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Navigating Complexity: A Systematic Review of the Challenges in Community-Based Rehabilitation (CBR) Implementation

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Abstract

Community-Based Rehabilitation (CBR) Program is a global effort proposed by the World Health Organization (WHO) to cater the needs of people with disabilities (PWDs). As the number of registered PWDs increases annually, the demand for accessible rehabilitation services becomes more urgent to foster their social inclusion. While the government and community are focusing on providing better and reachable rehabilitation services based on the local capacities and resources, they face multiple challenges in the program implementation. This study aims to systematically review and synthesize the challenges of CBR implementation. Following the PRISMA guidelines, 13 eligible studies were selected and critically appraised by using CASP Checklist and then analysed using thematic analysis to identify recurring themes. From the analysis, five main themes are highlighted: 1. lack of skilled workforce and training deficiencies; 2. insufficient resources; 3. poor integration and coordination; 4. attitudinal and cultural barriers; 5. barriers to accessing CBR services. To reap its great potential in empowering PWDs, CBR must be backed by strong and coordinated policies, well trained manpower, sustainable funding, and social support.

Keywords: *Community-Based Rehabilitation (CBR), Challenges, Person with Disabilities (PWDs), Systematic Literature Review*

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INTRODUCTION

It is estimated that 1.3 billion people, or 16 percent of the world population, are classified as disabled in different types of disabilities and the figure is projected to increase (World Health Organization: WHO, 2023). This group has been identified among the poorest and least empowered population. They are often restricted by physical limitations, misconceptions about their capabilities when they intend to participate in the community (Madsen et al., 2020) and experience limited access to basic services (Blose et al., 2021). The growing numbers of the disabled people lead to high demand for rehabilitation services to meet the needs, survival, growth and social inclusion of the Person with Disabilities (PWDs).

Starting in 1974, the idea of Community-based Rehabilitation (CBR) Program has progressively evolved following the International Conference on Primary Health Care

(the Almaty Declaration) and has been implemented and practiced nearly everywhere at small scale of services based on the community involvement concept (Helander, 2000). It is part of a significant strategy to improve access to rehabilitation services for PWDs particularly in low-to-middle income countries (LMIC) (WHO, 1978; Lemmi et al., 2016). Over ninety countries adopted the CBR (WHO, 2018).

CBR is designed based on a community-based approach and aims to cater the needs of people with disabilities by promoting rehabilitation services at the local level, equal opportunities, and social inclusion. It is implemented through the joint efforts of individuals with disabilities, their families, local communities, and support from government and non-government services in health, education, work, and social sectors (International Labour Office et al., 2004). The main objective of CBR Program is to empower PWDs by enhancing their abilities, facilitating access to essential services, and promoting their involvement in society. At the same time, it aims to create inclusive communities by promoting the rights of individuals with disabilities and removing barriers to their participation (WHO et al., 2004).

Over the years, the CBR concept and approach has shifted from a traditional healthcare service delivery to community-based development, moving toward the social and human rights model of disability (WHO et al., 2004). Later in 2006, the human rights model for disability services delivery was implemented, with the adoption of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) (WHO et al., 2004). The CBR Guideline was introduced by WHO (2010), works as a multisectoral and multidisciplinary approach. It comprises five main interrelated components including health, education, livelihood, social and empowerment (WHO, 2010). The implementation and practices of CBR not only focus on addressing disability itself, but also related experiences such as poverty, limited opportunities and social exclusion (WHO, 2011). CBR or also known as community-based inclusive development (CIDB), is a multisectoral approach aimed at creating an environment where PWDs can have the same access to rights and opportunities as others in the community (Tofani et. al., 2021).

CBR has been implemented worldwide in most low- and middle-income countries (LMIC), specifically among those are signatories to the UNCRPD (Blose et al., 2024). Recent studies have shown variability across setting and gap in CBR implementation due to some factors such insufficient trained workforce (Mitchell-Gillespie et al., 2020), inconsistencies in CBR models and intervention components (Xin et al., 2022, Butura et

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al., 2024; An et al., 2024), local challenges and priorities (Ayalew et al., 2020; Butura et al., 2024), and varieties of evaluation tools (Xin et al., 2022). Even though CBR is widely acknowledged as a key strategy for improving the lives of PWDs, it is impossible to determine the full extent of its effectiveness due to a lack of readily available, comprehensive research-based data, practice, challenges and issues at the national and international levels (Ayalew, 2020). Consequently, this impedes the creation and execution of effective rehabilitation policies and initiatives.

In Malaysia, the first project of CBR has been established in 1984 as effort to cater the PWDs under the Social Welfare Department in collaboration with the Ministry of Health in Mukim Batu 55 Rakit, Kuala Terengganu, which involved the first batch of 55 PWDs (Department of Social Welfare, 2023). The CBR program has experienced significant growth and has been well-received by the community thus far. In 2018, the CBR (PDK) was founded and registered as the 'Pertubuhan Pemulihan Dalam Komuniti (PPDK)' according to the 1966 Organization Act (Zaliha, 2024). Each CBR is overseen by a supervisor and other staff members. The CBR program serves as an alternative and supplement to special education, catering specifically to those with disabilities, including those with mild to severe disabled. As of February 2025, the Ministry of Women, Family and Community Development Malaysia have announced that there is a total of 573 CBR in Malaysia across the state (Senate of Malaysia, 2025).

Several recent studies on Malaysian CBR have highlighted the strain faced by the caregivers due to several factors such financial, behavioural and emotional challenges (Khairul et al., 2024), varying satisfaction levels among parents and caregivers' dues to socioeconomic status and geographical disparities (Hasan et al., 2020) and job satisfaction among CBR staff due to low allowance with high work commitment and expectations (Hasan & Aljunid, 2019). Even though the CBR is highly accepted and well received by the community, persistent challenges such as the burden of the caregivers, variety of service quality across the states, and workforce sustainability become critical gaps to be highlighted and addressed to ensure the rights of the PWDs are protected and social inclusion is achieved.

The main aim of this systematic review is to analyse the challenges faced by various groups of CBR implementers from different regions. This study advances the comprehension of this uncharted territory, paying the way for greater efforts to provide the essential needs of the PWDs. Furthermore, it is expected to contribute valuable

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insights to the broader field of social works particularly through CBR program, thus encouraging bigger efforts towards its effective implementation and practices, providing accessible rehabilitation services and improving the social inclusion of the disabled community.

METHODOLOGY

This study aims to investigate this research question: What are the challenges of the implementation of Community-based Rehabilitation Program? To comprehensively identify, analyse and synthesize relevant literature on the challenges CBR Program implementation, the systematic review utilized the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) methodology. The main purpose was to bring together the scattered knowledge on the topic into a more consistent understanding.

Table 1: *Keywords used in Article Searching for each Database*

Databases	Keywords used
Scopus	TITLE-ABS-KEY ((“community-based rehabilitation” AND “person with disabilities” AND “challenges” AND “issues”))
Web of Science	TS = ((“community-based rehabilitation” AND “person with disabilities” AND “challenges” AND “issues”))
Science Direct, Springer Nature Link, Emerald Insight, Nature, and Google Scholars	"Community-based rehabilitation" AND "persons with disabilities" AND "challenges" AND "issues"

The keywords used in the database search are “Community-based Rehabilitation”, “person with disabilities”, “challenges” and “issues”. Even though these database searches yielded a large volume of publications, the most suitable publications were carefully chosen based on the objectives of the study. Repetitive publications were removed, and the remaining articles were then narrowed down through reading of the article’s title and abstract.

A thorough search across several databases, including Scopus, Web of Science, Science Direct, WoS, Springer Nature Link, Emerald Insight, Nature, and Google Scholars were part of the process used to accomplish the review. Reviewing literature from various databases is highly significant, offering a wide range of sources encompassing many fields like social science, and the arts and humanities. The study guarantees a comprehensive examination on the literature by sweeping across several

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databases, recording and analysing and understanding the challenges of CBR implementation from a range of ideas and perspectives.

Subsequently, inclusion and exclusion criteria were identified and applied to narrow down the yielded articles further. To ensure the analysis is based on empirical evidence, only research articles are selected. Non-research articles, systematic literature review journals, book chapters, and conference proceedings were excluded. To ensure the analysis and discussion reflects the current implementation and development of CBR, English articles selected are filtered only from 2020 to 2025 publication year. Studies published before 2020 were excluded to maintain the relevance of findings and non-English publications were excluded to avoid potential translation biases and ensure consistency in analysis. Only studies related to Social Science and Health were included, as these fields directly contribute to understanding CBR implementation for persons with disabilities.

