

ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES

THE STATE OF SERVICES RENDERED FOR PEOPLE  
WITH DISABILITIES IN GAMO GOFA ZONE

By

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## **Acronym**

<b>ADL</b> .....	Activities of daily life
<b>AMRC</b> .. .....	Arba Minch Rehabilitation Center
<b>CARDOS</b> .....	Center of Applied Research and Development Oriented Services
<b>CBM</b> .....	Christoffel Blinden Mission
<b>CBR</b> .....	Community Based Rehabilitation
<b>CORDAID</b> ...	Christian Organization for Relief and Development Aid
<b>CRC</b> .....	Community Rehabilitation Committee
<b>CSO</b> .....	Central Statistics Office
<b>CwDs</b> .....	Children with Disabilities
<b>ICRC</b> .....	International Committee of Red Cross
<b>IGA</b> .....	Income Generating Activities
<b>ILO</b> .....	International Labour Organization
<b>MDG</b> .....	Millennium Development Goals
<b>MOE</b> .....	Ministry of Education
<b>MOLSA</b> .....	Ministry Of Labour and Social Affairs
<b>NGOs</b> .....	Non- Governmental Organizations
<b>OT</b> .....	Orthopedic Treatment
<b>PT</b> .....	Physiotherapy
<b>PwD (PwDs)</b> .....	People with Disability (Disabilities)
<b>PwID</b> .....	People with Intellectual Disability
<b>PwPD</b> .....	People with Physical Disability
<b>PwVD</b> .....	People with Visual Disability
<b>RFWs</b> .....	Rehabilitation Field Workers
<b>SL</b> .....	Sign Language
<b>SNEU</b> .....	Special Needs Education Unit
<b>SNNPR</b> .....	South Nations, Nationalities, and Peoples Region
<b>UNESCO</b> .....	United Nations Education Science and Culture Organization.

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## Abstract

This study attempts to investigate the state of services provision to people with disabilities (PwDs) in Gamo Gofa Zone through identifying services rendered, the relevance of services, its sustainability and challenges in delivering services. The researcher applied qualitative method of study to identify the state of service for PwDs. The study areas include rehabilitation center, special school and school with special classes that directly involved in PwDs issues. The data was collected in using the interview as main instruments. In addition focus group discussion and observation instruments were used to support the data obtained through interview. People who participated in providing information for the study were PwDs, parents of PwDs, field workers, coordinators, directors and teachers.

As the findings revealed the main services delivered were medical, educational, social, economic and vocational rehabilitation. The services advantaged PwDs to get educational and employment opportunity, minimizing disabling conditions, improving their health, livelihood and social interaction.

The established rehabilitation center and special school, special classes opened in different primary schools, the disseminated knowledge and skills, and trained man power in the community were good bases for sustainability of services to PwDs in the zone.

The provision of services to PwDs in Gamo Gofa zone brought effective changes on the life of PwDs. But its coverage was only for PwDs in small areas of the zone from large number of PwDs in each kebeles. There are also different challenges on the provision of services. There fore it needs strengthening the implementation of already involved organizations and participation of others.

# CHAPTER ONE

## INTRODUCTION

### 1.1 BACK GROUND OF THE PROBLEM

People with disabilities over the centuries have been feared and misunderstood. They were exposed to so many cruel treatments such as exorcism and infanticide (Gearheart Weishan , and Gearheart ,1988). Most of them had no choice but to be beggars. They were not accepted as being fully human by most of the non disabled people ( Gearheart, weishan , and Gearheart,1988). As Tirussew (2005) noted that in Ethiopia they are considered as weak, hopeless, dependent and unable to learn and they are subject to charity.

For different individuals disability issues are not clearly recognized and perceived. The medical model is the emphasis on the medical perspective that views on the issues of disability through an emphasis on the loss of body parts of certain functions. They perceived PwDs as lacking normality and deserving of pity and care but not expected as others without disabilities to enjoy the same opportunities to live a full and satisfying life as other members of the society (United Nations, 1998, cited by Wegayehu, 2004). This shows that some people without disabilities are not appreciating PwDs residual ability and not as such considering their needs.

In addition to this many people in the world do not clearly perceive the number and situations of people with disabilities. In our country Ethiopia according to Tirussew (2005) the estimate of the magnitude of people with disabilities is relatively lower than other previous estimates made in the country, including the estimation of world Health organization (WHO), which goes over 10% in developing countries. In this regard the general secretary of UN said “ Although the number of people having disability is only 10%, about 25% of the people of the world are involved because people with disability ( PwD) live in family and the entire family becomes concerned ( Advani and Chadha, 2005). Thus a

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problem in which touches up 25% of the world's population deserves special attention, both on the part of the community and the government (Ibid).

PWDs were neglected in provision of public services and special programs such as health, education, transportation, information, recreational activities and legal protections. In addition the discriminatory practices in employment opportunities for the PwDs are prevalent (Tirussew, 2005)

There were times when PwDs were put to death and mistreatment in some countries but currently promising situations have been witnessed and the picture of treatment has began to change with new out looks from people with good will (Gearheart, Weishahn and Gearheart 1988). For example the beginnings of educational programs for the hearing, visual and intellectual disabilities in late 16<sup>th</sup> century were the opening of new chapter in the history of treatment of the PwDs (Ibid).

Gearheart, Weishahn and Gearheart (1988) described that in the 18<sup>th</sup> century the institutional movement in Europe and the United states was a vast improvement over deliberate infanticide or the use of prisons as holding centers for the PwDs but it is unacceptable today for the lack of socialization opportunities for them. Furthermore; the first half of twentieth century showed improvement and growth in services. The changes that increased acceptance of PwD as an individual was more positive attitudes on the part of educators and government leaders to attempt to assure continuing, appropriate education of students with disabilities. There were also important individual advocates for PwDs and organized parent and professional groups, which played their roles for this change (Asch and Fine, 1990). Taylor (1988) stated that PwDs are children or adults who happen to have serious impairment that affects their activities. Their disability is only one of many attributes that make up who they are. But when the disability is a serious one; PwD must make special efforts to learn and for other activities that need special assistance of others.

The inability of PwDs to perform their activities creates obstacles and it is aggravated by society's prejudice and discrimination. But through giving persistence and courage opportunity and with support from their families, friends, teachers, and others PwDs they can overcome some of the obstacles. Taylor (1995) stressed that, with appropriate assistance and supports, PwDs can lead lives that are rich and satisfying.

In Ethiopia at different times governmental and non-governmental organizations were started the organized services for PwDs. The first special school for children with visual disability opened in 1917 by foreign missionaries (Lemma, 2000) Special classes for children with intellectual disability opened in the late eighties (Tirussew, 2005). Since then, the openings of special schools and classes have emerged in different regular schools (Ibid). An institutional rehabilitation center called people's Heroes center was opened in 1978 and a CBR model was initiated and launched in 1983. The second attempt of CBR services began in 1994 by Cheshire Homes with the support of Christoffel Blinden Mission (Wegayehu, 2004)

There are local and foreign non-governmental organizations started to emerge with CBR programs. The steadily growth in the number of NGOs providing services as the needs of PwDs has brought a noticeable difference in the life of PwDs as well as their families in Ethiopia ( Tirusew, 2005).

In Gamo Gofa zone there are different governmental and non-governmental organizations involved in giving services for PwDs. This study attempts to investigate the state of services provided to PwDs to minimize those hindering factors and to maximize the opportunities to use their potential and helps them to live a meaningful life.

## **1.2. Statement of the problem**

United Nations (2006) general assembly emphasizing the importance of services for PwDs suggests that community services and facilities for the general population are available on an equal basis to PwDs and are according to their needs. To enable PwDs to live independently and participate fully in all aspects of life we need take appropriate measures to ensure that there is access on an equal basis with others, to the physical environment, to transportation, to information and communications, and to other facilities and services open or provided to the public , both in urban and rural settings.

Heward and Orlansky (1988) described that prevention programs have needed to minimize the number and severity of disability but do not disappear disability as a whole. Due to this in the mean time we must count on remedial and compensatory efforts to help PwDs achieve fuller and more independent lives. As Oliver (1990) mentioned in Wegayehu (2004) notes that society creates more impairments and disability, as it grows more sophisticated. These ideas indicate that we cannot find the world, which is a free form disability problem. The solution is respecting and promoting human rights of the PwD by providing appropriate services according to their needs and abilities so that they could become productive citizens and live meaningful life. Then the purpose of this study to investigate the state of services rendered for PwDs in Gamo Gofa zone.

## **1.3. Objectives of the study**

This study has the following objectives: -

1. To identify types of services rendered for PwDs
2. To investigate the relevance of services rendered to PwDs in changing their lives
3. To identify the activities of selected sites and schools
4. To identify the involvement of each of the stakeholders who are involved in delivering services for PwDs.

5. To explore issues that caused closure of programs for PwD in the Gamo Gofa Zone
6. To explore the challenges which influence the provision of services to PwDs.

Thus the purpose of this study is to find answers for the following basic research questions:

1. What are the types of services rendered for PwDs in Gamo Gofa Zone?
2. What is the relevance of the services for PwDs in Gamo Gofa Zone?
3. How does the state of continuity of programs and services look like?
4. Who are the stakeholders engaged in services for PwDs? How much are they involved?
5. What are the challenges in rendering services for PwDs?

#### **1.4. Significance of the study**

This study on investigating the state of services rendered for PwDs in Gamo Gofa has its own contribution to identify issues relevant to PwD in Gamo Gofa. The findings, conclusion and recommendation of the study may give valuable information to the organizations, field workers, and professionals who work on providing services for PwDs to promote their work. It also adds to the literature in the field and lays a base for professionals who are interested to conduct further study in the area. The study is also significant to the PwDs in that it presents the existing conditions and challenges that have to be solved through the involvement of concerned governmental and non-governmental organizations. Further more it suggests ways to develop the awareness of the people without disability regarding the concept and conditions of the PwDs.

## **1.5. Delimitation**

This study is delimited to Gamo Gofa zone of SNNPR. There are governmental and non-governmental organizations directly involved in working on PwDs. In addition to this the only governmental special school and a well-organized rehabilitation center for PwDs is found in this zone.

Therefore; this study includes the organizations directly involved in providing services to the PwDs and they are:

1. Arba Minch rehabilitation center with its following sites
  - Abaya keble site in Arbaminch city
  - Chenchä Keble site in Chenchä town
  - Bola Sawula sites in sawula town
2. ArbaMinch pre-primary and primary daytime special school
3. Two schools with special classes
  - Sawula Botrie primary school with special classes
  - Chenchä Chafe primary school with special classes

The research was delimited to these areas, which were directly involved on PwDs and to make the data manageable in scope and to minimize confusion and monotony.

## **1.6. Limitation of the study**

The limitations of this study are the following constraints:

1. Communication barrier in lack of sign language skill for extensive discussion with the participants of persons with hearing disability.
2. Lack of ability and experience of participants of children with disabilities to express their feelings
3. As being the primary researcher the researcher lacks enough experience on the study.

## 1.7. Operational Definition of Terms

**Community:** Refer to families, government offices, social organizations, NGOs, person with disability and without disability. It includes all relevant sectors educational, health, legislative, social and many others involved in development and service oriented activities in the community.

**Disability:** Is a condition or function judged to be significantly impaired relative to usual or standard of an individual or group. Disability limits a person's ability to perform certain tasks in the same manner in which most persons without disabilities do. A person with disability is not handicapped, however, unless the physical or mental disability leads to educational, personal, social, vocational or other problems. For example, if a person who has lost a leg can use an artificial limb, function in and out of school without problems, she or he is not handicapped. The term "Handicapped" refers to the problems a person with a disability or impairment encounters when interacting with the environment (Heward and Orlansky, 1988)

# CHAPTER 2

## 2. REVIEW OF LITERATURE

### 2.1. CONCEPTS OF DISABILITY

#### 2.1.1. Definition of Disability

We find different Schools of thought in conceptualizing disability. For example, Shea and Bauer (1997) expressed that persons with disabilities are individuals who, for various reasons, are seen by others as "different". They may vary from their peers in appearance, how they communicate, how they perform and how they move. They may vary in the manner in which they interact or relate with others, in the way they gain access to information in the environment, in the rate and, manner with which they learn or perform different activities.

The condition of disability as described by Heward and Orlansky (1988) is that some individuals with impairments are extremely restricted in their activities and intellectual functioning, where as others have no major limitation on what they can do and learn. Some are entirely normal in appearance; others have visible uniqueness disabilities that are immediately apparent. Some individuals use special devices or equipment that call attention to their disabilities; others display behaviors that are not under voluntary control. Some disabilities are always present, whereas others occur only from time to time. Over an extended period of time, a degree of disability may increase, decrease, or remain about the same.

Disability issues are now widely mentioned in different media agencies, organizations, individuals and governmental sectors in comparison with times before. However, there are different perceptions of individuals, perspectives, and limitation of understanding on the concept of disability. According to their viewpoints and condition of disability, there are different definition, models and types of disabilities.

A disability is a condition or function considered to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning including physical impairment, sensory impairment, cognitive impairment, mental illness, and various types of chronic diseases (Disable world, 2007). According to, Ysseldyke and Algozzine (1995) disability referred as a condition that result from medical, social or learning difficulty that interferes significantly with the individuals' normal growth and development. Thus they lack the ability to profit from schooling experiences or the ability to participate successfully in work activities.

As Wegayehu (2004) mentioned, the World Health Organization (WHO) has produced two sets of definitions. The first one, which is known as the International Classification of Impairments, Disability, and Handicaps, was issued in 1980. Impairment is a loss or abnormality of psychological, physiological, or anatomical structure or function. Disability is any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or with in the range considered normal for human being. Handicap is a disadvantage for a given individual resulting from impairment or a disability that limits or prevents the fulfillment of a role that is normal for that individual. It is a classification of role reduction resulting from circumstances, which placed an impaired, or persons at a disadvantage compared to other persons. The second is international classification of functioning and disability. According to the change made, impairments relate to body function and structure, activity replaces disability, and participation replaces handicap.

In terms of social standards, Advani and Chadha (2005) stated that 'disability' is any restriction or lack of ability to perform an activity in a manner or within the range considered normal for human being. People with disability in comparison with people without disability are more likely to lag behind in education, training and other activities and have more problems related to health and income, face more difficulties in transport and housing, are more disadvantaged

and deprived. These all are due to lack of knowledge and prejudice of the people without disabilities regarding persons with disabilities.

It is the society, which discriminates the people with disability and puts them in categories considered by it as deserving pity and charity. It is also a society, which builds cultural, physical, social psychological and economic barriers to the disadvantaged groups. It is again the society which prevents the people with disability from joining the main stream of social activities, and thereby robs them of their self respect (Advani and Chadha, 2005)

## **2.1.2. Models on Disability**

### **2.1.2.1. Traditional Model of Disability**

Traditional model is based on the culture and religion of the society. According to traditional model, the causes for disabilities were the curse and anger of divine force, and it is considered as punishment on the people with disabilities (savolaine, 1995 cited by Adugna, 1999). This belief is still wide spread in parts of the world and the impairment is linked with being unlearned or possessed by demon (Coleridge, 1993 mentioned by Adugna (1999).

