POLICY BRIEF 2, OCTOBER 2025

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Liliane Fonds

Breaking down Barriers

Unlocking Synergies: The holistic impact of CBR/CBID in Sierra Leone, Cameroon, and Zambia

This policy brief examines the impact of Community-Based Rehabilitation (CBR)/ Community Based Inclusive Development (CBID) programs in Sierra Leone, Cameroon, and Zambia, focusing on the holistic approach that interlinks health, education, livelihood, social inclusion and empowerment to improve the lives of persons with disabilities. The study identifies five key change pathways - family support, peer groups, sensitizing community influencers, stakeholder forums, and service provider partnerships - that are fundamental to achieving the program's goals. By analysing these pathways, it's activities and the synergies between them, the brief highlights how the CBR programmes address both immediate needs and systemic root causes with an amplifying effect.

The findings demonstrate that synergies within and between the pathways are crucial to the success of CBR, as they enhance the overall impact of interventions. However, the reliance on these synergies also poses challenges, especially when one pathway falters, disrupting the entire system. This brief recommends promoting awareness of these synergies, designing ››

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'Breaking down Barriers' was initiated by Liliane Foundation to contribute to more effective and evidence-based policies and programmes in the field of disability inclusive development. It does so by bringing together civil society organisations and researchers from the Netherlands, Cameroon, Sierra Leone and Zambia.

see the strength in every child

CBR coordinator Babra talking to Ramatu who is holding Annabel. PHOTO: CHIARA BELTRAMINI

programs that maximize positive interactions, and developing M&E frameworks to measure both positive and negative synergies through its related activities. The central takeaway is that the strength of CBR lies in its interconnected pathways, which are both its greatest asset and its potential vulnerability.

1. Introduction

The challenge of ensuring full social, economic, and political inclusion of persons with disabilities remains significant across Africa. For decades, barriers such as inadequate infrastructure, limited institutional support, and persistent social stigma have hindered the life of persons with disabilities (Bamu & Van Hove, 2017; Blanchet et al., 2015; Umunnah et al., 2023). Since 1978, CBR, recently also referred to as Community-Based Inclusive Development (CBID), has been promoted as a vital strategy to address these challenges (Blose et al., 2024; Aldersey et al., 2024). CBR aims not only to improve the quality of life for persons with disabilities but also to integrate all people into all aspects of community life by fostering collaboration across sectors like health, education, livelihood, social support, and empowerment (Tanui & Makachia, 2023).

While its multi-sectoral approach is said to be its greatest strength, how it actually creates strength remains poorly understood (Magnusson et al., 2022). This study aims to clarify the synergistic effects within this approach, which are underexplored in existing literature (Magnusson et al., 2022; Rule et al., 2019). Three programmes—EDID in Cameroon, ZECREP in Zambia, and the work of POPDA and WESOFOD in Sierra Leone—exemplify the potential of CBR/CBID to drive meaningful change. These initiatives, led by the Cameroon Baptist Convention Health Services (CBCHS), Cheshire Homes (Zambia), and One Family People in Sierra Leone, showcase how grassroots, community-driven approaches can create inclusive environments for children with disabilities (Moses, 2023). By facilitating activities, interlinkages, and synergies across multiple sectors, these programs address the many barriers to inclusion and provide sustainable pathways for empowerment, service access, and rights advocacy (Jansen-Van Vuuren & Aldersey, 2018).

This policy brief aims to identify the shared approaches between the programs while seeking to clarify the synergistic effects present in them. It asks two main questions:

1. **How, through which common change pathways, do the selected programs achieve their outcomes?**

2. **What synergies exist in the programs and how do they shape outcomes?**

2. Methods

This policy brief draws on data and findings from comprehensive comparative studies of CBR programs in Sierra Leone, Cameroon, and Zambia. Each study utilized a consistent mixed-methods approach, combining qualitative interviews, focus group discussions, and a survey to allow for a comprehensive analysis of common change pathways and synergies:

- **INTERVIEWS:** in total 119 individuals were interviewed. This includes 34 interviews in Sierra Leone (11 staff members, 6 stakeholders, 8 parents, and 9 youth with disabilities), 56 interviews in Cameroon (16 parents, 12 youth, 18 community actors, and 10 CBR workers) and 29 interviews in Zambia (10 parents, 4 stakeholders, 9 peer group members, and 6 NGO staff)

- **FOCUS GROUPS:** In Sierra Leone, 4 focus group discussions were organized, while 5 were conducted in Cameroon, and 4 in Zambia. Each country involved discussions with peer groups, caregivers, and youth, providing deeper insights into the social dynamics within the community, the effectiveness of peer support, and the barriers to inclusion.

