

## ORIGINAL RESEARCH

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# Community-Based Rehabilitation Programming for Sex(uality), Sexual Abuse Prevention, and Sexual and Reproductive Health: A Scoping Review

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### ABSTRACT

**Purpose:** *The United Nations Convention on the Rights of Persons with Disabilities aims to protect the human rights and dignity of all people with disabilities. In low-and middle-income countries (LMICs), one way this goal is pursued is through Community-Based Rehabilitation (CBR), a strategy to support the full and equal participation of people with disabilities. In spite of policy and community-based interventions, people with disabilities continue to experience inequities in many areas of life - one of these being their sexual and reproductive health (SRH) rights. This scoping review explored the literature to understand how CBR programming has supported sex(uality), sexual abuse prevention, and SRH for people with disabilities.*

**Methods:** *Arksey and O'Malley's (2007) framework was used to identify relevant studies in academic and grey literature. This included six databases, the WHO website, and five Regional CBR Network websites. Relevant studies were selected using criteria and data was charted to examine the quantity, variation, and nature of CBR interventions.*

**Results:** *Fifteen studies were identified. The majority were implemented in Africa; targeted all people with disabilities, regardless of gender, age, or type of disability; and frequently focussed on the topic of HIV/AIDS. The interventions were most commonly designed to educate people with disabilities on issues of sex(uality), sexual abuse prevention, or SRH.*

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**Conclusion:** A number of studies discussed CBR programmes that aim to support sex(uality), sexual abuse prevention and SRH for people with disabilities, yet gaps were identified that indicate that certain populations and topics are being overlooked by CBR interventions.

**Implications:** CBR practitioners can focus on filling the gaps identified in this review through future programming. Further action must concentrate on implementing a variety of CBR Matrix strategies to address comprehensive issues related to sex(uality), sexual abuse prevention, or SRH.

**Key words:** CBR, intervention, people with disabilities, human rights, sex, sexuality, HIV

## INTRODUCTION

Traditionally, the sexuality of people with disabilities was a topic commonly avoided or stigmatised by many (Groce, 2004; Davidson, 2006). Sexuality is defined as one's expression as a sexual being, encompassing identities, sexual orientation, intimacy, and reproduction (World Health Organisation, 2010a). Historically, persons with disabilities have experienced institutionalised exclusion that has prevented them from exploring their sexuality, accessing services, programmes, and education, and, ultimately, exercising their sexual and reproductive health (SRH) rights (Nganwa et al, 2002; Chappell & Akolo 2008; International Foundation of Applied Disability Research, 2016; Macha et al, 2017). SRH rights encompass one's physical, emotional, mental, and social well-being in relation to one's sexuality (WHO, 2010a). In 2008, the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) came into effect to help protect the human rights and dignity of all people with disabilities (UN, 2007). The CRPD asserts that people with disabilities must have equal rights to SRH and programmes (Article 25); that they must be free from abuse and violence (Article 16); and that they must not be discriminated against in matters related to marriage, family, parenthood, and relationships (Article 23) (UN, 2007). However, the stigmatisation and exclusion of people with disabilities persists for these issues (Davidson, 2006).

The topic of sexuality is particularly taboo in low-and middle-income countries (LMICs) where the majority of people with disabilities live (International Foundation of Applied Disability Research, 2016). Inequalities are exacerbated due to the relationship between disability and poverty (WHO, 2011; Banks et

al, 2017). Of particular concern is the increased risk that people with disabilities in LMICs may have for HIV/AIDS (Sullivan & Knutson, 2000; Jones et al, 2012; Mikton et al, 2014). For instance, in sub-Saharan Africa, men with disabilities are 1.48 times more likely, and women with disabilities are 2.21 times more likely, to acquire an HIV infection compared to men without disabilities (De Beudrap, 2016). Research suggests that this relationship is associated with receiving less education than the general population, exacerbating unemployment and poverty (Statistics South Africa, 2005). In addition, exclusion of persons with disabilities from sexuality education has led to unsafe sex practices, thus increasing their risk of HIV/AIDS (Sullivan & Knutson, 2000; Disability and Development Partners, 2008). Moreover, stigma and discrimination towards people with disabilities has led to their exclusion from HIV/AIDS and sexual abuse prevention initiatives (Disability and Development Partners, 2008). While the Joint United Nations Programme on HIV/AIDS, the World Health Organisation (WHO), and the Office of the High Commissioner for Human Rights (OHCHR) joint policy brief on Disability and HIV recently recognised people with disabilities to be at high risk of exposure to HIV, this population is seldom considered in policies and is still excluded in HIV/AIDS initiatives (Nganwa et al, 2002; OHCHR, UNAIDS, WHO, 2010).

Community-Based Rehabilitation (CBR), a strategy developed by the WHO in 1978, aims to promote the full and equal participation of people with disabilities in all aspects of society (Khasnabis & Motsch, 2008; WHO, 2010b). CBR programming will be critical for supporting the 2030 Agenda for Sustainable Development by focussing on social inclusion, social justice, and promoting disability inclusion in development efforts (Macha et al, 2017; UN, 2018). CBR's unique approach for implementing community-based inclusive development can help increase the profile of people with disability in SRH, sexual abuse prevention, and HIV/AIDS programming, services, and education. For instance, CBR programme leadership includes people with disabilities themselves, putting them in an ideal position to focus on matters that concern them (Rifkin & Kangere, 2002). Finally, the comprehensive CBR approach allows for cross-sectoral alliances and partnerships, creating significant opportunities to help reduce stigmatisation and discrimination of people with disability that inhibits them from exercising their SRH rights (Rifkin & Kangere, 2002; Cornielje, 2009).

## **Objective**

To the best of their knowledge, the authors of the present review are of the opinion that there has been no systematic compilation of research related to CBR, sexuality, and SRH, to date. Given the limited understanding of how CBR has provided sexuality and SRH support to people with disabilities in the past, the aim of this scoping review was to explore the literature that discussed CBR programming on the topics of sex(uality), sexual abuse prevention, and SRH for children and adults with disabilities in LMICs. The specific objectives were to assess the quantity, variation, and nature of CBR interventions on the topics of concern.

## **METHOD**

Arksey and O'Malley's (2007) methodological framework was used to conduct this scoping review, and assistance in developing the search strategy was provided by a Health Sciences librarian at Queen's University. This framework comprises five steps: identify the research question; identify relevant studies; select studies; chart the data; and report the results (Arksey & O'Malley, 2007).

### **Identifying the Research Question**

The research question for this scoping review was, 'What is the extent, variation, and nature of CBR programming on the topics of sex(uality), sexual abuse prevention, and sexual and reproductive health for children and adults with disabilities?'

