

Breaking down Barriers



Patterns of Success in CBR Insights from the EDID program

● Abstract

Community-Based Rehabilitation (CBR) is a comprehensive approach addressing the diverse needs of individuals with disabilities within their communities. This study examines the Empowerment and Disability Inclusive Development (EDID) program, a CBR initiative implemented by the Cameroon Baptist Convention Health Services (CBCHS) in Cameroon. Using a mixed-methodology approach, the research sheds light on the pathways of change and critical design principles of the EDID project. The findings highlight the program's success in promoting disability inclusion across a range of CBR dimensions: education, health, social services, and livelihood as well as empowerment as a crosscutting dimension. EDID realises its goals

through five key pathways: regular home visits, peer groups, community actors, service provider networks, and partnerships. These pathways work synergistically, involving a wide range of activities that have a transformative impact on the lives of children, youth with disabilities, and their parents. The success of the EDID project is rooted in six core design principles: addressing both direct needs and root causes, emphasising knowledge to change attitudes and behaviors, operating on multi-level, multi-disciplinary, and multi-stakeholder levels, prioritising empowerment and self-reliance, networking with institutions, and engaging in advocacy. Overall, the program's strength lies in the combined >>



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efforts to educate and empower both individuals with disabilities and key community stakeholders. On one hand, EDID educates parents and youth, equipping them to be more self-reliant and to advocate for their needs and rights. On the other hand, it raises awareness among community actors and power holders, fostering a more inclusive and supportive environment. These complementary efforts may work together to reinforce positive changes in attitudes, behaviours, and systemic support for disability inclusion in the community.

● Introduction

Community-Based Rehabilitation (CBR) is a holistic and participatory approach that addresses the diverse needs of individuals with disabilities within their local communities (Blöse et al., 2024).

Originating in response to the limitations of traditional medical models, CBR emphasises collaboration among community members, families, and individuals with disabilities themselves (Jerwanska, 2023). At the core of CBR is the principle of inclusivity, recognising that individuals with disabilities should be active participants in their communities, rather than passive recipients of care (Tanui & Makachia, 2023). CBR is based on the belief that rehabilitation is a shared responsibility that extends beyond medical professionals to include community members, educators, social workers, and power holders (Witter et al., 2018). This approach aligns with the World Health Organization's (WHO) definition of rehabilitation as a process that enables individuals to achieve and maintain optimal functioning and a sense of well-being in their physical, psychological, and social domains (Aenishänslin, Amara & Magnusson, 2022).



Research Process- Interviews by the Authors. PHOTO: VALENTINE BANFEGHA NGALIM

CBR projects typically address five key dimensions: health, education, social inclusion, livelihood, and empowerment (Tanui & Makachia, 2023). Educational components focus on inclusive education, ensuring that individuals with disabilities have equal opportunities for learning (Jere, 2020). Health services address medical needs, rehabilitation therapies, and access to essential healthcare (Witter et al., 2019). Social services promote social inclusion, raise community awareness, and work to reduce stigma and discrimination (Opoku et al., 2017). Livelihood components aim to enhance economic empowerment by providing vocational training and supporting income-generating activities. Empowerment refers to enabling individuals with disabilities and their families to take control of decisions that affect their lives (Chubaya et al., 2021). Together, these components make up the CBR matrix, as proposed by the WHO and adapted within the EDID project.

While CBR programs share a common philosophy, their practical implementation varies widely across countries and contexts (Iemmi et al., 2015). This diversity is influenced by cultural factors, socio-economic conditions, and the prevalence of different disabilities in a given region (Bongo et al., 2018). CBR is widely recognised for its potential to not only address the immediate needs of individuals with disabilities but also contribute to broader societal change (Cornielje, 2016). By actively involving communities, CBR can play a key role in breaking down social barriers and reducing stigma, fostering a more inclusive and supportive environment (Opoku et al., 2019). Access to education and vocational training through CBR initiatives empowers individuals with disabilities to lead more independent and fulfilling lives (Rahimah et al., 2021).

Research has highlighted the critical success factors of CBR in Sub-Saharan Africa, although these factors remain partially understood (Rahimah et al., 2021). Existing studies emphasise the importance of community sensitisation, teacher training, parent training, health worker training, media engagement, stakeholder collaboration, and funding (Magnusson et al., 2022; Blanchet et al.,

Educational components focus on inclusive education, ensuring that individuals with disabilities have equal opportunities for learning

2017; Persson et al., 2013). While these findings are valuable, there is still a need for deeper understanding of the key design factors in CBR—specifically, the underlying values and core principles crucial to achieving meaningful impact. This research seeks to address this gap.

