

Assessing the Practices and Challenges of Gondar University Community Based Rehabilitation Services for Deaf Children (GU-CBR)-Ethiopia

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Abstract

The general objective of this study is to assess the practice and challenges of community based rehabilitation (CBR) services for deaf children. The participants of the study were deaf children, the parents of the children, community based rehabilitation workers (CBRWs) & supervisors and program coordinator. The participants were selected using purposive sampling techniques. In this study, various data gathering instruments like interview, focus group discussion (FGD), document review and observation were employed. The data collected through different instruments were analyzed qualitatively. The result of the study revealed that the common rehabilitation services that GU-CBR program provided for children with deafness are medical, educational, and social and awareness raising. Children with deafness, parents, community and different governmental and non-governmental 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 Gondar University). The program should have or cooperate with a well-qualified professionals and interdisciplinary team in the areas of rehabilitating deaf children.

Keywords: rehabilitation, community based rehabilitation, deaf and challenge

Introduction

All people including people with disability have a right at birth for equal opportunity to participate fully in education, work opportunities and career prospects. The UN declaration on the right of people (UN, 1975) emphasizes that people with disabilities have the right to services as a human and legal rights. In addition, UN convention on the right of a child (UN, 1989) also recognized child's right to education and rehabilitation services ensuring that children with disabilities have effective access to and receive education, training, health care, rehabilitation services, preparation for employment and recreational opportunities in a manner conducive to a child for achieving the fullest possible development. Thus, children with different disabilities have the right to participate in all areas of services in order to maximize their full potential.

According to recent estimations, about 600 million people in the world experience disabilities of various types and degrees. This corresponds to 10% of the world population. If families of people who experience disabilities are taken in to account at least 25% of people are directly affected. The prevalence of disability among children is very high particularly in the developing countries. According to Jacobson (1993) as cited by Tirussew, Adugna, Menelik and Daniel (n.d.), report indicates that about 140 million children in developing countries are disabled of which 20 million children are found in Africa.

Ethiopia has long been having large number of people with disabilities. The total number of persons with disabilities in the country is assumed to be over 7 million on the basis of 10% estimate of the total population. However, some local studies report lower percentage. For instance, the national base line survey of disability conducted by the Institute of Educational Research of Addis Ababa University in collaboration with Joensuu University of Finland on 5, 085 households reported about 2.8% of disabled cases. On the other hand, the 1995 focused base line survey of persons with disabilities in Ethiopia, the first in its type in the country revealed that the prevalence of disability is about 2.95% (Tirussew, 2005). Other study which was conducted on the prevalence and impact of disabilities at the North- West Ethiopia (around the study area) has also shown that there are a large number of people with disabilities that accounts 3.8 % (Yohannis, 2006). These figures shows that there is a large number of people with disabilities living in the world as well as in Ethiopia. Although a large number of people with disabilities are living in the world especially in developing countries like Ethiopia, the number and the type of rehabilitation services that are rendered to them are highly limited. The estimate of person with disabilities who have got services is less than three percent (Tirussew et al., n.d.).

Despite the fact that persons with disabilities have equal rights as any citizen in the country, they do not get opportunities to become full participants in all rounded activities in a community due to the society's negative out looks which have created social and environmental barriers (Tirussew, 2005).

The concept of CBR was first proposed by world health organization (WHO) in the late 1970's. The purpose was to increase the coverage of rehabilitation services for persons with disabilities as well as to respond

to their needs. Initially, CBR focused on the medical aspect of rehabilitation needs. That is, at its early days, CBR was often associated with health sector. However, as UNESCO, ILO and WHO (1994) issued, medical intervention alone did not promote the rehabilitation process. Therefore, CBR program gradually began to add other services including educational, vocational and social rehabilitation services.

As recommended by ILO, UNESCO, UNICEF and WHO (2004), rehabilitation services is more effective if it is given in their own localities. It is also suggested that person with disabilities should be provided with rehabilitation services as close as possible to the place where they live in order to preserve and improve their level of functioning. At the community level, CBR is seen as a component of an integrated development program. It should be based on decisions taken by its members.

Even if different services (like theological and judicial services) for the deaf people started in ancient times (around 10,000 BC), formal rehabilitation for deaf children were started in the 16th century (Moore, 1996). At that time, rehabilitation was mostly provided in institution. Now rehabilitation services of the deaf have been shifted from the institution to community based approach. It has centered on educational approach and other related services that develop the children's speech and listening abilities along with confidence and life skills to meet the challenges of the greater world (Zapien, 1998). Rehabilitation services for these children much could be done to improve the life of people with deafness and overcome their handicap though normal hearing may not be regained. Communication with one's associates may be maintained in a satisfactory manner as a result of rehabilitation so that their feelings of physical and social inferiority may be lessened to a larger extent. The rehabilitation services for deaf children depends on individual needs as dictated by the current age of the child, age of onset and the age at which implication was introduced (Biggs, 2004).

Furthermore, a CBR service on deaf children also requires the participation of families, deaf children themselves, communities and different professionals in the field.

