

## **Educational Rehabilitation: A Missing Component of Teacher Education at Addis Ababa University \***

**Tirusew Teferra \*\***

**ABSTRACT:** *An attempt is made to briefly survey the state and magnitude of disability, and the nature of rehabilitational and/or rehabilitation provisions in Ethiopia. Particular consideration is made for studying the status of Educational Rehabilitation or Special Education in the country. Furthermore, a historical sketch on the emergence and development of Educational Rehabilitation as a discipline and its basic theoretical assumptions are discussed. In view of the present conditions and future trends of Educational Rehabilitation in the country, realistic-oriented measures need to be undertaken on the part of the Faculty of Education of Addis Ababa University are envisaged.*

### **1. INTRODUCTION**

#### **1.1. The Magnitude of the Problem**

At least one child in ten is born with or acquires sensory physical, or mental impairment which, if early intervention is not given, could impede the normal development of the child (UNICEF, 1988). The prevalence of impairment and disability is higher in areas of early stages of economic development than in the industrialized part of the world. While exact data are lacking, it may be observed that the combination of poverty and the absence of preventive and rehabilitative services inevitably produces more causes of impairment and a more likely escalation of impairment into disability (Rehabilitation International, 1981). According to the report given by the International Rehabilitational Review (1988) global population of disability amounts above 500 million. Out of this over 80% lie in developing countries where the vast majority do not have access to rehabilitation services of any kind due to various factors, the major one being lack of resources. The World Health Organization estimates that the present institution-based service cater only 1-2% of the people in need of rehabilitation in

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### **1. INTRODUCTION**

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developing countries (Mendis, 1988). By the year 2000, there will be at least 600 million persons with disabilities in the world. At that time, one-third of the world's population will be under 15 years of age, living in developing areas and 150 million of these children will have certain type of disability. Worse still, they will be beyond reach and help unless governments and people work together now to curb this situation (UNICEF, 1989).

The situation of persons with disability in Ethiopia is not far from the global facts mentioned above, and in fact even more tragic and severe. The presence of diversified pre-peri-and postnatal disabling factors and the absence of early primary and secondary prophylaxis in the country at a larger-scale has brought a phenomenal increase in the problem. This is not to undermine the efforts made by various Ministries, International and Non-governmental Organizations in this area, but to indicate that the services offered by these agencies are out of the reach to the vast majority of the inflicted. Thus, the problem remains to be a challenge to the country. In accordance with the International Classification of Diseases and Injuries, there are at least seven categories of disabilities vis à vis visual, aural, mental, motor (physically), lingual-, behavioral (emotional and social) and multiple disabilities (ICD, 1977). Among these categories; the visually, aurally and the meteorically and the severely mentally retarded are the most recognized in Ethiopia. Generally, data pertaining to persons with disabilities in Ethiopia are fragmentary, incomplete and confusing. To date, there are three surveys made in the country in these area of endeavor. These surveys reveal variable figures in the magnitude and type of disabilities (see the table below).

**Table 1: The Extent of Persons with Disabilities in Ethiopia**

Year		Age Group				Total	Population Considered
		0-14	%	15 and above	%		
1981	SO and RAD	263,540	.99	1,196,143	4.5	5.49	26,595,683
1983		29,632	.2	-	-	.2	14,819,300
1984		10,625	.74	43,405	3.5	4.24	1,423,111

Key: MOA - Ministry of Agriculture  
 CSO - Central Statistics Office  
 RAD - Rehabilitation Agency for the Disabled (now Rehabilitation Agency)  
 NCC - National Children's Commission (now Children Youth and Family Welfare Organization)  
 OPHCC - Office of the Population and Housing Census Commission

Though these surveys are major landmarks and appreciable moves in this direction, a close and critical study of the results reveals certain shortcomings which need special consideration in any plan of future base-line survey.

Therefore, in order to gain an insight about the nature of research undertaking in the field a mention on some of the main drawbacks of the surveys seems essential. Among others the following are pertinent:

- (i) absence of objective and operational definition of the target population;
- (ii) diversity in the system of classification of disabilities;
- (iii) lack of clarity in conceptualizing disability profiles; and
- (iv) omission of some important disability groups.

Thus, in such a state of confusion to arrive not only at approximations but also to reach to crude statistical estimation would be very difficult. Ethiopia, as one of the countries in an early stage of economic and social development and where disabling factors like diseases, malnutrition, under nutrition, war and periodic episode of drought and famine are enormous, the figures obtained on the magnitude of persons with disabilities in these surveys is suspiciously very low. This warrants the need for a more systematic and comprehensive intervention-oriented approach to the problem.