The study draws on two of EDID's implementing Partner Organisations (POs) as case studies. CBR has been implemented from 2014 to 2024 by the Association des Parents des Enfants en Situation de Handicap (APESH) in Yaounde (Centre region of Cameroon) and Choose Life in Bangang (rural Bamhoutous Division, West region of Cameroon). Broad support and coordination are provided by the EDID program under the Cameroon Baptist Convention Health Services (CBCHS), a not-for-profit, faith-based, humanitarian, and inclusive organisation receiving funding from the Liliane Fonds. This study asks the following research questions:

- 1. How, and through what impact pathways, do the sampled POs (APESH and Choose Life) achieve their outcomes in the EDID project?
- 2. To what extent have these POs impacted people's lives across different CBR dimensions?
- 3. What design principles in these POs have been essential to the successes observed?



Youth Peer Group. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)

● Methodology

The methodology employed in this study combined document analysis, interviews, and questionnaires to provide a holistic understanding of the EDID program. Of the approximately twenty-one (21) organisations partnering with EDID for program implementation, two were purposefully sampled to represent rural and urban settings. Fieldwork conducted in the Centre and West regions in June 2024 facilitated first-hand observation and data collection, allowing for a deeper understanding of the local context and EDID activities in these regions.

In-depth interviews were conducted with 34 key stakeholders, including Program Officers (n=4), staff members from APESH (n=2), and Choose Life (n=3), offering valuable insights into their roles, experiences, and perspectives on the project. Additional interviews were held with parents/ caretakers (n=13) and youth (n=12) to capture their unique experiences and perceptions.

Questionnaires were administered to CBR focal persons at the implementing organisations and parents of CWDs who are beneficiaries of APESH

and Choose Life, the sampled EDID partner organisations. These questionnaires aimed to gather quantitative data on the perceived impact of the project's key activities on the lives of children with disabilities and their parents. The questionnaire focused on 15 core activities implemented within the EDID project, covering all five dimensions of the CBR matrix. Respondents rated the extent of improvement brought about by each CBR activity on a 1-5 scale, with 1 signifying no improvement and 5 indicating significant improvement. This study presents the aggregated survey findings.

At the conclusion of the fieldwork, follow-up interviews were conducted with four EDID program officers, two APESH staff, and two Choose Life staff to validate the findings and address any outstanding questions. Additionally, the preliminary research findings were presented and validated during a workshop attended by 24 participants, including representatives from the implementing organisations and key stakeholders such as parents and youth.

● Change pathways

EDID realises its objectives by employing five distinct change pathways, each following the sequential steps through which activities are executed to attain desired outcomes. These pathways are complementary and synergistic and encompass:

1. Regular home visits
2. Peer group interactions
3. Community actors
4. Service provider networks
5. Partnerships



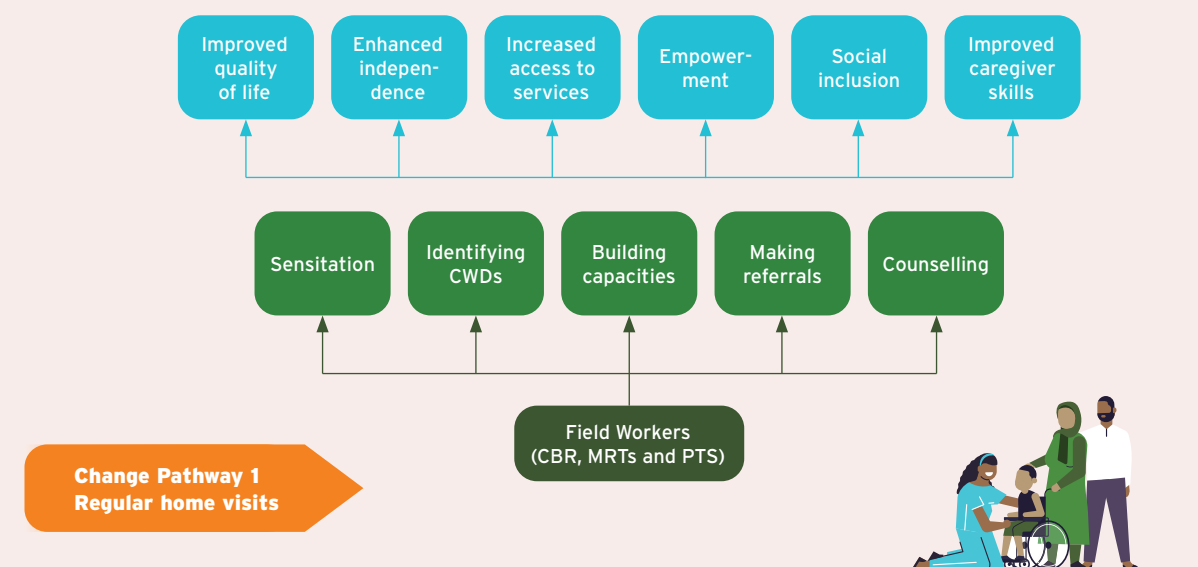
1 HOME VISITS

The first pathway focuses on reaching children with disabilities and their parents within the community. These visits are conducted by both formally and informally trained CBR workers.