### **Identifying Relevant Studies**

A multiple-source search strategy was conducted to identify published and grey literature. The first sequential step was to search the following electronic databases: CINAHL; MEDLINE; EMBASE; Global Health; and PsycInfo. Database searches were supplemented through a key word search in Google Scholar, a database of peer-reviewed and grey literature, because a significant number of CBR documents are in the grey literature (Finkenflügel et al, 2005; Mikki, 2009). Next, the websites of all five Regional WHO- CBR network websites were searched (Western Pacific, South-East Asia, Region of the Americas, African, and Eastern Mediterranean), along with the WHO website (WHO, 2019) for any additional relevant academic or grey literature. Lastly, a manual search of the retrieved studies' reference lists was performed to identify potentially relevant studies. Table 1 presents the key words that were used for the published and grey literature searches. Notably, the decision to use the key word "HIV" in this

review was made because the WHO considers CBR programming on HIV/AIDS to be an overlooked area that is a high priority and has therefore developed HIV/AIDS-specific CBR guidelines (WHO, 2010c).

**Table 1: Search Strategy for Database and Grey Literature Searches**

Source	Search Strategy
CINAHL	"Rehabilitation, Community-based" OR "cbr" AND "sex*", "sexual abuse", "reproductive health", and "HIV"
MEDLINE, EMBASE, Global Health, and PsycInfo	"Community-Based Rehabilitation.mp" OR "cbr.mp." AND "sex*", "sexual abuse.mp.", "reproductive health.mp", and "HIV.mp"
Google Scholar, WHO website, and WHO CBR Networks (Western Pacific, South-East Asia, Region of the Americas, African, and Eastern Mediterranean)	"community-based rehabilitation", "sex", "sexuality", "reproductive health", "sexual abuse", and "HIV"

### Selecting Studies

After duplicate studies were removed from the multiple-source search, the titles and abstracts of the studies were screened for appropriateness, based on the research question. Inclusion and exclusion criteria were created post hoc and adjusted accordingly, as familiarity with the literature grew (Arksey & O'Malley, 2007). Table 2 presents the final inclusion and exclusion criteria that were applied to studies for their selection.

**Table 2: Inclusion and Exclusion Criteria for Study Selection**

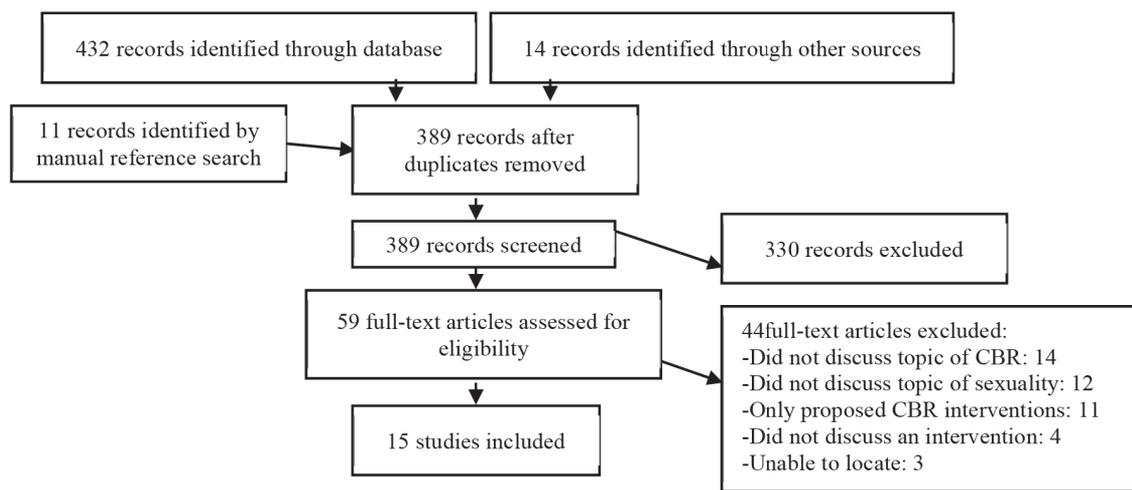
Inclusion Criteria	Exclusion Criteria
Written in English <sup>1</sup> Published or released at any point in time <sup>2</sup> Published and unpublished studies, reviews, and reports <sup>2</sup> Academic and grey literature sources Intervention took place in at least one low- or middle-income country Beneficiaries of intervention included females and males with disabilities (children, adolescents, young adults, adults), family members of people with disabilities, CBR workers, and/or service providers Discussed any type of past or present CBR methods, programming, activities, interventions, and/or initiatives Related to sex(uality), sexual abuse prevention, sexual and reproductive healthcare, and HIV/AIDS	Not written in English Intervention took place only in a high-income country Did not discuss, or only proposed, CBR methods, programming, activities, interventions, and/or initiatives Did not discuss programming related to sex(uality), sexual abuse prevention, sexual and reproductive healthcare, and HIV/AIDS Duplicate studies Unable to locate study

<sup>1</sup> Only studies published in English were included.

<sup>2</sup> Studies were not excluded on the basis of publication date, location, or type of study in order to prevent missing potentially relevant papers as recommended by Arksey & O'Malley (2007, p.24)

Next, the full texts of the studies that passed the title/abstract review stage were read, and the inclusion and exclusion criteria were rigorously applied to confirm or negate the studies' relevance to the research question. All relevant studies were included in the review. Figure 1 presents a schematic of the search strategy employed.

**Figure 1: Flow Chart of Scoping Review Methodology**



### Charting the Data

Data was extracted from included studies and charted into a Table using Microsoft Word. The information was organised into preliminary categories which were adjusted during the review, to ensure that the information aligned with the research question and specific objectives (Arksey & O'Malley, 2007). The final categories were: location(s), population(s), and methodology; type of literature; description of CBR intervention(s); result of intervention(s)/evaluation; and significant result(s).

### Reporting the Results

The included studies were examined to determine the quantity and variation of CBR interventions based on: country of implementation; target population; target type of disability; and specific target issue (sexual health, sexual abuse prevention, reproductive health, and HIV/AIDS). Next, the nature of the CBR interventions was examined by categorising each into four common themes that arose: Education and teaching (e.g., workshops); Providing resources (e.g., information brochures); Providing services (e.g., healthcare or legal aid services);

and Developing policies (e.g., legislation). Each category was defined using the WHO's CBR guidelines and the CBR Matrix, a guide of the five components that make up CBR (health, education, livelihood, social, and empowerment), to ensure that accurate categorisation was done and the interventions were examined (World Health Organisation, 2018). Where a study discussed more than one CBR intervention, it was decided to chart all of the interventions separately.

