Vocational Rehabilitation and Its Practices for Persons with Disabilities: The Case of Two Centers in Addis Ababa

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Acronyms

- ADV Addis Development Vision
- CBR Community Based Rehabilitation
- ENAB Ethiopian National Association For Blind
- FCA Federation Of Civil Association
- EFPD Ethiopian Federation Of Persons With Disabilities
- ILO International Labor Office
- MOLSA Ministry of Labor and Social Affair
- NGO Non-Governmental Organizations
- PWD persons with Disability
- PWDs persons with Disabilities
- VR Vocational Rehabilitation
- WHO World Health Organization
- YRC Yemisrach Rehabilitation Center
- POC Prosthesis Orthosis Center
- IBR Institution Based Rehabilitation

Abstract

This study presents the practices of vocational rehabilitation and its challenges in an attempt to supply feasible feedback to improve placement and economic independence of PWDs upon completion of trainings. Both quantitative and qualitative methods of inquiry were employed to gather data for this study. Fifty three male and female trainees with different forms of disability (visual, motor, hearing) have responded to the questionnaire.

Seven officials were purposely selected for interview; out of which four interviewees -two representing each center- were administrators and training coordinators of the two centers which this study spotlights. The rest three were officials; each representing the Addis Ababa civil Association Federation, Ethiopian Federation of PWDs, and Ethiopian National Association for the Blind.Eleven individuals with motor disorder from both centers were also included in the focus group discussion

Ethiopia has ratified the ILO convention number 159 that recognizes the right of PWDs to the provision of vocational rehabilitation in its entirety. However, the finding of this study suggests that the role the Ethiopian government assumes at the provision of VR to PWDs appears to have generally been very limited. Likewise, the existing VR practices are traditional and no to the level of its requirement. Multiple impediments such as lack of human and material resources, unawareness of the community to VR and special needs of PWDs, centers' inauspicious setting, and transportation problems were reported to have hampered the general practice of VR programs. The meager participation of the government and the community in general has also adversely affected the practices of VR of the centers.

This study also reviews the attitude of beneficiaries towards the trainings they were undertaking and the services being provided by the centers all together. Finally, this study will attempt to drag the attention of the government, community members, employers, and other stakeholders towards the significance of sustaining VR programs to achieve the economic independence of PWDs.

CHAPTER ONE

1. Introduction

1.1 Background of the Study

It is true that if PWDs (people with disabilities) are supplied with appropriate educational, medical, vocational training and employment opportunities, they can lead an independent life. Perry (2003) corroborates this assertion as saying that PWDs are capable and talented for work at a performance as much the same level as their peers even with a relatively higher disposition for job retention. This statement unequivocally indicates PWDs' competence and impending potential as to become productive citizens. Generally, it is this assumption that necessitated the practice of vocational rehabilitation (VR) almost in all countries of the world.

Maki and Riggar [1996] defined VR as a human service philosophy designed to attain the vocational well being of life. In their view the ultimate objective of vocational rehabilitation services should be to empower PWDs with relevant skills as to enhance their viability in the highly competitive environs of employment. This achieved through VR process that involves applicants and clients in activities designed to help them demonstrate their vocational interests, abilities, service options, and choices makings.

According to Rubin and Roessler [2001], the goal of VR is to facilitate productivity, independent living condition, and community integration of a wide range of PWDs, who, otherwise, might have been functionally limited and socially ostracized. Hence, VR program should primarily be designed in the premise to help PWDs become economically independent and financially secured by increasing their viability through integrated and sustainable engagements of income generating activities to ultimately enable them lead on an independent and productive life.

United Nation estimation on the number of PWDs reported that almost 10% of the world population was disabled, and out of which 80% lived in developing countries (Wa'el, 2000). However, as most of these countries did not have rehabilitation service

providing institutions due to lack of resources and for a variety of other reasons, the educational, societal, and occupational life of PWDs is very much affected and often disregarded. As a result, as Vondracek (1998) states, most of them do not develop the required behavior for career development, which is very crucial to improve their livelihood.

The occupational life of PWDs is, thereby, generally characterized by earning much less income and is also less likely to assume power, as they do not enjoy career opportunities nor entertain employment benefits. Similarly, as Robert (1990) noted, PWDs are far less likely to be employed in managerial positions and attain professional status than non-disabled people. Conversely, however, PWDs are more likely to work as operators, laborers, and those sorts of activities than people with no limitations of disability.

Therefore, it is clear that an integrated VR program is one of the essential elements decisive to empower PWDs and enable them lead productive life.

As the report released by Wa'el International (2000] revealed, the problem appear considerably large enough to be more tragic and severe in Ethiopia than any whereelse.

In Ethiopia PWDs are the most vulnerable segment of the society. The livelihoods of common beggars who use churches and mosques as a shelter and make a living wandering about on street pavements confirm this assertion. The reasons for their wretched living conditions are as equally very diversified as the nature and form of their disability. The scenario of economic, social, cultural, and pre and postnatal disabling factors that dictates the destiny of PWDs within Ethiopian context has been well propounded by Tirusew [1993) as follows:

> Confounded social and cultural problems force most persons with disabilities, either to engage in begging, staying behind at home, being, and/ or economically dependent on family or others and making the group the most disadvantaged of citizens in the country.(P 104)

Generally, lack of public awareness, information on the number and status of disabilities, basic rights (such as vocational training placement), health facilities, and

inaccessibility of supportive appliances are generally believed to have accounted the largest proportion of this predicament.

One of the options considered helpful to mitigate the problems of in individuals with disabilities is to reach them through vocational rehabilitation programs. Ethiopia also ratified the ILO Convention No 159 and UN Standard Rules and Regulations (ILO, 1995). Order No 70 of the 1971 Ethiopian proclamation mandates the provision of vocational rehabilitation programs on the basis of an assessment of the individual's interests, abilities, special needs, and service provisions in an assumption to empower PWDs. Accordingly, based on the action plan of the 1999 for the rehabilitation of PWDs, the Labor and Social Affair Office, jointly with NGOs, and international organizations like the ILO, have launched a vocational rehabilitation service delivery scheme to meet the social, educational, and vocational need of PWDs in Ethiopia (MOLSA,2001).

Incontrovertibly, it is an affirmative contribution to the welfare of the individuals with disabilities. To this effect, this study was undertaken to investigate the provision of VR services at two centers in Addis Ababa in order to gather data pertaining to their practices and contributions to make a difference in the lives of people with disability.

1.1 Statement of the Problem

VR serves as a fundamental instrument to rehabilitate PWDs and ensure their integration into the society. In order to achieve this, there are functions and responsibilities required to deliver competent VR services. Such services should be delivered in sequential manner that considers all of the assessing, planning, treating, and terminating phases. Each phase has its' own steps and procedures that need to be met so as to provide effective VR services. Contrary to this, the likely poor performance of the service provider on these procedures at each stage may ultimately prove the general poor service delivery performance of the vocational rehabilitation centre. This, in turn, may result in the unimproved livelihood of the beneficiaries. Likewise, effective vocational rehabilitation may also be impeded by the absence or quality of counseling services being provided and the service available. Counseling

and availability of services, as Rubin and Roessler (2001) states, are the major ingredients of vocational rehabilitation program. Maki and Riggar (1996) also reaffirm the importance of counseling as it assumes the central function for delivering a continuous vocational rehabilitation service.

The case in Ethiopia, however, does not substantiate the aforementioned requisite. According to the report of the Federal Democratic Republic of Ethiopia (2000), the number of PWDs who suffer from lack of available trainings and job opportunities are high and constantly increasing. Regarding vocational training institutions, as the number of institutions established specially for persons with disabilities is very few, a considerable number of PWDs have not had the opportunity to undergo such trainings. There is little data on the effectiveness of few existing CBR organizations in Ethiopia.

In this relation, the report of the Federal Democratic Republic of Ethiopia (2000) indicates that the existing established institutions were not organized in such a way that they could be able to admit, train, and accommodate PWDs. In this aspect one can assume that the services being provided are often inadequate and ineffective. But why VR services are remaining inadequate and unsuccessful? In order to answer this question, one has to investigate how vocational rehabilitation is practiced?

This study has looked into the nature of vocational rehabilitation process and its status in Ethiopia so as to answer the following questions:

1) What are the services being provided by the centers? And do the centers consider V.R process in its entirety?

2) What are the challenges reported by PWDs and authorities as to Practice VR.

3) What is the attitude of PWDs towards the service provided by the centers?

4) Does the local community play the expected roles to enhance the access of PWDs to vocational rehabilitation services?

1.2 Objectives of the Study

1.3.1 General Objective

As a general objective, this study has attempted to assess practices of vocational rehabilitation services being provided to PWDs in Addis Ababa.

1.3.2 Specific objectives

Based on the views stated above the specific objective of this study were:

- To examine the practices intended to promote vocational rehabilitation by the centers.
- To identify status or quality of services being delivered by vocational rehabilitation centers.
- To identify the challenges in practicing vocational rehabilitation services.
- To suggest further studies and obtain possible feedbacks to improve the status of vocational rehabilitation services.

1.4 Significance of the study

Even though there are a significant number of organizations /institutions working on disability matters, yet there is no adequate information on the practices of VR and its role. So far as the awareness of this researcher is concerned, however, there have been no studies carried out on vocational rehabilitation within the Ethiopian context.

Hence, it is timely and relevant to conduct a research on the aforementioned problems and synthesize the most likely recommendations to improve the situation. The researcher of this study, therefore, hopes that the findings of this study will:

- Promote the awareness of vocational rehabilitation centers or service providers towards the essentiality of human and material input required for an effective performance of VR centers.

- Inform (or possibly initiate) the concerned bodies of the vocational rehabilitation centers to evaluate their service performance and act accordingly.

- Initiate or lure attention for further studies on vocational rehabilitation and related issues.

1.5 Scope of the Study

This study assesses the current practices and challenges related to VR in Addis Ababa. The study assessed the practices with reference to VR processes that entail assessment, planning, treating and termination phases. The study uses samples from YRC and ADV VR centers in Addis Ababa. In addition officials from FCA, EFPD, and ENAB were subjects of the study.

1.6 Limitation of the Study

There are some conditions beyond the management of this surveyor which might have influenced the findings of the study. Accordingly, the study uses small sample size owing to the absence of VR centers which offer vocational services for all forms of disability and the difficulty of spotting legitimate individuals who could read and write to provide reliable information. In addition the imbalanced number of trainees available in the centers forced the researcher to use trainees with motor disorder for focus group discussion.

This resercher is also forced to develop non-standardized assessment tools to assess VR practices due to the inaccessibility of standardized assessment tools.

As locally written materials on VR are scarcely available, the surveyor believes that sufficient supportive evidences were not presented to supplement the study in the Ethiopian context.

1.7 Operational Definition of Terms

Vocational Rehabilitation: is a program generally designed for people with disabilities aged 14 and older to enable them become self reliant and productive citizens by equipping them with useful skill (ILO,1998).

Vocational rehabilitation practices: are main activities of vocational rehabilitation centers that include assessment, vocational evaluation, vocational training, counseling services, and job placement.

Persons with disabilities: are persons with disabilities such as hearing impairment, visual impairment (low vision and total blind), and motor disorder (hand and leg amputation, cerebral palsy, Hanson disease).

CHAPTER TWO

2. Review of Related Literature

2.1 The Rehabilitation Concept

According to Alan (1958), the common meaning attributed to the term 'rehabilitation' in the Middle Age was "...the reacquisition of nobility or aristocratic status and its related privileges which had already been forfeited" (P.6).

In the contemporary context, however, the word has come to signify of maintaining self-care, regain independence, and identify working potential. Maki and Riggar (1996), for example, define the rehabilitation concept as a comprehensive and also an individualized process, which is prescriptive in nature and directed towards the development or restoration of functionally independent and qualitative life. They have also stated the philosophy of rehabilitation, which, according to them, presupposes the dignity and worth of all people. Likewise, Rubin and Roessler (2001) has also implied the core concepts underlying rehabilitation philosophy which include securing good childcare services, education, employment, good housing, and the chance to take part in different cultural and leisure events.

Furthermore, Reynolds and Lestermann (1987) define the term rehabilitation as a process, procedure or program that enables individuals with disabilities to function at a more independent and personally satisfying level. Accordingly, these notions conclusively entail the fact that the definitive purpose of rehabilitation should be enabling PWDs to regain and develop the relevant skills to become functional in all of their engagements.

2.2 Rehabilitation of Persons with Disabilities

As various studies (eg. Perry, 2003; ILO, 1982; 1994) suggest that if PWDs are entitled to appropriate VR services, they are more likely to become productive, independent, and emotionally strong and stable. These rehabilitation categories are generally identified as medical, educational, social, and vocational types. Among these, medical rehabilitation plays a vital role in rehabilitation process for preemptive and early treatment as many causes of disability are curable.

The professional support of Medical personnel such as physicians, physiotherapists, neurologists, pediatricians, and psychiatrists is highly crucial to help PWDs overcome the impairment barrier.

Social rehabilitation, on the other hand, focuses on the rehabilitation of PWDs within their social context. According to Mengesha (1992), during social rehabilitation parents, siblings, neighbors, friends, teachers, employers are also supposed to acquire skills essential for rehabilitation process.

As Helander (1993) and also Tigabu (1997) noted, Vocational rehabilitation is a process or a program designed to help PWDs lead an independent life through appropriate training and job placement. This proposition includes all measures aimed at reducing the impact of disability by enabling PWDs achieve independence, social integration, and better quality of life.

Based on these assumptions and presupposed practices of VR, this study would, therefore, focus on the practices and provisions of VR being provided to PWDs in Addis Ababa.

2.3 Community Based Rehabilitation `Versus' Institution Based Rehabilitation Models

As stated by Tigabu (1997), Institution Based Rehabilitation (IBR) provides services to PWDs within special places that have such facilities as building(s), equipment, boarding facilities, and professionals for the purpose of giving care and rehabilitation to the disabled. He further states that this model of rehabilitation requires building,

equipping, maintenance technicians, and the employment of professional rehabilitation staff. However, all of these requirements make IBR very costly as to render care and rehabilitation to the PWDs.

IBR's approach is known for taking PWDs out of their community and brings them together into a segregated environment. This is generally considered as the major limitation of this model. IBR model cannot provide the psychosocial counseling at all levels, which is, as Tigabu (1997) states, the key component of enablement and integration of the PWDs.

Quite contrary, Community Based Rehabilitation (CBR) model is promoted to enhance the coverage of rehabilitation services within reasonable costs. Unlike Institution-based approaches, according to WHO (1996), CBR model involves comprehensive rehabilitation including multidisciplinary therapy in inpatient, outpatient, home and community settings.

WHO (1996), considers CBR model is a better approach to rehabilitate PWDs within their surroundings and environment so that the psychosocial aspect, which is believed to be very important in the rehabilitation issue, of PWDs could be treated.

