‘’The Opportunities and Challenges of Implementing Community Based Rehabilitation Programme for Person with Disabilities in the context of Pastoralist Communities: The case of Borana pastoralist communities of Southern Ethiopia’’

By
Jaldesa Wako Liban

Advisor: Tenagne Alemu (PhD)

A thesis submitted to School of Social Work in partial fulfillment of the requirements for the Degree of Masters in Social Work.

Addis Ababa University (AAU)
May 2022
Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY

COLLEGE OF SOCIAL SCIENCES

School of Graduate Studies

This is to certify that the thesis conducted by Jaldesa Wako Liban, entitled ‘’**The opportunities and challenges of implementing Community Based Rehabilitation programme for Persons with disabilities (PWDs) in the context of pastoralist communities: The case of Borana pastoralist communities of Southern Ethiopia’’** and submitted in partial fulfillment of the requirements for the Degree of Masters in Social Work.

Accordingly, the thesis complies with the regulations of the University and meets the accepted standards concerning originality and quality.

Signed by the Examining Committee:

Getachew Kena (PhD)	_____	_____
Examiner	Signature	Date
Abebe Assefa (PhD)	_____	_____
Examiner	Signature	Date
Tenagne Alemu (PhD)	_____	_____
Advisor	Signature	Date

_____

Chair of Department or Graduate Program Coordinator

Letter of Declaration

I **Jaldesa Wako Liban** undersigned and declare that this thesis is my original work and has not presented for a degree in any other Universities and all sources of materials used for the thesis has duly acknowledged.

Student's name: **Jaldesa Wako Liban**

Signature: _____

Place: Addis Ababa, Ethiopia

Date of final Submission: May 20, 2022

Dedication

This thesis is dedicated to all person with disabilities (PWDs) living in pastoral area of Borana lowland where the environment always characterized by harsh condition with full of challenges due to recurrent drought and other natural disasters. Pastoralism way of life by itself has enormous difficulties and overwhelmed challenges that affect the livelihood of pastoralist in general and person with disabilities in particular. Access to basic services and infrastructures in pastoralist communities of Borana is very limited due to remoteness and hard-to-reach characteristic of the area. The above-mentioned overwhelmed challenges immensely affect the life and livelihood of person with disabilities (PWDs) particularly in pastoralist communities where mobility is a serious issue.

Person with disabilities (PWDs) are a weaker part of the community that always exposed to the highest magnitude of the vulnerabilities and susceptibilities. These problems permanently resulted from communities' negative attitude on disability, low confidence of PWDs in their capacity and skills, lack of rehabilitation services at community level and absence of committed institution to provide services. These circumstances lead person with disabilities (PWDs) to be dependent, poor, abused, neglected, and excluded from essential services like education, health, skill trainings, jobs and government loan.

Therefore, this thesis has particularly dedicated to person with disabilities living in pastoral area of Borana Zone by exploring the opportunities and challenges in implementing community based rehabilitation programme in pastoralist communities of Borana. I wish that God can give them strength and energy as they pursue knowledge as well as global community to collaborate for a support of person with disabilities in pastoral lowland areas in general and Borana in particular.

Acknowledgment

First, let the name of Almighty God be extolled and glorified for his providence and protection that enables me for successful accomplishment of this paper work. I cannot possibly list the names of all individuals who have exclusively contributed for this study. I would like to extend my deepest gratitude to my advisor Tenagne Alemu (PhD) for his commitments, constructive comments, and consistent follow up in advisory role. I would also like to thank all my research participants at different level for their voluntary participation in conveying their valuable time as well as allotting knowledge that mostly contributed for successful study.

I would also like to thank government and non-government experts that willingly participated in study by sharing knowledge, very reliable information and data. My deepest gratitude goes to my wife Nashu Jatani Tache for her usual support and moral in my busy schedule to finalize paper work. I would like to thank government officials of Yaballo and Moyale districts of Borana Zone specifically their administrators and similar structures at community level for their hospitality and facilitation during field data collection at community grass-root level.

My gratitude also goes to Masresha Reda community-based rehabilitation senior Expert working at Gayo Pastoral Development Initiative (GPDI) for her support in the provision of secondary data and information. My special gratefulness also goes to my twin Galma Wako Liban (Dr) for his support and strengthening me to finish the paper timely in a very constricted schedule.

Last, but not least, I would like to thank Addis Ababa University staffs for their support to finalize my paper by providing an incredible support through regular advice.

Acronyms

AAD	Alma-Ata Declaration
AAU	Addis Ababa University
AMREF	African Medical and Research Foundation
BOLSAs	Bureau of Labour and Social Affairs
CBOs	Community Based Organization
CBR	Community Based Rehabilitation
CRPD	Convention on the Right of Person with Disabilities
CSA	Central Statistical Agency
CWDs	Children with Disabilities
DPOs	Disabled People Organizations
ECDD	Ethiopian Centre for Disability and Development
FDRE	Federal Democratic Republic of Ethiopia
FGD**s**	Focus Group Discussions
GPDI	Gayo Pastoral Development Initiative
IDDC	International disability and Development Consortium
IGAs	Income Generating Activities
ILO	International Labor Organization
LMIC	Low- and Middle-income Country
MOLSA	Ministry of Labour and Social Affairs
NCSA	National Central Statistics Agency
NGOs	Non-Government Organizations
PAs	Peasant Associations

PHC	Primary health care
PhD	Doctor of Philosophy
PWDs	Person with Disabilities
UAG	Unidentified Army Group
UNESCO	United Nation Educational, Scientific and Cultural Organization
UN	United Nations
UNDP	United Nation Development Program
USAID	United State Agency for International Development
WHO	World Health Organization

Abstract

This study aimed to explore the opportunities and challenges of implementing community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana. A qualitative method employed to address the research questions in detail. The in-depth interviews, focus group discussions (FGDs), observation and document review used as techniques of data collection tools. The study participants were experts of government organization, non-government organization, and person with disabilities, elders and abba Gada as well as Kebele structures at community level. Non-probability sampling technique specifically purposive sampling technique employed to identify research participants. Thematic analysis also deployed for analyzing classifications and explaining themes relating to the data.

The ethical considerations subjects regarding to values of privacy, informed consent, confidentiality and anonymities have carefully addressed in this study. The finding of this study revealed that the most challenges in implementation of CBR programme in pastoralist communities were; negative attitudes of the community towards PWDs, absence of disability-oriented institutions and rehabilitation centers in the area. The other challenges are; low confidence in the capacity and skills of PWDs and harsh environmental condition pastoral area. The identified opportunities in implementing community-based rehabilitation programme for person with disabilities were the existing indigenous knowledge that Borana communities have to support PWDs, existing government structures and systems to support PWDs.

The barriers PWDs are facing towards maximizing their opportunities are; low income to run their business, lack of infrastructures in remote hard-to-reach pastoralist area, illiteracy of PWDs and low level of confidence. This study has concluded the challenges and opportunities in implementing community-based rehabilitation programme for PWDs in particular area of Borana mostly related with the access and environmental characteristics. Finally, the study has a great implication for Social Work intervention in the area of exploring challenges and opportunities in community-based rehabilitation programme through education, research, policy influencing and advocacy.

***Key words*: Community Based Rehabilitation, Disabilities, Pastoralist, Challenges and Opportunities.**

Table of Contents

Contents Page

Letter of Declaration ii
Dedication i
Acknowledgment i
Acronyms ii
Abstract iv
Contents v
List of Figures viii
CHAPTER ONE: INTRODUCTION 1
1.1 Background of the Study 1
1.2 Statement of the Problem 4
1.3 Objectives of the study 5
1.3.1 General Objective 5
1.3.2 Specific Objectives 5
1.4 Research Questions 6
1.5 Significance of the Study 6
1.6 Scope and Limitation of the Study 7
1.6.1 Scope of the study 7
1.6.2 Limitation of the Study 8
1.7 Working definition of concepts 8
CHAPTER TWO: REVIEW OF RELATED LITERATURE 10
2.1 Community Based Rehabilitation (CBR): Definition 10
2.2 Community Based Rehabilitation Historical Background 11
2.3 The Community-Based Rehabilitation Movement 12
Figure 1: CBR Matrixes 15
2.4 CBR in the African Context: The Concept and Approaches. 15
2.5 Community Based Rehabilitation: Programme Challenges and Opportunities 17
2.6 Community Based Rehabilitation (CBR) programs for PWDs 19
2.7 CBR Strategies - Emerging Challenges and Opportunities 20
2.7.1 Infrastructure 20

2.7.2 Adequate and appropriate training of personnel 20
2.7.3 High level of illiteracy 21
2.7.4 Working with community-based organizations (CBOs) 21
2.7.5 Equity 21
2.7.6 Disability issues 21
2.7.7 Equal opportunities 21
2.7.8 Dependency 22
2.7.9 Collaboration and networking 22
2.8 Disability World Wide 22
2.9 Disability Statistics: Global and National 23
2.9.1 Global Disability Statistics 23
2.9.2 National Disability statistics in Ethiopia 24
2.10 Theoretical Framework 24
CHAPTER THREE: RESEARCH METHODOLOGIES 28
3.1 Introduction 28
3.2 Research Method and Justification 28
3.3 Research Design 29
3.4 Site Selection and Study Area 29
Figure 2: Map of the study area 31
3.5 Demographics of the selected area 31
Table 1: Demographic setting of selected area (Per district) 32
Table 2: Demographic setting of selected area (per Kebele) 32
3.6 Sampling Techniques and Size 32
3.7 Data Collection Techniques 33
3.7.1 In-depth Interviews 33
3.7.2 Focus Group Discussion (FGD) 33
3.7.3 Observation 35
3.7.4 Document Review 36
3.8 Method of Data Processing and Analysis 36
3.9 Ethical consideration 39
CHAPTER FOUR: FINDINGS 40

4.1 Demographic information of research participants 41

Table 3: Demographic information of In-depth Interview participants 41

Table 4: Demographic information of FGD I participants (Dida-Yaballo Kebele) 42

Table 5: Demographic information of FGD II participants (Dambi Kebele) 44

4.2 Major findings 46

4.2.1 The concept and approaches of community-based rehabilitation 46

4.2.2 The Opportunities and challenges of implementing community-based rehabilitation programme 48

4.2.3 Key Challenges of implementing CBR in pastoral context 48

4.2.4 The opportunities of implementing CBR programme in pastoralist communities 50

4.8 Barriers exist for inclusion that PWDs is facing towards maximizing their social, livelihood, and education and health opportunities in pastoral areas. 52

4.8.1 Key Barriers exist for inclusion of that PWDs facing 52

4.9 Promotion of CBR programmes in pastoral area equalize opportunities for PWDs and Reduce Poverty. 53

4.10 Community Based Rehabilitation's strategy to empower PWDs 54

CHAPTER FIVE: DISCUSSION 56

5.1 The opportunities and challenges of implementing CBR in pastoralist Communities 57

5.1.1 Communities' Negative Attitude towards person with disabilities 58

5.1.2 Low health and rehabilitation services for PWDs at community level 59

5.1.3 Remote and Distant Pastoral Area to Conduct Home to Home Rehabilitation 60

5.1.4 Lack of disability Oriented Institutions 61

5.1.5 Lack of Economic Security and Alternative income sources 62

5.2 Barriers exist PWDs are facing towards maximizing their Social, education, health and livelihood Opportunities 63

5.3 CBR Equalize Opportunities for PWDs and Reduce Poverty 63

CHAPTER SIX: CONCLUSION AND IMPLICATION 64

6.1 CONCLUSION 64

6.2 Implication for Social Work 66

6.2.1 Implication for Policy 66

6.2.2 Implication for Social Work Practice 67

6.2.3 Implication for Social Work Education 69

6.3 Recommendation 69

REFERENCES 71
Appendix I: Information Sheet 77
Appendix II -Informed Consent Form 79
Appendix III: In-depth Interview Guide for Participants 80
Appendix IV: In-depth Interview Guide for Government expert 81
Appendix V: In-depth Interview Guide for Non-Government expert 83
Appendix VI: In-depth Interview Guide for DPO Members 85
Appendix: VII Focus group discussion (FGD) Guide 87
Appendix VIII: Observation Checklist 89
Appendix IX: Document Review Checklist 90

List of Tables **Page**

Table 1: Demographic setting of selected area (Per district) 32
Table 2: Demographic setting of selected area (per Kebele) 32
Table 3: Demographic information of In-depth Interview participants 41
Table 4: Demographic Information of Key-informants interview Participants ..... **Error! Bookmark not defined.**
Table 5: Demographic information of FGD I participants (Dida-Yaballo Kebele) 42
Table 6: Demographic information of FGD II participants (Dambi Kebele) 44
Table 7: Major themes and sub-themes of the findings ..... **Error! Bookmark not defined.**

List of Figures

Figure 1: CBR Matrixes 15
Figure 2: Map of the study area 31

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The World Health Organization (WHO) and other UN agencies promoted Community Based Rehabilitation (CBR[1]) in the early eighties, as an alternative service option, for the rehabilitation of people with disabilities in developing countries who had no access to services (Jelske Rozing, 2015; 24(pp)).

Community Based Rehabilitation (CBR) programs are running in over 90 countries worldwide, as a strategy to promote well-being and inclusion of person with disabilities (WHO, UNESCO, ILO, IDDC. 2010. P.70). In 1978, the CBR strategy has initiated by the World Health Organization (WHO) to contribute to "Health for All by the year 2000", following the Alma-Ata Declaration (Globe Public Health, 2011; 6(2):125–38.).

In Community Based Rehabilitation, interventions shifted from institutions to homes and communities of person with disabilities, and carried out by minimally trained people, such as families and other community member, thereby reducing the financial costs (Globe Public Health, 2011; 125–40 p.).

Since then, Community Based rehabilitation (CBR) for person with disabilities has evolved to a multi-sectoral strategy that addresses the needs of person with disabilities in a broader social context (USAID, 2015; 45-46 p). In the earlier years, community-based rehabilitation tended to be a form of 'community therapy', where services physically shifted to the community, but the clients remained as passive 'beneficiaries' (Globe Public Health, 2011; 6(2):125–39.).

[1] Community Based Rehabilitation is a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all person with disabilities.

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

Community Based Rehabilitation (CBR) for person with disabilities initially promoted as a service delivery method to promote equal access to rehabilitation services for person with disabilities in low and middle-income countries (LMIC) using local resources (Jelske Rozing, 2015;24p). Subsequently, Community Based Rehabilitation (CBR) redefined to "*a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all person with disabilities (*WHO, ILO, UNESCO. *Geneva; 2004 p. 2.).*

The Community-Based Rehabilitation (CBR) strategies describe rehabilitation needs in five domains or matrixes: health, education, livelihood, social life and empowerment (WHO; 2010. 70 p.). In order to achieve effective and sustainable community-based rehabilitation, person with disabilities, their families, caretakers and the community should actively be involved in program, ideally in-collaboration with government and non-government organizations services (Globe Public Health, 2011; 6(2):125–38.).

Community Based Rehabilitation (CBR) for person with disabilities become increasingly recognized as an appropriate model of service delivery to provide effective rehabilitation and therapy services to hard-to-reach communities at grass-root (WHO; 2010;8p: Geneva - Switzerland). Subsequently, in Africa, some community-based rehabilitation programs have changed to a community development approach, where person with disabilities and their families are actively involved in all issues of concern to them (GLADNET, 2002; 35 p).

Community Based Rehabilitation (CBR) is complex, it entails multiple levels, it addresses rehabilitation in multiple domains and it is always context depended (WHO: 2010. 70 p.).