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

Criterion	Inclusion	Exclusion
Document type	Review articles	Non-research articles, chapter in book, conference proceeding
Language	English	Non-English
Year of publication	Between 2020 - 2025	Below 2020
Subject areas	Social Science and Health	Other than Social Science and Health

A comprehensive search was conducted across major academic databases to identify the relevant literature. The databases were selected for their comprehensive coverage in social sciences, health and rehabilitation, and disabilities studies. A total of 369 relevant articles is identified, with specific contributions from Scopus (n = 15), Science Direct (n=41), WoS (n=5), Springer Nature Link (49), Emerald Insight (n=31), Nature (n=3), and Google Scholars (n= 230). Following the identification phase, four (4) duplicate articles were removed. These records were then identified based on their relevance to the research topic, particularly on the CBR studies. The screening process is then conducted by reviewing the titles, abstracts, and relevant keywords to identify whether the articles are aligned with the objectives of this research. After the initial screening, a total of 341 full-text articles were assessed for eligibility. Each article was carefully evaluated based on predefined inclusion and exclusion criteria. Studies that did not provide empirical data or lacked a direct focus on CBR studies were excluded from

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further analysis. As a result, 328 articles were removed, leaving only those that met the rigorous selection criteria.

The final stage of the methodology involved the selection of studies for qualitative synthesis. A total of 13 studies were classified as appropriate and fit for analysis. The quality of the selected studies was also evaluated. The Critical Appraisal Skills Programme (CASP) checklist utilized in appraising the quality of selected studies. The data were then analysed using thematic analysis to identify recurring themes and patterns. All these studies provided valuable insights into the discussion on and the challenges of CBR programs in providing services to the PWDs. By employing this systematic approach, the study allowed only high quality and relevant literature to inform the findings. The PRISMA framework ensures the transparency, replicability of the review process and strengthens the credibility of the research.

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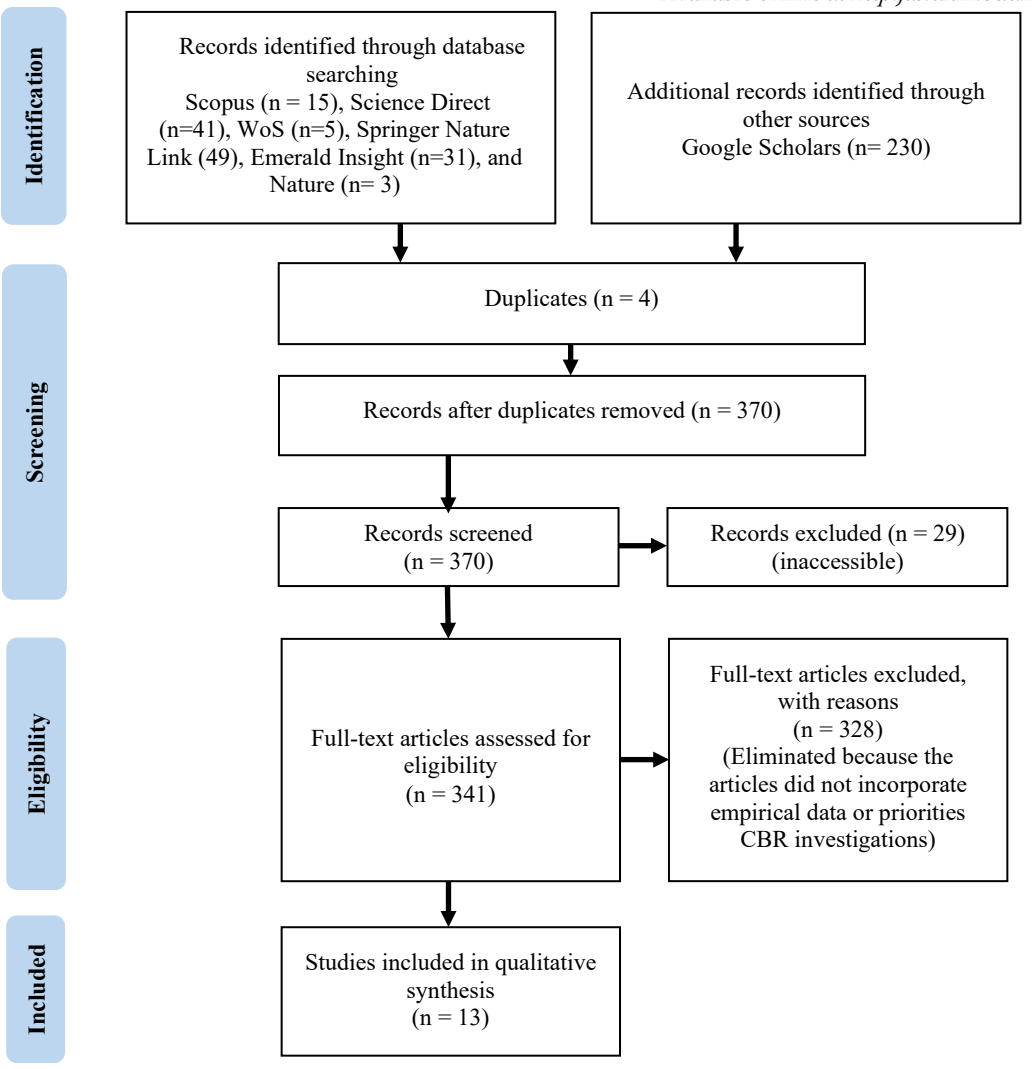

Figure 1: *PRISMA process for Systematically Reviewing Challenges of CBR*

THE FINDINGS

Table 3 shows the summary of the articles selected for the study that contains the information of the author/s, location of study, methodology, sample and main findings.

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Table 3: *The summary of selected articles*

Author/s	Location	Methodology	Sample	Main Findings
Ayalew et al. (2020)	Gedeo Zone (Southern Ethiopia)	Mixed methods (Convenient Sampling & Purposive Sampling)	Quantitative - 138 parents and care givers Qualitative - 22 - 1 head of zone labour and social affairs, 3 heads of district labour and social affairs, 3 representatives of associations of PWDs, 11 parents, 2 CBR heads, and 2 CBR social workers	CBR services are not well established, limited community participation and successful integration. Key challenges include shortage of trained staff, reliance on charity model, and limited understanding on CBR concept.
Mitchell-Gillespie et al. (2020)	Baqa'a Camp Community-Based Rehabilitation (CBR) Centre in Amman, Jordan	Qualitative	5 CBR workers and 3 CBR managers.	The need for more training for CBR workers. The telehealth training system showed positive implementation, acceptable, appropriate and necessary. However, cultural beliefs, limited training, inadequate CBR infrastructure are the key barriers for telehealth adoption in CBR. Both CBR workers and managers highlighted the needs for telehealth-based support to enhance sustainability and enable future scale up.
Shang (2021)	District of Chongqing, China	Quantitative (Self-designed questionnaires)	36 CB stations	CBR stations have limited involvement in medical rehabilitation staff. The service emphasizes education and awareness with less integration of rehabilitation treatment. CBR methods depend much on posters and publicity activities and are not strongly goal oriented.
Pasara (2022)	Mudzi District (North-Eastern), Bikita District (South), and Insiza District	Mixed Method (Structured questionnaires, Interviews, Focus Group	Core beneficiaries, caregivers, teachers, community health workers, and other key stakeholders	Most respondents received training on disability management, income generating projects, and internal savings and lending.