## RESULTS

### Summary of Results

Fifteen articles were identified that discussed CBR interventions on the topics of sex(uality), sexual abuse prevention, SRH, and HIV/AIDS for children and adults with disabilities in LMICs. In total, these articles discussed 20 CBR interventions; several of which were the same intervention but mentioned in more than one study. The majority of CBR interventions were implemented in Africa; targeted all people with disabilities, regardless of gender, age, or type of disability; and frequently focussed on HIV/AIDS. The nature of interventions was typically to educate people with disabilities. Frequently, the interventions featured: (a) the active participation of people with disabilities in CBR operations, and (b) creating partnerships with various stakeholders in the community. Table 3 presents a comprehensive description of each CBR intervention listed in alphabetical order by author.

**Table 3: Characteristics of the Included Studies' CBR Interventions: Country of Implementation, Target Population, Disability Type, Target Issue, Intervention, and Result of Intervention Evaluation**

Citation	Country	Population	Dis-ability Type	Target Issue	Intervention: (Name, Nature, Description)	Evaluation
From "Pina Palmera" (Abrazos Canada, 2014)	Mexico	Children with disabilities  Family members of those with disabilities	N/A	Sexual Health	<u>Piña Palmera:</u> <b>Education/Teaching</b> -Workshops in schools on sexuality, gender equality, and respect.	-Follow-up in homes, schools to assess their integration and coping. -No results reported from follow-up.

From 'Community-based rehabilitation Africa network (CAN)' (Davidson, 2015)	-Kenya, Uganda, Botswana, Tanzania (Africa)  -Zambia, Mozambique, Zimbabwe, Malawi, Namibia, South Africa (Africa)	CBR implementer  All people with disabilities  Service providers	N/A	Sexual Abuse Prevention  HIV/AIDS	<b><u>AfriCAN: Education/Teaching</u></b> -Writing workshops with CBR implementers to document and educate others about existing actions to prevent sexual abuse of children with disabilities.  <b><u>Regional AIDS Initiative of Southern Africa (RAISA): Education/Teaching</u></b> -Education (unspecified) on HIV for people with disabilities and service providers. <b><u>Providing Services</u></b> -HIV treatment, care, and advocacy services.	-Material on HIV/AIDS designed for people with disabilities. -People with disabilities recognised as client group by Aids Services Organisations. -Involved in 2003 World AIDS Day (WAD) campaign.
From 'The influence of HIV/AIDS on community-based rehabilitation in Dar Es Salaam, Tanzania' (Boyce & Cote, 2009)	Tanzania, Africa	All people with disabilities	N/A	HIV/AIDS	<b><u>Community-Based Rehabilitation Tanzania (CBRT): Education/Training</u></b> -HIV/AIDS educational programmes at "a school". <b><u>Providing Services</u></b> -HIV/AIDS testing, treatment, medical counselling, and legal aid services. -Disability Hospital and Mobile Clinic Services (home-care).	Those in CCBRT programme have accessed services and get support (e.g., money and food).
From 'Children with disabilities in low-income countries' (Cameron, Nixon, Parnes, & Pidsadny, 2005)	Tanzania, Africa	Children with disabilities  Family members of those with disabilities	Visual  Auditory  Neurologic	HIV/AIDS	<b><u>CBRT: Providing Services</u></b> -HIV/AIDS home care. <b><u>Holistic HIV/AIDS Related Programme (HARP): Education/Training</u></b> -'HIV/AIDS School Education Action Days'. <b><u>Providing Services</u></b> -HIV/AIDS testing, legal aid, and counselling. <b><u>CBR's Orphans Programme: Providing Services</u></b> -Homecare/ counselling for HIV orphans.	No formal evaluation

From 'Ugenya Project: Explanation of the starting concepts in 2011: The situation in West Kenya' (CBR Team International, 2011)	Kenya, Africa	All People with disabilities	N/A	Re-productive Health  Sexual Health	<b>Team for Kenya: Providing Services</b> -Reproductive health services (unspecified) by clinical officers.	No formal evaluation
From 'Understanding community-based rehabilitation in South Africa. CBR Education and Training for Empowerment' (CREATE, 2015)	South Africa, (Africa)	Children with disabilities  Adults with disabilities  Family members of those with disabilities  Service Providers	N/A	HIV/AIDS  Sexual Abuse Prevention  Re-productive Health  Sexual Health	<b>CREATE: Education/ Teaching</b> -To Children: Sexuality, sexual abuse, sexual health, and HIV/AIDS. -To Adults: Sexuality, HIV/AIDS, and reproductive health rights. -To family of people with disabilities: Understanding their child with disability. -To HIV/AIDS Counselors: How to include people with disabilities in programmes. <b>Afrika Tikkum: Providing Resources</b> -Information sheets and plays to raise awareness about the prevalence of sexual abuse of children with disabilities/ how to prevent it.	No formal evaluation
From 'Community-based rehabilitation programme as a model for task-shifting' (Dawad & Jobson, 2011)	KwaZulu Natal, Durban (Africa)	All people with disabilities  Community members	N/A	HIV/AIDS	<b>KwaZulu Natal CBR Initiatives: Providing Services</b> -HIV/AIDS treatment, care, and prevention.	No formal evaluation
From 'Sexual violence and disability: The inclusion of children with disabilities in Child protection to learn about keeping themselves and others safe' (Handicap International, n.d.)	Rwanda, Burundi and Kenya (Africa)	Service providers	N/A	Sexual Health  Sexual Abuse Prevention	<b>Workshop: Education/ Teaching</b> -Educated service and care providers on strategies to teach children with disabilities about sexuality. -Performed an exercise with them called "Your body is yours" which they can implement with children with disabilities.	The "Your Body Is Yours" activity has been implemented for children with disabilities.

From 'An assessment of the social, cultural and institutional factors that contribute to the sexual abuse of persons with disabilities in East Africa.' (International Foundation of Applied Disability Research, 2016)	Uganda, Africa  Kenya, Africa	All people with disabilities  Community members -Service providers	N/A	Sexual Abuse Prevention	<b><u>Advantage Africa and Kibwezi Disabled Persons' Organisation:</u></b> <b>Education/ Teaching</b> -Drama group comprising people with disabilities performed plays on sexual abuse and disability in schools and communities. -Included curriculum modules in schools on disability and abuse. <b>Providing Resources:</b> -Three advocacy posters. -Booklets "What To Do in the Case of Rape or Sexual Assault". -Information on disability and sexual abuse to community and providers. <b>Providing Services</b> -Survivor support group.	-An evaluation a few weeks after workshops with local community members demonstrated a more effective response to an incidence of abuse. -No formal evaluation of other interventions.
From 'CBR as Part of Community Development: A Poverty Reduction Strategy.' (Nganwa, Batesaki, Balaba, Serunkuma & Yousafzai, 2002)	Uganda, Namibia, and Kenya (Africa)	All people with disabilities  Children and Youth with disabilities  Women with disabilities	N/A	HIV/AIDS  Sexual Abuse Prevention  Sexual health	<b><u>National Control Programme:</u></b> <b>Education/ Training</b> -To adolescents: safe sex, sexual abuse, and HIV/AIDS prevention. <b>Providing Services</b> HIV/AIDS treatment, safe blood transfusions, and screening.	-No formal evaluation.
From 'Chapter 20: Community-based rehabilitation: New challenges' in 'Disability and Social Change: A South African Agenda.' (Rule, Lorenzo & Wolmarans, 2006)	South Africa, Africa	All people with disabilities  Service providers	N/A	HIV/AIDS	<b><u>Mpumalanga CBR Disability Support Programme:</u></b> <b>Education/ Teaching</b> -Trained consultants with disabilities in HIV/AIDS peer counselling. <b>Provided Resources</b> -Disseminated information on HIV/AIDS to people with disabilities.	-During a six-month evaluation period in 1999, approximately 400 people with disabilities were accessing tailored and appropriate HIV/AIDS information.