2.4 The Vocational Rehabilitation Concept

The concept of VR corresponds with the basic principles of rehabilitation. Both appreciate independence and quality of life. Accordingly, as ILO (2005) asserts, the fundamental purpose of vocational rehabilitation is to provide services for disabled children and adults. It also helps to reduce the occupational and psychological challenges caused as the result of their disabilities and to offer them better opportunities. It further states that the VR services involve vocational guidance, vocational training, and selective placement. These are designed to enable PWDs to secure and retain suitable employment (Rubin and Roessler, 2001). The term VR, therefore, entails the coordinated and continuous procedure or program that enables the disabled individuals to function at a more of independent and self-satisfying level.

Other researchers like Mcinerney and Karan (1981) explain the ultimate goal of the VR process for PWDs. They assert that the goal of VR process is to maintain placement in highly competitive world of employment, attain personal satisfaction with

the placement, and generate satisfactory performance in the job. In relation to this, Rynold and Lestermann (1987) also explain the goal of VR program as an approach to get PWDs prepared for occupational life or careers. The basic program components of VR services are the remedial of basic skills, specific job training, personal and social adjustment skills, career information, and modified content on the subject areas and on job trainings.

To achieve these objectives, thus, several rehabilitation processes and specific objectives must be met. As VR is a process not an isolated treatment, the continuity of services delivery must always be maintained to give PWDs the assistance they may require in all aspects of life.

2.5 International Legal Provisions for Vocational Rehabilitation

Based on the universal assumption that recognizes the PWDs' equal right for opportunities, it is incontrovertible that they deserve to have access and are also entitled for all provisions, which people without disabilities may enjoy. ILO (1994) entitled PWDs with the right to white-collar jobs and productivity, enjoy the welfare of freedom, equity, sense of security, and human dignity. The International Standards and Implementation of VR Legislative Policies are generally used as prerequisite to achieve the integration of the above mentioned rights of PWDs.

According to ILO (2005), the first international instrument concerning the provisions of retaining VR was adopted by ILO in 1925, in relation to the recommendation of injured workforce. However, the first legal document devoted to VR was the1955 ILO Recommendation number 99. This international document entails the need to organize and develop arrangements for training and employment of the PWDs. It also recommends VR services should be organized and developed in a continuous and coordinated manner by a competent authority. As ILO (2001) asserts, the development of VR services should at least keep pace with the development of the general service for vocational guidance, vocational training, and placement.

In addition to those included in the recommendation No. 99 of the 1955, ILO has also adopted another VR and Employment Convention No 159 and Recommendation No 168 in 1983. According to ILO (1998), the convention serves as a springboard for all national legislations and provisions of guidance, vocational trainings, and placement of PWDs. The convention also authorizes VR measures, which need to be made available to all categories of PWDs. The recommendation, on the other hand, urges on the need for community participations in the structure and development of VR services as to provide support to production workshops, cooperatives, and small-scale industry projects of or for the PWDs.

Another international legal provision of VR to the PWDs is the UN Declaration on the Right of PWDs in 1975. The Declaration affirmed PWDs' civil and political rights, the right to education, vocational training, counseling, and placement services (ILO, 2001).

The EU (European Union) Charter on the fundamental rights also prescribed work and VR related provisions to the PWDs. Article 14.1 of this Charter, for example, asserts the right of PWDs for education and continuing vocational trainings. Similarly, article 29 also affirms the right of PWDs for unrestricted job placement services (ILO, 2001).

2.6 The Role of Vocational Rehabilitation for Social and Economic Development

The contemporary societal values highly regard certain codes of behaviors. According to Rubin and Roessler (2001), behaviors like independence, health, productivity, physical beauty, and values of these sorts are highly considered by the society. The underlying principle of this assumption upholds self-sufficiency by dishonoring or demeaning dependency.

VR, thus, helps to provide PWDs with social and economic forum to ultimately assist them build and strengthen their sense of independence and self-esteem. For the betterment of these VR programs, thus, policies and syllabus should essentially be coordinated with the existing social and economic development. As ILO (1998) notes,

there must also be the political will and the means to practically implement these programs.

ILO (1998) further implies that the development of VR services for PWDs could as well be justified on humanitarian and economic terms. The economic values are less well understood by many governments because capital costs of buildings, equipment, and staffing were prohibitive. On the other hand, it is often argued that though the initial cost of launching a rehabilitation center is considerably high, PWDs as beneficiaries of these centers will undoubtedly be developed to a productive and contributive workforce to the nation's Growth Domestic Capital (GDP).

As ILO (1998) indicates, there are substantial savings on social security and welfare for the disabled and their dependants, including sickness and invalidity payments, which, without vocational rehabilitation, disabled persons would be entitled to be paid for life.

According to Bitter's (1979) reference of the study conducted in the United State of America, for example, if PWDs are capacitated to be the working force, the study witnessed the potential of PWDs to earn or pay taxes between eight and thirty three-fold higher than the amount of money that was previously spent on their rehabilitation program. In addition to that, the dignity and self-esteem these individuals may develop as a result of becoming contributive and productive citizens considerably accounts much and more important.

Hitherto others argue on the socio-economic value of VR in terms of utilizing human power in a given society. According to Perry(2003) and WHO (2000) , out of 600 million PWDs worldwide 386 million are in their working-age and 1.5% of the world's population is involved in the supply and care of the needs for each PWDs. Alan (1958) has outlined the following four valid reasons for the economic benefit of VR programs:

- for the efficient utilization of manpower,
- for economic gains by restoring workers to earning power,
- for tax savings made by removal from public assistance role, and
- for concerns on the reduction of the cost for PWDs (P.94).

This positive reflection of vocational rehabilitation in terms of cost effective approach, as reported by ILO (1998), has certainly led to the increased trend of investment in some countries with vocational rehabilitation service.

The problems and difficulties which PWDs face are many and varied. Rehabilitation is essential to restore the physical, mental, social, vocational, and economic merit of persons with such a plight. Vocational rehabilitation is not only the benefit of PWDs but also for the country's economy and benefits of the whole society. It is, therefore, necessary to develop and improve the competence of PWDs by merging the medical, psychological, social, educational, vocational guidance, vocational training, placement services, and follow-up as a continuous and co-coordinated process of the treatment.

2.7 Factors Affecting Vocational Rehabilitation Practices

A distinct set of factors and challenges are reported to have been encountered by VR practitioners. Crudden (1998), for example, identified attitudes and transportation problems as major barriers to the vocational rehabilitation services. Studies carried out in Asia by ILO and other researchers to investigate problems in developing countries have identified the following factors looming responsible for affecting the extent of VR practices.

- Causes and Types of Disability
- Lack of Trained Personnel
- Lack of Training and Employment Opportunities
- Attitude
- National policy limitations
- Architectural Barriers
- Lack of coordination

2.7.1 Causes and Types of Disability

Currently, the rate of disability is high. As ILO (1998) indicates, diseases which may induce disabling conditions are preventable. As a result, governments, NGOs, and organizations engaged in disability area put emphasis primary on prevention strategies rather than on providing VR services.

The types of disability are another threat for VR services, as different type of trainings and placement is required for each type of disability. For example, supported employment is suitable for people with severe disabilities.

2.7.2 Lack of Trained Personnel

According to ILO's (1998) report, lack of trained staff is more pronounced in VR than any other rehabilitation sector. Ethiopia is cited for its lack of human resources as one major hindering factor to deliver VR services. Amare (2004), states that lack of career structure and unattractive salary scale might probably have been the main inhibiting factors to win the interests of fresh practitioners for counseling engagements. Moreover, rehabilitation is not generally being considered as concern of the social science studies in many developing countries. If ever taught, it is given as a separate subject in higher educational establishments. As ILO (1998) indicates, career development policies of many countries also adversely encourage the movement of civil service staff from one specialized sector of engagement to knowledge or skills upgrading.

2.7.3 Lack of Training and Employment Opportunities

As Ross (1988) asserts, the vocational training and employment of PWDs was and is still, in many cases, left to charitable organizations. Governments are becoming more and more reluctant to embark on costly projects of this sort. They rather prefer to support or sponsor production workshops of small-scale industry run by PWDs with carefully selected production or subcontract works. As a result, according to ILO (1998), the size of beneficiaries is very limited as compared to the number of people who need the services.

Unemployment and underemployment appears to be the fate of PWDs in many developing countries. Job opportunities for PWDs in the open labor market is minimal and in some cases non–existent. As Ross (1988) has indicated, in old times PWDs were employed at almshouses or asylums where they produced brushes and mats and paid a small amount allowance. According to ILO (1998), this has brought serious repercussions on the late development of VR services.

2.7.4 Attitude

Crudden (1998) identifies attitude as one of the major barriers to vocational rehabilitation services. According to the ILO's (1998) report, the overall mindset is probably one of the most crucial determinants for the success or failure of programs aimed at vocational rehabilitation and social integration of PWDs. Accordingly, the attitude of the general public, the attitudes of the very families of the disabled themselves, and those professionals are reported to be factors that significantly determine the realization of VR objectives.

2.7.5 National policy limitations

As reported by ILO (1998), there are still nations which do not have established national policies, but have laid, in some cases, the foundation of effective and comprehensive national programs of VR. In some countries, on the other hand, national policies have not yet been fully formulated. In spite of that the problem is being addressed through fragmented approaches. The existence of such policies does not guarantee the development of a national program or help policy declaration attain its objectives. Therefore, the absence of well planned policies and practicing them in random will affect the right of PWDs for vocational rehabilitation services.

2.7.6 Architectural Barriers

The functional limitation of PWDs needs to be accounted for vocational choices as they need appropriate access to toilet facilities and transportation. According to ILO (1998), other than PWDs' functional limitations and the need for different adjustments, infrastructural constraints are also additional difficulties. However, architectural barriers prevent or functionally restrict PWDs from using most modes of public transport or entering public buildings, shops, offices, places of entertainment, training institutions of all kinds. Mengesha (1992) corroborates this assertion in such a way that as infrastructures are designed with a complete disregard of PWDs' requirements, the opportunity of PWDs to participate in the activities of the community is restricted.

This ultimately hinders the process of their rehabilitation and integration into the society.

2.7.7 Lack of Coordination

In principle VR services should be planned within the context of the national development strategy. According to ILO's (1988) statement, often the absence of coordination observed in the assignment areas of competence among the authorities is responsible for the various aspects of vocational training and employment of PWDs.

The non-involvement of responsible bodies in the planning and implementation of programs, strategies, and policies hinders the successful provision of VR services.

2.8 Vocational Rehabilitation Processes

According to ILO (2002), VR is a process that enables PWDs secure, retain, and advance suitable employment and, thereby, promote their integration or reintegration in to the society. Reynolds and Lestermann (1987) states that rehabilitation is a process or program that enables PWDs to function at a more independent and personally satisfying level by including all aspects of physical, mental, emotional, social, educational, and vocational life of the individuals.

Rubin and Roessler (2001) substantiates the above point by asserting VR as a process that places PWDs in competitive employment, gain personal satisfaction with their placement, and attain satisfactory performances in the job. In order to achieve these satisfactory performances, therefore, several processes must be experienced through VR program. The professionals involved in the VR program should assume a teamwork functioning as, according to ILO (1994), VR is rather a teamwork career than otherwise. Micinerney and Karan (1981) have pointed out that without information sharing and cooperative integration, the rehabilitation process will not be meeting the needs of the client.

The rehabilitation process is best described in sequential manner of traditional service sequence; evaluation, planning treatment, and termination (placement). The ILO Convention No 159 offers a general framework for implementing VR programs.

According to this Convention, VR services, such as vocational guidance, training, and selective placement, should be part of the continuous and coordinated process of VR.

These processes, however, are not static. If altered, as Rubin and Roessler (2001) suggests, may be effective for some individuals. He further insists that the individual with progressive and/ or unpredictable condition such as multiple sclerosis may, for example, need additional evaluation on job needs following the termination or placement phase. Generally, VR process involves a series of steps aimed at helping PWDs to obtain jobs on the bases of their abilities.

2.8.1 The Evaluation Phase

Evaluation is the process undertaken to determine the eligibility and appropriate strategic plans for PWDs to enter in the VR centers (eligibility determination) (Reynolds and Lestermann, 1987)

Rubin and Roessler (2001) states that the objectives of evaluation phase in the VR process are to help PWDs understand the range of his or her vocational functioning and interests. He further states that evaluation helps the clients become aware of the prospects for job opportunity compatible to his or her functional capabilities and interests.

Maki and Riggar (1996) remark the comprehensive nature of the evaluation process. According to them, this phase incorporates medical, psychological, social, vocational, and educational evaluation. It seems that this phase very much depends on the duty of the VR teams. Rubin and Roessler (2001) asserts that after going through these evaluations a comprehensive report on the appropriate vocational alternatives, existing client competence, and necessary services to realize vocational alternative was also expected to be compiled.

Rubin and Roessler (2001) outlines the following four steps in the evaluation phase:

- Intake interview,
- medical evaluation
- psychological evaluation and
- Vocational evaluation (p.263)

In these steps of the evaluation phase, as Rubin and Roessler (2001) notes, to achieve the objectives, the efficiency of the counselor, therefore, is crucial.

2.8.1.1 Intake Interview

The information gathering process begins with an intake interview. During this phase, Rubin and Roessler (2001) list the following points to be considered throughout the evaluation-based interview:

- Determining the person's reasons for seeking rehabilitation services,
- Providing the individual with necessary information on the role and function of the agency,
- Developing adequate rapport,
- Initiating the diagnostic process and
- Obtaining social and vocational history (p. 273)

2.8.1.2 Medical Evaluation

According to Alan (1958), physical medicine is only one of the many parts of the rehabilitation process. The physician launches a program designed to accomplish maximum physical restoration. The medical evaluation phase starts with the referral of the client by the counselor. As Rubin and Roessler (2001) remarks, the counselor should refer the client to an appropriate physician. The counselor should provide the examining physician with relevant information on social history and medical records along with specific list of questionnaire that need to be answered by the medical evaluation. Equally, a report is also required on the presence of any residual medical problems that, if untreated, could affect the individual during the VR process.

Generally, medical evaluation provides information to clarify the following assumptions:

- The functional implications of impairment
- The potential for possible recovery and service needed to achieve this objective
- The existing vocational capacities and limitations of the person (Hylbert and Hylbert, 1979, as cited in, Rubin and Roessler 2001:277)

2.8.1.3 Psychological Evaluation

According to Rubin (2001), psychological evaluation helps to determine the appropriateness of long-range vocational trainings and the need for service adjustments. Though psychological evaluation is part of the rehabilitation process, as Rubin and Roessler (2001) observed, it is not necessary to refer all clients to a psychologist for tests. When a formal referral is made to a psychologist, the counselor is expected to provide the psychologist with a list of explicit questions to be treated via psychological evaluation. Some of the prototype of these questions is outlined hereunder:

- Is there diagnosable emotional disorder?
- Should certain stressing factors at work be avoided?
- What are the recommended treatments?
- What is the outcome of the expected treatment?
- How is the person's level of intellectual functioning?

