REPORT ON PSYCHOLOGICAL AND PHYSICAL REHABILITATION IN THE COMMUNITY WORKSHOP

11th MAY - 2nd JUNE 2000

Organised by: **MINISTRY OF FOREIGN AFFAIRS**
MASHAV – CENTRE FOR INTERNATIONAL CO-OPERATION, JERUSALEM.

Held at: ***The Golda Meir Mount Camel International Training Centre (Mctc)***
P. O. Box 6111, Haifa 31060, Israel.

Prepared by:

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ACKNOWLEDGEMNT

I wish to thank the staff of the training section, Ministry of Foreign Affairs - Uganda who availed COMBRA information regarding workshops organised by Mashav - Centre for International cooperation, Jerusalem, the Foreign Affairs Ministry of Israel.

The training Division Ministry of Finance and planning - Uganda for all the support in facilitating communication to Israel through the Israel Embassy-Kenya.

Special thanks go to the Israel Government, Ministry of foreign Affairs - MASHAV - Centre for International co-operation Jerusalem for offering me the scholarship to participate on the workshop.

The Director and staff of MCTC - Haifa for the enabling environment for the workshop particularly the course staff and all the facilitators from the various institutions in Israel.

The World Health Organisation is specially thanked for offering me the return air ticket through the training division, Ministry of Health.

Last but not least, thanks go to COMBRA for allowing me to participate on this workshop.

INTRODUCTION

The Psychological and Physical rehabilitation in the community workshop is among the many international workshops organised by the Israel Government, to promote international cooperation.

Today more than ever there is increasing awareness of the plight of persons with disabilities throughout the world, due to the impact of the campaign for a global ban on landmines. In Israel new initiatives have taken place in the area of psychological and physical rehabilitation and efforts are being made to bring a reform in the existing ones. All these are an effort to integrate people with physical and mental disabilities into the main stream of society by promoting accessibility, services, technology e.t.c.

Therefore the purpose of the workshop was: -

- To develop an understanding of the complexity of designing viable, cost effective programmes for persons with disabilities.
- To create a better basis for communication and coordination among health – care social services and other professionals, persons with disabilities and their families.

Workshop objectives were to: -

- *Analyse disability-related issues in areas such as law and public policy, employment and housing.*
- *Expand knowledge and experience various tactics and techniques for developing and managing rehabilitation services.*
- *Exchange information about the concept of disabilities in various cultures.*
- *Become familiar with a variety of community oriented programmes in Israel.*

Participants

Participants were 26 men and women in the age group 35 – 50 years, involved in managing and planning rehabilitation services at regional or community level. They were of varying professionals who included: Doctors, Physiotherapists, Nurses, Teachers, Lawyers and Social workers working with government and non- government organisations. They represented the following countries: Barbados, Cambodia, Croatia, Czech republic, Djibouti, Ethiopia, Fiji, Georgia, Kenya, Mauritius, Mexico, Myanmar, Nigeria, Philippines, Poland, Romania, Seychelles, Slovakia, St Vincent and the Granadines, Uganda and Uzbekistan.

Methodology

The following methods were used to facilitate the workshop:

- Lectures and discussions by professionals in the field (including participants themselves), university lecturers and researchers.
- Group work.
- Field visits to programmes for both persons with physical and mental disabilities were held to complement the classroom sessions.

Handouts, slides and video films were used to enrich the presentations.

Workshop procedure

The workshop started with an introduction to the workshop by the course Director Mrs. Hava Karrie. She introduced the course staff to participants and gave an overview of the workshop programme (Workshop programme see Appendix 1) and the centres regulations.

The Director of the centre Mrs. Mazal Renford who welcomed participants and gave a brief background of the centre introduced Mount Carmel Training Centre (MCTC). Specially noted was that the centre was started by the first female Prime Minister of Israel Golda Meir after realising that many women in the developing world were not empowered. Development courses were started for women at the centre but still they made no change when they went back to their countries. On evaluation it was found that women were not able to create any change where men were in power as leaders. As a result the centre started recruiting both men and women to participate on workshops together. With this, the workshops have yielded positive results when participants return to their countries.

Following the opening ceremony participants were taken on a bus tour of Haifa to get acquainted to the important places in Haifa e.g the banks and shops.