From 'Experiences of people with physical disabilities who participate in the community-based rehabilitation (CBR) programme in Okamatapati community, Namibia' (Shumba, Kloppers & van der Westhuizen, 2015)	Okamatapati, Namibia (Africa)	All people with disabilities  Family members of those with disabilities  Community members	N/A	HIV/AIDS	<b><u>Okamatapati CBR: Education/Teaching</u></b> -Education (unspecific) provided to people with disabilities, their families, and the community to increase knowledge and skill regarding HIV/AIDS.	No formal evaluation.
From 'Inclusive education in Uganda: Best practices' (Uganda Society for Disabled Children, 2017)	Uganda, Africa	Children and youth with disabilities	N/A	Sexual Health  HIV/AIDS	<b><u>Ubuntu Care Project: Education/Teaching</u></b> -'Your body is Yours' activity with children with disabilities to teach them about sexuality and sexual abuse prevention.  <b><u>Caritas Kotido Diocese: Education/Teaching</u></b> -Targets marginalised youth, such as those with HIV/AIDS, to include them in vocational and skills training.	No formal evaluation.
From 'Consultancy lesson learnt/baseline survey Ubuntu care project: Confronting sexual violence- Rwanda, Burundi, Kenya' (UN Career, 2016)	Rwanda, Burundi, and Kenya (Africa)	Family members of those with disabilities  Community members  Children with disabilities	N/A	Sexual Abuse Prevention	<b><u>Ubuntu Care Project: Education/Teaching</u></b> -To families and communities on sexual abuse prevention for children with disabilities and how to reduce their vulnerability. -Researched factors related to sexual abuse of children with disabilities. <b>Policy</b> -'Inclusive Child Protection Safety Net Model' and policies to help protect children against sexual abuse.	No formal evaluation.
From 'World Report on disability' (World Health Organisation, 2011)	India	Children and youth with disabilities  Service providers	Leprosy	Sexual Health	<b><u>Vocational Training Leprosy Mission: Education/Training</u></b> -To youth with leprosy on one's sexuality. -To healthcare providers on sexuality, reproductive health, and accommodating for people with disabilities.	No formal evaluation.

## **Extent and Range of CBR Interventions**

Almost all of the studies that were retrieved for this review discussed CBR interventions that have been implemented in the African continent. The two exceptions included one study that took place in Mexico (Abrazos Canada, 2014) and one in India (World Health Organisation, 2011). Notably, with the exception of high-income countries, the review was not limited to geographic location. With regard to the target population, the majority of studies discussed CBR interventions that either encompassed all “people with disabilities” (without specifying the type or classification of disability) or “children with disabilities” (without indicating specific ages across all studies). Other target populations, listed in descending order of frequency, were service providers (e.g., healthcare providers and HIV/AIDS counsellors), family members of those with disabilities (e.g., parents of children with disabilities), and local community members in general. Notably, only one intervention targeted “adults with disabilities” (CBR Education and Training for Empowerment - CREATE, 2015); one targeted women with disabilities (Nganwa et al, 2002); and one targeted CBR implementers (Davidson, 2006). In addition, only two studies indicated an intervention that targeted a specific sub-group of persons with disabilities; these were focussed on “youth” with leprosy and children with “neurological, visual, or auditory impairments” (Cameron et al, 2005; World Health Organisation, 2011).

Finally, the CBR interventions most commonly, and almost equally, focussed on the topics of HIV/AIDS and sexual health. Notably, all of the HIV/AIDS interventions were implemented in countries in Africa and usually targeted all people with disabilities in general. In comparison, sexual health interventions not only took place in countries in Africa but also in Mexico and India, and tended to target a more specific population (e.g., family members of people with disabilities). Fewer interventions focussed on sexual abuse prevention; and those that did, only targeted children with disabilities (CBR Team International, 2011). Only two interventions focused on SRH; one delivering unspecified healthcare services (CBR Team International, 2011) and one providing education (CREATE, 2015).

## **Nature of CBR Interventions**

Many of the CBR interventions retrieved from this review incorporated more than one objective in the nature of its design. However, the large majority of interventions described were educational and teaching initiatives. Providing services was also common, while providing resources or supporting the

development or implementation of policies and enforcement of laws (justice) were scarce. Specifically, education and teaching initiatives covered numerous topics including sexuality, sexual abuse prevention, and sexual health; however, they were largely focussed on children with disabilities and their families. For instance, in Mexico, Piña Palmera conducted bi-weekly CBR workshops in the schools that requested them. These workshops on topics of sexuality were for children with and without disabilities and their family members (Abrazos Canada, 2014). The Ubuntu Care Project, a large initiative in Uganda, Rwanda, Burundi, and Kenya that was mentioned in two of the studies, focussed on teaching children with disabilities about sexuality and sexual abuse prevention (Uganda Society for Disabled Children 2017; UN Career, 2016). This was extended to families of children with disabilities and community members (UN Career, 2016). Another large initiative, run by the CBR Education and Training for Empowerment (CREATE) organisation in South Africa, also educated children with disabilities on numerous topics including sexuality, sexual health, sexual abuse prevention, and HIV/AIDS as well as sexual intercourse and puberty (CREATE, 2015).

A second common target population for education and training initiatives was community members in general which included people without disabilities. For instance, two studies discussed Tanzania's Community-Based Rehabilitation Holistic HIV/AIDS Related Programme (HARP), which incorporated HIV/AIDS and disability education days in schools to educate children with or without disabilities. (Cameron et al, 2005; Boyce & Cote, 2009). Another example was an initiative by Advantage Africa and the Kibwezi Disabled People's Organisation (DPO) in which a drama group, comprising people with disabilities, performed educational plays for children without disabilities in schools and in the community (International Foundation of Applied Disability Research, 2016). Moreover, the Okamatapati CBR programme educated community members about HIV/AIDS and disability through numerous, unspecified initiatives (Shumba et al, 2015). Notably, "adolescents with disabilities" were only targeted for education and training by the National Control Programmes in Uganda, Namibia, and Kenya, and the Vocational Training Leprosy Mission in India, in which topics included sexuality, sexual abuse prevention, HIV/AIDS, and sexual intercourse (Nganwa et al, 2002; World Health Organisation, 2011). Moreover, CREATE (2015) implemented the only CBR education and training initiative that targeted "adults" with disabilities and was the only one that provided education on SRH. Finally, two studies emphasised education and

teaching initiatives directed at CBR implementers and HIV/AIDS counsellors (Rule et al, 2006; CREATE, 2015).

