



TOWARDS A REALISTIC APPROACH REGARDING DISABILITIES

TIRUSSEW TEFERRA

According to the WHO's estimation, there are about 5.2 million people with disabilities. Among these 2.6 million are children of 15 years old (UNICEF, 1989). However, because of the diverse disabling factors such as diseases, malnutrition, under-nutrition, war and periodic episode of drought and famine, prevalent in a country, the estimated figure is relatively low. The number of people with disabilities, the state of rehabilitation services and the economic conditions in the country as well as the attainment of the goal, "Rehabilitation For All" require a realistic approach.

Any society which fails to respond effectively to the problems related to disability takes not only a huge loss of human resources but also a cruel wastage of human potential (RI, Charter for the 80's, 1981). It cannot be denied that public funds are scarce in developing countries with so many pressing problems. The question which is often heard is: "Is it reasonable to expect a developing country to divert resources to expensive services for the minority?" The question may be answered that no country can afford both practically and morally to ignore a problem which affects 10% of its population. Therefore,



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the whole question needs re-phrasing. "How can we utilize resources which already exist within the community in order to introduce inexpensive but effective rehabilitation services?" (Caroline, 1988). It should be a matter of re-examination and appropriate re-allocation of resources but not of prioritization. Evidence of current studies suggest (Padmani, 1988) in response to these multifaceted challenges that the Community Based Rehabilitation (CBR) approach is found to be not only a cost-effective substitute for Institution-Based Rehabilitation, but also superior in the promotion of rehabilitative undertakings. The little impact Institution-Based Rehabilitation had in developing countries in terms of the quality of service and

the number of people served led to great disillusion. For instance, out of the estimated 80,000 blind school-age children in Ethiopia, only a fraction (about 600) are served in special schools (Alemtsehay Maru and Cook, 1990). Meanwhile, the idea that grassroots type of services benefit a large number and the general anti-institutional bias led to CBR as an alternative approach particularly to developing countries. This approach is part of the global movement for the adoption of CBR Programme of Action of people with disabilities the basic guiding for the United Nations (1983-92) of Disabled persons (1983-92).

Above all, any attempt to address such type of issues must consider the specific social, cultural,

and economic conditions of the country. Arrangement should be made to accommodate the needs of all ranges of the target group.

In the CBR model, the home is considered as a very important component of the rehabilitational process. Parents, as caretakers, shall be trained to carry out simple exercises with their child at home. They are enlightened on the questions of health, nutrition and on developing the Psychosocial competence skills. Among the multiple advantages of this approach, the psychological impact of the day-to-day parent-child contact is underscored. Indeed, a conducive home environment has an enormous influence on later adjustment and overall personality development of a disabled child. For instance, early multi-sensory stimulations (auditory,

tactile, visual, olfactory, gustatory, haptic) and social competence skills can be effectively undertaken by the family if appropriate training is provided. CBR also aims at mobilizing and organizing community resources through enlightening the public on the importance of primary and secondary prophylaxis against disabling factors. Such programs may include health education, personal and environmental hygiene, immunization, proper diet and the importance of interpersonal relations. These activities are carried out through organizing Community based sensitizations, workshops, seminars and home-visits. In short, strategies which promote the optimal and effective utilization of community resources shall be entertained.

In order to introduce the CBR approach in Ethiopia, a comprehensive and intersectoral strategy should be employed. Presently, both governmental and non-governmental agencies dealing with people with disabilities seem to be short of systematized and co-ordinated approach to the problem. To begin with, the diversified efforts of individual agencies ought to be properly geared towards systematized and concerted actions. This is a pivotal point for approaching the problem. Such a measure is believed to help:

- (i) avoid duplication of efforts and minimize unnecessary waste of human and material resources,

- (ii) develop a comprehensive and interdisciplinary approach to the problem,
- (iii) foster cooperation among agencies and societies of rehabilitation,
- iv) introduce cost effective and reliable rehabilitation,
- (v) promote the goal "Rehabilitation For All" and gain a complete coverage of the problem
- (vi) develop an environment for health promotion in the country.

References

Alemtsehay Maru and Cook, M, J. (1990). Journal of Visual Impairment and Blindness. New York: American Foundation.

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FACTS AND FIGURES

New Students Admitted to Regular DIPLOMA PROGRAMS by
Institution & ESLCE Results for Selected
Institutions (1990/91 A.Y)

| Inst./College | ESLCE G.P.A. | | | | | | Remarks |
|-------------------------------------|--------------|-------|-----------|-------|----------|------|--|
| | 2.6 or below | | 2.8 - 3.2 | | Over 3.2 | | |
| | N | % | N | % | N | % | Total |
| Bahir Dar Teachers' College | 176 | 56.59 | 128 | 41.15 | 2 | 0.64 | Admitted = 311 Un-classified = 5 |
| Kotebe College of Teacher Education | 193 | 33.44 | 334 | 57.88 | 0 | 0 | Total Admitted = 577 Un-classified = 50 |
| College of Commerce (A.A) | 9 | 1.36 | 613 | 93.00 | 0 | 0 | Total Admitted = 659 Un-classified = 37 |
| Jimma Inst. of Health Sc. | 0 | 0 | 182 | 96.80 | 1 | 0.53 | Total Admitted = 188 Un-classified = 5 |

Source: **Higher Education Main Department, Statistics on Higher Education 1990/91, April 1992, p.11**

IER Observes: The Jimma Institute of Health Sciences and the College of Commerce (AA) look comparable in the ESLCE qualifications of their new students. Do we need to say anything about the other two?