

**An Assessment of the Impact of CBR Services  
on the Situation of People With Disabilities at  
Lideta Sub-City**

**A thesis submitted to the School of Graduate Studies of Addis  
Ababa University in partial fulfillment of the requirements for  
the Degree of Master of Arts in Special Needs Education**

**Zelalem Temesgen**



**June, 2007  
Addis Ababa**

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# Acronyms

<b>CBR</b>	Community Based Rehabilitation
<b>CWD</b>	Child With Disability
<b>FGD</b>	Focuses Group Discussion
<b>IBR</b>	Institution Based Rehabilitation
<b>IL</b>	Independent Living
<b>ILO</b>	International Labor Organization
<b>PWD</b>	People With Disability
<b>UNDP</b>	United Nation Development Program
<b>UNESCO</b>	United Nation Education, Science and Culture Organization
<b>VIC</b>	Visually Impaired Child
<b>WHO</b>	World Health Organization

## List of Tables

Table One .....	52
Table Two.....	64
Table Three.....	74

# Table of Content

	<b>Page</b>
<b>Acknowledgments</b> .....	i
<b>Acronyms</b> .....	ii
<b>List of Tables</b> .....	iii
Table of content .....	iv-vii
<b>Abstract</b> .....	ix
<b>Chapter One</b>	
<b>Introduction</b> .....	1
1.1 Background of the Study.....	1
1.2 Statement of the Problem .....	5
1.3 Objectives of the Research.....	6
1.4 Significance of the Study .....	7
1.5 Delimitation of the Study.....	7
1.6 Limitations of the Study .....	7
1.7 Definition of Operational Terms.....	8
<b>Chapter Two</b>	
<b>Review of Related Literature</b> .....	9
2.1 Introduction to Rehabilitation .....	9
2.2 Definitions and Challenges of CBR.....	10
2.2.1 Definitions of CBR .....	10
2.2.2 Challenges to Implement CBR Programs .....	11
2.3 Models of Rehabilitation .....	13
2.3.1 Institution Based Rehabilitation Model.....	13
2.3.2 Community Based Rehabilitation Model .....	15
2.4 The Process of Community Based Rehabilitation.....	17

2.4.1	Planning and Implementation of Community Based Rehabilitation (CBR) .....	17
2.5	Types of Services in Community Based Rehabilitation ....	19
2.5.1	Social Rehabilitation.....	19
2.5.2	Psychological Adjustment to People with Disabilities	22
2.5.2.1	Stages of Psychological Adjustment to Disability	24
2.5.2.1.1	Uncertainty .....	25
2.5.2.1.2	Shock .....	25
2.5.2.1.3	Denial.....	25
2.5.2.1.4	Acceptance .....	26
2.5.2.2	Characteristics of Psychological Adjustment To people with Disabilities .....	26
2.5.3	Educational Rehabilitation .....	29
2.5.3.1	The Role of CBR towards Educational Rehabilitation Of People with Disabilities... ..	29
2.5.3.2	Educational Rehabilitation From Ethiopian Context .....	31
2.5.4	Independent Living.....	32
2.5.4.1	Independence .....	32
2.5.4.2	Special Provision for Independent Living.....	33
2.5.4.3	Daily Living Skills.....	34
2.5.4.4	Income Generation .....	35
2.6	Possible Barriers for Social Inclusion of People with Disabilities .....	36
2.6.1	Attitude.....	36
2.6.2	Physical Environmental.....	37
2.7	Evaluation of CBR .....	39
2.7.1	The purpose of Evaluation in CBR.....	39
2.7.2	Key Elements of CBR Evaluation .....	40
2.7.3	Types of CBR Evaluation .....	41
2.7.4	Participation of Evaluation in CBR.....	42

## Chapter Three

<b>Methods and Procedures of the Study</b> .....	43
3.1 Research Design.....	43
3.2 Sampling Area, Participants and Sampling Technique .....	44
3.2.1 Sampling Area .....	44
3.2.2 Target Population .....	44
3.2.3 Participants and Sampling Technique.....	45
3.3 Sources of Data .....	45
3.4 Instruments of Data Collection .....	46
3.5 Procedures and Method of Data Analysis .....	48
3.5.1 The Procedure .....	48
3.5.2 Methods of Data Analysis .....	49

## Chapter Four

<b>Findings of the Study</b> .....	51
4.1 Sampling Organization /Handicap National .....	51
4.2 Background Information and Interview Results of People with Disabilities .....	54
4.2.1 Background Information .....	54
4.2.2 Interview Results of PWDs.....	54
4.2.2.1 The Causes of the Impairment .....	55
4.2.2.2 Social Situation .....	56
4.2.2.3 Psychological Situation.....	58
4.2.2.4 Rehabilitation Program .....	60
4.2.2.5 Psychological Counseling.....	62
4.2.2.6 Vocational Rehabilitation.....	63
4.2.2.7 The Strengths and Weaknesses of CBR.....	64
4.2.2.8 The Participation of PWDs in CBR Program....	65
4.2.2.9 Suggestion to CBR Program.....	65
4.3 Background Information and Interview Results of Caregivers	66

4.3.1	Background Information .....	66
4.3.2	Interview Results of Caregivers .....	66
4.3.2.1	The Cause of Disability .....	67
4.3.2.2	The Situation of PWDs Prior to CBR Program.	69
4.3.2.3	Caregivers Observation After Rehabilitation ..	69
4.3.2.4	The Strength and Weakness of CBR Program.	72
4.3.2.5	About Barriers from Caregivers' Point of View	73
4.3.2.6	Caregiver's Attitude towards Disability.....	74
4.3.2.7	Suggestion.....	75
4.4	Result of Focus Group Discussion .....	76
4.4.1	Background Information .....	76
4.4.2	Awareness About the Cause of Disability.....	76
4.4.2.1	The Attitude of the Community towards the PWDs .....	77
4.4.3	Creating Barrier Free Environment.....	79
4.4.4	The Participation of the Community and Caregivers in Planning, Implementing and Evaluating the CBR Program	80

## **Chapter Five**

<b>Discussions of the Study</b> .....	81
5.1 The Situation of PWDs Prior to CBR Program.....	81
5.1.1 The Social Situation .....	81
5.1.2 Psychological Situation.....	83
5.2 Achievements and Under Achievements of CBR Services....	84
5.2.1 Achievements of CBR Services.....	84
5.2.1.1 Creating Awareness .....	84
5.2.1.2 Educational Rehabilitation .....	86
5.2.1.3 Psychological Rehabilitation .....	86
5.2.1.4 Independent Living Skills.....	87
5.2.2 The Under Achievements of CBR Services.....	88
5.2.2.1 Vocational Training .....	88

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5.2.2.2 The Participation of the Beneficiaries ..... 89

**Chapter Six**

**Conclusion and Recommendations**..... 92

6.1 Conclusion ..... 92

6.2 Recommendations ..... 94

**References** ..... 95

**Appendices** ..... 101

## **Abstract**

*This research was undertaken to assess the situations of PWDs before and after they have received CBR services at Ledeta Sub-city. As the primary objective of CBR is to ensure the equal participation and the right to use the community resources, the study tried to assess the impact of the rehabilitation on the social and psychological situations, their independent living through income generation schemes, mobility skills and participation in the program. To do this, 16 participants were selected purposively on the basis of:*

- *The information that they have, about CBR services,*
- *Ability to express their ideas, the caregivers' relationship that they have with the PWDs,*
- *And having received services at least for six years.*

*To this effect, the primary sources of the data were five people with different disabilities, six caregivers, two school teachers and three CBR workers including the manager of the organization. Written documents were also used as secondary data sources. To collect the necessary data semi structured interview, FGD, observation checklist and document analysis guide have been used.*

*After the interview was made with eleven participants separately, the FGD held at Abbay-Minich school with five discussants. Then, the data was analyzed qualitatively.*

*As it is shown in the finding, prior to the coming of Handicap National to the sub-city, the attitude of the community towards PWDs was not positive. Many of the PWDs therefore were hurt both socially and psychologically.*

*However, for the past eight years, using mass media, workshops, dramas, coffee-ceremony and other activities, the Handicap National has brought a significant change in the life of PWDs. Although there are still under achievements in regard to vocational rehabilitation and participation of the clients, changes have been observed in relation to the social, psychological, educational developments of the PWD who had received services from the center and the awareness of the community. But, the equal participation and vocational rehabilitation of the clients should be improved.*

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

With increased enlightenment and the expansion of special education and rehabilitation services, there are now a number of service delivery models to improve the lives of people with disabilities (Winzer, 1990). To date, Community-Based Rehabilitation (CBR) service is one of the service provision models designed to reach out to many people who are disabled. However, CBR is not the panacea for all delivery service models per se.

Currently, there are many different formal and informal discussions, sometimes strong criticisms, regarding CBR services, which are run in many developing countries by some charitable and non-government organizations (NGOs). For example, major criticisms against the CBR services in Ethiopia, among others, are the following:

1. Much of the financial donation is not directly spent for the benefits of people with disabilities;
2. The majority of the NGOs are less willing to accept the active participation of PWDs (people with disabilities) during the planning and implementation of such services;
3. Many of the CBR services are not carried out by well-qualified personnel;

4. Most of the CBR programs, before and during their implementation stages, have not been carefully scrutinized or feasibly studied. Consequently, little is known about their strengths and weaknesses.

Historically, institutional-based rehabilitation approach rather than community-based approach has been used for several years. In the model of institutional approach, services are provided without the involvement of the community to people with disabilities who could come to the institution. This model of rehabilitation has been used mainly in several economically well-developed nations. As the Handicap National (2005) in its manual put it, this type of approach (the provision of rehabilitation services through an institution) has been considered disadvantageous due to the following main reasons:

1. Carrying out the program is costly since the program demands high cost, high trained professionals, service provision buildings and other equipment;
2. It segregates persons with disabilities from society in which they are living; and
3. It serves a very limited number of beneficiaries.

In view of the above reasons, WHO proposed an alternative approach of rehabilitation that has wider social, economical and psychological advantages. This new model of service proposed by the WHO is referred to as CBR (Savolainen, 2005).

To date CBR has been acknowledged as an effective approach to improve the living situations of people with disabilities. However, it is still a relatively new concept, which has not always been successful in its various forms, nor is accepted by everyone as the best approach to promote equal opportunities and full participation of PWDs (Coleridge, 1993). In this case, further research and more practices are needed to fully comprehend the importance of CBR and its implementation techniques.

Therefore, in order to understand CBR approach, one has to investigate the qualities of service provision and the problems of individuals who receive such services in relation to their individual needs and of the community in which they live. As it has been known, adequate attention should be given to the community as it plays a significant role in facilitating and improving the services.

It should be made clear that the problems faced by people with disabilities in their daily lives are the result not only of their individual impairment, but also of the attitudes and beliefs of the communities in which they live. This suggests that it is the community that should have the full knowledge of such services in order to take responsibility in implementing CBR programs (Werner, 1998).

On the basis of this understanding, CBR can be taken as an effective approach to help change community behaviors (attitudes, knowledge and skills) to provide quality services to and promote the legitimate rights of people with disabilities. In this vein, the ultimate goal of CBR is to ensure that people with disabilities are empowered to maximize their physical and

mental abilities, have access to available services and opportunities and become active contributing members of the society (Helander, 1999). Thus, CBR promotes the human rights of people with disabilities through changes within the community. CBR includes people who have disabilities from all types of impairments and age groups.

For the attainment of such objectives, people with disabilities should play active roles in planning, implementing and managing CBR programs equally with their non-disabled counterparts in the community (ILO, UNESCO and WHO, 1994 as cited by Savolainen, 2005).

As suggested by Helander (1999), the purpose of CBR programs is to alleviate problems related to disability with the involvement of the community. Due to this, the implementation of CBR requires the combined efforts of disabled people themselves, their families, and professionals in the field, communities and governmental and non-governmental organizations at large. In short, whenever the community takes the responsibility of implementing its own programs, it must consider the different contributions of all participants. And it should facilitate easy understanding of the concepts so that all those who are involved in the program can work together efficiently (Coleridge 1993, Savolainen, 2005).

It is from this perspective that this study was envisaged to assess the quality of services provided by the Handicap National, a local NGO, within the sub-city of Lideta in Addis Ababa.

## **1.2 Statement of the Problem**

Even though many efforts have been made to improve the situations of PWDs through the implementation of CBR services, a large number of individuals with different disabilities neither receive nor have access to appropriate services. Apart from this, even those who have received CBR services are not well equipped to lead independent life. For this reason, it has become very difficult to achieve equal participation and create opportunities in training, schooling, and other societal activities. In addition to lack of societal awareness, lack of co-ordinations among CBR stakeholders is, among others, a major factor that affects the implementation of CBR programs. Most often, the type and the extent of the rehabilitation services are left to the sole decisions of CBR donors without the involvement of the community. This practice in turn has a negative impact on the psychological makeup of the people with disabilities. Hence, the group views itself only as recipients rather than individuals with special needs to be rehabilitated.

On the other hand, the concept of CBR encourages PWDs to play an active role in planning, implementing and managing the CBR program equally with the rest of the community members (Helander, 1999)..

Since the primary objective of this research is to investigate the impact of CBR programs on the psychological, educational, physical, social as well as the independent living condition of PWDs, this research is intended to answer the following research questions.

1. What are the major programs and activities of the CBR in the Lideta sub-city?
2. What was the living situation of PWDs look like in this sub-city before they were enrolled in this CBR program?
3. Do people with disabilities feel their living situations has improved as a result of going through CBR programs?
4. Has CBR service been effective in bringing attitudinal changes in the community towards PWDs in this sub-city?

### **1.3. Objectives of the Research**

- **General Objective:**

Assess the major activities of the CBR programs and the overall situations of PWDs before and after CBR services have been provided to them.

- **Specific Objectives:**

1. Determine the effectiveness of the CBR program to bring about public awareness about people with disabilities in the community.
2. Investigate the social and psychological situations of PWDs in the sub city.
3. Assess the independent living/mobility skills of PWDs.
4. Determine the outcome of educational rehabilitation.
5. Assess the effectiveness of vocational skill training of CBR.
6. Investigate to what extent clients were participating in: planning, implementing and evaluating of CBR program

## **1.4. Significance of the Study**

CBR as a new approach of rehabilitation has been employed in Ethiopia recently. Consequently, data pertaining to the effectiveness of CBR services in this country are very limited in number. For this reason, this study is important to:

- Increase our knowledge about CBR services at this center
- Give empirical evidence about the situation of people with disabilities in the sub-city where this study has taken place.
- Serve as an input for governmental and non-governmental organizations and other stakeholders who are involved in CBR programs.
- Encourage others to undertake similar studies about CBR programs.

## **1.5. Delimitation of the Study**

The researcher delimited the research work to Lideta sub-city, Addis Ababa. As the topic deals with the situation of people with disabilities, the study was again delimited to three types of disabilities, who have been registered for the CBR program starting 1999 to 2002.

