

Part II

Equal Opportunities for All: Promoting Community-Based Rehabilitation (CBR) among Urban Poor Populations

FINAL DOCUMENT

*A Joint Initiative between Disability & Rehabilitation team of WHO
(WHO/DAR) and AIFO/Italy*

Foreword

The WHO Disability and Rehabilitation (WHO/DAR) Team and the Italian Association Amici di Raoul Follereau (AIFO) are happy to present this document entitled *Equal Opportunities for All: Promoting Community-Based Rehabilitation (CBR) among Urban Poor Populations*.

Over the last 20 years, WHO has gained considerable experience in developing and implementing CBR with and for persons with disabilities. However, most of the experience of CBR has derived from rural areas in developing countries. At the same time, we are keenly aware that even in large metropolitan cities specific population groups, such as persons living in slums and in low income areas in urban peripheries, may also face difficulties in accessing the available rehabilitation services.

For this reason, representatives of organisations working in urban slum and low income areas were invited to a consultation in Manila (Philippines) in September 1995. As a result of this consultation, basic guidelines on implementing CBR in urban slum and low income areas were prepared.

The strategies defined in Manila in 1995 were implemented through a joint collaboration between WHO/DAR and AIFO from 1996 until 2001, whereby pilot projects in various parts of the world were set up. During this period, the centres participating in the initiative visited each other and met periodically to reflect on their experiences, and to share ideas and information about their successes and constraints.

In October 2001, representatives of the pilot projects assembled in Bologna (Italy) for a final meeting and to prepare a report on the implementation of CBR in urban slum and low-income areas. This report also presents glimpses of the journey made by the participants of the initiative — in discovering and learning about each other's work.

As a result of these projects a guide for Rehabilitation in Primary Health Care entitled *Promoting Independence of People with Disabilities due to Mental Disorders* was published in collaboration with the Mental Disorders Control Unit, Division of Mental Health and Prevention of Substance Abuse, and the WHO Regional Office for South-East Asia. The Division of Mental Health and Prevention of Substance Abuse also provided training for people in urban slums in Kenya.

We should like to thank all persons from the slum and low income communities and the organisations working there for giving their time and energy to this initiative, and for making it a success. Thanks are also extended to DAR donors and, in particular, the governments of Italy, Norway and Sweden as well as institutions and individuals who have provided support.

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Introduction:

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BACKGROUND

General

At a global level, 7–10% of the population is estimated to be disabled. A large number of disabled persons, especially in the developing world, have no access to institutional rehabilitation services that are usually based in big cities with a limited service capacity.

The concept of community-based rehabilitation (CBR) was proposed by the World Health Organisation (WHO) in the late 1970s to increase the coverage of rehabilitation services for disabled persons. Initially it focused on medical and functional aspects of rehabilitation needs. Soon afterwards other agencies of the United Nations, United Nations Organisation for Educational, Scientific and Cultural Development (UNESCO) and International Labour Organisation (ILO) proposed similar approaches for dealing with the educational and occupational aspects of rehabilitation. Implementations of field activities based on this approach, which values existing resources, skills and capacities in the families and communities, were known as the “WHO Model”, “UNESCO Model” and “ILO Model” of CBR.

Gradually it became clear that, for CBR to be effective, disabled persons require a multisectoral approach that covers all aspects of life. It was also evident that these activities related to medical, social, psychological, educational and occupational aspects have limited impact on the lives of persons with disabilities and their families unless attitudes change in the communities, unless there are effective national policies and laws which guarantee equal opportunities to all citizens, and unless persons with disability themselves have the possibility of making choices and are empowered to take decisions concerning their own lives.

This evolution in the concept of CBR resulted in a collaboration involving WHO, UNESCO and ILO in 1994. A paper entitled *Joint Position Paper on CBR* ensued, which attempted to go beyond the different “models”. It defines CBR as:

...a strategy within general community development for rehabilitation, equalisation of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.

The present document, *Equal Opportunities for All: Promoting Community-Based Rehabilitation (CBR) among Urban Poor Populations*, proposes general guidelines for initiating and sustaining the CBR approach in urban slum and low-income areas. The document is based on experience of working in urban slum and low-income areas in several countries.

