In the same line participants reported lack of commitment from state government to take responsibility.

“There is a weakness in the rehabilitation programs in the approach of Article (19) of the International Convention, and the reason for that is because it is often [considered] that this is the task of the state more than it is the task of the civil society organizations ... due to the state's failure in this task, we still see in the Arab World a high rate attending care institutions by persons with disabilities.” (Arab)

Participants reported a lack of awareness in society about the available legal frameworks as one of the obstacles for the implementation of the policies.

“Most persons still don’t know about the convention. Persons with disabilities don’t know their rights. And the general society doesn’t know either that this treaty, international treaty, the convention existed, they don’t even know...” (Americas)

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Moreover, participants indicated the urban-rural divides in policy implementation, in addition to the variation on availability and implementation of policies from country to country, even within the same region.

“In the communities because most of the legislative policies often stick within the urban cities, and as you go further out it starts to diminish ... yes, stakeholders, people with disabilities are calling on the government to ratify the convention and to show that here are the current commitments and the future commitments.” (Pacific)

The Americas region suggested that inclusive development can be achieved through empowerment of persons with disabilities to know and exercise the legal frameworks so they can stand for their rights and become active contributors to the community.

“Persons with disabilities are seen as objective attention, a passive entity. One of the challenges is to empower persons with disabilities so that they will be participants in the process and have that empowerment, that capacity to make their own decisions and to be autonomous. To be able to exercise their rights. To be empowered to know the law, the national laws about the rights of persons with disabilities.” (Americas)

The discussion across all regions indicated the importance of advocacy to improve community level supports so state governments, implementers and persons with disabilities will be aware and take responsibility for the presence and implementation.

### **Advocacy for inclusion**

Across all the regions, the CBR/CBID programs indicated advocacy as one of the core tools while working in partnership with stakeholders. Participants discussed a number of strategies for advocacy for disability inclusion. Some of the advocacy mechanisms include communication of the cost-benefit analysis of inclusion, documentation of success stories, and using various media, e.g., social media, mainstream media, and awareness creation with written messages and symbols in workshops and conferences.

“Most of us have forms of social media platforms and a specific vehicle. We want and always love to share our stories. They want to learn from others' stories.” (Pacific)

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“We calculated the cost of providing CBR services for children with disabilities throughout the country. And we approached the Ministry of Health and we showed them the figures. And we were able to convince them to form a partnership with us to continue the interventions at the service... we convinced the Ministry of Health that rehabilitation intervention is a very important aspect of health, and it is their responsibilities so should be paid for... our organization records histories that we record important milestones and important developments that are happening with the children. And we promote this and we show the Ministry and we show them all the persons involved.” (Americas)

“We have in the community rehabilitation program, which are beautiful initiatives that had a great impact on people and how they clarify the rights of persons with disabilities by drawing murals at entrances, roads, towns and schools. These murals, whether by drawing... I mean, they show the rights of persons with disabilities by raising awareness.” (Arab)

Across the regions, participants agreed that advocacy and awareness creation was an important strategy to improve inclusion of persons with disabilities.

“We need to work on awareness, awareness of families, awareness of people with disabilities, awareness to have faith in the government officials, to believe in themselves...recommended that culture and awareness campaigns, inclusion and empowerment should be endorsed by both sides: the side of persons with disabilities who are assisted or being assisted through integration and empowerment, and awareness campaigns for the community to accept them.” (Arab)

Participants from all regions shared their experience of using technology for various functions, including for advocacy, to collect, store and distribute information about the persons with disabilities, for networking and education of stakeholders.

“One of the things ... is the use of the mobile app, with the two keys that helps to identify different disabilities; these can be used to help people, especially like health care providers, schools and everything.” (Africa)

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“We use the communication means, virtual means now that unite us...to find out something about the network from the Americas, it was very difficult, very difficult.” (Americas)

“Technology-based education has become available in some institutions that have begun to create programs that have courses suitable for [persons with disabilities].” (Arab)

Participants also shared the common platforms used for advocacy and to share information, including the use of Facebook, Messenger, email, television, and personal interpreters. Moreover, the discussion highlighted about the importance of data for advocacy and awareness creation.

“One of the important aspects of community-based work is the data that we have within the offices of the OPDs, it is quite rare ... We gathered the data from the five DPOs ... We can only advocate and make awareness with [data].” (Pacific)

### **Capacity building**

Across all the regions, CBR/CBID programs used capacity building trainings as the main tool to make stakeholders aware and become good collaborators in rehabilitation interventions. Capacity building trainings equipped stakeholders with necessary skills and made them aware of what is necessary to provide support for persons with disabilities and their families.

“There was the medical component, in terms of the management of the clinics and the special clinics and so on. And there was an educational component in terms of not just parent training but teacher training and also crosscutting with health because they had to do orientations for persons who were working in health centres.” (Americas)

The Arab region shared a couple of initiatives including training of persons with disabilities to build their capacity they can stand for their right to access necessary supports. They also reported about the establishment of an event where the society can learn about the lives of persons with disabilities, especially about visual impairment. Across the five regions, participants discussed their experience of

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advocacy programs to inform society and remove barriers for access to various services. Some of the observed changes included restaurants starting to present menus with an accessible format (Braille written for visually impaired) and legal institutions and government sectors considering the needs of persons with disabilities in their respective services. Participants described the role of persons with disabilities and their organizations in advocacy for arrangement of community supports and inclusion of persons with disabilities.

“[Organizations of Persons with Disabilities] have really advocated and created awareness on what this Article 19 should look like, and the involvement of persons with disabilities and their families to having provide what you want.”  
(Pacific)

“We are also working for our DPO strengthen and DPO capacity building for the health services and a parallel link to the office of health centre.” (Asia)

Resilience building among persons with disabilities and their families were discussed as an important outcome of the capacity building and advocacy that will contribute to enable them stand for their rights at school, work or community services. The conversations reflected how important it was to build the resilience of individuals with disability.

“When the people were told to move off the street, the people with disabilities were resilient enough to say we will not go unless you're giving us an alternative, which the government did.” (Africa)

“In my experience with my own disability I’ve had to struggle against certain barriers, especially my own barriers, emotional issues. But thanks to family support and information and certain groups that taught me, I think I’ve had the opportunity to rehabilitate my mind.” (Americas)

Participants expressed that education is one of the crucial tools to empower persons with disabilities and promote resilience for challenges in all aspects of matters affecting them. In this, empowerment of parents of children with disabilities was one of the key strategies discussed to build resilience within the family and for children with disabilities. Empowering parents of children with disability was discussed as one of the strategies for sustainability of initiatives.

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“We learned that we have different program that we focus to be resilient...we empower the parent and the children with the safety and promote the inclusion of children. And we empower the parent that we train the parent to know how to build or how to train the child at home.” (Asia)

“Persons with disabilities who are newborn or very small children, it’s also important to give information to the parents to facilitate expenses and how they will need to take care and support their child. Because caring for that child who has disabilities it’s not enough to just hear from the doctor.” (Americas)

### **Accessibility**

Participants described the importance of accessibility as crucial to implement various other interventions. During the discussion, the concept of accessibility has been described mainly as availability of information and communication in accessible format and on physical access to different facilities.

“There are events or workshops, but for the community that was one of our main needs. We don’t have access to these workshops.” (Americas)

The Americas participants stressed the intersectional challenges of disability with age, type of disability, geography and local contexts.

“Most persons with disabilities that are in rural communities, indigenous communities, they don’t have that information either... Persons with different conditions that need different communication planned. The question is how can they access the workshops and the spaces, the training spaces or the informative spaces. That’s a very big challenge that we need to tackle... In terms of the deaf community, we have to focus on the children because the children, deaf children don’t have access to education. They don’t have the language or the materials are not accessible for them. This is the challenge that we have.” (Americas)

The Pacific region also discussed about the challenge related to accessibility are excluding persons with disabilities from access to information and communications.

“One of the main platforms that we had to advocate on was towards the Ministry of Health, where we always requested, we sent emails and requested

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for them to please include some language interpreters because of that gap that was there when the deaf would not receive the same information.” (Pacific)

“We need to be listened to. We need to be given the opportunity...help to motivate that the deaf community itself will come together and work in a positive way bearing in mind their development and having access to their own language...we need to start with the smaller ones, the children to show what the rights of persons with disabilities are... if the support is not available it can be very serious [with] impediment to their development.” (Americas)

Access to community level supports, however, seemed better in some places in the Arab region:

“The physical [accessibility] within all government institutions by applying the Egyptian building code... also in media programs and public and mass conferences, they started hiring sign language interpreters to contribute to the delivery of information, data, knowledge and concepts to people with disabilities, especially hearing disabilities...Some classes recently in universities, they started to teach them in Braille for the visually impaired...private association works on disability by transforming everything related to education into Braille for the visually impaired, whether it’s reading or writing material, and also an audio recording of all educational curricula.” (Arab)

### **Participation of persons with disabilities and their families**

To make sure persons with disabilities are supported at community level, participants discussed how crucial the engagement of persons with disabilities and their families/relatives in all aspects of the CBR/CBID programs.

“We engage...involvement... those who are familiar with disability; the relatives of people with disabilities, or those who know someone with disability... I mean they may have more dedication for the cause.” (Arab)

“We are talking about at decision making level or are we talking about at a preparedness or planning level or implementation, even that when you talk

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about monitoring and evaluation so that the learnings, [their participation] is a plus. That is crucial.” (Pacific)

The importance of participation of persons with disabilities in CBR/CBID programs is well discussed across regions.

“Persons with disabilities are invited to work as a member of CBR and CBID is collaborating with all the members and all the programs...the CBR team welcomed the members, socially every persons, community members, local level government and other government or non-government organizations.” (Asia)

“Because of the involvement [of persons with disabilities] in leadership, services are improving, and resilience is built within the people with disabilities.” (Africa)

Participants discussed their experience of including persons with disabilities, mostly through representation within organizations of persons with disabilities (OPDs), but also as individual experts.

“On the participation of persons with disabilities, when it comes to my organization, there is a blind lady as a board member. And as much as possible we have my secretary is a polio case and physically disabled. And we have our own boy, who is a graduate of university has joined our organization and is running one centre. And as much as possible, we do have persons with disabilities in our program. Our purchaser is a lady with disabilities. So we are trying to show to other organizations the importance of involvement of persons with disabilities in our activities.” (Africa)

“We [persons with disabilities] don't want to come when the project is being implemented. We want to be there from the beginning so our voices, our contributions are recognized. I must say that we've seen more and more invitations. Sometimes OPD said, "Oh, there's so many invitations. We can't go to all of them," but we asked for it. Now, we have to strategize as OPDs.” (Pacific)

There are variations across regions with levels and mechanisms of empowering and engaging persons with disabilities in development actions. For example, participants

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from the Arab region shared about the engagement of persons with disabilities in at high level decision making.

“The Supreme Council is considered a governmental institution. Most of the initiatives, or I mean, legislation, was issued according to Law No. 20 of 2017, and it is now striving to implement this law. Until the restructuring of the Council ...the directorates in the Council were named after the articles of the law, for example we have Al-Aysh Al-Mustaqil, we have a directorate in the council called Al-Aysh Al-Mustaqil, equal opportunities there.” (Arab)

Participants described a number of strategies to empower families of persons with disabilities and how their engagement in the CBR/CBID benefited the way their program functions.

“There’s also been a parents’ peer support group so they would know how to deal with a disability and they are familiar in the family. So, all the information that generally nobody gives them. They would be able to come to these groups and they would be able to hear and find out how to live together and to help their children with disabilities in the home. For example, when the person has physical disabilities, they need to accept this disability or their abilities. It has been a very enriching experience, but we definitely need to come together, to get more groups to come together and to use the government, so that we can continue to promote more community based inclusive development.”

(Americas)

“We empower the parent ... and the children with the safety and promote the inclusion of children. We empower the parent that we train the parent to know how to build or how to train the child at home that we consider them as a co-therapist...Then we implement from that we form a separate group that they help each other to support each other.” (Asia)

Regarding the participation of persons with disabilities, participants indicated that children and youth participation in discussions around what affects them in terms of health, education and for livelihood as important approach to improve their access.

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## **Cross sectoral collaboration in rehabilitation service implementation**

Participants proposed a number of strategies to improve community level supports for persons with disabilities, which are often aligned with the specific needs of persons with disabilities. Mainstreaming and cross-sectoral collaboration were the most commonly discussed. Participants noted that the needs of persons with disabilities are similar to the general population, so there is a need to make services inclusive. Participants also described the need for sectoral collaborations in various ways across the sectors in health, education, employment and other basic public services.

“Mainstream services or mainstream activities for persons with disabilities... So the general community services should also reach or cover the needs of people with disabilities. They have the general needs for people with disabilities and for the population. And then we have specifics. So at least the general population service should reach to people with disabilities.” (Africa)

Some countries mentioned that they give more attention in their interventions for sectors where inclusion of persons with disabilities is not on agenda.

“I think that, in the countries, there is still this distancing from other topics and other population groups and there is less articulation. And the surge that we’re, we’re trying to articulate, we’re trying to make links with agencies that don’t necessarily have anything to do specifically with persons with disabilities.” (Americas)

Regarding cross-sectoral collaboration, participants described various institutions or organizations with whom the CBR/CBID programs collaborate to effectively arrange supports for issues that affect persons with disabilities.

“It could be partnerships with donors, civil society, faith-based organizations, the private sector, of course not forgetting our intergovernmental agency, the Pacific islands forum secretariat. How we could all work together to enhance the truly inclusion of persons with disabilities, to ensure that our rights are being realized. We have been recognized. Countries have signed or ratified the CRPD, but these rights aren’t being realized.” (Pacific)

“The work in relation with other community actors such as centres, the primary [and] secondary high school level...also they work on independent living for the farmers, because it is a farming community. From their childhood they are

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taught to sow corn because that's what they mainly sow in that community... they work with the churches and with different community actors that have different responsibilities within the community, especially so that they will intervene in favour of the families with relatives with disabilities, especially to deal with their needs...They also link with the health personnel and with the doctors and nurses." (Americas)

"Teamwork is very important for processes of independent living. And that's how we can build together with persons with disabilities and the different actors and sectors. With policies government policies that are transferable, crosscutting, holistic and the proposal to consider the [CBR matrix] with these processes of implementation of the policies." (Americas)

The topic of livelihood will be discussed at length under the financial wellbeing in this report; however the topic did also come up in community level supports discussions. Participants saw the employment/livelihood component of the CBR matrix as one of the key strategies to empower and provide support for persons with disabilities so they can lead independent lives. They noted that therefore, the CBR/CBID programs should use financial empowerment as cross cutting strategy for independent living and inclusive development.

"We are so fortunate for this year that we have done a partnership with the National Employment Centre to strengthen disability sensitization within the level of employment and also ensuring that the support services rendered to persons with disability." (Pacific)

The participants discussed various strategies to collaborate with different sectors and shared their experience with suggestions to be creative in linking the issue of inclusion for persons with disabilities to the core objective of the specific organization. One suggestion from participants in Africa was to engage everyone in the society to the inclusion efforts for persons with disabilities and not to rely only on the state governments.

