

Assessing Practice and Challenges of University of Gondar Community Based Rehabilitation Program to Provide Services for Persons with Disabilities

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Abstract

The main purpose of this study was to assess the practice and challenges of community based rehabilitation (CBR) program of University of Gondar to provide services for persons with disabilities in selected districts in Central Gondar Zone of Ethiopia. In order to meet the study objectives descriptive design was employed, and qualitative research approach was used. To this end, both primary and secondary data were collected and analyzed by using thematic analysis. As a result, qualitative information was collected from a total of 19 interview participants, two focus group discussion and observation of persons with disabilities who are found in service delivery areas of the program constituted the primary sources of data. Secondary sources of data were also obtained from review of literature and pertinent documents. The findings of the study pointed out that the involvement of all stakeholders were limited to the implementation of activities of program. The findings also showed that the program provided different rehabilitation services for PWDs including the provision of necessary teaching learning resources, making different facilities of some school accessible, vocational training, startup capital and provision of home to home rehabilitation services such as sign language training, training on social skills and self-care.

Keywords: Community based rehabilitation, person with disabilities and challenges.

Introduction

Background of the study

Globally, there are around 1 billion people with disabilities, which correspond to about 15 percent of the world's population. The majority of people with disabilities (80 percent) reside in low- and middle-income countries, where disability overwhelmingly affects the most vulnerable segment of the population. For example, the majority of these faced widespread exclusion from schools, employment, social life and political engagement. These exclusions represent a violation of their rights as set out in the United Conventions on the Rights of Disabled People. Exclusion impedes growth as well. The World Bank measured the global loss of GDP due to impairment at \$1.71 to \$2.23 trillion in 2006 (WHO, 2010).

The previously mentioned issues enforced the concerned bodies to reach people with disabilities at the community level by developing the idea of Community Based Rehabilitation (WHO, 2003). The primary aim of CBR was to improve life of people with disabilities by giving equal opportunities and social integration (Joint Position Paper, 2002). In 1976, CBR was formally declared as a theory that locates rehabilitation services in the natural world and not just in hospitals and clinics as part of Primary Health Care (Eldar, 2000). The CBR guideline as defined by WHO supports the introduction of PWDs as well as ensuring thorough creation and legislation centered on the

community. The CBR guidelines provide CBR program managers with exercises on how to develop and improve CBR programs to ensure that CBR can get health, education, livelihood and social aspect of CBR from PWDs and their family members. Through the inclusion and involvement of PWDs, their families and society in all growth and decision-making processes, these guidelines enhance PWDs (WHO, 2010).

Over the years after the initiation of CBR, WHO has led a movement for countries anywhere in the world to implement or practice CBR program. In practicing CBR program, there were success and challenges that encountered in the process of implementing it. A quasi-randomized control trial in India, for example, found that community-based rehabilitation (CBR) programs greatly increased people with disabilities' well-being and access to services. Links to pensions and allowances, service appliances, links to paying work and personal-practical autonomy for people with disabilities participating in the CBR program increased by 29.7 per cent, 9.4 per cent, 12.3 per cent and 36.2 per cent respectively after seven years compared with the control group (Mauro, Biggeri, Deepak & Trani, 2014). In addition, as they seek to become self-reliant, PWDs have faced difficulties. A study by Groce, Kett, Lang & Trani (2011) suggested in this regard that self-employment is correlated with work insecurity and lack of pensions and other welfare benefits, whereas lack of schooling, skills training and access to finance schemes poses additional challenges. Furthermore, stigma and discrimination against people with disabilities may discourage customers from using their service (for example, customers in Southern Africa would not purchase food from women with epilepsy, believing that it is an infectious condition).

The other study in Kenya by Chavuta, Kimuli, & Ogot (2010) found that CBR has shown great progress in the inclusive education projects in Oriang Cheshire. The Oriang Disability Resource Center offers access to play materials and equipment as well as teaching-learning tools, increased accessibility to and in classrooms, teachers have been equipped with various teaching methodologies that are learner centered and involve all the senses, classroom teachers have skills in developing individualized education programs for learners with special educational needs and negative attitudes towards children with disabilities and other persons with disabilities have been reduced. These projects also came up against obstacles. These include: unavailable infrastructure; lack of skilled workers such as counselors, physiotherapists, occupational therapists, interpreters of sign language, Braille transcribers; lack of adapted curriculum; lack of tools for teaching and evaluation; broad class sizes; negative attitudes and insufficient teaching materials.