Lectures

☞ A lecture on Medical Rehabilitation was given by Prof. Reuven Eldar of the Fleischman Unit for the Study of Disability, Lowenstein Hospital- Rehabilitation Centre Raanana. Different models of rehabilitation were discussed. He gave an overview on the medical rehabilitation in Israel. Notable were the sick fund and National Insurance through which those in need of rehabilitation are able to receive the necessary therapy and assistive aids/ appliances. To enrich the lecture Prof. Reuven gave participants briefs on some of the research findings and paper presentations he had carried out in regard to community rehabilitation. Among these were:

- A proposal on integrated institution-community in developed countries.
- A review on Rehabilitation in the Community for Patients with stroke.
- A research on community –oriented programmes for rehabilitation of persons with arthritis.
- A research on Quality of life in young adults with stroke.

☞ A lecture on the Afula Community Rehabilitation Model by Dr David Snir, Director, Rehabilitation Unit for the Northern District Kupat Holim emphasised the continued home care *(See details under home visits, Ajula Hospital).*

☞ To avail time to visit all the relevant institutions on programme and considering the fact that many participants were people already involved in implementation of rehabilitation programmes a lot of information was discussed in brief and handouts were given. These included information on:

- The 1994 joint position paper for Community Based Rehabilitation for and with People with Disabilities. (ILO, UNESCO and WHO)
- Israel's Health Systems since the National Health Insurance Law.
- Magna Carta for Disabled Persons and its implementing Rules and Regulations.
- Equal Rights for People with Disability Law, 5758-1998 State of Israel Ministry of Justice.
- Bizchut: The Israel Human Rights Center for People with Disabilities.
- National Insurance programmes in Israel.

☞ Lectures by participants focussed on location of the country, population, mortality rate and rehabilitation services offered at various levels. Some gave specific presentations of the programmes they are directly involved in. The author presented her CBR experience of the Bwaise CBR project under COMBRA where she is the community physiotherapist and doubles as the coordinator. Participants were a great resource to provide information on community rehabilitation in other countries.

From these lectures it was noted that:

- Few participating countries had community-based rehabilitation involving CBR workers. These were Mauritius, Philippines and Uganda.
- Many countries had the community-oriented programmes where professionals go to the community.
- Others were institutional based where people with similar disabilities are in an institution.
- In some presentations focus was on the rehabilitation in the hospitals.

☞ On the programme there were two unique lectures namely:

1. The land and people of Israel – during this lecture a chronological presentation about the nation of Israel was given. (This featured a lot on what we read in the Bible.)
2. The Geo-Political Situation in Israel by the Ambassador Moshe Arel, Ministry of Foreign Affairs, Jerusalem focussed on the historical rule for the different empires namely Roman, Turkish, German etc which in the end left the people of Israel with no nation and no land.

These were indeed relevant because understanding people's background is part and parcel of community based rehabilitation.

Group work
In groups of six participants developed models of rehabilitation using a specific guide. These were presented and discussed in plenary. It was noted that some groups could not come up with one model as they had completely varying systems in their countries.

Field visits
Various institutions and centres involved in rehabilitation in Israel were visited

Institutions and centres visited included: -

"Yad Sarah" Dispensary centre for medical supplies

Issues noted: -
- Yad Sarah is the biggest voluntary organisation in Israel with services offered by over 6,000 volunteers.
- Yad Sarah is funded by donations of which 80% is from within Israel. It gets no government help.
- Yad Sarah is a place to borrow medical equipment ranging from the most basic (crutches) to the most sophisticated (cardiac apnea monitors).
- Services offered by Yad Sarah include: personal alarm systems, transportation for people with disabilities, out reach to the home bound, Laundry services for the incontinent, home repair services, oxygen service and meals for the needy elderly.
- Yad Sarah has a number of centres which include Guidance and Exhibition centers, Day Rehabilitation centres, Geriatric Dental clinic, Skills Training Centres and maintenance workshops.

Afula Hospital
Participants visited Afula Hospital in the valley of Yzreel.

Issues noted: -
- Afula hospital has a unit for Continuing Care which consists of a geriatrician, a rehabilitation physician, a psychiatrist, two family doctors, and nurses, physiotherapists, occupational therapists and social workers (4 in each discipline).