"The private sector in the community to get involved, not the government ... Lets also form a business community. Because this is worse for the government. It's for everybody, the community, the private sector, the NGOs and all." (Africa)

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A participant in Africa mentioned that the civil society is working to create a conducive environment that can facilitate cross-sectoral collaboration on issues that matters to persons with disabilities. However, this kind of collaboration may be considered as sharing the responsibilities to arrange support for persons with disabilities that align to their institutional mission.

“The Minister of Labour, the Minister of Health and the Minister of Education are going to bring a kind of one platform on the issue of disability. The other one is, Minister of Health has taken the rehab session, you know, program as one package for the health extension workers that’s already taken up. The other one is the Minister of Labour and Social Affairs is working, actually reorganizing its office at the level of Directorate on Disability, so the [disability] prevention and the livelihood is ... taken up. As a civil society we are trying our best to create a, you know, a conducive environment so that as many persons with disabilities can benefit from this program.” (Africa)

African participants spoke about poor collaboration between various sectors.

“Many sectors are functioning on their own way, without any formal, good collaboration across sectors. Even though we can see some cooperation across local government levels, but it seems to be these need to be improved. So that such a way that we can have a real involvement of persons with disabilities.” (Africa)

The role of state governments has been discussed as crucial to ensure smooth coordination of all other stakeholders and for sustainability by involving sectors in actions of resource mapping, strengthening and building network at various levels of the local system. Although cross-sectoral collaboration has been boldly discussed across the five regions as an important concept, participants also reflected openly about the challenges they have experienced in the process. They have found that stakeholders prefer to focus on their specified organizational mission due to the financial challenges, power dynamics and poor awareness by looking as it is not in their mandate that are challenging to coordinate, especially at higher levels.

“Maybe it’s actually easier at the village or community level. But when we start getting into higher management levels, it’s quite difficult because there was this problem of budget and money and power.” (Asia)

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## Challenges to enhance community level supports

Participants across the five regions expressed various challenges that are challenging CBR/CBID programs ability to include persons with disabilities within community level supports. Some of the prominent obstacles are the exclusion of persons with psychosocial disabilities from the focus of rehabilitation service and comprehensive support for children with hearing impairment; lack of skill among service providers; lack of resources to support the function of CBR/CBID programs; and the dynamic conditions of nations impacted the overall situation of persons with disabilities and sustainability of the intervention programs.

“Healthcare workers are doctors, have not been taught how to interpret sign language. So that practice is not very active for certain places.” (Africa)

Lack of representation of persons with disabilities in various sectors was discussed as one of the gaps that are limiting their access to community level supports.

“It seems self-representation of people with disabilities in the administrative structure is key for them to enjoy their rights. Right from the community to the national level. The countries which did not have this seems to have less contribution, less participation and less knowledge of rights.” (Africa)

In many cases, the national economic and political situation significantly impacted the overall function of the CBR/CBID programs, especially in directions that require government and societal commitment, such as in mainstreaming efforts, ownership of programs and sharing responsibilities by the local government and community. The Arab region participants discussed challenges associated with local political and economic instability and higher dependency on foreign funders to the CBR/CBID programs. They also recommend to address environmental factors through inter sectoral collaboration.

“There always used to be available resources to fund community programs, which were provided by the international communities to the local associations, but the results diminished when this funding was stopped...We must work on the environmental factors, political factors and social factors ... Rehabilitation is a cross cutting issue on paper but in implementation, we see administrations and policy officials in other places neglecting the disability issue. Therefore, a balance must be found between disability as an issue that should be addressed in all places, as an issue that crosses all sectors.” (Arab)

## Poverty, Work, and Financial Wellbeing

Overall, 258 persons participated in the five dialogues on this topic, 117 from Africa, 45 from the Americas, 42 from the Arab region, 29 from the Asian region, and 25 from the Pacific region. Further details about participant characteristics are provided in Table 3. Conversations around financial wellbeing focused on four primary themes: Employment, Access to Finance, Policy and Government Supports, and Supports in the Community.

Table 5: Participants in the Financial Wellbeing Dialogues

Region	Participants	Persons with Disability	Type of Organization	Countries Represented
Africa	117(37F, 73M) 7 unknown	38 Physical 18 visual 3 hard of hearing 2 deaf-blind	14 disability professional discipline 30 OPD 13 CSO 8 Academic institution 7 parents to CWDs 6 government	Benin, Cameroon, Democratic Republic of Congo, Egypt, India, Kenya, Madagascar, Morocco, Mozambique, Niger, Nigeria, Rwanda, Somalia, South Africa, Tanzania, Uganda, Zambia
Americas	45 (25 F, 20 M)	15 (4 visual, 3 hearing, 7 physical, 1 intellectual)	13 OPD 21 NGO 5 Government 6 Community Organization	Belize, Bolivia, Chile, Colombia, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Ireland, Jamaica, Mexico, Nicaragua, Panama, Paraguay, St. Kitts and Nevis
Arab	42 (19 F, 21 M, 2 MD)	1 (visual)	27 NGO 6 Government 9 Missing Data	Egypt, Jordan, Libya, Lebanon, Palestine, Morocco
Asia	29 (11 F, 8 M);	9 (1 visual, 7 physical, 1 MD)	6 OPD 12 Community Organization 1 Disability Professional Discipline	Bangladesh, Cambodia, Hong Kong, India, Indonesia, Mongolia, Nepal, Pakistan, Philippines, Thailand, Vietnam
Pacific	25 (18 F, 7 M)	5 (2 Sensory, 3 Physical, 1 Visual, 2 Multiple)	6 OPD 2 Government 1 Community Organization 1 Consultant	Australia, Cook Islands, Fiji, Marshall Islands, Solomon Islands, Vanuatu

### Employment

Meaningful employment was discussed in all of the five dialogues. Many participants in the discussions shared the various types of employment that their programs were facilitating for persons with disabilities and their families. This included formal employment in the public and private sector, business, retail, carpentry, handicrafts,

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baking, preparation of peanuts, preparation of coconut oil, farming, tourism, e-marketing, manufacturing of assistive devices, transportation, and food preparation. A few regions noted some challenges with engagement with handicrafts in particular, first because this requires training in marketing, and second, the handicrafts market became particularly oversaturated in the time of COVID-19.

In nearly all of the regions, a key point made was that it is critical that training and employment efforts match the skills, interests, and abilities of the person with the disability and their family as well as market demands and community needs.

“We see what the need is, the job needs and dependent on that we train persons with disabilities and they learn because it doesn’t make any sense to train person on skills that are not needed in the community.” (Americas)

A participant from the Americas region shared how their program was particularly attuned to the importance of supporting people with disabilities to gain employment in their local communities, rather than training in jobs that would require migration out of the community.

“Obviously, we include the development of abilities in the local region. So here we have coconut. We make coconut oil. We also promote responsible and healthy consumption. And if we make peanuts, for example, and we’re including persons with disabilities so that they will be a part here in the community so that we don’t have to migrate to other spaces. And also you won’t have to go out to a city and face all those other challenges. So that’s why we really look to strengthen the training processes since the community exists, since the families of persons with disabilities so that we know that this is where we live and this is where we grew up and this is where we are going to be empowered.” (Americas)

One major challenge stated across the regions related to stigma and incorrect assumptions about persons with disabilities and their ability to work or the quality of their work. For example, the Arab region shared:

“The first challenge is that some companies do not believe in the capabilities of people with disabilities, so they tried to give them the monthly salary without being present in the job.” (Arab)

A participant from the Americas region shared:

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“We also need to be empowered in terms of marketing and knowing how to manage the market, when goods are being seen as being of lower quality because they were created by persons with disabilities.” (Americas)

Another participant from the Arab region noted that in situations of job scarcity, they encountered arguments against employment of persons with disabilities, seeing this as lower priority if non-disabled people were also unable to find work. Participants in a number of different regions identified the work of CBR/CBID programs to be in raising awareness and changing attitudes about persons with disabilities and work. In addition to employment, dialogue participants discussed how important financing and financial institutions were for persons with disabilities.

### **Financing / Financial Institutions**

For persons with disabilities who are entrepreneurs and running small businesses, access to small loans, seed and startup capital was important. In addition to the traditional route, participants discussed the presence of peer support savings groups and community savings and loans associations. Beyond simple access to finances, a participant from the Americas region shared that financial education was equally important.

“Many times [savings and loans groups] are focused mainly on the banks and authorized financial entities that only want what they’re authorized to do- transactions. That’s not bad but many times, we need to access financial education. They want the people to go to the banks and so they try to avoid other entities, financial entities. But we need some other agencies that are closer to the people. But we need to have a process of financial education and this basically comes under the same view of revisiting the topic of poverty reduction among persons with disabilities.” (Americas)

It was also important to have knowledge about where to go to access financing and financial services.

“As there’s an institution that is supposed to oversee the financial sector and they have demanded that each financial institute have a program for access to credit for persons with disabilities. And for the persons to know this information and to share this information and talk to the financial institutions about work

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inclusion because they support persons in public institutions that have disabilities.” (Americas)

The Arab region shared experience with a project that provided loans with interest rates from 5-10% for people with disabilities to start small businesses as well as a different project that

“did a comprehensive survey for remote villages, which provided a study for the community and its needs, they help and provide grants, very simple grants for projects, and the very wonderful thing was that they don’t give the money directly to people, instead, they were preparing the project with the tools and devices that suit the person's capabilities and suit the labor market.” (Arab)

The modalities of financial payments arose in the Asia region dialogues:

“One concern that came from CRP Bangladesh is that persons with disabilities actually do not have the capacity to use different online financial transactions... And a major challenge that we have seen is that they are not equipped about transacting [with] online banking. So organizations or NGOs should take more measures about that awareness raising programs on online banking.” (Asia)

Finally, participants in the Pacific region identified the importance of meaningful inclusion of persons with disabilities in financial inclusion activities.

"Persons with disabilities get invited to activities as participants and aren’t regarded as equals in advocacy or voice. In terms of financial inclusion, it’s about bringing marginalized groups to share their lived experiences. The capacity of the OPDs itself in terms of inclusion in the disability movement itself.” (Pacific)

Similar to dialogues on other topics, participants placed large importance on policy and government supports for the financial wellbeing of persons with disabilities and their families.

### **Policy and Government Supports**

Dialogue participants noted there are specific incentives related to financial wellbeing embedded in policy. For example, many regions discussed employment quotas, whereby the government mandated that organizations must employ a certain percentage of persons with disabilities. Quotas cited ranged from 1-10%. For one example, in Kenya,

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“there was a demand for employers to employ at least 5% of people with disabilities. And while this process has been slow, there are some efforts that have been taken, for instance companies that are not complying are taken to court.” (Africa)

Participants in some regions noted that quotas can be helpful, but they aren't enough.

“I think that in this regard we need to [work] with the organizations of persons with disabilities, we need to work so that so that we can do other types of actions and not just quotas.” (Americas)

In addition to quotas, some dialogues identified government tax breaks in support of labour participation of persons with disabilities.

“South Africa shared about enforcement of affirmative actions that are coming through in employment and businesses and being encouraged to include people with disabilities. And there are also various funds assisting with supporting small businesses and that are demonstrating disability inclusion tax rebates, to encourage employers to be disability inclusive.” (Africa)

Additionally, a participant from the Africa region identified a government preference in issuance of contracts or tenders for companies that are able to demonstrate inclusion of persons with disabilities within their organizations. Other government supports that were discussed included sponsored education/scholarships, business startup grants, and job training and placement support services.

“There is a National Rural Employment Guarantee Act, which includes disabled people in India. In some States they have coordinators, appointed by the government, to ensure to promote the employment of disabled people in rural areas.” (Asia)

Participants also shared that many governments provide social security, pensions, and social protection to persons with disabilities. Sometimes this was specific to persons with disabilities, whereas other times it was simply persons with disabilities accessing what was available to the general population.

“We need to recognize that as disabled people we have to recognize ourselves as citizens of the country. Anything that any citizen is entitled to, we are also entitled to like the right to vote, right to speak, right to travel... But whatever I have seen, wherever there is social security measures, people with disabilities are not denied food security or rations and security benefits. For example...

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ration card and subsidized food grants... and at least from what I know, disabled people are not excluded from that. So there is a certain amount of inclusion that is already happening, but not on the scale that we want it.” (Asia)

Some regions shared the challenge in accessing government social safety net programs. Specific to the 2017 Disability Allowance Scheme (DAS) discussed by a participant from the Pacific region,

“Persons with disability can choose what scheme they’re part of. One of the flaws is that it still has its gaps, no one person qualifies for two of the schemes. DAS was structured to assist the disability cost and has a cut off using the Washington Group Short Set (WGSS) and if you need a medical verification, the State must pay for that. It’s structured and uses the UNCRPD as a guide. Care Protection used the CRC. Special consideration given, if I as a person with disability and I don’t qualify for the DAS because I do not have the letter or qualify through the cut-off.” (Pacific)

A number of regions identified that although many governments were offering social safety nets to persons with disabilities, often the amount was inadequate and CBR/CBID programs should be advocating for increases to social support amounts.

“Back in 2017 when I was elected to the President Persons with Disabilities here, we only gets \$200 infirm benefit, persons with disabilities can’t survive on that, and if we had to break down but to me it’s not enough, so. Meeting after meeting with our Minister and ministry to raise our benefit up. From that time until I think 2020 when our benefit was raised to \$400.” (Pacific)

“[CBR programs should engage with] policy advocacy to improve, to increase the amount of social safety net for persons with disabilities because the amount is not equitable. The amount might differ from different geographical location and area. So there should be more advocacy and lobbying to increase the social safety net of persons with disabilities.” (Asia)

“In Cook Islands and across the region, while we have schemes in Fiji that look good for people, the payments monthly are very low. It’s only \$90 here in Fiji. Government should subsidize or fully compensate that. The engagement from \$200 to \$400 moved up after years of lobbying in Cook Islands.” (Pacific)

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In discussions about social security (which was typically assumed to be a government initiative), the Pacific Region made the remark that CBID itself contributes to the social security of a person with a disability.

In spite of discussing a number of various ongoing government initiatives for the financial wellbeing of persons with disabilities and their families, also similar to other dialogues, a major uniting thread across all regions was that relevant policy was often in place; however, it was often not implemented in practice.