With regard to Ethiopia, the World Report on Disability jointly issued by WHO (2011) estimated that 17.6% of the Ethiopian populations have a disability. However, the number and types of rehabilitation services that are rendered to them are highly limited. In this regard, Yeshimbet (2014) mentioned in Wegayehu (2004) study that the few rehabilitation services that 3 exist in Ethiopia are mostly located in Addis Ababa at Paulos Specialized Hospital and a few major towns. Among these rehabilitation service providers, UoG-CBR program is the one that have been attempting to provide comprehensive rehabilitation services for PWDs.

University of Gondar CBR program started its rehabilitation program right after the initiation of Physiotherapy training in the University in 2004 through the department outreach program physiotherapy treatment service started at Kolladiba and Chilga health centers. Now, the program expands its coverage to 14 districts in Central, West and North Gondar. These are; Wogera, Gondar town, Gondar Zuria, Lay Armachiho, Tachi Armachiho, East Dembia, West Dembia, Takussa, Chilga, Debark, Dabat, Janamora, West Belesa and East Belesa districts. UoG-CBR program annual report of 2019 indicated that the program tried to practice CBR program by providing different rehabilitation services such as disability prevention and rehabilitation efforts via referral linkage, pack-

ages for health sector, expansion of physiotherapy services, community awareness, economic empowerment via financial, vocational and technical services provisions and facilitating the inclusion of PWDs in education and sport activities. However, there is no concrete evidence that support this report.

Thus, this study will be focused on assessing the practice and challenges of UoG-CBR program in it's the educational and livelihood matrix in selected districts in Central Gondar Zone. In an attempt to assess this program, different issues will be considered. These include: the participation of stakeholders, types of services provided in the program, change observed in the lives of PWDs, challenges facing in the process of implementing CBR program and measurement that are taken to overcome challenges

Statement of the problem

A report by WHO (2011) indicated that that a vast number of people with disabilities are either not working, under-employed or earn lower wages with respect to the livelihood status of PWDs. The other research by Heymann, Stein, & Moreno (2014) on disability and equality attributes much of the employment and income disadvantages experienced by people with disabilities to discrimination, both overt and implicit. Whereas, regard to the educational status of PWDs, studies around the world have found that children with disabilities are less likely to go to school than children without disabilities and are more likely to drop out 4 (Morgon Banks & Polack, 2014 and WHO & World Bank, 2011.).

In order to alleviate the aforementioned obstacles, the establishment of CBR program has a vital role. Community based rehabilitation (CBR) is the approach supported by WHO for general community growth for the rehabilitation, poverty reduction, equalization of resources, and social integration of all PWD (WHO, 2010). In an unpublished WHO report in 1976 (Finkenflugel 2004), the idea was first adopted as a promising strategy to provide PWD rehabilitation in developing countries and as part of the wider objective of achieving 'Health for All by the Year 2000. Regarding the effectiveness of the CBR program, a study conducted by Bongo, Dziruni & Muzenda-Mudavanhu (2018) confirmed that CBR has succeeded in reaching some of the poorest families and their children with disabilities by improving their everyday lives with useful, functional skills, devices, creating integration and reducing discrimination in the study region of Zimbabwe. In addition, as a result of CBR program implementation, the understanding of the cause of disability and their attitude toward PWDs is substantially altered by the community and parents. Despite this success, the study also revealed that there are still problems related to substantive community and parent engagement in all program activities and lack of resource commitment by the government and local authorities.

In Ethiopia, there are very limited research conducted pertaining to CBR. Among these, a research conducted by Daba (2000) is the one. Daba (2000) conducted a research on CBR program for children with physical disabilities in Adama town and his findings showed that the participation of PWDs was good, whereas the participation of community involvement in planning and decision-making is minimal. The study also found community based rehabilitation program had been able to bring about substantial changes in the lives of children in terms of awareness raising, facilitating their material, perceptual and emotional pathways to empowerment, showed improvement in social relation, communication skills and educational aspects after they had the service. Despite this improvement, the study also showed that obstacles relating to negative attitudes toward the issues of CBR activities, limited availability of resources and dependency on external funds. In relation to this, the other study conducted by Getachew (2010) in North Gondar regard to practice and challenges of CBR services for children with deaf. The result of his findings revealed that the common rehabilitation services that UoG-CBR program provided for children with deafness are medical,

educational, and social and awareness rising. Children with deafness, parents, community and different governmental and nongovernmental organizations are actively participated in implementing activities of the CBR program. The common challenges of this program are lack of well trained professionals in the area, negative societal attitude and the bureaucratic structure of governmental offices (including University of Gondar).

