



Community  
Based Inclusive  
Development  
Report 2022

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↑ Mekfera and Tameremaryam are students with low vision, learning using Braille at a resource unit for children with visual impairments in Ethiopia. Their teacher, Bezunesh, has a visual impairment and teaches students Braille writing and reading. © CBM

**Title page:** A Nursing Officer visiting a young patient at home in Uganda. Felix has bilateral knock knees and will receive treatment and care through CBM partner CorSU hospital. © CBM

# 1. Foreword

Community Based Inclusive Development (CBID) is a major pillar of CBM's work, accounting for about half of our programmatic activity. As an approach to ensure people with disabilities are respected and included in their communities on an equal basis in all areas of life, CBID is an essential contribution to CBM's vision of an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential.

CBID provides a key approach to realise the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and to meet the Sustainable Development Goals (SDGs), particularly their central principle to 'Leave No One Behind'.

These days, community development practitioners are grappling with ongoing and overlapping crises. While many communities are still adapting to the COVID-19 pandemic and experiencing the consequences of climate change, we see ripple effects of the war in Ukraine, such as rising food prices and inflation, on many communities, with severe consequences on the most vulnerable groups. Our human rights based CBID approach, with communities in the driving seat and the needs of persons with disabilities at the centre, and our work with local communities on Disability Inclusive Disaster Risk Reduction will continue to provide tools to deal with these challenges.

It is within this context that we are looking to the future – to 2030, and beyond – to share our expertise and bring global and local perspectives on community inclusion together. Find out in [chapter 4](#) how we are collaborating with others, promoting disability inclusive community development and increasing the evidence base for our work through strategic partnerships.

The CBID approach has evolved over time and, with our partners, we continue to contribute to its evolution ([chapter 2](#)). Our global CBID portfolio – with 162 projects implemented with CBM's technical and financial support in 35 countries – enables knowledge sharing across countries and continents ([chapter 3](#)). Find out in [chapter 7](#) what we have learned from the pandemic so far, and in [chapter 6](#) how we are encouraging ingenuity through our Innovation Fund. Our CBID capacity development and training activities continue to be a focus of our work and they have significantly evolved over the last two years ([chapter 8](#)). Finally, in challenging times it is encouraging to witness the tangible results of our CBID Initiative. Look at some of our achievements over the last year in [chapter 9](#).

I wish you an insightful read of CBM's 2022 CBID Report.



**Dominique Schlupkothen**

Director, Community Based Inclusive Development

## 2. Why Community Based Inclusive Development?

### What is Community Based Inclusive Development?

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

CBID is centred on the self-empowerment and participation of persons with disabilities and their communities. Together, people analyse and address the barriers to inclusive development in their community.

This approach leads to collective action to build resilient, equitable and inclusive communities, where persons with disabilities enjoy their rights and have access to opportunities on an equal basis with others.

### How is it implemented?

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

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

1960

#### 1960s-1980s

Community Based Rehabilitation (CBR) develops as an approach. CBR, as defined at the 1969 Killarney meeting moves away from a predominantly urban-based, high-tech and costly approach towards simple rehabilitation which persons with disabilities, family members and health personnel can perform.

1980

#### 1980s

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

1990

#### 1990s onwards

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

2004

#### 2004

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

## 2010

CBM and WHO co-edit new CBR Guidelines from WHO, ILO, UNESCO and the International Disability and Development Consortium (IDDC), moving towards Community Based Inclusive Development and reinforcing the principles of the CRPD.

## 2011 onwards

Non-governmental organisations and civil society networks debate a rebranding of the approach outlined in the CBR Guidelines to better reflect the move towards Community Based Inclusive Development. CBM, IDDC and the Asia and the Pacific CBR networks have embraced the terminology of CBID.

## 2015

The Sustainable Development Goals (SDGs) are adopted by all United Nations Member States as part of the 2030 Agenda for Sustainable Development. 'Leave No One Behind' is the central promise of the agenda and remains a guiding principle behind CBM's work.

## 2006

The UN Convention on the Rights of Persons with Disabilities (CRPD) is ratified.

## 2012

First CBR World Congress in Agra, India, supported by CBM.