### **1.2. Rehabilitational Services**

There are both government and non-governmental services which attempt to cater for the special needs of persons with disabilities. However, among the millions of people suffering from various degrees of disability only very few are beneficiaries of rehabilitational service. That is, in terms of Educational Rehabilitation, Medical Rehabilitation and Vocational Rehabilitation these encompass the Special Schools, Treatment Centers, Training Centers, Sheltered Workshops, Orthopedic Workshops and Children's Homes (RAD, 1988). The Ministry of Labour and Social Affairs, Ministry of Education, Ministry of Health, Children, Youth and Family Welfare Organization with other International and Non-governmental Organizations are in one way or another accountable for these services. However, evidences suggest that the agencies involved in the rehabilitational processes seem to be short of systematized and co-ordinated plan of action within and among themselves.

Like the other rehabilitational services, Educational Rehabilitation provisions are carried out by both the government and non-governmental organizations. According to the study conducted by UNESCO (1988) the breakdown of special

and vocational educational services have the following profile of accountability: state education system 20%, other government departments 30% and voluntary agencies 50%.

The Ministry of Education, on top of providers (20%) of the special educational service, it is responsible for co-ordinating the special education programs among the various agencies. In order to facilitate and promote special educational programs in the country, the Ministry has three special education units along-side with the Departments of Formal Education, Teacher Education, and Curriculum (Ministry of Education; 1988). Except the special education unit under the department of Formal Education, the other units are in their infantile stage of development and therefore, there is little achievement in the direction of adapting the curriculum to the special needs of the children and of training special education teachers.

In Ethiopia, there are twelve Special Schools, and two Integrated Special Units for the Visually and Aurally handicapped, and one Special Unit for the Mentally Retarded. Out of these, there are six Special Schools for the Visually disabled at a primary school level (these are Abreha Bahta, Bako, Gimbi, Sabeta, Shashemané and Welayta Schools for the Blind) with 576 enrollment; from special schools and two special units for the Aurally Disabled at a primary and junior high school level (Alpha, Mekanisa, Centeria, Hosahana, and two Special Units integrated to Entoto and Minilik II Schools) with a total enrollment of 482; and one Special Unit for the Mentally Retarded attached to Kekebe Tsebha Elementary School) with 15 enrollment (Ministry of Education, 1988).

Moreover, special arrangements are also made for about 200 children with motor impairments by accommodating them in various homes located nearby regular schools (Ministry of Education, 1985). According to the report given by the Ministry of Education not more than 1600 disabled children receive special education both in special schools and in an integrated classes.

Thus, on the basis of WHO's estimation (that is, 10% of the population in developing countries suffer from either mental, physical or sensory impairment) out of about 15 million school-age children (NCC, 1983) only 0.1% have the chance to attend school. In other words, 99.9% of school-age children do not have the opportunity to go to school. Furthermore, evidences suggest that the Special Schools are over-crowded, under-staffed and ill-equipped indicating that the situation even here does not permit the possible optimal development of the

child with disability. Hence, in the Ministry of Education in collaboration with higher-learning institutions and other agencies there is still a lot to be done in this direction of educational endeavor.

## **2. Educational Rehabilitation: an Integral Part of Teacher Education**

Educational Rehabilitation did not suddenly spring up as a new discipline, nor did it develop in isolation from other disciplines. The historical roots of special need education can be traced back to the early 1800s. Contemporary educational methods for special need children are directly related to techniques pioneered during that era, and many of the vital controversial issues of today have been issues ever since the dawn of special education. It started with the work of European physicians, such as Itard, Seguin, Howe and Mantessori, (Hallahan D. and Kauffman J., 1978.)

As the education profession itself matured, there was a growing realization among teachers and school administrators that a large number of children must be given something that goes beyond the ordinary classroom experience. Therefore, just as professionals in general education attempt to provide appropriate instruction to children who function within the "normal" social and intellectual range those in special education seek to ensure that children who are exceptional in some way receive instruction appropriate to their capabilities and needs. Thus, special education has become a professional field with roots in several academic disciplines like medicine, psychology, sociology in addition to professional education (Gardwood, 1984). It is currently considered as a discipline sufficiently differentiated from the main stream of professional education, but sufficiently like the main stream of professional education, to maintain a primary concern from schools and teaching (Hallahan D. Kauffman J. 1978). In short, it is a specially designed discipline which by and large attempts to meet the unique needs of the child with disability.