- **SURVEYS:** surveys were administered to assess the perceived impact of CBR programs across the five key dimensions: health, education, livelihood, social inclusion, and empowerment. In Sierra Leone, a survey was conducted among 40 CBR focal persons, stakeholders, and parents. In Cameroon, 34 participants completed the survey, and in Zambia, 13 participants were surveyed. The survey measured perceived satisfaction with program activities across the five dimensions of the CBR-matrix, which was key to identifying strengths and weaknesses in the change pathways.

In each country, a learning event was held with key stakeholders to discuss and validate the findings, further strengthening the study's validity.

Saving & Loan Parents Group

PHOTO: NUDOR - NATIONAL UNION OF DISABILITIES' ORGANISATIONS OF RWANDA

3. Change pathways

The CBR programs in Sierra Leone, Cameroon, and Zambia operate in distinct contexts, each shaped by local conditions and the capacities of the organizations involved. In Sierra Leone, the health and education systems are particularly weak, and CBR efforts are primarily led by Organisations of Persons with Disabilities (OPDs), often lacking strong partnerships with formal service providers like hospitals and schools. This limits the scope of services that can be integrated into the program. In contrast, Cameroon benefits from strong, longstanding partnerships between implementing organisations and local schools, hospitals, and community influencers, enabling more comprehensive service delivery and sustained community engagement. Meanwhile, the CBR-program in Zambia stands out for its pioneering work in involving fathers in the inclusion process, which reflects a unique focus on family dynamics and male participation in caregiving.

While recognizing these and other contextual differences, this paper focuses on the shared elements across the three countries, particularly the common change pathways used in their CBR programs. Five key pathways were identified: family support, peer groups, sensitising community influencers, stakeholder forums, and service provider partnerships (see table 1).

Despite variations in how these pathways were implemented, the stakeholders involved, and the specific challenges unique to each context, four of the five pathways - family support, peer groups, sensitizing community influencers, and stakeholder forums - were consistently present across Sierra Leone, Cameroon, and Zambia. Service provider partnerships, while present in Cameroon and Zambia, were notably weaker in Sierra Leone due to limited collaboration with formal institutions. This paper emphasizes the general workings and broader patterns of these pathways, rather than the unique variations seen in each context.[1]

The CBR programs in Sierra Leone, Cameroon, and Zambia operate in distinct contexts, each shaped by local conditions and the capacities of the organizations involved

Table 1 | Common Change Pathways

CHANGE PATHWAY	DESCRIPTION
FAMILY SUPPORT	Direct home visits by trained community workers identify children, provide education on managing disabilities, reduce isolation, and connect families to services.
PEER GROUPS	Social support groups for parents, youth, and children, offering emotional support, advocacy, skill-building and livelihood opportunities.
SENSITIZING COMMUNITY INFLUENCERS	Engaging community influencers such as religious leaders, village chiefs and traditional healers to promote disability inclusion and challenge harmful societal attitudes.
STAKEHOLDER FORUMS	Platforms to sensitize duty bearers, fostering institutional collaboration and connect to parents and youth
SERVICE PROVIDER PARTNERSHIPS	Collaborations with individual healthcare, education, and municipal stakeholders to improve access to services

[1] For more detailed information on the specific adaptations and nuances of each country's program, refer to the studies by Ngalim & Mathew (2024), Elbers & Mtonga (2024), and Ibrahim & Macauley (2024).

FAMILY SUPPORT

Family support involves regular home visits by trained community workers who engage directly with children and youth with a disability and their families. These workers provide guidance on managing disabilities, offer educational sessions to correct misconceptions, and connect families to essential services by identifying needs and making referrals. They also provide emotional support, helping families cope with the challenges of caregiving and help improve functioning in daily life. Through this ongoing engagement, family support builds self-confidence and encourages families to participate in inclusive practices.

PEER GROUPS

Peer groups bring together parents, youth, and children to offer social support and empowerment. Parent groups provide emotional support and practical advice, enabling better advocacy for their children's rights as well as saving and loan systems and joined income generating activities. Youth groups focus on building self-confidence, promoting social interaction, and fostering skills development to help young people with disabilities access education and employment, including shared vocational skills training and income generating activities. For children, these groups create inclusive spaces for play, socialization and friendship.