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	(Southwestern) of Zimbabwe	Discussion and Record Inspection and Site Visits.		Fewer respondents received funding.
Khanjani et al. (2022)	Iran	Qualitative conventional content analysis (semi-structured and in-depth interviews)	25 participants who were staff of the Welfare Organization at different levels, managers, and experts working in the CBR project and non-governmental organizations (NGOs)	Eight categories of challenges in CBR implementation: neglecting the local conditions and role of provinces, poor policymaking, and planning, deviation from the main goals, lack of a comprehensive evaluation system, inefficient resource management, weakness in facilitation, ineffective communication, and the inefficiency of NGOs.
Koly et al. (2022)	Dhaka and Chittagong, Bangladesh	Qualitative (Twenty-five semi-structured interviews)	People with psychosocial disabilities, intellectual disabilities, epilepsy or other cognitive impairments and their careers as needed	(1) explanatory models, (2) help-seeking behaviours, (3) impact of services, (4) challenges and barriers to improving mental health, (5) recommendations of users and carers.
Magnusson et al. (2022)	Sierra Leone	Qualitative (Seven focus group discussions)	Stakeholders working within the field of disability	Challenge subthemes identified: persistent stigma on PWDs, health and rehabilitation accessibility, financial limitations and structural barriers, negative attitudes, limited knowledge of healthcare staff, inadequate resources, shortage of specialists, ongoing need for training and education.
Wolderufael (2022)	Central Gondar Zone of Ethiopia	Qualitative research approach	19 interview participants, two focus group discussion and observation of persons with disabilities	Stakeholder participation is significantly confined to programme implementation. CBR initiatives provide a range of services to PWDs such accessible learning resources, school facility adaptations, vocational

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				training, startup capital, and home-based support.
Aldersey et al. (2023)	Africa, the Americas, Asia, the Pacific, and the Arab regions	Qualitative (Focus Group Discussion)	191 participants with 46 of Person with Disabilities	Valuable insights from CBR/CIDB stakeholders worldwide. Provide guidance for future funding decisions, practical execution and advocacy efforts.
Abouzeid et al. (2024)	3 governmental rehabilitation centers Minia Governorate, Upper Egypt	Qualitative	100 caregivers of children with cerebral palsy.	Majority caregivers reported being dissatisfied with the CBR services. For rural areas, dissatisfaction is due to: financial and transportation barriers, long waiting times, poor communication, and limited family and community support. For urban areas: financial constraint, limited support, delays and communication problems.
Msomi & Ross (2024)	KwaZulu-Natal (KZN) province, South Africa	Qualitative (Four in-depth individual interviews and four focus group discussions)	27 community service rehabilitation therapists	The challenges relating to (1) budget and equipment constraints, (2) staff shortages, (3) cultural and language barriers and (4) scope of practice limitations. The recommendations: (5) collaboration with community caregivers, (6) service inclusion in primary health care clinics, (7) improved executive management support and (8) continuing professional development.
Amrutha & Sathyamurthi (2024)	Palakkad District, Kerala, India	Qualitative (Interviews and Focus Group Discussion)	4 teachers and 15 students from 4 BUDS Rehabilitation Centres	The BUDS approach is comprehensive in uplifting social inclusion, independence, and active participation of PWDs in society.
Zhu et al. (2025)	Nanjing, China	Qualitative design guided by the Consolidated	Semi-structured interviews were conducted with 32 stakeholders (16 mental	Within the CFIR, several main constructs were recognized as essential for CBR service

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	Framework for Implementation Research (CFIR).	health practitioners, 11 people with SMI, and 5 family caregivers)	implementations: (1) innovation (2) outer setting (3) inner setting (4) individuals (5) process.

Based on the analysis, there are five main themes of challenges of CBR implementation as summarized in Table 4.

Table 4: *Themes and Sub-themes of the Challenges in CBR Implementation*

Theme	Sub-Themes
Lack of skilled workforce and training deficiencies	● Shortage of qualified professionals, including health, education, and social service personnel. ● Insufficient training and supervision, with reliance on inexperienced or underqualified staff. ● Overemphasis on medical care rather than holistic, community-based rehabilitation.
Insufficient resources	● Inadequate facilities, infrastructure, equipment, and assistive devices. ● Chronic budgetary constraints, delayed disbursements, and high operational costs. ● Resource underutilization due to staff shortages and limited outreach capacity. ● Weak evidence base undermining the effectiveness and sustainability of CBR services.
Poor integration and coordination	● Weak communication and collaboration among stakeholders at all levels. ● Exclusion of local actors from planning and poor alignment with community needs. ● Fragmented policies, inconsistent implementation, and weak intersectoral linkages. ● High-cost partnerships focusing on control rather than functional rehabilitation.
Attitudinal and cultural barriers	● Persistent stigma, prejudice, and misconceptions surrounding disability and mental illness. ● Cultural norms, such as ‘face culture,’ and caregiver expectations limiting participation. ● Gender-based exclusion, lack of family support, and negative societal attitudes. ● Internalized stigma and low self-expectations among persons with disabilities.
Barriers to accessing CBR services	● Low awareness, limited coverage, and high transportation costs restricting access. ● Cumbersome entry processes, unclear policy standards, and safety concerns. ● Low motivation to participate. ● External disruptions, including disasters, infrastructure breakdown, and pandemics.

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Table 5: *Challenges of CBR Implementation Categorized by Themes and Authors*

No.	Author/s	Themes				
		Lack of skilled workforce and training	Insufficient resources	Poor integration and coordination	Attitudinal and cultural barriers	Barriers to accessing CBR services
1.	Ayalew et al. (2020)	✓	✓	✓	✓	✓
2.	Mitchell-Gillespie et al. (2020)	✓				
3.	Shang (2021)	✓	✓		✓	
4.	Pasara (2022)		✓			✓
5.	Khanjani et al. (2022)	✓	✓	✓		
6.	Koly et al. (2022)				✓	✓
7.	Magnusson et al. (2022)	✓	✓		✓	
8.	Wolderufael (2022)		✓	✓	✓	✓
9.	Aldersey et al. (2023)	✓		✓	✓	
10.	Abouzeid et al. (2024)			✓	✓	✓
11.	Msomi & Ross (2024)	✓	✓		✓	
12.	Amrutha & Sathyamurthi (2024)	✓	✓		✓	
13.	Zhu et al. (2025)	✓	✓	✓	✓	✓
Total		9	9	6	10	6

1. Lack of Skilled Workforce and Training Deficiencies

Mobilizing human resources particularly at the community level remains challenging, require comprehensive strategies to expand service delivery and improve public awareness for rehabilitation programs (Adenan et al., 2023). Numerous studies highlighted that many social workers did not receive enough necessary training and skills required, which is critical for their operational effectiveness, which risks the organization's success (Mikeladze, 2021). Ayalew et al. (2020) stated in their study that there is a significant shortage of trained personnel to implement CBR services in Southern Ethiopia. While local authorities offer limited interventions, including vocational training and financial assistance, the lack of qualified professionals substantially limits the effectiveness and reach of rehabilitation efforts. Moreover, the majority of the respondents also claimed that government and NGO workers and community leaders are unskilled and uncommitted to implementing CBR programs (Ayalew et al., 2020).

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In consistent to that, the lack of training and education of CBR staff poses one of the most major challenges to receiving appropriate occupational, physical, and speech treatment for individuals with disabilities in Low-to-Middle Income Countries (LMICs) (Mitchell-Gillespie et al., 2020). The study focused in Jordan, indicated that the telehealth training programs are highly necessary, acceptable and appropriate to enhance the skills for better rehabilitation services delivery. Though, limited training, and inadequate infrastructures remain among the main barriers. Therefore, the CBR staff suggested that expanding the telehealth training program is significant to ensure sustainability and broader implementation of the rehabilitation services (Mitchell-Gillespie et al., 2020).

In Iran, issues faced by the CBR program stemming from the selection and appointment of underqualified local facilitators instead of trained health centre staff. These facilitators have been identified as having lacked the necessary education level, communication skills, and community engagement abilities, resulting in limited acceptance and poor collaboration with stakeholders. Facilitators were nominated based on unemployment status rather than their self-motivation or interest in serving the PWDs. This situation consequently led to high turnover due to little salaries, lack of insurance, and travel demands. This frequent human resource turnover increases training expenditures while disrupting the CBR program continuity and efficiency (Khanjani et al., 2022).

Findings from a cross-regional study (N=191; Africa, the Americas, Arab States, Asia, and the Pacific) indicate a paradoxical gap: despite the existence of robust public policies and legislation in many countries, their enforcement and execution lag significantly. In the study, the teachers, principals and legal personnel are identified to be unaware about the laws related or fail to enforce them. Additionally, skill gaps among sign language interpreters were reported, including mismatches between formal interpretation styles and the communication needs of PWDs (Aldersey et al., 2023).

High student-teacher ratio also leads to difficulties in giving one-to-one attention, targeted interventions and consistent follow-up support to the PWDs, through BUDS Rehabilitation Centres (BRC) in Kerala India. Critical services such as therapy and counselling for both PWDs and their parents remain inconsistent due to critical staffing shortages (Amrutha & Sathyamurthi, 2024). These structural limitations make it more difficult for BRCs and BUDS schools to deliver inclusive and efficient educational services. Correspondingly, community service rehabilitation therapists in KwaZulu-

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Natal (KZN) province, South Africa are providing their services in hospitals, clinics and CBR through home visits, health consultation, and school screening programs. However, there is persistent permanent staff shortage and an over-reliance on inexperienced community service therapists on short term contracts (Msomi & Ross, 2024). Many of the staff are working without senior supervision, affecting service quality and continuity. It becomes worse when efforts to secure permanent posts are often unsuccessful (Msomi & Ross, 2024). This situation leads to significant concern about the sustainability and professional support for rehabilitation services.