2021

2006

2010

2011

2012

2015

### CBID programming often includes:

- 1. Participatory mapping:** understanding the context and the issues that have shaped the community, including local stakeholders, resources, services, infrastructure, terrain, hazards and barriers to inclusion.
- 2. Capacity building** on a broad range of topics, such as rights, accessibility of services or how to form local peer support groups.
- 3. Awareness raising and advocacy** to bring about change and reduce stigma and discrimination.
- 4. Networking** to understand and participate in local networks and collaborate with other development actors.
- 5. Sharing, learning and accountability:** bottom-up, community-led monitoring, evaluation and research, providing data and evidence to influence local and national policies and frameworks.

## 3. CBID projects across the world

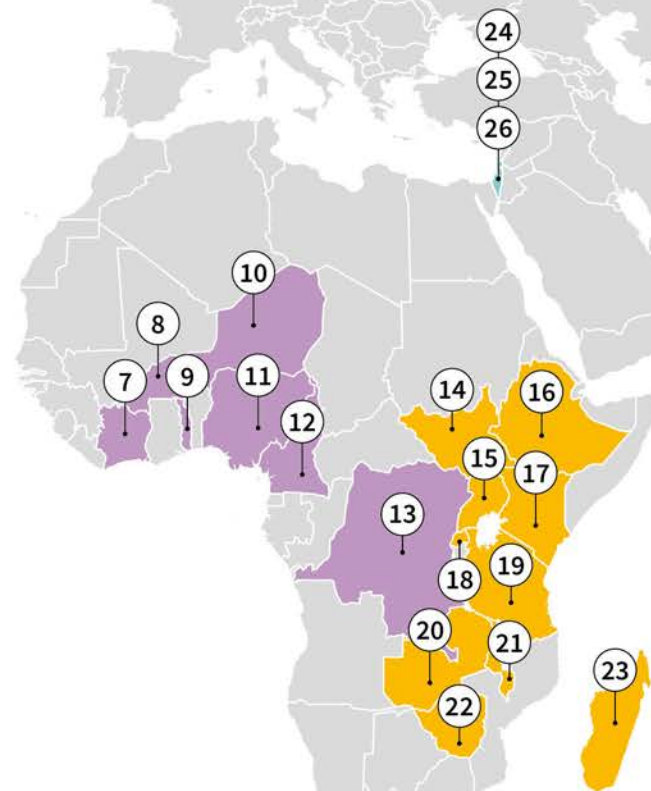
### The Americas

Country	No. projects	No. partners	Multi-year budget (EUR)
1 Guatemala	2	1	652,000
2 Honduras	3	2	2,782,000
3 Nicaragua	3	3	1,125,000
4 Colombia	1	1	277,000
5 Haiti	5	4	1,669,000
6 Bolivia	1	1	1,008,000
Multi-country	2	2	707,000
<b>Total</b>	<b>17</b>	<b>14</b>	<b>8,220,000</b>



### Central and West Africa

Country	No. projects	No. partners	Multi-year budget (EUR)
7 Cote d'Ivoire	3	3	2,468,000
8 Burkina Faso	1	1	4,048,000
9 Togo	3	3	2,484,000
10 Niger	5	5	3,135,000
11 Nigeria	3	6	2,903,000
12 Cameroon	4	4	4,047,000
13 DRC	3	3	654,000
<b>Total</b>	<b>22</b>	<b>25</b>	<b>19,739,000</b>



## Asia and the Eastern Mediterranean

Country	No. projects	No. partners	Multi-year budget (EUR)
24 Lebanon	1	1	130,000
25 Jordan	1	1	870,000
26 Palestinian Territories	5	3	5,377,000
27 Pakistan	7	6	2,483,000
28 India	23	21	6,764,000
29 Sri Lanka	5	4	1,855,000
30 Nepal	3	2	746,000
31 Bangladesh	3	1	1,638,000
32 Myanmar	1	1	432,000
33 Viet Nam	2	2	438,000
34 Indonesia	2	1	440,000
35 Philippines	1	1	150,000
<b>Total</b>	<b>54</b>	<b>44</b>	<b>21,323,000</b>