Moreover, there is no research on the practice and challenges of the CBR program for PWDs that conduct in line with CBR guideline in the study area. In addition, most study that conducted in our country regard to CBR program focused on specific group of disability, including the above Daba's and Getachew's research. Thus, this study tried to fill this gap by including different group of disabilities. Furthermore, the results of the term paper conducted by the researcher and his classmates at Maksegnit during the CBR course initiate the researcher to conduct research in this area. The outcome of this term paper suggested that PWDs faced many difficulties in their effort to get education and job opportunity such as shortage of assistive devices, inaccessibility of school facilities, negative attitude of the community, absence of opportunity to get vocational training and difficulties to meet their basic needs. The above all problems and gaps initiate the researcher to assess the practice and challenges of UoG-CBR program in its educational and livelihood matrix to provide services for PWDs in selected districts in Central Gondar Zone.

General objective

The general objective of the study is to assess the practice and challenges of UoG- CBR program to provide services for PWDs in selected districts in Central Gondar Zone

Specific objectives

The specific objectives of the study are:

1. To explore the involvement of stakeholders in overall activities of CBR program.
2. To assess the types of services provided by CBR program of UOG for CWDs.
3. To examine the changes being observed in the lives of PWDs after the implementation of the program
4. To investigate the challenges that affects the implementation of CBR program.

Theoretical framework

The theory of capability and stakeholder theory will be applied to provide foundation in this study's development.

Theory of Capability

An Indian economist and philosopher formulated this theory (Amartya Sen, 1992). The history of the capacity approach differs from other disability models, because it was not adopted specifically as a disability model but rather derived from welfare and development economics, which involves discussions about poverty and inequalities. The interpretation of disability varies from other models of disabilities, while the capability approach enables the comprehensive analysis of the various factors that cause deprivations (Mitra, 2006 & 2017). The theory of capability consists of two main normative claims: first, the argument that the freedom to attain well-being is the primary moral significance, and second, that the freedom to attain well-being is the awareness of the basic capabilities of individuals, that is, and their real opportunities to do and be what they consider worthy. A basic capability is "the ability to satisfy any basic and crucially important function up to certain level" (Sen, 1992). Basic capabilities refer to the independence to do many simple things that are considered essential to life and to escape or prevent deprivations. The theory of capability places emphasis on opportunities of people to make use of the resource to achieve freedom and well-being self-esteem. Upon submission to PWDs it requires unrestricted access capabilities as long as an appropriate intervention arrangement can be provided.

In this theory, Amartya Sen has established four constructs: the first one is "services / goods," which are useful to PWDs such as intervention in health services, schooling, and vocational skills training. The second construct is "characteristic," which includes personal characteristics such as: disability, gender, sex etc. and environmental characteristics such as, policies and sociocultural norms. The above two types of characteristics are factors which affect a person's ability to work. The third construct is 'capabilities,' relating to the functional opportunities that PWDs are provided or person's substantive freedom or independence to achieve functioning such as equality to seek education and quality health. The fourth one is 'functioning', which includes various actions that are performed in order to achieve things we desire. For PWDs, functioning can be measured through carrying out activities of daily living and using the opportunities that the person's get from the institution or program properly.

The theory of capabilities illustrates how organizations and systems can seek to remove constraints affecting human capabilities. Therefore, in this study, the capability theory will be used to explain the type of services provided in CBR program for PWDs, challenges that encountered in the process of implementing CBR program and change occurred as a result of CBR program intervention

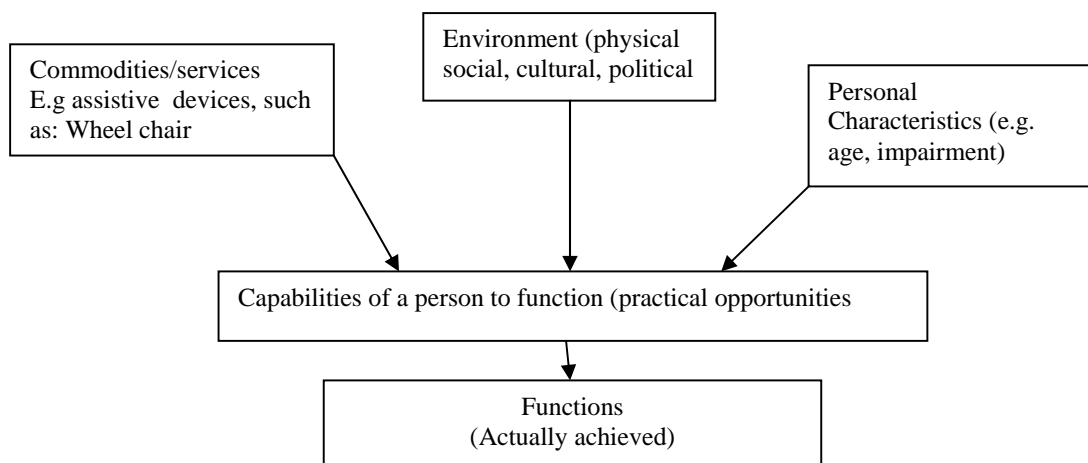


Figure 1. Capability Theory. Source: Amartaya Sen (1992)