SENSITIZING COMMUNITY INFLUENCERS

The programs engage community influencers, such as religious leaders and traditional leaders (for example village chiefs), to shift societal attitudes towards persons with disabilities. These leaders are sensitized to the importance of early identification and intervention, disability issues and become advocates for inclusion. Their role as respected figures helps challenge harmful beliefs and spread positive messages in the community, promoting acceptance of persons with disabilities.

STAKEHOLDER FORUMS

Stakeholder forums serve as platforms to raise awareness and encourage responsibility and collaboration among duty bearers who represent different governmental bodies. These forums educate participants on the rights and needs of persons with disabilities and connect institutional actors with them and their families to foster dialogue and access to support services such as constituency development fund and disability card for financial support.

SERVICE PROVIDER PARTNERSHIPS

Service provider partnerships aim to enhance access to inclusive healthcare, education, child- and social protection, vocational and business services for persons with disabilities. By collaborating with individual service providers, CBR programs help remove barriers that prevent access to these services whilst making services more responsive and inclusive for Persons with disabilities.

4. Challenges addressed by the pathways

The CBR programs in Sierra Leone, Cameroon, and Zambia tackle a range of challenges which involve both immediate personal needs and broader systemic issues, which are deeply interconnected and often overlap in practice. Because direct needs (like access to healthcare or education) frequently stem from systemic root causes (such as stigma or lack of inclusive policies), the pathways address both levels simultaneously.

The change pathways were found to address eight key challenges: access to services, emotional and social support, knowledge and skills, community inclusion, stigma and discrimination, lack of inclusive services, policy gaps and economic constraints (see table 2). This section explores how the earlier identified change pathways address the challenges.

FAMILY SUPPORT

Family support addresses multiple interconnected challenges faced by persons with disabilities and their families through direct assistance, such as home visits and engagement. In all three countries trained community workers make regular home visits to assess the specific needs of children with disabilities, facilitating referrals to essential services like healthcare, rehabilitation, and education. This personalized approach ensures families are supported, while community workers help reduce isolation and improve emotional well-being. For example, in Cameroon, EDID fieldworkers provide emotional support to parents, helping them cope with challenges and reduce feelings of shame, fostering stronger family bonds.

Training and capacity-building efforts are also key. Programs like ZECREP in Zambia train parents in caregiving techniques, such as mobility assistance, empowering them to better address their children's

Table 2 | Challenges addressed by the pathways

CHANGE PATHWAY	DESCRIPTION
Access to services	Limited availability and accessibility of healthcare services, rehabilitation, education, child and social protection and support services for persons with disabilities.
Emotional and social support	Lack of psychological, emotional, and social assistance for parents, youth, and children with disabilities, leading to isolation and stress.
Knowledge and skills	Insufficient understanding among persons with disabilities and their families on how to manage disabilities, access resources, and advocate for their rights.
Community inclusion	Limited acceptance and participation of persons with disabilities and their families in the broader community due to exclusionary practices and social barriers.
Stigma and discrimination	Deep-rooted and (self-)internalised societal beliefs, misconceptions, and negative attitudes toward disabilities, leading to (self-)exclusion and marginalization of persons with disabilities.
Lack of inclusive services	Institutions like schools, healthcare facilities, child and social support services, and entrepreneurial support organizations do not offer disability-accessible services.
Policy gaps	Absence or inadequate implementation of policies that promote the inclusion, protection, and rights of persons with disabilities, hindering systemic change and legal protection.
Economic constraints	Poverty and lack of financial resources among persons with disabilities and their families, constraining access to essential services and opportunities for economic empowerment.

Fieldworker and doctor educating parents support group. PHOTO: CHZS - CHESHIRE HOMES ZAMBIA SOCIETY

needs. These programs also encourage families to participate in community activities, breaking down barriers and promoting inclusion. In Sierra Leone, supported families are encouraged to engage in local events, reducing stigma and fostering a more inclusive environment. Moreover, by addressing misconceptions, these programs help reduce stigma, as seen with EDID in Cameroon, which educates families and communities about disabilities. Economic challenges are tackled by linking families to livelihood opportunities, helping improve financial stability through government grants and entrepreneurship training, as seen in Zambia.

PEER GROUPS

Peer groups play a pivotal role in addressing challenges faced by persons with disabilities and their families. They create a sense of belonging and reduce isolation by connecting individuals with shared experiences. In all three countries, parent and youth groups are organised where participants share challenges and solutions, fostering emotional support and empowerment.

