

CHAPTER 4

Community Based Rehabilitation Training in Uganda: an Overview

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SUMMARY

This chapter presents an overview of the development of CBR training in Uganda and highlights the achievements over the past decade. It examines some of the problems encountered and describes how these have been overcome. It also looks at some of the difficulties that still have to be faced and suggests possible ways forward.

Uganda has a wide range of CBR training programmes, which are offered by a variety of establishments. They demand variable time commitments, are aimed at different academic levels and achieve varying degrees of practical competency. Although the courses are run independently, many of the 'key players' contribute to more than one course, so there is some cross-fertilisation of knowledge and ideas between the courses. In addition, all bodies running CBR training courses have some representation on the National CBR Steering Committee. Although the formalised courses focus predominantly on training service providers, a number of less formal, innovative courses have developed, which

address the learning needs of other community group members, such as parents and CBR committee members.

INTRODUCTION

Following the disintegration of rehabilitation services in Uganda, efforts to establish Community Based Rehabilitation (CBR) training, were made by the Government of Uganda, with the support of Uganda Society for Disabled Children (USDC) and the Norwegian Association for the Disabled (NAD). The main objectives were to develop comprehensive and sustainable rehabilitation services within local communities and include as many Persons with Disabilities (PWDs), as possible.

A number of agreements of co-operation were signed between NAD, USDC and the Ugandan Government, in order to formalise CBR activities. Rehabilitation of existing physical structures and Centres had to be done before CBR training could start. New ones were also put in place.

After over a decade, CBR training in Uganda has spread widely and includes formal training at the Uganda National Institute of Special Education (UNISE), Makerere University and Community Based Rehabilitation Alliance (COMBRA), resulting in nationally recognised degrees, diplomas and certificates. Less formal training takes place in Ministries of Gender Labour and Social Development, Health and Education, and in a number of NGOs, such as Action on Disability and Development (ADD), National Union of Disabled Persons of Uganda (NUDIPU), and 'OURS', for persons with disabilities. The less formal training focuses more on improving people's practical skills.

The duration of the different training courses varies from a few days in some cases, to two years in the case of UNISE and Makerere. This variation implies that the curriculum and methods of delivery are different in each of the situations. The final awards range from Masters' degrees, to certificates of attendance.

FUNDAMENTAL CONSIDERATIONS

Some of the fundamental considerations underlying the development of CBR training courses include the fact that PWDs had no service of their own and yet their needs were many. These needs were not being met by the existing health and education services.

Institutionalised services were seen as out-dated, narrow, unsustainable and addressing only a limited number of PWDs. International experts were putting emphasis on a community approach to provision of health and related services (WHO, 1989). Training and simplification of knowledge and skills was seen as a way of achieving wide coverage.

Any form of social and economic growth, especially for developing countries, needed to address the majority of people who required such services and therefore, the issue of community participation and involvement in planning was raised. In view of this realisation, a community approach became inevitable in trying to solve problems relating to health and disability. Developing countries, including many African countries, were seen as the focus for such pertinent issues.

THE ROLE OF UNITED NATIONS AGENCIES

In many respects, the World Health Organisation (WHO) appears to have taken over the responsibility for this development, as health and disability were seen as mutually related to the well-being of the individual. This can be seen in a number of instances including the promotion of the CBR concept by WHO and specifically through the publication of the CBR training manual in 1989.

Around the same time, UNESCO and UNICEF adopted other approaches which could be considered as closely related, although with emphasis on education and preventive health respectively. In a guide intended for teachers, parents and community workers on knowledge, approaches and methods of the CBR approach, O'Toole (1991), lays emphasis on the fact that CBR has received considerable attention during the decade of disabled persons. He points out that UNESCO, in consultation with Special Education Experts, recognised integrated/inclusive education

and CBR as two complimentary approaches in providing cost- effective and meaningful education and training to disabled persons.

UNESCO (1994), in theme 3, says that special education does not exist in isolation. It can only be developed and understood in the context of the community, which includes parents and the school neighbourhood. It is further stated, that CBR and ‘education for all’ have common roots. Both are based on commitment to the empowerment of local people to work together, to gain access to basic human rights whether in education or health.