CBR in urban poor communities and slums

In the last two decades, efforts for promoting and implementing CBR programmes have concentrated mainly on rural areas. At the same time, it has been recognised that disabled persons living in slums and low-income areas in urban settings do not have full access to the existing rehabilitation services. Keeping this in mind, in September 1995 the Rehabilitation Unit of WHO, which is now named the Disability and Rehabilitation (DAR) Team, organised an international consultation in Manila (Philippines) on the feasibility of implementing CBR in urban poor communities and slums.

Representatives of ten organisations involved in community development activities in urban poor communities and slums were invited to this consultation. The participants agreed that integration of the CBR approach into their existing activities was feasible if the activities were targeted at specific vulnerable groups, including persons with impairments, street children, single mothers, drug and substance abusers, etc. As a result of the consultation, a report was prepared entitled *Equal Opportunities for All: A Community Rehabilitation Project for Slums*.

Based on this document, the ten organisations were invited to elaborate proposals for projects, which could be submitted to the WHO/DAR for support. It was decided that these projects would be used as pilot case studies to verify the applicability of the ideas discussed in Manila to field conditions and that, after a limited period, the project implementers would be invited to meet for a second consultation in order to review and finalise a strategic document on initiating and sustaining the CBR approach in urban slum and low-income populations.

Projects participating in the initiative

Five of the ten organisations that participated in the Manila consultation in 1995 presented a project proposal, which was approved by WHO/DAR, and support was provided to initiate these pilot case studies. An Italian Association Amici di Raoul Follereau (AIFO), which was already collaborating with WHO/DAR for implementation of CBR programmes, became a partner of WHO/DAR so that the projects could be followed, monitored and facilitated.

Three additional projects not deriving from the Manila consultation joined the initiative at a later stage. Thus, a total of eight projects have participated in this initiative and are located in the following cities:

Alexandria, Egypt
La Paz, Bolivia
Makassar (Ujung Pandang), South Sulawesi, Indonesia
Mumbai, Maharashtra, India
Nairobi, Kenya
Quezon City, Philippines
Salvador, Bahia, Brazil
Santarem, Para, Brazil

Among these eight projects, two (Egypt and Indonesia) have direct governmental involvement through personnel working for ministries of health, while the others are supported and managed by national nongovernmental organisations (NGOs) and grass-roots organisations (GROs), though they also collaborate with governmental structures in different ways. In some projects such as the ones in Santarem (Brazil) and Nairobi (Kenya), a number of NGOs and GROs are involved, working together in formal or informal networks. In the Santarem (Brazil) project, government departments such as prison services, municipal authorities, etc., are also involved. Finally, the project in La Paz (Bolivia) is managed by a disabled people's organisation (DPO).

Methodology of the pilot case studies in the field projects

From the experience gained in implementing the CBR approach in urban poor communities and slums, it was decided to promote continuous exchange of experience and reflection through four main instruments — preparation of six-monthly activities reports that highlight the difficulties encountered and choices made for overcoming them; exchange of experiences through a newsletter called *Sharing*; project verification visits; and organisation of exchange visits between the projects.

In October 1998, members of several projects participating in the initiative met in Bologna (Italy) to reflect on the early difficulties and methodologies of initiating the projects. During this meeting they also interacted with other project implementers who were involved in promoting community development, health care and CBR activities in various parts of the world in differing situations such as rural communities and refugee camps, etc.

Two project exchange visits were arranged: the first one in November 1999 to Salvador (Brazil) and the second in November 2000 to Mumbai (India).

A concluding consultation of representatives of the participating projects was then organised in Bologna (Italy) from 22 to 24 October 2001. It was held jointly by WHO/DAR and AIFO, with the objective of finalising a strategic document to implement the CBR approach in urban poor communities and slums. The present document is a result of this consultation. Though it is recognised that promoting CBR in urban low-income and slum areas would include activities related to several vulnerable groups, the present document concerns itself mainly with issues related to disability.

STRATEGIES FOR IMPLEMENTING CBR IN URBAN POOR COMMUNITIES AND SLUMS

The urban poor and slum dwellers

Past decades have seen a gradual increase in disorderly and informally occupied urban areas, a result of rural–urban migration and displacement of poor population groups in search of livelihoods and survival. These urban areas are known as slums, favelas or bidonville and they are characterised by the following factors:

High population density and lack of proper housing: Large numbers of persons are forced to live together in small spaces. For a majority of poor persons living there, the living spaces may be precarious structures made of mud, tin sheets or plastic, etc.