- The purpose of the Continuing Care Unit is to care for patients at their homes after discharge from hospital or upon referral from family physicians.

Advantages of the Afula hospital rehabilitation model is that: -
- The patients stay for fewer days in the hospital.
- The patient is treated in a home environment
- Home adjustments are made easily.
- The medical workers are able to work with the family.
- The model increases the availability of and accessibility of care (particularly to those living in remote areas of the district).

Therapeutic horse back riding:
Participants had the opportunity to view therapeutic horse riding. This was at a farm home where initially the horses were used for riding as a game and now turned to therapy.

Issues noted:
Effects of therapeutic horse riding: -
- Reduction in muscle tone thus improving range motion.
- Improves balance.
- Helps to build confidence.
- It improves the cognitive function.

Indications for therapeutic horse riding: -
- Cerebral palsy.
- RTA accident victims.
- Multiple sclerosis.
- Stroke patients

Contra indications:
Horse back riding is contra indicated for:
- Children with Down syndrome (due to the Atlanto – occipital dislocation).
- Clients with internal metal fixations.
- Anti coagulant.
- Clients with allergy reaction.

Sav – Yom multipurpose daycare centre for the elderly
Participants had the opportunity to visit a day-care centre for older persons.

Issues noted:
- The centre has departments for – Social rehabilitation, the mentally frail and additional services such as: - dentist, pedicure, hairdressing and opticians.
- Special activities for the older persons include - journalism and trips in Israel and abroad.
- The centre has the following categories of staff – Doctor, Physiotherapists, Occupational Therapists, Communication Clinician, Social Workers and Nurses.

Beit Ouri
Participants visited Beit Ouri Home for curative education, a home for 82 Jewish and Arab children, youngsters and adults between the ages of seven and 42 who are in need of special care.

Issues noted:
- Home for curative education was founded by Deborah the mother of a retarded child who bore the special despair, pain and love that all parents of children with disabilities feel. After the death of her son Uri she wished to devote her life to such children at this institute.

- At Beit Ouri emphasis is given to therapy through art, music, drawing, drama, crafts and participating in activities of daily living.
- The adults learn to work within different fields according to their inclination and capabilities – in the garden, kitchen, laundry etc.
- Some receive vocational training in small groups in carpentry, ceramics, weaving, basket-making and other crafts.
- A Physiotherapist visits the centre once in a week to give physiotherapy exercises to those who need it.
- Some members of the home get jobs outside the centre e.g in supermarkets.
- They also participate in sports nationally.

"OFAKIM" School - Haifa.

Issues noted

- The school is authorised under the supervision of Israel's ministry of education and culture, the city of Haifa's education department and "ILAN" Israel association for handicapped children.
- The school takes children with physical disabilities between the ages of 3-21 ranging from having normal intelligence to borderline or mild levels of retardation.
- The school has adopted an educational –therapeutic curriculum that incorporates both individual and group instruction.
- The Physiotherapist and Occupational therapist join teachers in the classes to give the relevant support.
- A consulting Developmental Pediatrician and an Orthopaedic Surgeon periodically visit the school and give the relevant recommendations.
- The school has a guidance counsellor who works with children and their families. Session covered include child's development, the handicapped child and teenage, coping with physical handicaps in the home and in the community, adolescence, sex education and others.
- The school's psychologist in consultation with the school's guidance counsellor provides psychological supervision. Social work support is by the school social worker.
- There is a system of gradual integration to normal schools where by a child with cerebral palsy joins a normal school once a week then later twice a week or more.
- Majority of students are low functioning and non verbal. Emphasis is put on communication (speech) and alternative methods using pictures and or sign language. Computers have proven to be excellent tool for facilitating learning and communication.
- The schools projects include weekly activities at agricultural farms, going into the community, shopping, eating in restaurants travelling by public means to encourage participation in community activities like other people in Israel.

Rehabilitation Village for retarded youngsters and Adults.