The predisposition of the potential that an individual has the right at the time of birth cannot develop by itself in the absence of complex and interwoven socio-ecological variables acting upon it and influencing reciprocally one another (Leontjew A.N., 1985). Genetically, what is inherited is not this or that phenotypic "trait" or "character" but a genotypic potentiality for an organism developmental response to its environmental stimulus (Dobzhansky, 1968).

The human being which is born as a biological creature becomes a personality in the process of transaction by acquiring the social and historical experience of mankind. Persons with disabilities (motor, sensory, behavioral, lingual and intellectual) have the preconditions to develop into productivity and consciously acting social beings in life. Their atypicality is in terms of the degree their uniqueness that require special provisions as well as environmental adaptations for optimal development (Suhrweier, 1983; Becker, 1984). The atypicalities which are basically organic in origin are further pronounced by society through psycho-social deprivations adversely affecting their personality. Both, the bio-social constituents of the inflicted, that is, the degree and nature of the organic impairment coupled with the unfavorable social conditions require a close and thorough assessment for an effective educational intervention.

In the pedagogy of the persons with disabilities, as no two children have exactly the same pattern of abilities and limitations, it is necessary to view each child in a highly individual manner. That is why the importance of individual diagnosis is taken as a baseline for any sort of psychological and educational intervention. Therefore, teachers who work with children with disabilities need to undergo rigorous special training in the specific areas of disabilities so that they can properly manage the learning-teaching processes. Disability-specific type of training enables them to develop the required skills and abilities to detect, diagnose disabilities and determine strategies of appropriate educational intervention. Early identification and psycho-educational intervention of this type arrest or minimizes the escalation of impairment to disability and its expansion to the various parameters of the personality.

To this end, teachers of children with special needs should not only be well versed with the general theoretical assumptions of Educational Rehabilitation but also require disability specific training depending upon the profile of disability. For example, to be a competent teacher of the deaf, one must have some knowledge of audiology (science of hearing) otology (the anatomy and physiology of the ear), somatopsychology of deafness (the psychological situation of the deaf), communication mode (skill of communicating with deaf) as well as the pedagogics of deafness (methodic - didactic), (Hallahan D. and Kauffman J., 1978; Becker K. 1984; Wright B. 1983). In other words, the training program for would be special teachers ought to be tailored to the respective disability group so as to attain an optimal mobilization of the details of their assets as well as their liabilities.

In order to achieve this objective, under the umbrella of the theoretical foundations of educational rehabilitation or special education, there are six educationally differentiated branches:

- (i) The Pedagogy of the Aurally Disabled (the deaf and the hard of hearing);
- (ii) The Pedagogy of the Visual Disabled (the blind and the weak-sighted);
- (iii) The Pedagogy of the Motorically Disabled (those with motor disorders);
- (iv) The Pedagogy of the Intellectually Disabled (the educable and trainable);
- (v) The Pedagogy of the Behaviorally Disabled (the emotionally maladjusted) and
- (vi) The Pedagogy of the Lingually Disabled (speech and language disorders).

These disability-specific pedagogical approaches are further refined and differentiated depending upon the nature and degree of disability within each group. For instance, the pedagogical strategy for the intellectually retarded presupposes two different learning conditions which can accommodate those who are able to learn culture techniques such as reading, writing and arithmetic, and those who are unable to learn culture techniques but capable of learning self-help and social skills.

After saying so much about the general theoretical assumptions of educational rehabilitation let us now make a survey on its implementation strategies. Though applications of special education programs are still debatable there are globally practiced and widely recognized approaches. Therefore, these days, it is not uncommon to find children with disabilities in variety of educational settings. Indeed, types of educational settings are largely dependent upon the country's economic conditions, educational policy and last but not least the severity of the disability. Regardless of other particularities the following are the most pertinent approaches (Meadow, 1980; and Becker, 1984):

(i) **Special Day School**

These are special schools where only children with disability are separately educated for all day. Special day schools are usually tailored for one category of handicapped children and contain disability-specific trained teachers, equipment and learning material.



**(ii) Special Residential Schools**

The service rendered is like that of special day schools except this is a boarding school where in addition to the academic instruction training of daily living management is offered.

**(iii) Hospital and Home- based Instructions**

Because of the physical and/or psychological condition of the child with disability special instruction is given either at home or in hospital by special educator.

**(i) (iv) Integrated Classes**

Along-side with ordinary schools children with special needs may participate with non-disabled peers in academic subjects or in non-academic classes such as home economics, physical education, art or music. Such arrangement relies on the type and degree of impairment.