In our country, different development practitioners are implementing Community Based Rehabilitation programme through the mobilization of resources from donor agencies and

counter parts. University of Gondar (UoG)[2] started Community Based Rehabilitation program since 2005 in Northern Gondar Zone of Amhara regional state in collaboration with Light for the World. The purpose is to create inclusive society through empowering person with disabilities. Afterwards, Community-based rehabilitation programmes extended to different highland areas of Ethiopia for instance Addis Ababa, West Shawa Zone-Ambo, Hawasa, Arbaminch and finally started in pastoralist communities of Borana in 2010. In the implementation of Community Based Rehabilitation (CBR) program at community level, several challenges were limiting the effective and successful benefit of person with disabilities.

Therefore, this study aimed to assess the opportunities and challenges of implementing community based rehabilitation programme for PWDs in the context of Borana pastoralist communities of Oromia Regional State-Southern Ethiopia. Accordingly, it needs more researches to assess the opportunities and challenges in Community Based Rehabilitation programme especially in hard-to-reach pastoralist communities where essential basic social services are very limited.

[2] UoG-University of Godar is the only Ethiopian University that has been implementing community-based rehabilitation program and mainstreaming disabilities in highland area of Northern Gondar Zone for last twelve years by the support of the Light for the World.

1.2 Statement of the Problem

As a transfer of skills to clients, families and community members are the center to Community Based Rehabilitation, the provision of effective training and rehabilitation services are the key challenges throughout the world (Geneva-Switzerland: WHO Press.; 2010;25 p.) For instances, where the Community-Based Rehabilitation Model relies on intermediate level workers, community workers or family members, appropriate training and rehabilitation services at multiple levels required (WHO 2010 70 p).

Additionally, with a corresponding shift in professional roles, specialized training and rehabilitation services are necessary to enable professionals to take on more strategic and empowering roles in Community Based Rehabilitation (Lang, 2011;33(2):165–173.).

Previous studies such as those of Jelske Rozing in 2015 has explored the competence in the role of Community Based Rehabilitation workers. This study revealed that: for the effectiveness of the CBR programs, it is important that field staff are able to perform their roles effectively and efficiently. Nevertheless, Jelske Rozing did not studied the opportunities and challenges in community based rehabilitation programme for person with disabilities in the context of pastoralist communities.

In general, the development of community-based rehabilitation programme has been at very infant stage to provide services for person with disabilities (PWDs) in pastoralist communities. The study conducted at University of Gondar (UoG) by community-based rehabilitation team, which focused on disability inclusion, and mainstreaming revealed that, community engagements is a basic strategy for sustainability of such programs.

Generally, the above researches did not assessed comprehensively about the opportunities and challenges of implementing community-based rehabilitation programme for PWDs in pastoralist communities in general. Consequently, this study attempts to explore the opportunities and challenges of community-based rehabilitation programme for person with disabilities in the context of pastoral areas.

1.3 Objectives of the study

1.3.1 General Objective

The main objective of this study is to assess the opportunities and challenges of implementing community-based rehabilitation programme for Person with disabilities (PWDs) in two selected districts (Yabello and Moyale) of Borana Zone of Southern Ethiopia.

1.3.2 Specific Objectives

- To explore the opportunities and challenges of implementing community based rehabilitation programme for person with disabilities in pastoralist communities.
- To identify barriers that exist in the provision of health, social, education, and livelihood opportunities to PWDs through CBR programme.
- To explore participation of person with disabilities and their families in community based development activities.
- To explore accesses and opportunities that exist for Person with disabilities in community-based rehabilitation programme design, implementation and process.

1.4 Research Questions

Conducting this study is important to fill the existing knowledge gaps by addressing the following research questions.

1. What are the opportunities and challenges of implementing community-based rehabilitation programme identified in the context of past and ongoing for person with disabilities in Borana pastoralist communities in the case of Borana community?
2. What barriers exist for inclusion that person with disabilities is facing towards maximizing their social, livelihood, and education and health opportunities in pastoral areas?
3. How does the promotion of community-based rehabilitation programme in pastoral area equalize opportunities for PWDs and reduce poverty?
4. How does the promotion of community-based rehabilitation strategies in pastoral areas empower PWDs?

1.5 Significance of the Study

The objectives of community-based rehabilitation are to equalize opportunities for person with disabilities in order to enhance health services, educational opportunities, livelihoods and social well-being. Consequently, study attempted to explore the opportunities and challenges of community-based rehabilitation programme for person with disabilities in unsympathetic environment, which characterized by lack of the development of infrastructures and inaccessibility of social services. Community Based Rehabilitation programme includes all activities that help in attaining well-being of persons with disabilities and keep their human dignity and rights.

Therefore, the most significance of this study is to identify challenges and opportunities in community-based rehabilitation programme for person with disabilities in order to benefit the marginalized communities. Moreover, study realizes and gives direction for social work students, social practitioners and researchers to explore challenges and opportunities in community-based rehabilitation programme as well as for person with disabilities in pastoral area.

The study hoped to contribute to the enhanced participation of PWDs and their families in community-based development by taking a decisive roles and responsibilities in these programmed for the future. Furthermore, study demonstrated challenges in community-based rehabilitation programme and recommended further solution in the best way to scale-up the opportunities.

1.6 Scope and Limitation of the Study

1.6.1 Scope of the study

The study delimited to the Borana pastoralist communities focusing on two districts (Yabello and Moyale). The study was converged on the center and southern tip of the Zone in order to get accurate and reliable data of the research that represent the pastoralist communities of the Borana. The delimitation made because the research would not be manageable if all districts of the Borana Zone included due to time limitation as study focused on the opportunities and challenges in community-based rehabilitation programme for person with disabilities.

In addition, the study hoped not to address the general gaps in the implementation of community-based rehabilitation programme and overall approaches to solve problem of person with disabilities due to the much-specified topic of the research.

1.6.2 Limitation of the Study

The researcher encountered the problems of time and logistics especially during data collection at fieldwork time. The other apparent limitation was difficulty of environmental inhospitality where there is always the episode of drought in the areas and inaccessibility of rural areas due to lack of transportation services. Limitation of the study was also the upheaval and insecurity problem during data collection throughout the study area. During the fieldwork data collection, the most challenging issues were the movement of armed rebel in Moyale district along the border of Kenya.

Accordingly, during data collection and gathering, some of person with disabilities also refused researcher to provide accurate and appropriate data due to negative attitude they have towards themselves and their expectation to attain benefits from researcher in the mode of livelihood support.

1.7 Working definition of concepts

Community based rehabilitation- is a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all people with disabilities.

Disability-is an impairment that may be physical, cognitive, intellectual, mental, sensory, developmental, or some combination of these that results in restrictions on an individual's ability to participate in what considered "normal" in their everyday society.

Person with disabilities- those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

Equalization of opportunities- is consistent with theoretical views of equality of opportunity

Rehabilitation-is the act of restoring something to its original state.

Pastoralist community- is a social group of pastoralists, whose way of life based on pastoralism, and is typically livestock husbandry.

Poverty reduction- is a set of interaction measures, both economic and humanitarian that intended to lift people out of poverty.

Inclusion- as the process of improving the terms for individuals and groups to take part in society.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Community Based Rehabilitation (CBR): Definition

Community Based Rehabilitation is a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all persons with disabilities. CBR is a fundamental strategy to achieve community based inclusive development, a process that breaks down community barriers and enables persons with disabilities to participate fully. Community Based Rehabilitation efforts have evolved and developed for over three decades and play an important role in increasing the quality of life of persons with disabilities (UN Convention on the right of PWDs; 2013:82 p).

Community based rehabilitation has been developed and promoted by the World Health Organization (WHO) as a strategy for rehabilitation, equalization of opportunities and social inclusion of persons with disabilities. It upholds and demonstrates practical applications of the general principles and common themes on human rights and works towards a paradigm shift from a charity-oriented to a rights-based approach in disability programs (UN Convention on the right of PWDs, 2013; 83 p).

Community Based Rehabilitation (CBR) implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services. The aim of community-based rehabilitation (CBR) is to help people with disabilities, by establishing community-based programs for social integration, equalization of opportunities, and Physical therapy rehabilitation programs for the person with disabilities (UN Convention on the right of PWDs, 2013:82 p).

The strength of Community based rehabilitation programs is that the availability to implement in rural areas, with limited infrastructure, as program leadership is not restricted to professionals in healthcare, educational, Occupational therapy, vocational or social services. Rather, Community based rehabilitation programs involve the people with disabilities themselves, their families and communities, as well as appropriate professionals (UN Convention on the right of PWDs, 2013; 83 p).

2.2 Community Based Rehabilitation Historical Background

Community Based Rehabilitation (CBR) programs are running in over 90 countries worldwide, as a strategy to promote well-being and inclusion of person with disabilities (WHO UNESCO, 2010; 25 p). In 1978, the CBR strategy initiated by the World Health Organization (WHO) to contribute to "Health for All by the year 2000", following the Alma-Ata Declaration[3] (WHO, USSR, 1978, Geneva; 1978; 14(11):3 p).

Community based rehabilitation first promoted by WHO in the mid-1970s to address the shortage of rehabilitation assistance by providing services in the community with use of local resources. Community-based rehabilitation (CBR) is the main way in which disabled people in most of the world have any chance of accessing rehabilitation services. The strategy drew on the principles of primary health care, accepted international rehabilitation practices of the time, and existing local practices (WHO, USSR, 1978, Geneva; 1978; 14(11):3 p).

[3] The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important….

Over the decades, development of Community Based Rehabilitation programme has started to include concerns of disabled persons at the community level and by disabled people's organizations. These concerns have contributed importantly to the evolution of the CBR programme concept and resulted in increased recognition of discrimination and exclusion, and the need to address social and political aspects of disability. The basic concept of Community based rehabilitation centers on decentralizing responsibility and resources, both human and financial, to community level organizations. Community based rehabilitation (CBR) Models based on a collaborative relationship between the Allied Health Professional, Community Based Workers and the broader community.

This community orientation designed to address social, cultural, religious, political economic and medical barriers that affect a person's ability to engage in activities and participate proactively in the community collective action, and build the capacity of remote and rural communities. As a result, the medically orientated individualized model, on which CBR originally based, has expanded and now includes socially orientated Rights-Based Approaches. This process of change caused confusion over the definition of community-based rehabilitation (CBR) but in 2004 it was clarified as "a strategy within general community development for rehabilitation, equalization of opportunities, and social inclusion of all person with disabilities...implemented through the combined efforts of person with disabilities, their families, communities, and the appropriate health, education, vocational, and social services".

2.3 The Community-Based Rehabilitation Movement

Internationally, the community-based rehabilitation movement began with two World Health Organization (WHO) initiatives of the 1970s and '80s: (1) the primary health care (PHC)

campaign Health for All by the Year 2000, introduced in 1978, and (2) the community-based rehabilitation movement that emerged, in part, from the PHC campaign. Generally, the PHC campaign focused on efforts to raise the level of health in the world by increasing access to health care in less-developed countries. The community-based rehabilitation movement reflected an international recognition that rehabilitation is a key aspect of the campaign for global health. The international nature of the movement emphasized the need for consideration of the cultural contexts of participating countries (UN Convention on right of PWDs, 2013; 84 P.).

In addition to the PHC initiatives, WHO later helped improve access to rehabilitation services in less-developed countries by delivering simple, low-tech, community-based rehabilitation services. Alternatively, participatory community-based rehabilitation service approaches emphasize empowering consumers to function more independently. They encourage people with disabilities to advocate for their rights as citizens who are consumers of health care. The participatory approaches work to reduce professional-client power hierarchies by engaging consumers as leaders and treatment providers. Participants are encouraged to organize in order to develop, implement, and evaluate empowerment-oriented community-based services, not only for each other but also for the larger health care and social communities in which they interact (Jelske Rozing, 2015)[4].

According to researchers William Boyce and Catherine L. Lysack, true participation involves a process of personal as well as social transformation, in which decision making takes place in the hands of the consumer group and social conditions are thereby affected or changed. That

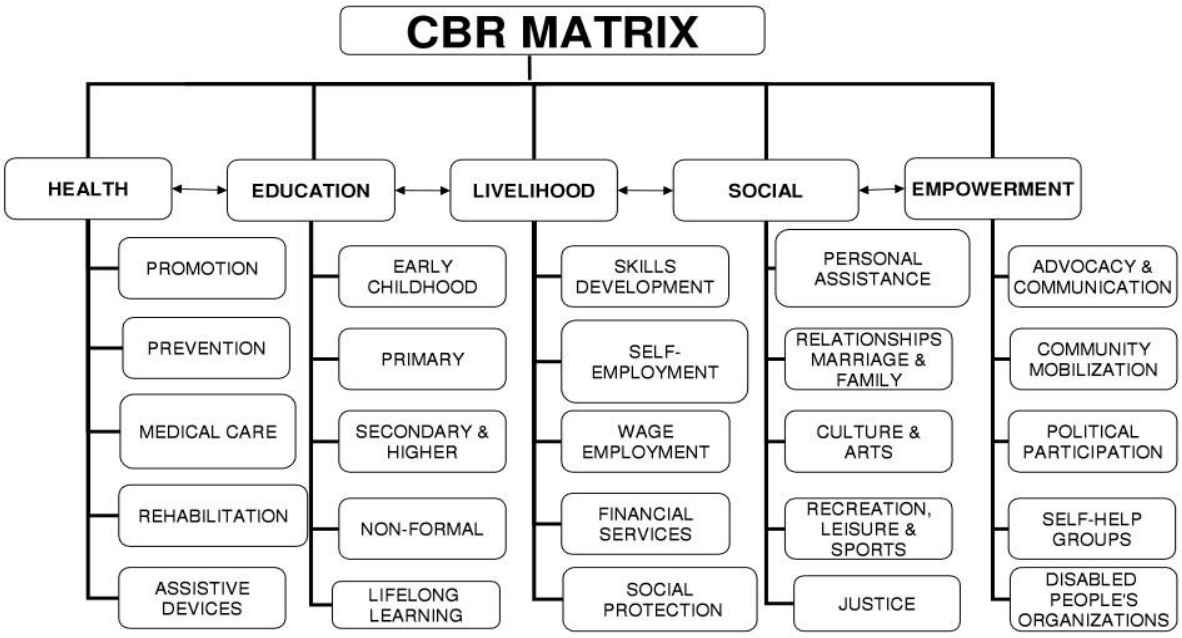
[4] Jelske Rozing in his paper addressed Community Based Rehabilitation: Exploring the Gap between Roles and Competence of CBR Field Staff and clearly defined the challenges in the implementation of CBR in hard-to-reach areas.

approach is typically associated with social action projects that emphasize the achievement of local consumer-driven goals. The central tenet of that approach to rehabilitation is that it begins with the problems and needs of community members, rather than with the professional's conceptualization of those problems *(Baartman LKJ, De Bruijn E, 2011; 125–134 p).*

Medical professionals who use participatory approaches to community-based rehabilitation are active knowers and members of the communities within which they work. They fulfill those roles by becoming community organizers, meeting facilitators, educators, peer trainers, community advocates, activists, or resource persons for technical or material aid. The professionals allow the consumers to dictate the essential elements of the therapy process. The necessary requirements for legitimate empowerment within the therapeutic relationship is flexibility in establishing the variety of possible roles assumed by both service providers and consumers and the relinquishing of power by service providers to consumers when establishing those roles (*Musoke G, Geiser P. Linking CBR Africa Network; 2013. 121 p.)*

For many international rehabilitation programs, participatory approaches to community-based rehabilitation based on the idea that all persons with disabilities deserve opportunities to participate and benefit from society equal to those enjoyed by persons without disabilities. In addition, they work to correct society's misperceptions about persons with disabilities by demonstrating that persons with disabilities are capable of not just participating in society but contributing to it (Thomas S, Wyness L, Health Serve Res. 2008; 247 p).