In the District of Chongqing, China, the effectiveness of CBR services is hindered by insufficient staffing structure (Shang, 2021). Rehabilitation initiatives rely a lot on community staff and the medical professionals have limited participation and contribution. The activities are mostly focused on awareness promotions rather than direct interventions towards the PWDs. Some factors that restrict the operations of the CBR are identified such as lack of relevant knowledge or skills, and lack of assessment mechanism. This problem jeopardizes service quality, effectiveness, and long-term viability (Shang, 2021). Zhu et al. (2025) also highlighted challenges in CBR implementation which related to lack of skilled workforce and training deficiencies. Many rehabilitation service providers such as psychiatrists, nurses and social workers are identified as having limited training. The services provided also ignored the holistic approach and focused on only the medical treatment.

Similarly, some teachers and healthcare workers in Sierra Leone, West Africa, are reported to have lacked proper training on disability issues, particularly about circumstances that cause long-term disabilities. This lack of knowledge limits their ability to provide appropriate support and contributes to stigmatizing attitudes towards the PWDs. In some cases, PWDs perceived negative attitudes and prejudiced behaviour from rehabilitation personnel. This situation reinforced feelings of shame and exclusion among PWDs. As a result, many PWDs are trying to avoid using any assistive devices or seeking rehabilitation services, fearing embarrassment or mistreatment (Magnusson et al., 2022).

Participants also pointed out that a lot of doctors, nurses, and midwives do not have the right skills and knowledge to treat PWDs effectively. Some simply thought of physical problems without engaging into the rehabilitation process, which led to poor treatment outcomes. Equipping healthcare professionals with appropriate training to diagnose disability at the early stage is important to ensure proper rehabilitation and

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intervention at CBR or any rehabilitation centres are given to the PWDs. Furthermore, providing training to local volunteers, mobility support to improve assistive device use and long-term outcomes were highlighted as essential measures to improve the rehabilitation outcomes (Magnusson et al., 2022).

2. Insufficient Resources

Sound and efficient financial management is crucial not only for reaching organizational goals but also for ensuring sustainability and sustaining donor confidence (Mikeladze, 2021). CBR programs frequently suffer from low funding, limiting their ability to provide complete services (Abiddin, 2022; Khanjani et al., 2022; Butura et al., 2024).

In the Gedeo Zone, Southern Ethiopia according to Ayalew et al. (2020), rehabilitation facilities are in limited numbers, forcing governmental and non-governmental organizations to refer PWDs to distant facilities in Hawassa (90 km) and Arba Minch (350 km). With no local rehabilitation centres nearby, only a few PWDs are able to receive support such as orthotic devices or financial aid. This reliance on remote services poses significant challenges in providing the rehabilitation needs of PWDs within their local communities.

In the District of Chongqing, China, the CBR stations are equipped with some facilities and hardware. However, the participants indicated that a small site area (41.67%) is the primary factor hindering the operations, followed by insufficient funding (19.44%) and lack of equipment (11.11%) (Shang, 2021). In Nanjing, China, the resources have also been identified as the main constraint in the CBR implementation. Scarce of infrastructure and facilities and underfunding in the CBR implementation are often caused by the high operational costs and delay in budget disbursement. Even though some facilities are available for use, the staff shortage issue further limited the service reach (Zhu et. al, 2025).

The implementation of the BUDs schools and BUDS Rehabilitation Centres (BRCs), Kerala India is challenging due to the limited funds where primary sources relied only from the local government. This situation led to discouragement of innovative initiative and individualized services to the students who have diverse needs (Amrutha & Sathyamurthi, 2024). The study by Wolderufael (2022) has highlighted several challenges faced on two components of CBR Matrix: education and livelihood, in

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University of Gondar's CBR program in a few areas of Ethiopia's Central Gondar Zone. The challenges are lack of essential assistive devices and infrastructure limitations, like inaccessible restrooms, packed classrooms, and libraries. The initiative also fostered self-reliance among PWDs, but limited startup funds hindered their ability to launch businesses.

In KwaZulu-Natal (KZN) province, South Africa the CBR implementation is mostly affected by annual budget limitations. These included having lack of essential diagnostic equipment, previously approved orders for assistive devices are cancelled, and transportation issues for home visits. Some CBR centres refuse to take donations because they were worried it would result in less government funding, which would limit the availability of resources and care access (Msomi & Ross, 2024). Meanwhile, rehabilitation centres in Sierra Leone are also reported to be underfunded and facing transportation issues for outreach activities (Magnusson et al., 2022). The operations and services of the CBR are also affected by economic instability such as hyperinflation, currency changes and cash shortages. This situation leads to delayed CBR project activities, limited power purchase for basic needs, and higher operational costs. Furthermore, fuel and commodities scarcities harmed the CBR service delivery, stressing the critical impact of limited CBR resources to secure sustainability (Pasara, 2022).

According to a study in Iran based on stakeholder views, ineffective resource management is a main challenge in executing CBR programs. It includes insufficient per capita budget distributions, refusal to raise budget, and late disbursement of cash. The CBR program in Iran appears fragile due its extensive reliance on government funding, with activities often halting when funds stop. Despite its goal of inclusive community-based development, no program components have been fully executed. The concentration has been narrowed to employment, yet even this has failed due to improper planning and limited legal support. Other components such as health and rehabilitation are neglected, leaving PWDs and their families to manage care on their own. The absence of sustainable employment support highlights the neglect of empowerment, and managers are identified unaware of the program's purposes (Khanjani et al., 2022).

Respondents also highlighted a serious shortage of human resources, which leads to ineffective implementation, supervision, and monitoring. For example, a single CBR service expert needs to oversee up to 50 villages (Khanjani et al., 2022). Capable and well-established NGOs usually operate independently and are not interested to engage

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with CBR, while newly formed NGOs show weak performance due to lack of experience and capacity (Khanjani et al., 2022). The outsourcing of CBR services to the non-governmental sector has led to dependency on government funding, policy and support. It raised concerns about the community-based program, empowerment and sustainability. Without consistent financial resources and support, some programs cannot sustain their operations and lead to unavailability of rehabilitation services (Khanjani et al., 2022).

3. Poor Integration and Coordination

Various studies highlighted some persistent challenges related to CBR governance, limited stakeholder engagement, and poor communication among stakeholders. Abouzeid et al. (2024) conducted in Minia Governorate, Egypt, many caregivers have lack of information from the healthcare staff, inadequate advice, communication and consultation, limiting their participation. Alongside, untimely referral, infrequent follow-up sessions and long waiting times, these gaps not only restricted the caregiver's participation in CBR, but also delayed the development and treatment to PWDs. This situation shows how poor communication and systematic inefficiencies have weakened the rehabilitation outcomes.

The study on CBR practice in Gedeo Zone, Southern Ethiopia, reveals there is a lack of alignment with core CBR principles due to poor coordination among stakeholders and administrative groups (Ayalew et al., 2020). The roles are unclear, and key actors, such as families, communities, and related organizations, have limited engagement. Further, the weak collaboration between hospitals, community, NGOs, and families lead to fragmentation in CBR service delivery (Zhu et al., 2025). Service is often focused on risk control and hospitalization rather than rehabilitation and social inclusion. This situation leads to service duplication, inefficiency and gaps in vocational and social rehabilitation of the PWDs.

The CBR is intended to be initiated and operated with local capacities and close local community engagement. However, the CBR program is identified to have a lack of alignment with cultural setting and local community needs (Khanjani et al., 2022). Provinces are given limited autonomy and usually excluded from planning processes even with each regional having different resources and lifestyles. Data performance is manipulated to secure funding due to inadequate annual budgets. These findings highlighted a significant discrepancy between the CBR program's implementation and its

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stated goals. This situation urged the urgent alignment to WHO guidelines, organizational strategic reform and calling for sustainable support from all related parties, to ensure meaningful inclusion and empowerment of the PWDs through the CBR.

A study by Khanjani et al. (2022) has highlighted issues on poor planning and policy making, mostly caused by the exclusion of local stakeholders and overreliance on top-level authorities. The issues include outdated and inconsistent guidelines for their operations, lack of a unified implementation framework, and uncontrolled program expansion without adequate human and financial capacity. Local conditions and community needs are frequently overlooked, leading to ineffective strategies that do not resonate with the target population. In addition, NGOs are expected to support the CBR by supporting the empowerment efforts. However, many of them lacked capacity and failed to do so effectively. Progress was hampered by the poor networking, the overwhelming performance of the NGOS and the unwillingness of the more established NGOs to participate (Khanjani et al., 2022). Furthermore, the University of Gondar's CBR program has identified that there is a lack of assistance and support from the local government in the programme's implementation. The lack of coordination hindered vocational integration, since many trained students were denied access to business spaces, demonstrating a lack of institutional commitment to disability inclusion (Wolderufael, 2022).