2.8.1.4 Vocational Evaluation

Laconte (1985), also restated by Reynolds and Lestermann (1987), explained vocational evaluation as an in-depth process conducted by a trained vocational evaluator.

According to the Nayok and Rao (2004), vocational evaluation helps to determine the person's basic skills, his or her dexterity, and other physical and cognitive capabilities. Furthermore, it also includes components that may determine changes of physical and cognitive capacities and interests of PWDs over time.

At a similar gesture, Rubin and Roessler (2001) states the purpose of vocational evaluation as a medium to provide reliable and valid data on the person's ability to work, job type preference, performance in vocational roles, specific interest for training, and general skills required for successful employment.

Since most vocational evaluation programs serve a wide range of PWDs, they should be equipped with necessary resources (materials) to enhance their capacity for assessing the vocational potential of their diversified clients. According to Rosseler and Baker (1984), as cited by Rubin and Roessler (2001), the vocational evaluation

unit must be equipped with a variety of verbal and non-verbal assessment instruments. Scholars have suggested the following instruments essential to conduct the assessment.

2.8.1.4 .1 Paper and Pencil Measures

Paper and pencil measures include psychological and educational tests designed to determine intelligence level, vocational aptitude, achievement, personality types, and vocational interests of the client. There are various types of tests in each category. Maki and Riggar (1996) observe that vocational tests and inventories include a wide variety of paper and pencil measures. Some of them are intelligence, achievement, personality, and vocational interest tests. These tests yield different information on the client's vocational abilities. Intelligence tests assess the person's ability to learn or examine his/her general aptitude. Likewise, aptitude test assesses the individual's potential. Achievement tests are direct toward assessing how much an individual has learned already. According to Rubin and Roessler (2001), personality tests are, however, directed at assessing an individual's interpersonal, emotional, motivational, and attitudinal characteristics. Moreover, as Rubin and Roessler (2001) remarks, vocational interest measurement provides information that may be used to help identify jobs in which the client is likely to experience greater job satisfaction.

2.8.1.4.2 Work sample

Maki and Riggar (1996) define work sample as a simulation of tasks actually performed in specific occupations. According to Rosenberg (1973), also restated by Rubin and Roessler (2001), work sample is used to assess a variety of constructs such as vocational aptitudes, workers' temperaments, vocational interests, dexterity, tolerance for standing or sitting, work habits and behaviors, learning style, and understanding of written and oral instructions. It has its own advantage and disadvantage. Accordingly, the advantage is, as Rubin and Roessler (2001) observes, that it evaluates the person's interest, increases the individual self understanding, and assesses the actual work behavior like skills, interest and physical capability. And

some of the disadvantages observed are the fact that it is time consuming, difficult to determine work sample, and provides limited data predicting performance in full time.

2.8.1.4.3 Situational assessment

Vandregoot (1997) states that situational assessment carried out in an actual or simulated work setting with people performing real work tasks reliably predicts later community employment of adults. Situational assessment evaluates the general employability prospects of an individual who completes rehabilitation program. Rubin (2001) asserts that situational assessment may, therefore, provide excellent insight of the person's general employability and behaviors.

2.8.1.4 .4. Ecological Assessment

According to Vandregoot (1997), ecological model is based on the premise that human development and behavior cannot be understood independently of the context in which it occurs. Maki and Riggar (1996) also point out that "ecological model has emerged from a trait factor tradition, which measures traits within the individual and parallel factors within the environmental contexts" (p.16). They then further describe the extent of congruence between them. In this regard, Rubin and Roessler (2001) supports Maki's point in that ecological assessment occurs in the natural setting in which the person functions. Parker (1989), as cited in Vandregoot (1997), affirms this as an assessment of person-job congruence.

Thus, the studies point above implies that ecological assessment can be used to evaluate the vocational capacity and interpersonal dynamics of the client to meet the productivity demands of that very setting under discussion.

2.8.2 Planning phase

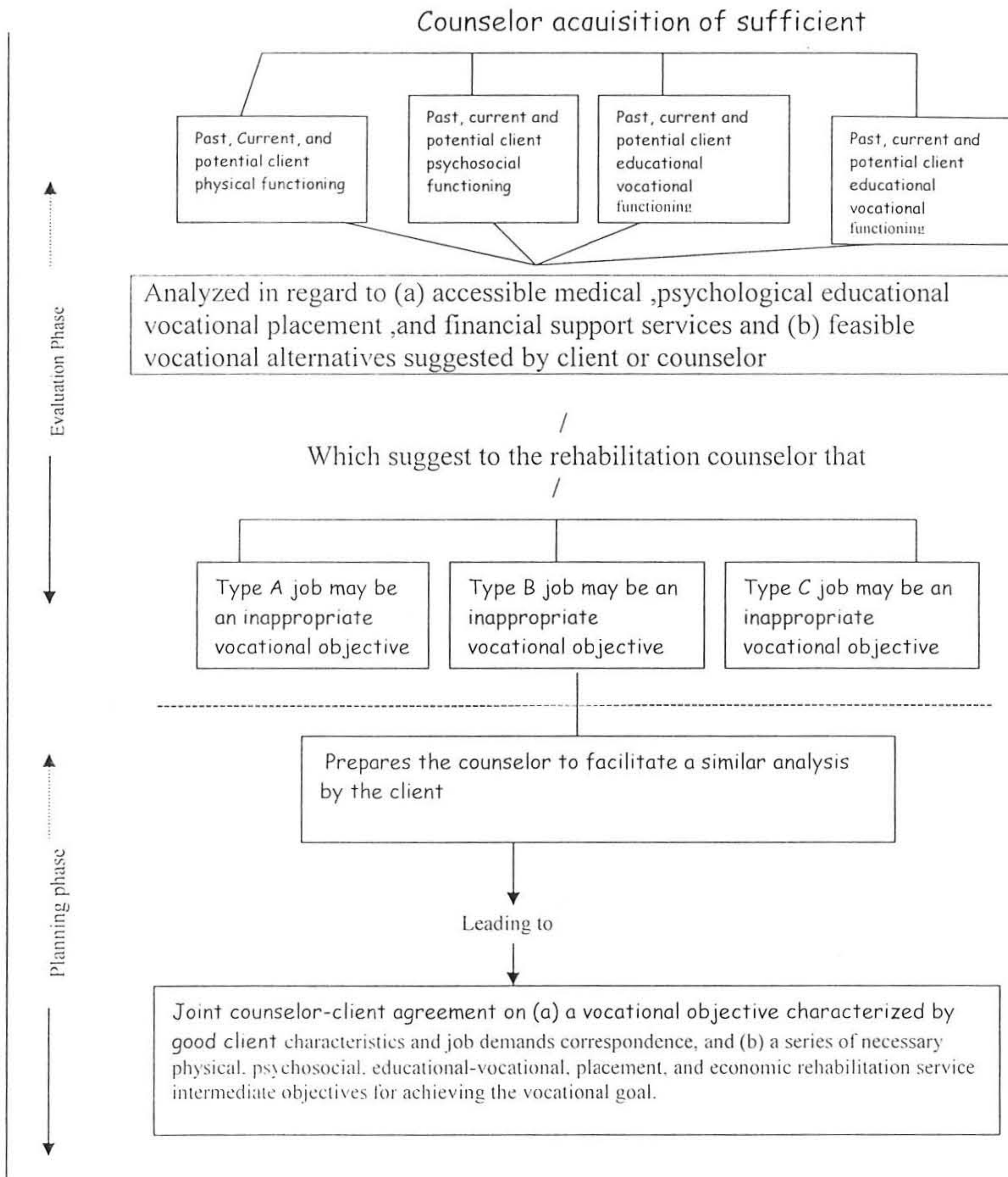
During this phase, the counselor's role is equally as crucial as the previous phase. According to Maki and Riggar (1996), counseling should assume central function and needs to be provided continuously throughout the rehabilitation process.

They assert that the counselor must collect and process an extensive amount of information during the evaluation phase. In correlation, Rubin and Roessler (2001) states that based on extensive data, the counselor should analyze the client's work potential and, therefore, integrate the available information with the individual's physical, psychosocial, and intellectual assets in relation to potential vocational objectives. Similarly, the Nayok and Rao (2004) also note that the counselor should prepare an IPE (Individual Plan of Employment). It outlines the consumer's goals and the steps necessary to reach the desired outcomes.

Rubin and Roessler (2001) asserts that people with disabilities are the primarily developers of their vocational plans. The counselor is expected to work actively with the client. Meaningful participation in the rehabilitation planning process should enable the client to:

- identify potential vocational objectives that exist.
- evaluate these objectives for personal relevance, desirability, and practicality.
- select vocational objectives to pursue in rehabilitation.
- understand what types of counseling, restoration, and training steps required to reach the goal.
- follow on the plan for the successful placement and long-term tenure on the job (Rubin and Roessler, 2001,p. 330).

Crux models of planning phase



The Crux Model. From The foundation of Vocational Rehabilitation process (p322) by R. Richard and S.E. Rubin , 1980 ,as cited in Rubin and Roessler (2001) Fayetteville Arkansas Research and Training center in Vocational Rehabilitation

2.8.3 Treatment Phase

Treatment for rehabilitation clients ranges from medical restoration to work adjustment and vocational training. Maki and Riggar(1996) acknowledge that services that will help clients to acquire the appropriate skills and behaviors are selected either in the area of education, restoration, or counseling. The treatment program for each client emphasizes functional approaches to therapy and training on skill building that enables the person to return to a maximum degree of independence. The rehabilitation counselor can secure services from a number of different public and private facilities (Rubin and Roessler, 2001).

2.8. 4 Termination phase (Job placement)

Job placement of PWDs is one of the concerns of vocational rehabilitation programs. Most PWDs come to vocational rehabilitation programs in need of work. Vondergoot (1997) notes that job placement should be the serious concern of vocational rehabilitation professionals. He further states that complementing placement services with comprehensive marketing strategies enhances resources directed towards finding employment opportunities for PWDs.

Up on completion of vocational preparation services, clients are ready for appropriate job placement assistance. As Rubin and Roessler (2001) and Vondergoot (1997) state the fact that so as to achieve placement objectives, some people will require job seeking skills and placement intervention to secure employment.

2.8.4 .1 Job seeking skills training

According to Roessler and Bolton (1985), as it is restated by Rubin (2001), PWDs secure only entry level because of poor job seeking skills. Employers, conversely, value applicants based on their good job seeking skills (Vandergoot, 1997). This clearly entails the fact that job seeking skill program is an essential element of the training that helps clients to organize and manage the job search process.

In this connection, Maki and Riggar (1996) mentions services such as clarification of job goals, preparation of resumes, portfolios, job hunting strategies, interviewing skills and job–search support should be included in job seeking skills. Rubin and Roessler (2001) corroborates this assertion, as saying that, at minimum PWDs should be instructed to complete the types of items provided on most job applications and job interview trainings. The client should be trained how to respond to interview, describe work related skills, describe education and work history, discuss adjustment needs, salary, benefits and advancements, and concluding an interview.

2.8.4.2 Placement Models

Maki and Rigar(1996) distinguishe the traditional and new models of placement. The traditional models include counselor provided placement, placement-specialist services, contracted services, and supported employment. New models are those that are experimental or derived from recent labor market factors. The major difference is on the role of the counselor.

Selective placement denotes an approach in which counselors actively persuade employers to provide opportunities to PWDs. Counselors bear most of the responsibility for organizing all needed services. Vandergoot (1997) states that the disabled person (the consumer) is usually not active in the process that leads them to employment, except when they become recipient of the services. Similarly, Rubin and Roessler (2001) also states that selective placement enhances the fit between worker capabilities and job demands via reasonable accommodations. In contrast, in client-centered placement model the counselor is nondirective and acts as a facilitator or teacher who enables the consumer to select and peruse services and employment as independently as possible. In client-centered placement, as Vandergoot (1997) states, most of the out reach to employers is done by clients themselves.

On the other hand, competitive placement model refers to a train-place-follow-up process that leads to employment. According to Vandregoot (1997), this approach reflects traditional VR in which most services are provided before employment usually in segregated settings. Orlansky (1988) pointed out that even if they are employed

under competitive condition they receive no subsidized wages of any kind. Contrary to competitive placement model, supported placement model uses a place- train-follow-up approach of service delivery. According to Vandregoot (1997), this model provides most services in work establishments after employment is obtained. In addition to this, Rubin and Roessler (2001) and Orlansky (1988) have stated that supported employment advocates job preparation for many people with severe disabilities.

2.9 Vocational Rehabilitation in Ethiopia

2.9.1 The History of Vocational Rehabilitation In Ethiopia

In Ethiopia rehabilitation services, with its literal and informal meaning, have an old history. According to Mekdes (1992) and Mengesha (1992), the historical evolution of rehabilitation in Ethiopia is related to the evolution of social development as the Ethiopian social system is built on an extended family bases.

As Mengesha (1992) states, in Ethiopia services and provisions for people with disability used to be delivered by family, extended family members, traditional communal aid associations, and local institutions such as the church. The traditional air of concern or sympathy for the disabled has always been manifested through the custom of alms giving.

So far the treatment of leprosy, the disease directly related to disability treatment, was the first program to be given attention in the year 1900. As the pioneer of this program, Dr Ferron, the Frenchman, established the first medical treatment center for leprosy patients called 'Saint Antoniouse' in Harar town. According to MOLSA (1991) late in 1930 and 1932 E.C, two medical treatment Centers for people with Hansen disease were opened by the Sudanese Interior Mission.The emergence of institutional care in the 1930s,and the consequent expansion have been among the pioneering actions in the history of rehabilitating PWDs in Ethiopia .The establishment of Hailesselasie 1 charity organization in 1947EC ,and the disability rehabiltation organization under Order number 70/1963 Negarit Gazeta are also among the steps taken by the government (MOLSA1991).

With regard to VR center, according to the report of MOLSA (1991), and Mengesha (1992), the first of its kind was established in Tigray in 1930 E.C. It was instituted in a premise to conduct scientific researches on leprosy and render trainings on agricultural rehabilitation to 500 leprosy patients who were under treatment at the center. Later in 1967, four VR organizations, launched by missionaries, came into existence in Shoa, Boru meda, Arsi, and Gindeberet. Similarly, as MOLSA (1991) reports, in 1972 agricultural projects were established in Arsi for about 800 ex- leprosy patients who were transferred from leprosy hospital of A.A.