## Worldwide projects

No. projects	No. partners	Multi-year budget (EUR)
<b>4</b>	<b>4</b>	<b>1,122,000</b>

## East and Southern Africa

Country	No. projects	No. partners	Multi-year budget (EUR)
14 South Sudan	2	2	1,400,000
15 Uganda	8	6	5,616,000
16 Ethiopia	15	10	9,983,000
17 Kenya	7	7	3,204,000
18 Rwanda	4	2	3,394,000
19 Tanzania	3	3	628,000
20 Zambia	6	5	2,129,000
21 Malawi	7	6	5,751,000
22 Zimbabwe	7	3	6,372,000
23 Madagascar	6	2	1,701,000
<b>Total</b>	<b>65</b>	<b>46</b>	<b>40,178,000</b>

### Total

<b>No. countries</b>	<b>35</b>
<b>No. projects</b>	<b>162</b>
<b>No. partners<sup>1</sup></b>	<b>130</b>
<b>Multi-year budget (EUR)</b>	<b>90.6m</b>

1. Some partners work in multiple regions, so the total number of partners is slightly lower than the numbers in the regions combined.



↑ Dorothy, secretary of the local disability committee, takes part in a savings and lending meeting and training session in Chivi, Zimbabwe. Dorothy has a physical disability. To her left is trainer Clarah. © CBM/Hayduk



## 4. Towards 2030: A global view on our community inclusion work

The world is approaching a pivotal moment: 2030 is the target year for the implementation of the Sustainable Development Agenda, a guiding framework behind CBM's work alongside the UN Convention on the Rights of Persons with Disabilities (CRPD).

These global frameworks can only be implemented by embedding them in inclusive development work at community level, ensuring that the approach is practical and meets the needs of every local community. CBM's CBID work embodies this localisation of global frameworks.

However, CBM cannot achieve its vision of a disability inclusive world alone: government agencies, non-governmental organisations and Organisations of Persons with Disabilities (OPDs) need to collaborate effectively to implement the CRPD and work towards a truly inclusive world.

Here are some examples of how we are engaging in global partnerships for local impact:

### Community 2030

As the COVID-19 pandemic has shown, persons with disabilities require individual support systems that allow them to live independently in their communities, to enable effective participation and ensure resilience to external shocks.

CBM therefore became a founding contributor to a global partnership, *Community 2030*, under the Office of the United Nations High Commissioner of Human Rights and with other actors for inclusive communities such as UNICEF, the International Disability in Development Consortium and the International Disability Alliance, an alliance of 14 global and regional organisations of persons with disabilities advocating at the United Nations for a more inclusive global environment for everyone.

*Community 2030* aims to ensure that the UN development agenda post-2030 includes community-based support systems as an essential function of inclusive development. Its focus is on systems that are essential to the inclusion of persons with disabilities including family support, community networks and formal support systems, assistive technologies, housing, transport and legal capacity.

To ensure a broad consensus, the initiative is built on collaborative partnerships between states, service providers, UN agencies, and civil society organisations. These partners will work together to further develop standards and guidelines for good practice in inclusive community development to be implemented at local level.

Partnerships will be developed to ensure political support, and attention and resources will be invested to take multisectoral approaches and address data requirements to have an impact on communities and households.

### Global Disability Summit

The Global Disability Summit 2022, co-hosted by IDA and the governments of Ghana and Norway, brought together governments, businesses, development professionals and OPDs to commit to do more to include over one billion persons with disabilities worldwide.

CBM contributed to the summit by advocating for disability inclusive practices and for the mobilisation of efforts globally to deliver the CRPD. Our joint side event with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), *Making the Invisible Count*, explored how states, OPDs and NGOs can work together to collect and use data, and promote evidence-based policies that ensure no one gets left behind.

During the summit, CBM made 33 wide-ranging commitments to change and will dedicate 315 million Euros to realising them over the next four years,

working closely with our partners and OPDs. We will follow how governments in countries where we are active implement their own commitments and offer support to government agencies.