## **1.6. Limitations of the Study**

Any research work may face a number of limitations. However, in regard with this study;

1. Even though they are insufficient in number, there are ink-printed books for sighted graduates. But, there is no single page of Braille print for persons with visual disability like me. Subsequently, it was difficult to get information to the maximum in the library.
2. Time and finance were the two main constraints to collect data from a series of observations using assistant data collectors.
3. Creating convenience for focus group discussants (FGD) was difficult. Initially the FGD membership was planned for 7 participants. After a continuous effort for a month, five people were able to participate while two were not. So the inability to get the initially invited seven discussants was the other limitation of this study.

## **1.7. Definition of Operational Terms.**

- **Independent living:** the ability of moving from one place to another place without the help of non-disabled persons possibly using appliances such as guide cane, crutches, wheelchairs and others.
- **Barrier refers to:**
  - a. Negative attitude of the community towards people with disabilities;
  - b. Inaccessible buildings, roads and other physical obstacles, which can hinder the mobility of PWDs.
- **Vocational skill training:** skill training that enables the target group to generate income.
- **Participation:** taking part in planning, implementing, evaluating and other decision-making activities of CBR program.

# **CHAPTER TWO**

## **REVIEW OF RELATED LITERATURE**

### **2.1. Introduction to Rehabilitation**

The primary goal of rehabilitation is for the clients to be able to return to a former environment and lifestyle (Dada and Hamzat, 2005). According to this authors, rehabilitation aims to empower the individual to achieve satisfaction for personal fulfillment, by engaging in social activity and functional interaction with other people and his/her environment.

The philosophy of rehabilitation, therefore, emphasizes the overall change of people with disabilities in the society rather than building the sense of inferiority and being recipient group. As Maki and Riggarr (1997) stated, every individual needs respect and encouragement no matter how severe disability he/she has. As researchers in the field of disability studies agreed, rehabilitation extends beyond treatment and feeding of the rehabilitation clients (Smart, 2001).

As a result, rehabilitation is based on the fundamental belief in the worth and dignity of each person, on the belief that each person has something to contribute to whole society (Maki and Riggarr, 1997). Hence, every individual whether he/she has disability or not, should be conceptualized as he/she is part of the society. For this, the concept of rehabilitation underlay itself with the basic assumption of the holistic nature of people providing comprehensive

services that target meeting the needs of the whole person, not just individual parts.

Nonetheless, the earlier stated assumption is the philosophical view of rehabilitation at present. In past, rehabilitating the disabled group was considered as moralistic and kindness of others (Coleridge, 1993; Maki and Riggan, 1997; Smart 2001).

## **2.2 Definitions and Challenges of CBR**

### **2.2.1 Definitions of CBR**

There is no one universally accepted definition of CBR since the application of this model of rehabilitation varies from culture to culture, community to community and nation to nation depending on the socio-economic development of each.

However, UNDP defined CBR as “a strategy for improving service delivery, for providing more equitable opportunities and for promoting and protecting the human rights of disabled people” (Savolainen, 2005). On the other hand, Tjandrakusuma, H., (1989) defined CBR as a systematic approach to help persons with disability within their community to become aware of their responsibility. According to Coleridge (1993), CBR is perceived as “a system, which envisages using existing resources of manpower and material within the community to promote integration of disabled people in all spheres of life and activity”. Finally, as the joint position statement of ILO, UNESCO and WHO (1994) as cited by Savolainen (2005) defined CBR as “a strategy within

community for rehabilitation, equalization, opportunities and social integration of all peoples with disabilities." The above definitions underlined the importance of CBR to rehabilitate PWDs in their community rather than having special settings or institutions.

### **2.2.2 Challenges to Implement CBR Programs**

As stated earlier, WHO proposed CBR as a means of reaching people with disabilities especially in rural areas since it is effective in cost wise and to serve more people who could not have been possible to serve in an institution-based settings. It is clear that people with disabilities specially those in underdeveloped countries are critically in need of social, psychology and economic rehabilitation. However, the resource and skilled manpower allocated to this sector of social service is very limited. Hence, the strategies and approaches to reach and rehabilitate this group of people vary according to the resources available and the stages of service development in each society.

As Jonsson Toor (1993, cited by Savolainen, 2005) understood, the different phases of rehabilitation could be stated as follows:

- A. The first phase: the Care Taking Approach-** In which the disabled persons were treated and taken care of by religious and benevolent reasons often in an isolated institution. The disabled individuals are often an object of care with little influence on the services provide to them.

**B. The second phase: Training and Education-** In this aspect, persons with disabilities were not only cared for; they were also trained. It was assumed that they could improve and compensate for their disabilities and can eventually take part in productive activities. In this approach there is more interest in what the disabled person can do. But, still it is an approach of institution-based rehabilitation.

**C. The third phase: Community Approach-** more priority was given to the societal contributions to improve the lives of people with disabilities. This approach assumes disability as societal rather than individual. With this assumption, peoples with disability could get equal participation and opportunity in their day-to-day life in the community. This can be achieved by maximizing their physical and mental abilities. This approach led to the emergence of the new model of rehabilitation i.e. community based rehabilitation (CBR) (Winzer, 1990).

Nevertheless, to reach the intended objectives CBR has faced great challenges. Among these:

- 1. Infrastructure:** - To develop a separate infrastructure only for CBR is too costly and it would take too long for it to impression. The challenge in implementing new resources into the community is co-ordination and incorporating it into the existing community infrastructure.
- 2. Lack of well trained Personnel in the field:** - Inadequate training of personnel in CBR provides the biggest challenge in providing family/community-oriented services. CBR content and methodology

need to be strengthened in the education of all disciplines of extension workers. There is need for intensive advocacy and influencing of crucial development at the central levels and provision of training opportunities, for those working at the community levels (Thomas and Thomas, 2001).

- 3. Illiteracy:** - The third and the most challenging issue to implement CBR effectively is that the illiteracy of the disabled group it self. Illiteracy is common among people with disabilities. This affects members' ability to conceptualize their own issues and leads to a feeling of worthlessness (Coleridge, 1993).

## **2.3. Models of Rehabilitation**

As the history of rehabilitations shows, people with disabilities have passed through different models of rehabilitation. Even though, there are different models of rehabilitation the two/ Institution Based Rehabilitation (IBR) and Community Based Rehabilitation (CBR) will be treated briefly.

### **2.3.1. Institution Based Rehabilitation Model**

The first large-scale institution for disabled people in Europe seems to have been the "Hotel des Invalids". Built in Paris from 1670-77 by King Louis XIV; it was designed specifically for disabled and aged soldiers (Helander, 1999). According to this author, institutions have also existed for centuries as a better model of rehabilitation in several developing countries. In this case, IBR had been assumed as a better model of rehabilitation since the disabled peopled had experienced a worst approach that is being eliminated from the

family (Rubin E. Stanford and Roessler T. Richard, 2001). However, through time, as Coleridge stated this model of rehabilitation has been recognized as it was disadvantages (1993). This is because, as the same author explained in most countries institution-based rehabilitation is urban based, making it relatively inaccessible and expensive to access, especially in poorer communities (Ibid). The perception of non-disabled people towards PWDs has influenced the type and the model of rehabilitation so far. Hence, during the 17's and 18's centuries even to the end of 1970's, this model of rehabilitation had been existed dominantly in both developed and underdeveloped countries (Helander, 1999).

This model of rehabilitation involves bringing together persons with disabilities into an institution whereby they are provided with rehabilitation services. This model of rehabilitation (IBR) has been used in several developed nations for many years. According to Handicap National (2005), in Ethiopian context an attempt was made to implement this model of rehabilitation from 1960 E.C to mid 1980 E.C. It was not pursued because the practice did not turn out to be successful. It was recognized that trying to facilitate rehabilitation services through an institution was disadvantageous. Coleridge noted it (1993) the institution model of rehabilitation has been criticized because of the following reasons.

**Running the program is costly:**

- It demands high cost
- It requires highly trained professionals;

- Dwelling quarters and service giving areas need to be built. (e.g. schools, medical Centers, etc.).

When Helander added, the institutional model segregates persons with disabilities from the society:

- Segregation results in social and psychological maladjustment. This in turn makes the persons with disabilities unable to integrate smoothly into the community (1999).

The number of beneficiaries is limited:

- As it is mentioned earlier, due to limitation or absence of adequate budget, it is difficult to train health professionals and teachers. What is more, the possibility of building schools and clinics will be limited and as a result, the numbers of children with disabilities that can procure the services will be less (Handicap National, 2005).

Due to this, WHO has proposed CBR as a new and better model of rehabilitation.

### **2.3.2 Community-Based Rehabilitation Model**

CBR is perceived as a new model of rehabilitation since it enhances the quality of life of people with disabilities by improving service delivery in order to reach all in need by, providing more equitable opportunities and by promoting and protecting their rights, (Helander, 1999). So that CBR is one model of rehabilitation, which is explored latter. There are a number of different models of CBR that have been developed in response to local needs and a number of other programs of interventions which share some common

goals, but have fundamental differences (Thomas & Thomas, 1995). One such program is that which is referred to as out-reach. These programs are run by health care workers for example, Physical therapists, at a local level to provide complex professional cares which directly address patient's pathology, impairments, and/or disabilities (Tjandrakusuma, 1989). Such services are controlled from an institution and there may be a mismatch between what the people need and what the institution can provide.

CBR is not the only model in which community participation is emphasized. The development of the Independent Living (IL) movement is another. } While their origin is different, they both developed as a response to criticisms of the traditional rehabilitation model that was dependent on highly trained health care professionals (Coleridge, 1993). The essential difference between CBR and independent living (IL) is that the CBR model is one of partnership between the community and service providers, whereas control is seen as essentially being with disabled consumers in the IL model (Tjandrakusuma, 1989). In contrast to the IL movement, it is often health care professionals who speak out in support of CBR and raise its profile, whereas in IL it is principally consumer driven. CBR has been opted as new model of rehabilitation due to its coverage and accessibility to its beneficiaries (Helander, 1999). According to this author, CBR in contrast to IBR is chosen for its approach of inviting the PWDs, their family, the CBR agencies and the community members at large equally to plan, implement and evaluate the program.

Therefore, as it is reported by ILO, UNESCO & WHO 1994 as cited by Savolainen (2005), when CBR is compared to Institutional Rehabilitation, which is said to be costly and hence difficult to implement, the prior has grown popular and acceptable particularly by developing countries. As it is also stated by Coleridge (1993), many countries have rightly recognized its advantages and hence are using it for the purpose of rehabilitating children with disabilities. Therefore, CBR service is practiced taking the community and the family as a center.

## **2.4. The Process of Community Based Rehabilitation**

### **2.4.1. Planning and Implementation of Community Based Rehabilitation**

According to Helander, the process of CBR includes planning, implementation and evaluation of the program. A well-designed need assessment should be a starting point for any plan of rehabilitation program of PWDs (1999). Before the expansion of the philosophy of community based rehabilitation, however, experts straightway proposed technical solution, construction of facilities and training personnel (Handicap National, 2005).

Services were so that simply provided for PWDs in accordance with conventional ideas rather than realities (Thomas and Thomas, 1995). According to Helander, PWDs should be active partners in planning, implementation and evaluation of all measures affecting their civil, political, social, economic and cultural rights (1999).

It is believed that CBR is implemented through the combined effort of the disabled persons themselves, their families, the community and the service providers. Therefore, the active participation and influence of the disabled persons on individual and organizational level as well can be seen as a precondition for a successful planning, implementation and evaluation of CBR program (Winzer, 1990).

When WHO proposed and initiated CBR as a strategy, the primary objective was to rehabilitate the PWDs and their family using the community resources being with their family (ILO, UNESCO and WHO, 1994 as cited by Savolainen, 2005).

As the literature in the field of CBR reveals, CBR is a process of empowering the PWDs and their families to take care of their needs in a very aspect of their lives. This implies that the PWDs and their families have a key role, which will require their participation to a greater extent in various processes of CBR like planning and implementation it (Winzer, 1990 and Helander, 1999).

This role confirms the philosophy that PWDs are not only recipients but also they can also participate in planning and implementation, of CBR program equally with the rest stakeholders of CBR (Helander, 1999). Therefore according to Winzer (1990), the planning and implementation process of CBR requires collaboration among stakeholders of CBR such as the PWDs, their families, CBR organization and the community at large.

## **2.5. Types of Services in Community Based Rehabilitation**

### **2.5.1 Social Rehabilitation**

People with disabilities are excluded from the social interaction not only of the limitation that sprung from their disability but also the way that people in the family and community look at and treat them (Heward and Ornalsky, 1988). According to these authors, in every society, disabled persons have the same social needs as other persons. They need to be loved, respected and explore their world with other adults. They also need opportunities to develop and use their bodies and minds to their fullest ability whatever that may be. They need to be welcomed and appreciated by their family and their community (Werner, 1998).

Social rehabilitation is concerned with integrating the PWDs into society with the maximum possible adjustment, to cope with the normal social demands as well as the extra demands placed on them by their disability. The ultimate goal of social rehabilitation therefore is to allow people with disabilities to have the same sense of well being in society, as people without disabilities (Horne, 1985).

Another important aspect of social rehabilitation is also enabling him/her to learn, accept and assert himself/herself as a normal person. He/she will also need to learn to cope with the initial shock expressed by people on meeting him/her for the first time, and make the best of his new circumstances rather than resigning himself/herself to his/her new condition and waiting for social

handouts (Smith and Lukasson, 1994). In addition to this, the person will also need rehabilitation to regain much of his/her vocational abilities.

However, social rehabilitation is not altogether confined to the person with disability, but should also address the needs of family and friends (Heward and Ornalsky, 1988). Social rehabilitation also calls for the community to institute measures that make life easier for PWDs. Ensuring that PWDs are represented at all levels of societal activities, best facilitates efforts of this nature (Werner, 1998).

In most cases, it is relatively more supportive to be independent than being dependent. To assure this, social rehabilitation services can be given before or after medical and vocational rehabilitation. But it should aim at assessing the needs of the individual's capabilities and potentials in order to enable the person to fulfill his/her functions as an accepted productive and self-supporting member of the community.

On the basis of this, social rehabilitation has been largely defined in the field of disability as greater participation in community-based activities and a broader social network. This is because; in wider society it also embraces other dimensions such as acting as consumers of goods and services or participation in economic and socially valued activities, such as employment and child rearing (Horne, 1985).

It is true that we have moved from a social posture of rejection and the charitable isolation of children with disabilities to the acceptance of them as

contributing members of society. Hence, during the last century we have seen enormous changes in the way society treats the PWDs (Helander, 1999).

The current use of the term PWDs therefore can be a reflection of radical change in society's view of people who differ from the norm. However, to achieve this attitudinal change, the world has come a long way that is from elimination practice of killing malformed infants. Moving from neglect and mistreatment and to pity and overprotection has been slow to achieve possible acceptance and integration into society to the fullest extent (Rubin and Roessler, 2001).

However, the barriers, which excluded the PWDs from possible social integration, extend beyond the above mentioned parental over protection and cultural belief. According to Werner (1998), these barriers include societal attitude and the physical environment. In this regard, community based rehabilitation approach can play a leading role in creating positive attitude towards the PWDs. Hence, CBR programs facilitate the provision of rehabilitation information for the purpose of attitudinal change and advocacy at family, neighborhood, community and institutions through multiple strategies (CBR Network Ethiopia, 2004).