“Malawi has a policy in place. Kenya has a good policies in place. And Uganda too has its policy in place. But the problem with these policies turns out to be implementation. ... Most of these policies are not enforced. Like what someone mentioned, from Uganda, like it seems that most of the Governments sees it, doesn't see it as a right for people with disabilities... So whatever they're able to do, at the end of the day, is what they will do. But the policies are there. They're there in Nigeria. There in some states in most of this country. But implementing it is a big problem.” (Africa)

“In most of the countries there are laws so that all the companies should include persons with disabilities. But these laws are not upheld by organizations and even the government itself.” (Americas)

Suggestions for how policy might be better implemented included having CBR/CBID programs advocate for implementation and supporting engagement of persons with disabilities at the policy level, having concrete and specific language in policy documents, having people with disabilities setting policy and consulted in policy creation, allocating appropriate budget for policy implementation, and creating proper channels for enforcement of legislation.

“In society they are not people, they do not have the reporting channel oftentimes. They don't have a punishment for those who [don't adhere] with this policy. Someone mentioned from Kenya... What about those in other organizations that refuse to follow these recommendations. Really there's no punishment for it. There's not discipline attached to the organization.” (Africa)

A number of regional networks also identified the importance of engagement of persons with disabilities and their organizations in defining and implementing government supports, such as social security measures.

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“The role of organizations of persons with disabilities is not as it should be, and so there is emphasis on increasing the presence, the participation of organizations of persons with disabilities in articulating, defining social security measures.” (Africa)

“In providing different safety net services or social protective measures OPDs can take lead at the local level. That was one of the recommendations.” (Asia)

Finally, a participant from the Arab network argued that although social protection should be the responsibility of the State, CBR/CBID programs might play a role in linking persons with disabilities to the State-sponsored protections.

“Community rehabilitation came to introduce and facilitate access to it, as well as facilitating communication through videos in sign language and communicating in accessible language for people with disabilities and introducing them to [government supports].” (Arab)

Accordingly, the final theme of this section relates to the various financial wellbeing CBR/CBID and community supports that participants discussed.

### **Community Supports**

Some participants in the regions stated that rather than the government, it was community organizations that were providing social protection to persons with disabilities.

“A difficult economic crisis in Lebanon which led to depend on organizations for funding. We do not know for how long? In fact, this financial aid was provided by organizations and not, of course, by the government. Indeed, this worries you because there is no kind of sustainability in it. They used to provide medicines for free, for short periods of time. Doaa from Egypt was able, through the associations, to providing food and also financial support through the nearest port they could reach during the pandemic. As well as small projects for families and following up on these projects means not only helping him with the project start, but also by following up on this project to deal with any challenges that might show up. The association was able to solve these challenges.” (Arab)

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Participants identified that having limited educational opportunities could lead to challenges for financial wellbeing. CBR/CBID engagement in education programs was a common aspect that many dialogue participants linked as directly important to financial wellbeing for persons with disabilities.

“The level of education of most of our deaf people is low. And that means that most of them are not fluent in and they lack literacy skills and not able to read and write effectively. So ideally they have to depend so much on sign language interpreters’ services, and this means that most of them miss out on available opportunities.” (Africa)

“Adapting facilities’ support, parent support groups with routine trainings to be able to contribute to inclusive education for their children. Professionals have contributed to inclusive education through assessment and proving devices and all sort of equipment. We also have the female youth, through disabilities, being trained in different things like soap making and culture.” (Africa)

Some participants noted that inclusive education in particular was important for children with disabilities, as this would better enable them to be included in the general workforce with everyone else. Linked with this, participants shared the value of education for soft skills, such as working with other people, but also in particular in terms of building the self-confidence of a person with a disability. Beyond basic education, a number of participants identified tuition support programs for students at a university and tertiary level, noting that university level education can also enable persons with disabilities to better access the job market.

“We have seen that persons with disabilities are in the job market, having been trained at the university or other tertiary level institutions as a result of the advocacy of the persons with disabilities and the CBR program.” (Americas)

Many participants also discussed the important role of technical and vocational training programs in the community – not just for persons with disabilities, but for whole family units.

“We also recognize that attention should also be paid to caregivers and the families of persons with disabilities so that they can maintain a level of economic independence. So whatever forms of support measures that can be

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introduced to give that level of guidance and support for the families.”  
(Americas)

“The presented experiences strongly indicated that the community-based rehabilitation programs were not focused only on persons with disabilities, but were very much concerned with the family. Even employment projects were not focused only on persons with disabilities, but on providing opportunities for caregivers in the family.” (Arab)

Discussants agreed that it is critical for the wellbeing of the person with the disability that their entire family unit experiences financial wellbeing. Participants provided many examples of various vocational training programs for persons with disabilities and their families that they have implemented.

“For example in Bolivia... Our [CBR] organization trains young people so that they can have some income to assist their families. And there also vocational work, carpentry and they do artisan work so that once they do their craft they can sell them. And through their training, they can have their own workshop. Although specifically we spoke about the training of women, teaching them to sew so that they can learn to make clothes and that could be the income for their family.” (Americas)

“In Egypt, ... a project entitled "Know me, Accept me"... aims to train and employ people with disabilities, perhaps with intellectual disabilities or other disabilities... the center discuss this situation with employers and created alternatives for these people, through a group of companies, to train them to work from home on e-marketing.” (Arab)

“In Pakistan... they are improving the skills of women with disabilities. And they have a very interesting project called Society Fund. And through that project... the women with disabilities, they are actually manufacturing assistive devices. And they have got the training to help to develop different assistive devices. And they are also distributing assistive devices to the people who have that need. And in Pakistan, women with disabilities, they are getting computer training, different handicraft training. And they are also coming, after getting

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the training, they are also connected to job different job providers, organizations.” (Asia)

As demonstrated by the last quote, after education and training, organizations are also engaging in job placement and on-the-job supports for persons with disabilities. Some organizations are supporting mentorship and apprenticeship opportunities for persons with disabilities.

“It’s very important that the person be empowered to know what their abilities are, their skills, their motivations to be able to look for a job. And afterwards we’ll need to accompany them in the whole process of their entrepreneurship or their process of working. All persons should have the right to inclusion because they have a right to work and they have a right to be paid for what they do and have a dignified job.” (Americas)

“In Honduras we have seen that they have begun...working with some of the social entities and business places like the bank, the communication organizations, which will support training and employment of persons with disabilities in these institutions.” (Americas)

Apart from one example in the Pacific, none of the regions indicated any clear linkages with labour unions or workers movements (although all regions received this as a discussion question).

“We do not have a problem in the Cook Islands as we share the same building with the essential offices in the country. We have just realigned ourselves to ensure we work together. We may struggle at times and they have supported us from time to time. An area we need to look at is that the needs of persons with disabilities will at times be overlooked for example the deaf in Fiji. There are times when meetings, workshops and rallies are held and there is no sign language interpreter. Different movements are just forcing their agenda/way and not considering the rights of persons with disabilities. We all competing for one major pool of funding. We need to understand the rights of persons with disabilities and also speak out.” (Pacific)

Although participants have not had much experience with these movements in the community, they have identified this as a potential avenue to explore in the future.

“There is an ignorance by persons with disability in any Labor movement and working rights movement... because there is no full inclusivity in workers rights movement. This is cutting across all the countries... Then the underlying thing was, how can this be improved. What did we agree on, which is cutting across the whole country: is one awareness creation amongst the Labor Community that is the workers rights; then improving training opportunity for persons with disabilities to participate in employment. Then, but especially on mainstreaming of disability issues in all the activities which basically can raise the bar for the rights of persons with disability in the worker movement.” (Africa)

As in other thematic dialogues, threaded throughout this dialogue was widespread agreement across all five regions of the importance of engagement of persons with disabilities and their organizations in issues related to financial wellbeing.

“In terms of the participation of persons with disabilities in your CBR programs and what contribution there has been for the quality. In all the cases, participation of persons with disabilities has enriched the program. When there are persons with disabilities who are doing what the convention say, you know, nothing about us, without us, then we’ll have a greater efficiency.” (Americas)

## Innovations in the Community

Overall, 167 persons participated in the five dialogues on this topic, 71 from Africa, 34 from the Americas, 37 from the Arab region, 12 from the Asian region, and 13 from the Pacific region. Further details about participant characteristics are provided in Table 6.

Table 6: Participants in the Innovation Dialogues

Region	Participants	Persons with Disability	Type of Organization	Countries Represented
Africa	71 (23F, 40 M) 8 unspecified	8 visual, 13 Physical 2 hearing	18 OPD 11 CSO 5 Network 2 Government 3 Academic institution	Afghanistan, Cameroon, Egypt, Ethiopia, Gambia, Ghana, Kenya, Mauritius, Mozambique, Namibia, Rwanda, Sierra Leone, Somalia, South Africa, Uganda, Zambia
Americas	34 (17 F, 17 M)	13 (3 visual, 3 hearing, 6 physical, 1 intellectual)	12 OPD 14 NGO 3 Government 5 Community Organization	Bolivia, Chile, Colombia, Cuba, Ecuador, El Salvador, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, St. Kitts and Nevis, Trinidad & Tobago

Arab	37 (22 F, 13 M, 2 MD)	3 (2 visual, 1 physical)	20 NGO 9 Government 8 Missing Data	Egypt, Jordan, Lebanon, Palestine, Morocco, Yemen
Asia	12 (5 F, 7 M)	3 (2 physical, 1 Multiple)	9 Community Organization 1 Disability Professional Discipline 1 Foundation / Donor 1 Academic	Bangladesh, Cambodia, France, Germany, India, Indonesia, Nepal, Philippines, Thailand
Pacific	13 (8 F, 5 M)	5 (2 Sensory, 2 Visual, 1 Multiple)	3 OPD 1 Consultant	Australia, Cook Islands, Fiji

Discussions on innovation revolved around the experiences of innovative practices, barriers to and drivers of innovation in CBR/CBID practices. Although these dialogues discussed innovation related to the COVID-19 pandemic, discussions related to the pandemic are presented in a separate section in this report, therefore this current section focuses solely on innovation unrelated to COVID-19 adaptation.

Based on the conversations across all regions, utilization of technology, participation, and collaboration are shared as the main tools to initiate and/or enhance different types of innovations in CBR/CBID programs. Participants shared CBR/CBID innovations related to the role of technology in CBR components including in health, livelihood, education, and social inclusion and initiatives to facilitate other conventional rehabilitation services including awareness creation, accessibility improvement and basic rehabilitation services.

### **Technology for innovation in CBR/CBID**

Technology was discussed as the most prominent tool for innovation across all regions. Participants described the role of technology in rehabilitation provision and disability inclusion in various ways such as in networking, capacity building/training, teaching, accessible communication, advocacy, and for assistive devices. The types of technology discussed included telephone/mobile, computer and television for platforms of zoom, WhatsApp, messenger, email, online database, audio/video and medias (e.g., television programs). Participants expressed the importance of technology in contemporary rehabilitation provision.

“We are in the 21st century...we have adopted technology, so that we have access to persons with disabilities ... a number of methods used in CBR programs around innovation, particularly through the telephone, around communication...

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also information shared through TV, especially through the electronic media, around what is happening within the CBRs, and then also through the internet.” (Africa)

“The Zoom application did a lot to educate families and communicate with families of people with disabilities, and educate them in the various aspects of rehabilitation...[we] ‘updated their knowledge’ when it comes to the field of technology and things related to communication mechanisms, information delivery and transferring information to people with disabilities... [we] also held online sessions for parents on the topic of education and on the topic of conveying information, ease of access, and providing services.” (Arab)

The utilization of technology was shared in alignment with the CBR components e.g., to leverage access to information in education, health and employment sectors.

Technology for education: Participants across all regions discussed a number of experiences using technology for innovation in education of persons with disabilities, including the design and utilization of assistive devices, using social media for education (i.e., WhatsApp and messenger groups), websites for distance education, and creating audio/video education programs.

“Based on modern technology... Something that was done by ESCWA, ... they designed assistive technology tools and applications for people with disabilities, and that now there are also remote examinations.” (Arab)

“Some initiative on that we see the UDL, inclusive education and rehabilitation services for example, the use of technology for technology-based wheelchairs.” (Asia)

In addition to the utilization of digital technology for education, participants discussed drivers for innovation. A couple of these include the role of legal frameworks and inclusion policies from local government and capacity building of education stakeholders in the school system. Participants from Egypt shared their experience in this regard.

“The inclusive education, based up on the Egyptian law, the old schools should be inclusive...and also they provide training for the schools and for the children

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inside this is inclusive in schools... for the inclusive leisure and recreational activities an sports, we have like youth centres and ID centres. They make the youth centers inclusive for the youths with disabilities by issuing IDs for the children with disabilities to be part of these youth centers.” (Africa)

The Pacific region also presented an initiative with provision of scholarship for students with disabilities:

“There were very low numbers of students with disability attending...we are starting to provide specific scholarships that can assist women and persons with disability.” (Pacific)

Technology for health: Participants presented a number of innovations in healthcare for different purposes, e.g., for telemedicine, digital patient information system and self-screening.

“In the health sector, the rolling out and introduction of digital patient information systems, the use of mobile phones and telemedicine systems...Systematic screenings that have been put in place at the local level often were very, simple local solutions to ensure for self-screening of parents with very simple, local tools.” (Asia)

In addition to the innovation using technology, participants across a number of regions discussed various other innovations in healthcare for persons with disabilities, including provision of access to health insurance with minimum cost or arrangement of a mobile medical team.

“From DRRA practice ... one innovation that is inclusive micro health insurance. That is only 20 taka that means two Euro Cents. Something like this we introduced with the mainstream insurance company, and we covered health insurance for the family with disabilities, including children...family and we get very good results with minimum money. Families also get health insurance, along with people with disabilities.” (Asia)

“A medical team to do awareness and health checkups out in the provinces and they invite other NGOs as well as OPDs to also be a part of this, whereby they use the same transport and they leave as a full team.” (Pacific)

One participant from India shared their program experience of various innovations using low-cost local materials. For example, screening for hearing impairments in rural

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settings using wooden matchboxes and soft drink bottle caps or utilization of a solar charger to charge the battery of hearing aid in remote villages. He stressed what innovation means:

“I had to train people to identify children with hearing loss on how we go about doing that. So now with universal hearing screening including ‘wayhi’ or ‘autopsy’ or can be ‘automatic ADR’... [Innovation is] to define the problem in the field, find solution systematically and take to the people into it.” (Asia)

Technology for livelihoods: Participants across all regions reflected their experience of innovation using technology in livelihood including such as for online marketing, telework, and working from home, using telephone, social media, and websites.

“In the area of employment and livelihoods, we talked about telework and the importance of working from home in the social area. The importance to use... social media and messenger services to connect and stay in touch within the communities.” (Asia)

“It would be great for all of us to have access to virtual work. But we don’t all have access right now. Right now, we have problems with connection in the cities.” (Americas)

In addition to livelihood initiatives using technology, participants shared different mechanisms they used to improve the livelihood of persons with disabilities and their families including seed/start up funding for entrepreneurship, social protection benefits, and capacity building.

“The entrepreneurship program just recently, since 2017, the Fijian government then provided funding to support entrepreneurship program known here nationally as the Economic Empowerment Program that provides training for persons with disability and seed funding to start-up.” (Pacific)

Moreover, a participant in the Africa region shared their experience in capacity building trainings on entrepreneurship in collaboration with a University and an incubator center.