Although there were numerous CBR interventions designed to provide services, they were restricted to HIV/AIDS testing, treatment, care, prevention, counselling, and legal aid services (Nganwa et al, 2002; Cameron et al, 2005; Davidson, 2006; Boyce & Cote, 2009; Dawad & Jobson, 2011). The one exception was an initiative by Team for Kenya in which two clinical officers trained in reproductive health were hired to provide unspecified healthcare services for a CBR project in Kenya (CBR Team International, 2011). In comparison, CBR interventions designed to provide resources (e.g., information sheets, posters, booklets) were scarce and were frequently related to sexual abuse prevention for children or people with disabilities in general (CREATE, 2015; International Foundation of Applied Disability Research, 2016). Finally, one CBR intervention in Rwanda, Burundi, and Kenya, supported the development of a policy which had the objective of protecting children with disabilities against sexual abuse (UN Career, 2016).

### **Participation of People with Disabilities in CBR Operations**

Many studies retrieved in this review discussed CBR interventions that have promoted the active participation of people with disabilities in their activities. For instance, a CBR programme in Namibia included people with disabilities in the planning, design, implementation, and dissemination of information on HIV/AIDS to other people with disabilities (Davidson, 2006). Moreover, a CBR programme in South Africa focussed on establishing equal partnerships between stakeholders by including people with disabilities in decision making and implementation of HIV/AIDS focussed CBR programming, including peer counselling (Rule et al, 2006).

### **Emphasis on Creating Partnerships**

Many of the CBR interventions uncovered in this review focussed on creating partnerships with various stakeholders. Frequently, this involved partnering with schools to include children or youth with disabilities, usually those with HIV/AIDS, into formal education or vocational training (Cameron et al, 2005; Disability and Development Partners, 2008; Boyce & Cote, 2009; Uganda Society for Disabled Children, 2017). Otherwise, CBR interventions were aimed at creating

partnerships with stakeholders in multiple sectors such as local authorities, police, government officials, lawyers, teachers, public transport, medical professionals, or community members to promote the inclusion of people with disabilities into existing services and programmes in the community (Abrazos Canada, 2014; International Foundation of Applied Disability Research, 2016; UN Career, 2016). For instance, the Regional AIDS Initiative of Southern Africa (RAISA) aimed to partner with government and civil society organisations to increase the provision of HIV/AIDS healthcare services such as treatment and continuing care (Davidson, 2006). Finally, a small number of CBR interventions focussed on partnering with Disabled Persons Organisations (DPOs) or district, regional, and national organisations. However, this was solely for people with disabilities and HIV/AIDS to integrate them into existing HIV/AIDS programmes and services (Nganwa et al, 2002; Rule et al, 2006; Shumba et al, 2015).

## DISCUSSION

This scoping review has revealed important areas of opportunity for future CBR programming, policy, and research with regard to topics of sex(uality), sexual abuse prevention, and SRH for people with disabilities in LMICs. First, the majority of CBR interventions identified in this review have taken place on the continent of Africa, indicating a possible need for CBR programming in other LMICs. Additionally, from the literature, it is not apparent if content or instruction was differentiated based on specific disability-linked needs or if it targeted all people with disabilities in general. A significant number of these interventions have also focussed on addressing issues related to HIV/AIDS, while interventions to target other critical issues such as sexual abuse prevention or SRH remain scarce. Finally, it is evident that CBR programming has been concentrated in the health and education sectors but does not frequently cross into the social component of the CBR Matrix (e.g., relationships, marriage and family, justice).

This scoping review has revealed several critical gaps in CBR programming related to sex(uality), sexual abuse prevention and SRH for people with disabilities. First, it is apparent that people with disabilities in many LMICs may not have access to CBR interventions related to sex(uality), sexual abuse prevention, and SRH, as the large majority of the CBR interventions that the reviewers identified were exclusive to a handful of countries on the continent of Africa. While it is recognised that this could be a consequence of only including English literature, Cleaver and Nixon (2010) also reported in their scoping review that CBR

interventions in general have been skewed towards the African region. While several studies have reported a lack of CBR programme coverage in other regions (WHO, 2010d, 2012), it is difficult to make this assumption when evaluation data is scarce (Clever & Nixon, 2014).

In addition, CBR interventions primarily targeted “people with disabilities” in general. Although this approach seems inclusive to all, it could also pose a risk that many persons with disabilities are left out. For example, certain groups may not participate in an intervention if it is not accessible to them (e.g., no sign language interpretation or information in inaccessible formats for people with visual impairments or intellectual disabilities) (Groce, 2004). Moreover, people with different types of disabilities may sometimes require specific information and services for distinct SRH issues that are less relevant to people with other types of disabilities. For example, people with spinal cord injuries often suffer from frequent urinary tract infections (Pannek, 2011) and this may affect their sexual lives. Another downfall of targeting a wide range of people with disabilities is that minority populations or high-risk groups are less likely to be reached by activities and initiatives directed at a mainstream population (Groce et al, 2013). Specifically, there is a large body of evidence demonstrating that women with disabilities have a higher risk of HIV/AIDS compared to women without disabilities and men with disabilities (Groce et al, 2013). People with intellectual disabilities also have a high risk of HIV/AIDS due to significant issues of sexual abuse (Groce et al, 2013). As such, the authors of this review suggest that future CBR programming consider individualisation within a twin-track approach, which would involve: (1) Directing interventions towards a particular section of people with disabilities, such as high-risk groups or specific disability types, to meet their specific needs, and (2) Working to integrate persons with disabilities into all mainstream interventions provided to the general population.

Next, the review illustrated that CBR interventions have concentrated on issues related to HIV/AIDS while other critical topics relevant to sexuality, sexual abuse prevention, and SRH seemed to have less coverage. Perhaps this has a link to the earlier focus on Africa, given that Africa has been recognised as the continent most affected by the HIV/AIDS epidemic, and receives a large proportion of the global funds directed at preventing and treating HIV/AIDS (Government of Canada, 2017). Now that people with disabilities are being recognised as a vulnerable population for HIV/AIDS (OHCHR, UNAIDS, WHO, 2010), it is understandable that CBR interventions focus on this topic. Although it is of critical importance

to have CBR interventions related to HIV/AIDS, the authors of this review believe that it should not be the *only* topic covered by CBR programmes that address sex(uality), sexual abuse prevention, and SRH. They therefore urge CBR practitioners to work with their target populations and local experts to better understand the most important SRH information and service needs, and then shape interventions to best meet those needs.