The Concept of disability as a punishment of divine force and curse of ancestors is negatively hindering support and necessary services for people with disabilities. Such attitudes of other members of the society added to the belief that the only means and remedy for the problem is the mercy of divine force long existed in the community.

### **2.1.2.2. Medical Model of Disability**

Historically, disabilities have often been looked in a negative perception. An individual affected was seen as being a "patient" subject either to cure or to ongoing medical care with conditions seen as disabling and the barriers unavoidable. This position is known as the medical model of disability (Disabled World, 2007). The medical model understands impairments in which disability

is visually seen as a lack of competence, due to a dysfunction in an individual's mind and body (Savolainen, 1995 cited by Adugna, 1999).

The medical model understood disability to be a problem within an individual and as biological facts that can be observed and diagnosed by an informed professional. This view contributed to the understanding that persons with disabilities are limited in scope and it restricted our view of human development regarding persons with disabilities and of the factors involved in activities (Shea and Bauer, 1997).

The medical perspective of disability is now strongly criticized, especially by the proponents of lately developed social system (model) perspectives, that the view of disability as a factor that characterized the whole person under question as a failure to see the abilities of persons with disabilities (Adugna, 1999). This model considers a person with disability as lacking normality and not as an individual to participate in different activities to live a full and satisfying life as other members of society. For this perspective the support for people with disabilities is mainly left for the medical professionals.

### **2.1.2.3. Social Model of Disability**

Social model perspective sees an individual as developing in a dynamic relationship with and as inseparable part of the settings in which the individual functions over her/his life span (Shea & Bauer, 1997). Social perspective understands disability as a phenomenon, which cannot be reduced to a problem for individuals that exists only within an individual, but it has a social meaning (Adugna, 1999).

The social model concept argues that society has imposed obstacles on PwDs and so it is responsible for removing the obstacles it has created. For example, in the Ethiopian situation, the society, in some cases attaching disability to evil happenings or attaching it to supernatural (Wegayehu, 2004). This is true and in addition to this in our experience different social services buildings were

constructed without ramps and lifts. On some road and paths the construction materials laid down on the ways and obstacle for the movement of the individuals with visual and physical disabilities. Disabled world (2007) describes that in social model, disability is seen more as a social construction than a medical reality. An individual may be impaired by a condition that requires daily living adaptations, but the bulk of her/his problem or disability can be found in the attitudinal and physical barriers erected by society. In addition, ILO (2002) mentioned in Wegayehu (2004), that disability is not a natural, but a social fact. Persons with disabilities are forced to shoulder the consequences of collective societal imposition and decisions. Thus the society has responsibility to eliminate the exclusions that turn impairment into disability. Social model viewpoint accepts that the provision of services for people with disabilities, has to be based on the understanding that the disability is primarily a social issue, and must be within a frame work of understanding the whole social context. Therefore, activities aiming at promoting a better life for a person with disability must include societal actions to change the discriminating social meanings and practices, which are contributing problems to remove social and physical barriers

### **2.1.3. Type of Disability**

In 1990, the American Congress to remove the stigma of the term “handicapped” changed the terminology to “disability” with the passage of public Law 101-476. Before this, in 1975, public Law 94-142 classified handicapped children as those who were intellectually disabled, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, deaf-blind (multi handicapped), or who had specific learning disabilities. Later on, in 1990, public Law 101-476, the Individuals with Disability Education Act (IDEA) added learners with autism and traumatic brain injury to the disability categories (Taylor, Sternberg, and Richards, 1995; Shea and Bauer, 1997). This classification of disability recommended that students with disabilities had to require special education and related services as the consequence of their disabilities. Tirussew

(2000) mentioned that classification of persons with specific disabilities is for the sake of in depth treatment and as a matter of convenience; but it does not mean that there are no similarities of issues across different disabilities.

The individuals may be suffering from one or more disability types, but it doesn't mean there is nothing that can be done about it. However an individual can control his/her life through the use of assistive equipment (Disabled World, 2007).

## **2.2. REHABILITATION**

### **2.2.1. Definition of Rehabilitation**

The field of rehabilitation is a broad one. The United Nations World program of Action concerning persons with disabilities (1983), adopted by Robertson and Brown (1992: 18) defines rehabilitation as a goal-directed and time-limited process aimed at enabling an impaired person to reach optimum mental, physical and /or social functional level, thereby providing the individual with the tools to change his/her own life.

Reynalds and Janzen (1990) defined rehabilitation as any process, procedure or program that enables individual with disability to function at a more independent and personally satisfying level. This function should include physical or mental, emotional, social, educational and vocational aspects of the individual's life.

Rehabilitation both as a concept and as practice is fundamentally modern in nature. With regard to individuals, rehabilitation is commonly defined as the restoring of previous functions, abilities or dignity. As a professional practice, rehabilitation seemingly results upon the assumption that there is a causal link between bodily and mental functionality or ability on the one hand, and dignity on the other hand. As a social practice, rehabilitation is traditionally a repairing, correcting and body fixing practice, based on clear distinctions between sick and

healthy, normal and abnormal, functional and dysfunctional, abled and disabled. (Disability World Organization, 2002)

Rehabilitation is the restoration of people with disability to the maximum possible physical, vocational and economic independence and social integration. That implies all measures taken or need to be taken to reduce the impact of disabling conditions, and the other way round enabling people with disabilities to achieve social integration. In this case rehabilitation services and facilities are generally directed to minimize impairments and negative attitudes in the society and facilitates adaptation to the new life style ( Tirussew etal. 1995 cited by Damenech , 2005) .

According to its scope and purpose, rehabilitation is defined as “ a holistic and integrated program of medical, physical, Psychosocial, and vocational interventions that empowers a person with disability to achieve a personally fulfilling, socially meaningful and functionally effective interaction with the world” ( Banja ,1990: 615, cited by Maki and Rigggar, 1997:4)

### **2.2.2. Rehabilitation Services for People with Disabilities**

The services of rehabilitation as described by Maki and Rigggar (1997), is comprehensive and holistic in nature. The rehabilitation process is an orderly sequence of activities related to the total needs of the individual. Though the comprehensive services will differ from individual to individual, there are certain basic dimensions relevant to understanding the total person. The most significant dimensions include the medical, social, educational and vocational rehabilitations.

#### **2.2.2.1. Medical rehabilitation service**

Rehabilitation in medical concept is defined as the ultimate restoration of persons with disability to his/her maximum capacity, in physical, emotional and vocational rehabilitation (Robertson and Brown, 1992). In addition Menelik (1999) stated that medical, rehabilitation is the restoration of the people with

disabilities to the maximum physical and mental utilization of which they are capable. In rehabilitation we need to focus on the individual's abilities than the disabilities. In other words the PWD is helped to live within the limits of his/her disabilities but to the fullest of his/her capabilities.

Medical rehabilitation service is a form of medical therapy and is mainly concerned with the loss and restoration of physical functions. As Itoh and Lee (1982) mentioned in Roberson and Brown (1992), rehabilitation should be initiated at the earliest possible time, in fact as soon as the diagnosis is established, and should be considered on integral part of what they call secondary prevention. Therefore rehabilitation for the individual with disability is based on the assumption that the competence can be restored and the individual with disability is rehabilitated to the previously healthy state or as close to it as possible.

Depending on the causes and types of disabilities, the specific interventions vary in different people and needs different professional. Menelik (1999) described that medical rehabilitation implies the involvement of different specialists including psychiatrists, pediatricians, neurologists and physicians. This would enable to identify and provide proper support to the people with emotional/mental problems, children with abnormal development and disabilities to manage physical diseases of the brain and the nervous system.

In medical rehabilitation services there are other non-medical professionals such as physiotherapists, speech therapists, recreational therapists and psychologists who participate in helping PwDs. In general medical rehabilitation deals mainly with the loss and restoration of physical or mental functioning through utilization of medical and Para- medical personnel who help the PwDs and restore their healthiest condition possible. This restoration process requires that the people with disability adopt a compliant role in which he or she is the recipient of treatment and follows the directions and orders given by the professionals (Robertson and Brown, 1992)

### **2.2.2.2. Educational rehabilitation service**

Educational rehabilitation is another aspect of rehabilitation services which attempts to enable people 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 programs (MOLSA, 1999 cited by Damenech, 2005)

Educational rehabilitation aims at understanding people with disabilities, their special needs and rights, and empowering them (Adugna, 1999). The Salamanca (1994) statement mentioned that for children with special educational needs a continuum of support should be provided ranging from minimal help in regular classrooms to additional learning support programs within the school and extending provision of assistance from specialists. According to the existing conditions education and training can be imparted to people with disability in variety of settings. Most of the settings are special school, special class, home or hospital-based education, resources room model, itinerant teacher model, alternative schools and inclusive schools (Advani and Chadha, 2005). PwDs have the need for educational rehabilitation in order to maximize their potential and minimize the disability through involvement of professionals with appropriate trainings to change the attitudes and develop necessary skills of the community including PwDs and their families.

The educational rehabilitation can be more effective when it is applied on timely basis and with appropriate services and supports. It has great advantage to the individuals with disability and their family. It enhances development of the child when used during critical development period and decreases the attitudinal and economic burden of the family by increasing the benefits of society and minimizing dependence (Tirussew, 2005)

disability, and so the vicious circle continues. Denial of opportunities is caused by social exclusions and stigmas, which cause suppression of the rights of persons with disabilities, which deprives them of rights of participate.

In rehabilitation during the integration phase the society as a whole is adjusted to the people with disability, as disability is associated with the society as a whole and its environment rather than considering it as an attribute of the person with disability alone (Daniel, 2000). Further more, Damenech (2005) contends that for people with disabilities the social environment is more disabling than their physical conditions. This affects the effective functioning and adjustment of the people and also reflects how challenging and severe the social environment is for people with disabilities.

The community based rehabilitation program is facilitating participation of people with disabilities and their families in their social environment. Handicap International and Ethiopian Bar Association (2008) express that the protection of the rights of PwDs is necessary in order to promote their social and economic development affected by discriminatory practices and violation of their rights. Hence the need to ensure respect for the dignity and equality of PwDs as well as their social and economic development necessitates the protection of their rights.

Tirussew (2005) discusses that the state of people with disabilities in social situation can be explained by the nature of prevailing understanding of disability in terms of the conceptualization of its cause, nature and consequences. The design and provision of awareness creation programs by rehabilitation field workers according to the real nature, causes, prevention and curative methods and the potential and residual abilities of PwDs change the negative attitude of the society members towards the PwDs.

So the social rehabilitation service through education, counseling and other means before, during and after medical, vocational and educational rehabilitation is very important to the PwDs and for their family members to have active participation and to live socially meaningful life in the community.

#### **2.2.2.4. Vocational Rehabilitation Service**

Vocational rehabilitation traditionally defined as functional independence in terms of economic self-sufficiency through community integration and autonomous living by rehabilitation programs, is considered to increase the quality of life in their successful outcomes (Maki and Riggat, 1997). In addition vocational rehabilitation is a task exercised to enable persons with disabilities to become self-reliant and make proper contribution for their nation by being equipped with useful skills, which could be bases for their future life (MOLSA, 1994 cited by Damenech, 2005)

The adopted convention on the rights of persons with disabilities prepared by Ethiopian Federation of persons with disabilities (2008) describes that the PwDs have the right to work on equal basis with others, the opportunity to gain a living by working freely chosen or accepted in labour market and work environment that is open, inclusive and accessible to people with disability. That can be realized through enabling PwD to have effective access to general technical and vocational guidance programs, placement services and vocational and continuing trainings.

Damenech (2005) mentioned that the developmental social welfare policy prepared by ministry of labour and social affairs and adopted recently provides for creating conditions where rules, regulations programs and services could be strengthened and expanded which enhance vocational training and placement opportunities for people with disability. Wegayehu(2004) expressed that the effect of rehabilitation to empower PwDs according to the empowerment perspective emphasizes that every person ought to develop his /her own abilities and needs ; and be “empowered” to do so. Developing the consciousness of persons with disabilities to be determined to change their lives and supporting them to become independent may realize this view.

The goal of vocational training program is to prepare PwDs to enter the world of work. Vocational programs have been focusing on the development of basic

academic skills, good work habits, personally meaningful work values but the recent experience of developed countries gives opportunities of prevocational, vocational and retraining programs for PwDs (Beirne-smith, 1994 and Louis, 1992 cited by Yirgashewa, 2004).

In our country some non-governmental organizations have set up vocational training centers, and have very limited capacity and fields of training. Thus vocational rehabilitation in addition to medical, educational and social rehabilitations needs necessary efforts to enable people with disabilities to be benefited of equal opportunity in vocational training with others; and prevocational trainings according to their disabilities.

#### **2.2.2.5. Community –based Rehabilitation service**

The World Health Organization (WHO) developed community-based Rehabilitation (CBR) as a new model of rehabilitation in the 1970's and 80's. Originally, the model was designed to reach rural people who did not have access to health and other social services. The CBR model got global recognition with the 1982 UNH declaration of the decade of persons with disability and the adoption of the program of action concerning persons with disabilities. CBR model was later adopted by many international and local organizations as a useful to bringing improvement through community participation (Daniel, 1999). CBR is defined as a strategy by ILO, UNESCO, WHO (1994) cited by Wegayehu(2004) , it is a strategy with in the community development for equalization and integration of all persons with disabilities themselves, their families, and communities and the appropriate health, education, social and vocational services. It is a strategy for enhancing the quality of life of persons with disabilities by involving all levels of society. It envisages using existing human and material resources with in the community.

Daniel (2000) mentioned that community based rehabilitation model encourages rehabilitation of people with disability within his/her family, community and the environment in which they live. This is assumed to minimize the social

problems that the people with disability encounter in the institutional rehabilitation model. He further discusses that the philosophy of community-based rehabilitation is integration of people with disability into societal mainstreaming rather than creating special environment for them. Hence community based rehabilitation is an effort to entrust members of a family and the community with the task performing rehabilitation function.

The major objectives of CBR are to ensure that PwDs able to maximize their physical and mental abilities have access to regular services and opportunities and achieve full social integration within their communities and societies. These objectives are developed from the broader concept of rehabilitation, which includes equalization of opportunities and community integration (Wegayehu, 2004)

### **2.3. SPECIAL SCHOOL AND SPECIAL CLASS**

The types of services students receive as part of their special education programs vary according to the level of their learning needs. Using various standards educators and other professionals have identified that some students require more and some require less instruction to master some contents. Sometimes students of special need instruction in environments that are different from general educational classroom (Ysseldyke and Algozzine, 1995). Thus education can be imparted to students with disabilities in varieties of settings. Some of the settings are special school, which are either residential or daytime special schools, special class, home or hospital-based education, distance education and so on.