Figure 1: CBR Matrixes



Source: WHO. Community Based Rehabilitation Matrix. CBR Guidelines. Geneva; 2010.

2.4 CBR in the African Context: The Concept and Approaches.

Over the years, a growing body of theoretical ideas published on CBR and practical experiences have accumulated. Some of these ideas are progressive, while others come short of viewing CBR within a true development concept. Community based rehabilitation contextually defined throughout the world and this explains the different models and interpretations, certainly within the African region, where there are various schools of thought as to what CBR means. Some people argue that CBR has always existed within the African context even before the 'officialization' of the concept (ASINDUA, S. et al. (2001) 56 p).

Another school of thought is that community based rehabilitation is the de-professionalization of rehabilitation (technology transfer). Basing it on the model of community-based health care program (primary health care), rehabilitation is simplified to allow even the 'non-literate'

community members to carry out therapeutic training exercises and to produce and use simple aids and devices. This model often uses, or has co-opted the ideas represented in the WHO training manual. Some conceive community based rehabilitation as an outreach or extension service with the objective of bringing professional rehabilitation services to a large number of people with disabilities, particularly in the rural areas, and to refer those people, in need of more sophisticated services to institutions outside the community *(BALDWIN, S., ASINDUA, S. & STANFIELD, (1990);14P).*

In this model, regular and programmed visits made to the community sometimes by a multi-sectoral team. The involvement of the community is often restricted to their participation in the outreach activities (clinics). A fourth school of thought combines elements of institutional rehabilitation and community-oriented health services. This model still lays emphasis on rehabilitation service provision, but forms a link with other services such as inclusive education, grass roots organizations of disabled people and income generation activities among others. A fifth school of thought perceives community based rehabilitation as an autonomous, empowering and inclusive process, which must be rights and development based and enable access to equal opportunities for persons with disabilities and their families. This model strives to enable people with disabilities to gain ownership of the program and feel that they have control over their lives, as they individually and collectively with their communities, identify their needs and find solutions (ASINDUA, S. et al. (2001); 20 p).

This school of thought, which is more comprehensive, does not denigrate the importance, or the vital role, played by ‘institutional’ services. However, even program that promote this more progressive idea often just confined to the level of the family and do not integrate or involve the

wider community. However, a key component of community-based rehabilitation has been that the community mobilized for support. In reality, many parents and families still feel isolated and are not getting enough support through care, education and training for their person with disabilities. Persons with disabilities still sidelined in mainstream decision making in most societies (ASINDUA, S. et al. (2001); 25 p).

2.5 Community Based Rehabilitation: Programme Challenges and Opportunities

Although no comprehensive database of community-based rehabilitation implementation is available, global CBR networks are emerging in Africa, Asia, and South America. From their activities, we now know, for example, that there are 280 registered CBR programs in 25 African countries: about half-run by non-governmental organizations, including disabled people's organizations, and half by governments, which involve ministries of social services, health, and disability. Because CBR cannot described as a discrete intervention, and the expected outcomes are not standardized, its effectiveness is hard to establish (Adeoye A, Hartley S, Okune J, eds. CBR, 2008; 2 p).

A summary of published research in the past decade noted that CBR-type programs have described as effective or highly effective. Outcomes reported included; increased independence, enhanced mobility, and greater communication skills for people with disabilities. CBR activities linked to positive social outcomes enhanced social inclusion, and greater adjustment of people with disabilities. The summary noted that livelihood interventions integrated into CBR have resulted in increased income for people with disabilities and their families, and linked to increased self-esteem and greater social inclusion (UN Convention on rights of PWDs, 2013; 82 p).

In educational settings, Community based rehabilitation (CBR) assisted in the adjustment and integration of children and adults with disabilities. The review also found several indications that CBR was cost effective. However, there are also several critiques of CBR, mainly the dearth of robust research procedures and the paucity of systematic outcomes. Critiques include the unmet need for medical rehabilitation, failure to maximize the participation of people with disabilities, and neglecting the psychosocial dimensions of disability (Finkenfl Ugel H, 2005; **28:** 187–201 p).

The community-orientated model has criticized for relegating people with disabilities to the place where they experience most stigma and discrimination, and increasing the burden for women with the expectation that they will provide care for people with disabilities. Rapidly growing research interest in CBR theory, interventions, outcomes, and evidence is apparent. It reflected in calls for improvement of the rigor and reporting of CBR in research and project evaluations, and more innovative methodologies (Finkenfl ugel H, 2005; **28:** 187–201 p).

CBR recognizes the complexity of disability and seeks to address it. This point and responsiveness to its critiques are reflected in the new WHO, UNESCO, ILO, and IDDC CBR guidelines and matrix.8 CBR is now ready to be examined more rigorously, applied more consistently, and integrated more effectively into national and international policy making. While its application in developing countries is established, the potential for greater implementation in economically developed countries remains a challenge, which would need further commitment and require shifts in workforce, training, policy, and structural realities (UN Convention, 2013; 85 p).

Future research will need to incorporate best practices in rehabilitation and draw eclectically from qualitative, emancipator, systematic review, and complex intervention methodologies.

Future structural and management frameworks in CBR should emphasize networks and partnerships, especially with disabled people's organizations and governments. Future policy and planning strategies should emphasize the connections between CBR and inclusive development globally. In conclusion, the challenges outlined above, are still part of an evolving process. CBR is not static and as we endeavor to seek solutions to these challenges, open-mindedness is essential. Equally important, is the analysis of the community structures within which community-based rehabilitation embedded. (Hartley S, CBR, 2001; 25 p).

The existence of a power structure: the difference between disabled and non-disabled, men and women, disabled men and disabled women, are glaring realities. The recognition of these differences is crucial for Community based rehabilitation, as for any community-oriented program. For any CBR program to be autonomous, the involvement of people with disabilities should be central. The empowerment of women with disabilities and other vulnerable groups, such as people with intellectual handicaps should form priority agendas of Community based rehabilitation program. An autonomous CBR program does not exclude professionals. However, the professionals' role should not only see as that of 'transferring technology', but should begin with the recognition and acknowledgement of the rights, power and ability of the people (Hartley S, CBR, 2001; 30 p).

2.6 Community Based Rehabilitation (CBR) programs for PWDs

Most CBR programs also do not have personnel who adequately trained to deal with this group. Sometimes, in the process of promoting 'community participation' and 'rights' of disabled persons, the impairment needs of severely disabled persons get neglected (Hartley S, CBR, 2001; 29 p).

Yet, there are no valid methods to effectively-address the needs of this group at the community level. Women with disabilities are another group whose needs do CBR programs, particularly in traditional cultures, not adequately address. Although disability leads to segregation of both men and women, women with disabilities face certain unique disadvantages, such as difficulties in performing traditional gender roles, participating in community life, and accessing rehabilitation services, which dominated by male service providers (Hartley S, CBR, 2001;38 p).

2.7 CBR Strategies - Emerging Challenges and Opportunities

There are definitely many challenges and lessons accrued over the years. Some of these challenges may be unique to our own experiences in AMREF and in Kenya, but they are also likely to represent challenges to other community based rehabilitation programs within the region. They considered below (ASINDUA, S. et al. (2001):85 p).

2.7.1 Infrastructure

To develop a separate infrastructure only for community-based rehabilitation is too costly and it would take too long for it to take off. The challenge in implementing a new resource into the community, is co-coordinating and incorporating it into the existing community infrastructure and hence the inclusion of CBR into existing development structures.

2.7.2 Adequate and appropriate training of personnel

Inadequate training of personnel in community-based rehabilitation provides the biggest challenge in providing family/community-oriented services. CBR content and methodology need strengthened in the education of all disciplines of extension workers. There is need for intensive advocacy and influencing of curricula development at the central levels and provision of training opportunities, for those working at the community levels.

2.7.3 High level of illiteracy

Illiteracy is common among people with disabilities. This affects members' ability to conceptualize their own issues and leads to a feeling of worthlessness.

2.7.4 Working with community-based organizations (CBOs)

Many programs now recognize the importance of CBOs in respect to ownership and sustainability of community-based rehabilitation programs. Capacity building of organizations of disabled people and parents' means working with them to enhance their resource mobilization and management capacities to prioritize, plan, implement and finance their activities. These strategic issues require long-term development support, as these organizations are usually fragile with low self-esteem and lack the wider community recognition and support.

2.7.5 Equity

This remains an elusive goal for many CBR programs, which are usually on a small scale and without wider government and political support. Influencing local and national policies should form a major priority for CBR programs.

2.7.6 Disability issues

These ranked low, not only by the communities, but also by the Governments and even NGOs, who purport to work with the 'poorest of the poor.' In many cases, when one sits down with the communities to discuss their needs and priorities, one finds that they are usually concerned with issues such as supply of water, the disease that is killing their cattle etc., instead of the concerns of disabled people.

2.7.7 Equal opportunities

Although we desire equal opportunities for people with disabilities, we are working in an environment where there is extreme poverty. Opportunities are scarce for everyone just as they are, for people with disabilities. Even opportunities for income generating activities are remote.

What this implies is that poverty reduction remains part of any credible Community based rehabilitation programs.

2.7.8 Dependency

Because disability has traditionally seen in line with charity and welfare, large parts of the communities and even people with disabilities themselves have continued to exhibit a high sense of dependency. This in itself has been the greatest hindrance to community participation and sustainability of CBR. The issue and challenge lie with perceiving CBR as a development issue.

2.7.9 Collaboration and networking

As the CBR movement within Africa expands, the need for collaboration, sharing and networking emerges and must emphasized. Emerging projects will require support in terms of staff capacity building and development of project designs.

2.8 Disability World Wide

One billion people worldwide, which equals 15% of the global population, is living with a disability. Of them, approximately 80% lives in low and middle-income countries (WHO, Dec 3, 2013). Poverty and disability strongly correlated. The vicious cycle between disability and poverty has maintained by a lack of access to rehabilitation services, education, employment and skills training. The UN Convention (Article 26) stated the need for the State Parties to organize, strengthen and expand rehabilitation services for people with disabilities (Jelske rozing, 2015; 45 p).

This convention also focused particularly in the areas of: health, employment, education and social services: *"…to enable people with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life"* (Jelske rozing, 2015; 34 p).

2.9 Disability Statistics: Global and National

2.9.1 Global Disability Statistics

It estimated that about 20% of the disabled population that requires interventions from a CBR programs are people with severe disabilities, many of whom would also have multiple disabilities (Rajendra, 2001; 2 p).

In poorer communities, the percentage of people with severe disabilities is low, as the families may not seek help for their survival. In some communities, mortality of children with disabilities reaches almost 80%, leading to a 'weeding out' phenomenon. Around 10 per cent of the world's population, or 650 million people, live with a disability. They are the world's largest minority. This figure is increasing through population growth, medical advances and the ageing process, according to the World Health Organization (WHO) 80% of persons with disabilities live in developing countries, according to the UN Development Program (UNDP). The World Bank estimates that 20 per cent (20%) of the world's poorest people are disabled, and tend to regarded in their own communities as the most disadvantaged. Women with disabilities recognized to be multiple disadvantaged, experiencing exclusion because of their gender and their disability and are particularly vulnerable to abuse (WHO, The World Bank, 2010; 12 p).

2.9.2 National Disability statistics in Ethiopia

There is no reliable statistical data and information about the number and situation of persons with disabilities (PWDs) in Ethiopia. According to available survey results, the national census of 1984, a base line survey in 1995, the national census of 1995 and the national housing and population census of 2006, the incidence and prevalence of disability in the country is 5.48%, 3.6%, 2.95%, 1.8% and less than 1% respectively (NCSA report, 1984; 14 p).

According to the Central Statistical Agency (CSA) 2006 census, of a total population in Ethiopia of 73,897,095, there were 805,535 persons with disabilities (1.01%), of which 429,050 male and 376,485 female. Given the growth in population since 2006, it can estimate that the national population in 2010 has increased to over 80 million people, of which approximately 1 million are persons with disabilities (1.25%) (NCSA report, 1984; 12 p).

2.10 Theoretical Framework

The dominant view of disability in social work and social services has been the medical model, which views disability as a functional limitation, as individual 'problem', 'pathology', 'dysfunction', or 'deviance' (Brzuzy, 1997; Finkelstein, 1991). Oliver (1996) emphasized that the individual/medical model locates the "problem" of disability within the individual and considers functional limitations or psychological losses to arise naturally from the individual deficit. This view called the Personal Tragedy Theory of disability, which posits that disability is a natural disadvantage suffered by disabled individuals when placed in competitive social situations. Instead of viewing disability as inextricably linked to social, cultural and political milieu, the medical or personal tragedy framework infers that the disabled individual plagued by deficits and needs medical fixing (Quinn, 1995b).

Social work also addresses the issue of grief, loss and bereavement associated with mental and physical disability. Disabled individuals commonly depicted as suffering subjects, characterized by the devastating changes and crises for both themselves and their families. Recognizing, accepting and coming to terms with the disability are viewed as the targeted outcomes of social work intervention (e.g., Hartman, Macintosh, & Engelhardt, 1983; Krausz, 1988; Parry, 1980). Social work has also addressed disability from an ecological or psychosocial perspective. For example, Mackelprang and Hepworth (1987) suggested the importance of extending the medical perspective of disability to social factors such as stigma, architecture, and awareness of a social structure constructed by the able-bodied. Under this framework, the extent of disability reciprocally determined by transactions between people and their environments rather than within the individual alone. Social workers indeed have articulated the importance of inclusion and accommodation for individuals with disabilities; however, they have largely stayed away from active involvement in the disability rights movement that initiated by people with disabilities and their advocates.

In recent decades, social work has moved towards empowerment, strengths, and resilience perspectives (Burack-Weiss, 1991; Saleebey, 1997). Drawing on the work of Solomon (1976), social work adopted the empowerment framework which concerns itself with the increase in the social, economic, and political influence of oppressed groups in relation to privileged sections of society (Hahn, 2005). In recent decades, the empowerment perspective has encouraged social workers to develop collaborations with oppressed groups such as persons of color and persons living in poverty (May 2005). However, empowerment theory has had little impact on practice with people with disabilities who more affected by the mainstream medical model than other vulnerable populations (Felske, 1994; Linton, 1998; Morris, 1991; Moxley, 1992; Zola, 1989).

Empowerment has tended to revolve around temporary interventions that assumed to produce lasting effects; however, studies (ex. Gillam, 1998; Hiranandani, 1999) suggest empowerment of disadvantaged groups may be relatively temporary in a hegemonic socio-political milieu of skewed power relations.

The strengths perspective assumes that strengths, such as talents, capacities, knowledge, and resources exist in all individuals and communities. With regard to disability, strengths perspective takes the view that disability is an opportunity for growth as well as a source of impairment. As such, practice with people with disabilities attempts to consider their abilities instead of disabilities in service planning, delivery, and assessment (Raske, 2005). The resiliency model upholds the inherent strengths in individuals and families who have overcome environmental, social, and personal barriers despite oppression and discrimination (Bernard, B. 1991).