Finally, the nature of CBR intervention designs that were identified in this review suggest that the full suite of SRH needs for people with disabilities is not being met. This is due to a significant emphasis on delivering education while neglecting other domains of the CBR Matrix, such as delivery of, or supported access to, health, livelihood, social, and empowerment services (beyond education on these topics). Two critical examples would be CBR programming to provide reproductive healthcare services to women with disabilities or to support development or enforcement of laws to prevent the sexual abuse of people with intellectual impairments. A focus on the education domain of the CBR Matrix was also reported in a qualitative study of CBR workers in Asia, Africa, and South America in which education activities comprised the large majority of their projects (Deepak, 2011). Although CBR workers themselves may not be qualified to provide health or legal services, they could support access to such services for people with disabilities by drawing on their unique community connections and relationships to link people with disabilities to the appropriate support and expertise to meet their needs.

It is encouraging that this review revealed a number of CBR programmes related to sex(uality), sexual abuse prevention and SRH, that have emphasised the meaningful participation of people with disabilities in programme implementation. The reviewers believe that the unique approach provided by CBR has a great potential for making changes in meeting the SRH needs of people with disabilities in LMICs in the future. For example, central to this approach is the emphasis on the meaningful participation of people with disabilities, community participation, and the decentralisation of responsibility and resources to the community level (Rifkin & Kangere, 2002). This emphasis was deeply apparent in the structure of the interventions that were identified. Indeed, the CBR approach is unique in that it focuses on creating partnerships with stakeholders at all levels to leverage expertise and resources, and to increase the coverage of programming (Cornielje, 2009). These partnerships can enhance

the social inclusion and equalisation of opportunities for people with disabilities (Rifkin & Kangere, 2002; Cornielje, 2009).

Despite the apparent gaps in CBR programming on topics of sex(uality), sexual abuse prevention and SRH discussed above, numerous interventions were identified that seem to have delivered important support for the SRH needs of persons with disabilities in the community. However, determining the effectiveness of CBR programmes remains largely insufficient. One inherent challenge to evaluating CBR interventions is ensuring scientific rigour while staying in harmony with the CBR philosophy in the context of LMICs (Grandisson et al, 2014). As a result, there is a lack of controlled studies on the efficacy of CBR programmes (Grandisson et al, 2014). Moreover, there is little consensus on how to measure the wide range of components and elements of the comprehensive CBR Matrix, making it difficult to conduct a systematic analysis (Grandisson et al, 2014; Macha et al, 2017). Nevertheless, the reviewers recommend working collaboratively with stakeholders to evaluate CBR programming, in order to assess its impact across health, education, social, livelihood, and empowerment domains.

### **Limitations**

This review was limited to English language literature; therefore, potentially relevant literature written in other languages may have been missed. This could explain the study's skew towards English-speaking, African countries. In addition, the study's tilt towards HIV/AIDS could be a consequence of using HIV as a key word, as opposed to other SRH-related key words such as syphilis or pregnancy. Moreover, given that the grey literature scope was limited to documents retrieved from WHO and CBR network websites, there is a great possibility that relevant grey literature has been omitted, that may have been found by using a more open grey literature search. It is also important to note that there may be a wide range of sexuality and SRH focussed CBR interventions that have been implemented but simply have not been studied or otherwise documented in the databases, academic journals, and key websites that were searched. Finally, this review did not examine the quality of the literature described, therefore it is not possible to draw conclusions beyond the basic identification of interventions in the literature.

## CONCLUSION

In conducting this scoping review, a number of studies were identified that discussed CBR programming on the topics of sex(uality), sexual abuse prevention, and SRH for children and adults with disabilities in LMICs. It is encouraging that many of these interventions have adhered to principles of inclusion by promoting the active participation of people with disabilities in CBR operations and by creating partnerships with stakeholders at all levels. However, this review also highlighted potential geographic and disability-specific gaps as well as neglected areas within the CBR domain, and SHR issues that will be critical to address with future CBR interventions. Therefore, greater efforts are necessary to best meet the needs of people with disabilities as it relates to sexuality, sexual abuse prevention, and SRH. The CBR approach has unique potential to contribute to these efforts to ultimately reduce stigmatisation towards people with disabilities and facilitate the equalisation of their SRH rights. This will provide support to the UN Convention on the Rights of Persons with Disabilities and help meet the 2030 Agenda for Sustainable Development.

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## REFERENCES

- Abrazos Canada (2014). Pina palmera [Online]. Available from: <https://abrazoscanada.wordpress.com/2014/04/06/pina-palmera/>
- Anderson P, Kitchin R (2000). Disability, space and sexuality: Access to family planning services. *Social Science and Medicine*; 51(8): 1163-1173. [https://doi.org/10.1016/S0277-9536\(00\)00019-8](https://doi.org/10.1016/S0277-9536(00)00019-8)
- Arksey H, O'Malley L (2007). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*; 8(1): 19-32. Available from: [https://journals-scholarsportal-info.proxy.queensu.ca/pdf/13645579/v08i0001/19\\_sstamf.xml](https://journals-scholarsportal-info.proxy.queensu.ca/pdf/13645579/v08i0001/19_sstamf.xml). <https://doi.org/10.1080/1364557032000119616>
- Banks LM, Kuper H, Polack S (2017). Poverty and disability in low- and middle-income countries: A systematic review. *PLoS ONE*; 12(12): 11-13. <https://doi.org/10.1371/journal.pone.0189996>. PMID:29267388 PMCID:PMC5739437

Boyce W, Cote L (2009). The influence of HIV/AIDS on community-based rehabilitation in Dar Es Salaam, Tanzania. *Asia Pacific Disability Rehabilitation Journal*; 22(1): 52-72. Available from: [http://english.aifo.it/disability/apdrj/apdrj0109/hiv\\_tanzania.pdf](http://english.aifo.it/disability/apdrj/apdrj0109/hiv_tanzania.pdf).

Cameron D, Nixon S, Parnes P, Pidsadny M (2005). Children with disabilities in low-income countries. *Paediatrics & Child Health*; 10(5): 269-272. <https://doi.org/10.1093/pch/10.5.269>. PMID:19668630

CBR Team International (2011). Ugenya Project: Explanation of the starting concepts in 2011: The situation in West Kenya [Online]. Available from: <https://cbrteaminternational.com/ugenya-project/>

Chappell P, Akolo L (2008). Chapter 11: Disability, HIV and AIDS: A need for social inclusion and equalization. In Hartley S, Okune J (Eds). *CBR policy development and implementation*. Available from: <http://afri-can.org/CBR%20Information/CBR%20-Inclusive%20Policy%20Development%20and%20Implementation.pdf>.