The above figure represents different factor that affect the capability and functioning of person's. *Stakeholders theory*

According to Freeman, Harrison and Wicks (2008) the stakeholder theory assumes that the organization has more parties playing a role in its activity. It considers employees, communities, government agencies, customers, suppliers, financiers, political group and even competitors as essential stakeholders. In the adoption of this theory in this study, the researcher observes that is important to understand the role of stakeholders in the implementation of CBR program. They have an influence in CBR program and reliable relationship that takes in to consideration each of the stakeholder's assertion is important to maintain a balance between the CBR program priorities and stakeholder needs. Freeman et al. (2008) argues that it is necessary for the leadership of organizations to identify their stakeholders as primary and secondary stakeholders, who are given greater priority to the primary stakeholders. CBR programmers' primary stakeholders include; PWDs, the local community including parent, donor agencies and employees or CBR workers. It is critical that CBR managers / coordinators give priority to the impact of these stakeholders on CBR program objectives. There may be secondary stakeholders; the media, government and other special interest groups

This theory will be used in this study to clarify the impact of primary stakeholders (i.e., PWDs parents, teachers and DPO members) in the process of implementing CBR program.

Review of Literature

The Development of Community-Based Rehabilitation

The concept of CBR was introduced in the early 1980s as a strategy for rehabilitation, social inclusion, equalization of opportunities, and poverty reduction among people with disabilities through community participation to enhance QOL (ILO, UNESCO, & WHO, 2004; Musoke & Geiser, 2013). The 2004 ILO, UNESCO and WHO CBR Joint Position Paper set out a common approach for promoting CBR for the development of people with disabilities. Over the years, CBR has evolved, with a major emphasis placed on human rights and a call for poverty reduction. The major objectives of CBR are:

1. To ensure that people with disabilities are able to maximize their physical and mental abilities, to access regular services their physical and mental abilities, to access regular services and opportunities and to become active contributors to the community and society at large.
2. To activate communities to promote and protect the human rights of people with disabilities through changes within the community, for example, by removing barriers to participation. (ILO et al., 2004.)

CBR's primary goal is to provide services in community for people with disabilities where they live for inclusion, engagement in work and an active social life (Crishna, 1999). This is based on the premise that rehabilitation of disabled people should be part of the overall community development and not a separate process for people with disabilities alone.

Conceptual framework of the study

For most CBR projects, the CBR matrix can be used as common framework and includes five key components: Health, Education, Wellbeing, Social and Empowerment (WHO, 2010). The health component of the matrix has five key elements; Health promotion, Prevention, Medical care, Rehabilitation and Assistive devices. The goal for CBR programs should be to work within all these elements in order for persons with disabilities to achieve their highest possible standard of health.

The educational component of the matrix is aimed at facilitating access to education for persons with disabilities, improving their chance to fulfill their potential and to participate in society. The component contains the five elements; early childhood care and education, Primary education, Secondary and higher education, Non-formal education and Lifelong learning (WHO, 2010).

The goal for the livelihood component is that persons with disabilities have access to social protection and are able to earn an income large enough to lead dignified lives and contribute economically to their families and communities. Skills development, Self-employment, Wage-employment, financial services, and Social protection are the elements that make up the building blocks of the Livelihood component.

For the social component the goal is for persons with disabilities to be treated like equal members of society and have meaningful social roles and responsibilities in their families and communities. The elements making up this component are; Personal assistance, Relationships, marriage and family, Culture and arts, Recreation, leisure and sport, and Justice.

The final component of the CBR matrix is empowerment and it is supposed to cut across all the other components and help improve the quality of life for persons with disabilities. The goal for the component is to see that persons with disabilities and their family members can make their own decisions and take responsibility for changing their lives and improving their communities. The

elements of the component are; Advocacy and communication, Community mobilization, Political participation, Self-help groups, and Disabled people's organizations.

The CBR matrix should guide all CBR programs and several authors Grandisson, Hébert and Thibeault (2013) have suggested that it might be used in the evaluation of CBR programs. For the purpose of this study, the researcher used the two matrixes i.e. educational and livelihood for theoretical framework. In this study the CBR matrix has supported the design of the study and it will be used as a framework and support for analysis and discussion of the findings.