Peer groups also help promote community inclusion. In Zambia, ZECREP's inclusive playgroups enable children with and without disabilities to interact, breaking down social barriers and fostering friendships. These groups combat stigma by raising awareness about disabilities, like the "Ring the Bell" campaign in Cameroon. Furthermore, peer groups enhance access to services by sharing valuable information on healthcare and education. In Sierra Leone, for example, parent groups collaborate to spread knowledge about service providers and assistive devices. Additionally, peer groups contribute to addressing economic challenges by organizing income-generating activities, as seen with Village Savings and Loan Associations in Sierra Leone. In Zambia, for example, the groups also set up saving and loan systems, received constituency development funds after the official registration of their group and started sharing vocational skills and income-generating activities.

SENSITIZING COMMUNITY INFLUENCERS

Engaging and sensitizing community influencers, such as religious leaders and traditional chiefs, is a key strategy in changing societal attitudes toward persons with disabilities. In Sierra Leone, community influencers are encouraged to challenge harmful beliefs and promote disability inclusion. By engaging these respected figures, programs like ZECREP in Zambia sensitize church leaders and traditional healers, resulting in practical changes such as making churches more accessible through the installation of ramps and using IEC materials to raise awareness amongst community members in church.

CBR/CBID Meeting Rwanda. PHOTO: NUDOR - NATIONAL UNION OF DISABILITIES' ORGANISATIONS OF RWANDA

Community influencers play a crucial role in promoting emotional and social inclusion by fostering greater acceptance of persons with disabilities. In Cameroon, the EDID program organizes sensitization campaigns to change negative attitudes and behaviours, encouraging inclusive practices in schools, churches, markets, and hospitals. Key community actors such as quarter heads, village leaders, traditional chiefs, and youth leaders are instrumental in these efforts. They help identify cases within their communities, making referrals to health centres, hospitals, and schools to protect individuals' rights. This heightened awareness not only promotes inclusion but also enhances access to essential services.

STAKEHOLDER FORUMS

Stakeholder forums are instrumental in addressing the structural challenges faced by persons with disabilities. These forums bring together government officials, service providers, community leaders, and advocacy groups to collaborate on solutions for disability inclusion. In Zambia, ZECREP's stakeholder forums gather representatives from ministries, NGOs, and district offices to address disability challenges, in collaboration with the Disability Rights Watch in Zambia. They have been successful in influencing policy changes, as seen in Sierra Leone, where disability issues were integrated into district development plans.

Forums also play a crucial role in coordinating resources and improving access to services. For example, EDID's engagement with government ministries in Cameroon has led to improvements in inclusive education and healthcare. Forums help combat stigma by fostering collaboration and encouraging more inclusive practices. In Zambia,

Community influencers play a crucial role in promoting emotional and social inclusion by fostering greater acceptance of persons with disabilities

stakeholder forums have strengthened government commitment, leading to improved service delivery for persons with disabilities. Economic constraints are also addressed through these forums, as seen in Sierra Leone, where stakeholder engagement has secured livelihood support for families.

SERVICE PROVIDER PARTNERSHIPS

In Cameroon and Sierra Leone, service provider partnerships are essential in securing access to healthcare, education, and vocational services for persons with disabilities. These partnerships, as seen in Cameroon's EDID program, ensure that health centres and schools provide appropriate services to children and youth with disabilities. They also improve infrastructure, such as ramps in schools, to make facilities more accessible, a key success in Zambia's ZECREP program.

In addition to improving physical access, these partnerships provide emotional and social support through training to service providers. In Zambia, healthcare workers and educators are trained to offer more compassionate care, reducing isolation for persons with disabilities and their families. Partnerships also alleviate economic constraints by offering vocational training and financial assistance. For example, EDID in Cameroon partners with vocational centres to help persons with disabilities gain employable skills, while in Zambia, ZECREP has enabled families to access loans for income-generating activities from municipal programs.

Synergies within and between change pathways

The CBR programs in Sierra Leone, Cameroon, and Zambia demonstrate powerful synergies both within individual change pathways and between different pathways. Figure one visualizes the concept of synergy within a pathway, using the family support pathway as an example to show how addressing one root cause helps resolve others within the same pathway. Figure two expands this idea across all five change pathways, visualizing how the effects produced by one pathway can amplify the impact of others. Addressing a single challenge within a pathway often triggers or supports solutions for other challenges, creating a multiplier effect that strengthens the overall impact of activities.