UNICEF (1995), laid emphasis on low cost approaches and community participation in the provision of health services as part of the Bamako Initiative. The use of community health workers to manage simple health complaints is also highlighted. These approaches ensure sustainability and form pillars of CBR programmes.

PIONEER COURSE IN LONDON

This international approach resulted in the development of a post-graduate CBR course at the Institute of Child Health, London University, which ran effectively for over twelve years with hardly any ‘third world’ problems to hinder its progress! The irony was that the majority of students were from developing countries; training far away from the scene of the disability and poverty problems, but nevertheless feedback from the students over the years helped the Institute of Child Health to develop courses that responded to the relevant issues.

The course developed an excellent academic profile, but it lacked relevant practical experience. It was also very expensive and only sustainable through external sponsorship. The number of students qualifying per year were few and their impact in less developed countries was likely to be small. Something had to be done, and transferring the course to the scene of the disability problem became the obvious solution. London University took the initiative to support the development of CBR training courses outside the UK, in such countries as Uganda and India, where the training can develop in a more meaningful and

contextually relevant way, and with the opportunity of real field-work experience.

JUSTIFICATION FOR CBR TRAINING IN UGANDA

Uganda was chosen from among other developing countries, partly because it was emerging from its turbulent and nightmare history of the 1970s and 1980s, and had prevalence of ill health, disability and poverty in all corners. At the same time, Uganda had international goodwill on its side and many organisations were keen to offer support.

By that time, many Ugandans had completed the London course and were readily available. At the same time, a number of CBR programmes were at their formative stages. The African condition was seen as relevant for proper training and the government was willing to accept the training. The need to establish the training of CBR workers was accepted and Makerere University, with its well established structure and hierarchy of courses, was the first obvious choice. However, negotiations with Makerere to establish the CBR training programme, proved problematic and the course was eventually located at UNISE, whose expertise in disability and strong connections with disabled people themselves, made it an ideal location. UNISE gladly accepted the challenge of pioneering the course under its banner, with the support of funds from NAD. Consultations were made between stakeholders, the two relevant Ministries of Education and Sports, and that of Local Government, Department of Community Development, NAD and DANIDA (the primary funder for other UNISE programmes).

NAD's plans and budget were now seen as aiming at the same thing, a CBR training course in Uganda. Together with the University of London, a joint curriculum committee was set up. The task was to develop a curriculum for the Postgraduate course in CBR and by 1996, the curriculum was in place, having been approved by the Institute of Teacher Education, Kyambogo (ITEK) Academic Board.

CBR COURSES AT UNISE

There are now two CBR courses at UNISE: the Postgraduate Diploma (PGD CBR) and the Undergraduate Diploma (D CBR). The PGD CBR course started effectively in January 1996. Graduates of Social Sciences and Education, with a background or interest in disability, are recruited and trained for two Semesters of 17 weeks, so as to prepare them to be community workers, trainers, administrators and planners in this area, to work in the districts and local NGOs.

Highlights of the curriculum include:

- Causes of impairments and disabilities;
- Prevention of impairments and disabilities;
- Identification of impairments;
- Assessment and management of disability;
- Teaching and training methods for the community;
- Management of CBR projects;
- Writing Action Plans;
- Production of assistive devices.

Fifty-four graduates, one from Kenya, two from Zimbabwe, one from India and the rest from Uganda, have so far, gone through the course. Care was taken in the selection process of the Ugandans to identify students from a wide range of districts, as seen in Figure 1. However, a similar map of the location of the students, once they had completed the course (Figure 2), shows that employment opportunities tend to center around the capital and many areas do not have any CBR workforce as a result of our training programme. These can be compared with Figure 3, which shows the existing CBR programmes in Uganda.

By 1998, the Curriculum for the D CBR course had been approved by ITEK, and the course started in 1999. It is meant to be skills based, to meet the needs of PWDs within the community. The duration of this

course is four semesters of 17 weeks each. It is open to certificate holders in health, community work and teaching.

It was also hoped that it would serve as an upgrading course for Community Development Assistants, currently working without sufficient training in disability, but a good number of whom are holding certificates in community service.