However, the Resiliency Perspective poses a danger, in that people with disabilities who "overcome" their disability as "disabled heroes." While disabled heroes can be inspiring to people with disabilities and comforting to the able-bodied, they may perpetuate the false notion that anyone can "overcome" the disability and accomplish unusual feats. As Wendell (1997) pointed out, most disabled heroes have exceptional social, economic, and physical resources that most people with disabilities do not have access. The image of the resilient disabled hero creates an ideal which most disabled people cannot achieve, thereby increasing the "otherness" of the majority of people with disabilities.

Although empowerment, strengths, and resiliency perspectives have advanced the field of social work in the direction of its core mission, yet no social work perspective to date has the

transformational power to change social and individual views about disability (Raske, 2005; 45 p). Raske writes none of the above perspectives "have incorporated the notion that disability must be redefined to sever its socially constructed link with functional impairment and subsequently, with discrimination" (Raske, 2005, p. 99).

Citing Pfeiffer (2001) Raske points out if the social system is truly flexible and fully accommodates people with disabilities, disability would disappear.

Overall, despite the positive developments in social work, the profession has done little to promote disability rights; social work literature, research, and practice on disabilities have lagged behind other topical areas dealing with oppressed groups (Gilson, Bricout, & Baskind, 1998; Mackelprang, 1993; Mackelprang & Salsgiver, 1996; 2005, 24 p).

Notwithstanding the move towards ecological, empowerment, and strengths perspective in social work, the impact of the medical model of disability is evident in policy analysis research. This is synonymous with a lack of consultation with people having disabilities, the lack of emphasis on the social and political forces affecting the lives of people with disabilities, and a reduction of disability to simplistic "objective" criteria that measure functional limitations. To the extent, disability policies rely on disability-as-individual-problem framework, they marginalize the possibility of more enabling methods of human welfare that based on participation, social integration, and equal citizenship (Priestley, 1999, 147 p).

This theoretical framework guided the study to focus on the challenges and opportunities in serving person with disabilities through community-based rehabilitation approach. The emphasis of exploring challenges and opportunities in the study aimed for the guiding direction to social workers in the support of person with disabilities.

CHAPTER THREE: RESEARCH METHODOLOGIES

3.1 Introduction

This section provides an overview of the method employed in the study. These are the research design, unit of analysis, background of the study area, participants of the study and participants' selection techniques. Data sources, techniques, tools of data collection and an overview of the overall procedure of the study also explained in this chapter.

Furthermore, the issue of assuring the trustworthiness of the data, process of data analysis and ethical considerations presented in the chapter.

3.2 Research Method and Justification

In order to get in-depth understanding of research problems/issues, researcher used qualitative research method to allow research participants freely express their views generously without hesitation. Qualitative research has concerned with developing explanation of social phenomenal. According to Kawulich (2012, 45 p), the main concepts of qualitative research are to explore how people make sense in their own minds and in their own words out of their own concrete real-life experiences.

The reason for using qualitative method for this study is to assess nature of the problem to explore the opportunities and challenges for the implementation of CBR programme for person with disabilities. Thus, the study used qualitative data collection techniques encompassing in-depth interview, focus group discussions (FGDs), document review and observation of primary data collection.

Therefore, the major components of this study contain different research methodologies including; research design, site selection, participants of the study, data collection techniques, data analysis and ethical consideration as follows:

3.3 Research Design

The design selected for research is one that most matched to achieve answers to the proposed research questions. Research design as a plan or blueprint according to which data collected to explore the research problem. The reason why qualitative method of research method selected in this study is due to the fact that the data related to the opportunities and challenges in implementation of CBR for person with disabilities by considering the views and opinions of participants.

Thus, views of clients regarding the opportunities and challenges in implementation of community-based rehabilitation (CBR) in the context of pastoralist communities properly collected through qualitative research design. Qualitative research covers collection of interpretive techniques that seek to describe, interpret, translate, and otherwise come to terms with the meaning of naturally occurring phenomena in the social-world[5].

3.4 Site Selection and Study Area

The specific area selected for this study was a pastoral area of Borana Zone, Oromia Regional State in southern Ethiopia. Two districts namely Yaballo and Moyale purposively selected. The selected specific districts for the study were the area where community-based rehabilitation

[5] The idea of a social world usually implies a particular reference point, whether that is a starting point for action in that world, a particular observation post or the view of some individual within that particular social world.

programs for person with disabilities implemented by an Ethiopian resident charity organization called Gayo Pastoral Development Initiative (GPDI)[6] for last ten years. In order to acquire reliable and accurate data, one Kebele per each district purposively selected to realize the outlined research problems.

Dida-Yaballo and Dambi Kebeles were the selected study area from Yaballo and Moyale districts respectively. In order to meet representation of the area, I selected Dida-Yaballo Kebele that located at the middle part of the Borana Zone. This Kebele is 15km distance to the East from a capital town of Borana Zone, Yaballo. The Climate of Dida Yaballo Kebele is arid and semi-arid weather conditions. The livelihood option of the dwelling community depends on small-scale practice of farming and livestock.

Whereas, Dambi Kebele is located in Moyale district at the southern part of the Borana Zone by sharing a political border with Northern Kenya (Moyale sub-county) at a distance of 777km from Addis Ababa. Dambi Kebele communities' means of livelihood is fully on livestock and livestock products in-terms of sharing trade border with Marsabit country of Northern Kenya. Therefore, the selected geographic setting of the study area aimed to represent the whole feature of the Borana Zone for further exploration of research findings in different dimension of communities' geographical settings.

[6] GPDI is an Ethiopian resident charity organization implementing community-based rehabilitation in Borana pastoral area for last ten years.

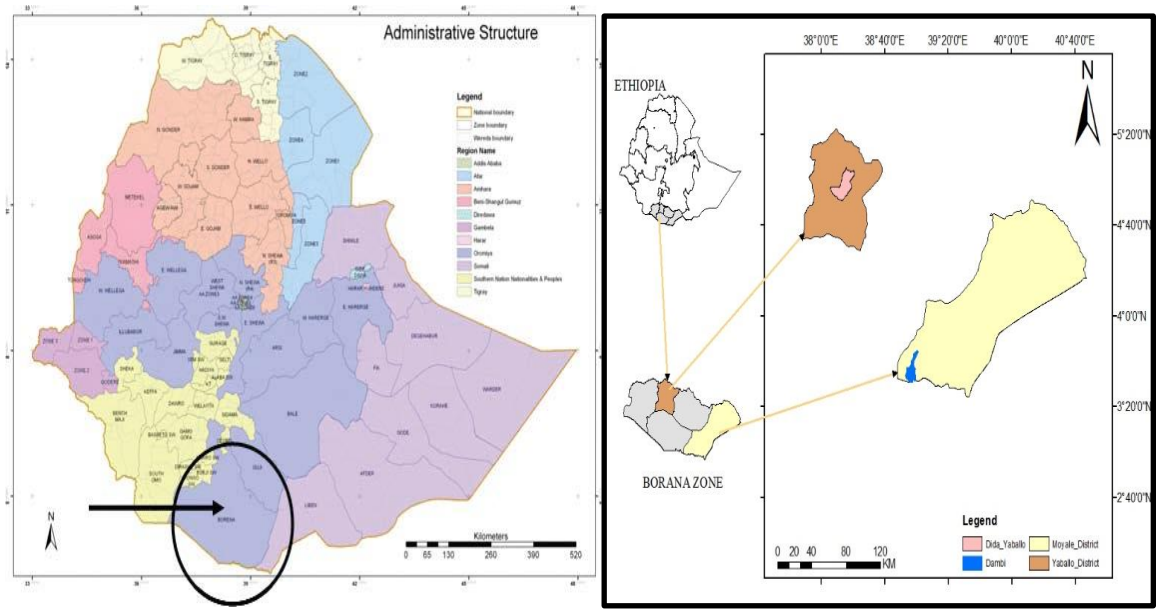


Figure 2: Map of the study area

3.5 Demographics of the selected area

Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), Borana Zone has a total population of 962,489, of whom 487,024 are men and 475,465 women: with an area of 45,434.97 square kilometers. Borana has a population density of 21.18. The 182,258 households counted in this Zone, which results in an average of 5.28 persons to a household, and 174,474 housing units.

The three largest ethnic groups are the Oromo (88.78%), the Konso (4.42%) and the Burji (3.17%); all other ethnic groups made up 3.63% of the population. *Afaan Oromo* is spoken as a first language by 95.4%, Konsogna is spoken by 4.06% and Burjigna by 2.72%; the remaining 2.28% spoke all other primary languages. The majority of the inhabitants

are Wakeffata[7] with 57.25% of the population have practice that belief, 9.62% are Muslim and 5.45% professed Ethiopian Orthodox Christianity.

Table 1: Demographic setting of selected area (Per district)

Demography	District					
	Yaballo			Moyale		
	Male	Female	Total	Male	Female	Total
Total population in district	34,021	34,911	68,932	78,226	78,880	157,106
Total households in district	5,670	5,819	11,489	13,038	13,147	26,185
Population of people with disabilities in district	212	123	335	134	107	241

HHs: Households

Source: Borana Zone Finance and Economic Cooperation office, 2020

Table 2: Demographic setting of selected area (per Kebele)

Demography	Kebele					
	Dida-Yaballo			Dambi		
	Male	Female	Total	Male	Female	Total
Total population in Kebele	1876	1302	3178	2001	2560	4561
Total households in Kebele	313	217	530	334	43	764
Population of people with disabilities in Kebele	86	21	107	154	89	243

Source: Borana Zone Finance and Economic Cooperation office, 2020

3.6 Sampling Techniques and Size

This study employed purposive sampling technique for the selection of study area in order to know the opportunities and challenges in community-based rehabilitation for person with disabilities. According to Berge (2001, 41 p), when developing a purposive sample, researchers

[7] Belief in one supernatural power and a common denominator for the Oromo and other peoples, which could be an important asset for democratization creating harmony, understanding and better integration among the community mostly linked with the Gada institution.

use their special knowledge or expertise about some group to select subjects. The researcher conducted in-depth interview with abba Gada, elders and focus group discussions (FGDs) with person with disabilities.

Therefore, the sample size of the study was 32 participants from different parts of the community. The participants of the study are; person with disabilities, kebele administrative, Abba Gada, elders and other stakeholders directly engaging in the support of person with disabilities.

3.7 Data Collection Techniques

3.7.1 In-depth Interviews

The interview technique has great use and value in qualitative research studies because it emphasizes on the detailed and holistic description of the activity or situation (Dilshad & Latif, 2013, 12 p). According to these scholars, the interview helps as a rich source for exploring people's internal feelings and attitudes. In order to get accurate and reliable data for the research problem, in-depth interviews conducted with research participants including person with disabilities, Abba Gada, elders and selected key stakeholders working at district and Zone level. The in-depth interviews carried-out with 14 participants of study such as gada leaders, elders and selected stakeholders at different place starting from May 15-22, 2022 in various place of Borana Zone.

3.7.2 Focus Group Discussion (FGD)

The member of focus group discussion (FGD) often made up of people who have particular experience or knowledge about the subject of the research, or those that have a particular interest in it (Walliman, 2011, 26 p). Focus group discussion (FGD) technique as a method of data collection method had deployed through gathering of community from various members of

groups and social entity collectively. The purpose of focus group discussion is to produce qualitative data and to provide insights into the attitudes, perceptions and opinions of the participants collectively. For the purpose of this study, focus group discussion (FGD) participants selected purposively based on their common characteristics (age, gender and life), experience, homogeneity and knowledge. The willingness of individuals to participate in the discussion was one of the participants' selection criteria for focus group discussion. Consequently, the composition of Focus Group Discussion (FGD) participants was person with disabilities encompassing a total of 18 members where each FGD has 9 participants selected on the basis of age, gender and setting of their villages. The focus group discussion conducted at both selected Kebeles (one-per-Kebele) in order to attain clear opinions and perceptions of participant appears from different social groups and geographic setting collectively. The major points of discussion in FGD were; barriers that person with disabilities is facing towards maximizing their social, educational and livelihood opportunities in pastoral area.

In focus group discussion, I used to record all responses to address the entire conversation throughout the discussion as one moderator facilitate the discussion in local preferable language. The facilitator of focus group discussion was selected from local community to make the dialogue more interactive and participatory in order to enable participants reflect their feelings in a free manner.

During the discussion of focus group session, in average forty-five minutes allocated for each session time to address the objective of the study as break time effectively provided amid the discussion points. The focus group discussion conducted in Yaballo district at Dida Yaballo

Kebele the specific place called Dambala Maddo on May 15, 2021. Similarly, the FGD has conducted in Moyale district at specific Kebele of Dambi-Saphante on May 29, 2021.

3.7.3 Observation

Observation used as a means of gathering data on people, processes and cultures in the social sciences (Kawulich, 2012, 12 p). Observation is one of the tools to generate data and used to enrich the information gathered through other methods. In this study, besides using an in-depth interview I used non-participant overt observation. According to Polgar and Thomas (as cited in Payne G. & Payne J., 2004), non-participant observation is an observational study in which the task of the researcher is to document what is seen and heard without engaging in any other activity. In line with this, overt observation is the process where the participants are aware that they being observed and in no way, you hide the fact that you are observing them for research purposes (Kawulich, 2012, 12 p).

In addition, it assists researcher to understand and obtain information for the study. Observing participants in their actual place is more reliable because in overcoming differences between what people say during the interview and what they actually do and might help uncover behavior of which the participants themselves may not be aware. Concerning this, an observation checklist developed to observe the participants' practices of person with disabilities in their context.

Thus, some of person with disabilities visited at their living house to realize their daily routine activities in pastoral context. This observation has enabled me to observe living situation and daily routine activities of person with disabilities in terms of identifying the barriers. Furthermore, information that missed during other techniques of data gathering and collection gained through field observation where data that acquired from respondents checked through

verbal communication. I visited participants of the research both before and during in-depth interview as well as focus group discussion where some of clients' house observed at field level.

3.7.4 Document Review

In order to acquire a wide-ranging picture of challenges and opportunities in community-based rehabilitation for person with disabilities, the relevant documents of government and non-government organization reviewed in detail. In this review of the document, I used to visit Labor and Social Affairs Office (LSAO) at Zone and district level in order to get reports, policies, directives, data of PWDs, guidelines and government strategies in the support of person with disabilities.

Furthermore, I reviewed annual reports of Gayo Pastoral Development Initiative (GPDI) an Ethiopian resident charity non-government organization mostly known by the support of person with disabilities in pastoralist communities of Borana.

Finally, I reviewed the draft national strategy and action plan prepared by Ministry of Labor and Social Affairs to know the future direction and priority of our country to implement community-based rehabilitation for person with disabilities.

3.8 Method of Data Processing and Analysis

Data analysis is a method of minimizing large amounts of data gathered to make sense of the issue (Patton, as cited in Kawulich, 2004, 12 p). All the information that collected through research method of data collection techniques such as in-depth and key informant interview, observation, document review and Focus Group Discussions (FGDs) were organized and processed by research method of data analysis. Thus, the research findings discussed through triangulating data from interviews, focus group discussions and personal observations from research participants. Lastly based on the findings of the study, conclusions, recommendation as

well as implication of research for social work perspective and practice drawn at the end of study.

A) Data analysis

Data analysis partly guided by the research objectives and questions but also by concept and themes that indirectly emerge from the field data through the probe of the questions. All interviews and focus group discussions that captured through audio record transcribed text along the researcher's field note then reduced through the methods of coding, categorizing, major and sub-theme identification process. The identified themes and sub-themes from the basic for decision of the finding in relation with the literature knowledge.