The formally trained workers hold a CBR Diploma from the School of Public Health, which collaborates with the EDID Program, while the informally trained workers have gained skills through on-the-job experience and various workshops organised by EDID. During these workshops, fieldworkers acquire essential skills, knowledge, and understanding to effectively engage with parents and support children with disabilities. The main activities in this pathway include

sensitisation campaigns, fostering self-reliant skills in home pre-schooling, providing counselling on nutrition, reducing misconceptions, and addressing superstitious beliefs and negative attitudes towards children with disabilities (CWDs). Additionally, fieldworkers conduct assessments to identify children who may be hidden by their parents and facilitate referrals. For example, in the rural Bangang community, traditional beliefs and superstitions about CWDs are particularly strong. Therefore, it is crucial for Choose Life CBR workers in these rural areas to visit families and sensitise both parents and traditional rulers on disability-inclusive issues.

Figure 1: Regular home visits change pathway



The CBR fieldworkers also provide education and counselling services to parents, enabling them to better understand and support their children with disabilities. They explain strategies for caregiving, such as providing home assistance with assignments, addressing nutrition, and encouraging parental involvement in the child's development. Additionally, fieldworkers facilitate referrals to hospitals and schools, while offering counselling and emotional support to families navigating the challenges of disability. These activities significantly enhance the quality of life for both children and parents by promoting independence and fostering greater inclusion within families and communities. As parents gain increased knowledge of disabilities, they develop new abilities to support their children and educate their neighbours, helping to reduce stigma and discrimination.

As parents gain increased knowledge of disabilities, they develop new abilities to support their children

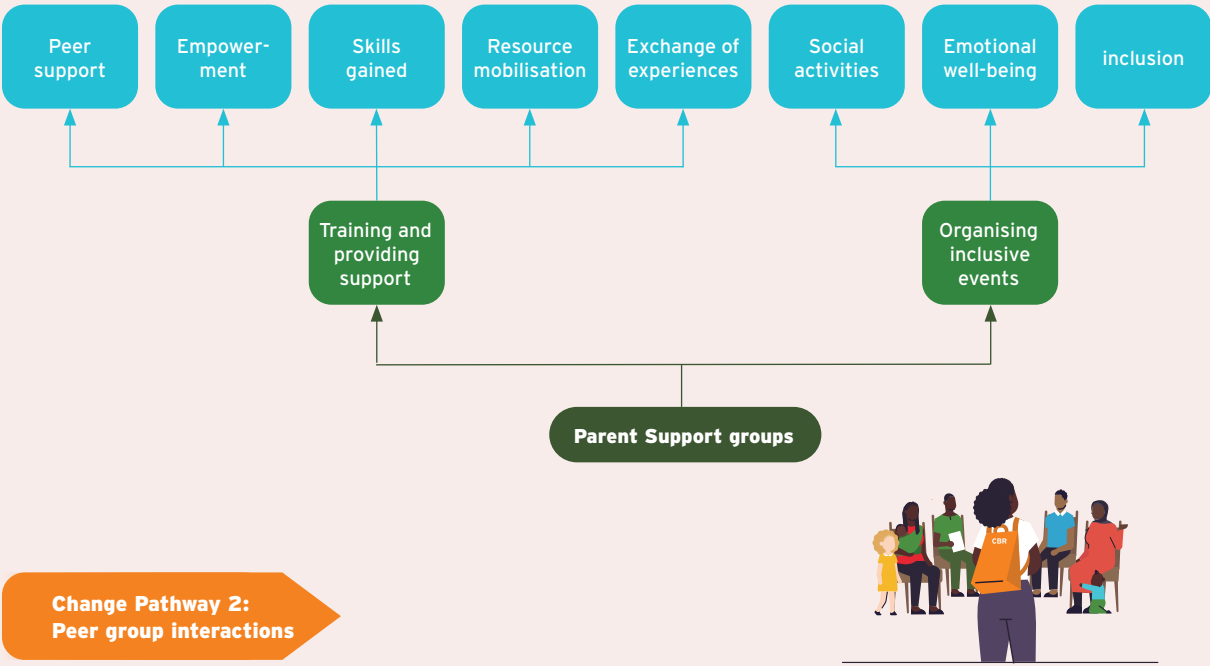
contributions, and sensitisation and empowerment within communities. By sharing experiences, challenges, and successes, members of the association offer mutual support and encouragement. When parents of children with disabilities come together, they experience solidarity, promote social well-being, develop confidence in advocating for children's rights, access services, build capacity, and raise funds to assist each other, forming a strong force for positive change. Capacity-building support for these groups equips members with livelihood skills and knowledge related to resource mobilisation and entrepreneurship.