In 1968 the first vocational 'Rehabilitation Agency (RA) was found. This agency was the first organization in its kind for the disabled even in East Africa. Subsequently, the first rehabilitation agency ran by the government was established in 1971. This organization, according to MOLSA (1991) and Mengesha (1992), was mainly involved in VR services.

2.9.2. National Legal Provisions for Vocational Rehabilitation

According to Lars (2000), disability policy is about the right of all people to citizenship, the right to be able to participate, to be able to enter by the same door as every one else.

With respect to rehabilitation of PWDs, the Government of Ethiopia has taken steps to provide educational and various rehabilitation services to the community of the disabled. Ethiopia has ratified the ILO convention No of 159 on 25th of January 1991 for vocational rehabilitation and Employment of the PWDs (ILO, 1993). In Ethiopia, Order No 70 of the 1971 is the most important legislative act. It indicates the government's responsibility. Based on this act the Rehabilitation Agency for the Disabled and Aged under the MOLSA was established.

The draft Development Plan of 1979 stated that the government should undertake all necessary measures to ensure proper vocational training and employment. Moreover, provisions should be given in a way that enables PWDs to be

self-reliant and integrated into the community. Disability provisions are also included in general legislation such as article 41 and sub articles 5 of the 1995 constitution of the Federal Democratic Republic of Ethiopia, the Labor Proclamation 1993 and the Federal Civil Servant Proclamation 2002.

Based on the UN standards on the equalization of opportunity for PWDs, MOLSA has prepared a National Program of Action in 1999. This Program of Action provides prospect for facilitating conditions where rules, regulations, programs, and services could be strengthened and expanded while enhancing alongside the vocational training and placement opportunities for PWDs.

The Developmental Social Welfare Policy which was prepared by MOLSA and adopted recently, provides for creating conditions where rules, regulations, programs and services could be strengthened and expanded to enhance vocational training and placement opportunities for persons with disabilities. Accordingly, necessary efforts have to be made to enable persons with disabilities to become beneficiaries of equal opportunity in vocational training (Federal Democratic Republic of Ethiopia, 2000).

2.9.3 Vocational Rehabilitation services and its problems

In Ethiopia different kinds of services are directed towards alleviating socio-economic problems of persons with disabilities. There have been attempts exerted and undertaken presently as well. Tirusew (1993) states that "there are both government and non governmental services which attempt to cater for the special needs of persons with disabilities"(p. 26).

Services forwarded to PWDs focused on primary, secondary and tertiary preventions. Obviously services are limited. Among the millions of PWDs only some few are beneficiaries of rehabilitation services (Tirusew, 1993). When the service being provided is compared with total number of people who need them, it is very minimal and mainly concentrated in urban areas (Federal Democratic Republic of Ethiopia, 2000).

Concerning on the practice of rehabilitation, the government of Ethiopia, reported lack of adequate financial, human and technical resources and absence of coordination in the assignment of areas of competence among the authorities responsible for the various aspect of vocational training and employment of PWDs (ILO, 1988).

Even the assistance supplied by individual, religious organizations, philanthropic institutions, and that it was direct hand out, lacking content and substance of pulling out persons with disabilities from dependency. Even though, some non-governmental organizations have set up vocational training centers it is possible to say that their impact in upgrading sustainable lives of the beneficiaries is minimal for they have very limited capacity and concentrated on training streams that are highly saturated and have fierce competition (Federal Democratic Republic of Ethiopia, 2000).

CHAPTER THREE

3. Methods and Procedures

The purpose of this study was to asses the current practices and challenges, of VR services delivered in Addis Ababa. In order to meet these purposes, both qualitative and quantitative study design was employed.

3.1. Area of the Study

This study was conducted in two non–governmental VR centers of Addis Ababa. The setting is selected purposely. This is because VR centers engaged in providing VR services for different categories /types of disability are obtainable in Addis Ababa. The report released by the Federal Democratic Republic of Ethiopia (2000) corroborates this assertion as saying that training centers and institution are concentrated in urban areas. Besides, all the five associations of PWDs, the Federation for Persons with Disabilities, and head of government bureau (MOLSA) are all found in Addis Ababa. Accordingly, responsible respondents to this study could easily be accessed with in the available time and resources.

Currently, there are two governmental and thirty three Non–governmental organizations in Addis Ababa directly or indirectly involved in the rehabilitation of PWDs (MOLSA, 2006). However, not all of them provide VR services. Only seven of them are engaged in the provision of VR services for PWDs. The rest twenty eight organizations are engaging in awareness raising programs, medical/ educational rehabilitation, employment services, on legal issues, etc. As a result, two organizations; Yemisrach Rehabilitation Center (YRC) and Addis Development Vision (ADV) were selected purposely for this study. The reasons to select these two organizations entirely depend on two assumptions .The first one is their service provision to more than two types of disabilities. For example YRC renders services for almost all types of disability except for persons with mental retardation. ADV, on the other hand, provides services to two types of disability other than visual impairment and mental retardation. The second reason entails ten years service span of the centers.

3.2. Data Source

The main source of data for this study is obtained from PWDs who were undertaking trainings at ADV and YRC. Administrators and training coordinators of the two centers were also referred as a source to secure relevant data. Moreover, responsible bodies such as representatives of Ethiopian Federation of Persons with Disabilities (EFPD), Ethiopian National Association of Blind (ENAB), and Federation of the Addis Ababa Civil Association (FCA) were also included as key informants of this study.

3.3. Sampling Procedure

As target population of this study, sample was taken among the existing male and female trainees of YRC and ADV centers. The statistics of the two centers stated that there were ninety nine trainees with various types of disability such as visual, motor, hearing impairments.

As was this study carried out, a total of sixty six and thirty three PWDs were undertaking VR services at YRC and ADV centers respectively. With the cooperation of each respective center included in the study the researcher identified fifty three trainees from all disability group for questionnaire and eleven individuals for focus group discussion. Accordingly, fifteen, twenty, and twenty eight of them were persons with visual, hearing, motor disabilities respectively. People with mental retardation, however, were not included in the study for the reason that there are no trainees with mental retardation in both centers, besides; the researcher believe that it is unlikely to get reliable information from such group of people.

As to select sample individuals among different types of disabilities, the lists of trainees were prepared and stratified in such categories of their impairment (visual, motor, or hearing) types. Based on stratified sampling, fifty three individuals were purposely selected from each stratum to fill the questionnaire. This technique was chosen to ensure the inclusion of all disability types accommodated by the centers in

the analysis of the study. These sampled individuals comprise 53.5% of the total individuals then undertaking trainings at the centers.

Table 1: Population Summary and Number of Samples Considered for Questionnaire

Types o disabilit	Total number of trainee					No of sample considered		
	YRC		ADV		T	M	F	T
	M	F	M	F				
Visual Impairment	7	8	-	-	15	7	8	15
Motor disorder	13	15	9	7	44	10	8	18
Hearing impairment	10	13	8	9	40	9	11	20
Total	30	36	17	16	99	26	27	53

Similarly, purposive sampling was employed for focus group discussion. The criteria that were employed to create eligible respondents were their willingness to participate in the discussion. One of the participants was trainer who volunteered to participate in the discussion. One group consisting five participants from ADV and another group consisting six participants from YRC had participated in the discussion.

Table 2: Background Information on Participants who participated in the Focus Group Discussion

No	sex	Type of disability	Position	Educational statu	center
1	M	Motor disorder	trainee	2nd grade	ADV
2	F	Motor disorder	trainee	No school	ADV
3	F	Motor disorder	trainee	4th grade	ADV
4	M	Motor disorder	trainee	8th grade	ADV
5	M	Motor disorder	trainee	6th grade	ADV
6	F	Motor disorder	trainer	Diploma	YRC
7	F	Motor disorder	trainee	8th grade	YRC
8	F	Motor disorder	trainee	2nd grade	YRC
9	F	Motor disorder	trainee	10th grade	YRC
10	M	Motor disorder	trainee	8th grade	YRC
11	M	Motor disorder	trainee	10th grade	YRC

As there was similar number of officials in the two Associations, and Federation and the two centers, purposive sampling was applied to obtain informants for interview. A total of four interviewees, one administrator and one training coordinator from each centers were also included in the interview. And also as indicated on Table two below, one female and two male respondents were selected for interview from Federation of Addis Ababa Civil Association, Ethiopian National Association of Blind, and from Federation of Persons with Disabilities. These informants were delegated to provide information on vocational rehabilitation services undertaken by their respective organizations.

Table 3: Background Information on Participants who were Interviewed

No	Sex	Types of disability	Educational l status	Position	Name of Organizations
1	F	Motor disorder	B.A Degree	Training officer	EFPD
2	M	Visual impairment	B.A Degree	Public relation officer	ENAB
3	M	Visual impairment	Diploma	Administrator	YRC
4	M	Not disabled	B.A Degree	Administrator	ADV
5	M	Not disabled	B.A Degree	Training coordinator	YRC
6	M	Not disabled	B.A Degree	Training coordinator	ADV
7	M	Not disabled	B.A Degree	Unit Leader	FCA of A.A

3.4 Data Collection Instrument

The mechanisms employed to collect data for this study were questionnaire, semi-structured interview, and focus group discussion. Queries (Both close and open-ended items for questionnaire) were developed as per the very assumptions of the literature (books, reports) on the area of VR for PWDs.

3.4.1 Questionnaire

A questionnaire with forty eight items was developed. The items were first prepared in English then translated into Amharic with clear instruction as to make it understandable to the sampled population and the refined questionnaire was administered to selected research participants. Finally, back translation into English for the analysis was done.

The Questionnaire was distributed to collect data from individuals who were then on training in the two sampled organizations. It was intended to collect data from various angles. The first part focuses on the general information about the respondents. The second part consists of items constructed to assess the trainees' account to services delivered by the centers. The next section was on the challenges and attitudes encountered while getting vocational rehabilitation services. The last section draws the respondents' opinion on the perspective of vocational rehabilitation services and measures suggested to be taken to improve vocational rehabilitation service.

Concerning respondents with visual impairments, questions were asked by the interviewer to gather data from them and the rest were self-administered.

3.4.2 Interview

Semi-structured interview questions were prepared for seven decisive informants of this study. A twelve-item semi-structured interview questionnaire was also prepared, translated into Amharic and conducted for administrators and training coordinators of the two centers. The main purpose of conducting this interview was to identify practices conducted, problems encountered, and possible prospects to improve the practices. In addition to that, a five item semi-structured interview question was prepared for officials from Government Bureaus (Rehabilitation department), Ethiopian Federation of Persons with Disabilities, and the Association of the Blind who were designated to provide information on PWDs.

3.4.3 Focus Group Discussion

Focus group discussion guide consisting five items was prepared, translated into Amharic and conducted with ten volunteer trainees from both centers and one trainer. The main purpose of conducting the focus group discussion was to identify attitudes of service beneficiaries toward the service and challenges faced and to seek possible solutions.

3.5. Development of the Data Collecting Tools

Data collecting tools (the questionnaires, interview and focus group discussion) were designed based on the statement of leading scholars such as Rubin and Roessler (2001), Maki and Riggar (1996), and the ILO (1994) report on the practices of vocational rehabilitation. Comment was given to each tool by the researcher's advisor. This researcher has, therefore, adopted these constructive comments forwarded to this research and made necessary changes accordingly. After these adjustments, pilot study was launched on twelve PWDs who were then on trainings at Signum Vitea. They were purposely selected among all disability types provisioned in the organization. The collected data was analyzed through item analysis to determine the technical adequacy of the tool. Its reliability, according to Cron Bach Alpha, was 0.78. The value has indicated that the items were internally consistent and the instrument was relatively reliable. The pilot study was helpful to identify ambiguous and double-barreled questions in the questionnaire. Three items which informants found confusing, hence, were crossed out.

3.6. Data Analysis

Based on the basic research questions of this study and the data collected, appropriate analysis technique was employed. The data collected through questionnaire were analyzed using descriptive statistics and nonparametric test, which entail number and percentage, respectively. The data obtained through interview and focus group discussion were presented and analyzed through qualitative technique of thematic analysis.

CHAPTER FOUR

4. Data Analysis and Discussions

This chapter presents discussions and analysis of the data obtained through questionnaire, interview and focus group discussions. The findings of this study are presented based on the guideline of the major themes of researching. Accordingly, the background information of the respondents is presented first, followed by the data obtained through questionnaire from the trainees of the *Yemisrach* Rehabilitation Center (YRC) and *Addis* Development Vision (ADV). Finally, the data collected through the semi-structured interview and focus group discussion are presented.

4.1 Data Analysis

Table 4: Background information of the trainees who fill the questionnaire

No	Required information		Response in	
			Number	%
1	Sex	Male	26	49
		Female	27	51
Total			53	100
2	Type of disability	Visual	15	28.3
		Motor	18	34
		Hearing	20	37.7
Total			53	100
3	Age	15-20	6	11.3
		21-25	16	30.2
		26-30	14	26.4
		31-35	10	18.9
		36-40	7	13.2
Total			53	100
4	Level of educ	1st cycle complete	11	20.8
		2nd cycle complete	26	49
		College diploma	5	9.4
		2nd cycle incomplete	11	20.8
Total			53	100

As stated in the previous Chapter, the sample population covers 53.5% out of the total population for the questionnaire. The questionnaire was distributed to 53 selected trainees out of which twenty six of them (constitute 49%) were male, whereas the remaining figure (constitute 51%) were females.

As to their level of education, five of which (constitute 9.4%) have attained college diploma. However, the remaining eleven (constitute 20.8%) and 26 (constitute 49%) of whom have completed primary and secondary cycle education respectively. Those 9.4% of college graduates and one kindergarten teacher are getting training along with the rest who have attained no extra qualification other than the basic primary or high school education. This trend may implicate the fact that lack of employment opportunity or failure to win the trust of their employees due to their physical condition might have forced them to join these trainings rather than to work in their certified profession.

As can be seen in the above table, visual impairment constitutes fifteen (28%), motor disorder eighteen (34%), hearing twenty (38%). People with motor disorder and people with hearing impairment make up the largest proportion. This might thereof substantiate the assumption that the existing training and rehabilitation options favor these groups while excepting others.

The age group of most participants of this study ranges between 21-25 years and constitutes 30.2%. The age of a considerable number of trainees fall within the range of 25-30 that constitutes 26.4%.The remaining falls within the two age groups of 15-20 years (constitute 11.3%) and 35-40 (constitute 13.2%). This trend, as the literature demands, apparently, confirms the requirement of age-based standard (between 14-50 years of age) needs be observed to admit clients.

4.1.1. Presentation of Data Obtained Through Questionnaire

4.1.1.1 PWDs' response for services being provided by the centers

1) What are the services being rendered by the centers? And do the centers consider V.R process in its entirety?