Therefore, awareness raising is one of major activities of CBR which involves all measures aimed at eliminating stigma by increasing the knowledge of the causes of disability and creating an inclusive social environment for the PWDs (Helander, 1999). This helps to begin social mobilization in order to aware the community about disability using the existing community channels and structures (Thomas and Thomas, 2001)

## **2.5.2. Psychological Adjustment to People with Disabilities**

According to (Hegarty et al 1981, as cited by Senait, 2006), "psychological adjustment to handicap means becoming aware of the limitations associated with the handicap and accepting them. This doesn't mean that they should adjust to their handicap and become handicapped persons. But rather that goals and expectations must not be set too low and should never be static". For this author, the individual now sees the disability as one of her/his many personal characteristics and it moves along with him/her together with their other personal assets and liabilities.

According to Dodds (1993), psychological adjustment to disability can be examined in a variety of contexts and with numerous definitions of adjustment, most based upon impairment. That is the impairment itself or the loss of functionality as a result of the specified impairment is the factor deemed to be pivotal in evaluating the adjustment process. According to the literature, persons with acquired disabilities "adjustment" seem to maintain better health practices and higher levels of life satisfaction.

Psychological adjustment is generally associated with arranging matters in the correct order. Of course, this assumes that there is one "right" way to become well adjusted. As psychological research and practice show, one of the staples of rehabilitation is adjustment to disability (Couser, 1997).

However, with regard to this later explanation, there is an implicit bias in this criterion to the effect that a person's prior living situation was in some sense an ideal one. This definition of adjustment is not applicable to those individuals who have lived with disability most if not all, of their lives and may never have had a previous state of life for comparison.

For the disability population, adjustment is to a new way of experiencing life or facing chronic life obstacles can have a variety of different meaning (Maki and Riggan, 1997). Although there is an agreement that personality maladjustment results from crippling, there are essentially two points of view as to how it actually occurs. The first seems to assume that the presence of any sort of disability or physical handicap is sufficient in itself to occasion the development of personality disorder. The second viewpoint maintains that in cases of personality maladjustment, the child with disability subjects to unwise family influences (Smart, 2001). This means, environmental barriers or social prejudice prevent attainment of life's goals.

Bryant and Budd emphasized the importance of environmental stimuli in reinforcing and maintaining appropriate social skills. Not what the child has in hereditary endowment and environment, but what he does with it, is all important (1984). Courage and social interest, or the lack of them, determines whether a disability permits a good adjustment or leads to permanent failure (Maki and Riggan, 1997). With regard to returning to pre-stress activities, applicable only to those who have acquired disabilities later in life, some persons with disabilities may show alternative ways of accomplishing the same pre-stress activities (Ashum, 2004). Psychological

adjustment to acquired disabilities has been viewed historically in the literature as sequential process.

### **2.5.2.1. Stages of Psychological Adjustment to Disability**

Stage theories often suggest that psychological difficulties are a natural response that should be expected when persons undergo grieving processes (Smart, 2001).

Adjustment to disability therefore has been described as a series of stages. According to Smart (2001), these stages are normal and expected, however, they are not neat and orderly. Therefore, according to Deloach et al (1981), people differ in how they progress through these stages. Some progress faster than others, some may skip a stage or go through them in a different order. Adjustment-difficulties exist when the individual has problems resolving one of these stages or get “stuck”, thereby halting further movement toward the final stage of acceptance (Ibid).

Adjustment is a life-long process. The emotional aspects of disability may be a major factor in determining the outcome and benefits of all rehabilitative efforts. While various stages have been described in the literature, in the following paragraphs the most commonly known stages of psychological adjustment has been briefed as follows:

### **2.5.2.1.1 Uncertainty**

When symptoms first appear but no diagnosis has been made the individual may feel worried and confused. He/she may ask, "What is wrong with me, and what is going to happen?" (Bradway et al, 1984). According to this author, since many disabilities have a changeable, unpredictable nature, uncertainty may never be resolved completely. Plans for the future may need to be continuously revised.

### **2.5.2.1.2. Shock**

As Smart (2001) noted, shock refers to a state of numbness, which may be both physical and emotional. Shock is a reaction to trauma, such as hearing a diagnosis. It may last from a few moments to several days or even longer. The individual is unable to comprehend the magnitude or severity of the disability or its effects (Smart, 2001 and Bradway et al, 1984).

### **2.5.2.1.3. Denial**

Denial is a normal reaction or necessary defense mechanism initially. It protects the individual from becoming overwhelmed psychologically; it ensures that there is no depression (Couser, 1997). According to this author, denial is only maladaptive when it interferes with treatment or rehabilitative efforts. With time, denial should often be taken as the individual emotionally acknowledges that a loss has occurred.

Denial gradually gives way for a fuller recognition of loss; at this point, grief and depression emerge (Couser, 1997). Along with it a decrease in self-esteem

may occur. These feelings are considered as a normal reaction to a real loss such as illness or loss of body part or function (Smart, 2001). Feelings of depression may be heightened because formerly gratifying responses from others may decrease. Depression may be expressed as externalized hostility and blame frequently directed against family members (Couser, 1997). Grief has been said to be the most painful of all human emotions; at the same time, it has been described as the most "healing" one. According to Smart (2001) the individual may grieve for the body image, the function, former satisfactions that may now be denied, and for the loss of future expectations based on the function.

#### **2.5.2.1.4. Acceptance**

Acceptance does not imply being happy about the disability. Rather, it refers to the relinquishment of false hopes and successful adaptation of new roles that are based on realistic limitations and new potentials (Bradway et al, 1984). The individual carries on with everyday life. The disability shrinks in importance and other features of life grow in significance. The individual feels comfortable with the changed self (Smart, 2001 and Bradway et al, 1984).

#### **2.5.2.2. Characteristics of Psychological Adjustment to People with Disabilities**

Effective psychological adjustment includes the emergence of the individual's self-concept and self-esteem. These beliefs about one's characteristics, relative worth, and competence are acquired by internalizing an image of one's self as it is reflected by important adults and peers (Hegarty et al, 1981

as cited by Senait, 2006). According to these authors, the feedback one receives from the social environment is a crucial factor in the development of high self-esteem and a positive self-concept, for it creates an expectation and interpretive schema for self-evaluation of one's abilities and efforts.

People with disabilities who have high self-esteem consider, themselves worthy and view themselves, as they are equal to others. They do not pretend to be perfect, recognize their limitations, and expect to grow and improve.

However, those low in self-esteem generally experience self-rejection, dissatisfaction, contempt, and disparagement (Couser, 1997). Parents in particular and the society at large can contribute to children with disabilities to develop high self-esteem as Tirssew et al (1995) reported, parents should be sympathetic, but must encourage independence in order to enhance the child's self-esteem and promote his/her success in the real world.

It is believed that a person with disability who is adjusted effectively can have a high self-esteem. As Dodds (1993), a person who has high self-esteem can show the following characteristics:

- Believes strongly in certain principles and values.
- Is capable of acting in his/her own best judgment.
- Genuinely enjoys him/her and participates in a wide variety of activities.
- Feels equal to others as a person.
- Feels confident in ability to deal with challenging situations, despite failures and setbacks.

- Is sensitive to needs of others and cares about others.
- Is more flexible and adaptable in changing situations.
- Is happy, energetic, and enthusiastic (Rigby, 1972, as cited by Senait, 2006).

In contrast, a person with disability who have negative self-esteem is characterized by:

- A fear of competition.
- Sensitive to criticism and afraid to make a mistake.
- Over-responsive to praise.
- Blames others.
- Shyness, timid, or withdrawn.
- Uncertainty of own opinions and values.
- Feeling of difficulty entering into loving relationships.
- Overly critical of others and self.
- Feels persecuted.

To summarize, as researchers agreed, because of internal and external situation an individual with disability can develop either positive or negative self-esteem. If someone has low self-esteem, he/she can do things to boost his/her self-concept. When someone has a healthy or more positive self-esteem, he/she is able to accept him/her (Dodds, 1993 and Pope et al, 1988 as cited by Solomon, 1999).

### **2.5.3. Educational Rehabilitation**

Educational rehabilitation is to enable persons with disabilities to become self-reliant using the knowledge they acquire by creating as equal opportunities as any other citizen in regular and non-regular educational program (Hallahan Kauffman, 1988). Physically disabled children may be provided an education in any one of several different settings, depending on the type and severity of the condition, the service available in the community, and the medical prognosis for the condition (Ibid).

According to this author, educational placement for children with physical disabilities ranges from homebound tutoring, to segregated special classes, to mainstreamed regular education. When these learners are in the public school systems, they are typically provided the assistance of either a private duty nurse or other trained individual (Shea and Baure, 1994).

In the area of educational rehabilitation, the debate on inclusion versus segregation appears to have occupied the minds of academics more than other issues (Howarth, 1987). However, legislation should be put into place to support and safeguard the rights of PWDs to access education, since free education for all, requires supporting legislation.

#### **2.5.3.1. The Role of CBR towards Educational Rehabilitation of People with Disabilities**

One of the major objectives of CBR is to enhance the equal participation of PWDs in all aspects of societal activities. It is believed that educational

rehabilitation to PWDs enables them to interact and integrate with the community members (Coleridge, 1993 and Helander, 1999).

According to these authors, where there is free education, CBR can be expected to promote and facilitate its use and development, whereas, when PWDs have to pay for education, the local school may be too expensive for the person with disability, or, the school may not know how to cope with his/her educational needs, thereby forcing him/her to seek education elsewhere, outside his/her original community. In such case, as ILO, UNESCO & WHO suggested that they cannot remain in their own home and community; unless and other wise the whole concept of CBR is impracticable. It could be legislated that, PWDs in the local community be given special priority for admission in any school. This requires facilitation by the government. Such legislation would ensure that PWDs could learn in their schools, so that other aspects of CBR can be conducted while they are within their own community (Savolainen 2005).

For Werner, CBR requires people with specific skills associated with the needs of PWDs, it also requires these people to be available within the community. When they are not available or when they are too few in number, the clients have to travel away from their communities to institutions where such skilled persons are available (1998). This is against the recommended structure of CBR by ILO, UNESCO & WHO, which requires that the person be rehabilitated within his/her own community. It can therefore, be seen that there is a lot of scope for legislation to facilitate the educational aspect of CBR (Savolainen, 2005).

### **2.5.3.2. Educational Rehabilitation from Ethiopian Context**

As it is already mentioned in 2.3.1, educational rehabilitation enables the PWDs to become self-reliant. Therefore, government and non-governmental organizations are providing education for children with disabilities in the country. Among these, handicap national is the one, which is enabling CWDs get proper education in a similar manner to other children. As it is mentioned in the manual of Handicap National (2005), one of the best ways of facilitating them is through inclusive education. Hence, "Children who learn together also learn to live together." With this understanding, CWDs are allowed to join schools whereby CWDs and other students share same classrooms and learn with a spirit of equality.

However, according to a report by Ministry of Education 1997, in the whole country there are still seven residential special schools and eight special day schools for children with disabilities. Furthermore the special schools are generally overcrowded and are not equipped with sufficient human and material resources (Tirussew, 2006).

Therefore, it is possible to say a number of children with special need have been excluded from all education. As it is shown by Special Needs Education Program Strategy, children and students with special needs who have got access to primary education are estimated, as they are less than 1%. (Ministry of Education, 2006).

## **2.5.4. Independent Living**

### **2.5.4.1. Independence**

Being independent is considered a construct for social interaction, and is a concept that was created through the historical views of normalization, (Snell, 1983). The concept of normalization is based on the principle of allowing PWDs, to the increase the opportunity possibly to interact with non-handicapped individuals in the community and society. The emphasis is placed on allowing the handicapped to socially integrate into the community through independent living. There are basic skills needed by the handicapped in order to live independently (Rubin and Roessler, 2001).

Independent living skills training is said to be used as to provide the needed skills training for people that wish to increase their abilities to control their lives and accomplish goals within their own lives (Rubin E. Stanford and Roessler T. Richard, 2001). Mainstreaming allows a disabled person the ability to gain a better learning environment and to gain social status. Studies indicated that, most often, disabled students learn better in a regular class atmosphere versus within a special education classroom. Independent living, occupational therapy, and providing educational services are all part of the important process of mainstreaming, which reduces discriminatory services to the disabled persons (Ibid).

Independent living skills are used to provide personal well-being, success, individualism, gratification, and to provide the personalized sense of happiness to an individual with a disability (Snell, 1983).

According to this author, these independent living skills include: physical rehabilitation, social skills, daily living skills and others. Regarding this, community based rehabilitation program can enhance the independent living of PWDs by providing accessible environment through creating awareness of the disability among the community members. PWDs should have proper training and live independently in the community (Vanneste, 1994). Other researchers who have evaluated community-based programs for the handicapped such as Crnic and Pym (1979) reported that the most important factors for successful independent living include stimulating motivation, teaching behavioral skills and providing environmental support.

#### **2.5.4.2. Special provision for independent living**

Many children with physical disabilities use special orthopedic devices to increase their mobility and help their bones, joints, and muscles develop. Prosthesis is an artificial replacement of a missing body part (most frequently and arm, leg, or eye). Teachers, parents and friends of these children who use prostheses or such devices as canes, leg or hip braces, and wheelchairs should be familiar with the purpose and function of these devices. The teacher is in a good position to observe the ways in which a student uses and cares for a device or prosthesis and to encourage the student to use it appropriately in school (Heward and Orlanksy, 1988).

According to the types of the disability, providing special appliances such as: wheelchair, braces, white cane, and other devices enable the PWDs to live independently (Tirussew, 2000).

For example, people with visual impairment are supposed to use guide cane, guide dog, and other electronic devices to move from place to place independently (Yseldyke and Algozine, 1995). According to these authors therefore, PWDs should be provided with physical rehabilitation to assure their independent living.

#### **2.5.4.3. Daily Living Skills**

The term daily living skills refers to those skills that individuals use in their personal self-care and occasionally in their interactions with others (Snell, 1983). The skills range from grasping a brush handle to extremely complex developing healthy eating habits. The range of skills and behaviors that are often included under the instruction living skills is best conceptualized as points along a continuum (Gresham, 1981).

At one end of the continuum essential daily living skills might include toileting, feeding, and dressing. Moving along the continuum toward increasing independence, a second level of skills could include hand washing, tooth brushing, etc (Snell, 1983). According to this author, daily living skills that might be taught at a higher level of independence include menstrual hygiene, shaving, and other more complex tasks. These daily living skills are very important special for those moderate and severe disabled individuals rather than the mild ones (Page & Snell, 1983).

Failure to assist PWDs in learning these skills can only result in their becoming unnecessarily dependent adults. In this regard, CBR workers are

expected to contribute too much to the PWDs in the process of acquisition the daily living skills (Tjandrakusuma, 1989).

#### **2.5.4.4 Income Generation**

As a whole person, self-respect and self-reliance are the key objectives when creating income-generating activities. So that special training programs should be offered according to their needs and types of disability (Helander 1999). For this author, integrating disabled persons, using vocational training, remains the fastest and probably the most feasible way for the disabled to participate in community life. Self-employment is therefore one solution even though not all people disabled or not are capable of conducting business (Rubin and Roessler, 2001). But those persons with physical disabilities may well set up their own business, as could anyone else without any disability. They are no less or more capable of being successful in business (Ibid).