Within school settings and communities, social interactions among children and youth enhance emotional well-being and foster inclusion. Organised

PEER GROUP INTERACTIONS

Another important change pathway in EDID focuses on enhancing interactions within peer groups, comprising parents and their children. The Association of Parents of Children with Disabilities provides a platform for collective action, support through exchanges, social activities such as birthday celebrations, monthly financial

Figure 2: Pathway to peer group interactions



play sessions provide opportunities for meaningful social engagement. When parents participate as peer group members, they develop networks, run savings and loan schemes, and build social skills. These initiatives help improve the economic situation of their families, cater to their children's needs, and support lobbying and advocacy efforts for their rights, creating a sense of belonging as they pursue a common cause within their communities.

Additionally, school and community activities allow CwDs to build relationships with other children, regardless of their differences. Through these interactions, children engage in play sessions that promote emotional well-being, fostering joy and self-esteem while simultaneously breaking down barriers, prejudices, and stereotypes surrounding disability. As a result, these interactions help cultivate a culture of acceptance and inclusion among children of diverse abilities.

COMMUNITY ACTORS

In addition to peer interactions, community actors such as quarter heads, village leaders, traditional chiefs, and youth leaders also form an important pathway of change. These actors engage in activities that focus on grassroots behavior change, with a strong emphasis on convincing key influencers such as religious leaders, school administrators, and teachers to lobby and advocate for effective changes that address the needs of CwDs. Through educational workshops like "Ringing the Bell," these community actors gain a deeper understanding of disability issues and increase their awareness and empathy towards individuals with disabilities. "Ringing the Bell" is an initiative that began nine years ago initiated by the Liliane Fonds to raise awareness and sensitise the community about disability issues. In Bangang, this activity has contributed to the development of more supportive attitudes and behaviors, fostering a culture of inclusion and acceptance. Practical measures, such as installing ramps in schools to improve access for children with mobility impairments, have been implemented. Additionally, the sensitisation of school administrators and teachers on inclusive practices has reduced social exclusion. In Cameroon, some schools hesitate to admit CwDs due to a lack of facilities and expertise to meet their learning needs. However, with increased

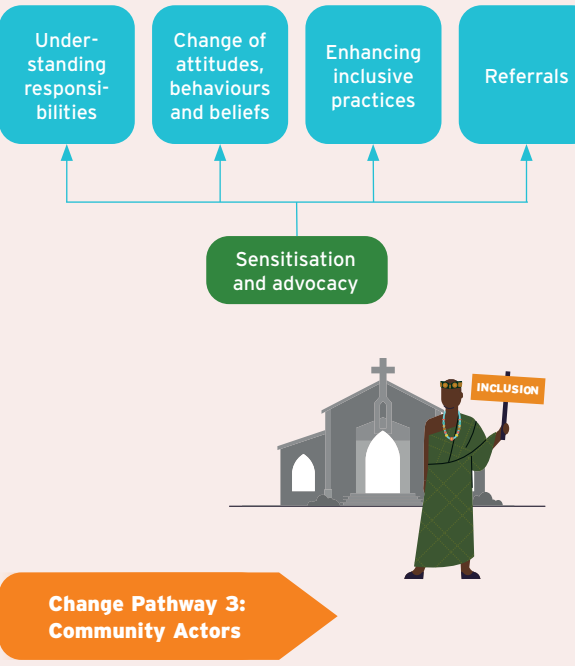


Partner Strengthening. PHOTO: CBCHS

sensitisation, the identification of disability cases, and preparation for school readiness, community actors now facilitate referrals of CwDs to inclusive schools, ensuring their right to education is protected.

Community actors lead sensitisation campaigns aimed at changing negative attitudes and behaviors to promote inclusive practices in schools, churches, palaces, markets, hospitals, and fields. They identify cases within communities and make referrals to health centres, hospitals, and schools to ensure the proper protection of individuals' rights.