Changing dimensions and security: Some of these areas may be relatively new and constantly threatened by bulldozers. Others may be of a much longer duration, even decades, constantly enlarging with the arrival of new persons. Occasionally the civic authorities may even legalise some areas.

Poverty: Though the majority of the inhabitants are poor, unemployed or employed as wage earners or labourers in informal sectors, some persons may be relatively better off in certain long-standing areas.

Services: Many of these areas do not have access to public services such as electricity, roads, hygienic services, drinking water, health care, education, etc.

Mobility: Some inhabitants, especially in long-standing areas, may be relatively stable while others are more mobile, forced to search for alternative places or to come to the urban areas for seasonal work. Persons living in long-standing areas may have been born and raised there.

Ethnic, religious and linguistic differences: In some of these areas, the inhabitants may belong to different ethnic, religious or linguistic groups characterised by occasional conflicts.

Persons living as squatters are often unaware of their collective numbers and identity. They may face the obstacles of the city as individuals or as family units, without any knowledge about their rights as citizens. Persons living in slums, especially those who have been there for some time, could be made more aware of their collective strength and needs.

Many need to cope with alien surroundings, different languages, cultures, ethnic origins and religions, etc. The lack of traditional support mechanisms of village communities makes them more vulnerable to exploitation and oppression. Sometimes, it is the men who come to cities for work and leave their families behind in the villages. For survival, whole families including children may need to work or older children may need to take care of the younger siblings. Even when families realise the importance of education, their children may not have access to education because of the shortage of schools in the neighbourhood, because of teachers' attitudes or because of bureaucratic difficulties such as the lack of children's birth certificates.

Other problems resulting from this situation include violence, drug and substance abuse, prostitution, street children, etc. Lack of hygiene and basic health services may lead to higher risks of infections, ill health and disabilities with high rates of morbidity and mortality. Violence, especially towards vulnerable groups such as persons with disability, can be a serious problem.

Given all these conditions, it is difficult to visualise a "community" among the urban poor and slum dwellers. However, family members, friends, neighbours and concerned persons in the low-income and slum areas can constitute a first level of "community". In addition, in long-standing slum areas there may be persons who are recognised as leaders because of their political, civic or religious role. There may be organisations or informal groups of women and/or youths in the slums and urban poor areas. Although slum dwellers are usually seen as "receivers" of aid, they may still have their own resources and a willingness to help others who are even more vulnerable.

Initiating CBR

Concerned parents or local grass-roots groups can initiate a CBR programme in an urban poor area or slum. Sometimes it may require the intervention of external facilitating agencies, which could be governmental authorities or local nongovernmental organisations.

Before any such programme starts, the communities need to have some familiarity with and confidence in the persons belonging to the initiating agencies. At the same time it is essential for the initiating agencies to have a good knowledge about the people and their main problems. Thus, a CBR programme should be seen as a slow and gradual process.

In addition, before any CBR activity starts, it is necessary to define the target area and to identify key persons and local institutions and organisations already present in the area. It is important to discuss and define the activities needed with community members and community leaders.

It may not be very easy to organise a meeting with community members, especially the family members of disabled persons and other vulnerable groups, to explain the ideas and to set in motion the first discussions, especially if the persons promoting the CBR programme are perceived as outsiders.

One possible initial step is to introduce a basic service, such as a nursery school or basic health care, or to strengthen an existing service, which would give the community a chance to interact with the initiating agency and to build familiarity and confidence. It would also allow the agency staff to learn about and discuss community needs, priorities and problems. Existing local initiatives started by concerned parents and groups can be very important and all those concerned can be involved in discussions and planning from the outset.

The identification and involvement of community leaders including influential persons, political and/or religious leaders become critical in this initial phase. For example, it is helpful to involve and inform local authorities such as civic authorities or police, etc. Both these activities may be difficult and require persistent and repeated efforts.

Identification and recruitment of key personnel belonging to the target communities and representing the religious or ethnic composition of the area are effective in building relationships of trust and confidence with the outside agency. More time and meetings may be needed to involve the communities in urban slum and poor areas as compared to communities in rural areas.