In this study, once the data collected, I started data analysis with translation and transcriptions of interviews and field notes through checking each document, listening to the audio recording again to verify the transcription accuracy and reflect on any missed data. I started analyzing the data simultaneously while collecting the data when there is a need to look back at the data and continue after the field. This helped the researcher to describe the participants' subjective experiences and compare several cases-what they have in common or the differences between them.

The words and ideas frequently used during the interview and field note identified after the data transcription. The coding done by identifying central data points linked to the research questions based on their similarities and differences between different participants. After coding, based on the research objectives the major themes developed by summarizing the coded findings from different participants.

Then, I checked to make sure the findings go in line with the research objective. At the end, the data from the interviews and field notes analyzed for conceptual construction. Further, since I came from the community understudy to minimize my personal biases in the process, I gave priority for the participants' meaning rather than my personal values. I asked participants whether the data interpretation seem to be representative of their views.

In addition, I used method triangulation, data source triangulation and peer review. As a researcher, I devoted to cultural relativism by showing unconditional positive regard and being cognizant of my own cultural assumption. Generally, I acknowledged the values of observing research ethics. These all can ensure conformability or neutrality concerns.

B) Data quality Assurance

The rigorous process of data collection and analysis undergone during the research undertaking are among quality indicators in qualitative research. In addition, two strategies followed in order to assure data quality: methodological triangulation and data source triangulation. Data collected from different categories of participants using different tools helped me to crosscheck the honesty and relevance of the information. To ensure the trustworthiness of the data my colleagues who have research experience and working with person with disabilities in pastoral area have reviewed my final paper work.

Therefore, these all helped me to compare data gathered using different methods during data analysis and come together to provide a particular, well-integrated and more precise picture of the research questions, which can't be easily obtained by using single data collection method and data source. I have presented the first major thematic analysis of data as soon as the data collected to my participants to receive their comments and ensure the trustworthiness of the data.

3.9 Ethical consideration

According to Krenger and Newmann (2006, 56 p), it is essential to consider the ethical principles such as informed and voluntary participation, privacy, anonymity as well as the possibility of feedback. The values of privacy, informed consent, confidentiality, anonymity, protection from harm and the prevention of deception are among the ethical consideration I had took in to account during interview and focus group discussion. All of the participants interviewed with their full consent in a convenient place where their privacy kept. The purpose and objective of the study has clearly explained to the participants of the research during interviewing them to keep the consent.

The research work including interviews and recording carried out with the consent of the participants during data collection process. Every participant has informed on the right to withdraw at any time and a right not to answer-this chances fully given for the research participants in order to keep their privacy and build confidences. Participants of the study fully informed how there is no financial benefit in participating in the study by providing full information.

This was necessary an important information which clearly to inform participants of the research before the data gathering take place because the researcher may face financial and logistic problem during the field work. Therefore, under this study as a social work researcher in order to respect the worthy and dignity of individuals, all of the participants interviewed and observed with their full consent and at the convenient places where their privacy were fully kept.

CHAPTER FOUR: FINDINGS

This chapter presents the main findings obtained from evidence collected through various data collection techniques such as in-depth interviews, FGDs, document review and observation. As stated in the study design, I presented the findings by addressing each research question on the opportunities and challenges of implementing community-based rehabilitation programme for PWDs in the context of pastoralist. To obtain comprehensive data, participants asked about the opportunities and challenges of implementing community-based rehabilitation programme for person with disabilities, barriers exist for inclusion that PWDs facing towards maximizing their social, livelihood and education and health opportunities in pastoral areas. Additionally, how the promotion of CBR programmes in pastoral areas and how does the promotion of CBR empower person with disabilities.

Hence, as a qualitative researcher, I developed themes out of the triangulated data collected from the above multiple data gathering techniques. The first part of this finding section deals with detailed background information of the study participants. The second part of the chapter focused on participants' knowledge and experiences about the opportunities and challenges of implementing CBR for PWDs that mainly presented and interpreted from the participants' point of view. Under this sub-topic, different barriers that person with disabilities are facing towards maximizing their social, livelihoods and educational opportunities in pastoralist area analyzed in detail.

Following the barriers, how does the promotion of CBR programmes equalize opportunities for PWDs and reduce poverty in pastoral areas explored in detail. Lastly, the analysis of community-based rehabilitation (CBR) strategies to empower person with disabilities wisely explored for further references and guidance to development practitioners.

4.1 Demographic information of research participants

The demographic information of research participants analyzed in detail to show their representation and relevance in subject area of the research under study. The study had focused on the essential demographic characteristics of research participants such as age, sex, educational background, religion, marital status and position of the participants. The purpose of focusing on these demographic characteristics was to explore research problems and find-out clear conclusions as well as results for the research subject of study.

Accordingly, all the interview participants have clearly provided a unique and separate code during interview session in order to lessen ambiguity and uncertainty in data triangulation and cross checking. Under all data collection techniques, similar characteristics and social determinants used for further exploration of research problems in systematized method of data analysis.

Table 3: Demographic information of In-depth Interview participants

Participants' code	Age	Sex	Educational status	Religion	Marital Status	Position in the community
P: I	43	M	Not attended	Wakeffata	Married	Kebele chair person
P: II	52	F	Not attended	Wakeffata	Married	Women representative
P: III	48	F	Not attended	Wakeffata	Married	Women representative
P: IV	61	M	Not attended	Wakeffata	Married	Community elder
P: V	56	F	Not attended	Wakeffata	Married	Community Elder
P: VI	42	F	Not attended	Wakeffata	Married	Household led Women
P: VII	30	M	Attended	Muslim	Single	Kebele manager
P:VIII	35	F	Attended	Muslim	Married	Gov't Office head
P: IX	43	M	Not attended	Wakeffata	Married	Abba Gada
P: X	52	M	Not attended	Wakeffata	Married	Gada Council
P: XI	37	M	Attended	Protestant	Married	NGO expert
P: XII	56	M	Not attended	Wakeffata	Married	Gada council
P: XIII	30	M	Attended	Muslim	Single	Kebele manager
P: XIV	42	F	Attended	Wakeffata	Married	Government office expert

Participants of the in-depth interview were 14 in number among whom eight of them were *Male* and six of them were *Female*. The age of in-depth interview participants was ranges from 30 to 61 averagely adult in the same age series. Regarding educational background, nine of the in-depth interview participants were *never attended school* while five among them has attended school. The religious background of the in-depth interview participants was mostly *Wakeffata* where among the participants were *protestant (1)* and *Muslim (3)* religious background. The marriage relationship of twelve participants of in-depth interview were *married* while two among the participants has *single* marital status.

The position of in-depth interview participants was partly the government structure of Kebele administration including women representatives, gada leaders and councils, NGO and GO experts and community elders. I used to select these participants based on their roles and responsibilities that they have at community level. Therefore, the participants of in-depth interview were people that are very keen to community-based rehabilitation to represent unit of analysis in the study area.

Table 4: Demographic information of FGD I participants (Dida-Yaballo Kebele)

Participants' code	Sex	Age	Marital status	Religion	Educational background	Disability type
FGD-1: I	F	42	Married	Wakeffata	Not attended	Visual impairment
FGD-1: II	F	34	single	Wakeffata	Not attended	Physical disability
FGD-1: III	M	40	Married	Wakeffata	Not attended	Physical disability
FGD-1: IV	F	24	single	Wakeffata	Not attended	Amputee
FGD-1: V	M	29	single	Wakeffata	Not attended	Physical disability
FGD-1:VI	M	47	Married	Wakeffata	Not attended	Physical disability
FGD-1: VII	M	52	Married	Protestant	Not attended	Visual impairment
FGD-1: VIII	F	41	Married	Wakeffata	Not attended	Physical disability
FGD-1: IX	F	35	Married	Wakeffata	Not attended	Physical disability

The first focus group discussion (FGD I) was conducted in the selected study area of Dida-Yaballo kebele of Yaballo district that found at the center of the Borana Zone. Nine persons with different disabilities were selected from general community and directly involved in first focus group discussion (FGD I). The age ranges of first focus group discussion (FGD I) participants were from 24 to 52 where all of them are very intense to each other and living in the same geographic setting. The sex categories of the selected focus group discussion (FGD I) participants in Dida-Yaballo kebele, five of them were *Male* and four of them have *Female* sex categories. Among first focus group discussion (FGD I) participants of Dida-Yaballo Kebele, six of them were *married* while three of them have *single* marital status.

Regarding educational status of the first focus group discussion (FGD I) participants, all of them have *never attended school (not attended school)* educational background. The religious background of focus group discussion (FGD I) participants has divided into two religions namely *wakeffata* and *protestant*. Eight of the focus group discussion (FGD 1) participants were the followers of *wakeffata* religion and one among the participants has *protestant* religious background. All participants of FGD I were person with disabilities that have a very similar disability characteristics, but different in the type of their impairments.

Accordingly, the selected focus group discussion (FGD I) participants were person with different disabilities where six participants have *physical disability*, two of them have *visual impairment* and the left one has *amputee* type of disability. This type of disabilities clearly identified based on visible impairments problems that categorized under physical and mental fatalities in order to mention into the type of physical losses such as amputee, eye problem, ear problem and other body parties.

Therefore, nine person with disabilities had been participated in focus group discussion (FGD I) to assess challenges and opportunities in the implementation of community-based rehabilitation for person with disabilities in the pastoralist communities of Borana. This focus group discussion (FGD I) participants were purposively organized among person with disabilities to explore community-based rehabilitations' strategy to empower person with disabilities, challenges and opportunities, how community base rehabilitation equalize opportunities and maximize potential of person with disabilities.

Table 5: Demographic information of FGD II participants (Dambi Kebele)

Participants' code	Sex	Age	Marital status	Religion	Educational background	Disability type
FGD-2: I	F	31	Married	Wakeffata	Not attended	Physical disability
FGD-2: II	M	44	Married	Wakeffata	Not attended	Physical disability
FGD-2: III	F	29	Single	Wakeffata	Not attended	Visual impairment
FGD-2: IV	F	38	Married	Muslim	Not attended	Partial deaf
FGD-2: V	F	36	Married	Muslim	Not attended	Physical disability
FGD-2:VI	M	39	Married	Muslim	Not attended	Partial deaf
FGD-2: VII	F	40	Married	Wakeffata	Not attended	Visual impairment
FGD-2: VIII	M	37	Married	Protestant	Not attended	Physical disability
FGD-2: IX	F	51	Married	Wakeffata	Not attended	Physical disability

The second focus group discussion (FGD II) conducted in Dambi Kebele of Moyale district that directly share a political boarder with Northern Kenya. The participants of second focus group discussion (FGD II) were nine persons with different type of disabilities who have been living in the selected study area for a long period. The age ranges of second focus group discussion (FGD II) participants were from 29 to 51. Regarding the marital status of the second focus group discussion (FGD II) participants, eight participants have marriage relationship whereas one participant among the others has a *single* marital status.

Accordingly, among the participants of second focus group discussion (FGD II), three participants were *Male* and six of them were *Female* persons with disabilities that have similar

characteristics, but different in type of their impairments. All second focus group discussion (FGD II) participants were *never attended the school (not attended)* in regarding with the educational status. Among the nine participants of second focus group discussion (FGD II), five of them were the followers of *Wakeffata* religion, three of them were *Muslim* and only one participant of second focus group discussion (FGD II) has *protestant* religious background.

Regarding the disability type of second focus group discussion (FGD II) participants, five of the participants were person with *physical disabilities;* two participants were person *with visual impairment* and the other two left participants share *partial deaf* of disability characteristics (type).

The overall participants of this study were the key stakeholder that are engaging in the support of person with disabilities and directly involved in the implementation of community-based rehabilitation in Borana pastoralist communities. The general composition of research participants in this study were the person with disabilities, member of disabled people organization, government key stakeholders and non-government organization. The rationale behind selecting the above research participants from the general community was their familiarity to the approaches and strategies of community-based rehabilitation for person with disabilities in the pastoralist communities of Borana.

Therefore, the selected research participants were very acquainted to the subject of the research topic in the study area. In both study districts, all research participants interviewed according to the selected data collection techniques through key informants' interview, in-depth interview and focus group discussion to acquire a relevant and most applicable information related with challenges and opportunities to the context of pastoral set-up.

4.2 Major findings

Based on the research questions, various data gathered from triangulated data collection methods and presented as follow-through giving different codes for participants and using their direct quotes in-depth interview and focus group discussion sessions. The findings of the research problems clearly discussed in this part in accordance with data collection techniques where study participants' reasons and responses for the asked questions analyzed in a significant manner.

4.2.1 The concept and approaches of community-based rehabilitation

During the in-depth interview held with the participants of government and non-government experts, the general concept of community-based rehabilitation regarding meaning and approaches clearly asked and discussed. The purpose of justifying concepts and approaches of community-based rehabilitation was to get the highlight and expertise the feature of community-based rehabilitation in relation with the support of person with disabilities.

Among the in-depth interview participants, P: VIII, P: XIV and P: XI were experts that have been implementing community-based rehabilitation for person with disabilities in study the area. Thus, the three experts of community-based rehabilitation in-depth interview participants clearly pointed out the concept of community-based rehabilitation and its approaches for person with disabilities as follows:

…The concept of community-based rehabilitation was essentially the equalization of social, educational, health, livelihood and empowerment opportunities of person with disabilities to maximize their equitable potential (May 16, 2021, Yaballo).

Similarly, participants of in-depth interview that are very familiar with community-based rehabilitation for person with disabilities explained the basic approaches in the implementation of CBR by saying as follows:

…. the basic approaches of community-based rehabilitation are essentially community managed approach in the views of local context and nature of the area which considered local culture, norms, values, customs and beliefs without altering social status and structures (May 17, 2021, Yaballo).

…The main approaches of CBR at grass root level are specifically Participatory Approach, Twin Track Approach, Holistic Approach and Collaboration with Local Government and Traditional Leadership Structures.

''The participatory approach'' ensure participation of various stakeholders such as; Labor and Social Affairs Office, Education Office, Health Office, CBOs (Idir, iqub, Busagonofa, etc.), non-governmental organizations (NGOs), customary institutions, hospitals, religious institutions and research institutions working at different levels.

The second approaches pointed out by in-depth interview participants was ''T**he Twin Track Approach''** *focuses on inclusion of person with disabilities in all organizational programs and projects in order to address equal opportunity. Twin Track Approach facilitates equality of opportunity and full participation of person with disabilities in society that provides for the inclusion and mainstreaming.*

Accordingly, in-depth interview participants also justify the third approach in community-based rehabilitation by quoting *''***The Holistic Approach''-** *to ensure all components of community-based rehabilitation domains properly incorporated and complements each other for the benefits of person with disabilities.*

4.2.2 The Opportunities and challenges of implementing community-based rehabilitation programme

The in-depth interview participants asked about the opportunities and challenges of implementing CBR for PWDs in the context of pastoralist community. This was a major research question which purposively to dig-out the opportunities and challenges of implementing community-based rehabilitation. Under this research question, the experts from government and non-government organizations purposely selected because they are very keen to community-based rehabilitation approaches.

4.2.3 Key Challenges of implementing CBR in pastoral context

In-depth interview participants tried to categorize the challenges of implementing CBR by five *most essential domains as follows:*

Health challenge- According to in-depth interview participants the prevailing condition generally focused on home-to-home rehabilitation to improve, day-to-day activities of children in the range of age 5-17.

Lack of different referral linkages for children with disabilities is the most challenging activities in study area as quoted by in-depth interview participants. In the probing of questions, the case of challenges justified by the participants as follows:

…..the scattered settlement of pastoralist villages to conduct regular exercises PWDs, Unskilled community- field rehabilitation workers, lack of disability centered institution throughout the zone (May 18,2021, Yaballo).