“In terms of livelihood and employment and entrepreneurship, we have like disability, equality training where we provide training for persons with disabilities to be in the incubators for the intrapreneurship of their

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projects...also we have centers in the universities...Centers for Career Development and it includes the persons with disabilities, and it provides them with training and accessibility.” (Africa)

Moreover, participants stressed the importance of supporting families of children with disabilities in livelihood activities. An Ethiopian experience in parent support was shared as a comprehensive family support program both with start up funding and self-help group of mothers for various support mechanisms that included livelihoods.

“If we support their family then they will support their children to go to school or to be successful in his future life...Establishing a self-help group. Mothers especially, a group of community mothers will come together with those who have children with disabilities, and we will provide the seed money to start up and they will contribute like the same thing every month or every two months. Then if a family can borrow some can arrange some amount of money for any business idea, so then they will borrow from that area that will help sustainability.” (Africa)

A similar experience has been shared from the Americas region about empowering families and relatives of persons with disabilities in livelihood activities.

“The representative of the person could do it, mother, father, brother, auntie. But ... we have to make sure that it is being channeled and contributing to the improvement of the quality of life of the Persons with disabilities whether in health, education, food.” (Americas)

In the Asian region ‘organic farming’ was shared as innovative livelihood activities by persons with disabilities with the aim to provide ‘safe environment, water, sanitation’; in addition they stressed the importance of improving the capacity to buy from the local market as a driver to innovation.

Participants also discussed the importance of technology in social networking and inclusion of persons with disabilities with a number of cases. One participant, who is a person with disability, mentioned how technology can facilitate communication and networking with a persons with disabilities.

“I know what brands to try. I can communicate with our deaf community because I can't do sign because of my disability. I speak to the phone and the phone prints out whatever I say. My deaf colleague then types. I read off that and using the technology and the right use of technology to actually remove the

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barriers of communication challenges... same for those that are visually impaired or blind in terms of using the Java software on their computers.”  
(Pacific)

Networking and communication are used in advocacy, training and capacity building which can be improved with the utilization of technology as a tool.

Technology for advocacy and training: Across all regions, technology was mentioned as important tool to reach many people with and without disabilities for awareness creation and/or for structured trainings on rehabilitation and disability inclusion. The advocacy and training discussed was delivered to persons with disabilities, their families and other important stakeholders in the CBR/CBID programs.

“There is also training and education through a range of means of communication, including videos, including WhatsApp. WhatsApp is the tool that was used by almost all communities...the emphasis was on participation. There was also training for families on how to deal with technology.” (Arab)

“Accessible information technology and then also promote the participation of parents to support groups...promote the participation of parents’ support group in community to implement home-based [services], for both children with and without disabilities.” (Asia)

Challenges with Technology: Parallel to the value of technology in CBR/CBID practices, participants discussed the outstanding challenges experienced while using technology. In a number of regions, access to technology, right use of technology, and digital literacy were threaded during the conversations as critical challenges for the utilization of technology in CBR/CBID programs.

“Technology has actually brought about all opportunities. The appropriate use of technology is crucial in this context.” (Pacific)

“The digital gap is a big reality and overcoming the digital gap is a huge challenge [we need] to really ensure that everyone can benefit from technology... zoom, something like this platform really reach more people, but we still need to think about the expenses for digital technology for people...”

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proper training for the use of equipment and technology needs to be ensured to drive innovation.” (Asia)

Access to internet or digital technology was mentioned as one of the barriers to reach all persons with disabilities, especially in remote areas. The reflection from conversations about challenges in African region summarise the majority of the reflections from the five regions.

“Some of the barriers ... were the cost of assistive technology, particularly because a lot of that technology is physical and therefore has to come from outside of Africa which drives the cost up and it makes it unaffordable for many. Another barrier is ironically, the speed at which technology is upgraded, they soon become obsolete and they become very difficult to repair and maintain...the communication systems were very poor in many rural areas. Very often there is no power. There is very poor internet connection. Sometimes there is very poor cell phone connection. And that makes communication very difficult, particularly in those rural areas. Another barrier was lack of education ... much of the technology is only available in English and is not available in the local languages. And many people who are not conversant in English, are being excluded or limited in the use of the technology.” (Africa)

A participant from the Pacific region expressed the importance of investing in capacity building on digital literacy for service providers and users.

“There was an investment that allowed me to become more technology literate where the Dragon software, so a voice-activated software. I started using, talking to it, and then it started telling me the license, which place to go. That actually taught me in terms of what is available within the technical space because as a person with a quadriplegia, it would be near impossible to try and type. It'll take probably a whole day to try and type a sheet of paper...I can actually be able to participate on equal bearing with others.” (Pacific)

### **Initiatives to facilitate conventional CBR/CBID Services**

Across all regions, various innovations were shared related to conventional rehabilitation services. To break barriers for persons with disabilities in their community, participants discussed the importance of awareness creation, advocacy

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and capacity building approaches using conventional tools including workshops, conferences, different events and use of social medias.

“Seminars, discussions, workshops, or conferences. Something like what we do right now is still relevant, is very important and useful to learn from each other from different perspectives, so this is still good way to...to roll out CBR program and using social media for spreading information, education to the community and public that's also we see a good way, good practices to roll out the CBR program.” (Asia)

Moreover, participants shared a number of innovations for awareness creation; a couple of exemplary actions include using children and adults with disabilities as self advocates and volunteers for awareness creation in general public events.

“We have lots of youth who are dealing as self-advocates and are trying to, we are trying to invest in the capacity building and trying to make them take over and lead the way for persons with disabilities.” (Africa)

One participant from the Americas region shared their experience of using child Ambassadors while the Africa region shared about child clubs to create network between children with and without disabilities.

“It was through a project called Child Ambassadors. We worked with schools ... primary level children and using parents. Persons with disabilities to share exciting information and examples of what can be achieved by persons with disabilities... then they themselves became advocates in their homes, in the schools, in their communities, in the clubs in which they were involved...we were able to get a space for children with disabilities to feel comfortable to interact as all the other children in those particular. We didn't work right through a school but used some classes.” (Americas)

“We have a club for children where children with disabilities learn how to play with the children that do not have any disability.” (Africa)

Participants in the Arab region shared their experience of compiling success stories of persons with disabilities to teach others and show stakeholders to realize challenges faced by persons with disabilities. They also discussed the importance of capacity building of the local community including persons with disabilities and families to improve social inclusion and access to services within their community. In the Arab

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region an innovative approach that was shared for improvement of access to service in remote settings was:

“In remote areas and villages, by creating mobile teams... training youth to provide proximity services ... including home services or providing social assistance, as well as doing a number of artistic, and cultural recreational activities... an initiative to transform shelter centers into training centers for people with intellectual disabilities. This is an experience in Jordan through the Bada'el project, which is for community integration, or as they call it collective housing.” (Arab)

In addition, various innovations were discussed across all regions that targeted improving accessibility and removing barriers for inclusion of persons with disabilities. This included preparation of information with accessible formats and provision of sign language.

“The IEC materials and all the awareness materials have to be in an accessible format. And it has been very well-proven in the context of AIDS, HIV, and disability by Nora Groce and groups that it has to be in an accessible format.” (Asia)

Participants reflected about barriers for access to information in terms of lack of information with accessible format for persons with hearing, seeing and cognitive/learning impairments.

“The awareness materials are not in an accessible format. Say with the persons with hearing loss or persons with visual impairment or persons with some cognitive deficits, they are learning disabilities, so the awareness materials, whatever we are talking about, should be in an accessible format.” (Asia)

Participants also shared the conventional services to improve accessibility for persons with disabilities by providing access to assistive equipment/devices, such as prosthetic devices, walking devices, or glasses. Participants shared their experiences of innovations to improve mobility of persons with disabilities through production of modified wheelchairs and provision of low cost supports.

“An African Institution...they are trying to get these hearing aids at the low cost...In Kenya there's an elaborate innovation ... moving towards motorized wheelchairs using, you know, motorcycles being adapted to mobile wheelchairs... in Kenya, automatic cars also being adapted in one or the other

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for people with disabilities, in particular the physical, to be able to drive if one wishes to drive.” (Africa)

“Having low-cost aids to assist the families too so that they can improve the functionality and autonomy of the persons with disabilities...and private funds to do actions in the homes to assist with modifications in the baths.” (Americas)

### **Participation of Persons with Disabilities**

Participants discussed participation of persons with disabilities as a powerful tool for program success, sense of ownership and sustainability. Participation was discussed as strong mechanism for proper implementation, mainstreaming and management during crises similar to COVID-19. This has been shared in terms of individuals’ direct participation at various levels of the CBR/CBID, self help groups of persons with disabilities or their parents, and representation through their associations. The participation of persons with disabilities was discussed using communication, social mobilization, advocacy, political participation and direct service provision.

“In terms of drivers, we talked about equal participation to be ensured, as one of the biggest drivers and active participation from parents, volunteers, persons with disabilities. Participation is key in utilization of innovation and to realize success in interventions “without their involvement nothing really moves”.” (Asia)

A participant expressed how important it was to make sure persons with disabilities represent themselves and advocate for themselves.

“I realized I couldn't advocate for persons with disabilities. I couldn't be the front, the face.” (Pacific)

One Asia participant also added a point about the importance of participation of persons with disabilities to access into the local community for a specific program implementation.

“We have another partner organization ... [they] are screening the hearing problem... They want to increase their number, and we have access to go to the Community level because we have a network over there already so ‘we call child clubs members’ and we bring them to the clinics and the hearing screening was

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conducted and almost 2100 (two thousand one hundred) students within a month got benefited from this service.” (Asia)

Participants discussed their best experiences to engage and improve the participation of persons with disabilities in various ways, especially in rural settings.

“For Fiji, WHO has set up CBID offices in rural areas where persons with disabilities visit from house to house talking to other persons with disability and informing them on services available in their community and how to access social protection.” (Pacific)

“In Mozambique, it was reported that OPDs actually operate the main CBR programs and they do a lot of administration. And they are also employed as field workers and involved in shifting and promoting disability issues.” (Africa)

Participation of persons with disabilities in government and political positions was discussed across a number of regions. The Egyptian participants, both in the Arab and African regions as they represent in both regions, shared their experiences of high-level participation of persons with disabilities.

“In terms of the political participation, we support persons with disabilities in order to participate in the parliamentary election. And we try to make the election formats inclusive for the person of disability... persons with disabilities have participated for hearing sessions in the government where they discuss the disability law...On the level of the policymakers, we have a quota in the Egyptian Parliament for the persons with disabilities... National Council for Women has formed a committee called a Women Committee a Committee for the Women with Disabilities, where they are concerned with the women with disabilities to advocate the rights and to advocate the issues relevant to the women with disabilities ... The Ministry of Manpower, they have established a sector called a sector for persons with disabilities, where they provide services for the persons with disabilities inside each government and inside each directorate. And there is also an office to provide services for the persons with disabilities in each government and in each city council.” (Arab)

The other regions also shared their experience in this regard, including the representation through families of persons with disabilities.

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“We have identified someone who has a child with a disability and is very involved in terms of the national as well as at the regional level as our representative to that Commission... For the first time they have a position within government, a disability desk, where they can get political support.” (Americas)

“If you were to ask me, were two innovative events or inventions. I would say one is the strengthening of the disability committees in the districts that actually have a mixture of government stakeholders, as well as NGOs, as well as a representative from organizations for persons with disabilities...the inclusion of persons with disabilities or OPDs in most of our programs, including the budget consultations that's been happening. Having said that, I believe there's still a lot more that can be done.” (Pacific)

As we can see in the previous quote, despite the great effort to improve the participation of persons with disabilities, participants discussed gaps in participation of persons with disabilities in other sectors including in political positions and government sectors. To improve this, collaborative efforts across all stakeholders were recommended in the conversation with demonstration of its importance through their experiences across all regions. In the conversation, participants indicated the role of persons with disabilities calling for collaboration of various actors on issues that matter persons with disabilities.

“In South Africa, we said that the collaboration is largely driven by civil society who have formed a couple of umbrella bodies to represent their interests. And these umbrella bodies, representing persons with all types of disabilities, take up various issues with government.” (Africa)

## **Collaboration**

Participants discussed collaboration of various stakeholders including universities, government sectors, NGOs and persons with disabilities as crucial mechanisms for well coordinated planning and implementation of rehabilitation and disability inclusion programs. According to the conversation in African region, participants reported they have strong sectoral collaboration, specifically in Mozambique, Kenya, Uganda and

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Rwanda, but collaboration was reported to be poor in Somalia. The following quote present the situation in some of the African countries, comprehensively.

“In Mozambique collaboration has been evident around especially a process to develop the strategic plan ... it’s also evident that the Ministry of Gender in Mozambique started, you know, to pull other sectors together because they have taken ownership of managing all running CBRs... In Uganda, there are representatives at all levels right up to parliamentary level.... In Rwanda, there appears to be a very good intercity committee system which goes across all levels, like from individual self or villagers through to district level and even national level.” (Africa)

Although this was not a common experience across all regions, participants from the Americas region shared the importance of collaboration between University and CBR/CBID programs to generate contextual evidence that can inform the interventions.

“Collaboration between professionals in the field and universities to do projects ... that the students can do...and they can do the work with the data that you don’t have time to collect in your regular workflow... they’ve been doing certain groups of self-help groups with the assistance of the university.” (Americas)

As reflected from the participants, the engagement of governments; local government need to engage in building capacity of persons with disabilities and OPDs and should consult on issues that matters for persons with disabilities. Similar to the other thematic areas, the importance of availability and implementation of policy frameworks was indicated.

“Fiji has an Employment Regulations Act to give an employment policy...the consultation will start shortly to ensure its compliance to CRPD and SDG... We set to strengthen political will, revisit policies and frameworks and how to make the language more inclusive in these policies.” (Pacific)

Across all the regions and in every aspect of the conversations on innovation, participants discussed the importance of awareness creation, capacity building, participation and government commitment for innovation in CBR/CBID practices.

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## Barriers for innovation

Discussions indicated that the rural/urban difference in terms of access to supports for inclusion of persons with disabilities was a barrier for innovation. The intersectionality of disability and geography was also discussed as pressing challenges across a number of regions. Further, participants discussed barriers for innovation such as low financial capacity, serious gaps in accessibility of technology and digital literacy and lack of contextual evidence that can guide local practices in CBR/CBID. For instance, participants in Asia region discussed barriers in relation to poor attitude, lack of resource and funding, poor digital literacy among CBR workers and persons with disabilities.

“In terms of barriers, ... social barriers, discrimination, exclusion of persons with disabilities ... About financial barriers, the financial situation of many community members ... is a huge barrier... we have government funding or NGO funding, which is often, not allowing to take risks and fail so that is a huge barrier to innovation... the lack of user-friendly technology for CBR workers and the lack of reflection of CBR workers’ self-reflection on how they...they might want to use technology.” (Asia)

Similarly in Africa, challenges for innovations has been discussed in relation to cost and lack of funding for the initiatives. Participants from Asia mentioned that persons with disabilities are challenged not only by disability but other characteristics need to be considered.