As the above authors believed, skills training, income generation and job placement are important aspects of rehabilitation of people with disabilities. In developing countries, disabled people are among the poorest segments of society. For these people it is a high priority to be able to make an income for themselves and their families (Werner, 1998). Income generation for the disabled gives them a sense of dignity and self-confidence, and also helps to reduce poverty and dependency as well. Skills training, income generation and job placement are therefore important means of rehabilitating PWDs.

## **2.6. Possible Barriers for Social Inclusion of People with Disabilities**

### **2.6.1. Attitude**

A number of researchers have defined attitude according to the situation and the context to which they intended. For instance, Rogan (1987 as cited by Cherenet, 1999), defined attitude as “an idea charged with emotion which predisposes a class of actions to a particular class of social situation” (p.28). Whereas, Horne (1985) defined attitude as “a tendency to act toward or against some environmental factor which becomes thereby a positive or negative value” (P. 92).

Hence, a person's attitude towards other people can be a powerful influence in social situation. A social attitude is a relatively enduring system of feelings, beliefs and behavior with respect to a person with disability would include feelings and thoughts about that person and behaviors toward the person that have been generated by the feelings and thoughts (Dworetzky, 1988; Baron and Byrne, 1997; cited by Cherente, 1999).

As a result, if family members or the society at large have a negative attitude, the situation of a child with disability can't be improved. Then they will have no expectation to the child and they will not show any effort to improve the child's situation (Ashum, 2004).

People with disabilities therefore face many barriers every day—from physical obstacles in buildings to systemic barriers in employment and civic programs. Yet, often, the most difficult barriers to overcome are attitudes that other

people carry regarding people with disabilities. The greatest barriers confronting those with disabilities are attitudinal barriers (Smart, 2001). As studies show, the non-disabled, all over the world, view and treat the disabled with prejudice and, in varying degrees, regard them as incapable, inadequate, resentful, bitter and so on (Helander, 1999). Hence, these attitudes keep people from appreciating—and experiencing the full potential that a person with a disability can achieve. The most pervasive negative attitude is focusing on a person's disability rather than on an individual's abilities (Smart, 2001).

### **2.6.2. Physical Environment**

In most countries, architectural barriers prevent or, at best, severely restrict the disabled from using most types of public transport or entering public buildings, shops, offices, places of entertainment, training institutions of all kinds and most places of employment (Dada and Hamzat, 2005). The majority of the industrialized countries of the world are tackling this problem systematically, by ensuring that new buildings are barrier-free, with ramps supplementing or replacing steps and doors and lift entrances made wide enough to permit access by wheelchair (Ibid).

As Helander stated, in most cases PWDs, in under developed countries faced physical barriers not to integrate themselves to the entire society (1999). Accordingly, the physical environment is characterized by: lack of access, especially for physically disabled people, to public buildings, services, transport and so forth and another environmental problem is the lack of access to mainstream opportunities, for example, for schooling, training, jobs,

general development projects health and other public services, information and leisure activities (Dada and Hamzat, 2005).

However, at present, large-scale programs were introduced to eliminate physical barriers in the environment-such as providing accessible public buildings, transportation and housing for people with mobility problems like people with visual impairment, motor disorder (Ibid).

In Africa, some countries adopted legislations, which urge free physical environment for people with disabilities. For this Tanzania can be cited for its prior effort. Hence, the Tanzanian policy statement towards PWDs emphasized the necessity of road construction and transportation facilities are designed not only to suit needs and lifestyle of non-disabled persons but also the need of disabled persons (<http://www.tanzania.go.tz/NATIONAL>).

As a research made by ILO shows, in Ethiopia to promote accessibility to information and communication services and mobility from place to place without any barriers should be facilitated for persons with disabilities for they could successfully run their daily life and could practice equal participation in all sectors. Nevertheless, participation of persons with disabilities is found restricted because of the fact that existing roads, buildings, communication systems, various public services and recreational centers are organized unfit for persons with disabilities along with lack of special supportive services, which enhance their daily life. (<http://www.ilo.org>).

## **2.7 Evaluation of CBR**

The direction of CBR is determined by the ongoing evaluation carried out by the family, the PWDs themselves, community members and CBR agencies (ILO, UNESCO & WHO, 1994 as cited by Savolainen, 2005). In CBR it is that participation will be enhanced if the clients and community members see the progress and direction of the program (Helander, 1999). In the process of CBR, focus group discussion should be held regularly among PWDs, caregivers, the clients themselves and the community members to gain an insight and to provide inputs on what they perceive as key problem areas (Tjandrakusuma, 1989).

According to Helander, (1999), evaluation of CBR program therefore refers to a standard that enable to make objective judgments of the activities, the outcome of CBR program, the rehabilitation efficacy of the PWDs in line with the goals, action plan, implementation of the program and the rehabilitation training scheme of the consumers.

### **2.7.1. The Purpose of Evaluation in CBR**

If a program is planned and implemented, the next step will be to evaluate whether it meets its objectives or not (Helander, 1999). Hence, as it is stated by Thomas and Thomas, (1995), objectives of evaluation in CBR are to:

- i. Assess the co-operation made among sectors or stakeholders of the community, the implementation of the program, approval, acceptance and participation of the community leaders, professionals' clients and their caregivers.

- ii. Judge whether the CBR service are: effective, feasible, economical, and practical.
- iii. Identify whether the PWDs achieved their rehabilitation goals or not.
- iv. Assess pertinence the implementation process, effectiveness and efficiency in accordance with the action plan of CBR program.
- v. Find out the changes that can be observed in the community development of awareness towards disability as a result of CBR program (Thomas and Thomas, 2001).

So that as Helander (1999) mentioned, evaluation in CBR service as a means of; learning experience, drawing lesson, revising the program already planned, obtaining feedback and so on.

### **2.7.2 Key Elements of CBR Evaluation**

When Thomas and Thomas (1995), explained about the evaluation of CBR, the key elements, which should be taken into consideration during the evaluation process are:

- a. Relevance-** the program should be assessed whether it fulfills the need of PWDs and their family. If the program is very relevant it is believed that the target group should get comprehensive rehabilitation services.
- b. Effectiveness-** next to relevance, effectiveness of a program is the most important area of evaluation. The program must achieve its objective both in terms of quality and quantity. A satisfactory result in service coverage and the rehabilitation efficacy of the

PWDs must also be paid attention (Thomas and Thomas, 1995 & 2001).

- c. **Efficiency:** in this regard, according to this authors the evaluation focuses on the maximum outcome that is achieved with minimum income and the wise and efficient way of using the available resource in the community.
- d. **The other most key factor:** which should be taken into account during evaluation is the sustainability of the program. In this case, the evaluation of CBR should focus on the continuity of the program in case the external finance support should be stopped (Helander, 1999).

### 2.7.3 Types of CBR Evaluation

Even though, the major objectives of evaluation in CBR are already mentioned, it is worth doing to highlight the types and the principles of evaluation, which must be employed in the process of CBR evaluation.

Types of evaluation therefore are:

- a. **Goal evaluation-** in which the major objective of the program should be assessed.
- b. **Process evaluation-** this type of evaluation deal with the whole process of CBR program including; the participants, the planning, the implementation and other related process.
- c. **Outcome evaluation-** this is the third and the most important type of evaluation by which the impact that is brought, as a result of CBR will be assessed (Thomas and Thomas, 2001).

Therefore, the change that has been observed in the life of PWDs and the expected outcomes in relation to the delivered service of the program are focuses of outcome evaluation (Tjandrakusuma, 1989).

#### **2.7.4 Participants of Evaluation in CBR**

We have already seen the major types of evaluation in CBR. The next question will be who should evaluate the program of CBR? As it is stated by Helander (1999), no matter how different researchers have suggested a number of participants in the process of evaluation, the most commonly accepted ones are:

- i. Self-evaluation:** the evaluators are said to be those who are inside the program. Or who know the program very well. For example, program administrators, the clients and CBR workers. This is because they are familiar with the program and can make contribution to the evaluation activities.
- ii. Mutual evaluation:** As Thomas and Thomas (1995) forwarded, the evaluation is made between or among two or more CBR programs and the evaluators come from outside their own community. Therefore, they can exchange experiences, draw on each other's advantages and disadvantages.
- iii. Higher authorities evaluation:** superior level departments that are in charge of the program make the evaluation. Therefore, the program can get the understanding, support and suggestion from their higher authorities directly (Thomas and Thomas, 2001 & Helander, 1999).

# **CHAPTER THREE**

## **METHODS AND PROCEDURES OF THE STUDY**

The aim of the study is to assess the impact of Handicapped National CBR services on the situation of PWDs rendered at Lideta sub-city. The two variables that the researcher planned to investigate, therefore, are: the social, psychological, educational situation, the independent living condition and the barriers that limit the PWDs in the community (dependent variables) and the types of rehabilitation services rendered by Handicapped National (independent variables).

### **3.1. Research Design**

The researcher used qualitative research method to assess the impact of CBR services on the over all situations of PWDs. This method is important because disability studies like social, psychological, independent living situations and other related issues need a systematic observation in the natural setting (Hartley, 2003).

There is a popular belief that disability research in Ethiopia is still in its infancy. Many African countries simply do not have satisfactory research on particular topics in disability field. Thus, qualitative research methods are known to be appropriate and effective when little or nothing is known about the situations, as they do not require a predictive statement and seek answers to open questions (Hartley, 2003). That is why case study, which is

one of tools to investigate the impact of CBR services on the situation of PWDs is included.

Therefore, this chapter attempts to clarify the sampling area, population and sampling technique, sources of data, data gathering instruments, procedures and techniques of data analysis.

## **3.2. Sampling Area, Participants and Sampling Technique**

### **3.2.1. Sampling Area**

Lideta sub-city is located at the center of Addis Ababa and it is surrounded by Kirkos in the South, Kolfe Keraneo in the West, Addis Ketema in the North and Arada sub-city in the East.

The sub-city is 1,240.4 hectare in width and the total population was 296,073. According to the department of culture and information, the sub-city has 18 “kebeles.” But CBR service was rendered to three “Kebels” only.

### **3.2.2. The Target Population**

The total number of persons with disabilities in the sub-city was 1492 (F=763 and M=729), which was seven percent (7%) of the total population of disabilities of Addis Ababa (Handicap National, Save the children Sweden and Bureau of Labor and Social Affairs of Addis Ababa, 2007). According to the survey made by Handicap National, the degrees of severity of the disabilities range from mild to profound. The type of disabilities also varies. But the

major types of disabilities are hearing, visual, mental, physical and other types of impairments.

From this number, 109 were getting the rehabilitation service by Handicap National. Therefore, the beneficiaries were only 7.31% of the total population of the PWDs.

### **3.2.3. Participants and Sampling Technique**

As stated earlier, the number of rehabilitation beneficiaries was 109. Out of them, five people with three types of disabilities, six caregivers, two elementary school teachers and three community based rehabilitation workers including the manager were selected to participate in this study.

The participants were selected using purposive sampling technique. The criteria used in selecting the participants were:

1. The participants must have enough information about CBR services,
2. They must express their ideas clearly, and
3. Concerning people with disabilities, they must have registered for CBR services from 1999 – 2002 in the center.

The key informants therefore included PWDs, their caregivers, CBR workers and schoolteachers.

### **3.3. Sources of Data**

Initially, it was planned to collect the data from each type of disability. However, because of different reasons, five participants from only three types of disabilities were selected. As a result, sources of data in this research were:

- A. People with visual, hearing and physical impairments-** those who have been rehabilitated for six and more years. In this case, the five participants have been selected on the basis of educational background, the type of services that they have been provided with, those with ages 18 or above and sex as well.
- B. Caregivers to people with disabilities-** they are selected primarily considering parental relationship, the intimacy that they have and the ability to express the required information.
- C. School teachers-** involving the school teachers in focus group discussion was very important as they were able to observe the changes that have been brought as a result of rehabilitation services rendered by the Handicap National for the past eight years. The other reason is the schoolteachers had a considerable interaction almost with all members of the community in one way or another.
- D. CBR workers-** this included the manager and other two field workers. This was because these participants were believed that they could be familiar with the situation of PWDs. Therefore, they were members of focus group discussion and interview.
- E. Written documents-** the situation of PWDs prior to the rehabilitation service and the progress that they have shown from time to time had been recorded in their files.

### **3.4. Instruments of Data Collection**

As the researcher intended to assess the impact of CBR services, it has been crucial to understand the overall situation of the participants who have been served for the past six and above years under the program of CBR by

Handicap National at Lideta sub-city. Because of the nature of the study, the researcher employed semi-structured interview as a primary method of data gathering tool.

However, to strengthen and enrich the data, it was very important using FGD, observation check list and document review to analyze the current situation of the target group if they have show observable progress as a result of CBR.

**i. Semi-structured interview:** Semi-structured interview is frequently used as a key instrument to collect data in qualitative research. Hence, the researcher made three sets of interviews with five PWDs, five caregivers and the manager of the organization. However, as one of the PWDs was living independently and didn't have caregiver, another caregiver whose CWD wasn't participant in the study has been interviewed. As the interviewees were eleven in number totally 21 hours have been used. Each participant had been interviewed for two hours on average.

**ii. Focus group discussion-** the discussion was held at Abbay-Minich elementary school May 25<sup>th</sup>, 2007. Theoretically, focus group discussion should consist of six to twelve discussants. However, since creating convenient time for seven focus group discussants was difficult, after intensive effort of a month, the discussion went on with five discussants. These were one caregiver, two CBR workers and two school teachers. After briefing the main objectives of the research, the conversation went on with intensive and hot participation for three hours.

**iii. Observation-** Using an observation check list, the researcher collected the data about the PWDs' independent movement, their interactions and participations with the family, neighborhood and community members. To do this, two assistant data collectors were engaged to observe for eight days at an interval of five days. This was accomplished between April 20<sup>th</sup> to May 28, 2007. The observation took place at their schools, homes, working place and association.

**iii. Document review-** The other instrument used to collect data in the research was analyzing the documents that were available in the organization. Hence, the entry, the progress and other related issues have been reviewed from the PWDs' file.

## **3.5 Procedure and Method of Data Analysis**

### **3.5.1. The Procedure**

The research began by selecting a topic that was approved by the department. Then, the literature has been reviewed on the basis of its relevance to the concepts and objectives of CBR.

The next step was developing tools that enabled the researcher to collect the data. Then, the Amharic version of the prepared instrument was taken to language expert to be translated in to English. Having received approval from the advisor, and the researcher took two letters to Lideta sub city department of culture and information and Handicap National to get their consent respectively.

Subsequently, the data gathered through semi-structured interview from eleven interviewees, FGD with five discussants, observation checklist and reviewing documents. Each of the participants has been interviewed at different places including their homes, working place, school, church and association. The FGD was also took place at Abay-Minich elementary school in the sub city.

After accomplishing all these, the recorded and written field notes translated from Amharic into English. As each of the interviewees was interviewed separately, this helped the researcher to cross check the information obtained from each participant during data analysis. Then, the finding has been presented by categorizing into seven domains. Finally, the researcher forwarded conclusion and recommendation.