Furthermore, the interconnected actions between pathways support and drive progress in multiple areas, providing comprehensive empowerment and support for persons with disabilities and their families. This section delves into these synergies, with examples from each of the three countries, highlighting both intra- and inter-pathway synergies that enhance program effectiveness.

For family support, a clear synergy within this pathway is the link between emotional support and reducing stigma. In Sierra Leone, families supported by WESOFOD and POPDA began to participate more actively in community events and meetings. This increased visibility not only helped families engage socially but also reduced stigma, fostering greater acceptance of children with disabilities. Emotional resilience built through the support systems encouraged families to take an active role in their communities, further promoting inclusion. The synergy between the family support and the peer groups pathway can be seen when families who received initial assistance through home visits were later encouraged to join peer support groups. This interaction empowered them further, amplifying the emotional and social support they had already received, while also connecting them to practical resources and advocacy opportunities.

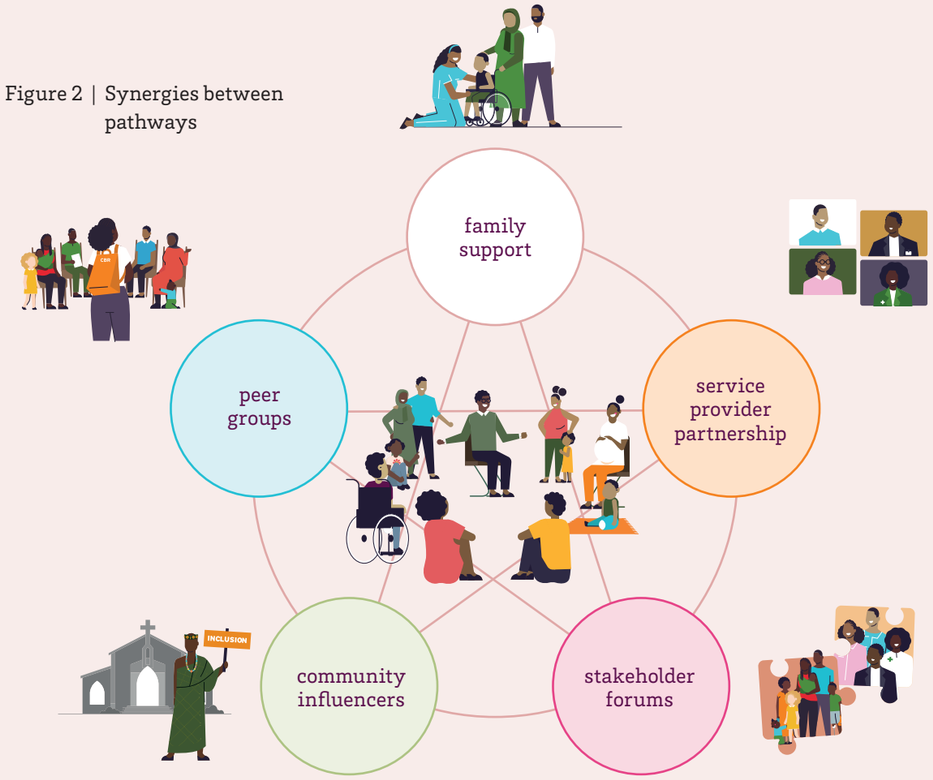
Figure 1 | Synergies within the family support pathway (example)

Peer groups create a sense of belonging and reduce isolation by connecting individuals with shared experiences

Within the peer group pathway, there is a strong synergy between shared knowledge and improved access to services. In Cameroon, peer groups under the EDID program shared information about scholarship opportunities and accessible schools, which directly increased educational enrolment, and attainment for youth with disabilities. As members exchanged valuable knowledge, they collectively improved their access to essential services.
Between pathways, peer group members empowered through their collective experiences often take their advocacy to stakeholder forums. For example, in Zambia, parents who were active in peer groups shared their challenges at stakeholder forums, influencing policy discussions and resulting in more supportive legislation. This cross-pathway connection between peer groups and stakeholder forums helped shift policies to be more inclusive, directly benefiting the families and individuals involved.