The respondents were asked if the centers provide adequate vocational rehabilitation services .The responses are presented as follows

Table 5: Adequacy of VR services provided by the centers

Respons	Number responden	Percent
Yes	32	60.4
No	21	39.6
Total	53	100

As it may be inferred from the afore-stated Table, 60.4% of the respondents have conformed the fact that the center provides VR services adequately, while 39.6% of the respondents did not know whether such services are available in the centers.

Additional means employed to assess the services delivered by the centers was to ask respondents about activities the centers have been undertaking and would consider for the future.

Table 6: Activities being practiced and prospected by the centers

No	Type of activities	Number respondent	Percent
1	Evaluation based interview	4	7.5
2	Counseling activities	2	3.8
3	Vocational training activities	53	100
4	Job placement	23	43.4
5	Medical treatment	32	60.4

As the aforementioned data shows, all respondents know the existence of vocational training. The majority of the respondents constituting 43.4% reported that there were job placement services. Likewise, 60.4% of the respondents reported there was medical treatment. However, only 7.5% of the respondents reported that there was evaluation based interview, whereas 3.8% reported the presence of counseling services.

As to prove in some way the major activities conducted by the centers, respondents were asked to indicate whether there are professionals in the center.

Table 7: Professionals Available In the Centers

Professionals	Number responden	Percent
Physician	7	13.2
Counselor	-	-
Psychologist	-	-
Job pla counselor	-	-
Vocational trainer	52	98.1

The Table indicates the fact that no single counselor, psychologist, or job placement counselor exists in both the centers. Nevertheless, 98.1% of the respondents indicate the presence of vocational trainer in the centers.

Respondents were also asked to indicate the types of services available in the centers on a three point scales ranging from agree to disagree. For the sake of simplicity and clarity, the data gathered from these trainees on VR practices are presented on **Table 8(p.43), 9 (p. 44), 10 (p.45)** as follows

Table 8: The practice of assessment phase

No	Practices	Rating scale					
		Agree		Undecided		Disagree	
		N	P(%)	N	P(%)	N	P(%)
1	The center provides training based on my interest.	37	69.8	9	17	7	13.2
2	The vocational training I am up to, I believe, suits my ability.	28	52.8	7	13.2	18	34
3	The counselor has helped me to identify my vocational choice.	2	3.8	3	5.6	48	90.6
4	I have taken medical examination before I was sent for vocational training	13	24.5	2	3.8	38	71.7
5	The counselor has advised me to cho type of training suitable for my aptitude.	6	11.3	1	1.9	46	86.8
6	My mental and physical conditions considered when I was referred to Vocational training.	44	83	-	-	9	17

As can be deduced from the above Table, trainees were asked whether their interests were considered for the training. Accordingly, 69.8% of the respondents show agreement whereas 13.2% show disagreement and the rest, which constitute 17%, could not be definite on the statement. As to consider their ability as stated on item number 2, 52.8% of the respondents agreed whereas 34% expressed their disagreement and the rest 13.2 % could not be definitive as to tell whether their abilities suit the training.

The trainees were also asked to indicate the counseling services in item three and item five. The majority of the respondents, who constitute more than 85%, expressed their disagreement. The responses given for item three and five, also corroborated by the responses indicated on Table seven categorically confirmed the fact that there is no single counselor in all of the centers.

As to the stated medical service of item number four, 71.7% of the respondents expressed their disagreement whereas 24.5% avowed their conformity; however the remaining 3.8 % could not be certain. These responses are also compatible with the answers given to Table seven. Accordingly, only 13.2% of the respondents indicated that there was physician in the centers. Conversely, the statement obtained in an interview with the management of these centers stated the fact otherwise as saying that there was no single physician operating within these centers. However, the reason as to why they responded that way seem to have accounted for the 60% medical bill disbursement issuance which the centers entitled to each trainee. As for the physical and mental compatibility with the given vocational training, 83% of the respondents stated their conformity whereas the remaining 17% affirmed their disagreement.

Table 9: The practice of treatment phase

No	Practices	Rating scale					
		Agree		Undecided		Disagree	
		N	P%	N	P%	N	P%
1	There are adequate training options in the centers.	51	96.2			2	3.8
2	Job hunting skill is also included in our training.	48	90.6	5	9.4		
3	Formal education is also given to those who are in need of.	8	15	8	15		70

In response to the questions raised on treatment activities, as indicated on table nine, 96.2% of the respondents confirmed that there were adequate training options. The trainees were also asked whether job-hunting skill was part of their training, and out of these 90.6% expressed their agreement. As for the provision of formal education in the centers, 70% of the respondents disagreed. Even if the centers have schools for formal education, as the management of the centers disclosed in an

interview, it is not within the centers syllabus to provide formal education for trainees who are in need of formal education. In an open ended item which asks opinion 10(19%) respondents said it would have been better if formal education was available in the centers. Similarly, 2(3.8%) respondents from card section indicated if supplementary education in fine arts is given for them.

Table 10: The practice of termination phase

No	Practices	Rating scale					
		Agree		Undecided		Disagree	
		N	P%	N	P%	N	P%
1	The center helps me to find job training.	23	43.4	3	5.6	27	51
2	The center provides me with Placement opportunities after training.	27	51	6	11.3	20	37.7
3	There is a demand in the market for the kind of training I am taking.	11	21	10	19	32	60

As for the questions on job placement activities on termination phase, 51% of the respondents expressed their disagreement over the statement that states whether the centers help them find jobs whereas 43.4% agreed. As to the prospect of job opportunity in the local market for the given training type being rendered by the centers, 60 % of the respondents expressed their disagreement. In contrast, 51% of the respondents agreed with item number two as saying that the centers provide placement opportunities after training. However, the trainees' responses to item number one and item number two in the above Table seem to be contradictory. Apparently, their agreement on job placement opportunities of item number two seems to be on account of the seed capital, which the centers grant to each trainee upon graduation.

4.1.1.2 Trainees' Responses to the Perceived Challenges of Practicing V.R

2) What are the challenges that hamper vocational rehabilitation practices?

Respondents were asked as to indicate in a three point scale ranging from agree to disagree about challenges encountered while undertaking training of vocational services.

Table 11: Trainees' observation on the challenges of practicing Vocational Rehabilitation services

No	problems	Rating scale					
		Agree		Undecided		Disagree	
		N	P%	N	P%	N	P%
1	There are no adequate professionals in the center.	22	41.5	17	32.1	14	26.4
2	Placement opportunities are not available in the local labor market.	33	62.3	6	11.3	14	26.4
3	Transportation is the major problem that hinders my participation in training	46	86.8	-	-	7	13.2
4	The compound and toilets are not suitable for my physical condition.	41	77.4	-	-	12	22.6

As indicated on Table ten above, 41.5% of the respondents agreed that the required number of professionals is inadequate. On the other hand 26.4% of the respondents agree with the adequacy of the required professionals while 32.1% of the respondent cannot decide. As to the prospect of job opportunities in the local labor market, 62.3% of the respondents not think that there are job opportunities in the market. 86.8% of the respondents stated transportation as their major impeding factor. The remaining 13.2% of the respondents, however, responded that transportation was not a problem owing to the proximity of their residences to their respective centers. In relation with this, in an open ended question which asks additional opinion for better

provision of services 32(60%) respondents suggested for transportation provision. 77.4% of the respondents stated that the compounds and toilets are not suitable to their condition whereas 22.6% reported that the compounds do not impede their movement nor found the toilets unsuitable to their physical conditions.

4.1.1.3. Trainees Response on Their Attitude towards Service

3) What is the attitude of trainees towards the service provided by the centers?

Based on the above research question, respondents were asked to rate the skill they claimed to have earned after joining the center and responded as follows.

Table 12: The skill I acquired after joining the centers

Response	Number respondents	Percent
Very good	17	32.1
Good	23	43.4
satisfactory	9	17
Not good	4	7.5
Total	53	100%

As may be concluded from the Table above, 32.1% and 43.4% of the respondents claimed to have acquired very good and good level of skill out of the training respectively whereas 17% and 7.5% of them reported to have earned satisfactorily and not good level of skill respectively.

Respondents were also asked to rate their feelings about the services being delivered by the centers.

Table 13: Happiness about the Service of the Center

Response	Number of respondents	Percent
Very great	22	41.5
Great	21	39.5
Not great	10	19
Total	53	100%

As reflected in the Table thirteen above, 81% of the respondents (responded Very great and great) stated their contentment over the services being rendered by the centers. Only 19% of the respondents stated their discontent with the services being rendered by the centers.

They were also asked to state their attitude towards the services in a three-point scale that ranges from agrees to disagree.

Table 14: Trainees' attitude toward services in the center

N= 53

No	Items	Rating scale					
		Agree		Undecided		Disagree	
		N	P%	N	P%	N	P%
1	The service being provided would not change my life.	12	22.6			41	77.4
2	There is no suitable stream of trainings for me to choose.	16	30.2			37	69.8
3	The training is not suitable for my physical and mental capacity.	14	26.4			39	73.6
4	I am not happy with the service I am receiving now.	12	22.6			41	77.4
5	The service I am receiving now is inadequate.	24	45.3	14	26.4	15	28.3

So as to make out the general attitudes of trainees toward services delivered by the centers, five different questions were formulated. As may be concluded from Table 14 above, the statement of item 1 is devised in an assumption to help this study gather conclusive information on the trainees' attitudes toward the future prospect, which their trainings may promise them to their life. Accordingly, 77.4% of the respondents stated that the training they are up to would not change their life whereas 22.6% argued otherwise as saying that it does not change their life. As for the adequacy of training options may be chosen by the trainees within the centers, 69.8 % of the respondents stated that there are suitable stream of trainings whereas the remaining 30.2% said no.

As for the suitability of the trainings being given to the physical and mental capacity of the trainees, 73.6% of the respondents confirmed that the training did suit their physical and mental competence whereas the remaining 26.4% argued otherwise as saying that it did not suite their physical and mental competence.

As to item four, which enquires their satisfaction over the services of the centers, 77.4% of the respondents stated their contentment. In the open ended question which asks the reason to be happy over the services 7(13.2%) of the respondents state the reason as it is a life time chance. On the other hand, 2(3.8%) state that their unhappiness over the services owing to its inadequacy to change their life. As for the adequacy of the training, 45.3% of the respondents disagreed on the adequacy of training whereas 28.3 stated their agreement. The response given to this item does not contradict with the responses given On Table twelve. This is because the fact that as most trainees join the centers having no skills whatsoever, the responses provided on table twelve reveals the skills they acquired after having joined the centers.

4.1.1.4. Trainees Responses on the Community Participation

4. Does the community play the expected role in the practice of V.R programs?

So as to elaborate on the above research inquiry, the following queries, as set in the study table, were forwarded to the respondents.

Table 15: community Participation

No	Item	Rating scale					
		Agree		Undecided		Disagree	
		N	P%	N	P%	N	P%
1	The community does not cooperate with the center	10	19	43	81		
2	The community displays negative towards the center	13	24.5	36	68	4	7.5
3	My family encourages me to take the training	25	47.2	12	22.6	16	30.2

As indicated On the Table fifteen above, 81% and 68% responded to item number one and two as saying that they did not know about the role of the community. As for item number three on family support, 47.2% of the respondents stated that their parents encouraged them whereas 30.2% expressed their disagreement over the statement. However, the remaining 22.6% could not give a definite response to this statement. In the open ended question which asks additional opinion 2(3.8%) respondents indicate that if community facilities are accessible for PWDs.

4.1.2 Presentation of the Data Obtained from Semi-Structured Interview

Semi-structured interview were primed for seven selected participants. Out of whom, four were administrators and training coordinators of the two centers and the remaining three were government official from Addis Ababa Civil Association Federation, a training officer from Ethiopian Federation of Person with Disabilities and a Communication Officer at Ethiopian National Association for the Blind (ENAB). The data collected from administrators and training coordinators are presented first. Then the data gathered from the Associations and Federation follows. Finally, the information gathered through focus group discussion is presented.

4.1.2.1. An Interview Held with Administrators and Training Coordinators of the Two Centers

1. What are the services being provided by the centers? And do the centers consider vocational Rehabilitation processes in its entirety?

As to the major services being rendered by the centers, all of the interviewees have considered training as their major area of service. According to them, the centers provide a variety of trainings on embroidery, leather products, woodwork, motor welding, sheet metal, eyeglass frame production, mat, and brush products. These trainings are to be given for some seven up to ten months or one up to three years. Some training are given as per the educational curriculum. Accordingly, trainings like woodwork and electricity require three consecutive years of training and will be rendered according to the syllabus.

Other services rendered by the centers are a common upgrading strategy. According to the interviewees, the centers provide orientations to the trainees on basic business development skills for two weeks upon completion of their mainstream trainings. This service is given in an assumption to help trainees be acquainted with savings, micro financing, and marketing. Another upgrading strategy is the apprenticeship program identified by interviewees. According to them, they send

trainees for two to three months so as to strengthen the skills they acquire from the centers. One of the interviewees also indicates this apprenticeship program once have been a job opportunity for some trainees.

Another service offered by the centers is medical treatment. These centers have agreement with hospitals and Prosthetic orthotics center (POC). Though centers do not provide medication themselves, they refer them to clinics and hospitals where the centers have an agreement with to cover 60% of each trainee's medication fee. They are also able to secure free medical provision for orthopedic surgery appliances from some governmental hospitals like ALERT and others like POC.

As part of the centers' rehabilitation scheme, all interviewees indicated the service seed capital grant along with some materials to help the graduates start their own enterprise upon completion of their training.

The interviewees also indicate a service, which is given after graduation. According to them, if the trainees request these centers to recommend them to any organization of their interest, the centers will cooperate by supplying the request. And also, as one of the interviewee said, the centers allow them to use resources, like machineries to cut wood, whenever they need to. Again if centers find donors, institutes or individuals who want to extend their help to them, they will assume a middleman role as to get these parties linked.

Another service being rendered by the centers is getting the graduates linked to micro finance institution. However, as one of the respondents stated "…. PWDs are considered as a risk group when it comes to micro financing. Though it is not stated in the regulation of micro financing, they will find it hard to accommodate PWDs."

As to the criteria for eligibility to the program, all of them responded as saying that any one with any form of disability is eligible to the program. As for those who cannot come to the centers, according to them, the centers have house-to-house search program in an attempt to reach and rehabilitate them. Pertaining to vocational rehabilitation venture, as the service is intended for people with any form of disability problem, the centers are convivial to offer the trainings so long as they are legible. As part of the criterion for legibility, according to them, the standard age limit these centers require to offer the training is, therefore, set to be between fourteen to fifty

years of age. Other than individuals who directly contact the centers by themselves, the respondents have also indicated that governmental or non-governmental institutes such as *kebeles**, associations of the disabled, and other organizations working on disability refer legible individuals to the centers for trainings.