#### **2.3.1. Special Day Time School for Students with Disabilities**

A special school is one that undertakes to educate a particular category of students with disability using trained teachers and special equipment. There are either residential or daytime special schools (Advani and Chadha, 2005). Day

education, individuals with visual impairments had great participation in learning and teaching spiritual education in churches and mosques (Lemma, 2000).

In modern education, the program of special education was established in Ethiopia in 1917. The first special school for the students with visual impairments was opened at western Ethiopia, DambiDolo by American Mennonite Missionaries. The second special school for the children with visual impairment was again opened in 1942 at Kazanchis in Addis Ababa. This school was transferred to Sebata special school in 1957 (Lemma, 2000). There were other special schools and classes opened for students with disabilities later on. Arbaminch special school for hearing impairments and intellectual disability was upgraded from unit class to special school and it the only daytime special school opened by the government under the regional education bureau.

### **2.3.2. Special class for student with disabilities**

A special class is usually in a regular school, where students with disabilities are enrolled and taught with trained teachers and special equipment in separate classroom. The first special classes were started in the late 1800s and early 1900s as public school classes for the students with moderate intellectual disability, hearing disability, Visual disability and physical disability. A special classroom for students with disabilities can be defined as one of the homogenously segregated different children along categorical groupings (Reynolds and Janzen, 1990). Further more, Getachew, (2007) described that it must be recognized that a “special class” may be either a full-time or part-time special class.

The time interval form 1900 to 1960-70 as seen in the historical review has been called the era of special classes. There was a considerable increase in the use of service delivery plans of many special classes during the 1960s. The first 60 to 70 years of the 20<sup>th</sup> century are properly called the era of the special class because the special class was the major means whereby students with disabilities were

served. In addition this era represented a definite evolution beyond the institutional era (Gearhert, Weishahn and Gearhert, 1988).

In Ethiopia the education of children with intellectual disability started with the opening of special classes in Kokebe Tsebaha primary school at Addis Ababa in the late eighteenth (Tirussew, 2005). There are other special classes opened in different regions of the country. According to Mamo (2001) cited by MOE (2006), there were 203 special classes attached to the regular primary schools in the country. Gamo Gofa the first special class opened in 1992 in ArbaMinch Sikela primary school and Sawula Botirie primary school and now other special classes opened and planned to open in the zone.

## **2.4. SERVICES RENDERED FOR PEOPLE WITH DISABILITY**

People with disabilities are often perceived to differ from people without disabilities to such an extent that something beyond what usually occurs at home, in the school, in the community must be provided for them if they are to be successful. In different areas there may be a broad range of educational, therapeutic, and rehabilitation services offered by public and private services agencies (Shea and Bauer, 1997).

The scope of services that people with disabilities need to obtain is the same opportunities as others regarding participation in society and to live meaningful life though it may vary from person to person according to the types and nature of disabilities. Based on the sample areas of this research, we will see the services rendered for people with hearing, visual, intellectual and physical disabilities.

### **2.4.1. Services for people with hearing disability**

Hearing is vital in every aspect of our daily existence. If we are unable to hear, we would find it difficult to participate fully in the activities of our school, our

job, our neighborhood, and even our own family, unless some special adaptations were made.

Education means more than just learning of academic skills. Education of the persons with hearing disability faces unique problems because they do not possess the essential tools, namely language and speech through which education takes place. However, they do have the normal intellectual and emotional potential. Hence special efforts should be made to give basic functional language and speech skills to individuals with hearing disability to prepare them for the formal education in school and other social interaction. A child with hearing disability is referred to be educationally and socially with disability when she/he cannot understand conversation and speech in most situations ( Advani and chadha, 2005).

Educators often use the term prelingual to refer to persons with hearing disability that is present from birth or before the development of speech and language whereas the persons with postlingual hearing disability, which occur after speech and language skills, have been acquired through the sense of hearing. The educational program of an individual with prelingual disability usually focuses on the acquisition of the language and communication, whereas that of postlingually disabled usually emphasizes the maintenance of intelligible speech and appropriate language patterns (Heward and orlansky, 1988).

According to the degree and types of hearing loss Advani and Chadha (2005) mentioned that, individuals with mild and moderate hearing disability will be able to learn with help of appropriate hearing aid and seating arrangement in front of the class and any other communication area. Children with severe and profound hearing loss may need sign language or special arrangement to teach them how to speak. The conductive hearing loss type, due to defect in the outer or middle ear, may be treatable by medication and surgery. Children with sensory-neural hearing loss type caused due to defect in the inner ear or auditory nerve more often do not acquire speech and language spontaneously. There is

no known medical or surgical cure and they do not benefit from hearing aid, but may be helped by cochlear implementation.

Heward and Orlansky (1988) and Advani and Chadha (2005) mentioned some models of services to help people with hearing disability. These include gestures, speech, sign language, finger spelling, speech-reading and use of residual hearing, reading and writing. It is the appropriate use of aural, manual and oral modes of communication in order to ensure effective communication with and among people with hearing disabilities. According to its promoters, total communication indicates the use of all the elements of instruction utilized by the oralists and accepts all forms of natural communication as equally valid tools.

#### **2.4.2. Services for People with Visual Disability**

Vision is a distance sense, which provides information for outside our bodies (Advani and Chadha 2005). The term Visual disability is used as a generic term it includes those whose sight is limited in any way to the extent that special services are required (Shea & Bauer 1997). The people with visual disabilities, ranging from people who have total loss of sight to relatively good residual vision (low vision). The characteristic that all these people with visual disabilities, depending on the nature and degree of loss, which in turn affects in significant ways like difficulty in mobility, access to printed information and independent living. People with visual disability also face many stereotypes, social stigma and barriers in full participation in community life (Tiruseaw, 2000)

Heward and Orlansky (1988) describe that like other disabilities, visual disability can be congenital or adventitious. It is advisable for a teacher to know the age at which a student acquires a visual disability. A child who has been severely disabled since birth naturally has quite a different view of the world from that of a child who becomes severely disabled at the age of 12 years. Many people with adventitiously have disability may remember for example appearance of colours, maps and printed letters. At the same time, however, they may need greater

emotional support and acceptance than that of people with congenitally visually disabled, who do not have to make a sudden adjustment to the visually disabled.

Children with visual disability require training to learn some basic skills, such as daily living activities and the ways to train them. An early intervention for children with visual disability on trainings in activities of daily living such as activities of feeding, bathing, and toileting provides ample opportunities for communication, emotional, social and cognitive development (Advani and Chadha, 2005). Hence an individual who is working with the child must carefully examine the characteristics of the child's interaction with the social environment that may facilitate development and positive outcomes. Teachers of children with visual disability are often thought of in conjunction with specialized equipment and materials, such as Braille, canes, tape recorders, magnifying devices, media and materials that play an important role in the education of children with visual disability. But the effective teachers must know a great deal more than how to use these special devices (Heward and Orlansky, 1988)

The varieties of talking devices have made many aspects of education more accessible to people with visual disability. But these are hi-tech products, which may not be readily available in developing countries like Ethiopia. Thus instead of such hi-tech devices we use simple technology like the following.

- **Braille slate:** this is board fixed with a clamp on top for placing the paper in proper position and with one guide, moved up and down after dots are embossed.
- **Stylus:** this is a blunt needle with a plastic or wooden handle with which each dot is embossed manually.
- **Brailier:** is a Braille writing device based on the principle of typewriter.
- **Abacus:** used in learning number concepts and making calculations.

Manipulation of abacus beads is particularly useful in counting, adding and subtracting.

Most of the times students with visual disability make frequent use of recorded materials. Then the systematic development of listening skills useful to PwVDs. Orientation and mobility training is very helpful for individuals with visual disability for their independent living to move freely from place to place and completing different activities successfully. Orientation is the ability to establish one's position in relation to the environment through the use of the remaining senses; and mobility is the ability to move safely and efficiently from one point to another (Lowenfeld, 1973 cited in Heward and Orlansky 1988). There are five major methods or modes of travel used by the people with visual disability (Gearheart, Weishahn and Gerheart, 1988). These are sighted guide, cane travel, dog guide, electronic travel aid, and independent travel. Orientation and mobility training help the people with visual disability to use these methods more effectively for their movement.

#### **2.4.3. Services for people with intellectual disability**

People with Intellectual Disability (PwID) are above all identified to have an observed performance deficit i.e. failure to demonstrate age appropriate intellectual and social behavior (Heward and Orlansky, 1988). PwID are developmentally slow in that he/she behaves like some one younger than him/her not only in the area of intellectual functioning or academics but in every aspects of daily routine ( Advani and Chadha,2005)

Heward and Orlansky (1988) state that classification on intellectually disabled and non- intellectually disabled is so important. There are some children and adults so clearly deficient in academic and social skills that it is obvious to any one who interacts with them that they require special services and educational programming.

For educational purposes, the PwID could be classified in the following four groups according to Ysseldyke & Algozzine, (1995) and Adani and Chadha, (2005).

- **Educable (Mild disability):** they can generally learn simple academic tasks. However, they are slow and require special attention from the regular classroom teacher as well as the specially trained teacher. Special help will be particularly required in developing appropriate behaviors in different situations (Advani and Chadha 2005). Most children with mild disability are not identified as disabled until they enter school and sometimes until they get second or third grade, when more difficult academic work is required. (Heward and Orlansky, 1988)

- **Trainable (Moderate Disability):** they may not be able to learn academic skills. Their behavior problems are more pronounced and interpersonal interactions with peers may present serious problems. However, they could be brought to regular special schools for a year or two and can be trained to become independent in activities of daily living and in doing some works at home under parental guidance ( Adani and Chadha, 2005).

As Heward and Orlansky (1988) stated, most children with moderate disability show significant delays in development during their pre-school years. As they grow older, discrepancies generally grow between children with moderate disability and without disability age-mates in over all intellectual, social and motor development. They are taught in self-contained classrooms with highly structured instructional programs designed to teach daily life skills. Academic contents are usually limited to development of basic sight-word vocabulary, some functional reading skills and some basic number concepts. They require some supervision throughout their lives.

- **People with severe and profound intellectual disability** are almost always identified at birth or shortly after wards. Most of these infants have significant central nervous system damage, and may have other disability conditions (Heward and Orlansky, 1988). Training fo individuals with severe

intellectual disability typically focuses on self-care skills, such as toileting, dressing, eating, drinking and grooming skills such as hand washing, face washing tooth brushing and hair combing (Ysseledyke and Algozzine, 1995) and Heward and Orlansky 1988). People with profound intellectual disability may not be able to care for personal needs, may be confined to be in a bed or wheelchair, and may require 24 hours nursing care. ( Heward and orlansky,1988)

As Advani and Chadha (2005) while taking care of a child with intellectual disability at home and school parents & teachers should remember the following:

- All activities must focus on adaptive skill areas
- All activities new and old should make provision for repetition and practice
- Any verbal instruction / direction must be brief and consistent.
- Multi sensory approaches of using visual, auditory kinaesthetic and tactile cues are often found to produce good results.
- Activities of daily living, also known as self-help skills, must first be encouraged. Gross-motor and fine motor skills can be taught using functional activities, for example -through play, sorting things, or other domestic or self-help skills.
- Every successful attempt of the child must be reinforced.
- Give education and awareness that can greatly reduce the impact of intellectual disability.
- Provide professional intervention for the child that would definitely help him/her for a fruitful future life.

### **Special Teaching-Learning Materials for Children with Intellectual Disability**

This refers to development of special learning materials and aids; and adapting teaching materials according to the individual needs of the child with disability. Most aids used by child with intellectual disability should be imaginative,

creative and multi-sensory. They need to be built around the child's needs. Depending on the child's needs, some are evolved and others can be purchased. The materials used should be as close as possible to those used in daily living, so that transfer of learning is easier. Wherever possible, materials likely to be used in the real life situations should be used instead of stimulating or using models. For instance it is advisable to use actual coins and notes while teaching the concept of money or using actual fruits rather than using their models. Therefore material should at least be as close as possible to real-life situations.

We should consider that a child with intellectual disability understands more slowly than the others and hence his /her motivation on any task is low. Frequent feedback and encouragement help him/her to proceed from one step to the next.

#### **2.4.4. Services for people with physical Disability (PwPD)**

Physical disabilities are problems that result from injuries or conditions affecting the central nervous system of other body systems and their related functions. Physical disabilities can be categorized into "Orthopedic impairment "traumatic brain injury" and "autism". Orthopedic impairments are the most common physical disabilities. They are conditions that generally involve the muscular, skeletal, or central nervous systems and affect movement and mobility. They adversely affect the child's educational performance. Traumatic brain injury refers to a severe head injury that creates chronic physical problems that affect academic, behavioral, and interpersonal performances. Autism is a physical disorder of the brain that causes lifelong problems with communication, thought processes, and attention (ysseldayke and Algozzine, 1995).

Advani and Chadha(2005) state that, the services for people with physical disability include therapeutic interventions, psycho-social work, provisions of aids and appliances , education, vocational guidance and placement .Therapeutic intervention aims at promoting independence in self care. It includes training and teaching of the child or family members and neighbors.

## **2.5. CHALLENGES OF PEOPLE WITH DISABILITIES (PWDS)**

Society continues to present challenge to PwDs. Efforts have been made, however, to enable PwDs to access the community on more equal basis with their peers (Bauer and Shea, 1997). Okema (2006) stated that discrimination is one of the biggest challenges to PwDs that makes their lives more difficult than they should be. Despite this the support that has been given to enable PwDs to engage in income generating activities has given them an opportunity to earn living and also helped to fight the inaccurate but popular belief that PwDs are beggars. Language used to address the PWDS has to be changed to minimize the issue of stigma (Heward and Orlansky, 1988). Undoubtedly, discrimination severely affects the lives of PwDs. PwDs for instance do not have equal access to education as other persons without disabilities due to discrimination.

In addition to direct discrimination in educational institutions, there is also indirect discrimination that emerges from educational facilities not being easily accessible to PwDs. Moreover, structural and social barriers abound in their access to education (Handicap International and Ethiopian Bar Association, 2008) The PwDs have to cope with not only the challenge of their disabling conditions, but also with other people's reactions to their conditions. For example, for many students with disabilities learning in separate educational settings there is added expense since their educational experiences are not like those of people without disability. For instance most of the materials for PwDs are costly and are not easily available (Heward and Orlansky, 1988).

Regarding people with hearing disability there is a challenge in identification. Thus they could be misjudged as being with intellectual disability or emotionally disturbed or as having some type of specific learning disability (Gearheart, Weishahn, and gerheart, 1988). The challenges of people with visual disability are related to the concept of development; for example, the concepts of space, color and other obstructions may present difficulty for people with visual

disability. For modification and adaptation of educational materials and equipments are very much expensive. (Gearheart, weishahn and Gearheart, 1988)

Most of the times, the challenges of people with visual disability and people with physical disability are related to lack of transportation, architectural barriers and structural arrangement of social service areas and home environment.