↑ Tariku has bilateral clubfoot and received surgery at a CBM partner hospital in Ethiopia. Here, he plays volleyball with his friends at the rehabilitation centre. © CBM

## Towards a new World Report on Disability

In partnership with the IDA and with German government funding, we are working on a new initiative to draw learnings from the first World Report on Disability<sup>2</sup> and pave the way for a new report.

The exploratory phase will last until the end of 2022 and will result in recommendations for the next report.

The next World Report on Disability will be based on recommendations from persons with disabilities themselves, recognising the diversity among the huge population of persons with disabilities, and will use research by an experienced interdisciplinary team of researchers.

All these efforts contribute to making the global and local inclusion agendas meet, translating global efforts and thought leadership into inclusive communities that enable the full participation and independent choices of persons with disabilities.



## Putting Financial Power Back into Haitians' Hands

One of the most significant constraints Haitians face is the lack of access to finance. Many simply cannot get an affordable loan to send their children to school or support their businesses, leaving them in a vicious cycle of poverty. Often, it's the most marginalised in the community who are left furthest behind.

Onel (pictured), a 55-year-old father of five, lost his foot in a car accident in 1986. He has since created an organisation in his community that advocates for the rights of persons with disabilities and helps them understand the laws that are in place for them.

Today he finds it difficult to bend down to work his land. He has borrowed money five times from a CBM-supported Village Savings and Loan Association (VSLA) – a model that creates self-

managed and self-capitalised savings groups, consisting of 15-25 community members, including persons with disabilities.

Thanks to the money he borrowed from the VSLA, he was able to pay for his children's school, and hire someone to work his land for him to harvest beans which he can sell for a profit.



↑ Onel at home in Camp Perrin, just outside of Les Cayes, Haiti, after the earthquake of August 2021. © CBM/ Nadia Todres

2. [World Report on Disability](#), World Health Organization and the World Bank (2011).

## 5. Our technical advice on inclusion

For many years, CBM has offered technical advice on inclusion to support organisations globally that are committed to including persons with disabilities with a rights-based approach in their area of work.

Without altering the scope of our work, in 2020 and 2021, due to the pandemic, the advisory service was largely offered virtually. This required us not only to adapt our material and methodologies from a face-to-face to an online model but also to build our skills in organising virtual training. We are now once again offering our technical advice on inclusion face-to-face as well as online.

### In the last twelve months we have:

- Delivered training sessions to over 20 organisations across the world
- Topics have included Disability Inclusive Development; Disability Inclusive Disaster Risk

Reduction; prevention of violence amongst girls and women with disabilities and meaningful participation in humanitarian action

### What we offer

We provide organisations with advice and training on how to:

- **Develop disability-inclusive programming.** We offer training on a range of topics, depending on the focus of the organisation requesting our services.
- **Strengthen disability inclusion within the organisation.** This could include training on employment practices that are inclusive of persons with disabilities, or support to review internal policies and processes.

**Contact us to find out more:**  
[inclusionadvisoryservices@cbm.org](mailto:inclusionadvisoryservices@cbm.org)



↑ Participants in a CBM-supported sign language class in Haiti. Some of them are deaf, while others do not have any disability and attend the sign language classes to learn how to communicate with people in the community. © CBM/Nadia Todres

## 6. The CBID Innovation Fund

2022 marks the second year of the CBID Innovation Fund, which celebrates the ingenuity of the people we work with and the power of community. This fund provides a space for creative thinking and invests in ideas that can be replicated or scaled up sustainably, to have a practical impact on the lives of persons with disabilities in their communities.

The call for applications for the 2022 Fund was released in April, focusing on innovations in community support. This includes ideas that enable inclusion of persons with disabilities through, for example, family or peer support, housing, assistive products, personal assistance, support in decision making, or transport.

The 2021 Innovation Fund award focused on the support persons with disabilities, especially women, need to access justice. Three award winners, in Ethiopia, Honduras and Nepal have trialed their ideas over the last year. The Innovation Fund has provided a safe space for peer reflection, learning and documentation of good practices through awardee webinars, electronic communication and a peer support social media group.