Certificate holders from COMBRA, would also use this avenue to upgrade their qualifications in CBR. Overall, the COMBRA course seeks to improve the skills of the grass root workers expected to work at village and sub county levels, and also give them recognised qualifications.

THE MOBILITY REHABILITATION COURSE

The Certificate course in Mobility and Rehabilitation (MBR) at UNISE began during the 1996/97 Academic Year for a duration of one year. This course sought to focus on services and support for people with visual impairments, in response to evidence that this group of disabled people was not being catered for adequately, at the community level. Obviously, it has a large CBR component. The MBR course has since been upgraded from certificate to diploma level, and the first lot of Diploma MBR i.e. 11 Ugandan and two students from the African region have completed the course.

CBR COURSES IN SPECIAL NEEDS EDUCATION

In addition to the courses in the CBR Department at UNISE, Special Needs Education (SNE) students are also introduced to basic topics in CBR, incorporated in the Diploma and B. Ed. courses. This gives the SNE students an overview of the CBR activities and at the same time, facilitates a link between special education and CBR, which is hoped will continue when the students return to the field.

WORK IN THE COMMUNITY

Students in the CBR course are linked to the community in many ways including field visits, situational analysis, community practice and fieldwork project work.

Field visits are done by both groups of CBR students, while the situational analysis is done by PGD CBR students in the break between the first and second semesters.

In this period, they collect data in their local sub-counties. The data is related to the general socio-economic condition in the sub-county, vis-a-vis the situation of PWDs.

Methods used to collect the data include documentary searches in the sub-county headquarters, interviews with PWDs and their families, observation and focus group discussions. These data are analysed and later used to develop Action Plans, to be implemented by the student graduate in the area, when they return after graduation. The plan aims to involve and benefit PWDs and their families.

Both, the PGD and the Diploma Students do community practice. PGD students do their community practice in two separate blocks of three weeks each, within the second semester, first at the beginning, then towards the end of the semester. Diploma students do their community practice for six weeks at the end of the second semester in the first year, and then for another six weeks in the first semester of the second year.

We consider it very important to work towards developing students' skills as well as their knowledge. The skill of being able to use some sign language or Braille, as opposed to just knowing about it and the skills of using observation and problem solving processes to give useful advice and support, to families with disabled children. Even the skill of riding a bicycle might be an essential component for a community worker in a rural location! We say 'work towards' because we recognise that although the students have a generous amount of exposure to work in the community, we still have to put in place more rigorous methods of supervising and assessing their practical skills. We also need to do more work on identifying the core competencies that CBR workers require and how these can be taught and assessed. Once these are established, we will then have to persuade the authorities to recognise them as an essential part of the curriculum.

For community practice, both groups of students are placed in the local sub-counties under local supervision of the District Rehabilitation Officers and Field Co-ordinators, as in the case of USDC programmes. They work with the Community Development Assistants and Physiotherapists in the community. They also interact with local leaders and groups of PWDs, their parents and the local community. They visit families, identify and assess PWDs and try to meet their needs in various ways including counselling, referrals to schools, hospitals and various community programmes meant to improve their welfare within the locality. Students also discuss and give advice on income generating activities.

As part of their practical assignment, students identify and select clients who need assistive devices. They are required to make them locally, by themselves, as part of practice, while meeting the immediate requirement of the person using local materials. When they are back in UNISE, they make an assistive device to address the needs of a particular person with disability earlier identified and worked with, in the community. This device is assessed as part of their examination process. During the practical examination, students are expected to show this device, describe its practical use and some of its advantages to the client.

LINKAGES

As has been mentioned, University of London has been in the background to the development of the course, in many ways. It has supported the course, by providing staff capacity development, in terms of courses run both here and in London, in the form of visits and attachments. It has been instrumental in the development of the curriculum and the Disability Resource Centre at UNISE. It has also promoted research activities.

Apart from NAD and University of London, the CBR Department at UNISE has linkages with Makerere University and NGOs including USDC, NUDIPU, and COMBRA. They all have contributed in various ways to the courses offered through lectures, curriculum development, examination control and field work supervision.