The kinds of jobs of PwDs are looking for and the opportunities to secure them are challenges in that they rarely find such facilities and opportunities satisfying their needs. In a very competitive labour market job seekers have to ensure that their skills and abilities, as well as their personal attributes, meet the required needs of the employer. Wright (2005) describes that; PwDs are capable of providing the same level of skill and dedication as people without disabilities. There are many challenges that people with disabilities face when they are seeking employment opportunities. One of the major challenges is attitudinal barrier, which are the main reasons that PwDs are underrepresented in the workforce. Negative stereotyping can contribute to a person with a disability even not to get an interview because their skills and abilities are underestimated before they have an opportunity to market themselves (Ibid). Some of the attitudes that employers may have are that PwDs cannot do the same type of work or at the same level of efficiency as people without disabilities can do.

Attitudes about PwDs can govern how we relate and respond in all aspects of social interaction. Providing continuous training and awareness creation for employers in these areas is a key to breaking down attitudinal barriers. This has been a slow process but there has been positive movement in awareness of employers through the development of practical tools for creating an inclusive work place and work force. Other challenges that PwDs face include lack of accommodation (Wright, 2005). Individuals may be successful in securing employment but they have to determine what types of accommodations may be required in order to successfully do the job. There is a belief by employers that hiring a person with a disability can be costly, but in fact, most accommodations

# CHAPTER THREE

## RESEARCH METHODOLOGY

### 3.1. RESEARCH DESIGN

The main aim of this study was to investigate the state of service provision, relevance of the services and challenges in providing services for PwDs. In order to attempt this purpose, qualitative study method was employed to collect primary and secondary data on the services rendered for PwDs in governmental and non-governmental organizations at the zonal level.

The researcher preferred the qualitative method because it is very effective to take detailed descriptions of people with disabilities behavior and thoughts (Martten, Mark Weinstein and Foard, 2006). Qualitative method is especially interested in how ordinary people observe and describe their lives (Silverman, cited in Geoff Payne and Judy Payne, 2004). In addition Geoff Payne and Judy Payne stated that the qualitative method produces detailed and non quantitative accounts of small groups, seeking to interpret the meanings people make of their lives in natural settings, on the assumption that social interactions from an integrated set of relationships best understood by inductive procedures. The qualitative method has the following characteristics:

- The core concern is to seek out and interpret the meanings that people bring to their own actions, rather than describing any regulations or statistical associations between variables.
- It treats actions as part of holistic social process and context, rather than as something that can be extracted and studies in isolation.
- It operates at a less abstract and generalized level of examination.
- It utilizes non-representative small samples to identify the broad sweep of national patterns.
- It focuses on the detailed of human life
- Rather than starting with a theoretical hypothesis and trying to test it, it explores the data it encounter and allow ideas to emerge from them(i.e.

using inductive, not deductive)

Critics of the qualitative approach would argue that the closeness between the interviewer and interviewee that occurs in such interviews implies that the method is inevitably a subjective one that lacks scientific rigour. The informal conversational process, it is argued, provides too much scope for the interviewer to influence the interviewee's responses, in terms of revealing their own views on the matter; the questioning style used; the body language displayed; the behavior and conduct throughout the interview (Marten, Mark Weinstein and Nick Foard, 2006). Then the researcher should give emphasis to minimize the subjectivity in the process of collecting data.

### **3.2. RESEARCH AREA**

The study area (site) was Gamo Gofa zone, which is found in SNNPR 505km south west of Addis Ababa. Gamo Gofa zone consists of 13 Weredas and two transitional city administrations. It encompasses a total of 431 rural and 21 urban kebeles. The total population is estimated to be 1,553,741 out of which 773,565 are male and 780,176 are female i.e. 49.8% male and 50.2% female according to SNNPR CSO, cited by Arb Minch Rehabilitation Center,( 2008)

In Gamo Gofa zone there are different non-governmental organizations (NGOs) and governmental organizations, which provide supports for PwDs. Among this NGOs World Vision, Action Aids, South West ketena KaleHiwot Church provide support for PwDs but Arba Minch Rehabilitation Center (AMRC) established with the objective of helping PwDs is directly involved in providing services for PwDs. Among the governmental organizations Arba Minch special school and other special classes in the zone are directly involved in providing services for PwDs.

Arbaminch rehabilitation center (AMRC) is located at Arbaminch City. AMRC delivers services for the PwDs in four zones: Dawuro , Wolayta, South Omo and Gamo Gofa zones and two special weredas namely Konso and Darashe. In

Gamo Gofa zone the AMRC has different sites such as Abaya Kebele in Arbaminch city; Dorze kebele, Chench a Kebele one and Keble two , and Ezo kebele in Chench a wereda. Lote, Bola Sawula, Yucha sawula and Bulki in Sawula, and Bulki town . There were different phase-out sites of AMRC in the zone. There is one special school and different special classes, such as Dorze, Chafe, Ezo and Botrie primary regular schools with special classes in the zone.

AMRC was established on September 21, 1992 in Arbaminch city by 9 individuals. The center was put to operation on September 21, 1996. The center is carrying out its activity having signed its 1<sup>st</sup>\_ 3<sup>rd</sup> phase with five years interval project agreements with concerned government organizations at all levels. Now the organization is in its 3<sup>rd</sup> phase that is 2006-2010. Extension of the project to the next phase depends on the sponsors' agreement and it is undergoing the process.

ArbaMinch Special School was started on 1994. The zone education office selected three teachers from Sekela Primary School and sent them to Nazireth for six months special education training. After they returned from training, they started to assess children with disabilities around ArbaMinch city and started special class in Sekela Primary School.

Special class in Botrie Primary School was started in 1994 but it was closed, as the teacher trained for special education was sick and reopened in 2005 after new teachers were trained. Chafe Primary School Special class was established in 2006. All Special classes in the zone were opened in cooperation with AMRC, except the previous Special classes in Sekela Primary school. There are network of AMRC with Special School and Schools with Special classes.

### **3.3. PARTICIPANTS OF THE STUDY**

The participants involved in this study were:

**Five Parents:** one male and one female from Arba minch Special School and three female from Chench a and Abaya sites of AMRC.

**Eleven Parents:** Two mothers and one father of students with disabilities from Botire Primary School with Special classes, two mothers and two fathers from Arba minch special school and three mothers and one father of children with disabilities from Chench and Abaya sites of AMRC.

**Six Field Workers:** Two female from Bola Sawula, two male from Chench and one male from Abaya site of AMRC.

**Two Coordinators and one Assistant coordinator:** From AMRC.

**Four Directors:** One Arbaminch Special School, two Botire and one from Chafe Primary School with Special classes. All are male.

**Eight Teachers:** one male and one female from Arba minch Special School, three male from Botire and one female and two male teachers from Chafe Primary School with special classes.

Totally 37 individuals from different sites and schools were participated in the study.

### **3.4. SAMPLING TECHNIQUES**

The researcher preferred to use purposive sampling method to select the area of the study among different organizations and sites, types of disabilities and participants of the study. The purposive method of sampling was selected because of the sites involvement in provision of services for PwDs for long time and to assess the services provisions in different areas of Gamo Gofa zone.

There are different non-governmental organizations (NGOs) and governmental organizations that are giving services for PwDs in Gamo Gofa Zone as mentioned above. The researcher also contacted the zone social and labour affairs expert and the heads of different organizations before the main research work was conducted. According to the informants, most of the services rendered to PwDs are teamwork of different organizations, both governmental and non-governmental.

Arba Minch Rehabilitation Center (AMRC) is selected among the four non-governmental organizations providing services for PwDs. Among the nine sites under AMRC, four sample sites were selected. Among the different governmental organizations, which are giving services for PwDs Arbaminch special school and two schools with special classes in the zone, were selected.

It is obvious that most of our community members perceive and understand that PwDs refers to the people with hearing, visual, intellectual and physical disabilities. Therefore, the researcher gave more emphasis to these cases and selected two individuals with hearing, one with visual, one with intellectual, and one with physical disabilities. This helps for more realization of the relevance of services rendered for PwDs on individual basis.

### **3.5. DATA COLLECTION INSTRUMENTS**

Qualitative research as a style of enquiry uses a wide variety of methods of data collection. As we have seen, the two most commonly used qualitative methods in social research are in- depth interview and participant observation. The first approach involves one- to- one interview in which individuals respondents are questionable at length about a particular issue, experience or event. The second method uses focus group discussions which are designed for those who want to assess how several people work out a common view about some topics. Apart from in depth interviewing the other major method that is used by qualitative researchers is observation (Fielding, 1993 cited by Matt Henn, Mark Weinstein and Nick Foard, 2006).

#### **3.5.1. Semi-Structured Interview**

This method was selected to create opportunity for the participants (interviewees) to describe their feelings and opinions in-depth. Moreover, this method was used because, more emphasis was to be given to the interviewees feelings and opinions (Matt Henn, Mark Weinstein and Nick Foard, 2006). As Geoff and Judy (2004) noted that semi structured interviews are based on small

number of open-ended questions, the answers to which are actively and freely probed by the interviewer for elaboration. Often a sub- set of topics is listed, to help the interviewer concentration on these issues. The questions or topics have to be put in the order that they appear on the question sheet (interview schedule). The respondent can then be led from a general first question to more specific ones. But unstructured (non-directive) interview is the last structured form of interview. No free defined questions as given and there is no ordering of topics.

Semi-structured interview was the main data collection instrument in this study. There were six parts of semi-structured interview guide prepared. The first part was prepared for organization coordinators, the second part for rehabilitation field workers, the third part for parents or family members of PwDs, the fourth part for PwDs, the fifth part for school directors and the sixth part for schoolteachers. Mainly these parts of interview guide were used to identify service provided, its relevance and challenges faced during the process of services provision. The interview was conducted by the researcher himself and supported by sign language translators for participants with hearing disability.

### **3.5.2. Focus Group Discussion**

As implied by the name focus groups focus on particular issues that are introduced in a predetermined order as carefully worded, open-ended questions or topics. As Grbich (1999) cited by Geoff and Judy (2004) focus groups, like other discussion groups are useful for finding out about underlying issues and opinions, provided they are properly conducted.

Focus group discussion was employed in two schools with special classes. Participants of focus group discussion were parents of students with disabilities, special class teachers, directors from Botirie Primary School and rehabilitation center field workers for Bola Sawula site. The second group of participants in focus group discussion was the Special Class teachers and director of Chafe

Primary school; and field workers of Chenchä Kebele site. This helped to enrich the data gathered by interviewing parents, teachers, directors, and field workers separately.

### **3.5.3. Observation**

Observation in strict sense of simply watching people is little used in social research both because human behavior is too complex to record in this way. In participant observation, the researcher takes on an active role within the social setting that the being studied. As well as watching, this facilitates listening, conversation, questioning and interviewing, so getting closer to life. In practice most observation therefore includes listening as well as watching.

Observation clearly witnessed the state of services rendered and activities carried out to give appropriate services for the PwDs. Hence observation was made in the school compounds, in the schools classrooms, in the Orthopedic and physiotherapist department of rehabilitation center, and in the working sites.

### **3.5.4. Review of Written Documents**

To insure how comparable and reliable the data collected through the three methods mentioned above from the research sites and to make cross checking, the researcher found document review yet another means of data collection. The documents analyzed are the organization reports to sponsored organization, project proposals and leaflets of the organization. Written documents were used to get the background information of the organization and the activities that have been done in the organizations, in addition to the organization's mission, objectives and programs.

## **3.6. PROCEDURES FOR DATA COLLECTION**

First of all after the problem was identified, the researcher made the first contact with the Zone Social and Labour Affairs expert. The expert clearly identified the organizations, which are involved in providing services for people with

disabilities. Based on this information, the researcher made observation and informal interview with the organization's manager, school directors and some teachers.

The information provided by the above individuals helped the researcher to select the research area. After the research area was selected, the researcher designed instruments for data collection and got the instruments approved by the advisor.

To collect the main study data it needed discussion with the organization coordinators and school directors. The coordinator played an important role in facilitating conditions to contact with site workers and to take appointment. The site areas are much dispersed and some of them are very far away from the center. Then the researcher took long time to stay in Sawula and once collected the data. The site of rehabilitation center and special classes in Chenchu were observed twice, whereas, contact and observation was made in Arba Minch rehabilitation center and its site in Arba Minch city; and Arba Minch special school most frequently because they are resource centers to get different relevant information.

Then the data were collected through interview, focus group discussion, and observation in appropriate time and situation in agreement with the participants. For further investigation and realization of the interview responses in near site and classes the researcher made repeated observations.

The data were collected using the designed methods and instruments. The collected data were translated from Gamogna, Gofagna and Amharic languages to English language by researcher and edited by language professional. These data were analyzed and interpreted. Based on the findings conclusion was made and recommendation was made also based on the conclusion.

### **3.7. DATA ANALYSIS**

The data were collected from December, 2008 up to the end of January, 2009. The interviews were conducted with PwDs, parents of PwDs, teachers and directors of special and classes, and coordinators and field workers of the organization. The focus group discussions were made with teachers and directors of the school with special classes, the center sites field workers, and parents of children with disabilities. In addition to these observations were made in the class rooms in the school compounds, Weeds home in site areas, coffee ceremony program in PwD home, and parents of PwDs meeting in the school to collect the data. The written documents of the organization of rehabilitation center reports to sponsored organizations and project proposals were reviewed to obtain the data.

The collect data were translated and categorized according to the nature of the major research questions. These categorized data were analyzed and interpreted by qualitative descriptive method. Finally, the conclusion part of the study was discussed based on the findings. The recommendation was also forwarded based on the conclusion of the study.

# CHAPTER 4

## PRESENTATION AND DISCUSSION OF FINDINGS

### 4.1. PROVISION AND RELEVANCE OF SERVICES IN ARBAMINC REHABILITATION CENTER (AMRC) FOR PWD IN GAMO GOFA ZONE

The following data represents and discusses the services delivered and relevant for PwDs investigated.

#### 4.1.1. Types of services rendered for PwDs in Arba Minch Rehabilitation Center (AMRC)

The following information about the center and services provided is obtained through interview held with the heads and field workers; and document revision. ArbaMinch Rehabilitation Center (AMRC) is a non-governmental, non-political, non-religious and non-profit making organization. It started providing services in 1996, with a mandate of ensuring life improvement of PwDs and prevention of disability through creating equal opportunities, provision of basic rehabilitation services, improving livelihood of PwDs and prevention of disability.

**Table 1- Departments and Services Delivered in AMRC**

Departments	Services Delivered
SEEVr	Social rehabilitation service Education rehabilitation service Economic rehabilitation service Vocational rehabilitation service
Physiotherapy	Health and physiotherapy service
Orthopedic	Production and provision of orthosis and prosthesis services.