Community sensitization is also strengthened by internal synergies. As community influencers such as religious leaders and traditional chiefs promote more inclusive attitudes, access to services improves due to the growing community support. In Cameroon, sensitized traditional chiefs advocated for better healthcare access for persons with disabilities, ensuring that local clinics and hospitals became more responsive to their needs.
The influence of these community leaders helped persons with disabilities receive the care they needed, improving healthcare outcomes overall.
Between pathways, community influencers also play

Figure 2 | Synergies between pathways



Gathering Parents Support Group (PSG) facilitated by CBR facilitator EPR.
PHOTO: NUDOR - NATIONAL UNION OF DISABILITIES' ORGANISATIONS OF RWANDA

a key role in fostering service provider partnerships. In Sierra Leone, for instance, religious leaders encouraged partnerships between NGOs and schools, leading to enhanced educational services for children with disabilities. This collaboration expanded access to inclusive education, demonstrating how community sensitization works hand-in-hand with service provider efforts.

Stakeholder forums exhibit strong internal synergies as well. Addressing policy gaps at these forums often leads directly to the implementation of inclusive services. In Cameroon, discussions held during stakeholder forums led to the creation of policies that required schools to accommodate children with disabilities, bridging previous service gaps. The policy changes enacted as a result of these forums also had a ripple effect, improving service provision in other sectors like healthcare and social services. The forums themselves are strengthened by connections with peer groups, as seen in Zambia, where parents who shared their experiences in stakeholder meetings contributed to more effective policy discussions, ensuring that the real-world challenges faced by families were addressed in tangible ways.

Lastly, service provider partnerships create synergies by linking practical service provision with knowledge-building. In Zambia, partnerships with local schools resulted in teachers receiving training in inclusive education, which not only improved educational access but also enhanced community inclusion by integrating children with disabilities into mainstream education. These partnerships also benefit from the work done in family support in which community workers refer parents and children to relevant service providers.

Synergies at risk

While the programs studied demonstrate many synergistic strengths, the study also identified certain synergies between pathways that are less effective. One key area facing significant challenges is the referral process facilitated by family support programs, which faced challenges in all three countries. Community workers, tasked with identifying children with disabilities and connecting them to services like education and healthcare, often encounter barriers when schools and hospitals are uncooperative. This breakdown in service provider partnerships — particularly in rural areas — can severely limit the effectiveness of family support efforts. In such cases, the referral process, a cornerstone of the CBR approach, is hindered by unresponsive or inaccessible institutions, undermining the broader objectives of the programs.

This issue is exacerbated in rural settings, where schools and hospitals are either under-resourced or lack training in inclusive practices. Additionally, distance and travel costs emerge as limiting factors. In Sierra Leone, for example, CBR workers frequently report difficulties in ensuring that referred children receive the necessary care or schooling, as many institutions are either not equipped to handle disability-specific needs or are unwilling to take on the additional responsibility. Similar issues arise in Zambia and Cameroon, where rural schools and health facilities often lack the infrastructure or expertise to accommodate persons with disabilities. This disrupts the flow of services and creates a critical vulnerability in the CBR framework: when service providers do not fulfil their roles, the entire CBR chain weakens.

The strength of CBR programs lies in their holistic, interconnected pathways, but this reliance on synergy also runs the risk of being their greatest vulnerability. If one pathway falters — such as the service provider partnerships — it can have cascading effects on other pathways, such as family support and peer group empowerment. To a certain extent, then, the 'CBR-chain' is indeed only as strong as its weakest link, and any disruption in one part of the system risks derailing progress across multiple areas.

Conclusions

The CBR pathways address eight core challenges—spanning access to services, emotional and social support, knowledge and skills development, community inclusion, stigma and discrimination, lack of inclusive services, policy gaps, and economic constraints—by simultaneously meeting immediate needs while addressing deeper, root causes. Synergies within pathways, such as the link between family support and reducing stigma, help amplify impact. For example, emotional resilience built within families can lead to greater community participation, which in turn fosters further inclusion. Synergies between pathways are equally important, as demonstrated in Zambia, where peer groups have voiced their concerns in stakeholder forums, contributing to discussions that have led to policy changes benefiting persons with disabilities. These interconnections allow progress in one area to catalyse improvements in others, creating a comprehensive and sustainable model for disability inclusion.

However, this reliance on synergy also introduces vulnerabilities. When one pathway, such as service provider partnerships, falters — due to uncooperative schools or under-resourced hospitals, particularly in rural areas — the entire CBR chain can weaken. Breakdowns in referrals from family support to health and education services disrupt the flow of care and support, causing ripple effects that undermine the functioning of other pathways. Despite these challenges, the synergies that define CBR remain its most powerful asset. They allow the model to address both direct needs and root causes, making it a transformative approach for inclusive development. However, maintaining these synergies is essential for sustaining long-term impact.