Figure 3: Change pathway of community actors





Workshop. PHOTO: CAMEROON BAPTIST
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SERVICE PROVIDERS NETWORKS

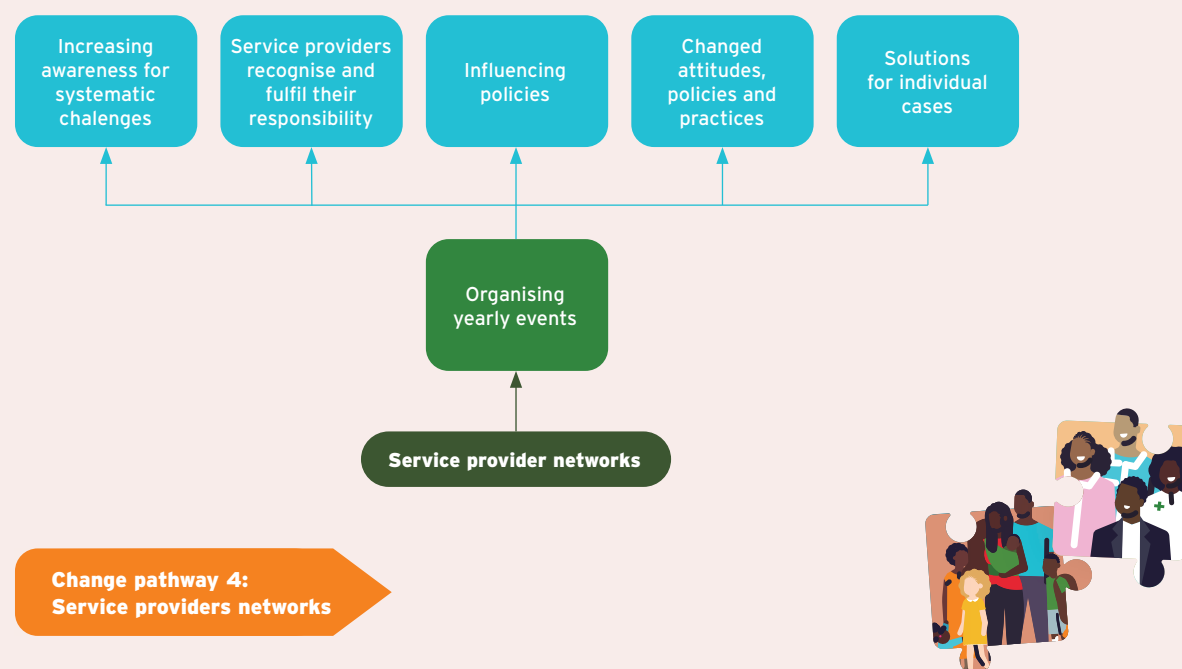
At both the central and local levels, EDID program partners engage in advocacy to address disability-related issues. At the central level, they collaborate with the Ministries of Social Affairs, Basic and Secondary Education, the Ministry of Health, municipal councils, and international non-governmental organisations such as SightSavers, CBM, UNICEF, and Plan International. At the local level, advocacy is carried out by the implementing Partner Organisations APESH and Choose Life, through their delegates and inspectors. These service providers facilitate platforms for information exchange, discussing disability challenges, potential solutions, and strategies to implement policy and systemic changes that shift attitudes and practices in governance.

One of the key strengths of APESH and Choose Life is their ability to network with service providers. Together, they organise social gatherings, such as the “Ring the Bell” sensitisation campaigns, to raise awareness of disability issues and foster attitude changes within the community. This collaboration not only increases awareness but also helps authorities reconsider individual cases and recognise their responsibility to protect the rights

Many service providers are now recognising and fulfilling their responsibilities on disability-related issues

of CwDs. Through these efforts, APESH and Choose Life establish networks that influence policy changes and ensure smooth administrative functioning of their program objectives. As a result of these engagements, systemic changes have been initiated, and there is greater commitment from government bodies and service providers to address disability challenges. This has enhanced their understanding of disability-related issues, and many service providers are now recognising and fulfilling their responsibilities.

Figure 4: Change pathway of service providers



Service Provider Partnerships.