They were also asked as to how they keep the trainees' demand and interest compatible to the services being given for the trainees. Accordingly, all of the respondents replied as saying that the center assigns trainees based on interest as the situation allows. I n this regard one of the interviewees, said;

> Though choice is primarily considered to assign them onto a given training, there are situations that would make us unable to comply with their interests. Trainings on woodwork and eyeglass framing, for example, require an entrance exam as they are to be given under the direction of the country's educational curriculum of 10+1 and 10+3. As a result, applicants for these trainings are expected to complete high school education. Besides, these types of trainings require knowledge of mathematics since both involve calculations. Despite these problems, the centers try as to make the candidates ' disability condition, background, and ability to work match with the type of training they are likely be fitting to.

2. What are the Reported Challenges?

Lack of suitable location to train and rehabilitate PWDs (where they could launch their business or workshop) is reported to be one of the major problems. One of the interviewees, who is visually impaired, stated as saying that:

> The biggest problem is the fact that though the trainees are organized in such a way to work individually or in groups, they will find it hard to secure a plot of land on which to launch their workshops. However, as to the trainings we are rendering, we give proper trainings that comply with the requirements of our agreement with the government to be a vocational rehabilitation center.

In fact land or location is not only the problem of the trainees; it is also appears to be the problem of the centers themselves as well.

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*kebele: community based institutions lead by government, which exist in each sub city.

Evidently, there is lack of commitment from the government side to allot land for the establishment of vocational training institutions. As one of the interviewees reported, his center is, for example, operating in the rented private house. Too crammed as it is, the center requires a wide expanse of land to relocate and launch extensive vocational rehabilitation training to the required level.

Another problem reported by the officials of the centers is the poor educational background of the trainees as most of them have not been schooled with formal education. According to them, most PWDs who apply for vocational rehabilitation trainings are either illiterate or in a very low level of education. Centers are, thus, obliged to stick to the traditional mode of offering trainings by disregarding the prerequisite, which also in turn will have an adverse impact on their efficiency in one way or another. As to provide formal education within the centers, however, two of the respondents said that, the requirement for a wide expanse of land on which to build libraries, classrooms, and the like would pose as a challenge. In addition to that, achieving accreditation from Ministry of Education is also reported to be another challenge. One of the interviewees stated the matter as follows:

> Owing to lack of accreditation, no institution would agree to accept our trainees and get them employed. Tantamount to that the educational status of almost all of our trainees is too low that it will be very difficult to train them in higher or developed trainings such as woodworks or upgrade the centers to college level.

Another respondent describes the situation as saying that the educational background of PWDs counts so much that to get them trained in fields like wood work and electricity is very exigent. As a result, he states, as most of them are at lower academic grades when they come to the centers, the training possibilities we the center believes to be fitting would be tannery, sewing, and of these sorts.

Another chief challenge identified by all of the respondents was the limitation of both material and human recourses. Lack of the required number of professionals in the vocational rehabilitation centers, counselor in particular, is identified to be the chief downside. One of the respondents describes the problem as follows:

> The unavailability of career counselors is our main problem as most PWDs', who come to the center, interest area of training is dictated by their friends or families. Thus, the counselor will certainly play a significant role to help them identify their interest area in which they could be successful. It is because of this problem that we see a person trained in leather products became a fruit vendor. This happens because we do not have counselors and psychologists within the centers.

Another problem identified by the interviewees is the problem of communication. All of the respondents agreed that PWDs will find it hard to penetrate the market and also integrate into the society due to their disabilities. The communication problem a deaf person faces may be a very good example in this regard. A high school graduate with hearing impairment, for example, may join government vocational training institutions, nevertheless owing to the unavailability of sign language medium, he/she cannot go on with the training.

Another problem identified by one of the respondents is lack of capital to launch their business and finding the means by which they could be able to ensure their daily consumptions after they graduated from the centers. Even if they succeeded in establishing their business, most would easily frustrate as they found it hard to penetrate the market.

Lack of commitment from the government side to work in disability area is another major problem stated by all of the respondents interviewed. Accordingly, one of the interviewees reported as saying that

> The government has not assumed the principal role as to encourage governmental or non governmental institution or organizations to give priority to enroll or employ PWDs. The government also lacks the commitment to allot land for building V.R centers, or to work with organizations who work in this area. Besides, the role government should assume with regard to PWDs should be clear and definite as to get PWDs be engaged in some kind of activities or employed.

The inaccessibility of the training centers for PWDs is another problem reported by the interviewees. One of the interviewees reported as saying that the training centers are located far from the midpoint of the city. Some are only reachable with

more than two public buses or taxis every morning and evening. This idea is also supported by another interviewee who said"....the trainees need to walk for about 20-40 minutes to reach the center. The center is far from the main road. Due to the limited capacity of the center, however, we cannot provide them with transportation."

The chief reason reported by the interviewees for the ineffectiveness of V.R programs are owing to the fact that the traditional stream of trainings most PWDs have undergone are very few in number and outdated that the demand for the produces of these trainings in the market is by and large very much saturated.

3. Does the Community Play the Expected Role?

To assess the role of community in the V.R. programs, two questions were forwarded to the officials of the centers. As respondents react to the questions in general, except some countable private companies, apparently no institution of government or private alike has shown a good will tendency to accommodate or employ trainees to the satisfying level. One of the respondents said in this regard "...Training of V.R has so far not been as satisfactory as it is expected to have been. Different factors are considered as to why these trainings have not been so effective. The most important one is the fact that the community does not have the awareness as to how to take the initiative, nor there is any institutions willing to employ PWDs became employed.

According to one of the respondents, governmental vocational institutions are generally considered as part of the facilities that benefit the community but no government vocational school is designed in a way to accommodate PWDs.

Besides, architectural facilities of the community are not suitable for PWDs. Micro finance institutions are also not willing to provide financial loan for PWDs. Likewise, *Kebeles* and *responsible government bodies* also do not consider PWDs' needs nor offer land, job or any kind of support to PWDs.

4.1.2.2. An Interview with Government Official from Addis Ababa Civil Association Federation

Five pertinent questions were forwarded to the government official who delegates the department of the PWDs affair. Asked on the government's role of V.R programs to enhance PWDs' capacity and also to promote PWDs' right to equal opportunity, he responded as saying that the government was undertaking activities by exerting its effort to familiarize vocational rehabilitation programs. According to him, some major activities pertaining to vocational rehabilitation have been carried out in collaboration with CBR organizations. Another one, as indicated by the official, a subsidy the department has given for two sheltered employment centers, namely *Yehager Tibeb* and Addis House Hold Production centers, on a monthly basis could illustrate the department's engagement better.

When asked on the current trend of vocational rehabilitation which the government is pursuing, he responded that the government has unwavering believe that V.R centers should be a place where PWDs are rehabilitated through vocationally training than be centers of sheltered employment. Therefore, the bureau is now working on to change these sheltered employment centers into vocational rehabilitation centers.

Another question raised to the official was regarding the challenges the department has faced. According to the official, managing PWDs themselves was the chief challenge. He explained the matter as saying that most PWDs want the current scenario of sheltered employment to sustain. However, to maintain the centers in that condition, as he puts it, is costly and ineffective as the product they produce is not that viable to run a firm like that. The products are not up to the quality to compete in the market. As a result, he states, even some centers, like *Yehager Tibeb,* are unable to pay salary to employees due to bankruptcy, and are now in a state of renting out some plot of the centers' compound to supplement their income. However, the question in this regard, he further propounds, would be how far could they be able to survive under that condition. As an option, therefore, the department suggests that these

employment centers should be changed into vocational rehabilitation centers to accommodate and train as much PWDs as possible.

Another challenge the respondent considers is lack of professionals, such as sign language teachers, vocational counselors, and vocational trainers, to put the required change into action.

4.1.2.3 .An Interview with delegates of the Blind and Deaf Association and the Federation of PWDs

As stated in the previous chapter, this study has interviewed each delegate of the aforementioned organizations all of whom are in charge of V.R programs at their respective office.

The first question forwarded to both of the interviewees was to tell this study about current activities being carried out concerning vocational rehabilitation in Addis Ababa in general. All of the respondents said that the enrolment rate of PWDs is few in number. One of the interviewees, who is in a wheelchair, describes the case

> There is in fact promising results achieved in vocational rehabilitation trainings even if it is much less than the expected level. PWDs under these five associations and the Federation are now getting the available chance. Rehabilitation in general and VR in particular should be structured in each sub-city so as to contact each individual with disability in its *Kebele*.

Another question forwarded to the interviewee was the validity of the training being given in light of the vocational training procedures. The respondent confirmed as saying that the centers are operating at maximum capacity as far as the available human and material resource permits. However, due to some reasons the centers may not observe vocational rehabilitation procedures. He further stated as saying that

> Curriculum on V.R program for PWDs is not structured in a way that could be observed by the rest of the world. Even the nature and type of trainings have not been changed that they are still at the same level as the type and nature of trainings used to be given when these programs were first launched.

In relation to this, another respondent explained the matter as follows.

> The most important component of VR program such as counselors, sign language teacher, mobility trainers, Brail transcriber, and basic education services are virtually not available within the centers. Though it is clear that the centers do not have the essential facilities to implement the procedures, I believe the centers are doing at their level best to deliver the best service so much as their capacity permits

The other respondent asserts this idea by emphasizing on counseling as a very important component of VR training particularly to the society, which lacks awareness like ours. The VR centers should offer counseling services as it is vital to overcome the psychological barrier, which otherwise would put a restraint on the efficiency of the training itself.

Asked on the commitment, which their respective organizations assumed toward vocational rehabilitation activities in Addis Ababa, the respondents replied as saying that their function essentially focuses on of building the awareness within the community. All of them firmly believe that the attitude of the society is still the chief predicament that obstructed PWDs' right for equal opportunity. However, as a result of these awareness inception strategies, according to them, the attitude which the society has advocated against PWDs for so long has now changed considerably. One of the interviewee describes the situation as saying that "...nowadays, as the situation is changed so remarkably that, the public begun considering and showing tendency to purchase products made by PWDs. There have been also some occasions where PWDs are invited to take part in trade fairs."

As part of the strategy, they indicated that manuals and various sorts of brochures are produced on PWDs to be distributed to different organizations in the community. Other than this, according to their report, they also launch short-term programs on vocational rehabilitation to PWDs in collaboration with ILO or WHO occasionally. One of the interviewee describes the situation as follows.

> We give orientation through pilot projects to different organizations and training institutions as to how they are able to accommodate or train PWDs. under this pilot project, for example, we have given training to a certain school of beauty on how to teach PWDs through sign language teachers.

Other activities they perform, as indicated by the respondents, are supporting centers through workshops, seminars, orientations and some technical help to enhance the performance of their vocational rehabilitation practices. One of the respondents indicated as saying that "...we have introduced the centers with courses like basic business skill development; they are now practicing it to the benefit of the trainees."

They firmly established their belief as saying that if someone sticks to the trainings he had taken in the centers as to make a career out of it, they would more likely be successful and beneficial. On that assumption thereof, as they reported, a special fund is already established for graduates who are interested to launch entrepreneurship in group. In relation to this, one of the respondents describes the scenario as follows:

> Some centers grant initial capital and equipment upon graduation. And so far as there is any progress observed in the endeavor of the beneficiaries, we refer them either to potential donors for financial and material support or find opportunities to participate in exhibitions and trade bazaars whereby they may be able to sell or introduce their productions.

As for improving the condition of centers, they admitted that no practical activities so far have been carried out either to develop or improve the capacity of VR centers. The respondents further reported as saying that these centers are being run in traditional and primitive condition as they are operating at a limited human and Material resources and unimproved curricula. This condition, according to them, have often been reported to the government, development agencies, and the community in general at all possible occasions to improve the situation through capacity building works which particularly the government need to give attention to.

As to the participation of the community and the government in the vocational rehabilitation programs, all of the interviewees agreed as stating that lack of awareness on the side of the community is the chief problem that hampers any activity in disability area. As they reported, through awareness inception strategy, they could win the participation of the community in vocational rehabilitation programs. As a

result, the demand for items made by PWDs has increased very significantly that even some companies are tending to purchase items on contractual bases for an extended period. For example, as ornaments produced by PWDs are now wining the interests of the market, they begun producing these products on specific orders. Women with disability working on production and saleswoman ship have become incorporated in to the Addis Ababa women Trade Union so that they may involve in trade fairs in which they can be able to introduce, promote and sell their produces.

By and large, all of the respondents agreed that the government's participation is far less than the expectations entail in this regard. They further propounded that PWDs are excepted from the welfare of community facilities of governmental and private alike such as buildings, roads, institutions, working places, recreational centers, schools, hospitals, etc as well as from the national policies like the country's social affair policy.

As for the challenges they face to promoting VR services, the respondents said that the awareness of the society was their main problem. They believed that if the customary mindset of the society against PWDs is changed, the problem would be weakened significantly. As one of the respondents indicated, the program needs the participation of the government, developmental organization, and the community at large. They also stated that legitimate policies for vocational rehabilitation practices and community facilities required for placement and training are not available. As to the problem reported on micro financing institutions, one of the interviewee described the situation that microfinance institutes are generally reluctant to support PWDs in their ventures as they consider them a risk group. She further remarked that it should therefore be necessary to establish a special funding institute to help PWDs exclusively. The other problem as to use micro-financing even after establishing this special funding institute is the need for the formation of the solidarity group which will assume responsibility over the debt of individuals of the group if she or he fails to pay the amount owed.

4.1.3. Presentation on the Results of Focus Group Discussion

Focus group discussions were held with two groups each contains five and six representatives of a particular center and out of which two of the participants in each group were volunteer trainers.

As to the main services being delivered in the centers, the participants suggested the training options. Accordingly, there are different kinds of trainings being delivered to individuals with different form of disabilities. Besides to that, they have also mentioned some extra provisions such as seed capital, apprenticeship strategy, and training on basic business skill development that the centers provide to the trainees.

As when asked whether they like the trainings, one of them stated his dislikes whereas nine of them confirmed their happiness. The reason, as to why he disliked the trainings he is undertaking is because he could not be able to join training of his choice due to failure in entrance exams. The participant states the matter as follows;

> I want to be trained in eye-glasses frame production; however I am assigned to be trained in brush products. Then again, we have no trainer in this section. We come here and directly involve in production. Each of us is expected to produce 15 brushes per day.

Nine of them attributed the reason for their happiness to the fact that the possibility of finding access to standardized training provision counts so much that which, as they put it, would be their most excellent life time opportunity. However, this training would not only be enough unless they put endeavor which, they believe, would have a paramount significant to decide on their success or failure after graduation.

As for the problems they have experienced so far, all of the participants identified transportation as the chief impediment. Accordingly, all of the participants suggest to the centers either to provide them with transportation provisions or readjust training hours. Participants have also identified communication shortfall as another major predicament for most trainees with hearing impairment. One of the participants, a woodwork trainer, likewise corroborates this assertion by saying;

> I have a great problem to communicate with students of hearing impairment. I don't know the sign language or have had any exposure to the language before coming to this center. However, 90% of our trainees are individuals with hearing impairment. The center should either provide some short term training on sign language or assign interpreters in the center to improve the situation.