Cleaver S, Nixon S (2010). A scoping review of 10 years of published literature on community-based rehabilitation. *Disability and Rehabilitation Journal*; 36(17): 1385-1394. <https://doi.org/10.3109/09638288.2013.845257>. PMID:24151820

Cornielje H (2009). The role and position of disabled people's organizations in community-based rehabilitation: Balancing between dividing lines. *Asia-Pacific Disability and Rehabilitation Journal*; 20(1): 1-14. Available from: [http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol20\\_1/guest-ed.html](http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol20_1/guest-ed.html)

CREATE-CBR Education and Training for Empowerment (2015). *Understanding community-based rehabilitation in South Africa* [Online]. Available from: <http://www.create-cbr.co.za/wp-content/uploads/2015/06/CBR-Study-Report.pdf>

Davidson L (2006). Chapter 7: HIV and AIDS, and Disability. In Asindua S (Eds). *Community-based rehabilitation Africa network (CAN)*. Available from: <http://afri-can.org/CBR%20Information/CBR%20as%20part%20of%20community%20development.pdf>

Dawad S, Jobson G (2011). Community-based rehabilitation programme as a model for task-shifting. *Disability and Rehabilitation*; 33(21-22): 1997-2005. Available from: [https://journals-scholarsportal-info.proxy.queensu.ca/pdf/09638288/v33i21-22/1997\\_crpaamft.xml](https://journals-scholarsportal-info.proxy.queensu.ca/pdf/09638288/v33i21-22/1997_crpaamft.xml). <https://doi.org/10.3109/09638288.2011.553710>. PMID:21291340

De Beaudrap P, Mac-Seing M, Pasquier E (2014). Disability and HIV: A systematic review and a meta-analysis of the risk of HIV infection among adults with disabilities in Sub-Saharan Africa. *AIDS Care*; 26(12): 1467-1476. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25033274> <https://doi.org/10.1080/09540121.2014.936820>. PMID:25033274

Deepak S (2011). CBR matrix and perceived training needs of CBR workers: A multi-country study. *Disability, CBR & Inclusive Development*; 22(1): 85-98. <https://doi.org/10.5463/dcid.v22i1.16>

Disability and Development Partners (2008). Disability and HIV/AIDS in Mozambique: A research report by Disability and Development Partners [Online]. Available from: <http://ddpuk.org/full-report.pdf>.

Finkenflügel F, Wolffers I, Huijsman R (2005). The evidence base for community-based rehabilitation: A literature review. *International Journal of Rehabilitation Research*; 28(3): 187-201. Available from: [https://www.researchgate.net/publication/7698619\\_The\\_evidence\\_base\\_for\\_community-based\\_rehabilitation\\_A\\_literature\\_review](https://www.researchgate.net/publication/7698619_The_evidence_base_for_community-based_rehabilitation_A_literature_review). <https://doi.org/10.1097/00004356-200509000-00001>

Galvin RD (2005). Researching the disabled identity: Contextualising the identity transformations which accompany the onset of impairment. *Sociology of Health and Illness*; 27(3): 393-413. <https://doi.org/10.1111/j.1467-9566.2005.00448.x>. PMID:15953214

Government of Canada (2017). HIV/AIDS in developing countries, The Government of Canada [Online]. Available from: [http://international.gc.ca/world-monde/issues\\_development-enjeux\\_developpement/global\\_health-sante\\_mondiale/hiv\\_aids-vih\\_sida.aspx?lang=eng](http://international.gc.ca/world-monde/issues_development-enjeux_developpement/global_health-sante_mondiale/hiv_aids-vih_sida.aspx?lang=eng)

Grandisson M, Hebert M, Thibeault R (2014). A systematic review on how to conduct evaluations in community-based rehabilitation. *Disability and Rehabilitation*; 36(4): 265-275. <https://doi.org/10.3109/09638288.2013.785602>. PMID:23614357 PMID:PMC3913006

Groce N (2004). HIV/AIDS & disability: Capturing hidden voices. The World Bank/Yale University Global Survey on HIV/AIDS and Disability [Online]. Available from: <http://siteresources.worldbank.org/DISABILITY/Resources/Health-and-Wellness/HIVAIDS.pdf>.

Groce NE, Rohleder P, Eide AH, MacLachlan M, Mall S, Swartz L (2013). HIV issues and people with disabilities: A review and agenda for research. *Social Science & Medicine*; 77: 31-40. <https://doi.org/10.1016/j.socscimed.2012.10.024>. PMID:23219851

Handicap International (n.d.). Sexual violence and disability: The inclusion of children with disabilities in child protection to learn about keeping themselves and others safe [Online]. Available from: [http://afri-can.org/wp-content/uploads/2015/10/Paper-presentation\\_Handicap-International\\_Sexual-Violence.pdf](http://afri-can.org/wp-content/uploads/2015/10/Paper-presentation_Handicap-International_Sexual-Violence.pdf).

Hughes K, Bellis AM, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T, Officer A (2012). Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies. *Lancet*; 379(9826): 1621-1629. [https://doi.org/10.1016/S0140-6736\(11\)61851-5](https://doi.org/10.1016/S0140-6736(11)61851-5)

International Foundation of Applied Disability Research (2016). An assessment of the social, cultural and institutional factors that contribute to the sexual abuse of persons with disabilities in East Africa [Online]. Available from: <http://www.firah.org/centre-ressources/upload/notices3/2016/advantage-africa/advantage-africa-full-research-report-sexual-abuse-of-persons-with-disabilities.pdf>.

Jones L, Bellis MA, Wood S, Hughes K, McCoy E, Eckley L, Bates G, Mikton C, Shakespeare T, Officer A (2012). Prevalence and risk of violence against children with disabilities: A

systematic review and meta-analysis of observational studies. *Lancet*; 8;380(9845): 899-907. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8)

Khasnabis C, Motsch K (2008). The participatory development of international guidelines for CBR. *Leprosy Review*; 79:17-29. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18540234>

Macha E, Dickson P, Kihungi J (2017). Chapter 8: Bridging the gap for women with disabilities through CBR guidelines to achieve sustainable development goals: Let's not miss the boat. In *AfriCAN. Bridge to inclusive society beyond the 2015 development framework* [Online]. Available from: <http://afri-can.org/wp-content/uploads/2017/08/CBR-Africa-ENGLISH.pdf>.

Mikki S (2009). Google Scholar compared to Web of Science: A literature review. *Nordic Journal of Information Literacy in Higher Education*; 1(1): 41-51. Available from: [https://www.researchgate.net/publication/234144709\\_Google\\_Scholar\\_compared\\_to\\_Web\\_of\\_Science\\_A\\_Literature\\_Review](https://www.researchgate.net/publication/234144709_Google_Scholar_compared_to_Web_of_Science_A_Literature_Review).