Issues noted:

- At the centre there were 20 years and above 60 years persons with mental retardation.
- Initially the centre has strict rules e.g No man-woman relationship was accepted. But there were many cases of pregnancies! It was realised that such rules were abusing their human rights. When these strict rules were abolished, they lived a normal life. They were now able to take decisions regarding their private life. Relationships became public and were able to receive sexual counselling.
- The centre has income generating activities where the village members participate namely: factory for making plastic containers, a programme for training security dogs and are also involved in horticultural farming.
- The centre has rehabilitation units in day care centres.

Lowenstein rehabilitation centre: -

The Deputy Director of the hospital gave a brief about the hospital and took the participants around the hospital.

Issues noted:

- The hospital has a big number of rehabilitation staff, which includes Doctors, Nurses, physiotherapists, occupational therapists, clinical, and neuro-psychiatrists and social workers.
- The staff work in shifts giving a 24 hr service.
- All the staff receive basic training and get specialised training in rehabilitation.
- All people must be registered with an Insurance Health Organisation.
- The hospital takes a holistic approach during the rehabilitation programme emphasising early intervention for the social aspect.
- At the Lowestein rehabilitation hospital is a vocational rehabilitation and training centre. The training and vocational rehabilitation process includes:
  - A medical and vocational evaluation
  - Vocational training.
  - Psychosocial therapy throughout the rehabilitation process.
  - The vocational training has put emphasis on courses which can enable the trainees compete for jobs in the world today. Courses include: electronics, building and mechanical maintenance, computerised numerical control and book keeping, computer programming, office management, optics and others.
  - Job placement and follow up of work performance.

Key lessons learnt from the workshop were:

- In Israel there are laws governing the rights of people with disabilities and the commitment of Israeli society to such rights, are based on the recognition of the principle of equality and the value of human beings created in the divine image.
- The needs of people with disabilities in Israel are well catered for by the Government insurance policies, a situation not yet achieved in Uganda.

- There are schools for children with disabilities and rehabilitation staff who include physiotherapists, occupational therapists and Orthopaedic doctors giving services to the children while at school. This is a different approach as in Uganda the government is promoting community integration.
- There is a gradual integration of children with disabilities to normal schools.
- There are rehabilitation hospitals where people who have disabilities are admitted for rehabilitation services.
- There is a big vocational training centre attached to a rehabilitation hospital and here PWDs receive knowledge and skills in technology to enable them compete with the able bodied in the job market. Israel is moving away from old systems where PWDs were only involved in petty activities like carpentry and tailoring.

- In Israel most rehabilitation services for persons with disabilities is by professionals be in hospitals or in the community, whereas in Uganda very few professionals reach the community.

In countries represented:
Many did not have a well-established system on CBR where there are CBR workers. Uganda, Philippines and Mauritius were the exceptions. Other countries had programmes for continued home care where only professionals are involved.

Visits to Religious and historical places in Israel
Participants had the opportunity to visit religious and historical places in Israel which included the following: -

- Places around the sea of Galilee and the Golan Heights.
- Yad Yashem holocaust museum
- Knesset (the seat for the Israel Parliament)
- Israel Museum
- The old city of Jerusalem.
- The dead sea and Massada
- Visited the Israel Kibbutz.

The social activities included: -
- Celebrating the Israel 52nd Independence day.
- Israel folk dancing and dances from other countries.
- Tree planting at the modern forest.

Evaluation
A written and oral evaluation was done. Participants pointed out issues which should be considered for the next course. A workshop summary was developed to facilitate the exchange of information between the participants of the workshop using a questionnaire and the results were analysed *(See appendix 1)*.

Certificates
All participants received certificates, badges, and are now members of the Shalom club. The Shalom club comprises of members who have attended courses in Israel and are eligible to receive the Shalom club journals and send articles to the club to be published in the journal.

CONCLUSION

The workshop was very beneficial. It facilitated me to understand the various models of psychological and physical rehabilitation in Israel in particular and those of other countries participating. It gave me an opportunity to compare rehabilitation services in Uganda with other countries. It has further broadened my thinking as regards analysing disability issues. All the knowledge acquired will help improve services of People with disabilities through COMBRA programmes and her collaboration with other NGOs and Government ministries.