A study involving various participants and continents found that there was inconsistency between the laws and policies with the execution (Aldersey et al., 2023). CBR implementation suffers when there is weak integration between government sectors, service providers, and community. To ensure consistent delivery of the disability rights, participants from the Pacific, Americana and Arab regions urge the need for strong collaboration between ministries (Aldersey et al., 2023). At community level, education, health and social services usually operate in silos, leading to fragmented support. NGOs on the other hand, face lack of structured collaboration, causing duplication or gaps in services. As CBR adopts a multisectoral approach, weak communication and coordination among stakeholders such policymakers, partner organization, and international networks hinder its efficiency and constancy in the policy implementation (Khanjani et al., 2022). It leads to duplicated efforts and reduced program quality.

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4. Attitudinal and Cultural Barriers

Most people with disabilities have to face prejudice and social isolation, and they are often viewed as victims or outsiders. Stigma around this group can lead to negative behaviours of their families with either overprotection or neglect, both of which hinder social inclusion and engagement of PWDs (Gautam, 2022). This group is often seen as helpless and becoming a burden, especially by their families, leading to exclusion from education, work, and social development at both the family and community levels.

In a study by Aldersey et al (2023), the participants highlighted that while most of the countries have good policies and laws related to PWDs, the continuous discrimination within the society, power imbalances within families, gender-based exclusion hampers the effective CBR implementation. Low awareness among educators and legal officers leads to neglect and non-enforcement of rights, opportunities and access of PWDs to various fields. These challenges undermine the core principles of CBR, such as justice, empowerment and inclusion. Similarly, the Chongqing Disabled Persons' Federation China has established thousands of CBR stations and the operations are supported by some relevant policies and measures. However, a study identified several factors that restrict the effectiveness and efficiency of the service delivery including the poor awareness of disability rehabilitation (Shang, 2021).

A study by Zhu et al. (2025) also identified that stigma, prejudice and misconception about disability discourage the PWDs and their families from engaging in rehabilitation. The "face culture" families may hide mental illness and prefer long-term hospitalization to avoid society's social stigma, negative perceptions and perceived shame. This tendency is further worsened by caregiver's low expectations and discriminatory attitudes from the service providers. This situation reinforces social inclusion of the PWDs and hinder their participation in CBR services.

The BUDs program in Kerala India is mainly financed by the local government to provide health and well-being support, skill development and vocational training, empower the PWDs and encourage community involvement. Despite all those efforts, the social stigma of the community has remained persistent especially in the job market even though many senior students are employable and skilled. Furthermore, products made by the students frequently are unsuccessful to generate incomes, as buyers are influenced by negative perceptions and biases (Amrutha & K. Sathyamurthi, 2024). Similarly, in Egypt,

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misconceptions, understanding, low awareness and myths about cerebral palsy, hinder the intervention and acceptance of rehabilitation services (Abouzeid et al., 2024). A strong stigma and gender discrimination, especially within rural communities, lack of family and positive society support leaves the caregivers to feel overwhelmed and alone, pushing them to be isolated and discourage their active participation in the social settings and intervention activities. It is consistent with a study in Gedeo Zone (Southern Ethiopia), where PWDs were identified to have felt uncomfortable and isolated in the community setting and did not have meaningful social interactions with their non-disabled peers (Ayalew et al., 2020).

A study on the University of Gondar's CBR program in selected areas in Ethiopia's Central Gondar Zone reveals various challenges in the implementation of two CBR matrix components: education and livelihoods. It includes internal conflicts among PWDs, low self-expectations, and negative attitudes from both the school community and the general public (Wolderufael, 2022). In KwaZulu-Natal (KZN) province, South Africa, cultural beliefs, religious practices, and language barriers influenced patient engagement with CBR services significantly. Some families interpreted conditions like autism as spiritual issues, such as bewitchment or ancestral callings, rather than medical conditions, leading to resistance for the family to send their children for proper treatment. Additionally, language differences also becoming a challenge in delivering the rehabilitation services to some rural areas, hindered the effective health promotion and service delivery (Msomi & Ross, 2024).

In a case study related to integration of mental health into CBR in Dhaka and Chittagong District, Bangladesh, nearly half of the participants (n=12) stated they had encountered severe stigma and prejudice both at family and community level (Koly et al., 2022). They have been labelled as cursed, verbally abused and socially excluded from the community. In some cases, the participants reported that they are facing mistreatment escalating to physical and sexual violence. The other cases involved two incidents where female service users are being raped by local men, one of which resulted in an unwanted pregnancy. The survivor with a psychosocial disability, later faced compounded stigma from both her family and the broader community, leading her to plan to move for the birth of her child out of embarrassment and social pressure. Along with violence in the neighbourhood, domestic abuse became a big worry, especially for women who used the services. Three women participants disclosed experiences of physical violence within the home, frequently related to financial abuse and control. These narratives highlight the

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intersecting challenges encountered by women with psychosocial disability shaped by gender-based violence, social stigma, and economic dependency (Koly et al., 2022).

Correspondingly, participants reported that stigma against PWDs in Sierra Leone often starts in childhood, especially coming from within the family. Many CWDs are abandoned or live apart from their biological parents, leading to isolation and lack of support. The PWDs are not seen as full members of society, often to be excluded from general social and community life. This negative perception and environment affect their access to education and jobs. Many of them are facing discrimination due to people's lack of general knowledge and awareness about disability (Magnusson et al., 2022). To improve the social inclusion of this group within the community, several suggestions were made, such as raising people's awareness about disability and their human rights. They proposed using radio and TV to spread information and get trusted religious and community leaders involved to assist in teaching people. People thought these leaders were crucial partners because they could reach and change their communities in a meaningful way (Magnusson et al., 2022).

Furthermore, free healthcare policy for PWDs sometimes led to poor treatment of this group. Healthcare workers often delayed or ignored PWDs because they believed PWDs could not pay, showing clear bias. Stigma from healthcare staff was more common compared to rehabilitation staff, and many healthcare workers had a lack of interest or appropriate training in providing services to PWDs. For example, there were some delays in the treatment and some of them are showing negative attitudes towards the sexual and reproductive rights of PWDs, such as shaming pregnant women with disabilities. People with hearing disabilities were also affected due to the lack of interpreters and discrimination from staff (Magnusson et al., 2022).

5. Barriers to Accessing CBR Services

Access to CBR services is important to support health rehabilitation, educational access, and social participation of PWDs in society. However, this group, especially in rural areas and those with low to middle incomes, continues to face challenges. This situation is led by several factors such as awareness and information gaps, geographical and physical accessibility, transportation issues, financial and economic constraints, health system and delivery barriers, caregivers' burden and psychosocial barriers, socio-cultural barriers and external and environmental factors.

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In the case of Gedeo zone, Ethiopia, most respondents were unaware of the existence of any CBR services in their area and the service centre is not available at certain zones (Ayalew et al., 2020). This reflects a significant gap in terms of awareness, accessibility, and communication between service providers and the community relating to the availability and operation of rehabilitation services for PWDs.

University of Gondar's CBR program in Ethiopia launched their CBR program in 2004 alongside physiotherapy training. It started providing services at Kolladiba and Chilga health centers and later expanded to 14 districts that covered the Central, West and North Gondar. Some services provided through this programme include rehabilitation, referral linkages, physiotherapy, community awareness, economic empowerment, and inclusion of persons with disabilities in education and sports (Wolderufael, 2022). The study was conducted to identify challenges faced in implementing the services. Some challenges identified are that many parents of children with disabilities in rural areas prioritized taking care of their basic household needs over their education because they could not afford housing close to schools. This economic constraint significantly limited school attendance and participation in the program (Wolderufael, 2022). This situation hampers the progress of their children in education, affecting the Education component of the CBR Matrix (WHO, 2010), which covers early education, primary, secondary and higher, non-formal and lifelong learning.

Besides, Abouzeid et al. (2024) claimed that accessibility to CBR services in Egypt is hampered by several issues, such as financial and transportation constraints, limiting the families from reaching available services. Carers also experience physical and psychosocial stress, including exhaustion, anxiety, and burnout, which affect their capacities to participate in the rehabilitation initiatives. Furthermore, if the child's condition deteriorates, it may lead to a loss of hope and reduced engagement in rehabilitation efforts. Furthermore, in Nanjing China, difficult assessment procedures, limited geographical coverage, low motivation and high transportation costs are identified as challenges to access the CBR services (Zhu et al., 2025).