### **3.5.2. Method of data analysis**

After collecting the data, the analysis went on by categorizing the findings into seven themes. These were:

1. Awareness,
2. Social situation,
3. Psychological rehabilitation,
4. Independent living,
5. Vocational skill training,
6. Educational rehabilitation and
7. The participation of the beneficiaries in the program.

Throughout the discussion of the study, the researcher has used the statements of the participants as evidence for the issue under discussion. Furthermore, emphasis has been made to the different thoughts, feelings, emotions and beliefs of the respondents that they have made during the interview and FGD. The researcher also paid special attention to the actual words that the discussants have frequently used. It was also important to cite findings by other researchers to justify the interpretation of this finding based on the result of the research.

# **CHAPTER FOUR**

## **FINDINGS OF THE STUDY**

In this section of the study, the findings have been presented in relation to the sources of the data. Instead of name of participants, the researcher has used pseudonyms.

### **4.1. Sampling Organization (Handicap National)**

Written documents about the organization and interview result of the manager have been presented as follows. Handicap National Action for children with disabilities is nonprofit making and local child focused organization. The organization was established in 1998. It has expanded its services to Kirkose and Arada Sub-cities in Addis Ababa, Debre-ziet and Subeta towns of Oromia regional state and Chiliga district of North Gondar as well.

With its main objective of creating favorable and supportive physical and social conditions for CWDs and their caregivers, it delivers services like physiotherapy, public education, formal and informal education provision of appliances and vocational skill trainings and others. To achieve the above objectives, the Handicap National has developed strategies. Some of the strategies that the organization used to meet its ultimate objectives are: -

- Organizing workshops
- Using mass media
- Arranging public meetings
- Training CBR workers
- Networking the organization with related organizations
- Integrating CWDs in the community regular schools
- Providing skill training for the youth (Handicap National Community Based Rehabilitation Manual, 2005).

As the manager of the organization told to the researcher, the organization has its own criteria to recruit the beneficiaries. Among others: to be under the age of eighteen, the under socio economic status of the family and to live for unlimited period of time in the sub city are some of the predominantly used criteria to select the beneficiaries.

In regard with Vocational Training, the manager said:

*The organization offered two-round training for parents.*

*However, because of different reasons the program was not able to meet its objectives. Therefore, for the time being, we*

*are not providing any type of vocational training.*

The manager was also asked about the attitude of the community towards CBR. When she replied:

*At the beginning, the attitude of the community was not encouraging. CWDs were locked behind doors. Even district officials had requested us to do with non-disabled youth rather than the disabled children. Nevertheless, things have been changed.*

The manager was interviewed to comment on the extent of the participation of clients. She replied, "The organization invites them to participate in planning and evaluating the CBR program." As she indicated, caregivers can contribute some amount of money when the organization builds or modifies stairs, toilets and others in the house of CWDs. The contribution can range from one percent to ten percent according to the income of caregivers.

As the manager reported, the main barrier in the sub-city is lack of awareness. She added when schools are built most of the CWDs are not taken into consideration. Subsequently most schools are not accessible to Wheelchair and Crutch users.

## 4.2. Background Information and Interview Results of People with Disabilities

### 4.2.1 Background Information

**Table- 1**

Name	Sex	Age	Types of impairment	Level of education In grade	Types of rehabilitation	Duration In CBR (yr)
Etetu	F	28	Visual impairment	9 <sup>th</sup>	Mobility, counseling and education	8
Tariku	M	23	Physical (polio-two legs)	7 <sup>th</sup>	Education, counseling, appliance, medical and vocational	5
Etsegenet	F	22	Physical (polio-one leg)	Diploma	Education, counseling, physical and appliance	8
Abebe	M	19	Physical (polio-one leg)	9 <sup>th</sup>	Education, counseling, physical and appliance	8
Roman	F	22	Hearing impairment	5 <sup>th</sup>	Education, counseling and vocational	8

### 4.2.2. Interview Results of PWDs

Most of the PWDs who participated in this research were born out of Addis.

As Etetu told to the researcher, "I was born in Gondar and I lived there until I lost my sight."

Tariku was also born in Guraghie administrative zone. From the five participants of this group, only one that is Etsegenet was born in Addis Ababa.

#### **4.2.2.1. About the Causes of The Impairment**

As Etetu said, “the cause of my visual impairment is light reflection.” Whereas, Tariku told to the researcher even though he was not able to realize the situation at that time, his parents have informed him as the cause of his disability was falling form his elder brother back. However, the medical diagnosis reported the cause of his impairment was polio. Therefore, due to the lack of vaccination, polio has affected his two legs.

As Etsegenet reported the cause of her impairment was also polio. Even if she was not old enough to realize the incidence, her mother has informed her about the cause. The same is true for Abebe. He narrated the situation as follows:

*As my mother told me the incidence happened to me at my age of three. It was in the afternoon, after playing with my playmates I turned back with severe pain. I suffered from a continuous vomiting. My mother who was frightened with the incidence, she took me to health center immediately. The treatment that I received was injection. As soon as I returned home I lost my strength. For my mother the cause of the physical impairment was nerve distraction as a result of inappropriate injection. But medical reports showed the cause of the impairment was polio.*

From the five participants of PWDs only the one did not know the cause of her hearing loss. Her mother and she told the researcher even if they had

visited several hospitals no one could tell them the cause of the impairment. However, her mother is sure of impairment happened to her child before birth.

All of the four participants are not married. But Etetu who is 28 years old and visually impaired has got married and she has a son from her husband.

#### **4.2.2.2. Social Situation**

The researcher asked the participants about their socialization prior to CBR program. For this question, Etetu said before the rehabilitation:

*I didn't have a chance to interact with anyone out of my home.*

*Because my relatives concluded that it is nothing for a blind girl to go out and interact with others.*

The relatives wanted her only to serve them at home. As a result, she didn't have the opportunity to make friends. Therefore, since there was no encouragement from her relatives, she had never moved independently out of her home.

However, Etsegenet reported to the researcher to the above question differently:

*I was active participant in family issues. Since I was living only with my mother, no person discouraged me not to participate in house hold issues. We therefore used to share ideas openly even about menstruation.*

When she added, even she had playmates with no discrimination from her friends. And she had the chance to attend school.

The interview made with Abebe show the same thing with Etsegenet. He explained:

*Prior to the rehabilitation I was active participant in family issues. And the family didn't feel my disability. But before the rehabilitation I didn't have many friends. Because, I often used to be alone and went to school with no one.*

The same is true to Tariku. Nevertheless, the other participant told the researcher, as she didn't realize her socialization before she joined school. As she added, neither her family nor the surrounding knew sign language. Therefore, no one tried to interact her and she was too.

The researcher asked the participants if they had the opportunity to attend school prior to CBR program. Three of the participants had the chance to attend school. Specially, Etsegenet was in grade nine when she joined the rehabilitation program. As she said, "I had a chance to attend school. My mother did a lot for my education. In the school I had many girl friends but not boys."

Abebe told to the researcher as he began education before the rehabilitation, "I attended school even though I stopped when I was in grade two."

The same was true to Roman as she was lucky to attend school before the rehabilitation program. However, two participants responded very differently from the three participants already mentioned. For instance, Etetu was not able to attend school even though she was old enough to attend as she said:

*I was not lucky when my neighborhood children used to go school, I often remained at home. This was because my relatives concluded; "education is nothing for a blind girl."*

For them, she had to be at home and spend her life in the house until she will die. Tariku was not also able to attend school with the reasons that were different from Etetu. As he said:

*When I was at home, I used to participate in family issues equally. Nevertheless, I was not lucky enough to attend school. This was not because of the unawareness of the family. Rather, a bridge that was not well built between my home and the school had been an obstacle. Therefore, my parents were not willing to send me, as they feared that I would fall into the river.*

#### **4.2.2.3 Psychological Situation**

The researcher asked the participants what they felt when the impairment occurred. All of the participants responded in the same way. They didn't feel anything since all of them were children. As Tariku said:

*I was a child, so I didn't feel anything wrong about my disability. However, when neighbors and playmates satirized at me and teased me, I felt sorrow as it was because of my disability.*

For the above question Etetu said the following:

*At the time of the impairment occurred, I didn't feel anything about it. Because I was a child: and the pain was so severe. But when the time went by, I started to worry about my blindness.*

The same feeling had happened to Etsegenet. As she said, "Later, when I grew up, I felt about my disability."

The next question was, what did you feel when you compared yourself with non-disabled people?

Etsegenet responded, "When I compared myself with non-disabled people, I strongly worry since I was not able to perform thing equally. But as I should accept, I am living with it."

Abebe expressed the situation bitterly. As he explained, "When I compared myself with the non-disabled people, I felt shame of it. Because I would like to play and run but I couldn't."

When Etetu compared herself with non-disabled people, she had felt inferiority. As she said, "I used to think when to die. I consider myself not as a family member rather, as a stranger. So I was hopeless."

Whereas, Roman's feeling was quiet different from others. "When I compared myself with non-disabled people, I felt as I am equal with them. Even sometimes, I used to feel as I was better than them," She reported.

#### **4.2.2.4. Rehabilitation Program**

Out of five, the four participants began the rehabilitation service in 1999. But the other participant joined the program in 2002. Even if some of the rehabilitation services were peculiar to few groups, Handicap National has rendered for all participants other services in common. The reason behind the peculiarity for some of the services was taking into account the need and the type of the disability of each individual. Among others, education and social rehabilitation, counseling, provision of appliances, awareness about the impairment, vocational training and others were the most commonly known services of the organization. In regard with this, Etetu reported the following:

*I got training of mobility and orientation as I am visual impaired. The other services that I got from the program were: counseling, financial support, and others. Moreover, the CBR workers also raised my awareness about my disability through their counseling.*

The other participant has got the service when she was in grade nine. When she explained the incidence:

*I got the information when the Handicap National field workers were visiting home to home. The rehabilitation services that I got from the organization are; provision of educational materials, medical rehabilitation, tutorial and appliances like crutches, inner shoe and other.*

According to other participants, the most common types of services that they got from the organization ranged from 7 Birr of school fee to a large amount of medical cost.

Concerning educational rehabilitation, one of the participants explained her deep feeling in this way:

*I don't have words to express the benefit that I got from the educational rehabilitation. In my view, 'እንደገና ተወለድኩ' now, I don't want to die. Rather, I want to live long.*

For Abebe, the benefit he got from educational rehabilitation was invaluable.

As he said:

*Through education, I got many friends and I also relax when I am at school. The school by itself gives me pleasure. I have great expectation from my education.*

However, one of the participants has responded differently regarding educational rehabilitation. As she said:

*Educational rehabilitation is nothing to me other than improving sign language. In my view, hearing impairment by itself is an obstacle in education. So I used to go school to spend my time not to be benefited from it.*

Whereas, the other person with physical disability said that the main thing that he got from the CBR program was education. He added, "I was longing for education. From it, I am highly benefited. Through education I have seen bright future." As he indicated, 'በመማሪ መሰረት ይሰማኛል'.

#### 4.2.2.5 Psychological Counseling

Counseling is the other type of services that all participants agreed with its importance. As one of persons with physical disabilities indicated, "The benefit that I got from psychological rehabilitation includes; awareness about the cause of disability. Therefore, currently disability in my opinion is not a divine curse and a result of evil eye. The psychological rehabilitation enabled me to accept my limitation. Hence, I plan what I can do but what I can't.

Even though I sometimes feel the limitation of my disability not succeed, I know that disability can't be an obstacle in education and professional works.

For this participant, however, it is true that being disabled by itself can hinder success in marriage and income generation activities.

The other respondent also added that whenever she was not successful, she assumed as if it were because of her blindness. But at present she said:

*The psychological rehabilitation helped me to accept my blindness. This is because of the changes that I have observed from my life. At present, I believe that I am equal with sighted friends with my limitation.*

On the other hand, Etsegenet told to the researcher, as she didn't get much from the psychological rehabilitation. In her view:

*I accept that whenever I am not successful, it is due to my disability. Because, I have received my diploma in Secretarial Science and office management but still I am*

*not working. That is why I said being disabled limits the individual not to be successful.*

As he indicated, psychological rehabilitation helped Abebe to accept his disability to some extent. As he believed disability can't be an obstacle in education, because it is not eye, leg or hand what matters but the individuals' effort or mental efficiency.

#### **4.2.2.6 Vocational Rehabilitation**

The researcher inquired if the participants had been benefited from the vocational rehabilitation.

Most of the participants therefore reflected their dissatisfaction. For instance, Tariku has got vocational training for 20 days. However, he was not benefited from it as he told to the researcher. The vocational training that he has taken was 'Festal Art' but as it was not marketable nothing he got from the training.

The one who is hearing impaired has also got vocational training. Such as: embroidery, hairdressing and other handcraft skill. However, she was not working for marketing as she had communication problem. The organization, as she said didn't facilitate her with credit market management and shopping.

The other three participants didn't take vocational training at all. So they couldn't say any thing about the advantage and disadvantage of vocational rehabilitation.

#### **4.2.2.7 The Strengths and Weaknesses of CBR.**

As all participants agreed with one of the strengths of the organization was the effort of CBR workers that they tried to change the negative attitude of the family and the community towards disability. The other strength that should be mentioned was their approach of creating awareness about disability and the educational rehabilitation.

For Etsegenet, the strength of the program is their home-to-home visit to disclose the PWDs who have been hidden at home.

The respondents indicated that the organization created awareness about the cause of disability and the quality of the PWDs. One of the participants added, “some years ago dwellers in the sub-city had viewed us as different creatures አንድ ትንግርት”. But now no one gave different attention for PWDs considering as a miracle. As they said that a lot of PWDs were hidden in their homes. But thank to the CBR program we got education and opportunity to be part of the public.

In regard with the weakness of CBR program, most of the participants with disabilities have told to the researcher the qualities of services were not as before. Even some of the provisions have declined. As one of the participants stressed, still, the PWDs were waiting for handouts. Therefore, the program couldn't create the feeling of independency. From these participants, Etsegenet didn't want to say anything about the weakness of the organization.

#### **4.2.2.8 The Participation of PWDs in CBR Program**

The research participants were asked about their role and participation in the program. For this question Tariku replied, "I participated in CBR program by writing poems to create awareness among the community members." Others were not active participants in planning, implementing and evaluating the program. Etsegenet for example has participated in only few meetings by being children's committee. Whereas, Abebe also said, "I play cultural music ('ክራር') whenever the organization organizes public gatherings to create awareness".

On the other hand, the other respondent of this research didn't have any role or participation in the program. This was because either she hasn't been invited to contribute something or no way to did so.

#### **4.2.2.9 Suggestion to CBR Program**

Finally, the PWDs were asked what they like to suggest to the program to make it more effective. To this question Etetu suggested the following: the organization should increase its coverage even out of the sub-city. And it should also provide vocational training to enable the PWDs to create income generation. In addition to this, she suggested that to implement education rehabilitation more effectively, library service should be provided for all types of disabilities according to their needs.

Tariku also added, the organization must increase the full participation of the PWDs in planning and implementing the program. As he said, for instance, the vocational training was not market oriented. If they received feedback,

they could explore marketable trainings in order to enable us live independent life. Whereas, the other three participants didn't suggest anything to be included in the program. For them, what the organization was doing by itself met their needs.