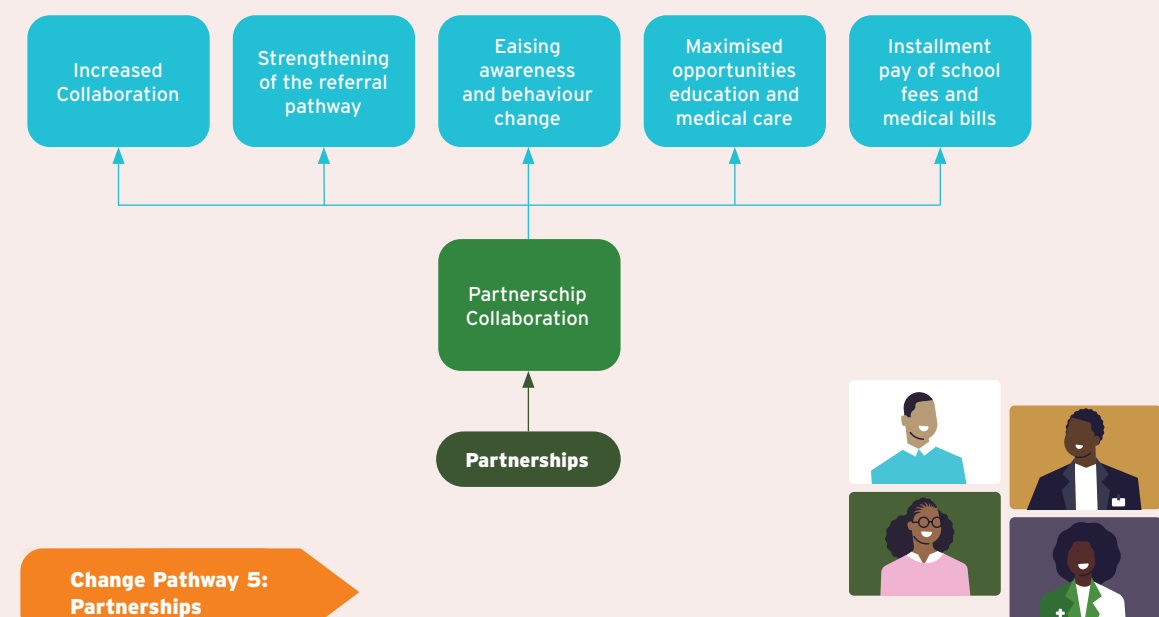
PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)

PARTNERSHIPS

Lastly, the establishment of partnerships with individual service providers constitutes a major strength in the inclusive practices of the EDID program. APESH and Choose Life have partnerships with health centres and schools to ensure the appropriate provision of health and educational facilities for CwDs. Their activities with these partners are not limited to referrals but extend to the payment of fees/bills, provision of medical/school gadgets, and follow-up on progress according to the needs of those involved. Health institutions maintain direct communication with these organisations.

In addition to health facilities, there are partnerships with schools and local governments aimed at fostering acceptance and accommodating the diverse needs of CwDs. The EDID project has facilitated the installation of ramps in some schools in Bangang and Yaoundé through these collaborative efforts. Mayors and councillors in local governments work in collaboration with these implementing organisations, providing space and facilities for events that promote advocacy for CwDs. They also issue birth certificates, which are necessary for obtaining disability cards for CwDs.

Figure 5: Partnerships change pathway

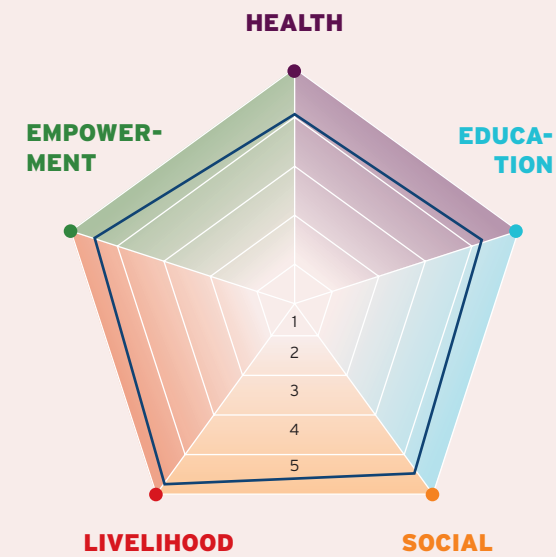




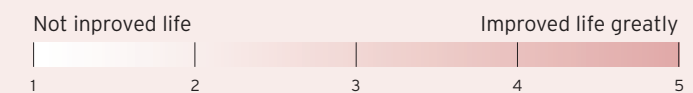
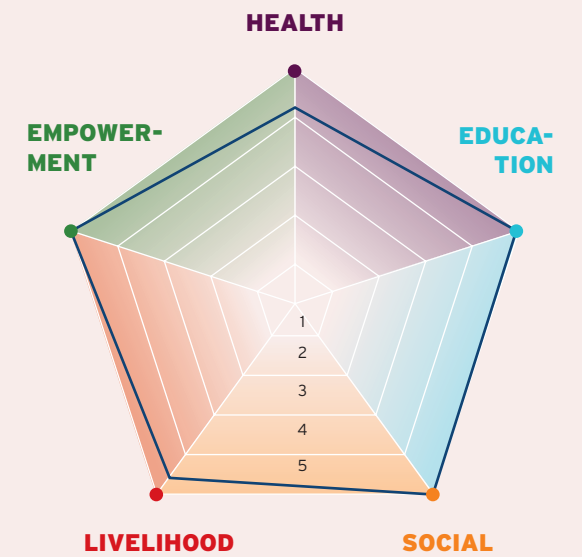
Workshop. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)