“I thought it was the whole idea of intersectionality. Making sure the people with disabilities are not just disabled there, they have so many different characteristics and how are we looking at all of that, which includes gender, gender fluidity, origin, economic stuff so just those extra things to think about.” (Asia)

In line with this, the conversations indicated the seriousness of challenges to access support services, uniquely, for persons with hearing and psychosocial impairments.

“Here is a high employment opportunity for, especially for vision impairment and motor disability. But still the challenge remains with hearing loss.” (Africa)

Participants discussed data (research) for advocacy and consideration of local contexts in rehabilitation and disability inclusion efforts. They mentioned that one of the barriers is lack of context specific (local) evidence to guide CBR/CBID practices. A

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participant stressed the problems associated with the utilization of evidence and standards based on the other contexts, often from developed countries, that can't be the best fit for other completely different contexts.

“Evidence-based is a very you know ..., but I have recently introduced the concept called realism-based...It is based on facts ... that is typical of what is defined as an evidence-based practice...to facilitate supports at home and in the community, e.g., homeschooling and health information.” (Asia)

Participants suggested improving access to digital technology, capacity building trainings, advocacy, empowerment of persons with disabilities, collaboration to generate contextual evidence, and arrangement of sustainable financial sources to address the gaps.

## Justice, Choice, and Power

In sum, 191 persons participated in the five dialogues on this topic, 99 from Africa, 42 from the Americas, 27 from the Arab region, 3 from the Asian region, and 20 from the Pacific region. Further details about participant characteristics are provided in Table 7.

Across the five regions, a number of key concepts were woven through all discussions. These included the need to implement policy and enforce laws; the role of family and community in either supporting or obstructing access to justice for persons with disabilities; and the critical importance of the engagement of persons with disabilities and families of persons with disabilities in awareness, advocacy, and decision-making. Participants shared accessibility and intersectional challenges that affected the ability of some persons with disabilities to access justice. Finally, participants discussed various strategies CBR/CBID programs were engaging with to support and facilitate access to justice, including raising awareness, advocacy, legal aid, peer support, and service coordination.

**Table 7: Participants in Justice, Choice, and Power**

Region	Participants	Persons with Disability	Type of Organization	Countries Represented
Africa	99 (34 F, 57 M) 8 unknown	24 Physical 3 hearing 7 visual 2 deaf-blind	10 Disability professional discipline 27 CSO 6 academic institution 21 OPD 8 Government institution	Malawi, Egypt, Mozambique, Namibia, South Africa, Italy, Zambia, Ethiopia, Uganda, Togo, Kenya, Rwanda, Ghana, Morocco, Cameroon, Niger, Nigeria
Americas	42 (27 F, 13 M, 2 O)	8 (1 visual, 1 hearing, 5 physical, 1 psychosocial)	9 OPD 11 NGO 12 Government 10 Community Organization	Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts and Nevis
Arab	27 (15 F, 10 M, 2 MD);	1 (Visual);	15 NGO, 3 Government 8 Missing Data	Egypt, Jordan, Libya, Palestine, Morocco
Asia	3 (1 F, 2 M)	1 (physical);	1 Community Organization 1 Disability Professional Discipline 1 Foundation / Donor	Bangladesh, Philippines
Pacific	20 (13 F, 7 M)	8 (2 Sensory, 3 Physical, 1 Visual, 2 Multiple)	6 OPD 2 Government 1 Community Organization 1 Consultant	Australia, Cook Islands, Fiji, Marshall Islands, Solomon Islands, Vanuatu

**Policy Implementation** – “there’s still a lot more to be done. We’re still in a place that we’re not fulfilling what we have signed.” (Americas)

Most particularly across all the regions was the sentiment that many countries have strong laws and public policy, however, the major challenge comes as it relates to the implementation of policy and enforcement of laws.

“Perhaps the legislation is excellent. I mean, we can see in most of our countries a distinct legislative system, but the obstacles come in policies and procedures.” (Arab)

“[The Bangladeshi Disability Rights and Protection Law] has very specifically included some clauses that anyone preventing a person with a disability to seek the legal justice system will also be identified as a crime punishable by law, that is a crime... So there are legal provisions there as well, but we don't put that into practice.” (Asia)

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Participants offered a range of reasons for why policy was not translating to practice. These included attitudinal and cultural barriers, whereby community members (e.g., teachers or principals) did not know about the legislation or did not adhere to it (e.g., denying an inclusive education to a child with a disability). Participants also noted that inaccessibility (of buildings, of information) contributed to challenges for persons with disabilities to access rights as enshrined in national and international legislation.

“I’m an occupational therapist from Chile and in our group we had persons from Mexico, El Salvador, Columbia and different places, yes. And our reality is that most of the countries have a legal framework that seeks equality and protecting rights. But there is a gap between those laws and the carrying out of those laws, the implementation. Persons with disabilities have to face great attitudinal barriers. Architectural barriers as well as legal barriers that cause them to have lots of problems in terms of access to justice.” (Americas)

“We are really in continuous attempts to empower people with rights, but the difficulty is not in legislation, but it comes in procedures, policies, and of course culture. The cultural barrier, the acceptance of society, or the fears that exist in the community, it may be within teachers, for example, or the school director, or among the families of students in the school who do not have disabilities. Obstacles of this kind prevent persons with disabilities from accessing their rights, especially in the field of education beside other fields such as work.” (Arab)

Another major reason participants identified that is impeding the implementation of policy into practice relates to inadequate allocation of resources by governments.

“In the general budget items in the five-year plan for local development, we could find lighting, paving, water, and so on. But when we asked about the physical accessibility part; it is not there.” (Arab)

Participants had a number of recommendations for what was needed for improved realization of policy and law. In particular, a number noted the importance of having persons with disabilities in places of power (e.g., in the role of Minister) as they would be better able to understand the issues and more likely to allocate power and resources to make real change.

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“There’s many norms, many rules that are not upheld. Now what can be we do so that this can be changed? ... We could be more active in terms of the participation of persons with disabilities. For example, here in Bolivia there are four members that are named by some Ministries that form this special committee. But there’s no person with disabilities on this committee. So that should cause us to reflect in terms of the fact that the persons there don’t really know what the true needs that the person with disabilities has to see. And sometimes... it works for the Government, but it’s not really working on the structural issues and the collective good. So... we need to work more so that the persons with disabilities are the catalyst of the development. That it’s not just a pretty slogan, that it will be a reality.” (Americas)

A participant from the Arab region also noted that there needs to be improved information-gathering, so that governments both understand baselines, numbers of persons with disabilities, type of disabilities present, geographic distribution, and key priorities. This would then shape concrete budget allocations geared toward policy implementation, which was a key strategy mentioned across a number of the regions. Participants also noted that there should be improved monitoring and accountability mechanisms for policy implementation. A participant from Morocco shared a success from their local context:

“A national mechanism has been established to protect the rights of people with disabilities, and today it bears the responsibility of the National Council for Human Rights. Today, this mechanism has laid many foundations for tracking and monitoring the government's commitment to implementing a set of laws that it had to establish, especially after submitting the initial report. Today, Morocco is working on a report to answer a set of observations. Also, important workshops are the regionalization workshops, or what is called in Morocco the expanded regionalization; Because we must move away from central decisions; as dealing with the disability has been, for the last three or four years, always by central decisions, meaning more time to wait to address any issue or solve a problem for ministerial decisions.” (Arab)

Finally, one participant from the Africa region noted that implementation of laws and policy in practice need to start at the household and community level.

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“Access to justice starts from the household and then the community. Not the laws and the policies which are in place. Those are written documents. But how do we translate it, under CBR and CBID.” (Africa)

In that same line, all of the dialogues also discussed the critical importance of family and community as it relates to access to justice.

**Family and Community** “Rights start in the home. Rights start in the family. I think our families are the main source of power and rights.” (Americas)

Across the regions, participants discussed family and community as both an ally and an obstacle in access to justice for persons with disabilities. First, participants noted that families are the first place for inclusion and can empower persons with disabilities from a very young age, to help them understand their rights and advocate for justice. A participant in Asia noted that an important responsibility of the family is to build the confidence of a person with a disability so that when they are out in the community and told they cannot do something, they might have the self-confidence to do it.

Additionally, one participant shared an experience of a person in Panama:

“The family was the first group that included and didn’t make a distinction between sibling with disability and sibling without disability. And that’s where she learned that she had to struggle to be able to achieve inclusion in society as well.” (Americas)

Another person from Asia provided their own example as a testimony to the power of family in achieving justice:

“I am a person with a disability, physical disability, and a wheelchair user. I have completed my graduate degree... from a university... Now I am working... if my family was not supporting me then, I think it was not possible for me to do this job. And not only my family members, but also our community people like my relatives and others. Not only that but also...I was always supported by all types of people in our society and in this country. So I am now dealing my life with a job.” (Asia)

Family, participants noted, are important to support motivation, self-confidence and decision-making abilities in persons with disabilities. In the Pacific region, participants also discussed the value of family as it relates to providing an important social safety net, but also identified the challenges that families can bring as well:

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“The culture within the Pacific region, we all agreed that it is both positive and negative. Within the Pacific region, in terms of the Pacific culture or extended family settings often is put in place as a safety net, and within this safety net, there are persons with disabilities who benefit from these safety net systems, in terms of their voices are heard, they're engaged, they are protected, they're included. At the same time, the safety nets in terms of either overprotectiveness violates then the person's rights so that they're not allowed to be independent... so much so that even a person with disability can be told by families, "How is it that you can get married? How it is that you want to have your own family? We already looking after you, you can't look after yourself.” (Pacific)

Similarly, a participant in the Arab network shared that due to culture and stigma, a family might inhibit persons with disabilities from achieving justice:

“The family will decide if there is a need to report, for example, psychological, physical or sexual abuse of a child with disabilities, but not the child himself, and I think this means that there are shortcomings in our programs to represent people with disabilities. This also means that there is a challenge that we can work on.” (Arab)

A major point of discussion related to family and justice related to the issue of guardianship, power, and decision-making. Families could be seen as being an impediment to justice when they overprotected their family member with disabilities or did not provide sufficient options or support to the person with the disability to enable them to make the right decisions for their lives.

“Families often want to speak for or make choices for their relatives with disabilities or make even decisions. So in a way, persons with disabilities find themselves without choice or not able to exercise self-determination.” (Africa)

A participant from the Asian region also shared the need for families to support decision making in a constructive way:

“I'm not saying that, we will not be able to do it, it's not possible for you, but to suggest him in a positive way that, this is your choice, these are the pros, these are the cons and this may happen if you do this, and this may not happen, it will do this. So decision is yours, we're supporting your decision in a constructive manner that with the experience that they have, that these are the consequences of the choices you make and it will be better if you go in

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suggesting them in terms of the best not in a dictatorship manner or imposing to them.” (Asia)

### **Participation of Persons with Disabilities**

Across all dialogues on the topic, the participation of persons with disabilities was highlighted as a critical mechanism for achieving access to justice. Organizations of Persons with Disabilities (OPDs) were highlighted as the critical link to supporting persons with disabilities to access justice.

“As OPDs are actually working with the person with disabilities very closely they know what are the actual barriers and what they need to do to overcome the barriers. So involving the OPDs could be at in the highest success or highest possible success from the field, I think OPDs is the major group to do the functional changes for the development of persons with disabilities’ life.” (Asia)

Participants also discussed that there are rights and responsibilities of persons with disabilities, and the idea of “good citizenship”. This came through a number of times when participants spoke about persons with disabilities and their families self-organizing and providing peer support to others.

“There must also be a kind of balance between duties and rights for persons with disabilities. Good citizenship. A person with a disability must feel that he is a citizen who has rights and duties, so that he does not turn into a burden. Because I always say our duties as a society are to remove possible barriers for a person with a disability so that he moves on to become a productive person.” (Arab)

The Pacific region identified that often, organizations of persons with disabilities offer support systems for people with disabilities that are often much higher than what is given in national or division governments. One additional way that participants discussed the importance of participation of individuals with disabilities was related to their ability to make decisions and hold power.

“We spoke a lot about issues of self-representation. Members were sharing that persons with disabilities are very much represented in some of their countries. For instance, in parliament you find that there is representation of persons with disabilities. Countries seem to have different counsels, whether national counsels or even counsels in the in the villages where there are persons

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with disabilities as members of those counsels as well. But the issue again and remains similarly to be, when it comes to issues being implemented, it is still an issue that persons with disabilities become an afterthought.” (Africa)

Participants noted that persons with disabilities and family members of persons with disabilities must hold positions of authority, such as members of boards of trustees in schools, government ministers, and boards of directors. There was strong consensus that people with disabilities and their organizations know the needs best and are best positioned to raise awareness, advocate, and make decisions to influence access to justice.

### **Challenges to Accessing Justice**

Some of the dialogues discussed challenges in justice for persons with disabilities due to accessibility challenges. This could be physical accessibility, in terms of inaccessible courthouses or polling stations, for example. This could also be in terms of communication accessibility, such as not having deaf interpreters at the police station. It could also be financial inaccessibility, such as not having the money available to pay for lawyers.

“When the person does ultimately go into the formal justice system, then physical accessibility of infrastructure, you know the police station or the courts, these are not accessible to people with physical disabilities. Then for women with hearing and speech disabilities or visual disabilities, then there is a huge problem there again, sign language interpretation becomes an issue, some judges in Bangladesh, they allow the interpreters to work there, but then the interpreter comes with formal interpretation...formal sign language interpretation, but the victim, they do not know the formal sign language, they're using indigenous signs.” (Asia)

A number of the dialogues addressed some intersectional and cross cutting challenges as it related to access to justice. For example, participants mentioned challenges accessing justice due to gender. In particular, women and girls being more subject to crimes, such as domestic violence, rape or sexual abuse.

“When a girl with disability or woman with disability, affected by or harassed by anybody, then their family are not agree to get the justice in a proper way because they are poverty, social ignorance and other factors. The members of

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their family are not giving that support to the girl or woman... So she cannot be able to access justice in a formal sense.” (Asia)

Gender was also raised as it related to power and family decisions around provision of support (boys getting more support, as opposed to girls), as well as it related to decision-making, with women and girls less likely to be empowered to make their own choices.

“I know that is one of the factors that contribute to inequality of persons with disabilities, especially women with disabilities, where family members, caregivers take full control in making decisions on family members with disabilities instead of giving them the opportunities to make their own choices.” (Pacific)

In addition to gender, networks are also navigating rural/urban divides as it relates to access to justice. This related to who was the decision-maker or authority (e.g., in the Arab context, the authority and decision makers in rural areas are mayors and sheikhs, whereas in the city power and control was less strict). In the Pacific region, there were also issues related to who held land also held power, and often people with disabilities were not landholders. The Pacific region also noted that accessibility and availability of supports for persons with disabilities decreases as you move from urban to rural environments. This region also noted the challenge of small or rural communities when attempting to access justice.