Emotional resilience built within families can lead to greater community participation, which in turn fosters further inclusion

Recommendations

Based on the findings, the following recommendations emerge:

- **INVOLVE ALL KEY STAKEHOLDERS**
  Engage youth, parents, traditional leaders, religious leaders, service providers, ministries, and NGOs—from initial planning stages to implementation and evaluation. Each stakeholder plays a vital role across the five change pathways, and early engagement enhances synergies. For example, aligning family support and community sensitization early allows traditional leaders and religious figures to reduce stigma and refer families to services, increasing the effectiveness of both pathways. Ensuring ministries and NGOs align their policies and resources with the efforts of community leaders and parent groups reinforces the connection between policy advocacy and grassroots inclusion.

- **CONDUCT A COMPREHENSIVE CONTEXT ANALYSIS**
  Begin program design with an in-depth analysis of the target area to identify root causes of exclusion and rights violations. This should include mapping formal and informal resources across the CBR domains (e.g., health, education, livelihoods, and social inclusion). Where prerequisites for pathways, such as functioning service provider partnerships or sensitized community influencers, are missing, these should be developed or strengthened as part of the program. This foundational step ensures that pathways are appropriately tailored to local needs and ready to function effectively.

- **PROMOTE SYNERGY AWARENESS**
  Stakeholders must recognize that the effectiveness of CBR/CBID programs depends on synergies between pathways at multiple levels—home, community, service, and government. Awareness of their roles in fostering these synergies encourages an integrated approach. Highlighting the potential for synergies to amplify impact or create vulnerabilities helps foster proactive, coordinated efforts to maintain balance and mitigate risks.

- **DESIGN PROGRAMS TO MAXIMIZE SYNERGIES**
  Focus on integrating efforts across pathways to reinforce one another and create a multiplier effect. For instance, family support programs can be directly linked to peer groups, ensuring families receive both individualized assistance and community-based empowerment. Planning should also address potential challenges, such as unresponsive service providers or insufficient infrastructure, with strategies to strengthen partnerships and ensure resource availability, especially in resource-limited rural areas.

- **DEVELOP M&E FRAMEWORKS TO TRACK SYNERGIES**
  Monitoring and evaluation systems should not only track individual pathway performance but also measure synergies, both positive and negative. By analyzing how pathways interact, programs can adjust in real time to prevent breakdowns and sustain positive outcomes for persons with disabilities.

References

Aldersey, M. H., et al. (2024). The role of Community-Based Rehabilitation and Community-Based Inclusive Development in facilitating access to justice for persons with disabilities globally. *International Journal of Disability and Social Justice, 3*(3).

Bamu, B. N., & Van Hove, G. (2017). Community perceptions of people with disabilities in the North-West region of Cameroon: What is the impact on their access to services? *Disability & Society, 32*(1), 56–68.

Blanchet, K., et al. (2015). Community-Based Rehabilitation for people with disabilities in low- and middle-income countries: A systematic review. *Campbell Collaboration*. Retrieved from https://campbellcollaboration.org/library/community-based-rehabilitation-people-with-disabilities.html

Blose, S. et al. (2024). Managers' perceptions on the implementation of Community-Based Rehabilitation in KwaZulu-Natal. *South African Journal of Physiotherapy, 80*(1), a1965. https://doi.org/10.4102/sajp.v80i1.1965

‹ *Alidou with his mother Hajara in the doorway of their house .*
PHOTO: CBCHS - CAMEROON BAPTIST CONVENTION HEALTH SERVICES

Community Based Rehabilitation Africa Network. (2020). *Transition from CBR to CBID: A situation analysis of Community-Based Rehabilitation and Community-Based Inclusive Development in Africa.* Annual Report.

Jansen-Van Vuuren, J. M., & Aldersey, H. M. (2018). Training needs of Community-Based Rehabilitation workers for the effective implementation of CBR programmes. *Disability, CBR and Inclusive Development, 29*(3), 5–31. https://doi.org/10.5463/dcid.v29i3.742

Magnusson, L., et al. (2022). Access to health and rehabilitation services for persons with disabilities in Sierra Leone: Focus group discussions with stakeholders. *International Journal of Mental Health Services*. https://doi.org/10.1186/s12913-022-08366-8

Moses, P. (2023). Implementing a sustainable Community-Based Rehabilitation programme: A case study of the CBR programme in Paki Masabong chiefdom, northern Sierra Leone. *CBR Africa Network*. Retrieved from https://afri-can.org