Figure 5: Perceive impact on improving lives

Yaounde



Bangang



● Perceived impact of EDID

There is little doubt that EDID has significantly impacted the lives of many children and youth with disabilities, as well as their parents. According to project statistics, it has reached over two million people through awareness-raising and sensitisation campaigns, particularly through the “Ring the Bell” initiative, which has been running for nearly nine years. Four thousand (4,000) CwDs aged 0-25 have received financial support for school fees, school equipment, medical bills, and economic empowerment fees. Additionally, 1,500 family members of CwDs have benefited from the program, and 2,000 PwDs have been involved in various activities (Annual Report 2023). As seen in the discussion of the project’s change pathways, the range and depth of these outcomes are impressive. Many life-changing experiences and success stories were shared with the research team, and the feedback from stakeholders was equally enthusiastic.

In addition to the interviews, this study conducted a survey to assess EDID’s perceived impact. Figure 6 summarises the findings across the five dimensions of CBR in Yaoundé and Bangang. Yaoundé, the capital city of Cameroon, represents the urban area sampled, while Bangang in the West region represents the rural area of the Bamhoutous. The survey used a scale of 1 to 5, with higher scores indicating better performance in each domain. Overall, the survey results paint a very positive picture of EDID’s impact, positioning it as a model worthy of scaling and replication. However, the small sample size (n=34), taken from only two (2) of the twenty (20) POs, means that caution is needed when generalising the findings to the broader population. Nevertheless, the survey results are consistent with the qualitative data, further supporting the view of EDID as a highly successful project.



Workshop. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)

● Challenges

While the survey shows positive results overall, the findings also help to identify certain challenges. The health sector scores the lowest in both Yaoundé (4.14/5) and Bangang (4.25/5). This is likely due to the lack of medical specialists to provide complex health services needed for the rehabilitation of CwDs. The absence of specialised service providers hampers efforts in the health domain from reaching their full potential. Additionally, there are challenges in securing grants to purchase prescribed assistive devices, as outlined in official government policy, but not always realised in practice. Though these issues fall outside EDID's direct sphere of influence, they significantly affect outcomes, highlighting a limitation of the CBR approach, which depends on existing government assistance to meet the needs of persons with disabilities.

Furthermore, the somewhat lower score of 4.5/5 for livelihood in Bangang reveals a gap, despite Choose Life's efforts to develop entrepreneurial skills for CwDs. For instance, parents and youth who have

acquired these skills often struggle to access government grants to start businesses and generate income. Although parents are encouraged to start businesses for their children, they typically do so with limited financial resources.

It was also observed that fathers are rarely involved in the activities of parent associations, whether in urban or rural settings. All participating parents in the activities were mothers, except for one father who attended the data validation workshop in Bangang. Most fathers appear to have left the responsibility of caring for their children to the mothers, placing the full burden on them. Mothers often work tirelessly to secure resources for their children's needs.

Lastly, it was noted that most fieldworkers are volunteers, which presents a challenge. While these workers make great efforts, those without professional training in CBR often receive little pay, which could diminish their motivation and commitment to CBR activities.

● Critical design principles

The successes observed in the EDID project are anchored in five essential design principles:

1. Integral address of both direct needs and root causes
2. Emphasising knowledge that changes attitudes and behaviours
3. Operating multi-level, multi-disciplinary and multi-stakeholder
4. Prioritising empowerment and self-reliance (Education and health)
5. Networking with institutions that matter
6. Advocacy

INTEGRAL ADDRESS OF DIRECT NEEDS AND ROOT CAUSES

The EDID model addresses both direct needs and underlying root causes in the different CBR dimensions. Findings reveal that this approach is essential and effective in promoting disability inclusion, as it considers the diverse nature of disabilities and the interconnectedness of these dimensions. By creating synergies between the different CBR domains, this model maximises

impact and sustainability. In addition to benefiting individuals with disabilities, this approach secures long-term changes that address structural barriers.

EMPHASISING KNOWLEDGE THAT CHANGES ATTITUDES AND BEHAVIOURS

This principle underscores the need for education, awareness-raising, and sensitisation to tackle the root causes of exclusion, such as a lack of understanding, negative attitudes, and discriminatory behaviours. The EDID model focuses on capacity building and sensitising communities to sustain inclusive-friendly attitudes and behaviours. The study found that the emphasis on knowledge is critical for the effective promotion of disability inclusion, as many challenges stem from ignorance and negative perceptions. Fieldworkers from APESH and Choose Life address these underlying issues by empowering children, youth, parents, community actors, and policy stakeholders to embrace inclusive practices and dismantle barriers. Through counselling services, they implement regulations to eliminate inhumane practices against persons with disabilities, fostering empathy and respect for CwDs.