## 4.3 Background Information and Interview Results of Caregivers

### 4.3.1. Background Information

**Table-2**

Name	Sex	Age	Level of education	Parental Relation	No of family	Means of Income
Tadelech	F	48	12 <sup>th</sup>	Aunt	7	Pension
Hiwot	F	30	12 <sup>th</sup>	Caregiver	7	Daily labor
Abaynesh	F	64	Illiterate	Mother	2	Daily labor
Zewiditu	F	50	11 <sup>th</sup>	Mother	4	Daily labor from non disabled sons
Feruz	F	55	Literate	Mother	3	Daily labor

### 4.3.2. Interview Result of Caregivers

In this section, the finding that has been obtained through the interviews made with the caregivers has been presented. As one of the PWDs in the previous section didn't have caregiver, the researcher employed another caregiver whose CWD was not participant in the research.

#### 4.3.2.1. The Cause of Disability

The caregivers answered this question from their different point of view. Example, for Zewiditu the cause of the impairment is improper injection given to her child. She said, “I noticed that my child has lost his physical strength as soon as we returned from health center getting first aid for his vomiting.”

The other caregiver told the researcher about the cause of her child’s impairment as follows. At the beginning, her child had high fever, and then she took her to clinic. And the treatment that she got from the clinic was injection. When the caregiver added, as they returned home, the child lost her strength. *‘ከከሊኒክ እንደተመለስን ጨርቅ ነው የሆነችብኝ’*

The other two caregivers however didn’t know the cause of their children’s impairment. But Tadelech reported as the CWD has come late to Addis looking for medical treatment from Gondar. Except the information she got from the CWD herself she didn’t know anything about.

They were also interviewed about the onset of the impairment. Four of the caregivers indicated that the impairment occurred to their children after birth. From these, the disability happened to their children at their age of three and four. But the fourth one said, “even if I hadn’t been there, I heard that the PWD has become visual impaired at her age of nine.”

Whereas, the fifth interviewee answered to the question very differently. As she said:

*I think my daughter has been impaired before birth. And still I don't know the reason or the cause even doctors didn't say anything about the cause and onset of the impairment. But I noticed her hearing loss when she was not able to respond to what I used to speak and what others like neighbors did.*

Caregivers were also interviewed about their reaction to the impairment. For this question, Zwiditu said the following:

*As soon as I identified the impairment, I was depressed. And I warned him not to go out as the community might insult him. The next step what I did was taking him to holy water and witchdoctors. We also used traditional medicines.*

Abaynesh also expressed her reaction in the following way:

*Finally, the doctor told me a heart breaking news, as she couldn't be cured. When I heard the bad news, I felt a profound sorrow. I concluded, as it was my bad fortune. However, I have never sat down. Rather, I roamed throughout Oromiya looking for holy water and witchdoctors. And I did all my best to get cure for my daughter. So I am free from any possible regret.*

Tadelech answered the same question in this way:

*As the medical report showed the impairment cannot be cured. However, I took the VIC to 'ክራኔል' holy water to have baptized for 'ሁለት ሰባት ተጠመቀች'. Then she was taken to Lideta holy water repeatedly.*

“To know the impairment by itself was heart breaking specially for a mother,” Feruz told to the researcher. The other participant replied the question in similar way with the rest of caregivers.

#### **4.3.2.2 The Situation of PWDs Prior to CBR Program**

The researcher asked this group about the situation of PWDs before their involvement in CWDs program. As the respondents indicated the situation of CWDs was not satisfactory. For instance, Hiwot reported as her CWD was not able to move independently and feed herself. Tedelech also confirmed that her CWD didn't attend school and have never been out of home alone.

Nevertheless, Abaynesh and Feruz reported that their CWDs had the chance to attend school and move independently even out of home. Therefore, as they said even their CWDs had the chance to interact freely with the community before they joined CBR. Whereas, the last caregiver told to the researcher even if her disabled child had began schooling, he discontinued his education as his playmates and others teased him.

#### **4.3.2.3 Caregivers Observation After Rehabilitation**

Caregivers were also asked about their observation regarding the CWDs after the CBR program. One of the caregivers replied that her daughter with hearing impairment had the chance to attend even before Handicap National

has rendered its program in Lideta sub-city. She added that her daughter could perform daily activities at home and out of home. Therefore, as she reported no significant change has been observed in the life of her daughter.

The other caregiver, who is the aunt of the VIC, said almost similar observation. But the only different thing is her nephew hadn't had the chance to attend school. This was because; as she said she didn't had time to take her to school. The aunt reported that there were observable changes in the life the VIC as the result of CBR program in some aspect her life.

According to Hiwot, whose CWD was not participant of the research, after the rehabilitation the caregiver has observed a credible change in the life of her CWD. As she said, the CWD's activities have been improved. For example, after the rehabilitation climbing from and to the bed, sitting on a chair, using cups and spoons to feed and washing face were some of the achievement of CBR program. When the informant added CWD was able to control her body. All these changes were achieved as a result of repeated effort of physiotherapists.

Zewiditu also added her observation as follows:

*After the rehabilitation he could move independently. He used to play with his playmates. He was also aware about his disability. Even I am aware what disability means.*

Whereas, Abaynesh reported that after the rehabilitation her daughter started to use appliances what she was refused to use before CBR program. No

matter how she was able to move independently prior to CBR program, she was not as free as the present one.

The same respondent was asked about the effective way of rehabilitation to change the life of the CWDs. She replied that she didn't know anything about it.

Whereas Zewiditu said, "the effective types of services are educational rehabilitation and awareness raising programs." As it is stated earlier, other than Zewiditu the rest of the caregivers were not able to express the most effective type of rehabilitation to change their children's life.

Therefore, four of the participants said, "ሕኔ አንጃ።" They have used almost the same Amharic expression to the above question.

Caregivers were also interviewed if they got any support from CBR program. They replied to the question as follows: they have got at least one type of support of service from the CBR program. As some of them reported they have participated in vocational training such as tailoring and merchandizing. Others have also got house maintenance service.

However, as all caregivers told to the researcher, they have either participated training programs or counseling to raise their awareness about the cause of disability and the CWDs themselves. They have reported that the awareness raising programs helped them to know better about CWDs as they are productive citizens. They were also asked about the benefit that they got from the vocational training. From the five caregivers three have got the training.

However, none of them has been benefited from it. As they told to the researcher, the vocational training was not market oriented. Therefore after the training none of the caregivers has engaged in income generating activities. For this, they indicated, “No shop arrangement and well designed loaning system which enable to be competent with the other traders.”

On the other hand, the other two caregivers didn't get vocational training. For the researcher's questions “why?” They responded that they didn't know the reason behind it. Even they were not aware the availability of such opportunity and the criteria that the organization used to select the trainees.

#### **4.3.2.4 The Strength and Weakness of CBR Program**

In regard with the strength of the program, most of the caregivers acknowledged its effort to disclose hidden CWDs in the sub-city. As one of the caregivers said, “they support the family as well as the PWDs.”

Regarding the weakness of the program, one of the caregivers said, “The main weakness of the program is the fieldworkers' frequency of visiting was not as before or it has been declined to a great extent.” The other caregiver added, “Their strategy of rehabilitation is not sustainable. If they stop the material provision and other supports, we do not have any other means.”

However, the other three participants were not willing to explain the weakness of the program. Even though all of the participants had been informed about the security of the information that they have provided.

#### **4.3.2.5 Barriers from Caregivers' Point of View**

Caregivers were interviewed if they knew barriers that hindered CWDs from social interaction. They responded to this question differently. For example, Zewiditu said, " In regard with my CWD, I didn't observe any barrier which hinders him from possible social interaction."

Whereas Hiwot indicated that regarding her CWD, the main barriers not to move independently were; inaccessibility of roads, school buildings and other public buildings. When she added, to interact with others her CWD was not always motivated. She lacked confidence and didn't want to go out, as she was afraid of others' insult and being teased.

In addition to this, Tadelech indicated that the main barrier for CWDs is the inaccessibility of roads especially in the community. The other big barrier as she said is the attitude of the community that is the 'Leap service' that comes from the people. The surrounding considers her independent movement as a sin for her relatives.

According to the other caregiver, the main barrier that she observed was her daughter's psychological problem. As the mother reported, her daughter was highly depressed because of her disability. She was not ready to interact and communicate freely with any person. Rather, even sometimes when her mother encouraged her to go out, she didn't accept due to her disability. Therefore, she replied, "I don't have legs and I am not equal with others."

#### 4.3.2.6 Caregivers' Attitude Towards Disability

The researcher asked the caregivers if they felt shame of their CWDs. One of the caregivers said:

*When I compared her with others, she cannot run and walk properly. Specially, when she is contemplating, I say, 'she is right' because she is unable to walk.*

The caregiver added that she felt something that she couldn't express. According to this caregiver, disability was Devine curse. To have disabled child according to the same caregiver was the misfortune of parents.

She added:

*Infact other people say, it is an incidence that can happen to any person. But I disagree even if I can't refused, what God gave me once. If God decided no one can reject what ever it is difficult to accept it.*

Zewiditu also reported:

*I hope my CWD will be successful in his education. I expect a lot from him. He will care of me. I have never felt shame of him. In fact I didn't have positive attitude towards my CWD. But thanks to CBR I feel, as he is equal with others. What makes me happy is his educational performance. He stands first in his education.*

For the researcher's question, "what is disability mean to you?" Zewditu answered disability was anything if the person was educated. As she said she used to listen to radio programs about educated and well-known PWDs. So she hoped her CWD would be also well known person in the future.

Even though Tadelech has never felt shame of her CWD, she believed the cause of disability was curse. So no one could avoid it. Whereas, Hiwot said, "I know the cause of disability. It is not either curse from God or superstitious or anything related with tradition."

#### **4.3.2.7. Suggestion**

Finally, all of the caregivers were requested to suggest something to make the CBR program more effective. Three of the participants didn't suggest anything. Their answers were almost similar. They told to the researcher, as the organization knew the better way to rehabilitate the CWDs. For them, to suggest something a person should be knowledgeable.

On the other hand the two caregivers suggested what they felt about. For instance, Zewiditu said, "The CBR program will be more effective if it includes library service." The other thing that she suggested was discussion forum for CWDs to exchange their opinions and experiences. She added that center should be organized were the CWDs could recreate.

What Hiwot suggested about the CBR program was the following, "market oriented vocational training is needed." As she said a lot of caregivers have taken vocational training. However, none of them was able to generate income.

## 4.4 RESULT OF FOCUS GROUP DISCUSSION.

### 4.4.1 Background Information

**Table – 3**

Occupation	Sex	Age	Duration in the sub city	Relation with the PWDs
Teaching	F	48	48	Teacher
Teaching	F	42	42	Teacher
Field work	M	27	27	Client
Camera man	M	46	46	Father/Caregiver
Field work	F	27	27	Client

Even if the researcher planned to invite two CBR workers, other two teachers and still other three caregivers, since two of the caregiver couldn't come, the discussants were five in number. The FGD was held in one of the teacher's office at Abbay-Minich elementary school. And the themes for discussion were changes observed regarding:

1. Awareness about the cause of disabilities and the PWDs themselves.
2. Creating barrier free environment.
3. The participation of the community and the caregivers in; planning, implementing and evaluating of the CBR program.

### 4.4.2 Awareness about the Cause of Disability

FGD members were asked about the community's attitude towards the cause of disability. Most of the respondents in the FGD answered the question from two perspectives. The first one was the situation prior to CBR program. Therefore, as they reported prior to CBR program most of the community

members associated disability with diven curse, evil eye, 'likift', sin of parents and other misbelieves. For instance, one of the teachers with disability reported the following: “እኔ ጉዳቱ የተከሰተብኝ ሌሎች ሰዎች እንደሚሉት እናቴ እንጀራ ስትጋግር አመድ ላይ አስተኝታሽ አስሰከፈችሽ ይሉኛል። እናቴ ደግሞ የምትለው ሌሎች ሰዎች ሲወጡ ሲገቡ ጥላ ሆኖባት ነው።”

The same respondent added what happened to her neighbor. As she said, a man in the neighborhood washed his daughter with cold water; subsequently her two legs became paralleled. However, the medical reports showed, as the cause of the disability was polio.

Nevertheless, as most of the participants in the FGD agreed even though there was some exceptionality the attitude of the community towards disability have been greatly changed. Hence, if disability occurs in the community, the participants hoped that the disabled would be taken to health center soon.

#### **4.4.2.1 The Attitude of the Community Towards The PWDs**

The discussants were asked about the attitude of community towards people with disabilities. The two CBR workers reported the incidence when CBR service started in the sub city in this way:

*The community had developed a negative attitude towards people with disabilities. This negative attitude was reflected through their expression.*

*Therefore, the community used negative expressions such as ‘ቆማጣ፣ እውር፣ ደንቆር’ frequently.*

In addition to this, two teachers answered to the same question in common, “ No one was willing to express or disclose the presence of his/her disabled child.” When they added, “ Most of the PWDs were locked behind doors.” However, things have been changed as the result of CBR program. Regarding the positive change the two teachers said together the following:

*In our school there were students with different disabilities. We treated the disabled and non-disabled students equally. Before a year we had awareness raising club. Through this club, we tried to create awareness among with non-disabled children.*

The caregiver also narrated his experience in relation to the above question as follows:

*I have a disabled daughter. I know that she is equal to the rest of the family members. She is a hard working student and she likes to go to school regularly. What she requires is morale support.*

Finally as all participants of the FGD agreed that the community as well as the caregiver has developed a positive attitude towards the PWDs. As the informants reported the parents themselves were coming to the CBR service with application, which was not possible

to disclose their disabled children to CBR workers even at their home.

### **4.4.3 Creating Barriers Free Environment**

The FGD was interviewed if any effort was made to create barrier free environment in the sub city. For this question, three of the participants (the teacher and the caregivers) gave their comments in this way:

*So far we have not any effort or modification to create barrier free physical environment in the sub city. Even the newly built schools and other kinds of buildings are not accessible for people with either physically or visually disabled.*

When they added:

*Sometimes the community takes initiative to construct pathways and other village entries. However, no one considers the interest of PWDs during the constructions. Even after it, when the people suggest to modifying the construction, it is believed, as it is costly.*

To conclude, the effort to minimize inaccessibility physical environment was not encouraging.

#### **4.4.4 The Participation of the Community and Caregivers in Planning, Implementing and Evaluating the CBR Program**

The researcher asked the discussant to comment their participation in the CBR program. For this question, the two teachers had different opinion from the other conversers. As they said they did not either participate or hear others' participation in: planning, implementing and evaluating the service.

As the two teachers confirmed, "we have not been invited in the process of CBR. Even no one told us about his/her participation in the CBR program."

Whereas, the caregiver observed the participation of his wife in credit and saving system of the organization. At this time, the researcher clarified what "participation" means in this discussion. However, the caregiver repeated the same idea.

The CBR workers also agreed with the two teachers about the absence of the community and caregivers' participation in: planning, implementing and evaluating the CBR program.

# **CHAPTER FIVE**

## **DISCUSSIONS OF THE STUDY**

In this chapter, the result of the research has been discussed in relation to the research objectives and theoretical assumptions of CBR as well. To do this, the situations of PWDs prior to and after CBR services were compared.