Majority of the participants in a study conducted in Dhaka and Chittagong City, Bangladesh for a case study on the integration of mental health into CBR reported that the mental health camp was accessible, several barriers to attendance were identified, particularly among carers and service users with severe conditions (Koly et al., 2022).

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The distance to reach the camp becomes an issue and this situation is increasing the transportation cost. Caregivers of the PWDs with acute psychosocial disabilities frequently faced the logistical problems of transporting ill service users, who were often incapable of travelling independently. In extreme cases, the PWDs were physically restrained to guarantee their attendance at the camp. These findings highlight the intersection of logistical, economic, and socio-cultural factors that limit access to community-based mental health services.

Participants in Sierra Leone reported major barriers in accessing rehabilitation services. It is due to limited-service availability in main hospitals, and lack of accessible transportation to reach the service centres. Long travel distances and high transportation costs are often worsened by discriminatory practices such as wheelchairs services being charged extra, leaving a difficult situation for PWDs to seek timely care, worsening their health conditions (Magnusson et al., 2022). To tackle these issues, participants suggested that the CBR should remain unified and be incorporated into local health services, along with the importation of disability-adapted vehicles to enhance the availability and accessibility of rehabilitation centres, particularly in underserved regions (Magnusson et al., 2022).

Meanwhile, the access of the CBR services was also reported disrupted by the damaged infrastructure, droughts, natural disaster and lockdowns (Pasara, 2022; Zhu et al., 2025). In case of CBR in Zimbabwe, cyclones have destroyed road networks, droughts led to food insecurity, and Covid-19 disease extremely restricts the therapy and education services (Pasara, 2022). All this situation created difficult situations for the PWDs that need consistent care and therapy services, increasing their vulnerability.

Access to CBR services remains a major challenge across various regions due to low awareness, financial difficulties, transportation barriers, limited-service availability and external factors. These challenges are identified especially in rural and low-resource settings, where long distances, high costs, and weak communication from service providers further exclude the PWDs from the community. Despite these obstacles, the initiative continued to provide some assistance to PWDs, highlighting the need for more resilient and adaptive service delivery models.

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DISCUSSION

This research found five main themes of challenges faced in the CBR implementation: (1) lack of skilled workforce and training deficiencies, (2) insufficient resources, (3) poor integration and coordination, (4) attitudinal and cultural barriers and (5) barriers to accessing CBR services, these problems align with those recognized in prior global assessments of CBR implementation (Lemmi et al., 2016; Ayalew et al., 2020; Khanjani et al., 2022).

The findings from the previous studies highlighted a critical inconsistency with the idea of CBR as outlined in the WHO CBR Matrix which covers five main components (health, education, livelihood, social and empowerment) (WHO, 2010) and shows the ground realities faced by the implementing agencies, especially in the low- and middle-income countries. Despite adoption of the United Nations (UN) Convention on the Rights of Persons with Disabilities (UNCRPD) and WHO frameworks, field-level implementation remains charity-based in many countries. The program relies heavily on the government with limited partnership and facing lack of sustainable funding and human resources (Ayalew et al., 2020). The charity model frames the PWDs as hopeless, objects of charity, passive and long-term welfare receivers (UNICEF, 2007; Duyan, 2007). The model of service delivery resulted in failure in bringing comprehensive improvements and empowerment for the PWDs and their families, rather, this situation leads to high dependency within the community (Ayalew et al., 2020).

In Malaysia, both federal and state governments provide annual and additional grants to support the CBR services, reflecting both the strengths and limitations of a charity-oriented mode. Federal Government of Malaysia particularly through the Ministry of Women, Family and Community Development and the Department of Social Welfare channelling assistance and special allocations on an annual basis. This clause covers PWDs special allowance payments, consolation payments to supervisors and officials, premises rent, utility payments, program implementation, and equipment purchases (for newly established CBR) (Department of Social Welfare, 2023). Consistent government funding helps to ensure the stability of CBR services, reduce the burden on communities, and expand access to rehabilitation and support for PWDs. By securing basic operational needs of CBR, the government grants support CBR as a nationwide programme that uplift social inclusion and wellbeing of the PWDs.

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Continuous training especially for frontline service providers is essential to ensure program implementation effectiveness (Zhu et al., 2025). However, the shortage of trained CBR staff and rehabilitation professionals and limited trainings, as seen in countries like Ethiopia, India, China and South Africa, continues to hinder the quality and accessibility of services (Mitchell-Gillespie et al., 2020; Amrutha & Sathyamurthi, 2024, Zhu et al., 2025). The increasing numbers of PWDs underscore the critical need for more trained professionals to address their diverse needs (Asalal et al., 2023) and be able to empower the communities to develop inclusive structure (Ayalew et al., 2020). In a study conducted among CBR workers in the East Coast Region of Peninsular Malaysia, it was identified low paid salary as primary reasons for their job dissatisfaction (Hasan & Aljunid, 2019). Low satisfaction especially on the salary will affect the retention, motivation and sustainability of the CBR programme. High turnover is expected because workers tend to seek for other jobs that offer better pay.

This review also underscores the important role of policy coherence and cross-sectoral coordination to enhance the CBR operations and implementation. Effective and successful implementation of CBR depends on proper planning and strong collaboration among stakeholders to ensure optimum usage of local resources (Blose et al., 2024). The complex strategy is needed to combine the government efforts, non-government organisations, fundraising, collaboration, research and community involvement to ensure the mission and vision of CBR is achieved (Adenan et al., 2023; Cayetano & Elkins, 2016). Though, poor integration and coordination between health, education, and social sectors, and lack of stakeholder involvement in policy planning, significantly reduce program efficacy (Khanjani et al., 2022; Msomi & Ross, 2024). Inadequate coordination, collaboration and teamwork further weaken the capacity of CBR to serve PWDs effectively, ultimately diminishing the overall impact and long-term sustainability (Cayetona & Elkins, 2016; Govender et al., 2019).

Other issues such societal attitudes of community, stigma, and cultural misconceptions about disability remain intensely rooted, reinforcing marginalization despite legal and institutional reforms (Gautam, 2022; Koly et al., 2022). A study by Caynak et al. (2022) indicates that the PWDs and their families continue to face stigmatization, inequality and social exclusion, subjected to negative perceptions on their appearance. This situation leads to limiting their participation in the community. Stigma is influenced by several factors such dominant explanations of the causes of disability, societal and religious beliefs, misconception about the ability of PWDs to work and to be

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productive, inaccessible environments, and a lack of opportunities for positive intergroup exchanges (Barbareschi et al., 2021). It impacts the PWDs on several domains such undermining their social access and support, life experiences, and psychological well-being. Further, a study indicates that disability stigma also affects significantly on PWDs employment, health care, education, civil rights, housing, poverty, social inclusion, leisure, intimate relationships, self-sufficiency, and mental health, while also contributing to the internalization of stigma (Cui, 2023). Despite some positive progress, stigma remains, significant barriers and issues to the social inclusion of persons with disability within society, and more attention is needed to effectively address cultural and contextual influences (Vuuren & Aldersey, 2020). To address these issues, it is recommended that efforts of rising public awareness is necessary through community education programmes aimed at reducing stigma and fostering inclusive attitudes among society (Caynak et al., 2022).

In addition to the five main themes reported as challenges in CBR implementation, several other issues also hinder the effective implementation of CBR, though it is less frequently mentioned. One such challenge is the deviation of CBR from its main goals of achieving inclusive community-based development. As many programs continue to be implemented under a charity-based model, CBR has seen to become a dependent body rather than practicing empowerment (Ayalew et al., 2020). This situation negatively affects the sustainable support and inclusion of the PWDs.

Another critical issue highlighted is the absence of a comprehensive monitoring and evaluation system to this program due to limited resources and capacity results in data management, non-standard indicators, and reliance on traditional reporting methods (Khanjani et al., 2022). The other external factors are also reported such socio-economic norms, customary leadership structure, political conflict, economic crises, climate change and natural disasters, have significantly interrupted CBR implementation (Aldersey et al., 2023; Pasara, 2022; Zhu et al., 2025). Besides, the global strike of Covid-19 pandemic also disrupted the value chains and affected all activities including rehabilitation services (Pasara, 2022). Consequently, neither the intended recipients nor service providers, such health professions, could access PWDs or health facilities (Garidzirai, 2020; Pasara, 2020; Khamis et al., 2021).