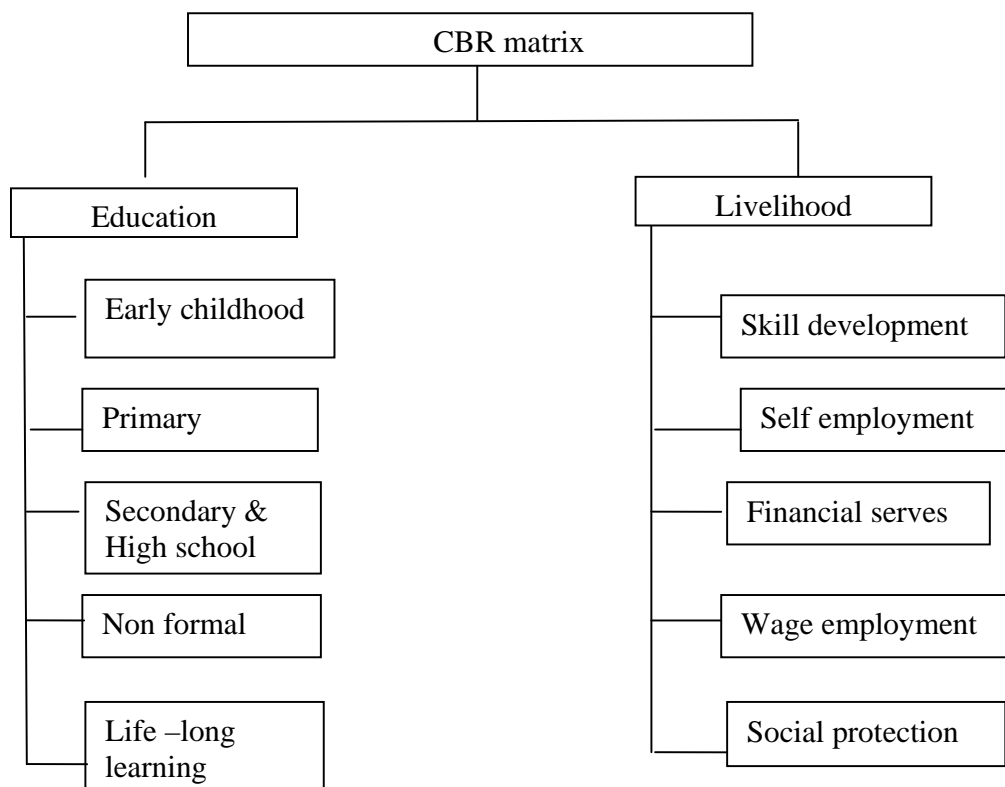


Figure 2. Conceptual framework of the study. Sources: adapted from WHO, UNESCO and ILO (2010). CBR guideline introductory booklet, WHO, Geneva, Switzerland

Methodology

Research Design

According to Hancock & Algozzine (2006), the selection of research design is determined by how well it allows full investigation of a particular research questions. For the purpose of this study, descriptive research design is selected by the researcher. The reason for choosing this design is that its appropriateness to provide better description regard to UoG-CBR program practice and challenges at the existing condition in the area of the study. With regard to descriptive research design, Nassaji (2015) explained that it is beneficial to look at a phenomenon or a method in order to get its overall image instead of taking one or more of its aspects and manipulating it or them)

Study area

University of Gondar CBR program started its rehabilitation program right after the initiation of Physiotherapy training in the University in 2004 through the department outreach program physi-

otherapy treatment service started at Kolladiba and Chilga health centres. Now, the program expands its coverage to 14 districts in Central, West and North Gondar. These are; Wogera, Gondar town, Gondar Zuria, Lay Armachiho, Tachi Armachiho, East Dembia, West Dembia, Takussa, Chilga, Debark, Dabat, Janamora, West Belesa and East Belesa districts. From this 14 districts, eleven (11) of them CBR program have practiced in Central Gondar Zone. Due to this, this study is conducted in Central Gondar Zone in three selected districts. These are: ; Chuahit from West Dembya district, Arbaya from West Belesa district; and from Amba Giorgis Wogera district; The reason for choosing these districts are that UoG-CBR program have been trying to provide comprehensive rehabilitation services for PWDs in these Kebeles, UoG started its CBR program early in these Kebeles and there is no research that conducted regarding to the practice and challenges of UOG CBR program for PWDs in line with CBR guideline in these Kebeles.

Population of the study

Cresswell (2012) defined population as a group of individuals with some common defining characteristics that a researcher can identify and study. In this study the target population referred to person with disabilities in three selected District or Woredas. According to Central Gondar Zone education offices report in 2012 E.C. indicated that the total population of PWDs in Chuahit, Ambagiorgis and Arbaya are one hundred sixty six (166). Of these 105 is belong to Amba Giorgis, 34 are for Arbaya and the rest is for Chuahit. Moreover, total population of teachers of student with disabilities were 10, of which 6 is belongs to Amba Giorgis, 2 for Arbaya and the rest for Chuahit. Furthermore, total population of DPO member were 320, of which 130 is belongs to Amba Giorgis, 70 are for Arbaya and the rest is for Chuahit.