Education challenge- I had an interview with government and non-government experts on the challenges of implementing community-based rehabilitation regarding *educational opportunity.* In this section, participants clearly narrated challenges of implementing community-based rehabilitation in education in pastoralist communities of Borana as follows:

… Lack of inclusive education in pastoralist communities of Borana is always a tricky circumstance where inconsistent services provided for students living with disabilities. There also no disability-centered schools in Borana zone.

Additionally, the most challenging for children with disabilities are; *school structures such as classrooms, toilets, meeting halls and libraries are not accessible for children with disabilities to learn with other children.*

Livelihood challenge- the other prevailing condition in CBR component is Livelihood opportunity for person with disabilities, which includes skill development, self-employment, wage employment, financial services, and social protection. In my in-depth interview with government and non-government organization, the identified challenges are:

…. negative attitudes other people has towards people with disabilities' skills, employment opportunity and limited financial resources they have to run business.

Social challenge- I had In-depth interview with abba Gada, gada council and community elders to identify social challenges regarding cultural perspective in pastoralist communities towards PWDs. *They prove that the attitude of people towards PWDs is negative as PWDs and their families neglected. Pastoralist communities of Borana perceive born disabled is a virtue of sin and devil. Children that born disabled hided in house without the interaction with the neighborhood. Person with disabilities and their families not allowed being abba Gada, gada*

council and clan leader. Therefore, person with disabilities neglected from social affairs and relation due to negative perception of communities have towards person with disabilities in social interaction and societal progression (May 20, 2021, Dida Yaballo, Borana). .

***Empowerment challenges*-** In-depth interview participants started by asking the similar question on the concept of empowerment in community-based rehabilitation for person with disabilities. Then, all in-depth interview participants provided the similar answer for the concept of empowerment for PWDs in community-based rehabilitation by quoting as follows:

> *… Empowerment is an initiated process that enables person with different impairment to gain power, extend it, and share in the change of social, economic and political. In-depth interview participants quoted that empowering person with disabilities is empowering general community as a whole. Nevertheless, the main challenge in empowerment of person with disabilities in pastoral communities of Borana was the unorganized structure of PWDs to support their members.*
>
> *Generally, in-depth interview participants from government organization, and non-government organization finally concluded the main challenges in community-based rehabilitation for person with disabilities as the following:*

First, unskilled human resource specifically on the expertise of community-based rehabilitation strategies and integration of its components. *Second,* unorganized structures that set to implement community-based rehabilitation at community level particularly for rehabilitation services and follow-ups. *Third,* cultural influences and negative perspectives on disabled person.

4.2.4 The opportunities of implementing CBR programme in pastoralist communities

The in-depth interview participants collectively pointed out the opportunities of implementing community-based rehabilitation in pastoralist communities as follows:

…. structured government office in the country such as Ministry of Labour and Social Affairs (MOLSA) which is responsible for addressing the needs of persons with disabilities.

Likewise, the same structures directly formulated at regional level by the specific arrangement of Labour and social Affairs Bureau to give necessary support for person with disabilities is an opportunity. They also justified the provision of services for person with disabilities through creating partnership with different development actors working on disability pointed as a recognized example in government structure.

> *In health opportunities-community based rehabilitation for person with disabilities, create health promotion and prevention, provision of medical services for PWDs.*
>
> *Accordingly, education opportunity- the early childhood, primary and secondary education for children with disabilities and higher education, lifelong education provided for person with disabilities.*

Similarly, *livelihood opportunity for person with disabilities focus on skill development, self-employment, and financial services for person with disabilities, wage employment and social protection for person with disabilities. Social opportunities for person with disabilities mostly focus on the relationships among person with disabilities, marriage and families, personal assistance, culture and arts, recreation leisure and sports and access to justice.*

> *Accordingly, in-depth interview participants mentioned home based rehabilitation for children with disabilities by providing exercises and physiotherapy services is a great opportunities in CBR.*
>
> *The current gada system structure that empower the equality of the all parts of the community is also an opportunity through different platform such as Gumi Gayo General Assembly.*

4.8 Barriers exist for inclusion that PWDs is facing towards maximizing their social, livelihood, and education and health opportunities in pastoral areas.

In order to acquire a relevant information on research problem in-depth interview deployed with the selected person at community level to assess barriers exist for inclusion that facing PWDs towards maximizing their social, livelihood, education and health opportunities.

4.8.1 Key Barriers exist for inclusion of that PWDs facing

The participants of in-depth interview pointed out different barriers facing person with disabilities towards maximizing their social, livelihood, and education and health opportunities at community level. These barriers mostly related with capacities of person with disabilities in general. In-depth interview participants (P: I to P: VII) clearly justified the barriers in terms of all identified opportunities (social, livelihood, education and health) in a very similar manner. The first identified barriers were negative attitudes of community towards person with disabilities as a major barrier. Participants of in-depth interview described the negative attitude of the community towards person with disabilities as follows:

….. Community negative attitude towards person with disabilities from the traditional point of views described by the locally saying "*Qaaama miidhamummaan abarsaa waaqati"* in a simple translation *"disability is an outcome of sin and virtue of penalty from almighty God". Person with disabilities and their families in pastoralist communities of Borana neglected from societal roles and not allowed being abba gada, clan leader and others.* Thus, the perception of local community towards person with disabilities is generally negative. Communities perceive person with disabilities as the weak parts of the community that always considered for charitable purpose and concealed in participation of development actions.

Additionally, in-depth interview participants (P: III, P: V and P: VI) provided a strong justification for the barriers that facing person with disabilities to maximize the available opportunities as follows;

…. *illiteracy* and *low level of confidence* seen as a drawbacks and barriers facing person with disabilities to maximize their opportunities. Similarly, the *economic insecurity and lack of alternative income generating* activities were other barriers facing person with disabilities to maximize their opportunities.

4.9 Promotion of CBR programmes in pastoral area equalize opportunities for PWDs and Reduce Poverty.

Focus group discussions conducted among person with disabilities at two-selected study area in order to explore how Community Based Rehabilitation equalizes opportunities for person with disabilities and reduce poverty. The participants of focus group discussion were person with disabilities that have the similar characteristics of disability but different in type of impairments. In order to explore more about how community-based rehabilitation equalizes opportunities for person with disabilities, two different focus group discussion conducted to address the research question and acquire reliable knowledge.

Participants of focus group discussion, which are person with disabilities, pointed out how community-based rehabilitation for person with disabilities equalize opportunities and reduce poverty. In this regard, participants of focus group discussion intensively pointed out the reality

observed in the implementation of community-based rehabilitation on equalizing opportunities and reducing poverty.

The participants of Focus group discussion (FGD I) raised their idea on how community-based rehabilitation equalize opportunities and reduce poverty by providing some examples that observed in the implementation of community-based rehabilitation program. The prior example was; establishment of disable people organizations (DPOs) at community level through empowering them to run their own business and work for the rights of person with disabilities in general. Accordingly, person with disabilities started to run their own income generating activities at grass root level where by their income increased. This contributes to poverty reduction and equalizing of opportunities for person with disabilities. Participants of focus group discussion (FGD II) collectively pointed out that community-based rehabilitation create an opportunity for person with disabilities through organizing different plat-form of sharing knowledge, best practices and empowerment of person with disabilities and equalize opportunities.

Focus group discussion participants justified how community-based rehabilitation empower person with disabilities and equalize opportunities through providing training, funding DPOs to run business, organizing different exposure visits and knowledge exchange.

Finally, participants of focus group discussion at both study area pointed out the similar concerns on how community-based rehabilitation equalize opportunities and reduce poverty in participatory manner where person with disabilities started to engaged in development activities equally with other part of communities.

4.10 Community Based Rehabilitation's strategy to empower PWDs

This research part aimed to explore community-based rehabilitation's strategies Participants of focus group discussion in Dida Yaballo and Dambi Kebeles asked for how community-based rehabilitation's strategies empower person with disabilities. In these part participants of focus group discussion asked about community-based rehabilitation's strategy to empower person with disabilities in the context of the pastoralist communities. Participants of focus group discussion pointed out that community-based rehabilitation has played a significant role to empower person with disabilities during implementation of the program in specific study area.

They clearly justified the strategies of community-based rehabilitation in terms of inclusive education, health services, livelihood enhancement and social development for person with disabilities. Focus group discussion participants (FGD 1: II, III & IV) pointed out in their explanation how person with disabilities were benefited from the strategies of community-based rehabilitation with regarding to *the establishment of disabled people organization, provision of health service facilities and inclusive education for person with disabilities through the construction ramps, etc.* Focus group discussion participants (FGD 2: code I, II, IV and V) also specifically revealed their justification on the community-based rehabilitation strategies for the empowerment of person with disabilities as follows;

… community-based rehabilitation has significant strategies to empower person with disabilities in social, education, health and livelihood opportunities by creating different supporting platform for person with disabilities.

CHAPTER FIVE: DISCUSSION

The main purpose of the study was to explore the challenges and opportunities in community-based rehabilitation for Person with disabilities (PWDs) in a particular area of Borana pastoralist community of Oromia regional state, Ethiopia. In this chapter, the results on the four sub-questions of research discussed in detail in order to assess challenges and opportunities in community-based rehabilitation for person with disabilities in terms of five domains such as social, education, health, empowerment and livelihood opportunities. First, the challenges and opportunities of community-based rehabilitation for person with disabilities in pastoralist communities discussed in this chapter. This was followed by barriers that person with disabilities is facing towards maximizing their social, educational, health and livelihood opportunities in pastoral context.

Then, how community-based rehabilitation equalize opportunities for person with disabilities and reduce poverty discussed in detail. Lastly, community-based rehabilitation strategies to empower person with disabilities discussed in detail.

5.1 The opportunities and challenges of implementing CBR in pastoralist Communities

Community Based Rehabilitation (CBR) is a fundamental strategy to achieve community based inclusive development, a process that breaks community barriers and enables persons with disabilities to participate fully in development actions (UN Convention, 2013). In some parts of our country especially in highland division, community-based rehabilitation for person with disabilities strategies through maximizing their social, educational and livelihood opportunities was very successful and long-term program that different stakeholders addressing so far. However, in pastoralist communities where people live in a harsh environment characterized by limit social services and low infrastructure, person with disabilities are facing various challenges. These challenges exemplified by negative community's attitude on person with disability, low health services at community level, remote and distant area to conduct home based rehabilitation for children under specific rehabilitation and absence of disability-oriented schools and institutions working on disability.

The most identified challenges are; low level of confidence in their capacity and skills, limit educational opportunities, lack of economic security that favors' PWDs. Similarly, the absence of alternative income sources that fit basic needs of person with disabilities and lack of effective as well as committed structures or institutions that provide services for person with disabilities were the most identified challenges in community-based rehabilitation.

Hence, community-based rehabilitation strategies in pastoralist communities have a paramount challenge even if there were various opportunities in local communities. *For example*: Home

based rehabilitation for children with disabilities which need a day-to-day exercise and follow-up especially during drought prone time is very difficult where their families migrate from permanent settlement to another with their livestock for a search of water and pasture. Not only this, no disability centered school for PWDs in Borana pastoral area, unskilled human resource to implement community-based rehabilitation, poor physical & technological accessibility, lack of rehabilitation services for person with disabilities, limited community awareness on community-based rehabilitation and its strategies are the main challenges in lowland pastoralist communities of Borana.

Likewise, low budget allocation to the sectors such as labor and social affairs offices and institutional gaps as well as unskilled personnel to handle the varying needs of person with disabilities (e.g., insufficient special need teachers, unskilled specialized medical personnel etc.).

In this research discussion, all respondents of the in-depth interview, key informant interview, focus group discussions were similarly suggested the key findings in detail for the challenges in community-based rehabilitation strategies in particular pastoralist communities of Borana as follows: -

5.1.1 Communities' Negative Attitude towards person with disabilities

Pastoralist communities has very strong cultural and social interaction which reveal interconnected system of relationship in the ways of living together by sharing common values to ensure their intended goal and objectives. This interconnected and parallel ways of life mainly contributing to the existence of strong cultural administrative system where the structures of managing communities have relied on the traditional governance system.

Moreover, traditional system of social support in Borana pastoralist community is mostly associated with structured social bonds from small unit of parts to the largest entity. In pastoralist communities of Borana where study conducted, I observed community negative attitude towards people with disability emanating from traditional point of view. For example, there is a locally saying on disability issue "*Qaaama miidhamumman abarsaa waaqati"..... in a simple translation, "**disability is an outcome of sin and virtue of penalty from almighty God**"*. This is generally showing a traditional perception and meaning given for disability in pastoralist communities which creating a negative attitude.

Therefore, the perception of pastoralist communities towards person with disabilities is generally negative, as they perceived them as a weak part of community that always considered for charitable purpose and concealed in participation of development actions. This negative attitude of communities towards disability for a long period was challenging development of community-based rehabilitation (CBR) strategies in pastoral area of Borana lowland.

5.1.2 Low health and rehabilitation services for PWDs at community level

The general coverage of health services and rehabilitation services for people with disabilities in particular were the main problems seen in pastoral communities for a long period. However, government long term strategies as well as partners effort to enhance health sector development and realize the provision of health-related services perceived as a best practice and long-term development approaches followed by our country for last couples of decades.

However, in pastoral area of Borana general health services always criticized by number of health services (hospitals, health centers, health posts and other health institutions) found throughout the zone. The other problems related with Community based rehabilitation was absence of rehabilitation services at community level for person with disabilities and inadequate disability-oriented health services such as physiotherapeutic service, orthopedics and counseling

services. In addition, unskilled health experts to provide disability-oriented services for person with disabilities in pastoral area was a challenging concern.

5.1.3 Remote and Distant Pastoral Area to Conduct Home to Home Rehabilitation

As pastoral areas known by remote and sparsely settled population of communities by a far distance and inaccessible road infrastructure, provision of home-based rehabilitation, service by community-rehabilitation field workers is a big obstacle. Similarly, the drought effect also contributes for less achievement of home-based rehabilitation services in parts of community-based rehabilitation activities where pastoralist community move from place to another place in search of water and pasture for their livestock.

During unexpected drought time of community movement from their settlement, children under rehabilitation services also move with their families and their day-to-day relationship with field rehabilitation workers always cut-off as clients left without any treatment due to distance and remoteness of area.

Accordingly, the other challenges in this area are low awareness of families of children with disabilities to adopt skill transfer approach in community-based rehabilitation. Skill transfer by community-based field rehabilitation workers is an important strategy in the development of community-based rehabilitation for person with disabilities to follow day-to-day rehabilitation services for children under rehabilitation. Moreover, inadequate training of personnel in community-based rehabilitation contributes the biggest challenge in providing family/community-oriented services.

Due to these all attitudes and barriers, community-based rehabilitation in pastoralist communities facing enormous challenges as well as difficulties from time to time. For these challenges, key

informant interview participants from non-government organization openly disclosed their ideas as follows:

"*.....sometimes when we planned to perform day to day daily activities for children under rehabilitation in remote pastoral areas, we miss our clients under rehabilitation service because families' of our client migrate from their permanent settlement for a search of water and pasture to their livestock especial during drought prone time.*

In the case of Moyale district that shares international border with Kenya, there was a time where our clients cross international border and went to neighbor country (Kenya) with their families. When this scenario happens throughout rehabilitation services of daily exercises and follow-ups, transferring of rehabilitation skill for families of children under rehabilitation always automatically stopped and our clients exposed to secondary disabilities".