Workshop. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)

OPERATING MULTI-LEVEL, MULTI-DISCIPLINARY AND MULTI-STAKEHOLDER

This principle highlights the importance of addressing disability inclusion by tackling challenges at various levels simultaneously. EDID employs a multi-level, multi-disciplinary, and multi-stakeholder approach, which the research found to be crucial for effectively promoting disability inclusion. Immediate needs and root causes exist at the individual, family, community, and national levels, all of which must be addressed concurrently. Multiple disciplines—such as health, education, law, transport, and economics—are involved in tackling disability challenges, requiring a coordinated, multi-disciplinary approach. Additionally, no single stakeholder can address these challenges alone. The collaborative efforts of parents, CwDs, religious leaders, traditional chiefs, mayors, government officials, school leaders, and medical personnel—working alongside APESH and Choose Life—are essential for comprehensively addressing the needs of CwDs in Cameroon.

PRIORITISING EMPOWERMENT AND SELF-RELIANCE

This principle focuses on equipping children, youth, and parents with the skills, confidence, and opportunities to participate equally in public life and defend their rights. The EDID program makes significant efforts to promote empowerment and self-reliance, as these are crucial for the progress of disability inclusion. Empowerment is the main objective that cuts across the other CBR dimensions. The EDID model equips children, youth, and parents with essential skills, enabling them to participate in public life with confidence and self-esteem. Additionally, the model provides platforms for parents and youth to interact with stakeholders. For example, the EDID “Ring the Bell” event amplifies the voices of CwDs, allowing them to advocate for their needs and assert their rights. Empowerment and self-reliance foster resilience, enabling individuals with disabilities to harness their potential and participate in public life independently.

NETWORKING WITH INSTITUTIONS

This principle highlights the importance of collaboration, partnership, and community engagement to enhance the effectiveness of CBR interventions and promote disability inclusion. APESH and Choose Life effectively leverage

networks as a critical success factor in their interventions. These networks range from individual stakeholders, such as religious leaders and traditional chiefs, to institutions that facilitate the smooth functioning of their activities. For example, religious leaders help raise awareness about disabilities within communities, while traditional chiefs facilitate orientation and sensitisation campaigns. Mayors, elites, and politicians participate in advocacy efforts, especially during the “Ring the Bell” event. Additionally, the organisations collaborate with institutions such as health centres for referrals, schools for educational support, and vocational training centres for livelihood skills. These networks reinforce the success strategies of CBR interventions.

ADVOCACY

In their efforts to advocate for the rights of CwDs, Choose Life and APESH conduct sensitisation campaigns and network with governmental and legal institutions to influence policies that protect CwDs’ rights. These campaigns focus on effecting institutional changes, such as new laws, regulations, and policies that can have a long-term impact on supporting individuals with disabilities. The “Ring the Bell” campaign brings together governmental and legal stakeholders to experience the challenges faced by CwDs, paving the way for subsequent institutional changes. As a result, the Ministry of Social Affairs has adopted the activity to further advocacy for the legal rights of persons with disabilities. Additionally, the EDID program has introduced regulations that identify inappropriate rehabilitation practices and ensure proper measures are taken to protect the well-being of persons with disabilities.



CBR training.
PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)



Conclusions

In summary, the findings demonstrate the effectiveness of EDID’s intervention model which is based on five change pathways: regular home visits, peer group interactions, community actors, stakeholder networks, and partnerships. These pathways are interconnected and collectively contribute to improved access to services, increased awareness and understanding, empowerment, (self-) advocacy, and positive changes in attitudes and behaviours. The six critical principles of success that underlie the positive changes observed include addressing both direct needs and root causes, emphasising knowledge that changes attitudes and behaviours, operating at multi-level, multi-disciplinary, and multi-stakeholder perspectives, prioritising empowerment and self-reliance, and networking with individuals and institutions to influence policies and protect the rights of CwDs.

The primary objective of CBR is to employ a holistic approach that addresses both the needs and root causes of disability-related issues. Individuals with disabilities must be empowered to ensure their full integration and participation in community life, rather than remaining dependent on charity. The findings of this study confirm the validity of these principles but also highlight the political and religious dimensions of CBR, which, while receiving some attention, still face challenges in implementation. EDID’s approach, with its five complementary and synergistic change pathways, creates two mutually reinforcing dynamics. On one hand, it educates parents and youth to advocate for their needs and rights; on the other, it educates community actors and power holders, making them receptive to advocacy, resulting in deeper attitudinal and behavioural change. The strength of EDID lies in the interplay of these two dynamics.

Home support. PHOTO: CAMEROON BAPTIST CONVENTION HEALTH SERVICES (CBCHS)

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Community Leader engagement. PHOTO: CAMEROON BAPTIST CONVENTION

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