Sample and Sampling technique

A sample is a subset of the population that is chosen for a specific study, according to Burns & Grove (2005). The sample of this study was drawn from Chuahit, Ambagiorgis and Arbaya, where UoG has practiced its CBR program, in Central Gondar Zone. The sample constituted of 34 participants, which were 12 PWDs, 6 parents of PWDs, 6 teachers, 6 DPO members, 3 CBR 28 workers and 1 assistant program coordinator. The above all samples i.e. PWDs, parents, teachers, DPO members and CBR workers were taken with equal proportion from three selected districts

With regard to sampling techniques, samples will be selected based on non-probability sampling method, specifically purposive sampling and convenience sampling technique. Qualitative research naturally recommends purposive sampling method. The reason for choosing a purposeful sampling method is that it allows the researcher to intentionally select a specific environment, individual or event in order to collect valuable information that cannot be obtained from other sources (Babbie, 2007). In line with this, the researcher used to the following criteria to select PWDs, parents, DPO members, CBR worker and assistant program coordinator:

- Based on the concept of activity limitation of ICF model of disability, all PWDs whose age is above 12 and are their disabilities easily identifiable. There are: individuals with total blindness, individuals with total deafness and individuals with physical impairment (loss of legs, hands, partial or total paralysis). The reason why the researcher included them in this study is that PWDs are given more consideration by the program. Furthermore, PWDs should be able to explain the situation during this age.
- Parents of children with disabilities were selected to get reliable information about the study that is not gained from children.

- DPO members who become members for 5 and above year were chosen. The reason for choosing these participants is that they have worked with UoG-CBR program; thereby they provided reliable information about the program.
- Based on their long exposure to PWDs, CBR workers and assistant program coordinator who have 4 and above years of work experience were chosen. The reason for choosing these participants is that they have accurate data about the program's practice and problems and the condition of PWDs.

Interview

In qualitative research methods, an interview is important in which the researcher gathers data directly from the interviewer with important unfolding views, perceptions, beliefs and various other aspects of the population under study (Showkat & Parveen, 2017). The researcher had used semi-structured interview in this study. Semi-structured interviews were chosen because they offer an opportunity to examine people's experiences in depth and discover new and unexpected areas or ideas that were not anticipated when the research began (Britten, 1995). In this regard, Yin (2001) clarified that semi-structured interview enabled the researcher to follow up on the response of the respondent to obtain more details and clarify ambiguous statements. The semi structured interviews followed an interview guide (attached in the annexes part of this research) and were aimed at exploring the participants' perceptions of the CBR program. The issues that were addressed by this data collection tools were involvement of stakeholders in CBR program, types of services provided for PWDs in the program, types of changes being observed in the lives of PWDs, challenges facing in the process of implementing CBR and measurements that were taken by the program to minimize the challenges of UoG-CBR. Based on the permission of participants nineteen (19) interview session was conducted. Each interview session took one hour on average depending on the issues and willingness of the participants. The researcher met with them before beginning the interview in order to gain permission to build relationships with participants to develop trust.

Focus group discussion

Focus group discussion is described as a group discussion that identifies and discusses the views and thoughts of a specific group of people with respect to a particular subject and areas of interest (Barbour & Kitzinger, 1999). In this study, the researcher prepared two focus group discussions. The first focus group conducted with 6 teachers of students with disabilities regard to the education of student with disabilities. The second focus group conducted with 6 DPO members and 3 CBR workers regard to the education and livelihood of PWDs. Each discussion took one and half hours on average depending on the participation of participants. It was expected that these two focus group interviews would have plenty of data and a clear understanding of the program's practice and challenges. The researcher presented the participants with the consent paper and explained the study and research ethics goals and the focus group discussion after reaching an agreement with the participants. Finally, for their active involvement and giving their time, the researcher passed grateful messages to participants. The issues that were addressed by this data collection tools were involvement of stakeholders in CBR program, types of services provided for PWDs in the program, types of changes being observed in the lives of PWDs as a result of CBR program intervention, challenges facing in the process of implementing CBR and possible mechanisms used in program to minimize the challenges of UoG-CBR.

Observation

Observation is purposeful, systematic and a selective way to watch relationships or phenomena as they occur (Kumar, 2008). The main objective of using observation method in this study

was to visit services delivered by program for PWDs in selected districts. During this time, the researcher went to the sites of service delivery and visited PWDs' schools and working places. For instance, if the researcher wants to know whether PWDs have gotten appropriate educational and livelihood services, the researcher went to selected schools and working places of PWDs and see if they have services and wrote the report in line with observation checklist. (It is attached in the appendix part of this research). Generally, the key content of observation was watching the types of educational and livelihood services provided for PWDs in the program.