5.1.4 Lack of disability Oriented Institutions

From the most identified challenges of community-based rehabilitation for person with disabilities in pastoralist communities, absence of disability-oriented institutions (school, college, research institution, rehabilitation center and health center) which provide services for person with disabilities was key. *In this regard, an approach of inclusive education where children with different disabilities collectively learn with other children is also an emerging challenge. From this point of views there is no special need trained teachers to provide inclusive education in particular areas of pastoralist community.*

Thus, Borana pastoralist community different children with disabilities most of the time referred to *Sabata* and other special need schools in the central parts of our country. *Not only this, the existing school structures such as toilets, class rooms, libraries, laboratory rooms and entrance*

of school compound are not accessible for children with disabilities in general specifically for children with physical disabilities.

One person among the key informant interview participant pointed out that for many years of educational opportunities for person with disabilities in pastoralist communities of Borana was in a difficult scenario which solution not found yet.

5.1.5 Lack of Economic Security and Alternative income sources

Community based rehabilitation has envisioned to maximize full potential of people with disabilities at community level through empowering disable people organizations (DPOs), self-help groups, increase political participation of person with disabilities, advocacy and communication as well as community mobilization of people with disabilities (CBR matrixes, 2012). In establishment and strengthening of disable people organizations, community-based rehabilitation always facilitates and provide access of financial services by linking disabled people organization with micro-finance around them.

Nevertheless, economic security and alternative source of income of person with disabilities in pastoralist communities are the challenging issues as lack of financial management, low skill to business diversification and lack of innovative fund-raising strategies were the major finding of the research study.

During the key informant interview part of data collection, representative of disable people organization suggested that *we have a strong coordination and synergy to work together and committed to strengthen the DPO members. This could not determine, but the problem we are facing are; the ways of managing finance, lack of alternative sources of income and no initiation as well as skill to raise fund locally".*

5.2 Barriers exist PWDs are facing towards maximizing their Social, education, health and livelihood Opportunities

Naturally as pastoral area has its own barriers; person with disabilities is facing many challenges towards maximizing their social, educational, health and livelihood opportunities. In the finding of research study, different barriers identified in terms of person with disabilities maximizing their social, educational, health and livelihood opportunities.

In interviews and focus group discussions, most of the respondents reflected their idea on the barriers that challenging person with disabilities to maximize their social, educational, health and livelihood opportunities as follows:

> *…negative community attitude towards people with disabilities that encompasses- disability is most likely inability.* The other barrier seen in research study is *illiteracy and low confidence of people with disabilities towards themselves to-fully make their own decision in political, social and economic opportunities equally with other parts of the community.*

Not only this, inaccessibility of infrastructure to fulfill basic needs of person with disabilities and remoteness as well as distance of area which far from central town specially to accommodate the problem of market. In addition, lack of disability-oriented schools and vocational training center in order to maximize their educational and livelihood opportunities.

5.3 CBR Equalize Opportunities for PWDs and Reduce Poverty

The first and foremost objective of community-based rehabilitation program is to equalize opportunities for people with disabilities and reducing poverty through the provision of health services, livelihood opportunities, empowerment and educational opportunity and also increase social well-being. Even if there are many challenges on opportunities in implementation of

community-based rehabilitation program, there are many equalizations of opportunities for person with disabilities.

Therefore, community-based rehabilitation program provides access to social participation for people with disabilities and enhance economic empowerment at community level through creating access to run business. In pastoralist communities where there are different barriers, community-based rehabilitation program facilitates access across all domains such as education, health services (mobility appliance, referral linkages, corrective surgery and prevention), and empowerment and livelihood opportunities.

CHAPTER SIX: CONCLUSION AND IMPLICATION

6.1 CONCLUSION

The results of this study revealed that community-based rehabilitation programme for person with disabilities is a fundamental strategy to achieve community based inclusive development. In order to maximize full potential of person with disabilities in inclusive development, community-based rehabilitation for person with disabilities ensure its intended goal which endeavor to break barriers in general. The community-based rehabilitation for person with disabilities essentially relies on the equalization of opportunities through the most common domains. The purpose of this research is to explore the opportunities and challenges of implementing community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana.

In order to ensure the intended objectives of the research study various research methods deployed to get an accurate and reliable data from participants of the study. Hence, various community-based rehabilitation program implementers and key stakeholders from government organization, non-government organization, Abba Gada and council, families of person with disabilities are fully participated in data collection process and information sharing.

In data collection process, different research methods purposively deployed to acquire relevant information according to intended research problem through in-depth interviews, focus group discussion (FGD), document review and observation.

Similarly, person with disabilities were collectively participated in focus group discussion (FGDs) in both research study area to assess challenges and opportunities in community-based rehabilitation for person with disabilities. Moreover, in-depth interview purposively deployed at community level with Kebele structures and community representative to explore opportunities and challenges in community-based rehabilitation for person with disabilities.

The exploration of the opportunities and challenges of implementing community-based rehabilitation proramme for person with disabilities conducted for future research studies.

The identified opportunities and challenges of implementing community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana clearly identified by the participants of study. The first challenge pointed out in community-based rehabilitation for person with disabilities were; communities' negative attitude towards person with disabilities that emanated from traditional perspective. The second challenge was; low health and rehabilitation services in pastoralist community as well as remote and distant pastoralist area to conduct home-to-home services. The third identified challenge was; illiteracy of person with

disabilities and their low confidence. The fourth challenge was no disability-oriented institution and lack of economic security as well as alternative source of income for person with disabilities. The fifth challenge was lack of committed structures and institution that provide services for person with disabilities at community grass-root level.

However, there are different opportunities that plays a great role in development of community-based rehabilitation for person with disabilities in pastoralist communities of Borana. These opportunities are: 1) strong social interaction among pastoralist community to support marginalized people like person with disabilities. 2) Opportunities seen in research finding was traditionally structured administrative system (*Gada system*) in Borana to implement community-based rehabilitation for person with disabilities. 3) Indigenous knowledge in community to solve social problem, 4) non-government organizations working on community-based rehabilitation for person with disabilities, 5) existing government structure-labor and social affairs office established to support person with disabilities.

6.2 Implication for Social Work

Based on the findings of the study, recognizing the particular relevance of community-based rehabilitation for person with disabilities in pastoralist communities of Borana, the following implication for social work suggested. Thus, the implications of social work in research study analyzed through policy implication, education and social work practices as follows.

6.2.1 Implication for Policy

- Conduct, perform and implement the existing policies and laws on how non-governmental

Organizations (charities) and government offices should provide services for person with disabilities through community-based rehabilitation for person with disabilities.

- Policy should formulate and emanated to solve the challenges of community-based rehabilitation program in particular area of pastoralist contextually.
- This research has implication to influence policy and strategies in the support of person with disabilities.
- Even if there are challenges, the overall objective of community-based rehabilitation for person with disabilities is to ensure social well-being, health services, empowerment, livelihood and educational opportunities of person with disabilities in pastoral area.

6.2.2 Implication for Social Work Practice

The values of the social work profession also reflect strongly held beliefs about the rights of people to free choice and opportunity. They recognize the preferred conditions of life that enhance people's welfare, ways that members of the profession should view and treat people, preferred goals for people, and ways in which those goals should be reached. It found that the clients of community-based rehabilitation in rehabilitation services, established disabled people organization, provision of health service for person with disabilities and empowerment of person with disabilities in through community-based rehabilitation were the kind of professional application of social work at community level.

In order to address the challenges related to community-based rehabilitation strategies in pastoral context, skillful interventions of the social workers in the area found to be very significant. Social work practitioners demanded in developing skill and knowledge of individuals, groups and families by focusing on their strength.

Besides, as social work profession helps the clients by linking them with locally available resources, community-based rehabilitation has created opportunity for person with disabilities to learn, to cooperate, to get health services, to diversify their livelihood, to integrate socially and empowerment opportunities.

There are different development actors and practitioners operating throughout the study area. However, these development actors are engaging in reducing and alleviation of economic problems in community such as poverty, unemployment which widely experienced mainly by youths and vulnerable families, drought risk and conflict. As community-based rehabilitation strategies is to provide services for person with disabilities through establishing and strengthening disabled people organizations, social workers should have to implement accordingly for social welfare in pastoralist communities.

This helps development actors to gain different skills and knowledge by sharing experiences. Working with the most marginalized, disadvantaged and vulnerable groups is a concern of social work profession and support necessitated from social work professionals.

Therefore, social workers should promote the full participation of all stakeholders both governmental and non-governmental organizations in implementation of community-based rehabilitation for person with disabilities. This aimed at ensuring the implementations of community-based rehabilitation for person with disabilities in pastoral area. Besides providing skillful trainings for individuals who are, working with clients in community-based rehabilitation is most important in enhancing the well-being of clients.

6.2.3 Implication for Social Work Education

Social work education is essential in working with individuals, groups and families. In Borana zone specifically government offices; there is lack of professionals having social work background in order to help disadvantaged or vulnerable families. Moreover, community-based rehabilitation workers such as managers, coordinators and field workers of non-government organization are not social workers rather they are graduates from the universities and colleges in other fields of studies.

Accordingly, community-based rehabilitation field workers were playing a great role in rehabilitation services for children under rehabilitation regarding physiotherapy practice by their own experience without profession. In assessing client's case, they should be professional social workers who provide support and care according to the values of social work. In order to help clients, it was very crucial to use managers of social worker or people with social work expertise. As the finding of this particular study indicates, the challenges in community-based rehabilitation for person with disabilities in pastoralist communities of Borana was lack of skill transfer to the families of children with disability. In this regard, the most essential way of providing rehabilitation service for children is working through the intimate or family due to their relationship in daily living activities. In working with such peoples by helping them in order to help themselves, social work profession is very essential.

6.3 Recommendation

Based on the findings of the descriptive study made and further reviewed literature on the issues of challenges and opportunities of community-based rehabilitation for person with disabilities in particular area of Borana, the subsequent recommendations are proposed as follows: -

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

- The implementation approaches of community-based rehabilitation for person with disabilities in pastoralist communities should be context oriented as far as to minimize challenges and barriers. The process of implementation for community-based rehabilitation has to be contextually balance the challenges and opportunities by acknowledging local norms, values, beliefs and culture in order to-successfully implement according to its goal and objectives.

- Awareness creation on disability issues for community as a whole is an essential strategy to promote community-based rehabilitation for person with disabilities outcome and minimize the negative attitude.

- Health service institutions infrastructures including toilet, patient examining room and other facilities should be disability oriented. Skilled personnel should assigned at community level to support person with disabilities.

- Inclusive education in pastoralist community should structurally managed and special need teachers should assigned to support children with disabilities in school by giving special consideration.

- Policy design and advocacy should done regarding the community-based rehabilitation approach and strategies in government sectors. Budgeting community-based rehabilitation in government structure to support person with disabilities and develop disability-mainstreaming guideline in order to internalize the system.

- Strengthen disabled people organizations by sustaining income-generating activities (IGAs) and find other sources of incomes for prolonged life style.

REFERENCES

Adeoye A, Hartley S. CBR programmes in Africa: a preliminary analysis. In Hartley S, Okune J, eds. CBR: inclusive policy development and implementation. Norwich, UK: University of East Anglia, 2008, 25 p.

ASINDUA, S. et al. (2001). Disability and Rehabilitation: AMREF Experiences and Future Option

Baartman LKJ, De Bruijn E. Integrating knowledge, skills and attitudes: Conceptualising learning processes towards vocational competence. Educ Res Rev. Elsevier Ltd; 2011; 125–134 p.

BALDWIN, S., ASINDUA, S. & STANFIELD, P. (1990). Survey of Childhood Disabilities: Within a community-based Programme for the Rehabilitation of the Disabled in Kibwezi Division, AMREF & Actionaid, Kenya.

Berge, L. (2001). A qualitative research method for the social science (4th ed). California: US.

Bernard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school, and community. San Francisco: Western Regional Center.

Brzuzy, S. (1997). Deconstructing disability: The impact of definition. Journal of Poverty, 1(1), 81-91 p.

Burack-Weiss, A. (1991). In their own words: Elders' reactions to vision loss. Journal of Gerontological Social Work, 17(3/4), 15-23 p.

Campbell C, Scott K. Retreat from Alma Ata? The WHO's report on Task Shifting to community health workers for AIDS care in poor countries. Glob Public Health. 2011; 6(2):125–138 p.

Community-Based Rehabilitation (CBR) as a Participatory Strategy in Africa" (2002). *GLADNET Collection.* Paper 60.http://digitalcommons.ilr.cornell.edu/gladnetcollect/60

David, M.K., & Ching, L. L. (2014). *Using the Key Informants Interviews (KIIs) Technique: A Social Sciences Study with Malaysian and Pakistani*. University of Malaya

Dilshad, R. M., & Latif, M. I. (2013). Focus Group Interview as a Tool for Qualitative Research: An Analysis. *Pakistan Journal of Social Sciences (PJSS), 33*(1), 191-198 p.

Felske, A. W. (1994). Knowing about knowing: Margin notes on disability research. In M. H. Rioux & M. Bach (Eds.), Disability is not measles (pp. 181-194). North York, Ontario: L'Institut Roeher.

Finkenfl ugel H, Wolff ers I, Huijsman R. The evidence bases for community-based rehabilitation: a literature review. *Int J Rehab Res* 2005; **28:** 187–201 p.

Gayo Pastoral Development Initiative (GPDI), community-based rehabilitation annual report, 2016(15p), 2017(25 p), 2018(21 p).)

Gilson, S. F., & DePoy, E. (2002). Theoretical approaches to disability content in social work education. Journal of Social Work Education, 38(1).

Hahn, H. (2005). Academic debates and political advocacy: The U.S. disability movement. In G. E. May & M. B. Raske (Eds.),

Hartley sally CBR 2001: Future Participation and Sustainability of community-based rehabilitation Hartman, C., Macintosh, B., & Englehardt, B. (1983). The neglected and forgotten sexual partner of the physically disabled. Social Work, 28, 370-374.

Helander E, Mendis P, Nelson G. Training disabled people in the community: an experimental manual on rehabilitation for developing countries. WHO: Geneva, 1980

Iemmi V, Kumar KS, Blanchet K, Hartley S, Murthy GV., Patel V, et al. Community-Based Rehabilitation for People with Disabilities in Low- and Middle-Income Countries - Review Protocol. 2012.

Jelske Rozing: Community Based Rehabilitation: Exploring the Gap between Roles and Competence of CBR Field Staff in Nepal.

Kawulich, B. (2012). Collecting data through observation, *doing social research: A global context*, 150-160.

Krenger, L. W. and Newmann, W .L (2006) Social Work research methods: Qualitative and Quantitative Applications. Boston: Pearson Education. Inc.

Lang R. Community-based rehabilitation and health professional practice: developmental opportunities and challenges in the global North and South. Disabil Rehabil. 2011; 33 (2):165–73.

Mackelprang, R, & Hepworth, D. (1987). Ecological factors in rehabilitation of patients with severe spinal cord injuries. Social Work in Health Care, 13(1), 23-38.

Mannan H, MacLachlan M, McAuliffe E. The Human Resources Challenge to Community Based Rehabilitation: The Need for a Scientific, Systematic and Coordinated Global Response. Disability CBR Incl Dev. 2013 Feb 11; 23 (4).

Musoke G, Geiser P. Linking CBR, disability and rehabilitation. 1st ed. CBR Africa Network. Kyambogo - Uganda: CBR Africa Network; 2013. 121 p.

Oliver, M. (1996). Understanding disability: From theory to practice. Basingstoke: Macmillan.