**“This award has allowed us to strengthen the work of women defenders of human rights of persons with disabilities in their communities in the battle to prevent domestic violence. Violence has worsened as a result of the pandemic lockdowns as aggressors have been at home with their victims and as scars of domestic violence have taken a toll on the mental health of survivors, for the most part women, including women with disabilities and women with caregiving responsibility of family members with disabilities.”**

**Noe Perez, PREPACE**

### 2021 winners

#### **Empowering and educating women and girls in Honduras**

In Honduras, CBM’s partner PREPACE is supporting women with and without disabilities to defend the human rights of persons with disabilities. The project aims to achieve inclusion, equity and social cohesion for women and girls with disabilities, by strengthening their skills in the prevention of gender-based violence, domestic violence, harassment at school and discrimination.

#### **Addressing human rights violations in Ethiopia**

In Ethiopia, CBM’s partner Cheshire Foundation Action for Inclusion launched a project focused on swift and effective responses to human rights violations. The project will equip information centres for victims of abuse and discrimination with technology and apparatus, provide training, and conduct awareness campaigns.

#### **Combatting violence through establishment of complaint mechanisms in Nepal**

CBM’s partner DEC Nepal is ensuring an inclusive, responsive, accountable municipal level justice system in Nepal. The project addresses barriers to accessing the justice system for persons with disabilities through the establishment of inclusive complaint mechanisms.



↑ CBID staff during a home visit in Cameroon. Bouba, centre, has an impairment that affects his mobility and took part in vocational training through CBM. © CBM



↑ Nafissa from Niger has a physical impairment. She is a tailor, but the COVID-19 restrictions affected her work: “Even before the coronavirus pandemic, some customers did not pay on time. With the coronavirus, and especially the ban on ceremonies and gatherings there is no demand for sewing.” Nafissa received support from CBM to meet her basic needs during the pandemic, including 35,000 CFA francs. © FNPH/CBM

## 7. Learning from COVID-19

Communities and community organisations were at the forefront of the struggle to respond inclusively to the ongoing COVID-19 crisis and address the disparities in access to everyday services that the pandemic brought to light.

Their experiences, and those of persons with disabilities and their families, challenge us all to do better while offering powerful evidence of the strengths and capabilities of community-based organisations.

CBM committed to a process of reflection drawing from the lived experiences of men, women, boys and girls with disabilities, community workers, educators, and parents of school-aged children with disabilities, and through consideration of our own response in support of our community-based partners.

The CBID team was quick to mobilise and provide guidance to field offices and community-based partners in responding to COVID-19. This initial guidance was supplemented by regular online learning events.

This process resulted in three documents produced by the CBID team in 2021 and 2022. *Feeling the Pulse*<sup>3</sup> explored what we are learning from persons with disabilities and community workers. *Locked Down, not Locked Out*<sup>4</sup> reflected on CBM's response alongside community-based partners around the world. *Learning from a Crisis: Inclusive education during the first years of the pandemic*<sup>5</sup> examined educational solutions tested during the pandemic.

If we walk away from this pandemic with lives and livelihoods lost, families grieving, and communities shaken and do not make fundamental changes

to address the starkly highlighted income and equality gaps, then we have done ourselves a disservice. Here are some key things we learned:

- The pandemic had similar effects on persons with and without disabilities around the world, but disparities worsened
- Many people with support needs lost autonomy because services like personal assistance were unavailable during lockdowns
- Long-standing community relationships facilitated trust, resilience and collective action
- Remote access to information, peers, and services helped work continue and sometimes expanded people's peer support networks, even combatting COVID-19 disinformation at times
- In some situations, the actions of persons with disabilities pitching in to help friends, family, neighbours or the larger community shifted prejudicial attitudes towards disability
- Despite the challenging impact of the pandemic, there is an opportunity to build stronger, more resilient, and inclusive education systems.



↑ Carlito, Inclusive Disaster Risk Reduction Motivator in Southern Leyte, Philippines, gives a COVID-19 relief pack to another person with a disability living in the area. © CBM

3. **Feeling the Pulse**, CBM (2021). The report is also available in Spanish (**Sintiendo el pulso**) and French (**Sentir le pouls**)

4. **Locked Down, Not Locked Out**, CBM (2021). The report is also available in Spanish (**Confinados, no excluidos**) and French (**Confiné, pas condamné à l'exclusion**)

5. **Learning from a Crisis: Inclusive education during the first years of the pandemic**, CBM (2022).