### **5.1. THE SITUATION OF PWDS PRIOR TO CBR PROGRAM**

#### **5.1.1 The Social Situation**

It has been found out that the social interaction of the PWDs at Lideta sub-city were characterized by isolation from their playmates, being locked behind doors by their family members and other different forms of segregation. In researcher's in-depth interview with one of his female informants of PWD's has told him that in her life time she couldn't get chance to interact with any one out of her family circle. She added that her relatives concluded it was nothing for a blind to go out. Therefore, it can be assumed that her family was a big obstacle in the process of her socialization.

In regard to this, Ashum (2004) stated that the attitude of family towards a disabled member tends to be largely influenced by the community in which he or she lives. In this social environment feelings of guilty may exist and most often the family keep a disabled child hidden in a family care). Thus, denying him or her opportunity to acquire the social and vocational skills,

which are so essential to develop adult behavior and to catch satisfactory resettlement knowledge in his or her social environment.

As a result, she was not able to make friends. This intern discouraged her not to move independently out of her home. In regard to this, (Hegarty and Pocklington, 1981 as cited by Howarth, 1987) stated that the development of independence is a major target and within the process of socialization there is a direct relation between independence and social acceptance.

As it has been believed by different scholars, schooling is one of the vehicles to improve socialization. In this regard, the researcher has interviewed his informants whether they had a chance to attend school prior to CBR program. Out of five three of them reported that they didn't attain school. Specially, one of the interviewees who is physically impaired said:

*"I had started schooling. But as I was teased and discriminated by my friends, I stopped it."* This data shows that the families, school and playmates can hinder the socialization or the social interaction of the PWDs. As Anderson (1973 as cited by Howarth, 1987) confirmed, a child who is disabled can be teased and insulted by his/her schoolmates and will face a great difficulty in interacting with her/his friends freely. This intern affects the socialization of PWDs most often. More likely, these PWDs usually develop a feeling of inferiority and can lack competency.

Even though the remaining two respondents were able to attend school, they couldn't make friends as much as they expected to have. One of the

respondents expressed the problem she encountered in this regard. She has been out of contact with boy friends till her completion of high school.

### **5.1.2 Psychological Situation**

As it has been informed earlier, all the respondents were at their childhood age when the impairment occurred. Therefore, either they didn't react or remembered the situation at early age. As all of them reported, even they didn't sense the disability while they were playing with their playmates.

However, when time went on, every thing has been changed. As they grew up, their feeling of competence left them away and they begun to worry how and why they were different from the non-disabled friends. Most of the respondents told to the researcher that their inability to; run, play football, and doing other things independently made them develop a feeling of inferiority and to be psychologically depressed. For instance, as one of the PWDs reported:

*"When I compared my self with non-disabled, I felt shame of my disability. Because I couldn't play and run as equal as the non-disabled."* The attitude that was coming from the family, playmates and the community had a negative impact on the psychological situation of most disabled.

## **5.2 Achievements and Under Achievements of CBR Services on the Situation of People with Disabilities**

Even though most of PWDs were at their ages of 10 to 17, their social interaction and psychological situations weren't satisfactory. Nevertheless, since Handicap National has delivered its CBR services, changes have been observed in the life of PWDs. Therefore, the observed changes have been treated in the following subsection of the discussion by categorizing it into achievements and underachievement of the CBR services.

### **5.2.1 Achievements of CBR Services**

#### **5.2.1.1 Creating Awareness**

It is well known that one of major objectives of community-based rehabilitation program is creating awareness about the causes of disabilities and people with disabilities themselves. The finding of this research shows that prior to CBR and at the time when the impairment occurred, most of the caregivers believed that the cause was divine curse and cure would be obtained from witchdoctors and holly water as well. But most of the caregivers were spent their time and resource vainly.

Even today, some of the caregivers associated disability with divine curse. But according to the researcher's close observation, this miss assumption and interpretation was highly associated with age and illiteracy of the participants.

Therefore, one of the efforts of Handicap National was creating awareness and building positive attitude towards PWDs. Later, with the coming of Handicap National to the sub city, a big effort made to change the misbelieved of the cause of disability and PWDs themselves. As the FGD result shows before 1999, most of non-disabled people prefer to use negative words such as; *komatta, iwur, fokaka, denkoro* and others which have adverse effect on the socialization of the PWDs.

Nonetheless, at present, people with non-disabilities are referring positive words. This indicates that they have developed positive attitude towards the group. For example, for the question: "What is disability to you?" Four of the caregivers responded, "*Disability is nothing. It can happen to any person.*" This shows that the effort made in creating awareness about the cause of disability by CBR was becoming fruitful.

Therefore, awareness-raising role is a very important component of CBR. This is because, it facilitates the community to change their negative attitudes, creating a friendly social environment for PWDs and helping to minimize the possibility of segregation and exclusion.

As a result of awareness raising programs by Handicap National, most of the caregivers were sure in the possibility of PWDS' success in their future life. As the finding of this research indicates, four of the caregivers confirmed that their PWDs would be successful if they are continuously provided with education.

### **5.2.1.2 Educational Rehabilitation**

The manager, as well as other participants was asked about the most effective type of rehabilitation and all of them agreed that even though the number of rehabilitants was few in number, the CBR service has brought a significant change in educational rehabilitation. As result of the interview shows, one of the respondents said that she has been highly benefited from educational rehabilitation of CBR than other type of services.

From the five PWDs, the four have shown observable and satisfactory change in their education. Material support of the organization and follow up of field workers enabled the PWDs to be good at their educational performance.

As one of the PWDs reported: educational rehabilitation helped him to get friends. Even he felt relax of being at school. His mother also expects him to be effective in his academic performance. Most of the PWDs therefore have been benefited from educational rehabilitation.

Both caregivers and the PWDs agreed that educational rehabilitation is the most effective type of rehabilitation among CBR services.

### **5.2.1.3 Psychological Rehabilitation**

The research has identified that prior to CBR, most of the PWDs were depressed and even stopped their education by fear of being teased by their schoolmates. Furthermore, those who were attending school couldn't make enough friends since they were isolated either by themselves or their friends.

So the psychological rehabilitation can be considered as one of the effective services of CBR.

The psychological rehabilitation of CBR has helped them to accept their disability and can cope up with the non-disabled counter parts. Even though there are some attitudinal problems in regard to disabilities, the psychological rehabilitation and the awareness program of CBR have changed their mind to accept that disability as some thing, that can happen to any person with no age, sex, color and other differences. For most of the PWDs disability cannot be an obstacle to be successful specially, in education.

As one of the participants with physical impairment said:

*"I don't believe that disability can cause or brings failure."* So for this participant, disability cannot be an obstacle in education or work. For him it is not eye, leg or hand that matters rather success is the result of his/her own effort and psychological makeup.

#### **5.2.1.4 Independent Living Skills**

In this discussion, when the researcher is referring to independent living it means movement or mobility of the PWDs in the community. Out of five PWDs interviewed, one was visually impaired. Therefore, the CBR program met her need by giving mobility training. Because of this, she is able to move independently from place to place. Even when she was invited to come to be interviewed, she reached at the venue alone.

It is identified that before the CBR, she has never been out of home alone. Two of the participants were not able to use appliances. But, following the CBR, the woman started to move alone using guide cane and other two respondents with the help of physiotherapy and medical treatment, they achieved independent movement.

It is identified that the provision of appliance, medical treatment and the physiotherapy services of CBR ensured the PWDs to be independent in mobility.

## **5.2.2. The Under Achievement of CBR Services**

### **5.2.2.1 Vocational Training**

As Daniel noted (2000), the economic problem of people with disabilities and their caregivers cannot be seen separately from their psychological, social, educational and other issues. In regard to this, Handicap National had offered vocational skill training for selected PWDs and their caregivers to increase their income.

Nevertheless, the vocational training which was planned to improve the income of the PWDs and their caregivers didn't meet its objective. It is revealed that out of five participants of this research, only one had the opportunity to get 'festal art' training for twenty days. After the training, that PWD couldn't generate income as it is promised to do so. The reason, which the researcher has identified for this, was lack of market assessment for the vocational training before it is planned.

The other participant with hearing impairment was also has got skill training of embroidery and other kinds of handcrafts. But because of communication and market place problem, she couldn't generate income.

It is believed that the skill of income generating is not only for daily living of PWDs and caregivers but it also helps them to earn respect. In regard to this, Helander (1999) stated that self-respect and self-reliance are the key objectives of creating income-generating activities. So special training programs should be offered to PWD's according to their needs and types of disability.

At present, even if two PWDs and other two caregivers were able to get vocational training, because of different reasons mentioned earlier, none of them has been benefited from it. Therefore, it can be concluded that the CBR vocational program couldn't achieve its mission.

#### **5.2.2.2 The Participation of the Beneficiaries in CBR Program**

When WHO (1994) proposed CBR, its primary objective was to assure the equal participation of PWDs, their caregivers and the community at large

To find out the success of the CBR program, the researcher asked the manager of the organization to explain about the participation of the clients in planning, implementing and evaluating the CBR program. Her answer was quite different from the findings obtained from FGD and clients. Truly speaking, the clients do not feel, as they were appropriately involved in

planning, implementing and evaluating the program. Instead, they feel only as recipients.

Theoretical assumption in regard to CBR programs shows that members of the local community should also be involved in the planning and decision making of these programs (Helander, 1999).

According to the findings of the research, however, the participation of caregivers, the PWDs themselves and the community in the program was insignificant and most of the respondents were asked to suggest something to the program, three of the caregivers and about two of the PWDs weren't confident. In common, they said, "*to suggest, somebody should be knowledgeable.*" This shows that they weren't active participants and didn't feel themselves, as they are stakeholders of the program.

For the last few decades, CBR has developed and become accepted as the most comprehensive strategy for rehabilitation. It does not only target the individuals with impairments, but also aims to interact with the whole community by utilizing the local resources (CBR network Ethiopia, 2004).

However, the result of the FGD in this research shows that none of them has participated in planning, implementing and evaluating. Even the word "participation" was new for the most of the participants. Therefore, when they were asked about their participation, they used to report frequently to the researcher as they took money, invited to workshops and contributed something to the organization.

In this regard, the manager of the organization took a defensive position. Because, she repeatedly reported as clients were actively participated in planning, implementing and evaluating of the CBR program.

# CHAPTER SIX

## CONCLUSION AND RECOMMENDATIONS

### 6.1 Conclusion

Based on the finding of this research, the following conclusion is drawn.

The result of the study shows that the social and psychological situation of the CBR beneficiaries prior to 1999 wasn't satisfactory. Infact, at the time of their impairment, they had not a problem to play with their neighbors and playmates since most of them were children.

However, they started asking themselves why they were different from the others while they were growing. At this stage they have developed a sense of inequality and become isolated from others.

After the beginning of services rendered by the Handicap National, changes have been observed in the life of the PWDs in Lidetta sub city. Among others the awareness program in the form of "coffee ceremony", the educational rehabilitation, and the psychological rehabilitation and the independent living skills could be taken as the achievements of the CBR through the organization. Out of many components of rehabilitation, vocational training helps the rehabilitants to generate income to assure their economical independency.

Even though this is the truth, Handicap National couldn't successfully provide such kind of market oriented vocational skill training for both the PWDs and their caregivers.

It is identified that Handicap National had offered vocational skill training for two caregivers and two PWD out of eleven participants of this research. Nevertheless, these three trained clients have not benefited from the services and they have shifted to other means of existence by their own effort. As most of respondents reported, this is due to the lack of market assessment and proper plan of income generation for the vocational training.

It is believed that PWDs and their parents are essential and invaluable elements of any CBR program. Additionally, their involvement also serves to improve the quality of life of PWDs and their families, as it gives them confidence and improved self-esteem. The theoretical assumption of CBR also calls for the equal participation of the clients in planning, implementing and evaluating of the program.

This research has come to the conclusion that Handicap National couldn't achieve these fundamental objectives of the philosophy of CBR.

## 6.2 Recommendations

Based on the finding of the research, the following recommendations have been forwarded.

1. To create a sense of ownership of CBR, Handicap National should ensure the equal participation of the PWDs, their caregivers and the community at large in planning, implementing and evaluating of the program.
2. The organization should make market need assessment before it delivers training of income generating skills.
3. The vocational skill training should be designed on the basis of its efficiency in enabling the clients to be competent in the market.
4. The organization should urge the community to take the ownership of CBR.
5. Local government officials are believed to be CBR stakeholders. Therefore, they should play an active role to expand CBR.
6. The community, the organization and government officials should know the right and the privilege of the PWDs' to be benefited equally of the community resources.
7. As it is well known the country has signed standard rules of disabilities, which the UN issues, in line with this, all stakeholders in the sub-city should create accessible and favorable environment to the PWDs.
8. The Handicap national should either develop or adopt client needs assessment tool to provide appropriate services and to measure its outcomes.

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# APPENDIX IA

**Addis Ababa University**  
**School of graduate Studies**  
**Department of Psychology**

Semi-structured interview guide for people with disability Lideta Sub-city  
Addis Ababa

## **1. Background information**

- 1.1. Age\_\_\_\_\_
- 1.2. Sex\_\_\_\_\_
- 1.3. Level of education/Grade\_\_\_\_\_
- 1.4. Onset of impairment\_\_\_\_\_
- 1.5. Cause of the impairment\_\_\_\_\_
- 1.6. Type of impairment\_\_\_\_\_
- 1.7. Duration in the Rehabilitation service\_\_\_\_\_

## **2. Social and Psychological situation before the involvement in CBR services.**

### **2.1. Social situation**

- 2.1.1. Did you participate in cultural/recreational activities with other non-disabled individuals?
- 2.1.2. Did you have enough playmates?
- 2.1.3. Were you able to perform daily activities independently?
- 2.1.4. Did you have the opportunity to attend school?

## **2.2. Psychological situation**

2.2.1. What was your reaction when the impairment occurred?

2.2.2. What did you feel when you compared yourself with non-disabled friends?

2.2.3. Were you able to move independently?

## **3. About the rehabilitation services**

3.1. When did you start getting the service?

3.2. Who brought you to the service?

3.3. What types of services did you get from CBR program?

3.4. What are the benefits you got from the CBR services?

3.5. To what extent are the social rehabilitation services effective in your life?

3.6. Explain the benefits you got from the educational rehabilitation?

3.7. Was the psychological rehabilitation effective in adjusting yourself?

3.8. Are you benefiting from vocational rehabilitation?

3.9. To what extent are you satisfied with the rehabilitation services you are now receiving?

3.10. What are the strengths and weaknesses of the CBR program?

3.11. What additional services do you suggest?

3.12. What changes can you gain after the rehabilitation service?

3.13. What does disability mean to you?

# APPENDIX IB

በልደታ ክፍለ ከተማ በመገበረሰብ ተኩር ተሃድሶ ተጠቃሚ ለሆኑ አካል ጉዳተኞች የቀረበ ቃለ መጠይቅ፡፡

## 1. አጠቃላይ መረጃ፤

- 1.1. ያታ-----
- 1.2. ዕድሜ-----
- 1.3. የትምህርት ደረጃ/ክፍል?
- 1.4. አካል ጉዳቱ የተከሰተበት ወቅት?
- 1.5. የአካል ጉዳቱ መንስኤ?
- 1.6. የአካል ጉዳቱ አይነት?
- 1.7. በተሃድሶው የነበረክ/ሽ የጊዜ ቆይታ?