**(i) (v) Resource Teachers**

With the goal of integrating the less severe cases into the regular class, the resource teacher provides back-up professional service for both students with disabilities as well as the regular classroom teacher whenever the need arises.

In the light of the philosophical belief of "normalization" every child with disability should be provided with an education and living environment as close to normal as possible. No matter what the type and level of disability, normalization dictates children with special needs should be integrated as much as possible into the larger society. It is on the basis of this principle that nowadays special educators call for the placement of the children with disabilities in the least restrictive environment. What is usually meant by this is that the child be segregated from his non-disabled classmates and separated from his home, family and community only as little as possible (Hallahan D. and Kouffman, 1978). For instance, a child should not be placed in special school if he can be served adequately by special class, and should not be placed in a special class if a resource teacher will serve his needs in the regular class just as well.

The applications of any one of these approaches in our country demands a careful and critical study on the type and magnitude of disability and the formulation of the respective cost effective educational policy. Any society which fails to

respond effectively to the problems of the children with disabilities accepts not only a huge loss of human resources but a cruel waste of human potential (Rehabilitation International and Charter for 80's 1981). It cannot be denied that public funds are scarce in a country like ours and with so many problems at stake, the question which often heard is "is it reasonable to expect a developing country to divert resources to expensive services for a minority?" The question may be answered that indeed no country can afford both practically and morally to ignore a problem affecting 10% of its population. A person is entitled to the enrichment of life and the development of his or her ability, whether these be great or small and whether the person has a long or a short time to live. The person must not be led to devalue the self or to give up hope. The person is not to remain neglected or deprived, or under no circumstances is he/she to be treated as an "object" or "vegetable". Biases that declare some groups to be more worthy or deserving of services than others lead to gross inequities and must be avoided (Wright, 1983; Tirussew 1989).

Thus, it is important that special education be "demystified", people should help to solve their own problems, to break out of the "dependency syndrome" the phenomenon whereby the more people depend on others for help the less they are able to break out of the dependency and help themselves (UNESCO, 1979). Therefore, the whole question needs re-phrasing "How can we utilize resources which already exist within the community in order to establish inexpensive but effective rehabilitational services?" (Arnold, 1988). This question remains to be a big challenge to the country in general and the Ministry of Education in particular.

The Faculty of Education of Addis Ababa University which is in one way or another directly responsible for the training of teachers, school administrators and psychologists, needs to make more or less a substantial reorientation in the direction of educational rehabilitation. In the absence of any training program in Educational Rehabilitation in the country by and large, the need to establish a Core Unit in the Faculty deems to be long over due. As one of the relevant and legitimate components of education, the Faculty should assume the leading role and explore the possible measures to be undertaken in terms of short and long term action programs. Almost all the variants of special education services mentioned in the foregoing discussion require specially trained personnel in addition to special facilities, teaching materials as well as equipment. To date, in

our country there are only two variants of special educational services. These are special schools and special units.

There is a general trend towards integrating children with disabilities together with their non-handicapped peers in the ordinary school (Ministry of Education, 1988). Most of the teachers in the present special schools do not have any training in the field, but only few have participated in a short-term training in Denmark, Finland, Germany, and the like.

The trend towards integration, in view of the magnitude of the problem and the objective condition of the country seem to be sound and realistic approach to the problem. However, it should be stressed that before embarking on such a program a lot of arrangements should be made to cater for the special educational needs of the children with disabilities depending on the type and degree of disability. A UNESCO (1979) report suggests that:

Wherever students with disabilities are being educated along-side non-disabled students, those responsible for educational provisions must develop a clearly stated plan which specifies the steps to be taken and the process resources which will be required to ensure that the assessed needs of the individual student will be fully met. Placing a student with disability in a regular school setting is only the first step to integration but not an end in itself.

Along with other factors, the lack of orientation on the nature and profile of special needs of the children with disabilities, the absence of training on the pedagogics of the children with special needs on the part of the regular classroom teacher, the increasing number of students in the class (class size) coupled with non-existence of resource teacher are the challenges to the envisaged trend. Therefore, in order to minimize or overcome these multifaceted challenges, the first and initial step is to train the appropriate personnel which has the skill and the ability to undertake special professional back-up support within the ordinary school setting is essential. It is a field of training which requires interdisciplinary and comprehensive approach, the training program ought to be rooted at Addis Ababa University in the Faculty of Education as a Core Unit for Special Teacher Education. Of course, a full-fledged special education program is not feasible at the present moment but it has to be included in the Faculty's plan along-side with the regular teacher training program.