Certain similarities and divergences emerge in the implementation of CBR across regions and countries. In Africa (Ethiopia, Zimbabwe, Sierra Leone, South Africa and

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Egypt) the main challenges are resource shortage, staff deficits, and stigma with rural-urban disparities. Asian countries such Bangladesh, India, China, Iran and Jordan, indicated that challenges are on stigma, cultural perceptions and uneven integration on rehabilitation services. Additionally, Aldersey et al. (2023) provide evidence from Africa, America, Asia, the Pacific and the Arab regions. Globally, the CBR programs share weaknesses in resource allocation, sustainable funding, workforce development and community engagement. In Malaysia, the CBR implementation nationwide is supported by government funding. However, some persistent challenges remain in terms of caregiver strain, service delivery inconsistency and staff dissatisfaction on low wages (Hasan & Aljunid, 2019; Khairul et al., 2024). These comparisons highlight that while all participating countries share the same vision in implementing the CBR program, the results are strongly dependent on the uniqueness of geographical, cultural, economic and social context.

The review's contribution is its current synthesis of empirical evidence from 2020 to 2025, which highlights the shortcomings in implementation that are still present in CBR. This is significant in the light of the United Nations' 2030 Agenda for Sustainable Development, which stresses "leaving no one behind," including people with disabilities (UN, 2015). The article makes an intellectual and practical contribution by providing the politicians, CBR managers and committees, and NGOs specific areas for systemic reform and improvement, such strengthening capacity, creating consistent policies, and raising awareness in the community to build an inclusive community.

To improve the CBR implementation and services, future research should focus on several important areas. First, there are more local studies to be conducted to understand how CBR works in different regions. Such studies will give assistance to identify specific problems and provide more suitable solutions that fit into local needs and situations. Second, the usage of technology in providing the CBR services like telehealth and digital tools can improve how services are delivered, especially in remote areas. This is important in a post-pandemic world where individual services are difficult to be provided (Mitchell-Gillespie et al., 2020).

Next, researchers also should investigate how gender and societal factors influence the access to CBR services. For example, women with psychosocial disabilities frequently experience more challenges and discrimination, and programs must address these multifaceted issues (Koly et al., 2022). Other than that, the study on the needs of

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improved systems to track the CBR operational progress and improve their services. Future research can help in designing better tools or software for monitoring and evaluation processes that are easy to use and involving the community. Finally, studies should explore how CBR programs can be made stronger and more flexible during crises like natural disasters, economic problems, or political unrest. This kind of research can help CBR programs continue to support PWDs, even in tough situations (Pasara, 2022). By concentrating on these domains, forthcoming research can contribute to the development of enhanced, equitable, and more sustainable CBR services for everyone.

LIMITATION OF STUDY

The review paper is limited by the number of included studies (n=13), which may affect the range of the findings. The non-academic and NGO technical reports that have potential and valuable ground-level findings into the CBR implementation are also excluded in the selection of the reviewed paper. In addition, the inclusion criteria of published English language articles between 2020 and 2025 may exclude relevant evidence from other languages, earlier years and disciplines. This limitation implies that important insights from pre-2020 studies, which could highlight historical context and evidence of long-term progress in CBR, may not have been captured hence it is recommended to be added for future review.

CONCLUSION

This systematic review highlights challenges in CBR governance and implementation, such as lack of competence, financial constraints, attitudinal and cultural barriers, policy inconsistency, limited accessibility, insufficient awareness, geographical barriers, and socioeconomic disparities. These limitations not only limit the access to vital rehabilitation services, but they also do not encourage the social inclusion of PWDs. Nonetheless, the resilience and commitment of stakeholders, both from government and non-government sectors, have shown the growing potential of CBR when it is adequately managed and supported.

To deal with the challenges discussed in this review requires multi-level strategies, such as empowering human resources through proper and structured training, securing long-term budgeting and funding, improving intersectoral coordination,

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expanding accessibility and eradicating social stigma by campaigns for inclusive education and awareness. This review highlights the critical needs for capacity building and context-sensitive service delivery models that are able to cater the diverse needs of PWDs. Stronger alignment with right-based frameworks, long term budget allocation and commitment, and integrated planning across ministries and stakeholders are essential. Future study and policy innovation must be consistent and able to highlight the current needs, voices, and rights of PWDs. Furthermore, this review also reinforces the relevance of community-based and participatory development models as a global framework for PWDs inclusion.

The study suggests that future review can be extended beyond 2020 to 2025 to capture long term trends, include non-English peer reviewed articles to reduce language bias and increase the sample size of this review. The findings are positively contributing to CBR initiatives to become one of the ways to promote dignity, empowerment, and social justice for this group. Therefore, to effectively attain all these desired objectives, there is a crucial need for localized study and the development of inclusive, context-sensitive data gathering tools that truly reflect the lived experiences of the PWDs.

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Conflict of interest

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References

Abiddin, N. Z., Ibrahim, I., & Abdul Aziz, S. A. (2022). Non-governmental organisations (NGOs) and their part towards sustainable community development. *Sustainability*, *14*(8), 4386. https://doi.org/10.3390/su14084386

Abouzeid, O. N., Hasan, A. S. G., Abuelela, I. S., & Manar D. Mohammed. (2024). Satisfaction and barriers regarding community-based rehabilitation services among caregivers of children with cerebral palsy in Minia Governorate. *Tanta Scientific Nursing Journal* (Vol. 34, Issue 3). 10.21608/tsnj.2024.384587

Adenan, N. D., Abdullah, N., Mohamad Said, N. S., Abdul Manaf, S. M., Mohd Zahari, A. S., (2023). Community-based rehabilitation: an overview of organisational practices. In the *International Journal of Academic Research in Business and Social Sciences* (Issue 11, pp. 2758–2760). https://doi.org/10.6007/IJARBSS/v13-i11/19749

Aldersey, H. M., Xu, X., Balakrishna, V., Sserunkuma, M. C., Sebeh, A., Olmedo, Z., Nuri, R. P., & Ahmed, A. N. (2023). The role of community-based rehabilitation and community-based inclusive development in facilitating access to justice for persons with disabilities globally. *International Journal of Disability and Social Justice, 3(3).* https://doi.org/10.13169/intljofdissocjus.3.3.0004

Amrutha P. & K.Sathyamurthi (2024). Empowering individuals with disabilities through community-based rehabilitation: an experience of the buds approach in Kerala. *Juni Khyat* (Vol-14, Issue-4, No.01, April: 2024. https://www.researchgate.net/publication/379661926_EMPOWERING_INDIVIDUALS_WITH_DISABILITIES_THROUGH_COMMUNITY-BASED_REHABILITATION_AN_EXPERIENCE_OF_THE_BUDS_APPROACH_IN_KERALA

An, Z., Li, K., Yang, X. et al. (2024). Community-based rehabilitation services implemented by multidisciplinary teams among adults with stroke: a scoping review with a focus on Chinese experience. *BMC Public Health* **24**, 740, 2024. https://doi.org/10.1186/s12889-024-18218-1

eISSN 2600-9374

Asalal, N., Sidek, S., & Wahab, H. A. (2023b). Keperluan golongan profesional terlatih mengendalikan golongan orang kurang upaya di Malaysia. *Asian People Journal (APJ)*, *6*(1), 143–155. https://doi.org/10.37231/apj.2023.6.1.444

Ayalew, A. T., Adane, D. T., Obolla, S. S., Ludago, T. B., Sona, B. D., & Biewer, G. (2020). From community-based rehabilitation (CBR) services to inclusive development. a study on practice, challenges, and future prospects of CBR in Gedeo Zone (Southern Ethiopia). *Frontiers in Education*, *5*. https://doi.org/10.3389/feduc.2020.506050

Barbareschi G, Carew MT, Johnson EA, Kopi N, and Holloway C. (2021). "When they see a wheelchair, they've not even seen me"-factors shaping the experience of disability stigma and discrimination in Kenya. *International Journal Environment Research and Public Health*. 2021 Apr 17;18(8):4272. https://doi.org/10.3390/ijerph18084272

Blose, S., Chetty, V., Cobbing, S., & Chemane, N. (2024). Managers' perceptions on the implementation of community-based rehabilitation in KwaZulu-Natal. *South African Journal of Physiotherapy,* 80(1). https://doi.org/10.4102/sajp.v80i1.1965

Blose, S., Cobbing, S., & Chetty, V. (2021). community-based rehabilitation implementation for people with disabilities in South Africa: a protocol for a scoping review. *Systematic Reviews*, *10*(1). https://doi.org/10.1186/s13643-021-01839-7

Cayetano RDA, Elkins J. (2016) Community-based rehabilitation services in low and middle-income countries in the Asia-Pacific region: Successes and challenges in the implementation of the CBR matrix. *Disabil CBR Incl Dev*. 2016;27(2):112–127. DOI:10.5463/dcid.v27i2.542

Çaynak S, Özer Z, Keser İ. (2022). Stigma for disabled individuals and their family: A systematic review. *Perspect Psychiatr Care*. 2022 Jul;58(3):1190-1199. https://doi.org/10.1111/ppc.12893

Cui, J. (2023). The impacts of stigma on people with disabilities: a systematic review. In *BCP Social Sciences & Humanities ASSSD* (Vol. 21, pp. 108–109).