Community Based Rehabilitation (CBR) is first designed to reach rural people who did not have access to health and other social services (Daniel, 1999). AMRC has implemented two phases of comprehensive CBR programs and now it is implementing third phase project by shifting its intervention areas. The comprehensive CBR addresses physical, medical, social, educational, vocational and legal aspects of services. It focuses on the transfer of skills form trained staffs to PwDs, parents of PwDs and other community.

As the researcher observation and interview information AMRC is well established and equipped with trained manpower, buildings and materials. It has professionals, technicians and other support staffs. There is mobile clinic to conduct assessment, provide on the spot assistance and refer some cases to higher institutions. The rehabilitation center is served as referral services for orthopedic and physiotherapy treatment and provision of orthosis and prosthesis appliances. Now Christian Organization funds the center for Relief and Development Aid (CORDAID), Christoffel Blinden Mission (CBM) and Light of the World. The CORD AID has phased out at the end of 2008. The others continue until the end of 2010. Experts and raw material support has been granted form ICRC.

The organization has the following vision, mission and objectives.

AMRC is working with the vision to see PwDs leading independent way of the life and minimizing the disabling condition. The organization has the mission of improving the life of people disability in provision of basic rehabilitation services, creating equal opportunity and empowerment of PwDs and their families. The organization has the philosophy of believes that disability is not inability and PwDs can be self-sustained productive citizens.

AMRC has the following objectives:

- The quality of PwDs living is enhanced by improving service delivery and by providing more equitable opportunities and by promoting and protecting their human rights.

- The caretakers of PwDs would be educated and trained so that they would manage to assist themselves and their family members.
- The community, including local institutions would be motivated so as to create awareness on the causes and effects of disabilities, the mean to prevent and ways of rehabilitation.
- Prevents HIV/AIDS epidemic and provides care and support for PwDs living with HIV/AIDS and Orphans.

The center renders its services to PwDs and under the program has the following activities were implemented in the Gamo Gofa zone.

- Awareness raising about disability, inclusive education and HIV/AIDS
- Provision of Basic education for CwDs through house to house visits
- Support CwDs for formal and informal education
- Empowering associations and groups
- Provision of medical rehabilitation and referral services
- Economic rehabilitation through IGA and vocational skill training
- Provision of legal consultancy when needs arise
- Provision of orthosis, Prosthesis and medical aids
- Assessment and provision of physiotherapy services both at the center and sites.
- Provision of mobile clinic services for the needy through outreach.

### **Description of some major activities**

As the information obtained through interview with the coordinators and document review the following description of activities were presented.

#### **Awareness Raising**

To Change the negative attitude of community members towards the PwDs and disability different activities have been undertaken. These activities include conducting coffee ceremonies, using the occasion of local community gatherings, such as “equb” and “idir” meetings, distributing leaflets and posters,

establishing child-to-child clubs at school and celebration of international day of people with disabilities.

### **Provision of Basic Education for children with Disabilities (CwDs) through House to House visits**

Basic education is provided to CwDs at their homes. The main purpose of the house-to-house visit is to provide different rehabilitation services for the needy children and transfer of knowledge and skill to parents of CwDs that enable them to take care of their children. One client stays with field workers for one year. But those clients showing dramatic improvement may leave even before one year and get follow up services. One client is transferred to follow up according to the CBR standard and /or due to changes seen on the client to be included at regular or special needs education unit (SNEU).

### **Orthosis, Prosthesis and Physiotherapy services**

AMRC provides orthosis, prosthesis and Physiotherapy services at the center for PwDs coming both from the project sites and other places. Each six month the mobile clinic with a team from physiotherapy (PT) and Orthopedic treatment (OT) departments go to the sites. The team assesses improvements brought by center rehabilitation field workers and provides technical support and maintenance services for previous clients. Some of them may be referred for further rehabilitation services. They were not only provided with new appliances but are expected to get second round services, for example repair etc. The client is permitted to stay for an average of ten up to twenty days at the center when referred by mobile clinic team to get services. In addition, physiotherapists on outreach basis provide physiotherapy services.

### **Vocational Training and Income generating Activities**

When the PwDs have lower income and suffer from poverty there is a need to support them economically. Their standard of living would be improved through small income generation activities. The main purpose of the center

sponsoring students with disabilities for vocational skill training is based on and to strengthen the idea "disability is not inability". Different activities like small-scale trade, animal rearing and saving and sponsors provide all credit schemes. Priorities have been given for women with disability and female-headed families of CwDs.

### **Sponsoring PwDs for medication and surgery**

Children with disabilities who are in need of medical rehabilitation are first sent to the nearby health institution to get service with the network created among CBR supervisor and health institutions. The cases with cleft plate, cleft lip, club feet and other physically deformed children who deserve medical rehabilitation services are referred to higher health institutions. Other sensory problems, like cataract surgery identified by field workers during house to house visit are linked with ORBIS international for the required treatment. There is no expense of surgery but transportation and accommodation cost is covered by cost sharing system where parents cover 15% and AMRC CBR project covers 85% for those who cannot afford the money for the referral services to distant sites. In the token children with hearing problem are referred to audio measurements to Arba Minch and Hosanna special schools.

### **School Activities**

AMRC selected one elementary school in each site areas. The selected schools established child-to-child clubs. These clubs include CWDS, children without disabilities, and teachers who volunteer to carry out awareness raising program for all school community. Then the school communities support those students with different types of disabilities attending classes in the same school. Thus it enables them to play together in break time, on the way to and from school, studying in-group, borrowing textbooks and taking notes etc. To help students with visual, hearing and intellectual disabilities in the regular school, teachers are trained writing and reading Braille, sign language, mobility and orientation, and other teaching methodology. CBR field worker visit them at their homes in

order to support in revising what they have learnt at school and to equip them with additional knowledge and skills in tutorial programs.

### **Training programs**

The center conducts different training programs in different disciplines for different groups of the community with the aim to equip with knowledge and skills in CBR concepts. These include ways of preventing disability and means of rehabilitation, how to carry out the intended tasks effectively, how to integrate PwDs in their own society, a means of minimizing physical and communication barriers etc. The training arranged for group of people like:

- CBR field workers, supervisors and coordinators
- Community Rehabilitation committee (Volunteers)
- Associations of people with Disability
- Health extension workers and other health professionals
- School teachers of regular and special needs education units
- Child to child club teachers
- Self help group
- PwDs and their parents on primary health care and family planning
- Anti-Aids clubs

### **Promoting and protecting legal rights of PwDs**

The project coordinators mentioned that, to end discrimination, to ensure equal rights to education, training and employment, to expose and challenge neglect and abuse, etc require multi sector collaboration of all stakeholders. For this purpose the community based rehabilitation program involves PwDs themselves, their family members, Kebele administrative councils, local courts, police men, local community association leaders, health institutions, education sectors, NGOs operating in the area and others. The center conducts short-term workshops for these members in order to bring change to some extent in promoting the rights of PwDs.

The review of written document of AMRC shows that there is evidence that PwDs especially with hearing, visual and intellectual disabilities forcedly invited for sexual abuse. Hence there is a need for access of information as how to PwDs protect themselves from sexual abuse and when they get abused how to appeal to the police, hospital and court in a legal way on time (within 72 hrs) without distorting the evidences. The center affords the money required for medical check up at hospital and professional fee at court level.

The implementation of the activities carried out in a participatory manner. Other stakeholders like the bureaus of labour and social affairs, education and health play an active role. PwDs organizations and self help group established and strengthened, and parents of children and youth with disabilities take part in the implementation of the activities. Some NGOs provide different supports according to the needs of PwDs, for example providing educational materials and uniform for some poor students with disabilities. The rehabilitation field workers established and follow up to strengthen the PwDs organizations and groups.

#### **4.1.2. Services provided for PwDs in Arba Minch Rehabilitation Center Field workers in the sites**

The document review of AMRC indicates that in the implementation of CBR program, the major share goes to CBR field workers. One of the field workers expressed that "Office of the field workers is a the clients' house". That means most of their working time they stay with their clients. They have program through home-to-home visits twice a week for one-hour duration at each visit. As CBR standards one field worker can attend regularly 12-20 clients for one year

<b>2. Sponsor PWDs for medication and surgery</b>				
2.1. Sponsor for medication and Orthopedic surgery	Parents	7	7	100
2.2. Sponsor PwDs for audiometer measurement	PwDs	6	6	100
2.3. Sponsor PwDs for trachoma, contract & glaucoma treatment	PwDs	8	3	38
<b>3. Disability awareness creation</b>	Person	600	2090	348
3.1. Disability awareness creation program for the community				
3.2. Disability awareness using child to child clubs	club	1	1	100
3.3. Mobilize community for local toilet	toilet	10	2	20
3.4. Conduct coffee-ceremony	neighbors	240	370	154
<b>4. Support for association and groups</b>	group	2	2	100
4.1. Strengthening self help groups				
4.2. Support elder PwDs	PwDs	4	6	150
5. Provision of mobile clinic services	PwDs	40	12	30

Chencha 02 and 03 Kebeles have one site in common and it was established in 2006. The previous field worker was transferred to other area and the present field worker has served for one year only. He had training in AMRC for two weeks in one year. CORD AID funded the site. According to the information gained from documents review, interview and discussions with field worker and supervisor, the following activities have been performed in the site.

Table 4: Services delivered at Chencha site in 2006 and 2008

Year 2006		Work site: Chencha o2 & o3 Keble			
Activities	Measurement	Planned	Accomplishment	%	Remark
Survey	PwDs	500	191	38.2	
<b>1. Basic Education</b>					
1.1. Identification of CwDS	CWDS	200	295	129	
1.2. Braille orientation	Client	2	1	50	
1.3. Sign language	..	3	2	67	
1.4. ADL training	..	3	3	100	
1.5. Moving difficulty	..	3	3	100	
1.6. Epilepsy	..	2	1	50	
1.7. S. Language training to PWDs parent	Parents	9	10	111	
<b>2. Sponsoring for formal and informal education</b>					
2.1. CWDs at regular school(1-10)	CWDs	10	5	50	
2.2. CWDs at special unit (1-8)	..	10	-	-	
2.3. Support CWDs at college	..	1	-	-	
<b>3. Promote vocational training &amp; income generations activity</b>					
3. 1. Sponsor PWDs for vocational skill training	.	2	2	100	
3.2. Facilitate credit and saving for PWDs	..	3	3	100	
3.3. Support PWDs for Livelihood activity (IGA)	..	2	2	100	

<b>4. Sponsor PWDs for medication and surgery</b>					
4.1. Sponsor for orthopedic surgery	..	1	..	..	
4.2. sponsor for audiometry measurement	..	3	3	100	
4.3. Sponsor for trachoma, Cataract and glaucoma surgery and treatment.	..	1	1	100	
<b>5. Disability awareness activity</b>					
5.1. Community awareness program	Person	100	100	100	
5.2. Child to child club	Club	1	1	100	
5.3. Conduct coffee ceremony	Neighbor	600	179	29.83	
5.4. Mobilizing community for local toilet to PWDs	Toilet	2	4	200	
<b>6. Support for associations and group</b>					
6.1. Strengthening self help groups (SHG)	Group	1	1	100	
6.2. EPWDs	People	3	3	100	
6.3. SNEU	Unit	1	1	100	
6.4. PWDO	Organization	1	1	100	

Year: 2008					
<b>1. Basic Education</b>					
1.1. Braille orientation	Client	1	1	100	
1.2. SL training	Client	3	2	66.7	
1.3. ADL Training for ID	Client	6	5	83.3	
1.4. Mobility difficulty	Client	2	3	150	
1.5. Epileptic	Client	3	1	33.3	
1.6. SL training for parents	Client	9	5	55.6	
<b>2. Promote vocational training and income generating activity</b>					
2.1. Saving and credit	PwDs	2	2	100	
2.2. Support for IGA	PwDs	1	1	100	
<b>3. Disability and HIV/AIDS awareness activities</b>					
3.1. Awareness for community	Person	456	425	93	
3.2. Child to child club	Club	1	1	100	
3.3. Mobilizing community for local toilet	Toilet	4	2	50	
<b>4. Support association</b>					
4.1. Self group	Group	1	1	100	
4.2. EPWDs	People	2	2	100	
4.3. PWDO	Organization	1	1	100	
4.4. SNEU	Unit	1	1	100	

As mentioned in chapter three and indicated in table 1 above Abaya site was established in 2006. It was funded by the same sponsor (CORD AID) which sponsored Chenchu site. The present field worker in this site has served for nine and half years including other sites. He had training each quarter in the year for one week in AMRC and in addition in Addis Ababa CBR network Ethiopia. For experience sharing program he visited different rehabilitation centers in Ethiopia.

The interview with the field worker, direct observation of the site area and document review revealed that the following services are provided in Abaya site

**Table 5: Services delivered at Abaya site in 2006 and 2008**

Year: 2006		Work site: Abaya		
Activities	Measurement	Planned	Accomplishment	%
Survey	PwDs	200	142	71
Supporting client	Client	34	28	82.3
Sign Language training for parents of CwHDs	Parent	9	29	333.3
Coffee ceremony	Neighbors	600	613	102.16
Leaflet distribution	People	100	242	242
Community conversation	..	22	60	272.72
Child to child club awareness program	Students & Teachers	100	1278	1278
Elder person with disabilities (EPWDs) financial support	PwDs	3	3	100
Income generating activities (IGA)	PwDs	2	2	100
Saving and credit support	PwDs	3	3	100
Regular school sponsorship	PwDs	10	5	50
Vocational sponsorship	PwDs	1	1	100

PwDO	Organization	2	2	100
Year 2008				
Supports for client	Client	16	17	106.2
Saving and credit	PwDs	2	2	100
IGA	PwDs	2	2	100
EPwDs financial support	PwDs	2	2	100
Toilet for EPwD	Toilet	4	3	75
Awareness creation program on the school closing ceremony	People	600	4135	689.16
Basic training for workers stake holder	People	14	12	85.6

The rehabilitation field workers (RFWs) have different activities in common as mentioned in tables above. The interview and discussion with field workers indicate that the primary duty of field worker is surveying of PwDs in home-to-home visit in the site area of selected kebele. As the CBR standard shows each site worker can serve 12-20 PwDs making visitation of each session. There are criteria for prioritizing the 12-20 PwDs from the total number of PwDs registered in the survey. The criteria are: probability to be easily rehabilitated the severity of disability and the age of PwDs that is below 20 years. The committee made the identification of PwDs. The committee members includes professionals and technicians form the center and the community rehabilitation committee (CRC). The CRC also includes the representatives of health and educational professionals, religious leader elders of the community, parents of PwDs, Keble administrative, other social association leader and rehabilitation field worker. These all are trained in the center with other workers. According to Daniel (2000) rehabilitation field workers are successful when the community determines the priorities with regards to the rehabilitation and social integration.