RECOMMENDATIONS

- Organisations for people with disabilities and the government departments concerned need to strengthen the human rights component, to promote the equality of all people with disabilities and to make possible their full integration in every walk of life.
- There is need to develop better government policies to enable PWDs in Uganda have access to rehabilitation services at minimal cost.
- Uganda needs to train more rehabilitation workers to improve on the rehabilitation services available in the country.
- The integration of children with disabilities to normal schools should be gradual.
- There is a need to establish special schools for particular disabilities e.g for children with cerebral palsy who can later be integrated to normal schools if they qualify.
- Schools of children with disabilities in Uganda should emphasise a component of community activities e.g. travelling by public means, shopping etc.
- Day care centres for older persons should be developed at community levels for social and medical rehabilitation.
- Vocational training institutions should also progress to high technology e.g. computers rather than the tradition of carpentry and tailoring to enable PWDs compete for better jobs with the able bodied.

Signed by: .....

Barbara Batesaki
Community Physiotherapist
CBR Coordinator
COMBRA

Date: December, 2000

WORKSHOP SUMMARY HOLISTIC APPROACH TO PEOPLE WITH PHYSICAL AND PSYCHOLOGICAL IMPAIREMENTS AND THEIR CONSEQUENCES DEVELOPIG COMMUNITY BASED REHABILITATION STRATEGY

- **The aim of this exercise:**

  to facilitate the exchange of information between the participants of the workshop, and motivate them in the role as "agents of change" in the future.

- **Methodology:**

  The participants fill in a questionnaires

  The inclusion criteria is that the participants understand CBR strategy of community development for integration of all people with and without disabilities, according to the WHO definition ("CBR involves rehabilitation activities at the community level, with existing recourses within the community, and active role of person with disability and his/her family").

  Analysis of answers will result in presentation of demographics and other data relevant for estimation of rehabilitation recourses, disability problems and possible solutions.

- **RESULTS - the compilation of this material will provide everyone with relevant material on CBR in the various countries in the areas of:**

  Table 1. Demographics

  Table 2. Rehabilitation capacities within the countries

  Table 3. Personnel recourses within the countries

  Table 4. Disability problems

  Table 5. The activities for insurance of continuum of care in the rehabilitation process

- **Discussion**
- **Conclusion**

DISABILITY PROBLEMS IN YOUR PRACTICE AND CONTINUUM CARE FOR PERSONS IN NEED OF REHABILITATION

Please underline the correct answers as they apply to your work

- **Physical impairments: permanent, temporary;**
- **limitation of personal manipulative skills; limitation of locomotor function; secondary disfiguring of the body (amputees etc.)**
- **Disabilities resulting from painful conditions (spinal pain, musculo-skeletal conditions etc.)**
- **Sensory impairments (mute, deaf, partial hearing /speech loss)**
- **Mental impairments (psychological, intellectual disabling condition, mental retardation etc.)**
- **Psycho-social impairments (violence, delinquency, financial burden, etc.)**
- **Others (specify).....**

– **Are there gaps in the rehabilitation process?**

– **Yes / No**

if yes, what is needed to be focused on:

– **1. Client/patient's information**

– **(2.) Client/patient's education**

– **3. Work with the family (information and education)**

– **(4.) General awareness raising in the field of rehabilitation**

– **5. To build a National Rehabilitation Center**

– **(6.) Open rehabilitation units on district levels**

– **(7.) Development of CBR models using community resources** (Improve existing ones & coverage for whole country)

– **8. other (specify).....**

COMMUNITY BASED REHABILITATION (CBR) STRATEGY
DEMOGRAPHICS AND SCOPE OF PROBLEM

COUNTRY...UGANDA POPULATION....16 (1991 Census)....mil; Average income (without tax)..... $ USA

Name& affiliation:..BARBARA BATEYAKI psycho/social, medical, educational, others (please specify)...MEDICAL.....