“As you go down to these rural settings, mostly they are all interrelated. As a person with disability, they can report the police on violation, often, that police officer is related to somebody else within the community.” (Pacific)

### **Strategies for Access to Justice**

Dialogue participants shared a range of strategies that CBR/CBID programs and their communities were implementing for promoting access to justice. These included raising awareness, advocacy, legal aid, peer support, and service coordination. The most commonly mentioned strategy across all of the regions was the need for education and awareness raising of persons with disabilities and their families.

“It is important to reinforce the capacity of persons with disability and organizations to have the information and information about the process

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regarding the justice system so they can know how, where to start, and where to go, and who can help them with the justice system.” (Africa)

The Arab region provided a number of various examples of strategies for awareness raising. For example, they discussed an awareness model called “Working with Parents and Building Self-Support”:

“We work with as many as 30 moms of kids with disabilities, we show them specific steps about rights and services, about their role, about the disability nature. Eventually, they learn the rights through a meeting with government personnel and they form a support committee which we set the standards for.” (Arab)

Another participant from the same region shared how they support people with disabilities and their family members on how to seek justice when they face marginalization and exclusion, so that persons with disabilities become aware of their rights, options and procedures for resorting to justice.

“It is also necessary that we make them aware of the existing law; create a database to all of them based on their region, in which we identify the official and unofficial resources available in their regions. This will be useful in helping persons with disabilities to resort to justice and achieve justice, such as leaders, clan elders, village councils, clergymen, teachers and cooperative organizations of persons with disabilities, law enforcement personnel, courts, legal support services, and community legal services centers.” (Arab)

One participant emphasized that awareness raising doesn’t need to wait until a person is an adult. Rather, their organization is teaching children about indicators of abuse and what they should do about it. To a lesser extent, some participants noted that awareness raising also needs to happen among the community – particularly within the legal system (e.g., lawyers, police officers) about persons with disabilities and their rights.

“Another thing is that the same people who are charged with responsibility and who are supposed to help people with disabilities and their families, by connecting them with justice system. Unfortunately, they have weak awareness of disability issues, and how do they deal with people with disabilities and what are their needs? You will find the same people, if they were lucky enough to reach there, they will not find a person who understands them.” (Arab)

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CBR/CBID programs across the regions identified a range of awareness raising activities they implemented. For example, a participant from the Pacific region shared an action their organization was taking to raise awareness in the community

“We are, again, looking forward to participate in a prosecutors’ conference in order to inform the prosecutors as to how they should handle and use the right languages when they deal with disabilities in terms of courts and in terms of suspect arrest.” (Pacific)

Another participant from the Arab region shared an innovative approach his team used for both raising awareness and advocacy for justice, called the Local Disability Plan:

“[It] is a very cool mechanism that we start with a community of 30 people, forming Local Disability Plan Committee. Which includes a local authority, executive authorities, NGOs, people with disabilities and their families. The group works together in several components for six consecutive months. They meet once a month or twice. They are trained on everything related to the analysis of a case in society, rights, laws, and services. After that, after they reach a point where they can work with each other, they can conduct a campaign about a wasted right or create a community plan. They choose the institutions to work with them. They agree on a set of activities, analyze the existing decisions and laws through an agenda called Agenda 20, by which we analyze solidarity, health, youth, culture and the workforce, or wherever services are offered. We locate the gap and translate it into challenges and reasons of the community plan. Each institution includes these activities as needs or needs as activities in the institutions and they are approved by the governorate.” (Arab)

Beyond advocacy and awareness, CBR/CBID programs across the network are implementing legal aid programs to provide support to people with disabilities and their families to access the justice system. This often involved connecting persons with disabilities to lawyers, who would provide legal services for both adults and children free of charge.

“We started working on a legal clinic. The legal clinic has a guide for governmental and non-governmental services for people with disabilities. The guide is indexed based on the government ministry, associations, or offices for

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rehabilitation, solidarity, health, or youth. Where we put each service name, the ministerial decision related to it, then the procedures for obtaining it and the required papers and who is responsible of granting this service in that institution. We get the help from a volunteer lawyer who will study the entire guide in order to answer the mothers with disabilities queries two days per week. When a woman comes, she would describe in which stage of obtaining the service she is, and which ministry it is stuck with, what decision or which service she wants help with. The lawyer helps her in arranging the papers and preparing the requirements, and sometimes he would voluntarily work with some groups to obtain the rights. The clinic was very successful. Sometimes, it was receiving 10 to 25 people with disabilities or their families seeking its help to get their rights.” (Arab)

“A project is set up and this lawyer assists some persons with disabilities who has a problem to find justice. And after 2 years’ implementation, these projects they show more than 30% persons with disabilities.” (Africa)

Another major strategy discussed by a number of the regions included engagement of peer support mechanisms and organizations of persons with disabilities to support access to justice. This included persons with disabilities themselves, as well as mothers of children with disabilities, helping others to understand their rights and navigate within the justice system.

Finally, another strategy mentioned by the regions was coordination of services. This could be coordination of various services directly working with persons with disabilities (e.g., education, health, social workers). The Pacific Region, Americas, and Arab region also mentioned the importance of coordination of various national ministries (e.g., Ministry of Justice, Ministry of Health, Ministry of the Interior, Ministry of Social Affairs) to ensure adequate implementation of rights and justice for persons with disabilities.

“This will be useful in helping persons with disabilities to resort to justice and achieve justice, such as leaders, clan elders, village councils, clergymen, teachers and cooperative organizations of persons with disabilities, law enforcement personnel, courts, legal support services, and community legal services centers. I am talking about this because we focus in our meetings on comprehensive

development. Without networking between institutions, we will not achieve any kind of development. Our efforts will remain scattered, and the rights of people with disabilities will remain incomplete.” (Arab)

## Intersectionality

Overall, 186 persons participated in the five dialogues on this topic, 76 from Africa, 52 from the Americas, 39 from the Arab region, 6 from the Asian region, and 13 from the Pacific region. Further details about participant characteristics are provided in Table 8.

Table 8: Participants in Intersectionality

Region	Participants	Persons with Disability	Type of Organization	Countries Represented
Africa	76(28 F, 47 M) One member who used a PC(user)	12 physical 9 Visual 3 hearing	15 OPD 7 Academic institution 2 Network 22 CSO 4 Government institution  4 Disability Professional Discipline	Cameroon, Ethiopia, Kenya, Malawi, Mauritius, Morocco, Netherlands, Niger, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda, Zambia
Americas	52 (34 F, 17 M, 1 O)	16 (3 visual, 1 hearing, 10 physical, 1 intellectual, 1 psychosocial)	16 OPD 18 NGO 5 Government 13 Community Organization	Antigua & Barbuda, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts and Nevis, Trinidad & Tobago
Arab	39 (18 F, 18 M, 3 MD)	2 (1 visual, 1 physical)	19 NGO, 6 Government 14 Missing Data	Egypt, Iraq, Jordan, Libya, Palestine, Morocco
Asia	6 (2 F, 4 M)	3 (2 physical, 1 MD)	5 Community Organization 1 Disability Professional Discipline	Bangladesh, Cambodia, Philippines, UK
Pacific	13 (8 F, 5 M)	7 (2 Sensory, 2 Physical, 2 Visual, 1 Multiple)	4 OPD 1 Government 1 Consultant	Australia, Cook Islands, Fiji, Solomon Islands

Of all the themes addressed in the dialogues, intersectionality was the newest or most unfamiliar across the regions. Many participants stated that they struggled with the idea, or that it was a challenging concept for them, and one that will require much more thought and effort in the years to come. This was reflected in the surface level of discussion on the issue, as compared to the other topics, where participants had

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shared deeper reflections with rich examples. Participants noted, however, that although it was a new idea, it was still important and these dialogues could serve as a very early starting point for many future efforts to come.

### **Understanding intersectionality and key stakeholders**

Some participant responses indicated a lack of understanding of what intersectionality actually was (for example, stating that their CBR program takes a multi-sectoral approach, so therefore it is addressing intersectionality). The statement below from a facilitator in the Americas region about his reflections on their dialogues, reflects what we saw in dialogues across the regions.

“In the discussion, including in the group that I was in, the discussions that we’ve been sharing here, talking of intersectionality is a new concept for many of us. And that makes it difficult for us to understand it and to give examples. So I think that I’m inviting you to study... to look at it, talk about it, to know what it’s all about. In general, when we talk about what we’ve discussed in the different groups, talking about intersectionality, we’ve spoken specially about the intersection between women, or intersection with women or with childhood or the different periods of life. But there are many other areas.” (Americas)

Although there were a number of key types of intersecting identities identified in the dialogues, the key examples by far most often discussed was intersectionality based on gender or life stage (children, older adults, persons aging out of children’s programs).

“It’s very important for [CBR/CBID professionals] to understand what affects a persons’ disabilities. For example, if I’m a woman with a disability, I have a disability, I’m a woman, I don’t have a job - don’t just look at my disability, as such, but look at all those. The holistic approach for each individual is very, very important.” (Africa)

“One of the issues is actually gender, and which might seem surprising at this stage, sometimes like with a lot of our projects, they think that gender is just 50-50. You know, kind of like, in other words, the participants- 50% male 50% women, are even if there’s 40% women in the self-help group or something like that they think- well, this is good, without really dealing with the issues of

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gender. So... we're not great, yet on gender, that is something we ourselves are trying to improve on with intersectionality.” (Asia)

“So we notice that all centers, especially for people who have mental problems, have limits on age of 21. There are not much services directed to ages after 21. Before, they were only for the youngest age, we entered these services, but we still have a missing segment of older ages.” (Arab)

Gender was most commonly discussed as a woman/man dichotomy; however, the Asian region also had a brief discussion around gender fluidity or diverse gender identities as well. One representative from an international NGO remarked that their organization has learned from the local community as it relates to understanding gender.

“Recently in India, and it came from our inclusive eye health projects, was the need to recognize the third gender. And transgender but also gender fluidity, which is much, you know quite acceptable in many, many of the cultures of India, and that has led to a discussion, internal discussion, on gender fluidity within our projects. Especially in countries like Pakistan, India, I’m not too sure about Bangladesh, actually.... but of course, we in [our international organization] do not have the technical expertise that we’re actually looking for to be able to support these ideas.” (Asia)

Other intersecting identities mentioned at some point in at least one of the dialogues included rural/urban dwelling, indigeneity, sexual orientation, religion, ethnicity, race, type and degree of disability, experience of poverty, experience of conflict/war, caste, language, and persons who have been particularly affected by climate change.

“I do believe that we have made some progress. A little bit of progress with our CBR programs in the community, through the CBID committees. These CBID committees have allowed us to be able to include all the sectors in one local structure that allows us to work with different sectors. The older persons, and some communities have also incorporated the LGBTQ community and we also work with girls and a more inclusive focus. And I also think that it’s important that we can work with other populations that we haven’t included, like the indigenous population, in some zones that we live in where we have implemented CBR.” (Americas)

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All regions identified the key stakeholders who must be involved in implementing an intersectional approach in CBR/CBID. In particular, participants most strongly identified the need to work with and influence policymakers and government at all levels (e.g., local, provincial, national).

“The engagement of our political and the political will that is available and how we can ensure, or how can we promote intersectionality within that space at the same time within the communities.” (Pacific)

Participants also identified organizations of persons with disabilities, self-help groups, community leaders, village influencers, general community members, health professionals, NGOs, media, families, religious leaders, and donors. One participant highlighted that people who experience intersectional marginalization must also be considered a key stakeholder.

“And, obviously, and the other people who need to be influenced regarding different intersections are the people themselves who are facing it or living with it. And you know, it is difficult to get them on board, because they will be the champions, for example, so they first of all need to be convinced, as well as the organization supporting them, and then beyond that, it's the different gatekeepers in the community, this is what I would think about.” (Asia)

### **CBR/CBID Challenges and Strategies**

Most of the obstacles to implementing intersectional approaches in CBR that were identified related to culture or attitudes.

“The discussion for us was based around the challenges mostly in terms of the acceptance of certain groups or the challenges of the stigma that's associated currently especially with the marginalized groups within disability.” (Pacific)

“I think there's sometimes, assumptions, particularly with donors, sometimes as well that we can also look straight into the intersectionality issues and debates. But there's such a lot of sub-context underneath that and we found a sort of sometimes discrimination and we had some real issues within groups. Where we've had groups of persons with disabilities have been sort of very homophobic or you know things like that, so these kinds of interplay, kind of

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issues that are quite challenging with workaround intersectionality for example.” (Asia)

“And it varies in the Philippines in certain areas it's quite easy, for example, with the third gender, but in Indonesia that will be much more difficult. You know, and it really depends, where you are, you know in certain places the barrier is often can also be within the organization depending what is the overall vision of the organization.” (Asia)

One participant also noted that it might be more challenging to work on intersectional issues in smaller or more rural communities than in big cities. Another participant shared that it is often very difficult to discuss “sensitive” issues (such as LGBTQ issues), particularly with some governments.

Most of the content of the intersectionality dialogues had more limited concrete examples of strategies for how CBR/CBID programs are implementing an intersectional approach, as compared to the examples provided across the other themes. A number of participants in various regions stated that because CBR/CBID takes a human rights approach, or because the goal of CBR/CBID is to listen to the needs of the community and generate solutions relevant to the individual and the community, CBR/CBID is already taking an intersectional approach, although it is not always explicit or intentional.

“CBID is the last precondition for inclusion which means that any service that is available in a particular community, no matter where you live, wherein the urban area, in the rural area, or in the outer islands, those services must also include persons with disabilities so that they are able to enjoy their human rights on an equal basis with others.” (Pacific)

“Most of the experiences mentioned in the room were positive experiences, I mean. Experiences suggesting that institutions or representatives of CBR-related work already consider and are vigilant about the intersection of identities. This is something promising, and I hope that of course we see it in all of our work.” (Arab)

A few examples were shared where CBR/CBID programs created an opportunity to discuss intersectionality, although it was not the key goal of the program. Some

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remarks made by participants indicated that integrating intersectionality might be something requested by donors in particular (rather than the programs or communities).

