Disability Inclusion in Community Development

Issue Paper

Executive summary

Over the last two decades, Disability Inclusion in Community Development (DICD) has evolved into Light for the World's primary approach for achieving systemic, rights-based disability inclusion on community level. By embedding rehabilitation, assistive technology and inclusive services within primary healthcare and local governance, DICD addresses the needs of the 16% of the global population that has a disability. With 2.4 billion people requiring rehabilitation services globally – and over half of those needs going unmet in low- and middle-income settings – this paper explains Light for the World's response. A dual-track strategy that pairs direct community-level service delivery with national advocacy for permanent, government-funded systems change.

Guided by the principle of "Nothing About Us Without Us," our strategy focuses heavily on strengthening local capacity and fostering leadership within grassroots Organisations of Persons with Disabilities (OPDs). Our strategic priorities target the entire life cycle of inclusion: ensuring equitable access to assistive technology across all thematic sectors, prioritising early childhood development and inclusive play, and integrating holistic psychosocial support into community interventions. Ultimately, this issue paper demonstrates how Light for the World connects community-rooted initiatives to national frameworks, creating sustainable, locally owned systems where people with disabilities can fully exercise their rights to health, education and economic empowerment.

Introduction

At Light for the World, we believe in a world where people with disabilities and eye conditions can fully exercise their rights to health, education, work, and protection in emergencies, and can develop their potential to participate fully in society. Our Disability Inclusion in Community Development approach works through community-based interventions delivered together with partners. It strengthens local ownership and sustainability while advancing the realisation of rights in everyday life. We use this approach to support implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD). By placing individuals and communities at the centre as drivers of change, we help create lasting organisational, policy and systems change for people with disabilities, their families and communities.

We recognise that true inclusion is not possible without access to rehabilitation and assistive technology. Both are essential for living with dignity, independence and equal opportunity.

The global gap in access: According to the World Health Organization (WHO), 16% of the world's population has a disability, including 18% of women and 14.2% of men.[1] Many still lack access to basic services and assistive technologies. The need for action is especially urgent in low-income and humanitarian settings, where the gap between need and provision remains particularly wide. Globally, 2.4 billion people require rehabilitation services, yet access remains deeply unequal. In low- and middle-income countries, only around half of rehabilitation needs are currently being met.[2]

The DICD approach therefore embeds rehabilitation and assistive technology within primary health care, community systems and local governance structures. In this way, it serves as a rights-based and transformative approach that enables participation in education, livelihoods, civic life and humanitarian response.

Bridging the gap: our community-based response

Light for the World responds to this unmet need by supporting the WHO Rehabilitation 2030 campaign to improve rehabilitation services in low- and middle-income countries. By promoting the integration of rehabilitation services into health systems through a dual-track strategy:

1. **Service delivery in communities:** With partners, we deliver rehabilitation services and assistive technology within communities to reach people who are most marginalised.

2. **Advocating for systems change:** We work with national governments to embed rehabilitation and assistive technology as permanent, funded components of national health systems.

1 WHO (2022) Global report on health equity for persons with disabilities, p. 25. Available: (https://iris.who.int/server/api/core/bitstreams/e0762126-9858-4bac-b009-4e9523e0c600/content) [accessed 19 June 2026]

2 WHO (2026) Fact Sheet Rehabilitation. Available: (https://www.who.int/news-room/fact-sheets/detail/rehabilitation) [accessed 19 June 2026]

Our approach

Our DICD approach is grounded in the WHO Community-Based Rehabilitation (CBR) guidelines. It places communities at the centre and positions rehabilitation not only as a service intervention, but also as a human right and a key enabler of social inclusion.

Our work is based on a vision of an inclusive society in which women, men, girls and boys with disabilities enjoy equal rights to participation. This means that communities themselves must change to better accommodate vulnerable and marginalised members.

Core strategic pillars

We operate at the intersection of grassroots service delivery and systemic change through three primary levers:

- **Empowerment through grassroots OPDs:** Guided by the principle of "Nothing About Us Without Us", we partner with community-based Organisations of Persons with Disabilities to shape advocacy and programme design.
- **System strengthening:** We integrate rehabilitation into local health and education systems to ensure services are sustainable and locally owned.
- **Reaching the most at risk:** Community interventions bridge the access gaps for people with disabilities who are hardest to reach and enable their active participation and inclusion.