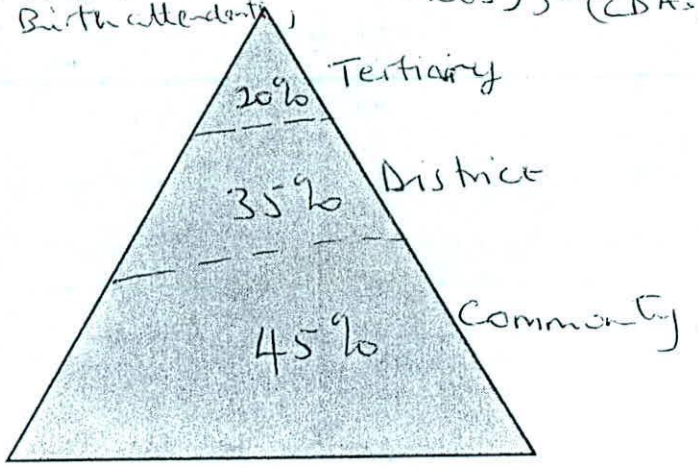
Profession / Designation.....PHYSIOTHERAPIST.....

- CBR INFRASTRUCTURE (LOCATE FACILITIES AND DESCRIBE THEIR CAPACITIES (INSTITUTION/BEDS; REHABILITATION PERSONNEL, PROGRAMS):
- tertiary/national level: National referral hospital (General) Depts – Neurological, Orthopaedic Physiotherapy & orthopaedic workshop Personnel – Surgeons, PTs & OTs, orthopaedic clinical officers & Technicians.
- secondary/district level: Regional Hospitals – General surgical wards, physiotherapy Dept + orthopaedic workshop Personnel – Surgeons, PTs & OTs Orthopaedic clinical officers + Technicians
- primary/ community level: District Hospital – Surgical wards, Physiotherapy Depts (in some hospitals) Personnel – Doctors & Surgeons (in some), PTs + OTs (in some) orthopaedic clinical officers. District Rehabilitation officer – Personnel – District Rehabilitation officer. Health Centres – Outpatients depts – clinical officer, nurses & Nursing aids Community – CBR-projects – CBR workers, PTs (to train CBR workers), Comm. Development Ass. (CDA.) – Comm. Health workers, Traditional Birth attendants)
- analyze and estimate the situation in your country and write within the pyramid - the proportion of rehabilitation activities for and with people with disabilities provided at different levels (total percent 100%)
- estimate your involvement within these CBR activities:
- Please circle the most appropriate answer

  national level: much, (from time to time,) not at all

  district level..: much, (from time to time,) not at all

  community ..: (much,) from time to time, not at all



AVERAGE MONTHLY INCOME OF PARTICIPANTS COUNTRY IN US$

INCOME	FREQUENCY	FREQEUENCY%
1 -100	5	27.8
101-200	2	11.1
201 -300	8	44.1
301 -400	0	0
401 -500	2	11.1
501 -1000	1	5.5
TOTAL	18	100%

TABLE1

NO OF RESPONDEDENTS =18

NON RE: SPONDEN =6

TABLE 1 SHOWS THAT 8 OR 44.1% OF RESPONDENTS COUNTRIES HAD AVERAGE INCOMES BETWEEN 201-300 US DOLLARS PER MONTH.

5 OR 27.8% AVERAGE INCOMES WERE BETWEEN 1 -100 US PER DOLLARS MONTH

2 OR 11.1% HAD AVERAGE INCOMES BE INCOMES OF401-500 US PER MONTH

1 OR 5.5% HAD INCOME OF 501-1000

PROFESSION OF PATICIPANTS

PROFESSIONS	FREQUENCY	FREQUENCY %
LAWYER	1	4.20%
MANAGEMENT	1	4.20%
PHYSIOTHERAPY	3	12.50%
SOCIAL WORKER	6	25.00%
SOCIOLOGIST	2	8.30%
MEDICAL	8	33.30%
PSYCHOLOGIST	1	4.20%
NURSE	2	8.30%
TOTAL	24	100.00%

TABLE 2

NO OF RESPONDENTS = 24

NON RESPONDENTS = 2

TABLE 2 SHOWS THAT 8 OR 33.3% OF PARTICIPANTS WERE MEDICALS DOCTORS

6 OR 25% WERE SOCIAL WORKERS

3 OR 12. WERE PHYSIOTHERAPIST

2 OR 8.3% WERE FROM THE NURSING AND SOCIOLOGY PROFESSIONS

LAWYERS,MANAGEMENT AND PSYCHOLOGY WERE 1EACH OR 4.2% RESPECTIVELY

INVOLVEMENT OF PARTICIPANTS IN CBRS PROGRAMES IN THEIR COUNTRIES

LEVELS	FREQ	MUCH		FROM TIME TO TIME		NOT AT ALL	
NATIONAL	8	44.40%	6	26.10%	8	36.40%	
DISTRICT	6	33.30%	9	39.10%	7	31.80%	
COMMUNITY	4	22.20%	8	34.80%	7	31.80%	
TOTAL	18	100%	23%	100%	22	100%	