Rule, S., et al. (2019). South African stakeholders' knowledge of Community-Based Rehabilitation. *African Journal of Disability, 8,* 1–12. https://doi.org/10.4102/ajod.v8i0.484

Tanui, P. J., & Makachia, K. A. (2023). Evaluating Community-Based Rehabilitation for employment inclusion among young people living with visual impairment: Focus on Kenya. *European Journal of Humanities and Social Sciences.*

Francis gets food from his mother Liwayway IN Filippijnen. PHOTO: NORFIL FOUNDATION

Annex 1 | Activities within Pathways

FAMILY SUPPORT

ZAMBIA

- Home visits by Community-Based Rehabilitation (CBR) workers coached by focal points with rehabilitation backgrounds to support early stimulation, caregiving, referrals, and counselling.
- Supporting parents in accessing the Community Development Fund (CDF), a government livelihood benefits program, where needed.
- Training parents on low-cost assistive devices and toys, feeding techniques, functional rehabilitation, child protection, self-advocacy, entrepreneurship, and sign language.
- Door-to-door identification, referral, and intervention services.
- Equipping CBR workers with tools such as backpacks (notebooks, development charts, solar chargers, gumboots, raincoats, and Buffalo bicycles).

CAMEROON

- Home visits by trained and untrained CBR)workers.
- Conducting needs assessments and developing individual rehabilitation plans.
- Counselling families and establishing commitments.
- Referrals for identified needs and creating exit plans.
- Providing basic rehabilitation (e.g., positioning, feeding, Activities of Daily Living (ADLs) using the Support Tools Enabling Parents (STEP) approach.
- Community mapping to improve access and service delivery.

SIERRA LEONE

- Home visits by CBR volunteers, facilitators, and field officers to engage families and provide information and support.
- Training families on early identification of disabilities and how to access specialized services.
- Home-based rehabilitation in Kambia and Kono, where rehabilitation experts support parents in delivering care at home.
- Raising awareness in communities about disability services and inclusion.
- Offering psychosocial support and counselling for families.

PEER GROUPS

ZAMBIA

- Parent support groups for emotional support, knowledge sharing, savings schemes, and income-generating activities.
- Father's groups focused on emotional support, shared experiences, and joint livelihood projects.
- Youth groups for shared projects and leadership training.
- Inclusive play events for children with and without disabilities in community spaces.
- Training on disability awareness, networking, and collaboration with Disability Rights Watch.

CAMEROON

- Parent support groups, similar to Zambia.
- Exploring ways to involve fathers more actively in child support and caregiving.
- Establishing school clubs to promote inclusivity and support among children with and without disabilities.

SIERRA LEONE

- Social clubs for children with disabilities to foster interaction and friendships.
- Mother-led protective units providing safeguarding and support.
- Inclusive play activities in public spaces to encourage interaction.
- Facilitating training sessions for peer group leaders and parents.
- Encouraging advocacy and knowledge exchange among parents and community groups.

Annex 1 | Activities within Pathways

SENSITIZING COMMUNITY INFLUENCERS

ZAMBIA

- Joint monthly meetings of traditional healers, religious leaders, and doctors to raise awareness of disability inclusion.
- Developing and distributing Information, Education, and Communication (IEC) materials endorsed by the government.
- Providing training on disability identification, early referral systems, and collaboration with service providers.

CAMEROON

- Involving traditional healers in identifying disabilities and linking families to appropriate services.
- Training community influencers to foster inclusive environments and challenge stigmas.

SIERRA LEONE

- Sensitizing traditional leaders and religious figures on disability issues.
- Training influencers to identify children with disabilities and refer them to appropriate services.
- Promoting awareness about disability rights and inclusive practices.

Annex 1 | Activities within Pathways

STAKEHOLDER FORUMS

ZAMBIA

- Organizing annual disability awareness events with traditional leaders and government stakeholders, including marches, speeches, and performances.
- Hosting youth symposiums and facilitating participation in children's parliament discussions.

CAMEROON

- Advocacy visits to government stakeholders to promote policies for disability inclusion.
- Hosting disability awareness events in communities to engage various groups.

SIERRA LEONE

- Mapping services available for persons with disabilities and identifying gaps.
- Facilitating stakeholder coordination to improve access to rehabilitation services.
- Promoting collaboration between government agencies, NGOs, and community-based organizations.

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MORE INFORMATION

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