The value of disability inclusion in community development

Rehabilitation is a critical enabler of disability-inclusive community development to:

- **Strengthen early child development:** For young children with disabilities, rehabilitation and assistive products create opportunities for play, social interaction and participation, while strengthening independence and dignity.
- **Foster social connectedness:** Reduce isolation by enabling meaningful relationships and social interactions within the community.
- **Drive participation:** Enable active engagement in inclusive education, inclusive economic empowerment and inclusion into civic life.
- **Advance gender equity:** By tackling discrimination and exclusion at community level, this approach enables women and girls with disabilities to access rehabilitation services, exercise their rights and develop their full potential.

Our unique value add

Light for the World's strength lies in connecting community-based initiatives with national service systems. We support inclusive policy development and advocate for sustainable financing to ensure rehabilitation services are accessible, affordable and embedded in national systems.

Our priorities

1. Improve equitable access to rehabilitation and assistive technology

- We bridge the gap between formal health systems and informal community settings so that people at the last mile can access essential rehabilitation and assistive technology.
- We position rehabilitation and assistive technology as cross-cutting enablers across our programmes in economic empowerment, humanitarian action and inclusive education.
- We advocate at the international and national level for equitable access to rehabilitation and assistive technology for all.

2. Strengthen local capacity and OPD leadership

- We strengthen local capacity by fostering stronger links between rural disability groups and the national disability movement.
- We support collaboration among key actors, to advance gender-sensitive disability inclusion.
- We promote environmentally sustainable local partnerships and practices that build on local knowledge and expertise.

3. Promote early childhood development and inclusive play

- We prioritise early intervention and participation, supporting families to improve long-term outcomes for children with disabilities.
- We work to ensure that access to rehabilitation and assistive technology begins at an early age to strengthen functioning, inclusion in education and social participation.
- We ensure that inclusive play and sport activities are integral to community-based interventions to enhance social participation for all children.
- We support local government structures to improve services that form the precondition for early child development.

4. Inclusion of psychosocial support activities

- We promote psychosocial support activities as an integral part of our DICD approach to ensure holistic wellbeing for people with disabilities and families in the community.
- We strengthen participation through co-creation and community-based interventions that respond to the support needs of families and people with disabilities.
- Assistive technology enables people with disabilities to express their needs and participate fully, making it an essential component of psychosocial support. We promote the use of assistive technology, including communication tools, to enhance participation and inclusion.

5. **Advance global advocacy for health equity**

   - We elevate local priorities to global platforms by maintaining active leadership in the WHO Health Equity Network, the World Rehabilitation Alliance, the CBR African and Global Networks and the International Disability and Development Consortium (IDDC).
   - We advocate for the inclusion of rehabilitation in national health budgets and global policy frameworks, while ensuring that community evidence informs and influences national reform and international policy development.

Our targets

As part of our Strategy 2030, we have identified the following targets for Light for the World's DICD approach in our programmes:

1. A strengthened community-based workforce to enable the transfer of rehabilitation and inclusion skills to individuals, families, partners and other stakeholders.
2. Increased collaboration among service providers and local partners to improve access, equity and sustainability of rehabilitation services.
3. All new disability-related programmes integrate rehabilitation and/or assistive technology through dedicated design and budgets, with products meeting agreed quality and appropriateness standards.
4. Psychosocial support is systematically integrated into community-based interventions to improve mental well-being of people with different types of disabilities.
5. Inclusive play is embedded in early childhood development and inclusive education programmes to increase participation of children with disabilities.

A bottom-up approach to disability-inclusive systems change

Light for the World works with community workers, supporting children and adults with disabilities through rehabilitation and inclusion in education, work and community life. In Ethiopia, the profile of a community worker did not meet the requirements for a civil service position. Our partner, the University of Gondar, successfully advocated for the government to include this role in the list of civil service positions. Today, the University of Gondar alone employs more than 80 community workers. In Arba Minch, the government rehabilitation centre also employs government-funded community workers who provide rehabilitation and disability inclusion services to local communities. This has created a sustainable solution embedded within the government system, no longer dependent on external funding.

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