Another problem that has been indicated is the financial problem. Even their daily survival, as they indicated, is at stake as most of them do not have any other means of income. One of the participants states his problem in this regard by saying "....I was a beggar and used to support my family with the alms I used to get, but now my family is out on street to support me until I conclude this training." As to ease this problem, they suggest centers to consider this problem and provide them with lunch at free or possibly subsidized provisions. Similarly, the center's compulsory prayer order which all of them are requested to perform each morning is also identified by three of the participants as another predicament of their integrity over their religious life.

Another challenge declared by the participants directs to the unfavorable condition of the centers' compound and toilets. This researcher has quoted one of the participants who were on crutches who said "... I neither eat my breakfast nor drink water to restrain the call of nature as the toilets do not accommodate my physical condition". Another problem identified by one of these groups is that as the centers do not have janitors to clean the centers' compounds, as a result, in one way or another, trainees are forced to assume the task of cleaning the rooms and compounds of the centers.

Asked on their future prospect, all of the participants indicated that though it would be fair to rate their current provisions comparatively good, it is unlikely that they would become a productive force in the market. The reasons for that, they stressed, are owing to the lack of land or working place and capital with which to launch business and workshops of their own. Finding the means of daily survival after graduation up until they can establish their means of livelihood is also reported to be another challenge. Even if they succeeded in establishing their own enterprise, they

have a strong reservation that the products they produce will not be competitive in the market.

4. 2. Discussion of the Result

The findings of this study are discussed in this section in line with the basic research questions.

1) What are the services being rendered by the centers? And do the centers consider V.R process in its entirety?

Scholars like Alan (1958), O. Brien (1996), Wright (1980), in Rubin and Roessler(2001) have noted that vocational rehabilitation centers must provide most or, in some cases, all of the following services medical, vocational, educational and psychological evaluation, occupational therapy, physical therapy, medical services as nursing care, prosthetic fittings, trainings such as work adjustment training and vocational counseling, social services such as social work and personal counseling as well as liaison services with other community health and human service agencies for both temporary and long-term shelter employment and job placement services.

The responses gathered through questionnaire, semi structured interview, and focus group discussions of all participants (PWDs, administrators and training coordinators, government officials, the federation and associations) revealed that though V.R is practiced by the centers, it does not appear to be practiced up to the level of its requirement.

The findings of this study reveal that the principal focus area of VR centers is on giving trainings. All of the respondents confirm the presence of vocational trainings on different types of production techniques such as sewing, embroidery, eyeglass frame production, card production, leather, mat and brush, woodwork, electricity and computer maintenance. Likewise, most of the respondents stated that most of training types in the centers have the required trainers in each training stream. Regarding this, Bissonnette (1999) and Neff (1985), as cited by Rubin and Roessler (2001), indicate

that personal skill development service plays an important role in the overall rehabilitation of many people with disabilities.

The study has also identified centers which provide training on basic skill of business development for two weeks by hiring outsiders. All of the interviewees consider this training as a job seeking skill intended to help trainees be successful entrepreneurs. Accordingly, 90.6% of the respondents affirmed on the availability training on job seeking skill.

Another main engagement this study has identified is the centers' apprenticeship program whereby trainees are attached to different organizations for two and three months practice upon completion of their trainings in the centers. Rubin and Roessler (2001) indicated the importance of apprenticeship to the advantage of the trainee since work sample holds the person's interest and increases the individual's self understanding. This program, hence, would have a paramount significance in enabling trainees to be familiarized with the actual work setting and obtain the exposure to work with people without disabilities. The interviewees also disclosed that at times it provides for some trainees with an employment opportunity.

As part of medication strategy, centers have reached on an agreement with some government hospitals to treat trainees prescribed by the centers at free charge. As for the trainees preferred to be medicated at clinics or hospitals other than these, however, the centers subsidize 60% of the medical expenditure of each trainee.

As for placement venture, this study finds seed capital as the chief and ultimate offer which the centers grant for graduates upon completion of their trainings. Other than seed capital, centers also allow graduates to use the centers' resource whenever they want to. The centers also organize social activities that would help to change the public mindset towards PWDs thereby promote the merits of vocational rehabilitation services. The centers, as stated in the interview, provide orientation to the public on special needs of PWDs, the assistance they need to get from the community, the *kebele,* vocational rehabilitation centers, and responsible organizations, such as the Federation and Associations. This ultimately helps to attract the attention of philanthropic organizations, local government units, like *kebeles,* and community leaders to support the program. Alade (2004) asserts that

enlightening the community at large about VR services gives the community opportunity to interact and become aware of the importance of co-operation. In this relation, the centers always maintain contact with *kebeles* for facilities that may be used by graduates from the centers.

Rubin and Roessler (2001) indicated VR processes as the foundation of VR. ILO statement (1994) on the delivery of VR services entails the sequential manner involving assessment, treatment, and placement stages. So far as VR processes is concerned, this study shows that the centers do not entirely consider these processes within their trainings. As to the Evaluation and Planning phase, the findings of this study show that 69.8% of the trainees are claimed to have been undertaking trainings of their prime choice fitting to their educational and physical status. However, this assertion explains the fact that centers assess the interest of trainees not as much as the strict sense of the practice entails.

As stated in Chapter two, these phases involve several stages and activities to be carried out jointly with the counseling team. As Vondraceck (1998) indicated, due to PWDs' poor educational background, however, most PWDs do not develop the required behavior for career development. Similarly, one of the interviewees corroborates this assertion citing the Ethiopian context. according to the interviewee, that most PWDs are psychologically detached and this could only be improved through counseling services. This study finds out, however, that rehabilitation team was nonexistent in the centers altogether. Except vocational trainers, results of the questionnaire and interview showed the same aforementioned result.

The vocational interest measurement, as Rubin and Roessler (2001) states, provides information that help to identify jobs in which the client is likely to experience greater job satisfaction. The finding of this study concludes that the centers practice vocational evaluation through entrance exams, assessing educational background, and work experience to spot legible trainees for specific types of training. Assessment on entrance exam can be considered as a battery of test called paper and pencil measurement which can be used to measure intelligence level and vocational interests of the client. However, this entrance exam does not either measure the vocational interest of the client or provide complete information as to identify the

client's job preference than stating simple information of pass and fail. This would undoubtedly hinder clients' prospect to be trained in streams of their prime choice or interest.

As to the treatment phase, the study reveals that it is practiced better than the other phases. Accordingly, 100% of the respondents witnessed the availability of vocational training services. Similarly 98.1% of the respondents also confirm the availability of vocational trainers. The researcher's own experience in this regard confirms the fact that the centers' chief engagement is giving trainings for clients. As to medical and adjustment services, the study reveals that the centers are working in collaboration with the POC center and with some governmental hospitals to provision clients with specific requirements. As for medical services, this study finds out that centers cover 60% of the medical fee expenditure. However, designation on specific training sort is not based on the evaluation resulted from the evaluation and planning phase. As Rubin (2001) indicated, trainees embark on trainings based on the results of evaluation and planning phase.

As to the termination phase, Vandregoot (1997), recommending for placement activity, writes that "placement should be made explicit priority for service staff (p.95)". This study shows that there are services given to make sure that the placement issomehow effective 43.4% of the respondents said there was job placement service in the centers. However, 100% of the respondents claimed that there was no job placement counselor available in the center. 90.6% of the respondent agreed on the availability of job seeking skill. The interview results also confirm the above questionnaire results given by the beneficiaries. All of the interviewed administrators and training officers alike reported that the centers provide training on basic business skill development and grant trainees with seed capital provisions upon their graduation. The study also explored the centers' authorities' effort to find ways as to how graduates establish their own business. To this end centers have established contacts with *Kebeles* and microfinance institutions for any available possibilities.

However, the above mentioned services cannot be considered as a complete practice of termination phase. Vandregoot (1997) pointed out that "clients have other needs that should not be discounted, such as finding jobs that meet their interests,

skill, and career ambitions (p.90)". Fulfilling these needs, nevertheless, depends on the information that is not likely to be obtained in the rehabilitation process. The results of this study show that the centers do not have counselors necessary to ensure placement activities. The clients need, skill, and career ambition, therefore, have not been considered from the beginning. After all, the objective of vocational rehabilitation is to promote the clients' participation in a competitive employment and enable them to lead an independent life.

4)What are the Reported Challenges?

Limited amount of resources and lack of awareness are the most prevalent socio-economic problems in Ethiopian. Though these problems affect all sectors of society, they are most exacerbating on PWDs. The findings of this study witnessed the existence of multi-faceted challenges that affect the practices of VR which is considered as a major way to secure the independent living of PWDs.

The problem of land and market are, thus, the main challenges for both the centers and their trainees. The finding of this study confirms the centers' commitment to prepare their trainees for self employment which, however, entails the acquisition of site to put it in effect. The inability to get sites where they can promote or sell their produces coupled with the shortfall of resources to launch their business are generally acknowledged to be the main challenges. The finding also points to the importance of acquiring proper site so that centers could be able to provide better VR services. As is indicated in the study, centers need plots of land to build a site where they could be able to advance VR services to the required level. As a result, government should, therefore, prioritize these citizens than any group of the society. Lack of working site seems to have frustrated and harnessed their effort. Centers, on the other hand, as indicated in the interview, could not be able to conduct proper placement activity due to this reason.

The inconvenient conditions of the toilets in particular and training compounds of the centers in general are reported to have been serious impediments which often perturb most PWDs while undertaking trainings. Accordingly, 77.4% of the respondent

confirmed the existence of improper training environment. This finding is justified by the data obtained through an interview with the administrators. One of the interviewee describes the problem by saying that "....we are now giving the service being in the house rented from private owner. We know the compound and toilets are not suitable for some trainees." participants of focus group discussions also confirms with the above account referring in particular to the unfitting condition of the centers' toilets to the physical condition of trainees.

A report by Alade (2004) indicates that centers are usually located on the outskirts of cities or towns. In relation to this, one of the major problem trainees face while undertaking VR services is the transportation problem. 86.8% of the respondents confirm this fact. Participants of focus group discussion and interview respondents have also emphasized this problem. Accordingly, the transportation problem of the city and their inability to afford using taxi are causing additional burden on their daily routine. The ILO (1998) report supports this view as stating that architectural barrier is one of the barriers that functionally restricts PWDs from participation.

Problems related to vocational trainings are also identified to be additional challenge. According to the results of this study, localized vocational skill trainings are found to be limited in number. The quality and potential of these trainings to create competitive advantage for the trainees are appear to be very low. Consequently, the trainees' prospect to engage in activities directly related to the specific training types they have undertaken is too slim. Trainees cannot easily access skill training types of higher importance as they do not meet the educational prerequisite to undertake such trainings. The poor educational background of the trainees was reported to have been the biggest problem. The study reveals that 41.6% of the respondents were 1st cycle and 2nd cycle dropouts. This justifies the fact that owing to their very less academic footing, these individuals could not undertake trainings in the advanced sectors which have better demand in the local labor market. Trainees poor educational background, as is indicated in the interview, is also reported to have determined their qualifications as any government or private institution requires accredited diploma to offer employment.

Maki and Riggar (1996) and Vandregoot (1997) insist on the provision of additional training, education, and skill building trainings to PWDs when needed. As to the availability of education in the centers, 70% of the respondents reported there was no formal education provided for those who need it. The interviewees also confirmed the presence of formal education program in the centers, however it is not meant to be for trainees.

Among other factors, lack of necessary professionals in the centers appears to have hindered the provision of VR quite significantly. 100% of the respondents indicate that there were neither counselors, psychologists, nor job placement counselors in the centers. Scholars in this regard emphasize the vital role of professional services in the vocational rehabilitation program. Nevertheless, the findings of this study confirm that important professionals such as counselors, job placement counselors, physicians, and psychologists are altogether not available in the centers. It is possible, therefore, to conclude that the centers are less likely to consider trainees' special need which is of a paramount significance for an effective VR practice.

Communication is also reported to have been another problem. At focus group discussions and interview, participants have indicated the problem of communication particularly for trainees with hearing impairment. Trainers were not so much efficient in sign language as to instruct trainees in training sessions. This researcher, for example, had to employ an outsider sign language translator so that hearing impaired trainees could be able to fill out questionnaire. This problem, therefore, directly obstructs the trainees attendance at trainings. Equally, this problem is further extended by an interviewee as saying that, besides being a training obstacle, it also impedes trainees venture to establish their own business or workshop as they can not communicate the public nor approached by the community.

Another problem this study discloses is the financial problem. Financial problem affects both trainees' prospects and the practice of VR. Accordingly, the small amount of money grants to trainees upon graduation is hardly sufficient to be initial work capital. As a result, trainees are discouraged to engage in better micro- enterprise or production activities. Besides, as most of them are responsible for themselves or their

families, their prime concern would shift to securing their means of daily survival than establishing their own business.

Lack of capital is also identified to be the main reason of the centers to maintain the traditional mode of VR practice. One of the interviewees explained the matter by saying "...vocational rehabilitation requires a huge amount of capital. The program needs expensive materials, machineries, raw materials, and trained professionals of every sort. Unfortunately, we are short of all of these inputs. "

Lack of micro finance fund as the best option to support trainees endeavor to launch their own business is also another impediment. However, this system is ideally assumed to facilitate trainees placement. Conversely, the finding of this study indicates that most micro-finance institutions are rather reluctant to supply funding to PWDs or work with organizations working on disability. There are only two micro finance institutes so far mentioned by the interviewees somehow keen to work with the centers. The finding also reveals the fact that the loan system of these institutions is reprehensible. According to the interviewees, high interest rate, the small loan size, short pay back period, precondition to form solidarity group, and the reticent bureaucracy of micro finance offices are discouraging factors for PWDs not to attain the benefit out of it.

The study also implicates lack of support from government side as a major setback. As it is stated previously only two employment centers are supported by government in Addis Ababa. As the interview conducted with government official reveals, the government's actual engagement currently on VR is bounded to subsidizing two sheltered employment centers on monthly bases. The official reported, however, there is a plan to change the trend as the government found it costly and a negative factor to attain integration. The official further indicated of challenges, for instance, lack of vocational trainers and vocational counselors as major impediment to put the plan in to effect.

3. Does the Local Community Play the Expected Role?

Community participation, as ILO,(2001) firmly argue, leaders and groups, including disabled persons themselves and their organizations, should co-operate with health, social welfare, education, labor and other relevant government authorities in identifying the needs of disabled persons in the community and in ensuring that, wherever possible, disabled persons are included in activities and services available generally. So far as this study is concerned, the role community assumes to support centers is negligible. Accordingly, 81% of the respondents do not know as to whether the community had a role to play in the center's activities. Similarly, this result was compatible with interview results.