Presently, the Faculty is short of adequately trained manpower to provide a solid program in this field however. To the minimum, it should convince itself to offer an introductory course for would be teachers and school administrators who are in the verge of encountering students with disabilities in the regular classroom settings. Indeed, basic course may not adequately equip prospective teachers to manage and work with disabled children, but it can expose them to the general psychological and educational characteristics of handicapped students with disabilities and give them insight on the nature of the profiles of learning styles and developmental anomalies. This may enable them to identify and realize not only their liabilities but also their assets which are the basis for educational intervention. Moreover, the Faculty needs to workout the ways and means of launching an in-service-teacher training program for regular school teachers who in one way or another are working with special needs children without any training.

Finally to undertake all the necessary measures in the direction of Educational Rehabilitation, establishing a Core Unit in the Faculty of Education should be the first step.

### **Some of the Major Achievements Attained in Special Education Since 1990.**

In the following section, some of the highlights of major progresses made regarding the issues raised in the above paper are presented below.

#### **Academic Program in Special Education at Addis Ababa University**

1. After a two weeks workshop between delegates of Institute of Educational Research and Institute of Special Education of the University of Oslo held on 22 August- 4 September 1993, a statement of intent on the establishment of an academic program in special education at Addis Ababa University was signed by the two institutions. This agreement was signed on January 1994, by the former Dean of the Institute for Special Education of Oslo University (Professor Kjell Skogen ) and the former Director of the Institute of Educational Research who is the writer of this article. After this, a preliminary proposal was submitted to the Norwegian University Funding Committee, and finally it was endorsed by the University of Addis Ababa and University of Oslo.

Based on this agreement, as of the next academic year MA program in Special Education is going to be launched in the Department of Educational Psychology under the Faculty of Education. However, opening an MA program should not be an end by itself, more importantly ways and means of conducting an undergraduate program and organizing short-term training on special needs education would be of paramount importance to address the issues of the education of children with special needs in Ethiopia.

2. Further more, a bilateral agreement was signed by the Government of Ethiopia and the Government of Finland to undertake a training, research and sensitization program in the field of special education in 1993. The project was funded by FINNIDA and coordinated by Support to Special Education in Ethiopia Project (SSEP) and the Ministry of Education. The Institute of Educational Research and the Faculty of Education were actively involved in the project. As per the tripartite agreement signed between the SSEP, IER and Faculty of Education, IER has been actively involved in the research and sensitization program. Moreover, the undergraduate (BA) and the graduate (MA) program in special education which were conducted by the project under the University of Jyväskylä of Finland were housed in the premise of the Institute of Educational Research since 1994. In the first intake, 13 BA and 8 MA students have graduated from the program. In the second intake (1996-98), 16 BA and 10 MA students had registered and are in the verge of graduating at the end of this academic year. However, mere training and graduating students is not enough, the need for a follow up on the placement of the graduates and the quality of service rendered requires close monitoring and evaluation.

### **Research Undertakings**

The Institute of Educational Research conducted a national base-line survey on disabilities in Ethiopia in 1995. The survey was financed by Support Special Education in Ethiopia. This survey has tried to correct the shortcomings of the previous survey discussed in the paper. It was conducted on a sample selected from a population to discover the relative incidence, distribution, and interrelationship with psychological and social variables. The survey population was divided into two major domains, namely rural and urban. Each region of the

country was taken as first level of stratum. Administrative zones within each region were second level stratum. Woredas were first stage sampling units. Farmers associations in rural and urban Kebeles within selected first stage units were second stage units. Households within second stage units were third stage units. All persons in the selected households were covered by the survey. According to this sample survey the prevalence of disabilities amounts 2.93%. The finding of this study further reveals that the proportion of the prevalence of the specific disabilities as follows : 41.2% (motor impairment), 30.4% (visual impairment), 14.9% (hearing impairment), 6.5% (mental retardation), 2.4% (speech language disorders), 2.4% (multiple disabilities) and 2.4% (behavioral disturbance).

Further more, a number of local studies in the issue of disability and special education have been published.

### **Educational and Other Special Services**

In this respect, though the writer of this article has not done any survey on this direction, there is an alarming expansion in the education sector in number of "integrated classes" to cater for the needs of children with disabilities in regular school settings. The trend towards integrated setting is a positive direction from psychological, pedagogical and ethical point of view, however, as it is mentioned in the main paper, it requires a lot of planning and resourcing. It may sometimes carry a risk of isolation and frustration to the child if it is not properly planned. It therefore calls for systematic approach and concerted effort of professionals,

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