## 8. Capacity development and training

Trained and certified practitioners are vital to ensure that – with our partners – we can contribute to realising the UN Convention on the Rights of Persons with Disabilities and the Sustainable Development Agenda at community level. Three consecutive levels (basic, intermediate, and advanced) of CBID training strengthen the knowledge and practical skills of CBID practitioners from CBM and its partners. After a period of development, training started in May 2021, mostly online.

The transformation of the CBID basic modules from face-to-face to online challenged us to develop an approach allowing trainers and participants to learn in an interactive and participatory way, while ensuring the training is accessible for persons with disabilities and does not overwhelm trainers with digital tools.

The live training session is embedded in pre- and post-work that participants complete on a learning platform. Pre-work gives an initial glimpse of the topic while the post-work encourages reflection and discussion with trainers and fellow participants.

The 16 online sessions of the basic training are provided on Zoom and with Microsoft PowerPoint using their broad range of interactive options, keeping it simple and engaging.

**“Definitely the most interactive online training I’ve ever done, which made it easier to retain the information. It really enhanced my understanding of the principles behind CBID and I would strongly recommend it to others”.**

**Participant, CBID online training**



↑ An online CBID training session. © CBM

### Training the trainers

A key component of the training roll-out is equipping trainers with the skills and know-how to deliver online training, including technical aspects and online facilitation skills.

We set up an online train-the-trainer programme (Online ToT) where trainers learn and gain practice in both aspects.

The Online ToT kicked off with one week of immersion in the topic, followed by fortnightly half-day sessions. As all training is delivered with strong involvement of persons with disabilities, two experienced trainers with disabilities joined the ToT Team and have been working with us since March 2021. More trainers with disabilities have joined the training teams and the Online ToT since then.

The Online ToT has been running for over 12 months. All participants remain very engaged and are continuously improving their skills for delivering the online training modules.



↑ Community mapping in a CBID training session in Cameroon. © CBM



“The online [training the trainers] experience has been essential to our ability to provide good quality training... The fact that the team has from the beginning included strong trainers with disabilities has been beneficial to the approach and has contributed to an expanded team of trainers with disabilities. The opportunity to practice, to provide feedback on content and methodologies, and to learn from each other has definitely strengthened the quality of our work as trainers while also strengthening our ability to use online platforms in general.”

**Participant, online train-the-trainer programme**

**Learning with persons with disabilities**

All training sessions are delivered with co-trainers with a lived experience of disability. They pair up with CBM trainers and run the entire training course together.

This way, participants hear first-hand from persons with disabilities what it means to face barriers to inclusion or to apply a rights-based approach. Participants can practice inclusive online behaviour such as stating their name before they speak, or audio describing a picture for a trainer with a visual impairment.

**What comes next?**

Although we enjoy the online experience, which will continue, we are delighted to be steadily increasing the number of face-to-face training sessions we deliver, as the pandemic situation settles slightly. Later in 2022, more trainers will qualify through the programme; we will run face-to-face basic training for CBM staff in different regions; and the intermediate training will begin.



↑ A CBID training session in Cameroon. © CBM

## 9. Technical advisory support in 2021-22

In 2021-2022 our work in Ear and Hearing Care, Physical Rehabilitation, Inclusive Education, Livelihoods and Disability Inclusive Disaster Risk Reduction (DIDRR), was still heavily influenced by the COVID-19 pandemic, but we were able to refocus on other topics and developments.

### Strengthening hearing health and rehabilitation with WHO

As a Non-State-Actor in official relations with the World Health Organization (WHO), CBM engages with the organisation on official processes to strengthen the role of disability inclusion in global health.

Since contributing to and co-editing WHO's first ever *World Report on Hearing* in March 2021, we have continued to raise awareness and disseminate the report in CBM's priority countries, while advocating for ear and hearing health worldwide.