The goals of activities of the rehabilitation field worker are helping the children with disabilities to come to the school, develop social integration, independence and improving livelihood of PwDs. The philosophy of CBR is integration of PwDs into societal mainstream rather than creating special environment for them (Daniel, 2000). One of the major activities of rehabilitation field workers is educational rehabilitation. They provide basic education at home which includes identifying alphabet and numerals at home in informal education method. They give different trainings such as Braille, sign language, daily life skills, orientation and mobility training according to their disabilities. Braille, Orientation and mobility training are basic to child with visual disability. To adapt to their environment they need support from family members, parents. Family of the child with visual disability needs orientation and mobility training. Rehabilitation field workers provide sign language training to child and youth with hearing disability and their parents. Parents would help their children to know and identify basic things, materials, animals and other things around the home and environment using sign language. The concept of CBR is built on the observation that family members are usually the resources to handle the daily training and care of a person with disability (WHO, 1989 cited by Daniel, 2000).

The CBR model encourages the use of local resources, which give the people a feeling of involvement and importance in the community development activities (Daniel 2000). For mobility difficulty, field workers prepare different supporting appliances from local materials with the help of parents. For example, parallel bars for standing and movement, sitting aid, standing aid; walking frame and crutches. They help them for active and passive exercises. They refer some of the people with mobility difficulty to the mobile clinic services in order to provide with prosthesis and orthosis appliances, and physiotherapy treatment in the center. In addition, some of them are referred for medication and surgery services in the network health centers and hospitals sharing 15% of the accommodation costs for poverty with parents of PwDs.

very helpful to protect and promote their rights and to share experiences among themselves. The other important way of awareness creation is conducting coffee ceremony program in PwDs home participating family members and neighbors of PwDs. Field workers make network with kebele administration and municipality help the PwDs to get houses for rent for residential and to conduct business. When the client after field worker's visitation shows progress, able to go to school, make social integration and start to live independent life, the continuous visitation and training program changes into follow up programs. Then the field workers replace by other client between child and youth with disabilities in waiting list. They have good connection or network with schools with special classes, special school and regular schools nearby the site. They give follow up and sponsor services for students with disabilities in these schools.

#### **4.1.3. Relevance of Services Rendered for PwDs in ArbaMinch**

##### **Rehabilitation Center sites**

##### **Bolla Sawula site**

There are two sites in Bolla Sawula kebele. To realize the relevance of services we can see the services and changes on lives of the PwDs in one of the two sites.

**Table 6: The Previous and Present Conditions of Pwds in Mehalzirko Site in Bolla Sawula**

Previous condition of the clients	Number of Children	Present condition of the clients
Crawling with her hands	1	After operation and exercise she could walk with crutches
Mobility difficulty	1	The child could stand and walk using parallel bar
Club-feet	4	Using parallel and walking bar exercises they could move with field worker. They are now referred to and waiting for surgery
Autism,	1	Through awareness creation, practicing exercises, Using medicines, training adaptive skills and sign language changes were made on their behavior and attitude. They are able to start their education in regular and special classes.
Intellectual disability with mobility problem	1	
Intellectual disability With epilepsy	1	
Hearing disability.	1	
Physical disability	3	Provided with crutches and wheelchair they Started their education (2nd, 5 <sup>th</sup> and 9 <sup>th</sup> grades).

All the changes and improvements achieved are not exhaustively mentioned in the table above. As the information obtained through interview with field workers and focus group discussion uncovered there was attitudinal change of the community. For example community actively participates in awareness creation program and preparation of local toilets for elder PwDs. There is change in the livelihood of some PwDs through income generating activities.

## Chencha site

In Chencha 02 and 03 kebeles there is one site commonly shared by both kebeles. To assess the relevance of services provided to PwDs, the researcher chose two client cases with different disabilities among thirteen clients attended by the field worker.

**Table 7: Background of the Cases**

Clients	Sex	Age	Onset of Disability	Types of Disability
Case 1	F	7	At birth	Visual disability
Case 2	F	18	6 years after birth	Intellectual Disability

Both cases are females, Case 1 with visual disability and case 2 with intellectual disability.

### Case 1

The information is obtained through interview with her, her mother and the field worker. The onset of disability was at birth. At the beginning she was treated in different hospitals and clinics. When medical professionals identified the problem, her parents were frustrated, anxious and disappointed. For long times when they were observing her situation they were overwhelmed with grief. They were afraid and felt shame when others mentioned about the issues related to her. The neighbors believed the cause as hereditary because her uncle was with visual disability. Others believed that it might be a curse as her parents laughed at some body with the same problem. Thus her parents were not happy to live in the previous village and had to change the residence and had to come to Chencha .

ArbaMinch rehabilitation center made contact with them after four years in 2006. The rehabilitation field worker works to create awareness of the parents about the causes and effects of disability. The center started orientation and mobility training arranging time convenient to her twice a week. Later on they started basic education and Braille training.

During the interview with her mother and field worker on the effect of rehabilitation, her mother said that "Every thing is changed". Previously she silently sits on one place for a long time idle. Now she likes to work every thing that she can do and move everywhere independently unless too far. She calls neighbors to drink coffee, fetches water from river, and collects leaves for fire with her brother, washes her younger brothers' feet and house goods. She is able to identify all English alphabets and Braille dots. Now she is very happy, freely communicates and plays with others. As the field worker and her mother mentioned her parents no longer feel afraid and shame when others mentioned about her. She was also happy when she discussed with field worker and the researcher. Regarding her behavioral changes and engagement in some activities, her family was very hopeful and expects that she will live independent and meaningful life in the future.

## **Case 2**

The mother and field worker explained during the interview that the disability occurred six years after birth. It happened when she was pushed by a cow and failed on the cows' dung and stayed there for a long time. At the time the parents took cause for her problem to be evil spirit and they took her to holy water. After the time being the neighbors identified it as an intellectual disability. There was no treatment given to her from medical professionals.

Now she is 18 years old and she joined with ArbaMinch rehabilitation center in 2006. According to her mother and field worker, after the contact with AMRC there was change on her life. She can identify different things, come back without any problem where ever she goes and she can identify letters and numerals. She developed the skills to communicate with others and she can attend the things consciously when others talk to her. She is very eager to involve in different activities. She is happy to prepare coffee and likes coffee ceremony. The great change in her life is keeping her neatness, thinking and expressing herself

confidently. The great problem is that she wants to live in separate room alone. She wants to go to church at night by herself but her parents do not permit to her in fear of sexual abuse. According to the researcher's observation, the information obtained from field worker and supervisor, she is very conscious about sexual needs according to her age.

### **Abaya site**

Abaya site is found in Arbaminch city in Abaya kebele. There are seventeen clients regularly visited by field worker. Among the clients the researcher purposely chose one client as a sample in order to identify the relevance of services to PwDs.

**Table 8 : Back ground of the case**

participant	Sex	Age	Onset of Disability	Type of Disability
Case 3	F	6	At birth	Physical disability

### **Case 3**

The case was a female of 6 years old. She lives with her grandfather and mother. Her mother has died. She was a second child for her parents and the only child with clubfeet. As the grand mother informed the problem occurred at birth. Her mother and father went to different witchdoctors but she was not free from the problem. No one easily catches her body and she shouts when touched by others. She slept on the place prepared to her and stayed there. Her way of sleeping caused a problem on her eye that one of her eyes sees only to one direction.

Her grand mother brought her to their home and treated her in hospital and private clinic. After treatment she was free form pain, which made her shout when caught by others. The problem of her clubfeet still prevails. As her grand

parents, and field worker informed, she didn't want to see any one out of her family members.

ArbaMinch Rehabilitation Center (AMRC) field worker made his first contact with her in September 2008. In collaboration with her grand father parallel bar was prepared and the center provided her the shoes with splint. The field worker has program with her for two days in a week for one hour in each session. The program includes basic education and exercises using parallel bar and splint shoes.

According to the information obtained through interview with field worker and her grand parents, she used to remain in place without moving anywhere. Now she can stand and walk using parallel bar. As the researcher observed when the field worker orders she can stand and walk and again she leans down and touches ground with her hands and stands up and walk for a short distance. Her parent said that let alone to learn we never expected her to walk. Now she can identify letters and numerals using the prepared teaching aids. Her parents were responding with appreciation and happiness because they see great change on her life.

Her grand mother replied about her change, remembering her past that she was nagging for every thing and does not obey even to eat. She said "now as you (researcher) observed there is no problem to eat; now she can play with others without fear and she comes to saloon when hears the voice of others; and sits with others. Since she stands up and walks on her feet and she feels very happy. She plays without reservation and communicates very well with field worker. Before the service provision, she could not wear shoes in by her own due to her feet problems. After a long time practice with splint now she can wear her shoes by herself. She can also stand up and walks slowly as the researcher observed. That made her very happy and now she plays with her peers feely and with full confidence.

## **4. 2. THE PROVISION & RELEVANCE OF SERVICES IN ARBAMINCH SPECIAL SCHOOL FOR PWDS**

### **4.2.1. Services rendered for PwDs in ArbaMinch Special School**

According to the information obtained through the interview with director and teachers, Arbaminch special school has begun in Sekela primary school with special classes in 1993/94. The special classes were budgeted by woreda education office for tea and bread at break time especially for children with intellectual disability. Based on the request from the special class teachers, the regional education Bureau covers the budget and later on, transferred special classes to special school in 2000. Then the school has its own director, stamp and budget. The regional education Bureau provides the budget to special school and the budget is administered by Arba Minch boarding school. In addition, due to lack of readiness of junior schools for students with hearing disability the teachers in the special school requested the regional education bureau to permit the school to be full primary school. As there was no special school for students with hearing disability of grades above six, the first six students completing grade 6 faced the problem where to continue their education. Thus teachers in special school searched for means for these students and could find fund from sponsoring organization. Arba Minch rehabilitation center and Liliane stitching organization with Arba Minch special school volunteered to support these six students. They were sponsored to study at Bole Alfa School and Menelik II Secondary School. Arbaminch special school includes both pre-primary and primary level of education. Children and youth with hearing and intellectual disabilities are regularly attending the school from beginning of special classes. Children and youth with hearing disability learn in both pre-primary and primary level up to grade 8 but those with intellectual disability learn only up to preschool level. Now the school has planned to continue primary education for those children with intellectual disability. Children and youth with other disabilities could not learn but some of them were supported by other

organizations in coordination with the school. This school also sponsored students with disabilities at secondary education level.

**Table 9: Number of students attending in special school and other schools Sponsored by Arba minch special school**

Types of Disabilities	Educational level														
	Beginner			1-4			5-8			9-10			Grand Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Hearing Disability	9	6	15	20	21	41	21	14	35	6	6	12	56	47	103
Intellectual disability	31	26	57	-	-	-	-	-	-	-	-	-	31	26	57
Grand Total	40	32	72	20	21	41	21	14	35	6	6	12	87	73	160

Arba Minch Special School was using regular curriculum with modification according to the disabilities of the children. Children and youth with hearing disability are first given training on sign language and learn regular curriculum with little modification while those with intellectual disability are trained the following skills:

**Prevocational skill-** Help them to be ready for later vocational training

**Situation and environment** - Help them to identify and recognize the things and situations around their environments.

**Self help skill** - Train different skills to help themselves independently.

**Communication skills** - How to communicate with their family, friends and other individuals.

**Socialization (social skills)** - Help them to know their culture and society norms.

**Pre academic skills-** Help to identify alphabets and numerals.

**Cognitive skill** - Help them to develop their ability to recognize

**Gross and fine motor activities** -Help them for physical strength and fitness.

Adugna (1999) mentioned that, substantial attention needed to be given equally to educational and related services with a strong emphasis to the least restrictive learning environment. Arba Minch special school besides the academic and pre academic education gives different services for the students with disabilities. The regional education bureau allocated budget for the students with disabilities and served them to get their breakfast and lunch, medical service, and learning materials. Depending on the poverty level some of them were provided with school uniforms. The school gives guidance and consultation services both to the students with disabilities and their parents Hellander(1989) cited by Daniel(2000) The school in coordination with zone labour and social affairs, Liliane Stichting and Arba Minch rehabilitation center gives different supports, education and vocational training services for those with disabilities in the special school and other schools.

**Table10: Types of training, types of disabilities and number of participants of PWDs sponsored for educational and vocational training.**

Types of training	Types of Disability	Number of participants		
		M	F	T
Teaching profession with certificate	Hearing disability	-	2	2
Teaching profession with diploma	.. ..	1	-	1
Tailoring (Sewing)	.. ..	5	5	10
Metal work skill	.. ..	2	-	2
	Intellectual disability	1	-	1
Wood Work skill	Hearing disability	-	2	2
Keyboarding	.. ..	-	1	1
Hair Salon care	.. ..		4	4
Grand total		11	12	23

The above-mentioned organizations in coordination with special school sponsored the PwDs. Seventy five percent of the education fee for training is paid by sponsoring organizations and PwDs or their parents covered 25%. Sponsoring organizations covered short-term vocational training fee of the trainees. In addition some trainees were provided financial support for their daily living according to their poverty.

The special school students have a continuous vocational training in Nathan developmental vision. This organization is funded by Liliane stichting and other foreign organizations. Now this center has three training areas, tailoring, leather making and handcraft. Students with hearing disability have two days afternoon program and students with intellectual disability have one-day afternoon program in addition with the training given in the school. This is done in shift and some of them were certified, some under training and others on waiting.

This organization in addition gives audiometer measurement services. Fifteen of those measured were provided with hearing aids and other four hearing aids in addition are ordered for others. Especially this organization sponsors PwDs for education and vocational training. One student with visual disability in Addis Ababa University, and others in high schools are sponsored by this organization.

### **Teachers of the Special School**

Students with disabilities have special learning needs. They receive instruction in skills that their age mates develop with out special instruction (Ysseldyke and Algozzine, 1988). This indicates teachers of students with disabilities need special training or special needs education. Some of the teachers in ArbaMinch special school are trained in specific and general areas of special needs education. At the beginning of the school three teachers were trained for six months on sign language, Braille and adaptive life skills on each specific area. Later on, other six teachers were trained for one year in special needs education that includes skills

on all disability areas, teaching methods and psychology courses. Teachers with hearing disability were trained sign language by their special education teachers through the education times. One of the teachers with hearing disability was also trained in sign language in Kenya. The rest were oriented with sign language by their colleagues who were trained and experienced through times.

**Table 11: The present number of teachers, their educational back ground and Training on Special Education**

Total number of teachers			Educational back ground						Training in special needs education					
Total number of teachers			Certificate			Diploma			Sebeta for one year in 1999/2000			Nazireth for six months 1992/93		
M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
7	10	17	-	3	3	7	7	14	3	3	6	1	-	1

Four teachers with hearing disability are recently employed and others have long experiences working in special classes and schools up to sixteen years. Two of four teachers with hearing disabilities were students of Arbaminch special school and were sponsored for their further education by ArbaMinch special school. Most of teachers are upgrading their education level. Three of them, one female and two males are attending regular degree program in Addis Ababa University in special needs education and sign language and deaf culture fields. Two other teachers, one male and one female are attending special needs education in Dilla University in summer program. The others are attending other education fields in summer program.