Understanding the needs

Carrying out a survey to identify disabled persons and other vulnerable population groups is helpful in defining the magnitude of the problems and for promoting discussions with local communities about priority activities and their implementation methodologies. However, such surveys may build up unrealistic expectations and lead to disillusionment even before the start of activities. Poor and slum communities may have past experience of surveys, making them suspicious and uncooperative.

Some project implementers prefer to proceed through gradual diligence and awareness building by promotion of dialogue and discussion with interested families and community members, rather than by promotion of any specific interventions. In this way, through a consultative process the communities themselves develop a plan of activities and the method of implementation. In such an approach, identifying the disabled persons and target groups in the community may be a slow and gradual process.

Other project implementers prefer to start with a gradual survey and, as the survey proceeds, promote certain activities, especially those that facilitate access to existing urban services such as hospitals, schools, vocational training, governmental assistance, etc. This may help in “spreading the word” among the target communities, thus improving collaboration for subsequent surveys.

The planning process should involve people in defining their needs and priorities, which may change with time. Thus, understanding the needs and planning of activities should be seen as an ongoing process.

Empowerment and community participation

Empowerment means that disabled persons and other target groups along with their family members and concerned persons in the community are aware of their rights and their collective strengths, have the necessary skills and resources to ensure access to existing services and facilities, and can take advocacy action to demand equal opportunities. Enabling empowerment is closely linked to community participation and ownership of the different aspects of the CBR programme. Promoting and/or strengthening DPOs and self-help groups (SHGs) is an important part of this process.

For example, countries have laws concerning access to transport and allowances for disabled persons about which persons living in urban low-income and slum areas may not be aware. A CBR programme in such a situation can provide information about these laws. Persons having this information may not know exactly how to benefit from such laws and how to fill in the forms to obtain the required certificates, identity cards and other documents; CBR programmes can provide practical skills and help in this respect. Persons having both the information and the skills may still be unable to obtain the required documents because of a lack of financial resources necessary for the request, and the CBR programme can help by promoting savings and credit funds to provide loans in these situations. Initially such information and skills may depend entirely on the staff of the initiating agencies, but persons from local communities can eventually be trained to take on this role.

Promoting DPOs

CBR programmes can help in creating links between the communities and existing DPOs in the cities. They can also help in bringing together persons with disabilities, family members and other concerned persons in the formation of such local organisations. Through support for management and leadership training such organisations play a vital role in the CBR programme, for example, in

awareness and information activities, as well as in running cooperatives and savings and credit funds.

CBR and community committees

Community committees may already exist in the urban low-income and slum areas, some of which may be involved with specific issues such as land rights and may not understand or regard disability as a priority issue. However, it is always important to try to inform and involve such committees in the CBR programme so that a CBR committee comprises disabled persons, their organisations, family members, concerned citizens, community leaders, etc. Persons representing specialised institutions that provide services to these areas may also be represented on such committees. To have a CBR committee that plays a role in management is the ideal goal for the CBR programme.

Role of public authorities

Persons living in the slums and the urban poor are citizens with rights equal to those of other citizens in the country. Involving local authorities to ensure public services and collaborating with existing governmental institutions are thus very important for CBR projects.

Role of CBR personnel

Initially the promotion of CBR activities in low-income and slum areas may require paid staff to work with the community. Such staff could ideally be from the target communities themselves; however, it may not be possible to find persons with the required training. The selection and training of paid staff to work in low-income and slum areas require special attention. The training must emphasise their role as facilitators and the overall goal of community take-over and ownership of the activities.

Role of community volunteers

Difficulties in finding community volunteers and their quick turnover are problems faced by CBR programmes and these difficulties may be accentuated in urban low-income and slum areas. However, there are examples of successful involvement of community volunteers in various projects, especially from among the disabled persons and their family members.

Activities

Health and rehabilitation

Disabilities are sometimes equated with sickness, and persons with disabilities may be erroneously seen as sick persons. This may not be true for many persons with disabilities who are healthy. The CBR programme is able to play a key role in increasing the accessibility of existing institutional rehabilitation services in the cities for persons living in urban low-income and slum areas. The disabled persons or other target groups and family members can be accompanied to the

rehabilitation services, and the bureaucratic formalities and procedures, etc., explained. Eventually, such roles can be taken over by local skilled persons in the communities.