“A really large debate that was very relevant to intersectionality, came almost by accident, we didn't aim for it like some sort of donors particularly asked us to but it came through doing some work on inclusive agriculture. And it was an inclusive agriculture project, where we were looking at developing assistive devices, using we call it Aquilab project, it's like a creative capacity building process where you work closely with communities. But because we work so closely with a community to encourage this very broad concept of inclusive agriculture, it was like a micro-culture and such a lot came up around. Where people couldn't attend that day because they had religious services typically had to go to and then some of the other group for kind of all you know they're not so good, because they're from that minority and such a lot of these issues came up but and we discussed them I can't say we got any clear, you know wonderful results or anything but they surfaced and they came up. And the entry point was so interesting because our entry point was actually around inclusive agriculture, it wasn't around oh! you know, let's have a project on intersectionality, for example. So I think it's kind of being aware, like having, you know, having your eyes open a bit about where the discussions come from and maybe trying to capture some of that about...they can come from very unusual places.” (Asia)

“There are some issues where we're starting to really work on some more intersectional issues, but I can't really say it's particularly easy. As there is a program that's probably been a bit more successful, the sort of the entry points, if you like, or the main road was around women's leadership on specifically, women with disabilities' leadership. And then from that, there were so many issues that came up around individual characteristics, that we really started to look more at the intersectional approach, but we're really kind of scratching the surface I'd say at the moment to be really frank, you know a lot about people's backgrounds, educational backgrounds. Just, yeah from how they got to the room, you know from how they got to the point of all of us being in the same room together discussing leadership issues. Then what were the contributing

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factors that brought you there and what were some of the barriers that you face to get there as well, so that started to unpack a few things.” (Asia)

A participant from the Pacific region identified that it may be important for local communities and CBR/CBID programs to push back when the feeling is that an intersectional approach is only being applied because a donor wants it, they noted that OPDs might be particularly well-placed to speak to that.

“The OPDs and the importance of OPDs when they're engaging is to also speak to and be able to have a confidence to push back and tell the donors and partners, "Hey, now this is the Pacific region. Then the Pacific, we do not wish to rush things is because we want to get it right. We don't have to do it for the sake of doing it, but we get it right.” (Pacific)

As it related to how intersectionality should be integrated into CBR/CBID practice, many of the regions argued that awareness was key – CBR/CBID professionals must be aware of the various intersecting identities of those they are serving, and attempt to include everyone and address everyone’s individual needs. This could be awareness of the CBR/CBID workers about intersectionality, as well as awareness at the community level.

“A progressive step Cook Islands raised that in order for our current resources to be or current situation to be realized in intersectionality, we need to push awareness. They use the example of Mama Tuki. She's always in the media because of using whatever resources is available to raise awareness on the work, being carried out.” (Pacific)

“It is also an important issue at the community level to make people aware of the person with disability, not only that but also all the rights of the people, all kinds of rights of all kinds of people at the community level.” (Asia)

Participants shared the importance of embedding research and understanding the intersectional issues within the community into CBR/CBID program design.

“[The facilitators and] barriers need to be properly researched and then integrated in the program design implementation right up to its monitoring.” (Africa)

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“The importance of the community studying before starting any community rehabilitation program, and that presuppositions we make to the communities may be an obstacle between us and the implementation or the vision of intersection of identities. Some colleagues said that assumptions fall in practice and direct contact with stakeholders within communities, especially poor communities, and that continuous work through women community leaders from within the workplace of community rehabilitation programs is a key to success with improving the performance and maximizing the ability to reach people and their families, in addition to working with community leaders or key figures, such as dignitaries or influencers within villages, which is also one of the key factors to understand and study communities that we work on.” (Arab)

Another strategy shared in the Asian region was to increase exposure of people in the community to people with more marginalized intersectional identities.

“We had a donor from the Netherlands, who recently funded some programs in Cambodia and they wanted it... they've pushed five different groups actually. They pushed...I'm trying to remember them now, ethnic and the indigenous kind of groups... LGBTQ groups, children groups and women groups. I think it was like five different groups and they funded people from those different areas and actually, the learning and the linking kind of events that happened around that were really useful for promoting intersectionality. I noticed with people that I'm very close to, it challenged their own discriminations, because a lot of it's about exposure... you might have had an elderly person with disability from a rural area, that hadn't really ever been in a room speaking to like a young person with a different sexual orientation for example. So, the exposure and bringing people together was very encouraging and I think that was one area where a kind of outside influence through a donor was sort of useful.” (Asia)

One participant observed that although it is important to incorporate an intersectional approach, it is important to also not put people with intersectional identities at risk in the process.

“The other thing in the factor if we're looking at gender and disability to make sure in the work that we're doing we're not putting women at risk. You know to

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be...you know in certain communities that might be very, very, very conservative and you know I think that's other factors in. Any of the work that we're doing is to make sure we don't put people at risk." (Asia)

A final major strategy identified across the regions was the need for people with disabilities themselves to be driving conversations and actions around intersectionality, in collaboration with governments, NGOs, or other stakeholders.

"We've called for more awareness and leadership, where, the focal points, the OPDs and governments, walk the talk. They work hand in hand to ensure that inclusion and, intersectionality is actually realized in all projects or work being done." (Pacific)

## The COVID-19 Pandemic

The COVID-19 pandemic has shaped so much of our lives in the past two years, and this was a critical thread running through all 25 dialogues that merited a separate topical discussion. Below, we highlight key themes related to COVID-19 that were raised in the dialogues. Specifically, we discuss impacts of COVID on CBR/CBID activities and on persons with disabilities; strategies used to address challenges and suggested strategies to improve the gaps, in which digital technology, advocacy and collaboration played the major role.

### **Impacts of COVID**

Participants of all themes and from all regions shared that COVID-19 was a devastating experience both on program functions and on lives of persons with disabilities. Although the conversations indicated its impact on various life components of persons with disabilities, participants also indicated that restrictions can often be a common life experience for persons with disabilities, even pre-pandemic.

"COVID-19 has exposed the world to what persons with disabilities already commonly experience in their everyday lives. It's poverty, isolation, mobility restrictions, lack of access to basic services such as health, food, education, employment and other aspects of community life. This has made us more vulnerable. The socioeconomic impact derived from the restrictions in community life are not new to persons with disabilities who have [disability] with that [restrictions] since pre-pandemic times." (Pacific)

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Nevertheless, participants didn't hide about the complexity of challenges associated with the pandemic where persons with disabilities are the most affected by the situation "when the pandemic hit and everything got complicated." (Americas)

"Unfortunately, there is no doubt that Corona had its negative impact, on the life in all Arab societies in general and of course, it affected the people with disabilities the most...and if I am talking about the experience of Palestine in general, unfortunately, yes, it affected a lot." (Arab)

"COVID actually ... it's like all of these disasters, which are absolutely terrible."  
(Asia)

Participants reported that most of their conventional rehabilitation services were impacted: schools were closed, so many restrictions were in place to access public services and in person community activities had been stopped, while persons with disabilities required various personal assistance to move around, get supports and receive basic services.

"The last two years have been difficult in the last two years, most of the development work has had come to a halt because we had to deal with COVID...All the JPF centers are closed, they really, the organizations like us who have very closely involved with the community as well as the ministries, we feel very challenging...In last two years, most of the works were hampered by COVID. You know if it was not there, maybe we might have seen more development in this aspect, you know." (Asia)

Discussants reflected on various effects of the restrictions and lack of supports on persons with disabilities, including on their employment/livelihood, education, and health especially if they have got infected.

"In terms of the health emergency now, it has really laid bare the persons with disabilities...not all [persons with disabilities] were reached with the humanitarian aid. And some persons with disabilities dies because of discrimination, lack of access to health with the emergency of the COVID pandemic." (Americas)

"When you go back to the community, and, especially during COVID, when you see that thousands of families have become poorer and they are more disabled

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because they don't have his medicine and rehabilitation nothing...We began to realize that some of the intersectional issues, you know, came up a lot around mental health. So, people with different disabilities, obviously experiencing mental health concerns.” (Asia)

One of the life components affected due to the pandemic was individuals' employment and livelihood activities.

“In Jordan ... companies took advantage of the pandemic to run from their national and social responsibility after they gave promises to hire people with disabilities before...In Egypt, ... in a project entitled "Know me, Accept me" ... during the crisis of the Corona pandemic, and due to the fact that those integrated people with disabilities have stopped going to work while preserving their salaries.” (Arab)

“When COVID-19 did what it did, Cook Islands depends on the tourism industry and we suffered a lot and there was no buffer...You have to be vaccinated to maintain your social protection scheme. Vaccine cards can help ...Social Welfare has made that part of the Vaccination drive. No job – no employment, no social protection schemes.” (Pacific)

During the discussion, participants reflected about the presence of discrimination in measures that are either to respond for the pandemic transmission or in the planning for access to basic services related to COVID-19 management and recovery.

“During the COVID there was a lot of challenges already. Persons with disabilities suffering a lot of discrimination. It was very difficult for them to live in their communities... many people with disabilities were kept behind without any position on how they can have access to accessible measures to face COVID-19.” (Africa)

“I remember one day that there were bad practices by some families... towards their children with disabilities...when he has a fever and goes to a hospital, some families denounce his presence in the house.” (Arab)

Moreover, the conversations indicated about the unique challenges experienced by individuals with hearing and visual impairments to access information about measure related to the pandemic. Furthermore, participants described the importance of

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financial capacity to manage crises like COVID and the impact of the pandemic on their service provisions due to budget shortage.

“Particularly the current Palestinian government, is going through a very difficult economic situation, so the marginalized groups usually pay the cost, and of course most of them are people with disabilities.” (Arab)

Nevertheless, conversations across all regions reflected about the other side (positive) of the pandemic. Participants reported both about the positive and negative impact of COVID-19 on the CBR/CBID implementation in terms of adopting new initiatives and become creative to address challenges experienced by the persons with disabilities.

“It is the pandemic that taught us great lessons and gave us many ideas for creating new things. [virtual world] is what gave us opportunities to create new patterns in community work that we were not used to before. So, congratulations on the 'side effects' of COVID-19 that we have benefited greatly from.” (Arab)

### **Strategies to address challenges during COVID-19**

Participants discussed a number of strategies initiated during the pandemic period with the aim to continue functioning their services and to implement various new interventions. These innovations attempted to improve livelihoods, make sure schooling continued, and improve the health of persons with disabilities and their families. Participants discussed that awareness creation/advocacy, utilization of digital technology, direct support and stakeholder collaboration are the common tools used to facilitate initiatives during the pandemic.

Technology: Digital technology was discussed as one of the key tools to address challenges experienced by the CBR/CBID programs and persons with disabilities during COVID-19.

“The momentum that has happened in the last two years, there's new challenges, the reliance heavily on the technology platform to deliver for the initiative.” (Pacific)

As mentioned in other sections, the platforms reported during the conversations across the five regions include Zoom, WhatsApp, messenger, Television services and audio/video materials.

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“When COVID hit Fiji, ... there was a lot of experience in the media platform. There's a lot of activity around media because there was then the lockdown...This has become a norm during COVID and now post-COVID... Most organizations are hiring interpreters on the online platform where there's meetings and Zoom sessions as such like this today, we have an interpreter online. We had seen the increase of sign language interpreters on television during the COVID 19 pandemic and Fiji, Samoa, and Kiribati...they're targeted approaches to champion inclusion...For the deaf that were visiting the hospitals during COVID, and the interpreter could not be physically present, we engaged online.” (Pacific)

These platforms were used for awareness creation, education and guidance of persons with disabilities and their families about the COVID-19 itself and access to various services including rehabilitation and COVID vaccine.

“Egyptian experience, and Kayan Foundation ... the meetings and dialogues that were conducted through social media, to reach persons with disabilities ... innovations in placing families of persons with disabilities within groups to facilitate access to information for persons with disabilities...Educating people with disabilities on the mechanism through which they can access services... They used the Zoom application a lot to educate families...in the various aspects of rehabilitation... about the necessity of taking the vaccine and facilitating the access to the vaccine.” (Arab)

“These platforms need laptop, phone, television and internet access; without this any of the initiatives that use digital platforms can not be realized. We had to purchase smartphones. We had to purchase our gadgets.” (Pacific)

Participants also mentioned disparities to access these facilities for persons with disabilities and their families, especially for these who are living in rural areas. Therefore, addressing gaps in financial support, geographic access and digital literacy were the reported as the key to make sure CBR/CBID programs and persons with disabilities benefit from the rising opportunities to use technology for their various purposes.

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Advocacy: Data/research and story collection were used to identify problems during COVID and inform stakeholders about the impact of COVID on persons with disabilities. The Americas and Arab regions shared their experience in research and data sharing for stakeholders, including government to pull resources to support persons with disability during the pandemic.

“In Antigua by sharing data with the government about the COVID software...that has worked as well for him. So, they now are looking to map the disabled persons in Antigua using the COVID software.” (Americas)

“I would like to point out that the pandemic period was an opportunity for unity to advance the rights of people with disabilities, and to implement a study on the role of community assistants for people with disabilities. I have an idea that we do a study on the role of the community assistant in the pandemic situation...There were those who relied on the database to count the people with disabilities who use the 'net'. There are also modules/forms for identifying the needs, especially during this period...the ESCWA has made a survey of all the actions that took place in most Arab countries during the Covid pandemic. It is available on the ESCWA website.” (Arab)

Participants discussed the importance of measuring the costs to support the CBR/CBID programs and using it to convince government and other stakeholders, which is was vital to secure financial support to their work. Moreover, participants in the Pacific region reported their experience with a plan to collect stories of persons with disabilities during the COVID-19 period and so they will use it for awareness creation/advocacy.

“We are in the process of collecting stories for persons with disabilities, their experiences in relation to COVID... to highlight some of the challenges that persons with disabilities faced in relation to COVID-19...When we talk about social distancing, what does it mean for somebody who requires 24/7 support? What does it mean for me as a blind person who, who relies on sight guides?” (Pacific)

Advocacy was reported as one of the key strategies both to restore the already destructed ‘spirit’ of inclusiveness by creating awareness among all stakeholders, including persons with disability.

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“During the COVID-19, where again there was an effort to ensure that everyone with a disability receives information and particularly during the COVID-19.” (Africa)

“We are fighting greatly trying to retrieve the spirit of initiatives, as much as possible and to provoke the local community in general to restore support and strengthen ...a question was raised about the demand for vaccination. So, a group of communities was reluctant, but thanks to the awareness, and thanks to raising the awareness of citizens, especially families, the demand for vaccination increased.” (Arab)

Provision of direct supports: Participants reported a number of direct supports that assisted persons with disabilities and their families when many of support services were halted by the pandemic. These direct supports included medicine, food, and finance.

“Provide medicines for free, for short periods of time...through the associations, to providing food and also financial support through the nearest port they could reach during the pandemic.” (Arab)

“Some of the members donate their bags and supplies of new things and we sell them and we auction them. And it’s mostly about fund raising...because of the membership of the charity we connect with very prominent family members...the children access to things that encourages them.” (Americas)

The direct supports are not only in terms of materials but supports to facilitate access to basic services were reported from participants because many services put a number of restrictions that can challenge persons with disabilities to get through it.

“During COVID, there was an experience where we had to run two pregnant deaf women that were giving birth. They had to run in taxis. We had to make phone calls to ensure that they were running through police checkpoints, that they were coming through police checkpoints.” (Pacific)

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## Innovations in health during COVID

According to the conversations, health interventions focused on mental health, and vaccine access that often expressed as the CBR/CBID programs manage to collaborate with the ministry of Health, which is a government sector.