## 2. ማህበራዊና ስነ-ልቦናዊ ሁኔታዎችን በተመለከተ

### 2.1. ማህበራዊ ሁኔታዎች፤

- 2.1.1. በቤት ውስጥ ለሚከናወኑ፣ በባህላዊ ስነስርዓትና በመዝናኛ ጉዳዮች ትሳተፎ ነበህ/ሽ?
- 2.1.2. አብረው የሚጫወቱ ጓደኞች ነበሩህ/ሽ?
- 2.1.3. የቀን ተቀን እንቅስቃሴህን/ሽን ራስህን/ሽን ችለህ/ሽ ማከናወን ትችል/ይ ነበር?
- 2.1.4. ትምህርት ቤት የመከታተል ዕድል ነበረህ/ሽ?

### 2.2. ስነ-ልቦናዊ ሁኔታዎች፤

- 2.2.1. አካል ጉዳቱ ሲከሰት ምን ተሰማህ/ሽ?
- 2.2.2. ራስህን/ሽን ከጉዳት አልባዎች ጋር ስታወዳድር/ሪ ምን ይሰማህ/ሽ ነበር?
- 2.2.3. ብቻህን/ሽን የመንቀሳቀስ ድፍረት ነበረህ/ሽ?

## 3. የተሃድሶውን አገልግሎት በተመለከተ፤

- 3.1. የተሃድሶውን አገልግሎት ማግኘት መቼ ጀመርክ/ሽ?
- 3.2. ወደ አገልግሎቱ ማን አመጣህ/ሽ?
- 3.3. ያገኘሃቸውን የአገልግሎት አይነት ግለፅ/ጭ?
- 3.4. ከተሃድሶው አገልግሎት ያገኘሽውን ጥቅም አብራራ/ሪ?
- 3.5. ማህበራዊ ተሃድሶ ምን ያክል ጠቅሞኛል ትላለህ/ትያለሽ?
- 3.6. የትምህርት ተሃድሶውን ጥቅም አብራራ/ሪ?
- 3.7. የስነ-ልቦና ተሃድሶው ጠቅሞሃል/ሻል?
- 3.8. ከክህሎት ተሃድሶ ተጠቃሚ ነህ/ሽ?
- 3.9. የተሃድሶውን ጠንካራና ደካማ ጎን አብራራ/ሪ?
- 3.10. የተሃድሶው አገልግሎት ምን ቢያካትት የበለጠ ጥሩ ይሆናል ትላለህ/ትያለሽ?
- 3.11. በተሃድሶ አገልግሎት አማካኝነት ያመጣሽውን/ሽውን ለውጥ ግለፅ/ጭ?
- 3.12. አካል ጉዳት ላንተ/ቺ ምንድነው?

# APPENDIX 2A

**Addis Ababa University**  
**School of graduate Studies**  
**Department of Psychology**

Semi structured interview guide for caregivers

## **1. Background information**

1.1. Age\_\_\_\_\_

1.2. Sex\_\_\_\_\_

1.3. Relationship of caregiver to the child:

Mother/Father/Grandmother/sister/Brother/relative/Other

1.4. Marital Status

Single /married /divorce /Widowed

1.5. Educational background

Illiterate /primary/secondary / college /others

1.6. Source of income\_\_\_\_\_

1.7. Number of Children

Female \_\_\_\_\_ Male \_\_\_\_\_ Total\_\_\_\_\_

## **2. Regarding the person with disability**

2.1. When did the impairment occur to your child?

2.2. What do you think is the cause of the impairment?

2.3. How did you first notice the child's disability?

2.4. What was your reaction at that time?

2.5. Where did you first take the child for treatment?

2.6. What did doctors tell you about the problem/diagnosis?

2.7. What treatment was given to your child?

### **3. About the rehabilitation**

3.1. Who told you about the rehabilitation services first?

3.2. What changes did you observe after the rehabilitation service regarding:

- Education,
- Independent living,
- Daily living skill
- Social life

3.3. What type of rehabilitation do you think is most effective in bringing positive changes in the lives of the PWDs?

3.4. What is your role in the program? Do you participate in:

- Planning
- Implementing and
- Evaluating the service

3.5. Explain the strengths and weaknesses of the program?

3.6. What do you suggest to be included in the program?

### **4. Barriers**

4.1. What are the main barriers for PWD

- Not to move independently
- Not to interact with others
- Not to participate in community activities
- Not to participate in family issues

## **5. Awareness**

- 5.1. Whom do you think is responsible for taking care of the PWD's health, education, safety and others?
- 5.2. What do you think about the CWD future?
- 5.3. What do you expect from the CWD in the future?
- 5.4. Have you ever felt shame of your CWDs?
- 5.5. What does disability mean to you?

# APPENDIX IIB

በልደታ ከፍለ ከተማ የመንበረሰብ ተኩር ተሃድሶ ተጠቃሚ ለሆኑ የአካል ጉዳተኛ ተንከባካቢዎች/ቤተሰቦች የቀረበ ቃለ መጠይቅ።

## 1. አጠቃላይ መረጃ

- 1.1. የታ-----
- 1.2. ዕድሜ-----
- 1.3. ከአካል ጉዳተኛው ጋር ያለህ/ሽ ዝምድና  
እናት/አባት/አያት/እህት/ወንድም/ዘመድ/ሌላ?
- 1.4. የጋብቻ ሁኔታ፣  
ያገባ/ያላገባ/በፍች የተለያየ/ በሞት የተለያየ
- 1.5. የትምህርት ደረጃ፣ መፃፍና ማንበብ/1ኛ ደረጃ/2ኛ ደረጃ/ ሌላ
- 1.6. የገቢ ምንጭ፣
- 1.7. የቤተሰብ ብዛት፣  
ሴት \_\_\_\_\_ ወንድ \_\_\_\_\_ ጠቅላላ \_\_\_\_\_

## 2. አካል ጉዳተኛውን በተመለከተ፣

- 2.1. አካል ጉዳቱ የተከሰተበት ወቅት ----ከወሊድ በፊት/በኋላ?
- 2.2. የጉዳቱ መንስኤ?
- 2.3. የአካል ጉዳት መከሰቱን እንዴት አወቁ?
- 2.4. የአካል ጉዳቱ መከሰቱን ባወቁ ጊዜ የተሰማዎት ስሜት ምን ይመስል ነበር?
- 2.5. ጉዳቱ እንደተከሰተ አካል ጉዳተኛውን ለዕርዳታ ወዴት ወሰዱት/ዲት?
- 2.6. ስለ ምርመራው ውጤት ምን ተነገርዎት?
- 2.7. ምን አይነት ዕርዳታ አገኙ?

## 3. ተሃድሶውን በተመለከተ፣

- 3.1. የተሃድሶ አገልግሎት መኖሩን ማን ነገሮት?
- 3.2. ከአገልግሎት በኋላ በአካል ጉዳተኛው ላይ ያዩዎቸውን ለውጦች ይግለጹ፣
  - በትምህርቱ/ቷ

- የቀን ተቀን እንቅስቃሴን በተመለከተ
- እራስን መቻል በተመለከተ
- ማህበራዊ ጉዳዮችን በተመለከተ

3.3. ከአገልግሎቶቹ የአካል ጉዳተኛውን ህይወት በመለወጥ ረገድ አወንታዊ የሆነውን ይግለጹ?

3.4. በተሃድሶ አገልግሎቱ ያለዎትን ተሳትፎ ይግለጹ?

3.5. የተሃድሶውን ጠንካራና ደካማ ጉኖች ግለጹ?

3.6. የተሃድሶ አገልግሎቱ ምን ቢያካትት የበለጠ ውጤታማ ይሆናል ይላሉ?

4. እክሎችን በተመለከተ፤

4.1. አካል ጉዳተኛው/ዋ

- እራሱን/ሳኒ ችሎ/ላ እንዳይንቀሳቀስ/እንዳትንቀሳቀስ
- ማህበራዊ ተሳትፎው/ዋ እንዳይጎለብት
- በቤተሰብ ጉዳዮች ላይ እንዳይሳተፍ/ እንዳትሳተፍ ዋና ዋና እክሎችን ይግለጹ

5. ግንዛቤን በተመለከተ፤

5.1. የአካል ጉዳተኛዎን ትምህርት፣ ጤና፣ ወ.ዘ.ተ በተመለከተ ሀላፊነቱ የማን ይመስሉታል?

5.2. የአካል ጉዳተኛውን የወደፊት ሂይወት በተመለከተ ምን ይላሉ?

5.3. ከአካል ጉዳተኛው ወደፊት ምን ይጠብቃሉ?

5.4. በአካል ጉዳተኛ ልጅዎ ሀፍረት ተስምቶዎት ያውቃል?

5.5. ለእርስዎ አካል ጉዳት ምንድን ነው?

# APPENDIX 3A

**Addis Ababa University**  
**School of graduate Studies**  
**Department of Psychology**

Semi-structured interview guide for the manager of the organization.

## **1. Background information**

- 1.1. Age
- 1.2. Sex
- 1.3. Level of education
- 1.4. Training and work experience in the field of rehabilitation

## **2. About the rehabilitation**

- 2.1. What types of the rehabilitation services do you provide to your clients?
- 2.2. What are criteria to select the beneficiaries of the services?
- 2.3. What is the attitude of the community towards the rehabilitation program?
- 2.4. What do parents contribute to the rehabilitation program?
- 2.5. What was the situation of the PWDs before the rehabilitation program?
- 2.6. What changes do you observe in the lives of your clients up on the after the program?
- 2.7. Which service do you think is most effective in bringing positive changes among others?
- 2.8. What are the barriers that hinders:

- Social interaction
- Independent moving of the PWDs in the sub-city

2.9. What should be done to avoid or minimize the barriers?

2.10. Do you have any limitation to expand the rehabilitation services?

# APPENDIX IIIB

ለሃንዲካኘ ናሽናል ድጋፍ ለአካል ጉዳተኛ ሕፃናት ድርጅት ሥራ አስኪያጅ የተዘጋጀ ቃለ መጠይቅ።

## 1. አጠቃላይ መረጃ፣

- 1.1. ያታ-----
- 1.2. ዕድሜ-----
- 1.3. የትምህርት ደረጃ
- 1.4. በማህበረሰብ ተኩር ተሃድሶ ያገኙት ስልጠና ወይም የስራ ልምድ?

## 2. ተሃድሶውን በተመለከተ

- 2.1. ለአካል ጉዳተኞች የሚሰጧቸውን የአገልግሎት አይነቶች ግለፁ?
- 2.2. አካል ጉዳተኞች የተሃድሶ ተጠቃሚ እንዲሆኑ የሚጠቀሙባቸውን መመዘኛዎች ያብራሩ?
- 2.3. በመኅበረሰብ ተኩር ተሃድሶ የህብረተሰቡ አመለካከት ምን ይመስላል?
- 2.4. የአካል ጉዳተኛ ቤተሰቦች ለተሃድሶው አገልግሎቱ ያላቸው አስተዋፅኦ ምንድነው?
- 2.5. የተሃድሶው አገልግሎቱ ከመጀመሩ በፊት በክፍለ ከተማው ውስጥ ያሉ የአካል ጉዳተኞች ሁኔታ ምን ይመስል እንደነበር ያብራሩ?
- 2.6. የተሃድሶ አገልግሎት ለአካል ጉዳተኞቹ ከተሰጠ በኋላ ያዩባቸው ለውጦች አሉ?
- 2.7. ከምትሰጡባቸው የተሃድሶ አገልግሎቶች አወንታዊ ለውጥ በማምጣት ረገድ የትኛው ውጤታማ ነው ይላሉ?
- 2.8. በክፍለ ከተማው አካል ጉዳተኞች ራሳቸውን ችለው እንዳይንቀሳቀሱና ማህበራዊ ተሳትፎአቸው እንዳይጎለበት እንቅፋት ነው የሚሉትን ይግለፁ?

2.9. ይህን ችግር ለመቀነስ ወይም ለማስወገድ ምን መደረገ አለበት ይላሉ?

2.10. የማህበራዊ ታሃድሶ ኘሮግራሙን ለማማከፋፋት ተገዳድሮት የሆኑባቸው አሉ?

# APPENDEX 4A

## **Giude for focus group discussion**

1. Background information
  - 1.1. Sex
  - 1.2. Age
  - 1.3. Occupation
  - 1.4. Duration in the sub-city
  - 1.5. Relation with the PWDs
2. Themes For Foucs Group Dicsussion
  - 2.1. Creating Awerness
    - The attitude of the community towards the cause of disability and PWDs themselves.
  - 2.2. Creating barrier free environment:
    - Modification of buildings, and roads
  - 2.3. Participation of clients and the community in the CBR program

# APPENDEX 4B

የቡድን ውይይቱ መሪ ሀሳብ

## 1. አጠቃላይ መረጃ

1.1. ያታ

1.2. ዕድሜ

1.3. ሥራ

1.4. በክፍለ ከተማው ያለዎት ቆይታ

1.5. ከአካል ጉዳተኛው ጋር ያለዎት ግንኙነት

## 2. ለቡድን ውይይት የቀረቡ ጭብጦች

### 2.1. ግንዛቤን መፍጠር በተመለከተ

- አካል ጉዳተኞችንና የአካል ጉዳተኝነት መንስሰኤዎችን በተመለከተ የህብረተሠቡ አመለካከት

### 2.2. ምቹ አካባቢን መፍጠር በተመለከተ

- ቀድሞ የተሠሩ ወይም በመሠራት ላይ ያሉ ህንፃዎችን፣ ትምህርት ቤቶችንና ሽንት ቤቶችን ለአካል ጉዳተኞች ምቹ ማድረግ

### 2.3. በሚሠጠው የማህበረሰብ ታሃድሶ አገልግሎት የአካል ጉዳተኞች፣ ተንከባካብዎችና የማህረሰቡ ተሳትፎን በተመለከተ

# APPENDIX 5

**Addis Ababa University**  
**School of graduate Studies**  
**Department of Psychology**

Observation checklist

## **1. Manage movement**

- Move independently
- Go to school without help
- Go to Church
- Go to Mosque
- Use guide cane (for those with visual impairment)
- Use wheelchair/crutch (for physical disabilities)
- Use hearing device properly (hearing impaired)

## **2. Regarding Social interaction**

- Play with friends
- Communicate with others
- Suggest ideas during discussions and others

# **APPENDIX 6**

**Addis Ababa University**

**School of graduate Studies**

**Department of Psychology**

Document analysis guide

## **1. Background information about the organization**

- 1.1. Year of establishment.
- 1.2. Number of children registered for the program.
- 1.3. The main objective of the organization.
- 1.4. Types of rehabilitation services rendered to the PWDs.
- 1.5. The problems that the organization faced.
- 1.6. The staff profiles

## DECLARATION

I confirm, as this thesis is my original work. It has not been presented for a degree or any other kind of study in any university and the all source of materials used for this study have been dually acknowledged.

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Signature ZAT

Date July 9, 2007

This thesis has been submitted for examination with my approval as a university advisor.

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Date July, 2007