NAD, in conjunction with UNISE, put up a building to house the CBR course and that included office blocks for lecturers. NAD sponsored seven students per year, as well as community supervision, through lectures. They also provided equipment necessary for preparation and teaching of various lectures.

CBR COURSES AT MAKERERE

Although the initial plans for a CBR course sponsored by NAD at Makerere did not materialise, the process of negotiation stimulated interest and enthusiasm amongst staff there, and in 1996, a Masters degree and Postgraduate Diploma in CBR were introduced in the Department of Social Work and Social Administration, at Makerere University. The Masters degree is intended to train rehabilitation personnel engaged in the planning of research and training, of middle and lower level rehabilitation workers employed by both government and NGOs.

The Postgraduate Diploma in CBR aims at preparing potential rehabilitation workers, administrators, and managers of CBR programmes, at both, national and district levels.

Minimum requirements for admission for the Master of Arts in CBR is a Second Class Honours, in Social Sciences, Arts and related fields like education and health services. For the PGD CBR, the candidate must possess a degree in Social Sciences or a related discipline from a recognised institute of higher learning, including previous working experience with PWDs.

In addition to the above courses, in 1998, the University introduced a course in CBR for undergraduate students pursuing first degree at the University. Since inception, the average number of undergraduate students taking CBR as a selective course is 400, every academic year. These developments have made use of the original idea of running the course at Makerere.

COMBRA CBR COURSE

Within the period in question, COMBRA, a Ugandan NGO started an advanced certificate course in CBR, which has been very useful in turning out large numbers of badly needed CBR workers, after six months training. The course is more skills based than the UNISE courses. It has been useful both nationally and in the East African region, for increasing the numbers of trained CBR workers.

In 1993, COMBRA received financial support from African Development Fund, that enabled the organisation to construct a CBR training centre for community workers. The construction of the centre has enabled sustainability of the training programme. The programme targets development workers involved in the rehabilitation of persons with disabilities. The programme started in 1994, with 12 students and has grown ever since. To date, COMBRA has completed 14 courses and 203 field workers from Uganda, Botswana, Eritrea, Ethiopia, Kenya, Liberia, Namibia, Tanzania and Zambia, have participated in the courses. They are trained to play a key role in identification, assessment and rehabilitation of PWDS at community level. Initially, COMBRA ran two, sixteen-week courses a year, but has since diversified to meet the needs of other partners.

USDC (UGANDA SOCIETY FOR DISABLED CHILDREN) TRAINING

The focus of USDC work, is to improve the quality of life of the individual child living at home. This is done through imparting of rehabilitation skills and knowledge on disability, at community level.

Training has been a key activity targeting many different groups, including facilitators who work on a voluntary basis and act as local village disability consultants. Others trained, also include medical personnel, artisans, primary school teachers, community development and health assistants (Uganda Society for Disabled Children Annual review 1997- 98).

USDC also supports district organisations of people with disabilities (DPOs), in terms of training aimed at educating the public about disability issues, so that they can continuously advocate for their rights. The methods include seminars and workshops. In the last few weeks, USDC has started sharing information concerning issues on disability, with the public and a quarterly pull-out entitled, 'Ability' to be published as an additional piece in one of the daily newspapers. The aim of this approach is to address issues on disability in the media, so as to increase capacity for interventions. Community education and awareness raising is also carried out by USDC. At the moment, emphasis is being laid on training and counselling of parents.

MINISTRY OF EDUCATION – SNE/EARS TRAINING

Special Needs Education/Educational Assessment and Resource Services (SNE /EARS) in the Ministry of Education, using the educational model of CBR, has been working hard to assist the government to realise the goal of equal opportunity for education. This has been done through workshops and seminars. Knowledge and skills are imparted to teachers, school administrators, community leaders and parents on various topics, including prevention of disabilities, early identification, inclusion of children into regular schools, and effective co-ordination of services.

A cadre of teachers referred to as SNECOs (Special Needs Coordinators), have been trained. These move from school- to- school, advising fellow teachers on effective inclusion of children with disabilities in the regular classroom. This has helped to transfer knowledge and skills to school teachers and administrators about the education of disabled children in main stream schools. The success of the government policy of inclusive education has to a large extent, depended on the SNE/EARS training programmes.