<https://doi.org/10.15845/noril.v1i1.10>

Mikton C, Maguire H, Shakespeare T (2014). A systematic review of the effectiveness of interventions to prevent and respond to violence against persons with disabilities. *Journal of Interpersonal Violence*; 29(17): 3207-3226. <https://doi.org/10.1177/0886260514534530>. PMID:24870959

Nganwa AB, Batesaki B, Balaba A, Serunkuma P, Yousafzai A (2002). Chapter 14: HIV/AIDS and community-based rehabilitation. In: *CBR a participatory strategy in Africa* [Online]. Available from: [http://unipd-centrodirittiumani.it/public/docs/31213\\_cbr.pdf](http://unipd-centrodirittiumani.it/public/docs/31213_cbr.pdf).

Office of the High Commissioner of Human Rights - OHCHR, United Nations Programme on HIV/AIDS - UNAIDS, World Health Organisation -WHO (2010). *Disability and HIV Policy Brief*. Available from: [www.who.int/disabilities/jc1632\\_policy\\_brief\\_disability\\_en.pdf](http://www.who.int/disabilities/jc1632_policy_brief_disability_en.pdf)

Pannek J (2011). Treatment of urinary tract infection in persons with spinal cord injury: Guidelines, evidence, and clinical practice: A questionnaire-based survey and review of the literature. *The Journal of Spinal Cord Medicine*; 34(1): 11-15. <https://doi.org/10.1179/107902610X12886261091839>. PMID:21528621 PMCID:PMC3066481

Rifkin SB, Kangere M (2002). Chapter 3: what is participation? In: *Community-Based Rehabilitation (CBR) Participatory Strategy in Africa*. Cornell University ILR School. Available from: <https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1059&context=gladnetcollect>

Rule S, Lorenzo T, Wolmarans M (2006). Chapter 20: Community-based rehabilitation: New challenges. In *Watermeyer B, Swartz L, Lorenzo T, Schneider M, Priestley M (Eds). Disability and social change: A South African agenda*. Available from: <http://afri-can.org/CBR%20Information/CBR%20New%20Challenges.pdf>.

Shumba T, Kloppers ARE, van der Westhuizen L (2015). Experiences of people with physical disabilities who participate in the community based rehabilitation (CBR) programme in

Okamatapati community. Namibia. *Physiotherapy*; 101(1): 1396-1397. Available from: [http://www.physiotherapyjournal.com/article/S0031-9406\(15\)01375-9/abstract](http://www.physiotherapyjournal.com/article/S0031-9406(15)01375-9/abstract).

<https://doi.org/10.1016/j.physio.2015.03.1345>

Statistics South Africa (2005). Census 2001: prevalence of disability in South Africa. Pretoria: Statistics South Africa [Online]. Available from: [www.statssa.gov.za/Publications/Report-03-02-44/Report-03-02-44.pdf](http://www.statssa.gov.za/Publications/Report-03-02-44/Report-03-02-44.pdf)

Sullivan P, Knutson J (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*; 24(10): 1257-1273. Available from: [https://ac.els-cdn.com/S0145213400001903/1-s2.0-S0145213400001903-main.pdf?\\_tid=cd6f6db8-8aa9-4451-b8a6-94e092fe7442&acdnat=1539302697\\_ba2c92b73f91e1e4047b903790ffb654](https://ac.els-cdn.com/S0145213400001903/1-s2.0-S0145213400001903-main.pdf?_tid=cd6f6db8-8aa9-4451-b8a6-94e092fe7442&acdnat=1539302697_ba2c92b73f91e1e4047b903790ffb654).

Tregaskis C (2002). Social model theory: The story so far. *Disability & Society*; 17(4): 457-470. <https://doi.org/10.1080/09687590220140377>

Uganda Society for Disabled Children (2017). Inclusive education in Uganda: Best practices [Online]. Available from: <http://afri-can.org/wp-content/uploads/2017/11/Inclusive-Education-in-Uganda-examples-of-best-practice-March-2017..pdf>

UN Career (2016). Consultancy lesson learnt/baseline survey Ubuntu care project: Confronting sexual violence Rwanda Burundi Kenya [Online]. Available from: <https://uncareer.net/vacancy/consultancy-lesson-learntbaseline-survey-ubuntu-care-project-70575>.

United Nations (2007). United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) [Online]. Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations (2013). Conference of States Parties to the Convention on the Rights of Persons with Disabilities Sixth Session [Online]. Available from: <https://www.un.org/development/desa/disabilities/conference-of-states-parties-to-the-convention-on-the-rights-of-persons-with-disabilities-2.html>

United Nations (2018). Sustainable Development Goals (SDGs) and Disability [Online]. Available from: <https://www.un.org/development/desa/disabilities/about-us/sustainable-development-goals-sdgs-and-disability.html>

World Health Organisation (2010a). Social Component. Community Based Rehabilitation: CBR Guidelines. Geneva: World Health Organisation. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310957/>

World Health Organisation (2010b). Supplementary Booklet. Community Based Rehabilitation: CBR Guidelines. Geneva: World Health Organisation. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310921/>

World Health Organisation (2010c). CBR and HIV/AIDS. Community Based Rehabilitation: CBR Guidelines. Geneva: World Health Organisation. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310939/>

World Health Organisation (2010d). Regional Framework for Action on Community-based Rehabilitation: 2010-2020. Available from: [http://www.wpro.who.int/publications/docs/FINAL\\_RegionalFrameworkforAction\\_CBR.pdf?ua=1](http://www.wpro.who.int/publications/docs/FINAL_RegionalFrameworkforAction_CBR.pdf?ua=1)

World Health Organisation (2011). World Report on disability [Online]. Available from: [http://www.who.int/disabilities/world\\_report/2011/en/](http://www.who.int/disabilities/world_report/2011/en/).

World Health Organisation (2012). Situation analysis of Community-based Rehabilitation in the South-East Asia Region [Online]. Available from: [http://www.searo.who.int/entity/disabilities\\_injury\\_rehabilitation/documents/situationanalysisofcbrinsear.pdf](http://www.searo.who.int/entity/disabilities_injury_rehabilitation/documents/situationanalysisofcbrinsear.pdf)

World Health Organisation (2017). WHO Sexual Exploitation and Abuse prevention and response: Policies and Procedures [Online]. Available from: [http://www.who.int/about/ethics/sexual-exploitation\\_abuse-prevention\\_response\\_policy.pdf?ua=1&ua=1](http://www.who.int/about/ethics/sexual-exploitation_abuse-prevention_response_policy.pdf?ua=1&ua=1)

World Health Organisation (2019). Community-based rehabilitation (CBR): What WHO is doing [Online]. Available from: <http://www.who.int/disabilities/cbr/activities/en/index2.html>