Priestley, M. (1999). Disability politics and community care. London: Jessica Kingsley.

Quinn, P. (1995b). Social work and disability management policy: Yesterday, today, and tomorrow. Social Work in Health Care, 20(3), 67-82.

Payne, G., & Payne, J. (2004). *Key concepts in social research*. London: SAGE Publications.

Raske, M. (2005). The disability discrimination model in social work practice. In G. E. May & M. B. Raske (Eds.), ending disability discrimination: Strategies for social workers (pp. 99-112). Boston: Pearson Education, Allyn & Bacon.

Sutter, P. (1995). 'CARE Borena Rangelands Development Project. Socio-economic. Baseline Study'. Addis Ababa: CARE International in Ethiopia, Unpublished Report.

Wagle KC. Community-Based Rehabilitation (CBR) and Implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD); A critical analysis of CBR approaches towards effective implementation of the CRPD in Nepal. Master thesis. 2013; (August):82.

Walliman, N. (2011). *Research method:* The basics. New York, USA

WHO, UNESCO, ILO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Introductory booklet, Geneva - Switzerland: WHO; 2010, 70 p.

USAID. Factors impacting the effectiveness of community health worker behavior change a literature review. 2015.

WHO, UNESCO, ILO, IDDC: CBR guidelines for community based inclusive development: Geneva: World Health Organization (in press).

WHO, Declaration of Alma-Ata: international conference on primary health care, Alma-Ata, USSR, 6-12 September 1978, Geneva; 1978;14(11):3

WHO, ILO, UNESCO, CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities: Joint Position Paper, Geneva - Switzerland; 2004.

WHO: Community Based Rehabilitation Matrix, Community-Based Rehabilitation: CBR Guidelines, Geneva; 2010

WHO & the World Bank. World Report on Disability. Geneva; 2011.

WHO, UNESCO, ILO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Introductory booklet, Geneva - Switzerland: WHO; 2010. 70 p.

WHO, ILO, UNESCO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Social Component, Geneva - Switzerland: WHO Press; 2010. 52 p.

WHO, ILO, UNESCO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Empowerment Component, Geneva - Switzerland: WHO Press.; 2010, 56 p.

WHO, ILO, UNESCO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Health Component, Geneva - Switzerland: WHO Press.; 2010, 72 p.

WHO, ILO, UNESCO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Education Component, Geneva - Switzerland: WHO Press.; 2010, 74 p

WHO, ILO, UNESCO, IDDC: Community-Based Rehabilitation: CBR Guidelines, Livelihood Component, Geneva - Switzerland: WHO Press.; 2010, 68P

Willis-Shattuck M, Bidwell P, Thomas S, Wyness L, Blaauw D, Ditlopo P. Motivation and retention of health workers in developing countries: a systematic review. BMC Health Serv Res. 2008; 8:247.

Addis Ababa University

College of Social Sciences and Humanities

School of Social Work

Appendix I: Information Sheet

Good morning/Good afternoon, Sir /madam?

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

My name is Jaldesa Wako Liban. I am a postgraduate student at Addis Ababa University, School of Social Work. Currently, I am conducting research on "The opportunities and challenges of implementing Community Based Rehabilitation programme for person with disabilities in the context of pastoralist communities: The case Borana Zone, Southern Ethiopia" which is required in partial fulfillment of the degree of Master of Social Work. The main purpose of this study is to explore the opportunities and challenges in community-based rehabilitation programme for person with disabilities in Pastoralist communities: the case of pastoralist communities.

As the participant of this study, you selected to participate in the study, because you hold an important position in the community and have important knowledge about community-based rehabilitation for person with disabilities. Participating in the study is voluntary. I will ask you some questions related to community-based rehabilitation in your context. I am not going to talk to anyone about what you tell me. Your answers are completely confidential and privacy kept. You do not have to answer any question that you do not want to answer, and you may end this interview at any time you want.

I assure you that there will be no negative consequence for participating or not participating in the study. To grasp the information, you are going to give; I will tape-record, write your responses on a notebook and observe the challenges and opportunities in community-based rehabilitation for person with disabilities based on your consent. While doing this, your name will not attached to any finding of the study rather your real name will replaced with the selected secret code. Findings of the study will used only for academic purposes.

However, your honest answer to these questions will help me to understand the challenges and opportunities in community-based rehabilitation for person with disabilities. The findings of the study will help your community to get better understanding of the community-based rehabilitation for person with disabilities. The time required for the interview is from 40 minutes

to 60 Minutes. If you agree to take part in the study, please confirm your agreement by signing here. Your signature below indicates your consent to participate in the study. Would you willing to participate?

Yes, ____No ____

If yes, sign the agreement below.

Signature of the interviewee (for participant who can read and write) _____

Signature of a witness (for illiterate participant) _____

Thank you for your participation!

Appendix II -Informed Consent Form

For the participant:

As the participant of this study, the researcher informed me about nature, purpose, risks, benefits and procedure of the study. The researcher has shown me his letter of support to ensure the intention of his research, which is for academic purposes through reading it for me (I have read). I also realize that the participation on this study based on voluntary and has no risks. I can withdraw from the interview at any time, if I am not happy with questions and the situations. Here, I declare my willing to participate in the study and will offer an honest answer for all questions. Therefore, the researcher can compressively understand the challenges and opportunities in community-based rehabilitation for person with disabilities.

Name of Participant: _____

Participant's Signature: ___Date: _____

For the Researcher:

I am a graduate student at Addis Ababa University, School of Social Work. As the researcher of this study, I have informed the above-selected participant about the nature, purpose, risks and procedure of the study. I have also explained the ethical consideration during the research process to ensure consent, self-determination, confidentiality and anonymity. My signature below indicates that I have explained the above information for the participant of the study before the data collection.

Name of the Researcher: Jaldesa Wako Liban

The Researcher's Signature: _____Date: _____

Appendix III: In-depth Interview Guide for Participants

Participant's code: _____Research site_____ District_____

Kebele_____

Sex: _____ Age: ___Religion: _____Marital status_____ Educational status _____

Position in the community _____

Date _____Beginning time_____ End time_____

1. Questions related to the opportunities and challenges of implementing community-based rehabilitation programme for person with disabilities

A) How do you define community-based rehabilitation?

B) What are the key the challenges in community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

C) What are the basic opportunities in community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

D) What do you think are livelihood challenges and opportunities of community-based rehabilitation for person with disabilities?

E) What are key health challenges and opportunities in community-based rehabilitation for person with disabilities?

F) What are basic social challenges and opportunities in community-based rehabilitation for person with disabilities?

G) What are key education challenges and opportunities in community-based rehabilitation for person with disabilities?

H) What are key empowerment challenges and opportunities in community-based rehabilitation for person with disabilities in pastoralist communities of Borana?

2. Questions related to the barriers that facing person with disabilities towards maximizing their social, livelihood, and education and health opportunities.

A) What are the key barriers that facing person with disabilities in pastoralist community of Borana?

B) What are the drawbacks the person with disabilities is facing towards maximizing their maximum potential?

C) What do you think the key disadvantages person with disabilities are facing in pastoralist communities of Borana?

Thank you for your participation!

Appendix IV: In-depth Interview Guide for Government expert

Participant's code: _____Research site_____

District/Kebele_____

Sex: _____ Age: _____ Religion: _____level of education: _____ Marital Status: ____ _____ Position _____

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

Date _____Start time_____ End time_____

1. Questions related to *''General Concept of Community Based Rehabilitation''*

A) What is the meaning of Community Based rehabilitation?

B) What are the main approaches of community-based rehabilitation programme?

C) How do you compare the approaches of community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

D) How community-based rehabilitation programme supports person with disabilities in Pastoralist communities of Borana?

2. Questions related to how Community based rehabilitation equalize opportunities for person with disabilities and reduce poverty

A) What is a key opportunity in community-based rehabilitation programme for person with disabilities?

B) How community-based rehabilitation for person with disabilities equalize the opportunities in pastoralist communities of Borana?

C) How community-based rehabilitation for person with disabilities reduce poverty in pastoralist communities of Borana?

3. Questions related to the *community-based rehabilitation* for person with disabilities strategies to empower person with disabilities in pastoralist communities of Borana.

A) What are the key strategies in community-based rehabilitation to empower person with disabilities?

B) How community-based rehabilitation for person with disabilities empower person with disabilities in pastoralist communities of Borana?

C) Could you explain your experience in community-based rehabilitation to empower person with disabilities in pastoralist communities of Borana?

D) What type of your organization follow to empower person with disabilities in pastoralist communities of Borana?

4. Questions related to the challenges and opportunities in community-based rehabilitation for person with disabilities.

A) What do you think are most challenges in community-based rehabilitation for person with disabilities in pastoralist communities of Borana?

B) What are the key opportunities in community-based rehabilitation for person with disabilities in pastoralist communities of Borana?

C) What are the causes of these challenges?

D) How your institution works on person with disabilities to minimize challenges in community-based rehabilitation for person with disabilities?

Thank you for your participation!

Appendix V: In-depth Interview Guide for Non-Government expert

Participant's code: _____Research site_____

District/Kebele_____

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

Sex: _____ Age: _____ Religion: _____level of education: _____ Marital Status: ____ _____ Position _____

Date _____Start time_____ End time_____

1. Questions related to *''General Concept of Community Based Rehabilitation''*

A) What is the meaning of Community Based rehabilitation?

B) What are the main approaches of community-based rehabilitation programme?

C) How do you compare the approaches of community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

D) How community-based rehabilitation support person with disabilities in Pastoralist communities of Borana?

2. Questions related to how Community based rehabilitation programme equalize opportunities for person with disabilities and reduce poverty

A) What is a key opportunity in community-based rehabilitation programme for person with disabilities?

B) How community-based rehabilitation programme for person with disabilities equalize the opportunities in pastoralist communities of Borana?

C) How community-based rehabilitation programme for person with disabilities reduce poverty in pastoralist communities of Borana?

3. Questions related to the *community-based rehabilitation* programme for person with disabilities strategies to empower person with disabilities in pastoralist communities of Borana.

A) What are the key strategies in community-based rehabilitation to empower person with disabilities?

B) How community-based rehabilitation programme for person with disabilities empower person with disabilities in pastoralist communities of Borana?

C) Could you explain your experience in community-based rehabilitation programme to empower person with disabilities in pastoralist communities of Borana?

D) What type of your organization follow to empower person with disabilities in pastoralist communities of Borana?

4. Questions related to the challenges and opportunities in community-based rehabilitation programme for person with disabilities.

A) What do you think are most challenges in community-based rehabilitation for person with disabilities in pastoralist communities of Borana?

B) What are the key opportunities in community-based rehabilitation for person with disabilities in pastoralist communities of Borana?

C) What are the causes of these challenges?

D) As government office, how you work on person with disabilities to minimize challenges in community-based rehabilitation for person with disabilities?

Thank you for your participation!

Appendix VI: In-depth Interview Guide for DPO Members

Participant's code: _____Research site_____

District/Kebele_____

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

Sex: _____ Age: _____ Religion: _____level of education: _____ Marital Status: ____ _____ Position _____

Date _____Start time_____ End time_____

1. Questions related to *''General Concept of Community Based Rehabilitation''*

A) What is the meaning of Community Based rehabilitation?

B) What are the main approaches of community-based rehabilitation?

C) How do you compare the approaches of community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

D) How community-based rehabilitation support person with disabilities in Pastoralist communities of Borana?

2. Questions related to how Community based rehabilitation programme equalize opportunities for person with disabilities and reduce poverty

A) What is a key opportunity in community-based rehabilitation for person with disabilities?

B) How community-based rehabilitation programme for person with disabilities equalize the opportunities in pastoralist communities of Borana?

C) How community-based rehabilitation programme for person with disabilities reduce poverty in pastoralist communities of Borana?

3. Questions related to the *community-based rehabilitation* for person with disabilities strategies to empower person with disabilities in pastoralist communities of Borana.

A) What are the key strategies in community-based rehabilitation to empower person with disabilities?

B) How community-based rehabilitation programme for person with disabilities empower person with disabilities in pastoralist communities of Borana?

C) Could you explain your experience in community-based rehabilitation to empower person with disabilities in pastoralist communities of Borana?

D) What type of your organization follow to empower person with disabilities in pastoralist communities of Borana?

4. Questions related to the challenges and opportunities in community-based rehabilitation programme for person with disabilities.

A) What do you think are most challenges in community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

B) What are the key opportunities in community-based rehabilitation for person with disabilities in pastoralist communities of Borana?

C) What are the causes of these challenges?

D) How your DPO works on person with disabilities to minimize challenges in community-based rehabilitation for person with disabilities?

Thank you for your participation!

Appendix: VII Focus group discussion (FGD) Guide

Code for the group_____ Research site_____

District/Kebele_____

Date _____Start time_____ End time_____

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

1. Questions related to challenges and opportunities in community-based rehabilitation for person with disabilities in pastoralist communities of Borana

A) What is community-based rehabilitation?

B) What are challenges in community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana?

C) What are the key opportunities in community-based rehabilitation programme for person with disabilities?

2. Questions related to Barriers that person with disabilities facing towards maximizing their maximum potential.

A) What are the key barriers that facing person with disabilities in pastoralist community of Borana?

B) What are the drawbacks the person with disabilities is facing towards maximizing their maximum potential?

C) What do you think the key disadvantages person with disabilities are facing in pastoralist communities of Borana?

3. Questions related to how Community based rehabilitation equalize opportunities for person with disabilities and reduce poverty

A) What is a key opportunity in community-based rehabilitation for person with disabilities?

B) How community-based rehabilitation for person with disabilities equalize the opportunities in pastoralist communities of Borana?

C) How community-based rehabilitation for person with disabilities reduce poverty in pastoralist communities of Borana?

4. Questions related to the *community-based rehabilitation* for person with disabilities strategies to empower person with disabilities in pastoralist communities of Borana.

COMMUNITY BASED REHABILITATION PROGRAMME FOR PWDs…

A) What are the key strategies in community-based rehabilitation to empower person with disabilities?

B) How community-based rehabilitation for person with disabilities empower person with disabilities in pastoralist communities of Borana?

C) Could you explain your experience in community-based rehabilitation to empower person with disabilities in pastoralist communities of Borana?

D) What type of your organization follow to empower person with disabilities in pastoralist communities of Borana?

Thank you for your participation!

Appendix VIII: Observation Checklist

In this study, I want to observe community-based rehabilitation programme for person with disabilities program that implementing by government and non-government organization for last ten years to know the challenges and opportunities throughout the implementation time. Moreover, I want to observe how community-based rehabilitation programme for support person with disabilities in terms of five domains health, social, education, livelihood and empowerment.

When to observe_____ Where_____

A) What are the challenges and opportunities in community-based rehabilitation?

B) How partners support person with disabilities in pastoralist communities of Borana?

C) What are key approaches in community-based rehabilitation for person with disabilities?

D) How community-based rehabilitation empower person with disabilities?

E) How community-based rehabilitation for person with disabilities equalize maximum potential of person with disabilities?

Appendix IX: Document Review Checklist

The disabled people organization, government and non-government reports and meeting minutes related to support person with disabilities reviewed. This will help to understand the nature and practices of community-based rehabilitation programme for person with disabilities in pastoralist communities of Borana.

Document Title: _____Organization_____ Review Date_____

Reviewer: Jaldesa Wako Liban

Issues to review

A) Objective of the document (reports, minutes, etc.)

B) Community based rehabilitation policy to support person with disabilities

C) Guiding principle of community-based rehabilitation

D) National policy on person with disabilities