MINISTRY OF HEALTH TRAINING

The Ministry of Health has been engaged in CBR training for a number of years, using the headquarters staff who move to districts on an outreach basis. The training is focused on serving health workers.

The Public Nurses College, which trains health visitors, also has a course unit on CBR.

The objectives of this course are to enable health visitors in training to get knowledge and skills, in the identification of clients who need rehabilitation services. They are also trained to counsel and refer clients and to support and collaborate with community based rehabilitation services. The training methods used include discussions, field visits and practical placement in CBR programmes. They carry out some of the work in combination with their home-visiting programmes.

TRAINING BY MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

From 1995 till recently, the disability section of Ministry of Gender, Labour and Social Development has been running two sets of courses, one for field extension workers and the other for PWDs, their parents and CBR committees at community level. The general objectives of this training, were to achieve integration of PWDs into all aspects of society and local community (Ministry of Gender and Community Development 1995).

Practical methods of training were used, including facilitators and resource persons from Health, Education, Agriculture and Community Development, operating at the district level. The topics covered included prevention and management of disability, at the community level.

In the training of parents and PWDs, Community Development Assistants are the chief trainers, together with the help of extension workers at sub county levels (Ministry of Gender, Labour and Social Development 1998).

NUDIPU TRAINING

The main mission of NUDIPU is equalisation of opportunities and participation of disabled people within mainstream society. It has been able to do this through many training activities, workshops and seminars. This has been done by NUDIPU at the centre, or by many of its affiliated organisations.

Areas of training according to National Union of Disabled Persons of Uganda (1999) include:

- leadership skills;
- awareness raising in conjunction with Ministry of Health;
- logical framework.

Training of District Union Leaders and women councillors in leadership skills, has also been carried out. Change agent training and induction seminars were run by Kabarole District Disabled Union (Kwagala, 1999). In July 1999, a workshop on women with disabilities in local governance was held in Kabarole, Guzu (1999).

PROBLEMS ENCOUNTERED

The problems of setting up training for people involved in CBR are many, as noted by Thorburn (2000), but they largely relate to three main areas, namely,

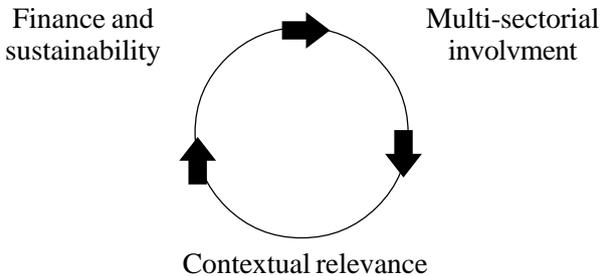
1. financial security and sustainability,
2. coping with the necessity for multi-sectorial participation including their different political agendas,
3. developing holistic, contextually specific programmes, which equip people to work effectively within the CBR framework.

We see these three factors as essential ingredients, which interact in an iterative way as illustrated in diagram 1. Training programme development normally engages in this process at the financial point, then moves on to multi-sectorial involvement and eventually, examines the contextual relevance of the courses they are developing. The extent to which these stages have been successfully handled, influences the continued finance and sustainability of the courses and the process goes round again. Realisation of the connection between these stages is an essential ingredient of successful programme development.

Some examples of the problems encountered in Uganda concerning sustainability and possible solutions available through activity in the

multi-sectorial and contextual dimensions, are discussed here and may be helpful to others wishing to set up and/or sustain CBR training, in other African countries.

Diagram 1



1. Finance and sustainability

In an era of structural adjustment, education in Uganda has been commercialised. This is a big challenge for CBR training, as few students are able or willing to pay for privatised courses, especially when employment prospects are not forthcoming, as in CBR. There is limited sponsorship by employers and district authorities, for students who are keen to do the course and the lack of a clear employment policy and structure for graduates, once qualified. This means that students find it hard to get employment. For example, NGOs still continue to employ people without the CBR course background, despite their awareness that UNISE is turning out graduates with appropriate knowledge and skills, and so a significant number of the Ugandan graduates have been forced to take up other jobs, not related to disability. Some Ugandan students who register for the CBR courses are not released by their employers and have to opt out of the courses to retain their jobs. There have also been fewer than expected, foreign students. These factors affect the student's motivation for doing the course and have had a serious impact on the numbers of students recruited and the sustainability of the training programmes.