ILO (1983) further recommends VR and employment services for disabled persons should be integrated into the mainstream of community development and where appropriate receives financial, material and technical support. However, the study shows that the community still does not have sufficient information about the special needs of PWDs. This could generally be concluded as the root cause for all other problems. No institution has so far stated its willing or even sympathy to hire graduates from the centers. Private and government institutions do not consider or have knowledge of PWDs' special needs essential for their participation. There are no training institutions in the community which provide skill development trainings for individuals with different forms of disability or provide trainings using tools and equipments specially designed or adopted in a way to suit PWDs' physical and mental conditions. Governmental and other responsible bodies are also reluctant to engagements related directly or indirectly to VR. As a result, the desire for acquiring working and training sites looming so intense that the existing training and placement provisions of the centers may be compromised or even impossible in the future due to lack of land and employment opportunities.

Generally, this study asserts the fact that there are no community facilities for PWDs. The mindset of the general public towards PWDs is also undeveloped.

4. What is the Attitude of Trainees towards the Service Rendered by the Centers?

As discussed in the literature review, attitude is one of the most crucial determinants for the success or failure of programs aimed at VR. Accordingly, asked about their attitudes toward the service,81% of the respondents answered as saying that they were happy with the services being delivered by the centers. 75.5% of the respondents rated the skill they had acquired from the centers as very good and good. Likewise, 77.4% of the respondents had expressed their hope that the trainings would change their life. These responses are analogous with responses given by PWDs at focus group discussion. Most participants of the focus group discussion confirm that they were grateful for getting the chance to be trained at the centers.

CHAPTER FIVE

5. Conclusion and Recommendation

5.1 Conclusion

The objective of this study was to assess the practices of vocational rehabilitation at *Yemisrach* Rehabilitation Center and Addis Development Vision Center.

Having thoroughly analyzed the information obtained from the administrators, Associations and the Federation the following conclusion are made.

All in all, the centers' principal syllabus this study so far identified on VR is entirely bounded to skill development trainings, brief orientation on basic business skill development, seed capital grant, and apprenticeship ventures. The majority respondents of this study confirmed that these services were being rendered by the centers. As the study indicates, centers also stage social forums which would help to impart on issues directly or indirectly related to PWDs and VR ventures to the general public in collaboration with governmental units such as *Kebeles*.

Major activity undertaken by stakeholders (Associations and Federation and the government bureau) entirely rests on organizing forums to orientate the public on disability affairs and the special needs of the PWDs. As a result, the customary mindset of the public against PWDs is changing remarkably that the public is now tending to purchase products made by PWDs. To that effect, similarly, there have also been also some opportunities whereby PWDs' workshops are invited to present their produces in trade fairs. Women with disability problems working in joint venture are incorporated into Women Trade Union. Though the achievements in this regard are quite commendable, a lot should be done to bring about the desired effect against the vestiges of customary mindset disfavoring PWDs which a significant portion of the community still retains.

As is explained in the study, the shortage of the required number of professionals at the centers has been too severe that the trainings which have been provided by the centers could not be rated sufficient. This problem has been centers' serious impediment to the practices of VR syllabus.

Another constraint stated in this study is lack of trainees target fund to help PWDs be rehabilitated in business or productions enterprises after graduation. It is indicated at the interview the fact that microfinance institutions consider PWDs as a risk group, thus reluctant to accommodate them. Even if they consent to, the limited loan size and high interest rate tripled with a short pay pack period are enough to deter them quite easily. The prerequisite for solidarity group formation coupled with inaccessible office bureaucracy of microfinance institutions are also reported to have been additional obstacles of PWDs to access credit. This, therefore, unconditionally entails to the need for instituting exclusive funding agency of PWDs alone.

Trainees attitude toward the service of the centers in general have been affirmative. 81% and 77.4% and (see Table 13 and 14) of the respondents indicate they are happy about the services being rendered by the centers. The majority of participants in the focus group discussion, for example, were grateful to obtain the chance of training at the centers. However, they have also indicated problems which directly or indirectly discourage trainees. The problems of transportation, toilet, money, and food have been suggested as the chief ones which trainees encounter while undertaking trainings. Similarly, the problem of acquiring sites to launch workshop or business, employment, and market in the local market has also been stated as major difficulties PWDs face after graduation. Working place is the major problem that prevents PWDs to lead an independent life after graduation. It is notified in this regard that centers, government, and the community in general should act to overcome the aforementioned setbacks so that the success prospect of trainees could be facilitated. Equally, centers administrators indicated that most trainings offered by the centers do not correspond to the demands of the domestic market in both variety and quality.

Communication problem has also been suggested as an additional impediment to carry out VR programs. Trainings providing centers do not seem to consider the special needs of their trainees in their VR syllabus. Both centers do not have trainers who can either communicate through sign language or decipher and encode Braille. This problem has also been identified as the major challenge particularly people with hearing impairments face to reintegrated and establish their own enterprise.

The community's participation in VR programs has been quite negligible. This research detects no remarkable functions so far demonstrated by the community. There are virtually no vocational training institutes that provide trainings on skill development using tools and machineries specially designed or adopted in a way suitable to PWDs. As is indicated by interviewees, no institute of vocational training in the city, either governmental or private, is established to take in PWDs. Respondents further indicated that other than some countable private, governmental, and goodwill individuals no significant help have so far forwarded in this regard.

5.2 Recommendation

Based on the above conclusions, the following recommendations are forwarded.

a) Lack of relevant professionals at the centers has reduced the efficiency of VR service significantly. The importance of providing Vocational rehabilitation in its entirety counts, therefore, highly significant. Centers must fill the gap as to make the provision complete and effective to change the lives of the trainees. Centers should at least maintain a counselor in their syllabus.

b) So far as locally obtainable VR services are concerned, besides being limited in number, their quality and potential to create competitive advantage for trainees is very slim. The provision of vocational training on skill development should consider training needs and market demand. As a result, trainees could be trained later to engage in activities which enable them to produce products of marketable value.

c) The poor educational background of PWDs prevents them from attaining the formal 10+1, 10+2 and 10+3 training programs. As a result, launching accessible vocational skill trainings designed in a way to suit PWDs' physical condition will have a paramount significance. As for those who succeed in joining the 10+1, 10+2 and 10+3 programs, the curriculum of formal vocational training on skill development should also consider the special needs of PWDs. Trainings should be given in a medium of

instruction that consider the special needs of students with disabilities. Training tools and equipment should be adopted or adjusted in a way that could easily be used by different categories of disability undertaking the trainings. Centers should also consider providing formal education services to trainees of low academic level so that trainees could be promoted for advanced VR trainings and help trainees absorb the training without difficulty.

d) Awareness raising approach should be intensified extensively to alter the traditional mindset which the public preserves against PWDs and to infuse the virtues of VR programs for PWDs. Government should assume a leading role to promote these merits into the community. Enterprises or organizations, private and governmental alike should design and construct their premises considering the functional limitation of their disabled clients. They should also assume the trendsetter role as to buy products produced by PWDs' workshop so that the public would be enticed to purchase these products.

e) So far as the service delivery model (the V.R process) of the centers is concerned, all their methods need a revision especially regarding the assessment and planning phases. The way they render the services and available service are seem to have fallen far below that current practices discussed in chapter two. Therefore, the government centers should allocate budgets and pay intellectual payments to the centers to completely revise the service delivery model.

f) Partially, it seems that lack of career counseling professionals in the market is another factor. There fore, the university or college should Organize VR counseling courses to VR workers by or even offering career counseling courses to students majoring special education.

g) Lack of working site has also been identified as a pressing matter. Government in this regard should provide urgent response to tackle the problem. As a result, government should provide working place for graduates of the centers and develop coordination among VR practitioners.

h) Vocational trainers at the centers are generally identified as inefficient to train PWDs with different needs. These trainees do not communicate nor understand sign language and Braille. The centers should, therefore, employ well versed trainers who can communicate in sign language and Braille or else provide trainers with additional special skill training on sign language skill and Braille.

I) The inability to use micro finance institutions is also suggested to have been another factor which affects the success of VR practices. Primarily, a lot needs to be done to change the institutional mind which the microfinance society maintains against the prospect of PWDs productivity. This should be carried out as part and parcel of the general awareness raising venture at the societal level. A special mode of support should be provided to entrepreneurs of PWDs. The government should set an official procedure, policy or other document favoring PWDs which could be used as a point of reference to pressurize or urge micro finance institutions to reduce the interest rate and long pay back period to PWDs.

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Appendix-A

Questionnaire to be filled by people with disabilities

This questionnaire is prepared for persons with disabilities who are currently receiving services in Yemisrach Vocational Rehabilitation Center and in Addis Development Vision centers. The objective of this questionnaire is to collect information on the practical vocational rehabilitation activities being undertaken by the two organizations and the challenges faced.

Your frank response is important.

Thank you for your cooperation

Part I: Background Information

1.1 Age__________________

1.2 Sex____________________

1.3 Onset of disability___________

1.4 Type of disability____________

1.5 Level `of education__________

1.6 Name of the center___________

1. Yemisrach Rehabilitation Center_____________
2. Addis Development Vision ________________

Part II. The following questions are about services rendered and practiced by your respective centers .Put an " x "mark in the statement, that suits you best.

2.1 How do you join this center?

1. By reading magazines, listening radio ________
2. Referral from other organization___________
3. Parental reference __________
4. Other __________________

2.2 What were the criteria to get the opportunity in the center?

1. Type of disability________ being disabled__________
2. level of education__________ other________________

2.3 In your opinion does the center provide adequate VR services like counseling vocational training, job placement, and psychological counseling services?

1 yes___ 2.No________

2.4 If your answer is yes for question No 2.3 which of the following Services are provided by the center?

1. Evaluation based interview________ 2. Counseling services______
3. Vocational training________ 4. Job placement______
5. Medical treatment__________ 6. Other_________

2.5 If you answer for question No 2.3 is 'No' what do you think is the reason?

____

____

2.6 Which of the following professionals are available in the center?

1. Physician __________ 2. Psychologist_________
3. Rehabilitation counselor______ 4. Job placement counselor______
5. Vocational trainer_________ 6. Other ________

2.7 Which of the following are used to evaluate the ability of the trainees during training?

1. Ecological /situational assessment______________
2. Work sample________________________
3. Other ______________________

2.8 The following statements indicate the practice of vocational rehabilitation in your center. Statement regarding practices related to the vocational rehabilitation services is listed below. Therefore, you are sincerely requested to rate how you feel about the statements on a three point scale as follows:

No	Practices	Response categories		
		Agree	Undecided	Disagree

1	The center provides training based on my interest.			
2	The vocational training I am up to, I believe, suits my ability.			
3	The counselor has helped me to identify my vocational choice.			
4	I had taken medical examination before I was sent for vocational training.			
5	The counselor has advised me to choose the type of training suitable for my aptitude/abilities.			
6	My mental and physical conditions were considered when I was referred to vocational training.			
7	There are adequate training options in the center.			
8	Job-hunting skill is also included in our training.			
9	The center helps me to find jobs after training.			
10	The center provides me with placement opportunities after training.			
11	There is a demand in the market for the kind of training I am taking.			
12	Formal education is given by our center for those who need it.			
13	There is a demand in the market for the kind of training I am taking			

Part Three: The following questions and statements are about challenges faced in practicing vocational rehabilitation. put an "x " In front of a statement that suits you .

3.1 After joining this center, the skill I received is

1. Very good______ 2. Good________

3. Well___________ 4. Not good_____

3.2 In the center, the communication between the clients and professionals

1. Very good______ 2. Good________

3. Well___________ 4. Not good_____

3.3 Your happiness about the service you get from the center?

1. Very great______ 2. Great________

3. Well___________ 4. Not great_____

3.4 If your answer for question No 3.3 is '1' or' 2' what do you think is the reason?

____

____

3.5 The following statements indicate the challenges assumed faced by beneficiaries and practitioners of vocational rehabilitation. Statement regarding problems related to the vocational rehabilitation services is listed below. Therefore, you are sincerely requested to rate how you feel about the statements on a three point scale as follows:

No	Problems	Response categories		
		Agree	Undecided	Disagree
1	The service I am receiving now is inadequate.			
2	I am not satisfied with the service I am receiving now			
3	There is no suitable stream of training for me to choose.			
4	Placement opportunities are not available in the local labor market.			
5	There are no suitable streams of			

	trainings for me to choose.			
6	The service being provided would not change my life.			
7	The general public does not cooperate with the center.			
8	Transportation is the major problem that hinders my participation in training			
9	There is apparent net working among community Government organization.			
10	The compound and toilets are not suitable for my physical condition			
11	The community displays negative attitude towards the center			
12	My family encourages me to take the training			
13	The training is not suitable for my physical and mental capacity			
14	There are no adequate professionals in the center			

Part Four

The following questions are about your opinion on the vocational rehabilitation activities practiced by your respective centers.
Give your answer in the given spaces.

2.1 In your opinion, the services rendered by the centers can change the life of the trainees

1. Yes ________ 2.No____________

2.2 If your answer for question No '4.1' is No what do you say for better services?

2.3 If you have any more opinion about the services rendered by the Centers use the following space.

Appendix -B

Focus Group Discussion guide for the trainees

1. What is your overall impression about the Service you are receiving now?
2. What VR activities are carried out by your centers?
3. What are the major problems you encountered related to the service you are up to?
4. How could these problems you think be resolved?
5. How is the participation of the community?

Appendix -C

Semi structured Interview guide for the officials/Executives

Name of the organization________________________
Position_______________________________________

1. Could you please state the major practical activities being undertaken by your organization?
2. What do you think would be the proper criteria to receive vocational rehabilitation services?
3. What type of services do you offer in this center?
4. Do you consider PWDs ability, interest need when offering services (training, occupation?)
5. Could you please state any problems encountered in your organization and measures that have been taken?
6. Do you have required professionals? (Counselor, psychologist, physician)?
7. If so what is/are the role of the professionals?
8. How do you rate their professional inputs?
9. What mechanisms do you use to conduct vocational evaluation?
10. How is the involvement of the society (parents, government, and Community) in the center
11. If so please state how and what you do with the society?

12 What should be done to improve the services?

Appendix -D

Semi structured guide for officials from Federation of Persons with Disabilities, Ethiopian National Association for the Blind, Addis Ababa Federation of Civil Association.

1. What activities concerning VR are undertaken by your organization in? Addis Ababa?
2. What does your office do to promote VR for PWDs?
3. What do you say on the current trend of VR programs?
4. What challenges you face in promoting the activities concerning VR and measures taken by your office?
5. What do you suggest for better practice of VR? What do you think the proper requirement to improve the situation of the VR programs?

Declaration

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

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MENBERE TESFAYE