“From Jordan, to reach people with disabilities during the Corona pandemic...training for families and individuals to overcome the crisis and focus on mental health... because it indicated a great interest in the aspect of mental health. In fact, there are many rehabilitation programs during the Corona period that were focused on mental health.” (Arab)

Another intervention to improve the health of persons with disabilities were reported in Asia regions that is online exercise program for children with disabilities delivered, in ten countries.

“During the COVID, ... from Thailand is that they started an on-line exercise program for children with at home with autism, psychosocial disabilities and intellectual disabilities. And in my personal opinion, the significance was that they didn't just do it for their own community, but it was with 10 different countries...I'm sure it was adapted for different countries and different languages.” (Asia)

Similarly, participants in Africa and Arab regions reported their experience of initiative that change traditional face to face service delivery to fit with the context of COVID-19, with referral to professionals (in Palestine) and arrange telephone counseling (in Ethiopia) for individuals with mental health problem.

“We also saw from Ethiopia where resilience for the mentally challenged, there was a lot of support, especially during COVID. They changed the approach from the traditional, you know, one to one to telephone conversations, telephone counselling. Volunteers working on a shift basis so that services were able to continue during COVID-19.” (Africa)

“In Palestine, we used to call them by telephone and transfer them ... to an institution, psychological counseling centers, to psychologists ... They would make them attend psychological counseling sessions...the psychological factor it was very important that we work on it during pandemic.” (Arab)

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Participants in the discussion also shared about awareness creation about the importance and facilitating collaboration with important stakeholders for access to COVID vaccination.

““Ibnee” platform ... conducted during the pandemic period in order to educate people with disabilities about the precautions that must be taken to reduce the spread of the epidemic, and it was perhaps one of the leading initiatives in the Arab World.” (Arab)

“The deaf group is currently meeting ... with the health sector to look at some of the IEC materials provided by the Ministry of Health in relations to corona and, of course, other health educational information to translate them to be readable by the deaf.” (Pacific)

### **Innovations in livelihoods during COVID**

Participants mentioned a number of strategies to address gaps in livelihood activities of persons with disabilities during the pandemic. These included direct financial aid, arrangement of employment opportunities, creating or maintaining the entrepreneurship of persons with disabilities in various ways including work from home and virtual work using digital technology and self/groups entrepreneurship in small projects. Participants from Pacific and Africa regions reported COVID related financial supports for persons with disabilities.

“Our partners who have come on board to also support us in this. Apart from the \$500 allocated fund for each of the recipients.” (Pacific)

“In South Africa, ... during COVID, there was an additional unemployment grant ...this include people with disabilities who are mostly unemployed...there were increases that were introduced on the existing grants.” (Africa)

Participants reported that funders provided financial supports for persons with disabilities as a response for crises during the pandemic. However, they also reflected their concern about the sustainability of these supports.

“Difficult economic crisis in Lebanon which led to depend on organizations for funding. We do not know for how long? In fact, this financial aid was provided

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by organizations and not, of course, by the government. Indeed, this worries you because there is no kind of sustainability in it.” (Arab)

From the discussions in Arab region, in addition to direct financial aid, interventions to improve livelihoods were focused mainly on creating job opportunities for persons with disabilities, including their families.

### **Innovations in Education during COVID**

There were a number of strategies that CBR/CBID programs used to address gaps on the education of children and youth with disabilities due to the pandemic. Discussants reported awareness creation, training, arrangement of support materials, digital technology, and access to virtual or distance education, among others.

“It was about raising awareness for the families regarding educational continuity so that they could deliver it to students during this period...it is known that the schools closed, six blind students studied using Braille ... Braille depends on touch, meaning online education won't work. So, we hosted them in the Supreme Council...we took into account the safety measurements and allowed the teacher to teach them. We even divided the class itself, the six students, into two groups of three ... the blind students did not stop learning ... and we celebrated their graduation.” (Arab)

Participants in Arab region again reported how they utilize various digital platforms to facilitate distance education for children and youth with disability.

“Through a bunch of opinions, we decided to rely on social media through WhatsApp, creating a group on WhatsApp, as well as on Facebook, in addition to creating official websites through the sector responsible for distance education, but parallel initiatives were urging these sectors to make distance education fair for students with visual disabilities and deafness, by creating audio curricula, and sign language curricula...to simplifying the curricula for people with intellectual disabilities ... I mean, they were beautiful initiatives, recording videos, and sending them to families with the intention of implementing them to educate or continue teaching skills to children so that they don't stop receiving education.” (Arab)

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## **Innovations for networking and collaboration during COVID**

Participants across the five regions indicated that collaboration with government sectors was the key strategy to address challenges faced by persons with disabilities during the pandemic. Most of the collaborations reported by participants were between representatives of persons with disabilities, the ministry of health and civil society. Often the collaborations were described in terms of material support distribution, access to vaccination, and access to direct financial or livelihood/employment supports.

“From Jordan talked about the idea that they cooperated with The Ministry of Health, so he conducted awareness-raising meetings for persons with disabilities, and they agreed that they would be held once or twice a week. They reached an agreement with them that persons with disabilities will be vaccinated in the areas they live in.” (Arab)

“During the pandemic ... there was an agreement between the Council and the Ministry of Health to vaccinate people with disabilities who are unable to reach health centers. The health team used to reach their locations via mobile.” (Arab)

Participants reported that they played key roles to advocate, liaise and coordinate among key stakeholders to get them to notice the challenges face by persons with disabilities and pull resources from them.

“In the health, education, the accessibility issues are noticed by the policymakers, and these are these things are engaging attentions in from local to national level and through advocacy of both a person with a disability and their organization and also the civil society organization and other advocates for persons with disabilities. These issues are now being noticed and steps are taken to work to increase the accessibility, to the extent that can be provided with the number of resources that country.” (Asia)

The conversations indicated that CBR/CBID programs were leading the role of coordination for stakeholders to come together and function collaboratively to address the needs of persons with disabilities.

“Rwanda talked about the communication. Communication became very effective among this organization to find how best we can work together.” (Africa)

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“The community rehabilitation came to introduce and facilitate access to it, as well as facilitating communication through videos in sign language and communicating in accessible language for people with disabilities and introducing them to it.” (Arab)

Networking and collaboration during the pandemic often employed digital technology since the pandemic limited in person contact; hence, participants reported that they are using various platforms such as WhatsApp, zoom, messenger etc. to connect across geographically distances. Participants reported the importance of using technology to facilitate and strengthen networking, information and experience sharing and strengthening supports among each other in the CBR/CBID programs.

“So COVID, you could say, was a blessing in disguise because we are not able to travel and meet as much but we are able to use technology and combine it with some of the traditional methods. So, we can reach out with each other in the Caribbean, share our experience, motivate one another, use what we’ve done ... We’re helping one another. And communication within the region is going strong.” (Americas)

The collaboration during COVID should include everyone who are responsible for inclusion and support of persons with disabilities. Participants expressed their collaboration with families, organizations of persons with disabilities and other sectors.

“We've actually taken a step back now because we have, we call it the disability sector approach where all organizations, all organizations of persons with disabilities come together, and we make decisions for where do we go from here? How do we respond to COVID-19?” (Pacific)

“The institutions contributed through the delivery of information, through the delivery of educational materials, as well as engaging the families...the Supreme Council for Persons with Disabilities in reaching people with disabilities affected by the Corona pandemic through coordination with a group of civil society organizations and providing them with job opportunities.” (Arab)

Participants reported the importance of partnership between government and organizations of persons with disabilities during COVID for communication and arrangement of supports. Many sectors work in response for COVID to support

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persons with disabilities but there is poor collaboration; hence, participation of persons with disabilities and their organizations in actions for response of COVID is indicated as one of the key strategies to improve the situation. CBR/CBID programs might be an entry point for this collaboration.

## Discussion

This report has provided an analysis of twenty five CBR dialogue discussions from around the world. We presented findings according to each topic, and added an additional analysis of COVID-19 pandemic related content.

For community level support, participants discussed community support implementation, presence and implementation of legal frameworks and policies, advocacy for inclusion, capacity building, accessibility, participation of persons with disabilities and their families, and cross-sectoral collaboration. Discussions also included challenges to provision of rehabilitation services in the community. For the poverty, work, and financial wellbeing dialogues, conversations centred on employment, access to finance, policy and government supports, and supports in the community. In the Innovations in the Community dialogues, conversations focused on technology, initiatives to facilitate conventional CBR/CBID services, participation of persons with disabilities, and collaboration. Participants also shared barriers to innovation that they experienced in their programming. Discussions in the justice, choice, and power dialogues focused on policy implementation and law enforcement, the role of family and community in either supporting or obstructing access to justice for persons with disabilities, and the critical importance of the engagement of persons with disabilities and families of persons with disabilities in awareness, advocacy, and decision-making. In the intersectionality dialogues, participants grappled with the term and what it actually meant. Participants also discussed key stakeholders and CBR/CBID strategies and challenges for implementing an intersectional approach. Finally, when participants discussed the COVID-19 pandemic in the dialogues, it was in the context of impact of COVID-19 on persons with disabilities and CBR/CBID programs, CBR/CBID strategies to support persons with disabilities during the pandemic, and innovations brought about by COVID-19.

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Across all dialogues, common issues continued to emerge, and these might merit further exploration by the CBR Global Network. These included (a) the necessity of inclusion and engagement of persons with disabilities at all levels; (b) the importance of government commitment and the challenge of translating policy to practice; (c) key activities of CBR/CBID that cut across all topics; (d) the necessity for access to technology for persons with disabilities; (e) the potential for growth in intersectional approaches to CBR/CBID; and (f) the potential for CBR/CBID programs to play a role in multi-sectoral collaboration and service coordination.

Across every dialogue in every region, participants mentioned the critical aspect of engagement of persons with disabilities. This engagement ranged from the grassroots/community level, all the way up to the political leadership/ministerial level. The importance of Disabled Persons Organizations (DPOs) / Organizations of Persons with Disabilities (OPDs) was also woven throughout the discussions. Participants indicated that persons with disabilities know best the issues and needs of persons with disabilities, and are thus best positioned to identify and implement solutions. Notably, some of the dialogues were organized with strong leadership from OPDs (e.g., in Pacific and Americas regions). There is a strong opportunity to grow and learn from increasing engagement of persons with disabilities. Future activities of the CBR Global Network might explore key strategies for inclusion and engagement of persons with disabilities – to share lessons learned and best practices to improve inclusion globally.

Another cross-cutting feature was the importance of government engagement in CBR/CBID and inclusion efforts, as well as government accountability, cooperation, and collaboration. This was reflected in the need for government supports (e.g., social security) or the creation and implementation of policy across health, education, livelihoods, and the social sectors. Across dialogues, participants frequently identified that in many places, good policies are actually in place that, in theory, should support inclusion and disability-inclusive development, however the challenge comes in the implementation of such policies, or the translation of policy to practice. The CBR Global Network might seek to engage with governments to advocate for or support policy implementation. Future CBR Global Network summits might seek examples of

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strong policy implementation and accountability mechanisms to better ensure that the rights that governments are increasingly committing to on paper are actually realized in practice.

There were common activities and examples across the dialogues that were very similar – indicating that these are key strategies utilized by CBR programs around the world. These included advocacy for inclusion and awareness raising about the rights of persons with disabilities and their families. Advocacy and awareness raising seem to be critical tools, regardless of the issue (access to justice, financial wellbeing, community support), and future CBR Global Network activities might explore potential education or capacity development opportunities to support CBR/CBID practitioners in effectively implementing these common activities in their programming.

An emerging issue from the dialogues that is important to note is the need for persons with disabilities to be able to access technology. This is increasingly critical in the time of COVID-19 where nations, provinces, communities, and individuals are increasingly relying on technology; and in a time where there are opportunities to connect persons with disabilities in villages to other persons with disabilities and support providers around the world. Future CBR/CBID programming might seek to include technology access as a key aspect, and the CBR/CBID Global Summit might focus a stream of discussions around technology access to continue the conversation and explore this emerging issue more carefully in the context of CBR/CBID.

Another feature of note was that the dialogues on intersectionality were noticeably less concrete – with fewer real-world examples of how, exactly, CBR/CBID programs around the world are implementing an intersectional approach. This might indicate that this topic is relatively new for many engaged in CBR/CBID and thus might merit future exploration and engagement from the CBR Global Network. We must also note, however, that in some of the dialogues there was an indication that intersectionality might be an idea advanced by donors but that is not completely grassroots or coming from the community. This might be an area for critical future reflection, given that an important feature of CBR/CBID programs are that they respond to local realities and needs. Future discussions might further explore what locally-relevant intersectional

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approaches look like in each context, and how we might identify and empower those in the local communities who experience intersectional marginalization to have their voices heard and to guide donors in how best to approach intersectionality in a given context.

Finally, a number of the dialogues indicated that CBR/CBID programs were effectively linking different (and frequently siloed) sectors (e.g., health, education, social), and filling a gap in service coordination not otherwise filled by national entities. This may be a key entry point for advocacy to demonstrate to governments a key value that CBR/CBID investment might bring to national budgets (and, effectively, help governments translate good policy into practice). The CBR Global Network might seek to explore how to feature the strength of CBR/CBID to collaborate and coordinate services, making this a key value added in promotion and publicity of the approach. Future efforts might also acknowledge duty-bearers and responsibility to support persons with disabilities, ensuring that government does not abdicate its own responsibility in light of strong non-governmental organization-led CBR programming.

This report is not without limitations. First, some of the dialogues had limited participation – as such, the views reflected in this report may not reflect all critical stakeholders of CBR/CBID across the contexts. Importantly, we regret that we may not have captured the perspectives of voices of persons who live in poverty and are unable to afford internet connection or devices (e.g., phone/computer), or those in remote or rural areas, where internet connectivity may not have been possible to join the Zoom dialogues. Second, given the various languages used across the networks, we may not have been able to capture the richness of the discussions than we would have, had we not needed to rely on translation of the conversations. Moreover, because the analysis primarily drew from the plenary sessions and report-outs, further richness of the individual discussion groups may have also been lost. Finally, because participants indicated personal characteristics at registration (e.g., gender, disability status), and there were vast discrepancies in prior registrants versus participants the day of the event, it was challenging to gather full participant information. Moreover, some persons joined without pre-registering or joined without identifying themselves (e.g., Zoom name “my iphone”). In such cases, participant demographics were the

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regional networks' best approximation of participation, but may not be 100% accurate.

This report has pulled together the common features identified in the CBR Global Network's 25 Dialogues on CBR/CBID practice and emerging issues. We are grateful for all the participants who gave their time and engaged with the wider CBR/CBID community to share reflections, best practices, challenges, and lessons learned. We are encouraged by the fact that some CBR/CBID regional networks have indicated that they plan to continue the format of dialogues in the future, and we look forward to continued learning and community-building that these might bring.