Additionally, community development assistants are at the moment, heavily engaged in multiple development issues at the sub-county level. There is a danger that even after training in CBR, they would find themselves over involved in other activities and projects, which are often more financially rewarding than CBR. Thus, the development of services for disabled people loses out again.

Establishing an effective recruitment practice can also seriously affect the sustainability of these training programmes. If people with practical skills, commitment and experience are turned away in favour of degree holders who have no interest, experience or aptitude for working with PWDs, the resulting graduates are more likely to leave the CBR workforce. If male students predominate, when it is known from observation of CBR activities, that it is the women who respond more easily and effectively to the problems faced by PWDs, then, this natural inclination and strength will be wasted.

2. Multi-sectorial participation

Increased multi-sectorial participation (which includes community members and families of disabled people as well as professional and more formal organisations), will help to address some of the issues outlined above. For instance:

1. If Government and non-government personnel are increasingly involved in the CBR training and its management, and are continually included and kept informed of the process and content of the course development, then they are more likely to sponsor future students, allocate budget lines, and employ graduates.
2. Sectors are more likely to offer support, if on-going modification of the curriculum and evidence of clear learning structures and targets are made apparent. For example, we need to know what are the core competencies of a CBR worker and how does the course teach and examine these competencies?
3. If representation from different stakeholder groups is utilised to make student selection, then it is more likely that bias will be

minimised. On the other hand, if courses remain isolated and separated from other sectors and fail to engage with other stakeholder groups, then these other parties will become sceptical and critical and a climate of mistrust develops.

4. Training institutions could take further initiatives to publicise their courses through all the stakeholder groups and make sure that the communication structures are in place, to facilitate the students attending the courses.
5. An international CBR training group could gather information concerning the different courses and make this information available to the various players as a first step, in streamlining the training offered and the contents of the courses.

The degree to which participation can be achieved, appears to positively affect the outcome of these training programmes and awareness of the essential nature of multi-sectorial involvement and determination is required, if effective and sustainable CBR training programmes are to be developed and sustained.

Working together to identify the desirable common denominators will help to show us the way forward.

3. Contextual relevance

Likewise, attention to the contextual relevance of the training programmes will influence their sustainability. This is the issue that had to be faced when the post-graduate programme in London was moved to Uganda and to India. It was essential that training took place in a more contextually appropriate setting, so that the practical rehabilitation and management skills gained, were relevant to that specific setting. Likewise, what is effective in Uganda may not be the answer in Kenya, what might be the best solution in Zimbabwe, might not be the best thing for South Africa. However, this does not mean that the 'Uganda experience' and the 'London experience' cannot be useful to other countries at a conceptual level, or for performing specific

roles, such as (in the case of London) the development of a body of competent researchers, who will be able to return to their countries and have the skills to ask and answer relevant research questions relating to disability. It is by sharing experiences and perceptions across countries and continents, that new initiatives are born.

The need for relevance is not confined to country specific elements, but also applies to the different groups of people who require training. As you have seen, the CBR courses in Uganda are many and they serve different population groups. Some train volunteers, some train community workers, some train disabled people, some train districts and some train professionals. In order to cover the training needs of these different groups, different training is needed, at different times, in different places, for different lengths of time about different things. Yet, ALL these versions of training are needed, if the CBR vision of equalisation of opportunities and social integration are to be realised. My point is, that we must not be misguided into thinking that there is ONE RIGHT WAY of conducting CBR training. The manner, structure and content of such training depends on:

- who you are training,
- why are you training them,
- where will they be working after the training,
- what will they be expected to do and FINALLY and most importantly,
- how this relates to the structure of the environment in which they are living and working.

There is strength in diversity. There is no need for us all to be the same...we are all needed and all important.

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