However, such accessibility may be limited because of lack of time, and financial resources and community support may be required. Personnel, especially specialists from the existing institutional services, may be invited to visit the low-income and slum areas and become better acquainted with the needs and constraints of such communities.

The use of manuals such as the *WHO Manual on CBR* is important in providing knowledge about the causes and mechanisms of the various disabilities, as well as the range and limitations of rehabilitation activities offered to the disabled persons and their family members.

Education

CBR programmes can play a key role in creating awareness about the importance of education and in facilitating access to local schools. These programmes can also find solutions to obstacles such as the lack of a birth certificate.

CBR programmes can participate in creating awareness about the needs of disabled children among local schoolteachers and their training needs. It is important to promote the concepts of inclusive education.

In the community itself, the CBR programmes can help in promoting local nursery schools and ensuring that young children with impairments have access to these schools.

CBR programmes can also promote formal and informal education activities for adults at several levels.

Work and income generation

CBR programmes can play a key role in increasing accessibility of disabled persons and other target groups in existing services of vocational and skills training in the cities. This would provide a wider range of income generation activities.

CBR programmes can promote awareness about existing laws related to the employment of persons with disabilities. Those who are already employed may also appreciate support, and employers should also be made aware of disability issues.

CBR programmes can also promote training to create cooperatives and savings and credit funds. This would encourage self-employment. Information about obtaining loans, managing funds, bookkeeping, etc., could be included. Promoting self-employment is very important and persons arriving in the cities from rural areas may need support to integrate in the city and find their livelihood.

CBR resource centres

Lack of living space and overcrowding are key issues in urban low-income and slum areas. Identifying an actual physical space where disabled persons, other target groups and family members can meet together and organise some of their activities is very useful in such a situation. Suitable spaces in existing infrastructures are often identified by the communities themselves — these spaces may be used only on specific occasions or during certain periods of the day or week for CBR-related activities. For example, in the slum CBR project in Mumbai (India) such activities take place in a building provided by different religious organisations; in the urban low-income area CBR project in Alexandria (Egypt) such activities take place in a school building; while in a slum CBR project in Korogocho (Nairobi, Kenya) a small hut was built specifically for this purpose. Such spaces are considered as “CBR resource centres”.

Resource centres are also useful for organising technical support, training activities, etc., and they help community members to access learning resources such as books and toys. It is important to promote networking with other existing resource centres in the cities. A resource centre effectively provides an “address” for the community to receive communications and identity for the activities.

Creating links with other existing programmes

Several organisations and development programmes may be active in the same area, for example, organisations involved in vaccination programmes, women groups or education. Such organisations may be linked directly or indirectly to governments or they may be NGOs. The CBR programme should try to create links with these other programmes in order to promote an increased awareness about the situation and needs of disabled persons and other vulnerable target groups. In this way the other organisations can include them in their planned activities. Such links assist in organising joint activities to reinforce messages and skills, and to economise resources. Finally, such links may help to understand the community’s involvement in different activities and to promote more realistic expectations from the CBR programmes.

The other organisations operating in these communities may be using charitable or intervention approaches, which make it very difficult for the CBR programme to promote community involvement and ownership. In such situations, it may be constructive to open a dialogue with the organisations to discuss the difficulties and strategies. CBR is a part of community development and it can act as a catalyst in bringing together community members and in engaging the more vulnerable among them in development activities.

Monitoring and evaluation

Apart from data on the number of disabled persons and other target groups benefiting from the different components of the CBR programme, key information about access to the existing city services and community participation and ownership needs to be identified and monitored. These aspects also need to be considered for evaluation and impact assessment, with a view to the sustainability of the CBR programme activities. Ideally, target groups and communities should be

involved in the analysis and understanding of such monitoring and evaluation exercises, and their input used to plan new strategies and the future course of action. Information about the community and its needs is a resource for the community.

Conclusions

Promoting CBR activities to empower disabled persons and other target groups in urban low-income and slum areas, and to increase their access to the available city services is a slow and gradual process. This process is based on recognition and reinforcement of existing resources in the communities and in the neighbouring cities, in collaboration with other organisations and programmes active in these areas. The projects that initiate such a process must be of a limited duration and with a gradual phasing out of the external agencies, so that the process may continue in the communities. Local institutions and grass-roots organisations are very important for the involvement of persons with disabilities and their families.

**Annex – Participants Final Consultation,
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