#### 4.2.2. Relevance of Services Rendered for PwDs in ArbaMinch Special School

The interview was held with the school director and two teachers. One of the teachers was male and beginner of special class and the other is female with long experience in the school. As the information obtained from the interviewees the base of Arba Minch special school was the special classes established in Arba Minch Sekela primary school. Among the students during the commencement of the special classes with hearing impairment, six of them passed grade six national examination. Except one, others completed secondary education. Some of them are involved in private business. Two of them are employed in government organization. In order to assess the relevance of services provided to PwDs by Arba Minch special school the researcher chose two cases. The cases refer to those who were former students and currently employed in this school.

**Table 12: Back Ground Information of the Cases**

Participants	Sex	age	Age of onset	Type of disability	Causes of disability	Educational level	Profession
Case 4	F	25	6	Hearing disability	Meningitis	10+1	Teacher
Case 5	M	31	9	Hearing Disability	Meningitis	10+3	Teacher

The cases are female and male with hearing disability caused by meningitis.

#### **Case 4**

The information about the case was obtained through the interview with PWD, their parents and two teachers.

This case was a female of age 25 years. The disability occurred when she was six years old. She was affected by meningitis with severe headache and fever. She

was treated in hospital but for three years she lacked her balance and even went to toilet with support. Her mother said:

“After three years her younger sister went to school and asked her to watch the house. She was disappointed and cried loudly and I asked her why she cried? She said you are sending my younger sister to school and ordered me to keep house. This was not only for today but I keep the house for ever. I and she wept and cried as if one of our relative were dead”

Her mother continued:

Another day when I was in my neighbor’s house some body said.

“ we are opening the school for children with hearing disability and started teaching them. Immediately I asked him and got full information. I discussed with my family and took her to school carrying on my back. After registration I got a bike for contract to pay four birr a day to transport her as she was unable to walk that distance. There was no other means of transportation near our house that time. Later on we bought a house in Arba Minch and hired a maid paying 30 so that she could live there and pursue her studies.”

Special education intervention attempt is made to help PwDs to over come the limitations imposed by the disability. (Tirussew, 2000) The school provided uniform, learning materials, breakfast, lunch and medical service in addition to education. There was no junior school ready to accept students with hearing disability. The special schoolteachers made contact with different organizations found Liliane Stichting and AMRC willing to sponsor 75% of the cost for their education while parents had to cover 25% of the cost.

Arba Minch special school made arrangements with Bole Alpha School for Students with Hearing Disability and Menelik\_II Secondary School in Addis Ababa. She attended 7<sup>th</sup>\_10<sup>th</sup> grade in these schools in Addis Ababa. Araba Minch special school in collaboration with these organizations and parents provided services for six students. They were provided with house rent,

clothing, transportation cost, food, and medical service and with continuous visitation and follow up of the schoolteachers.

Her secondary school leaving certificate examination result was low and she could not go to the colleges. She took the examination for second time and improved her results. She joined Arbaminch teachers college in extension program for certificate training. Seventy five percent of the fund was sponsored by these organizations for tuition fee and learning materials cost.

The school discussed with regional education Bureau and zonal educational office employed her with other three persons with hearing disability as a model for others with the same problem.

When she was asked to compare her present life with the previous, she said that after employment all her life was changed and she is leading very happy life. Her parents are also very happy because they did not expect individuals with hearing disability as their daughter can be employed. They also said that at the beginning they had no expectation that she would get any hope to learn; but when they heard about her employment they praised God.

#### **Case 5**

The case here is male. As the interview made with him, his parents, director and teachers, he was severely affected by meningitis. He was checked at different hospitals and the disability was identified to be the effect of meningitis. It happened when he was nine years old and when he was a third grade student. He was a very good student before he became sick but he dropped out due to the illness and left school for ten years without hope to pursue his studies. AMRC field worker informed his parents that there is a school for students with hearing disability and brought him to the school. The field worker and special education teachers trained him basic sign languages.

He was offered the same service provided to the case four by the school, which is mentioned above. They attended classes together in Arbaminch special school, Bole and Menelik II secondary schools. He attended Arbaminch teachers college in diploma program. The AMRC and Liliane stitching organization in collaboration with Araba Minch special school provided the same type of services as in case four for his education. To help him the school gave the opportunity to be employed as contract teacher to teach at daytime and attend his training at night paid with some amount of money.

He was requested to compare his previous situation with his present life. In his response he said that before the disability occurred he was a rank student. His peers asked him why he did not come to school. He said that he felt sad that he could not go to the school with a disability. He mentioned other thing that affected his feelings. He said that the villagers mocked him saying that "The son of Mr.. is playing in the farm with the oxen as if he were ploughing". In addition he mentioned that due this challenge one day while he was searching for oxen, he tried to hang himself with the rope of the oxen. Then when he remembered the past, he emotionally he started crying and weeping.

Tirussew(1999) described that special education promotes positive self-esteem and interpersonal forces that facilitate the adjustment of the person with disability. When he was expressing the present situation he said that for those all in his village and others who know him his employment is a miracle as there is no experience of people with hearing disability employed in government organization around them. In addition he said now he feels very proud to be a teacher and government employee.

When the researcher was walking with him to his parents' home around thirty minutes distance from the main road, different people were greeting him with appreciation and they were saying it is great opportunity and change in his life. His parents responded that he was a very obedient child.

All his family members have love to him and they always filled with fear for his future but now every thing is changed and they are filled with hope and joy. His father said that his employment and his education are unexpected. It is happiness not only for the family but also for all others who heard about his employment.

#### 4.3. PROVISION & RELEVANCE OF SERVICES RENDERED FOR PWDS IN SPECIAL CLASSES IN THE ZONE

##### 4.3.1. Services rendered for PwDs in special classes

The sampled schools with special classes in the zone for this study are Sawula Botrie full Primary School and Chench Chafe First Cycle Primary Schools. As the researcher observation and interview with directors revealed both special classes are opened for students with intellectual, hearing and visual disabilities.

**Table 13: Types of disabilities and number of students in special classes**

Name of the school	Types of Disability	Number of students in each grade level												Grand total		
		Beginner			1			2			3			M	F	T
		M	F	T	M	F	T	M	F	T	M	F	T			
Botrie primary school	Hearing Disability	-	-	-	1	2	3	1	4	5	3	2	5	5	8	13
	Intellectual Disability	4	6	10										4	6	10
Chafe primary school	Hearing Disability	6	7	13	3	5	8							9	12	21
	Intellectual Disability	2	4	6										2	4	6
Grand total												20	31	51		

Botrie primary school was established in 1963 and the first special classes were opened in 1994, but closed due to lack of trained teacher of special education. The present Botrie primary school special classes were reopened in 2005. It started with few students with hearing and intellectual disabilities. Now there are 23 students, 9 males and 14 females. In the school there are four male and six female students with intellectual disability all at the beginning level. There are 13 students with hearing disability: 1 male and 2 female in grade 1; 1 male and 4 female in second grade; 3 male and 2 female students in grade 3.

Chafe primary school was established in 2006 and the special classes were opened after one year of the school establishment in 2007. This school with two years services has 28 students with disabilities, 11 male and 17 female. As the table above indicates 13 students are with hearing disability, 1 student with visual disability and 6 students with intellectual disability are at the beginning level. Eight students with hearing disability are attending first grade. According to the information from focus group discussion, ArbaMinch rehabilitation center has established network with education offices to open special classes in primary school around the site areas.

Special classes in Botrie and Chafe primary schools were the result of this network. AMRC assessing and identifying children and youth with disabilities helps them to come to the school. AMRC was supporting students with disabilities and their parents in different services. For income generating activities the center provides financial supports to parents of the child with disabilities whose ages are under eighteen. The income generating activities include such activities like animal husbandry, small-scale trades and other activities according to the abilities and environmental situations of the beneficiaries. The center provided school uniforms and learning materials. There was feeding program in the school at the beginning but it is discontinued due to lack of budget.

World vision and multipurpose NGOs in Chenchu provided learning materials to students with disabilities. School uniforms were provided to the students according to their poverty level. AMRC also sponsors medical services for the student with referral cases. Special class teachers and AMRC field workers provided training on sign language to students with hearing disabilities and to their parents.

Students with hearing disabilities in special classes were learning the same curriculum with regular class students with little modifications. The researcher observed that the outer and inner parts of the walls and corners of the special classes were well displayed with different teaching aids. The teaching methods used were participatory and more of practical in nature.

Students with intellectual disability are given pre-primary education of different subjects like Amharic, English, Science, Maths and Aesthetics by using teaching aids like real & tangible objects. In addition to this they are given training on adaptive life skills.

The schools have meeting with parents to discuss on different issues. They discuss how to treat and expect CwDs equally without disability children. They discuss on how to (with whom) to send the school and take from the school, on HIV/AIDS case and give care especially for girls.

### **Background of the special class teachers**

Arbaminch rehabilitation center sponsors and conducts different trainings for special class teachers. The trainings were conducted in different venues on different topics. The teachers from Arba Minch special school were training teachers of special classes from different schools on the fields of their specialization under the sponsorship of AMRC.

**Table 14: Number, educational background and training of special class teachers on special needs Education.**

Name of the school	Number of teachers			Educational background									Training on special Needs Education
				Without certificate			Certificate			Diploma			
	M	F	T	M	F	T	M	F	T	N	F	T	
Botrie primary school with special classes	3	-	3	1	-	1	1	-	1	1	-	1	Debrezeit for 10 days on introduction to SNE. Hosanna for 10 days on sign language (SL) Wolyta twice for three days on SL, Braille and adaptive life skills. Arbaminch for three days on SL, Braille and adaptive life skill.
Chafe primary school with special classes	2	1	3	-	-	-	2	-	2	-	1	1	Hosanna for 10 days on SNE. Wolyta for 3 days on SL, Braille, Mobility, Orientation training and adaptive life skills. ArbaMinch for 3 days on Braille, orientation and mobility training and adaptive life skills.

One of the Bortie School special class teachers is with hearing disability. He has completed his secondary education in Hosanna School for students with hearing

disability. To help in sign language and as a model for students with hearing disability, Sawula transitional city administration education office employed him in contract basis without pre-service training on teaching. The other two were graduates with certificate and diploma and have long teaching experiences. They had trainings on special education in different places almost for one month as indicated in the table above. Chafe primary school special classes have only two years service but the teachers have long experience on teaching profession according their response. One of the special class teachers was female and had diploma on teaching profession. The other two were male and have certificate on teaching profession. All were trained on special education for sixteen days in Hosenna, wolayta and Arbaminch rehabilitation centers.

#### **4. 3. 2. Relevance of Services Provided for Pwds in Special Classes**

Today's special education takes account of the fact that different students have different special needs. Some of the students with disabilities need special services because they are not able to perform due to disabling conditions, which limit their ability to learn in the regular educations program. For example students who have hearing disability need instruction in a manual sign language or some other special communication system (Ysseldyke and Algozzine ,1995).

The observation in the classroom, interview and focus group discussion with teachers, parents and field workers were conducted in both Botrie and Chafe schools special classes. As the information obtained shows effects of services for PwDs were seen. Some of them are indicated below:

The mother of a student with hearing disability said that:-

“My daughter was my first child but her father had other elder children from another wife. When neighbors identified her disability, he said, “there has not been any problem of this kind in my family. He also said it must be from your side and you are responsible for it and that hurt my feeling very much. I faced problems so many times due to her disability from her father.” When she was

unresolved problems. For example poverty, lack of awareness, and transportation problems create other challenges like dependence, lack of responsibility, absenteeism and dropouts problems. Then the solutions of some problems may resolve others. This also needs the participation and awareness of the community.

As the director of the special school informed, the major challenges for the provision of services were:

- Poverty of the family
- Law awareness and participation of community
- Dependence of all students with disabilities on special school even after completing the cycle.
- Lack of training on the fields of the interest of PwDs.
- Lack of employment opportunity after short term training
- Lack of awareness on the side of employers about the ability of PwD to be successful on their job.
- Preferring of the PwDs to some specific jobs and difficulty to get jobs according to their ability.
- Lack of budget to search for access for employment market
- Some being unable to express their problems and other feelings.

According to the information obtained from teachers of special school the challenges are:

- The designed curriculum being inconsiderate of PwDs
- Lack of special classes near the homes of children with disabilities. Thus the children who come from far places have no caretaker and have livelihood problems.
- The wereda and zone educational offices paying no attention to teachers in special school on different training programs and evaluation of their performance and the school situation.

- Lack of special education training programs for some of special schoolteachers.
- Lack of professionals like speech therapist and physiotherapist to give appropriate
- The teachers being disappointed due to lack of immediate change on the behaviors of the students services
- Inconvenience of education through plasma to students with sensory problems
- Lack of budget to organize different services
- Absence of vocational school according to their abilities and needs.

Some of the challenges like poverty and transportation mentioned by teachers and director were common to those without disabilities but in terms of disability it is more challenging to CwDs and their parents. There are challenges also in the case of disability. For effective service provision each of them needs a solution step by step.

The information obtained through focus group discussion and interview with school with special classes directors and teachers revealed the following challenges:

- Lack of awareness of the local community as special education is a new phenomenon in the area. The school community calls the students dumb and deaf; and the teachers are called deaf and dumb students teachers even by the school teachers
- All responsibility being on the special class teachers only.
- Others undermining the field and ignorance about the work
- The condition and characteristics of the work being tiresome.
- Absence of observation and evaluation by zonal or woreda educational offices.
- Lack of special motivation to special class teachers for their extra tasks.
- Scarcity of trained teachers

- Absence of female trained teachers in some special classes especially for female students with disabilities
- Lack of budget to fulfill necessary teaching materials
- Scarcity of classrooms
- The school buildings and compound being physical barriers for students with intellectual disability, with mobility difficulty and visual disability.
- Lack of means of transportation

Some of the above mentioned challenges are real problems as the researcher was informed and observed. The causes might be the special class service is new to some of the community members, the previous negative attitude towards disability and lack of awareness.

These all need attitudinal change of all the stake holders as success depends on the provision of adequate information (Adugna, 1999). Most of the community and concerned body have no clear understanding about the concept of the disability, PwDs and what to be done for PwDs and their parents.

## CHAPTER 5

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1. SUMMARY

The findings of the study mainly indicate the services rendered for PwDs, the relevance and sustainability of the services; and challenges in the process of rendering services. ArbaMinch rehabilitation center and its site areas, Arba Minch special school and special classes in primary schools are directly involving in providing services for PwDs.