Department of Social Welfare, Malaysia (2023). Community-based rehabilitation. http://pdk.jkm.gov.my/en_US/community-based-rehabilitation-program-cbr/#1501833085404-f938d3c3-9bad

Duyan, V. (2007). The community effects of disabled sports. Amputee sports for victims of terrorism. *Amsterdam: IOS Press,* 70–77. https://ebooks.iospress.nl/volumearticle/24227

eISSN 2600-9374

Garidzirai, R. (2020). Covid-19 and its economic impact on the South African Economy. *Agricagrowth Agenda* 17, 10–12. Available online at: https://hdl.handle.net/10520/ejc-afgrow_v1_i1_a1

Gautam, K. (2022). Community based rehabilitation: provide barrier free environment and developmental opportunities for disabled people. *International Journal of Advanced Research*, *10*(02), 382–386. https://doi.org/10.21474/ijar01/14214

Govender P, Naidoo D, Bricknell K, Ayob Z, Message H, Njoko S. (2019). 'No one prepared me to go home': Cerebrovascular accident survivors' experiences of community reintegration in a peri-urban context. *The African Journal of Primary Health & Family Medicine*. 2019;11(1):1–8. https://doi.org/10.4102/phcfm.v11i1.1806

Hasan, H., & Aljunid, S. M. (2019). Job satisfaction among Community-Based Rehabilitation (CBR) workers in caring for disabled persons in the east coast region of Peninsular Malaysia. *BMC Public Health*, *19*(1). https://doi.org/10.1186/s12889-019-6520-z

Helander, E. (2000). 25 years of community-based rehabilitation. *Asia Pacific Disability Rehabilitation Journal*, *11*(1). https://www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0500/z13jo0503.html

Khairul AY, Kannan TC and Erna FP (2024). The strain among caregivers of children with disabilities at the community-based rehabilitation centres in Kudat division of Sabah, Malaysia. *Medical Journal Malaysia*. 2024 Mar;79 (Suppl 1):59-66. PMID: 38555887. https://www.e-mjm.org/2024/v79s1/children-with-disabilities.pdf

Khamis, M., Prinz, D., Newhouse, D., Palacious-Lopez, A., Pape, U., and Weber, M. (2021). The early labour market impacts of covid-19 in developing countries: evidence from high frequency phone surveys. Policy Research Working Paper 9510. *World Bank Group*. doi: 10.1596/1813-9450-9510

Khanjani M S, Fallahi Bookani N, Abdi K. (2022). The experience of involved individuals from the implementing challenges of community-based rehabilitation in Iran: a qualitative study. *Iranian Rehabilitation Journal* 2022; 20 (4) :469-480. http://irj.uswr.ac.ir/article-1-1643-en.html

Koly, K.N., Abdullah, R., Shammi, F.A. et al. (2022) Mental health and community-based rehabilitation: a qualitative description of the experiences and perspectives of service users and carers in Bangladesh. *Community Mental Health Journal* 58, 52–66. https://doi-org.uitm.idm.oclc.org/10.1007/s10597-021-00790-0

eISSN 2600-9374

Lemmi, V., Blanchet, K., Gibson, L. J., Kumar, K. S., Rath, S., Hartley, S., … Kuper, H. (2016). Community-based rehabilitation for people with physical and mental disabilities in low- and middle-income countries: a systematic review and meta-analysis. *Journal of Development Effectiveness*, *8* (3), 368–387. https://doi.org/10.1080/19439342.2016.1157623

Madsen, L. S., Handberg, C., Jensen, C. M., & Nielsen, C. V. (2020). Community-based rehabilitation approaches in outdoor settings: a systematic review of people with disabilities' and professionals' experiences and perceptions. *Disability & Society*, 36(7), 1073–1098. https://doi.org/10.1080/09687599.2020.1783206

Magnusson, L., Kebbie, I. & Jerwanska, V. (2022). Access to health and rehabilitation services for persons with disabilities in Sierra Leone – Focus Group Discussions with Stakeholders. *BMC Health Serv Res* 22, 1003 (2022). https://doi-org.uitm.idm.oclc.org/10.1186/s12913-022-08366-8

Mikeladze, A. (2021). Financial management role for NGOs. *European Journal of Economics and Business Studies*. January - June 2021 Volume 7, Issue 1. https://revistia.com/files/articles/ejes_v7_i1_21/Mikeladze.pdf

Mitchell-Gillespie, B., Hashim, H., Griffin, M. et al. (2020) Sustainable support solutions for community-based rehabilitation workers in refugee camps: piloting telehealth acceptability and implementation. *Global Health* 16, 82 (2020). https://doi.org/10.1186/s12992-020-00614-y

Msomi, N. L., & Ross, A. J. (2024). Social accountability challenges and recommendations by community service rehabilitation therapists. *South African Family Practice*, 66(1). https://doi.org/10.4102/safp.v66i1.5936

Pasara, M. T. (2022). Impact of community-based rehabilitation on attainment of sustainable development goals: the case of selected districts in Zimbabwe. *Frontiers in Communication*, 7. https://doi.org/10.3389/fcomm.2022.935097

Senate of Malaysia. (2025, March 19). Dewan negara parlimen kelima belas penggal keempat mesyuarat pertama, 19 march 2025 [Parliamentary debate transcript]. *Parliament of Malaysia*. https://www.parlimen.gov.my/files/hindex/pdf/DN-19032025.pdf

Shang, J. (2021). Investigation on the operation status of community-based rehabilitation station in a District of Chongqing. *Journal of Healthcare Engineering*, 2021, 1–4. https://doi.org/10.1155/2021/6044923

The World Health Organization (2018). The need to scale up rehabilitation. rehabilitation 2030: a call for action. https://www.who.int/docs/default-

eISSN 2600-9374

source/documents/health-topics/rehabilitation/call-for-action/need-to-scale-up-rehab-july2018.pdf?sfvrsn=f627c34c_5

Tofani, M., Esposito, G., Berardi, A., Galeoto, G., Iorio, S., and Marceca, M. (2021). Community-based rehabilitation indicators: validation and preliminary evidence for disability in Italy. *International Journal Environment Research and Public Health* 18, 11256. doi: 10.3390/ijerph182111256

UNICEF (2007). Promoting the rights of children with disabilities, Innocent Digest, no. 13. Florence: *UNICEF Innocenti Research Centre*. https://www.unicef.org/media/126526/file/Digest13-Disability.pdf

Vuuren J, & Aldersey HM. (2020). Stigma, acceptance and belonging for people with IDD across cultures. *Current Developmental Disorders Reports.* 2020;7(3):163-172. doi: 10.1007/s40474-020-00206-w

Wolderufael, W. (2022). Assessing practice and challenges of university of gondar community based rehabilitation program to provide services for persons with disabilities. *European Online Journal of Natural and Social Sciences*, 11(3), pp. 743-759. https://european-science.com/eojnss/article/view/6524

World Health Organization, International Labour Office, & United Nations Educational, Scientific and Cultural Organization. (2004). *CBR A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities*. https://www.ilo.org/media/316271/download

World Health Organization. (1978, September 12). *Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978* [report]. 1978. https://www.who.int/publications/i/item/9241800011

World Health Organization. (2010). *CBR Guidelines*. https://iris.who.int/bitstream/handle/10665/44405/9789241548052_supplement_eng.pdf?sequence=1

World Health Organization. (2023, March 7). *Disability*. https://www.who.int/news-room/fact-sheets/detail/disability-and-health

Xin, W., Xu, D., Dou, Z., Jacques, A., Umbella, J., & Hill, A. (2024). Effectiveness of community-based rehabilitation (CBR) centers for improving physical fitness for community-dwelling older adults: a systematic review and meta-analysis. *Annals of Rehabilitation Medicine*, *48*(1), 5–21. https://doi.org/10.5535/arm.23148

Zaliha Mustafa, D. (2024, December 17). Speech at the Majlis Penyerahan Sumbangan PPKWP kepada PPDK Wilayah Persekutuan [Speech transcript]. *Ministry of the Prime Minister's Department (Federal Territories), Malaysia.*

eISSN 2600-9374

https://www.jwp.gov.my/storage/media/17122024_MAJLIS-PENYERAHAN-SUMBANGAN-PPKWP-KEPADA-PPDK-WILAYAH-PERSEKUTUAN.pdf

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