TABLE 3

NO OF RESPONDENTS = 23
NON RESPONDENTS =3

TABLE 3 SHOWS THAT AT THE NATIONAL LEVEL 8 OR 44.4% OF PARTICIPANTS ARE INVOLVED AT THE NATIONAL LEVEL MUCH, FOLLOWED BY 6 OR 26.1% FROM TIME TO TIME AND 8 OR 36.4% NOT AT ALL

AT THE DISTRICT LEVEL 6 OR 33.3% WERE INVOLVED MUCH, 9 OR 39.1% FROM TIME TO TIME AND 7 OR 31.8% NOT AT ALL.

AT COMMUNITY LEVEL 4 OR 22.2% OF PARTICIPANTS WERE INVOLVED MUCH, 8 OR 34.8 % FROM TIME TO TIME AND 7 OR 31.8 % NOT AT ALL.

Table 4

Frequency of various disability problems according to the experience of participants of the workshop (N = number of participants who underlined the correct answers as they apply to their work. Total participants number 22)

Problem	N	%
1. limitation of locomotor function	16	72,7
2. disfiguring of the body	15	68,0
3. psychological problems	11	50,0
4. mental retardation	11	50,0
5. spinal pain	10	45,0
6. intellectual disabling condition	9	40,0
7. limitation of personal manipulative skills	9	40,0
8. delinquency	8	36.8
9. financial burden	8	36.8
10 musculo-sceletal condition	8	36.8
11. sensory impairments	< 6	< 27

List of additional problems identified and specified by participants:

AIDS, celiac, fenilketonuria, diabetes, families in distress, displaced persons, children exposed to moral da Equality of life for different social groups, perceptual, cognitive and learning difficulties

Most common identified problems are: limitation of locomotor function, secondary disfiguring of the body Psychological impairments and mental retardation.

Table 5.

The proposal of activities to overcome the gaps in continuum of care for persons in need of rehabilitation (N = number of participants who underlined the correct answers as they apply to their experience. Total participants number 22)

Activities	N	%
1.1General awareness raising in the field of rehabilitation	15	68
1.2. Work with family (information and education)	15	68
1.3. Development of CBR models using community resources	15	68
2.0 Client/patient education	14	63
3.0 Client/patient information	13	59
4.0 Open rehabilitation units on district level	12	54
5.0 To build National rehabilitation Center	8	37

List of additional proposals identified and specified by participants:
To provide literature about CBR;
To train the staff for CBR;
To bring closer medical and rehabilitation work;
To open Day care Center,
To develop community oriented rehabilitation,
To support the development of NGO,
To support development of Home Care Agencies,
To provide a care for the families in distress.
To open Crime Research Institute

The three most common proposals appeared with the same frequencies:

1.1General awareness raising in the field of rehabilitation
1.2. Work with family (information and education)
1.3. Development of CBR models using community resources

Table 6. The proportion (%) of rehabilitation activities for and with people with disabilities provided at different levels, as estimated from the country representatives, who answered the question (N = 12).

Country	National	District/Provincial	Community
Phillippines	10	20	70
Mauritius	10	20	70
Fiji	50	0	50
Uganda	20	35	45
Seychelles	30	30	40
Cambodia	70	0	30
Czech Republic (Psychol.)	20	60	20
Slovakia	10	70	20
Czech Republic (Med)	30	60	10
Croatia	10	80	10
Nigeria	30	50	20
Djibouti	70	27	03

The rehabilitation activities at community level were estimated as 50 or more percentage in three of 12 countries – responders. In other countries predominate activities on national and /or district levels.

CBR INFRASTRUCTURE

17 of 24 respondents identified rehabilitation facilities at national level, and 11 of them at district and at community levels too. Description of capacities (institution / beds; rehabilitation personnel, programs) varied, and not suitable for analysis.