Results

Involvement of PWDs in CBR program

Active participation of PWDs in all activities of the program such as planning, implementing and evaluating is considered as a key and crucial for the success of the program. In this regard, in the education matrix of the program, the results of the study indicated that student with disabilities have involved in school disability club and sport festival, beyond this they didn't participate in planning and evaluating of the program. In addition to this, the finding also revealed that the factor that affects their participation is that the negative attitudes of school community toward student with disabilities and CBR worker didn't invite them to participate in the planning and evaluating of the program.

In livelihood matrix of the program, the findings of the study revealed that PWDs were participated in DPO meeting to advocate for the rights of PWDs and in the vocational training, which is given by CBR program.

These results are similar to study conducted by Getachew(2010) in Gondar that most children with deaf are directly involved in implementation activities of CBR like community education, awareness raising program and school disability clubs. However, they did not participate directly in the planning and evaluating activities.

Participation of parents in the program

Environment experienced by a person with a disability is generally her own family Finkenflugel (2006). When we come to this study, in the education matrix of the program, the finding of this research showed that all respondent of parent didn't participate in planning and evaluating of the program, but they were participated in parent meeting at school monthly with teachers to discuss about in the education of their children with disability. In addition to this, the finding also revealed about the effect of poverty on the participation of parents in CBR program. In this regard, Lakech explain as:

"I have 4 children, including those with disabilities. My husband betrayed me. Because of this, the fate of these children is at my hands. The only solution I have taken is that I have been engaged in everyday labor tasks to fulfill their basic needs. As a result, it is difficult for me to think about the rehabilitation of a single child with disabilities. I should be responsible for fulfilling all my child's needs."

In the livelihood matrix of the program, the findings of the study indicated that almost all respondents of parent have only participated in DPO meeting monthly to discuss on how to improve the livelihood of their children, beyond this they didn't participate in the planning and evaluation of the program. In addition to this, the finding also showed that there were different factors that affect the participation of parents in CBR program. These are: negative attitude of society and lack of interest on the side of CBR worker to invite PWDs in the planning and evaluating of the program.

The above all results are almost similar to study conducted by WHO (2002) in Indonesia, Nepal and Vietnam. The findings indicated that the involvement of families is limited in the imple-

mentation of some activities of the program, but they didn't decide on priorities for CBR program and in evaluating the program activities.

Rehabilitation services provided at the educational matrix of the CBR program

Education is one of matrix of CBR program that is focus on facilitate access to education of PWDs. According to WHO(2010), in the education matrix, CBR program need to ensure that children with disabilities are able to access specialist resources and support when needed such as enlarged letters; magnifying glasses; communication aids like picture, symbols and board; mobility devices like wheel chair, prosthetics and white canes; flexible seating arrangements and good lighting if they have poor vision. When we come to this study, in the primary education component of the program, the findings showed that most of student with disabilities have been received necessary resources from the program such as slate and stylus, white cane, wheelchair and sign language dictionary. These resources have supported them to learn effectively as other students. In addition to this, some of respondents of PWDs reported that the program made different facilities of the school accessible. In this regard, Abeba explain as follow:

“The CBR program constructed a ramp in the classroom, library and toilet of school so as to enable us to move freely from one place to another places in the school compound.”

The finding of this study also showed that the program has provided home to home rehabilitation services in its non-formal education component of the program. In this regard, one CBR worker, Hana expressed her idea in group discussion as follow:

“The program has provided home to home rehabilitation services in its non-formal education component of the program such as sign language training, training on 59 social skills and self-care and encouraging the families to enroll their children in the school.”

Rehabilitation services provided in the livelihood matrix of CBR program

Livelihood is the other matrix of CBR program, because it is essential to ensure both youth and adults with disabilities have access to training and working opportunity at community level ILO, UNESCO & WHO (2004). Since the service provided by UoG-CBR program is based on CBR guideline, a livelihood service in the form of skill development is the major one that is implemented by the program. In this regard, all respondents of PWDs reported that they got five month vocational training through the support of UoG-CBR program.

The finding of the study also indicated that the financial services are the other services that were provided for PWDs in this matrix of the program. In relation to this, all PWDs in their interview reported that the program offered six thousand (6,000) birr for each of them as a startup capital to run their own business. In self-employment component of CBR matrix, some PWDs reported that they started to lead their lives by themselves and become self-reliant. This is because of the vocational training and the startup capital that they got from the program.

Furthermore, the finding of the study revealed that the program enable them to have access to social protection measures such as housing facilities. In this regard, Aychew and Aschale explained that the program provided working places for their business and rent free living spaces from the local government through a great effort of CBR workers and DPO members.