Field worker on different sites mainly practices the activities of ArbaMinch rehabilitation center. The field workers are assessing PwDs through home-to-home visitation in site areas and identify them for services by committee. Field workers are providing basic education, Braille, sign language and adaptive life skill trainings. They also provide trainings on physical exercises and they prepare supportive materials and teaching aids from local materials. In addition they perform different activities like economic generating activities, establish PwDs associations and organizations, conduct awareness-raising programs, and support elder PwDs. There is referral for medication and surgery, appliance support, orthopedic and physiotherapy treatment. The field workers help students with disabilities to join regular schools and schools with special classes according to their disabilities and give follow up services.

As the findings reveal there are different PwDs who are advantaged with the services rendered by rehabilitation center and sites. Child and youth with visual disability developed Braille and mobility skills, which helped them to attend their education, and facilitated their social interaction. Those with hearing disability got learning opportunities and developed sign language, which more facilitated their learning and other communications. The provision of appliance, medical and surgery services, orthopedic and physiotherapy services by rehabilitation center changed the life of most people with physical disabilities. The people with mobility difficulty could be able to sit, stand and walk. Using

appliance of prosthesis and orthosis they could move far places to perform their daily activities. Except the problem of physical barrier students with physical disability could attend the regular school equally with those without disability. According to the researcher's observation, there were no ramps even in the new buildings and most of the schools have no appropriate pathway in the campus for those with wheelchairs.

The rehabilitation center gets funds from foreign private organizations and that may limit its sustainability; however the center is well organized with different buildings, equipment, and skilled manpower which is good ground for sustaining it. Furthermore the disseminated knowledge and skills to community and established organizations and associations of PwDs are bases in the zone for the sustainability of services for PwDs

As the findings indicate the services of Arba Minch special school are teaching students with hearing and intellectual disabilities. The school gives sign language and adaptive life skill training to student with hearing and intellectual disabilities and their parents. In addition the school is giving medical service, learning materials, school uniforms and food for breakfast and lunch. In contact with other sponsoring organization the school is preparing opportunities for vocational training and higher education. The school also facilitates the employment opportunities for PwDs.

The schools with special classes are serving students with disabilities teaching them according to their abilities and needs. Students with visual and hearing disabilities are learning regular curriculum with minor modification and training Braille and sign language. Students with intellectual disability are learning basic education and are given training adaptive life skills.

Special school and classes in the zone are provided great contribution. PwDs got educational opportunities and are attending their education in special school and school with special classes at primary, and secondary and higher education institutions. Some graduated from colleges and institutes. Some are employed in governmental and private organizations. Some of them could improve their

lives involving in economic generating activities. People with intellectual disability could exhibit behavioral changes. As the findings indicated some of them have developed the abilities to identify, and developed mobility, communication and other life skills.

Special school, which is upgraded from special class level to full primary school with trained teachers, has been base for sustainability of special education services. Special classes opened in government schools are also indicators for the sustainability of the services.

As the findings revealed there are common challenges that resist the appropriate provision of services. Some of the challenges are include poverty & dependency problem of PwDs and their families; transportation, limited participation of concerned bodies; attitude of the community; lack of budget, skilled man power and scarcity of classroom; problem of awareness; the structure and arrangement of school, home and working environments; lack of sufficient training for field workers and teachers in special school and classes; and lack of motivation and encouragement for teachers in special classes.

## **5.2. CONCLUSION**

As the findings reveal Arabaminch rehabilitation center is rendering comprehensive community Based Rehabilitation (CBR) services. The services include physical, medical, social, educational, economic, vocational, and legal aspects of services and rehabilitation methods. There is high number of PwDs in each kebele as the survey of field workers indicated. But the services cover small areas of the zone and very small numbers of PwDs get opportunity for services rendered.

There are pre-service and in-service training programs given to field workers on their areas and the objectives of the center. In-service training was very important to field workers to improve and correct the performance of their activities. Never the less the duration of pre-service training is very short to

develop adequate knowledge and skill to be effective and competent professional.

The center is well established and equipped with different buildings, materials and manpower to realize the services. The major emphasis of the center is on the transfer of skills from trained staff to persons with disabilities, to the parents or caregivers of PwDs and the whole community. The limitation of the center is that it gets the entire fund from the sponsoring foreign organizations and its planned activities for the site areas depend on the will of sponsoring organizations. The other limitation is that the phase out sites has no follow up program for the continuity of services and strengthening the activities.

The center despite the challenges and limitations could give effective services and has done effective works. The PwDs in site areas are benefited from the services. Most of them were rehabilitated physically, socially, educationally, vocationally, legally and economically. The attitudes of community towards disability and PwDs showed changes but still there are problems of awareness according to the findings.

Arba Minch special school started functioning with special classes and financially budgeted by the regional education Bureau. The school was rendering educational services and in addition provides medical, feeding, training, employment and legal services and school uniform and learning materials. But as there is only one government special school in the region there are students who come from different zones and woredas. The students who come from distance lack care giver and have livelihood problems.

The school had few classrooms and to solve this problem student from two sections are sitting in one classroom separated by tin sheets and using one gate. The school lacks budget for finishing the new rooms under construction that are left there for long time. In addition this indicates lack of participation, and awareness of the community to the purpose of the school.

Some of the schoolteachers were not trained on special education. Education bureau or offices did not evaluate most of the times the school was not observed and the teachers. The zone and woreda education offices do not include teachers of special school for different trainings as the school finance is budgeted by education bureau. This all experience affects the teaching - learning process negatively.

Even with this situation as the findings indicate most students with hearing and intellectual disabilities are getting education and training opportunities. Some of them had training on vocational skills and are employed. Generally they were given educational, vocational, social, economic and medical rehabilitations. To up grade the service it has problems of professionals like speech therapist and physiotherapist. In addition to this the absence of sign language interpreters in secondary schools and higher education for students with hearing disability influence the students' academic achievement.

The special classes provide services for some children and youth with disabilities. They are teaching and training students with disabilities according to their needs and abilities. The parents and the children with disabilities are happy for opening of special classes. The children could develop sign language, Braille and adaptive life skills. The services enabled them to attend their education and brought change on their behavior. But some of them come from different kebeles and woredas where there are no special classes near to their home. Those live away from their family and lack parental care.

Students with hearing and visual disabilities are using regular curriculum with minor modification depending on their grade levels. The tasks of teacher in special classes are very tiresome in relation to the students' behavior and provision of services. There were no special attention and encouragement given to teachers of special classes. Some of the community members even the schoolteachers have lack of awareness and they undermine the special class teachers' activities.

As the findings revealed there are challenges that resist the appropriate provision of services. The most prevalent one is poverty and dependence of PwDs and their families. They give priority to their basic needs rather than for the long time holistic change. Limited participation of concerned bodies, low awareness and participation of the community and lack of budget are some of the challenges that resist the solution for some problems. Like scarcity of classroom, lack of sufficient training for teachers in special school and classes, and lack of motivation and encouragement for teachers in special classes, which negatively affecting the learning.

In general the services rendered by the center, special school and schools with special classes have brought visible changes in lives of the beneficiaries. Some of the students with disabilities could complete their education and could be employed in different organizations. Some of the people with disabilities could improve their livelihood as a result of trainings given, financial supports offered, and socialization services. These all changes are the results of efforts of some sectors alone and they are limited to some areas and some individuals.

### **5.3. RECOMMENDATION**

Based on the above-mentioned conclusion the following major recommendations have been forwarded.

1. As the survey of PwDs in site areas indicated there is very high number of PwDs in each kebele. To address PwDs with the services, the government has to use the activities of rehabilitation field workers as a model and apply it in the manner the health and agriculture extension is carried out in the kebeles. Thus it would upgrade the extent of services for PwDs.
2. There is scarcity of classrooms in special school and school with special classes. Classroom walls are not sound proof. Therefore in order to solve this problem:
  - 2.1. It needs hard wall and separate gates to use one classroom for sections.
  - 2.2. It requires new buildings with sufficient classrooms according to the

number of the children if construction of big rooms is a problem.

2.3. Participation of community members, kebele and woreda administration is essential for the implementation, strengthening, and sustaining special education in the area.

3. It is possible to train special class teachers from different schools by using special schoolteachers and to open special classes in the near by schools. Thus in order to solve the problem of inaccessibility and to increase the opportunities for education for children and youth with disabilities it is essential to use the teachers in the special school and the AMRC staff to train others to extend the services to other areas. In addition to realize the Millennium Development Goal (MDG) and to achieve the program of education for all in 2015 the foundation laid for inclusive education has to be given due attention by all concerned.

4. The regional and zonal education sectors have to assign special education experts at zonal and woreda education offices to provide appropriate technical support through observation and evaluation of the performance of special school and classes.

5. Students with hearing disability need sign language support out of special school and classes to attend their education effectively. So the zone or woreda education offices have responsibility to employ or train the sign language interpreter.

6. The absence and scarcity of experts and professionals like speech therapists and physiotherapists affect the appropriate provision of services for PwDs. Thus the higher institutions, which offer trainings on special needs education, have to include the training of professionals on the mentioned fields.

7. The pre-service training time for the field workers is very short. Thus it requires sufficient time of training for them to have effective performance and have competence on their activities.

8. Active participation of the community and the sustainability of services depend on the follow up and support of field workers. Therefore the phase-out site areas need close follow up of the rehabilitation center or government sectors for the sustainability of services and the impacts achieved.

9. Tasks of teachers in special school and special classes require more hard work in comparison with the tasks in regular schools as student with disabilities require special services. Thus teachers in special classes and school need special attention and encouragement. Otherwise it will result in attrition of teachers from special classes and negatively affect participation of other teachers on special education.

10. Even though there are awareness and attitudinal changes of the community in the site areas, the changes are not as such satisfactory. With regard to disability and PwDs, the rehabilitation center, teacher in special school and classes and others such as organizations of PwDs, special needs education professionals and concerned governmental sectors have to make organized and individual awareness-raising activities.

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# Appendices

## INTERVIEW GUIDE FOR PARTICIPANTS

### I. Semi-Structure Interview Guide for Manager

1. When the organization was established?
2. When the organization starts to work on PwDs?
3. What are the objectives of the organization?
4. Where are your programs in Gamo Gofa Zone?
5. What are the services provided to PwDs?
6. What are the challenges, which hinder the delivery of services?
7. Could you provide me with the number of recipients of your services in each of the programs in your region?
8. How many of them are served by your organization?

### II. Semi- Structured Interview Guide for Rehabilitation Field Workers

1. Name of the center \_\_\_\_\_
2. Respondents name \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_ Education \_\_\_\_\_  
 Work experience \_\_\_\_\_ Types of disability \_\_\_\_\_ Onset \_\_\_\_\_  
 cause \_\_\_\_\_ identified by \_\_\_\_\_ source of support \_\_\_\_\_  
 home distance \_\_\_\_\_ transport \_\_\_\_\_
3. When the site was established?
4. How many PwDs are in your working district/area?
5. How many of them are served in this site?
6. Did you receive training in disability studies, special need education, or rehabilitation?
7. If so for how long and where?
8. How long have you worked with people with disabilities in your service year?
9. How much has your services changed the lives of people with disabilities you have serving?

10. How much co-operation do you get from stakeholders including parents, the community, other institutions, etc?
11. What are the challenges you have met while providing services for PwDs?

### **III. Semi-Structured Interview Guide for Parents of Family Member of PwDs**

#### 1. Back ground Information

- 1.1. Sex \_\_\_\_\_ age \_\_\_\_\_ Educational back ground \_\_\_\_\_
- 1.2. Relation to the PwDs : Father \_\_\_\_\_ Mother \_\_\_\_\_ Husband \_\_\_\_\_  
Wife \_\_\_\_\_ son \_\_\_\_\_ daughter \_\_\_\_\_ Brother \_\_\_\_\_ Sister \_\_\_\_\_ other relative \_\_\_\_\_

#### 2. Regarding the individual with disability

- 2.1. How and when has the disability of your \_\_\_\_\_ occur? Do you remember the cause \_\_\_\_\_ Identified \_\_\_\_\_
- 2.2. If an accident was the cause of your \_\_\_\_\_,s disability what medical help did he/she receive?
- 2.3. When has your \_\_\_\_\_ started receiving rehabilitation or special need services?
- 2.4. How helpful has the services provided been helpful to your \_\_\_\_\_?
- 2.5. What are the challenges you or your \_\_\_\_\_ have experienced during the time your \_\_\_\_\_ has been receiving services?

### **IV. Semi- Structured Interview Guide for PwDs.**

#### 1. Back ground information

- 1.1. Type of disability \_\_\_\_\_ Onset \_\_\_\_\_ cause \_\_\_\_\_ identified \_\_\_\_\_
- 1.2. Sex \_\_\_\_\_ age \_\_\_\_\_ religion \_\_\_\_\_
- 1.3. Marital status \_\_\_\_\_
- 1.4. Educational Condition \_\_\_\_\_

- 1.5. Work condition \_\_\_\_\_
2. Regarding the service
  - 2.1. Service providing organization
  - 2.2. What are the services providing by the organization?
  - 2.3. How long you are served by this organization?
  - 2.4. What are the changes when you compare your previous lives with present stat (after getting services)?
  - 2.5. How long you are challenges which need more support, change or modification?

#### **V. Semi-Structured Interview for School Director**

1. When was the school established?
2. What types of student with disability does the school serve?
3. How many children do you have in each category of disability?
4. What are the services provided to them?
5. How many teachers are there in the school? How many of them were trained in special needs education?
6. Teachers educational: Certificate \_\_\_\_\_ diploma \_\_\_\_\_ degree \_\_\_\_\_
7. In which areas are the zonal and district education offices participating ?
8. How much are other stakeholders participating with the school

#### **VI. Semi-structured Interview Guide for teachers.**

1. Have you trained special needs educators? When/where /for how many times?
2. What are the services provided to the students ?
3. What the relevance of services on the students lives?
4. What changes do you observe on the students?
5. What are the challenges you have faced while you provided services?
6. Are parents participating with you?
7. How much do the zonal and district education offices participating

with you?

**Observation Check list**

1. Daily living skills
  2. Feeding himself /herself
  3. Keep himself/herself clean
  4. Uses the latrine
  5. Dressing
  6. Protecting himself/herself
2. Mobility
  - Having mobility equipment and training
  - Gross motor ability (walk, run and play games)
  - Fine motor skills (write, hold, carry, build etc.)
3. Educational aspect
  - School and classroom readiness
  - Teacher with students and student with students' interaction and participation.
4. Vocational aspects
  - Income generation skills
  - Has a work and income
  - Training
5. Social aspects
  - Participation in family activities
  - Participation in community activities

## **Declaration**

I, the under signed declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis have been duly acknowledged.



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Anbesaw Mekuria



**ADDIS ABABA UNIVERSITY**

**School of Graduate studies**

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

Name Wegayehu Tebeje (Dr.)

Signature \_\_\_\_\_

Date of submission \_\_\_\_\_