This has included funding World Hearing Day events in low and middle-income countries, promotion of WHO's guidelines, handbooks and tools such as the 'hearWHO' hearing screening app, as well as advocacy through global, regional and national networks, including WHO's World Hearing Forum. We also participated in the Coalition for Global Hearing Health virtual conference in January 2022, alongside its Hearing Health Advocates group; and the World Congress of Audiology in April 2022.

While hearing health also includes elements of rehabilitation, our work in rehabilitation is broader, also including vision, psycho-social needs and physical rehabilitation. Over the last year we have worked with CBM's country offices, partners and WHO to further promote WHO's Rehabilitation 2030 Initiative, which aims to better integrate rehabilitation into the health sector and strengthen intersectoral links to meet the needs of local communities.

Part of CBM's support to WHO includes the development of a Package of Rehabilitation Interventions. This will be an open access, online WHO resource, containing evidence-based rehabilitation interventions for integration at all service delivery levels, including primary health care in low-resource settings.

### Inclusive education training

What inclusive education looks like is often misunderstood. Our new *Inclusive Education Training Guide*<sup>6</sup> is designed to develop a common vision of inclusive education across the CBM network focussing on partners and external stakeholders, addressing key underlying principles that are essential for implementing quality inclusive education regardless of country and context.

The training package includes background information for facilitators, handouts and activities. The first training took place online, for trainers in seven countries in Latin America. Since then, the trainers who attended have been supported to run their own training sessions locally for team members and stakeholders including representatives from national Ministries of Education.



↑ A Community Outreach and Rehabilitation member of staff at CBM partner Biratnagar Eye Hospital, screening for ear problems as part of an eye and ear examination programme in Nepal. © EREC-P/BEH

6. *Inclusive Education Training Guide*, CBM (2021).

## CBID in action

### “One day I will be a teacher”

Olivier, 15, has hearing and speech impairments. He was raised by his aunt Fanta, who sought to enrol him in school when he was six years old, but the village turned down her request.

One day, Fanta’s neighbours told her about a man who goes about the village educating families about disabilities and making referrals to service providers. Justin, a Community-Based Rehabilitation worker from CBM partner CODAS CARITAS, taught Olivier sign language and lobbied for him to be admitted to school. He is now attending an inclusive school in a neighbouring region of Cameroon.

Olivier reads lips and smiles when Justin talks about his progress. Olivier signs back at Justin: “I like school and one day I will be a teacher.”



↑ Justin visiting Olivier at home. Olivier shows Justin the new words he has learned to spell. © CBM

## An award for DIDRR

Disability Inclusive Disaster Risk Reduction (DIDRR) is a core cross-cutting element of CBM’s CBID work and in February 2022, our innovation in this area was recognised with the Zero Project Award, an international accolade granted by disability inclusion experts worldwide.

The winning project in Ninh Binh Province, Vietnam helps to mitigate the dangers of natural disasters by establishing inclusive self-help forums for the local population. This includes creating accessible, disability-inclusive natural disaster shelters, and providing technical and financial support. It is implemented in partnership with a Vietnamese NGO (the Aid for Social Protection Foundation), local authorities and local people, particularly persons with disabilities.

Thanks to the success of the accessible natural disaster shelters in this project, CBM has already begun to replicate the approach in disaster-prone areas in Indonesia and Bangladesh.

## Strengthening economic resilience

While DIDRR takes a multisectoral approach, a key part of reducing communities’ vulnerabilities to potential shocks and hazards is building skills, assets and resources to sustain livelihoods and income generation activities.

Over the last year we have initiated a systematic review of our livelihood approaches with the University of Cape Town, mainly around our work promoting disability-inclusive village savings and loans associations (VSLAs) and self-help groups, to investigate the impact these groups have on individuals and communities. In parallel, we have successfully applied to the German Federal Ministry for Economic Cooperation and Development (BMZ) to deliver several new livelihood projects focusing on food security, agricultural development and technical and vocational training in India, Togo, Ivory Coast, Ethiopia and Rwanda.



↑ As part of a project in Togo, women with and without disabilities participate in handicraft workshops, learning, for example, how to produce bags to earn a living. Beatrice has a physical impairment and participated in a workshop of this kind years ago. Now she works as a tailor and trains other women. © CBM/Happuc