Change observed in the lives of PWDs after the implementation of CBR program

Different changes have observed in the lives of PWDs after the implementation of CBR program. In the education matrix of the program, one of the finding of study showed that some student with disabilities got educational opportunity as a result of awareness creation made by the program. In this regard, Terefe explain as:

“As a result of the CBR program intervention, my life is changing from dark to light. Because, until I got home to home rehabilitation services from the program, I didn't get educational

opportunities due to my parents' negative attitudes. But now, thanks to the UoG-CBR program, like other students, I have been gotten educational opportunities.”

The finding of present study also revealed that the CBR program enable some PWDs to increase their social interaction and also meet the educational needs of PWDs by giving different resources such as slate and stylus, white cane, sign language dictionary, wheel chair, exercise books and pen. In this regard, Alemitu explain as:

“Before rehabilitation, I was unable to read or write using Braille, but after I got the slate and stylus from the UoG-CBR program, I can read and write like other students.”

In the livelihood matrix of the program, the finding of the study showed that some of PWDs i.e. Aychew and Aschale reported that they started to lead an independent life and become self reliant as a result of training and startup capital given by the program. On the contrary, the finding also showed that the majority of respondents of PWDs didn't observe change in their lives as a result of CBR program intervention. Because, they only got five month vocational training, beyond this they didn't get working places and other supports to run their own business. As a result, they all become dependent for their family as well as for the community.

Challenges that encountered during the implementation of CBR program

There were challenges and limitation in the process of implementing CBR program that might threaten its sustainability. In the education matrix of the program, teacher respondents in group discussion reported that they have faced different challenges in the process of implementing CBR program. These are; negative attitude of the school community toward disabilities, and shortage of assistive devices, such as; tape recorder. In addition to this, some of teacher respondents reported that inaccessibility of school facilities such as toilet, classroom and library and large class sizes are the other challenges that encountered in the process of implementing the program. The findings of the study also showed that poverty is the main challenges that affect the implementation of CBR program. In this regard, one of the members of the DPO in group discussion said that parents of children with disabilities living in rural areas were not willing to send their children to school. Since they did not have the money to rent a house for their children in the area, and instead of sending their children to school, they decided to think about meeting the basic needs of all children.

In livelihood matrix of the program, assistant program coordinator responded that there were different challenges that encountered during the implementation of CBR program. These are; disagreements among PWDs to work together, low expectation of the capabilities of PWDs by themselves and lowness of startup capital given from the program. In addition to this, the result obtained through FGD2 (CBR workers and DPO members) regard to challenges in the livelihood matrix of the program showed that negative attitude of the surrounding community and local government toward the issues of disability is the challenge that the majority of respondents faced during the implementation of CBR program. For example; many PWDs that took vocational training from the program did not get work places for their business due to the lack of commitment on the side of the local government to work on the issues of disabilities.

Conclusions

Based on the findings and discussion above, the following conclusions are drawn. Involvement of PWDs, parents, teachers and DPO members were almost all limited to the implementation of activities of CBR program. However, almost all respondents reported that they didn't participate in the planning and evaluation activities of the program. According to the finding of this research,

this limitation is due to low attention given by CBR workers about the participation of PWDs in the planning and evaluation of the program.

PWDs received educational and livelihood services from UoG-CBR program. In the educational matrix of the program, student with disabilities are benefited from primary education component and non-formal education component of the program. In the primary education component, the program provided necessary teaching learning resources and made different facilities of the school accessible. Whereas in non-formal education component, CBR worker reported that the program has provided home to home rehabilitation services such as sign language training, training on social skills and self-care and encouraging children with disabilities to get educational opportunity. Moreover, findings showed that PWDs got different types of services from the program in livelihood matrix. These are: five month vocational training and six thousand birr as a startup capital. In addition to this, some of respondents of PWDs reported that they have access to social protection measures such as housing facilities.

Different changes are observed in the lives of PWDs after the implementation of UoG-CBR program in the area. In the educational matrix, some PWDs got educational opportunity, the social interaction of PWDs increased than before and the educational needs of PWDs become meet. Whereas, some PWDs started to lead an independent life and become self-reliant in the livelihood matrix of the program. On the contrary, the majority of PWDs didn't observe change in their livelihood as a result of CBR program intervention.

During the implementation of UoG-CBR program, CBR workers, teachers, DPO members and assistant program coordinator encountered different challenges. In the educational matrix, negative attitude of school community, shortage of assistive devices, inaccessibility of school facilities and poverty are the challenges that encountered during the implementation of the program. Whereas, in livelihood matrix, disagreement among PWDs to work together, low expectation of the capabilities of PWDs by themselves and their families and lowness of startup capital given from the program and negative attitude of local government toward the issues of disability are challenges that affect the implementation of the program.

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