The idea of CBR in Ethiopia was also first introduced by Rehabilitation Agency of Disabled (RAD) in collaboration with UNDP and ILO in early 1980's. The initial survey for starting CBR projects in the country was done by project team composed of two UNDP/ILO experts and four national counterparts (Wegayehu, 2004). Currently CBR program in Ethiopia is providing services in different areas of the country to help people with disabilities in collaboration with different governmental and non-governmental organizations among which Gondar University Community Based Rehabilitation Program (GU- CBRP) is the one which provides rehabilitation services in Amhara region, North Gondar Zone.

However, the level of provision of rehabilitation services compared with the number of people with disabilities in general and deaf children in particular that needs services is very low (GUP- CBR, 2009). Because of ever increasing number of people with disabilities, the social problem as well as the negative attitude of people towards disabilities in the zone, GU- CBRP could not be able to meet the comprehensive rehabilitation services demand of people with disabilities and their families.

For this matter, investigating the practices and challenges of CBR program is important to design an effective and successful rehabilitation strategy for children with disabilities in general and deaf children in particular. In addition, I feel that the rehabilitation of deaf child in the study area is not previously assessed by other researchers. Due to this reason, assessing the practices and its challenges and producing workable recommendation as early as possible is helpful for practitioners of the program to design appropriate strategies. This in turn helps to include all deaf children in the CBR program that couldn't get rehabilitation services previously and take necessary actions for the effective implementation of the program in the future. This is the reason that the researcher initiated to study this research.

According to the International Rehabilitation Review (IRR) report, nearly 10 percent of the world population has disabilities of which 80 percent live in the developing country. Most of the developing countries like Ethiopia do not have access to rehabilitation services due to lack of resource and other various factors (Country Profiles on Disability of Ethiopia, 2002). The state of person with disabilities including deaf children in Ethiopia is even more tragic and severe due to the absence of appropriate rehabilitation and intervention services (Action aid, 2007).

According to the findings of the study by Marieke Boarsma who is the founder of the GU- CBR project, the situation of children with disabilities including children with hearing impairment in the study area is by far so worse (GUP- CBR, 2009). This is because majority of the parents of children with disabilities are uneducated, having negative attitudes towards disability and they have low awareness about disabilities and rehabilitation. This further leads to the situation in which these children are excluded from the school, health services and from social life in their community. In addition CBR program of Gondar University could not address its rehabilitation services to all children with disabilities including deaf children. The level of provision of rehabilitation services to this area is only 0.35 % (Degenetu, 2010).

Due to the absence of appropriate rehabilitation and intervention services, most deaf children leave school, regardless of whether they attend deaf or mainstreaming schools, with academic achievement well below that of their hearing peers. In addition, rehabilitating children with hearing impairment in general and deaf children in

particular creates special problem, especially those whose hearing problem is congenital is not an easy task. Rehabilitation services like auditory training, speech stimulation, developing language skills and realizing their self-esteem requires well trained professional such as speech and language pathologists, assistive equipments, psychologists and other professionals.

Although CBR program on deaf children has the above challenges, it also improving the quality life of deaf children and their families, meeting the basic needs, enhancing inclusion and participation of children in their community. In addition, it also realizes their mind free from the prison of deafness. Once their mind is activated as a result of rehabilitation it is possible to utilize their hidden potentialities and develop their orientation and self-reliance in the world of reality (Morkouin, 2009).

Hence, assessing the practices of Gondar University CBR program on deaf children and its challenges is worthwhile to design an effective and success full rehabilitation strategies for deaf children. Based on this assumption, the researcher was initiated to conduct research on practices and challenges of CBR program on deaf children. To achieve the proposed objective, the researcher has formulated the following basic questions:

1. What kinds of rehabilitation services does the program provide for deaf children?
2. Do deaf children, their parents, communities and different organizations actively involve in the planning, implementation and evaluation of the program?
3. What challenges has GU- CBRP faced while implementing its rehabilitation services?

Methods

The Target Population

The total number deaf people who have received rehabilitation services in the seven selected weredas from this rehabilitation project are 44. However, the total numbers of children who have got services from the two selected weredas are 18. This figure does not include mild and moderately hearing impaired children because GU- CBR program renders services only for profoundly hearing impaired people (deaf).

Participants and Selection Techniques

The participants of the study were deaf children, the parents of the children, community based rehabilitation workers (CBRWs) & supervisors and program coordinator. The participants were selected using purposive sampling techniques. This is because in qualitative research it requires purposive sampling technique. The criteria used to select the participants are

- Those deaf children whose age is above 12 and below 18 and who receive CBR services in the past four and above years are the participants of this study. This is because, GU_CBRP much give emphasizing on children. In addition, rehabilitation needs time to realize the benefits from the services and at this age the researcher believes that the children can express their feelings without problem and they give appropriate information about themselves and the program.
- Those children who have sign language skills or who are able to express their feelings through written form, because it is believed that children can express their feeling more by their own first language than other means of communication. i.e. sign language
- CBR workers and supervisors were selected based on their long exposure to the children and work experience i.e. those CBR workers and supervisors who have four and above years' experience were selected as a key informants for this study. The reason is that if CBRWs and supervisors have such experiences, it is assumed to give reliable and valid information about the practices of the program and the condition of the children.

Table 2: The number of participants of the research

Method of data Collection	Participants					
	Children	Parents	Program coordinator	CBRWs	Supervisor	Total
Interview	4	4	1	4	-	13
FGD	-	4	-	5	2	11
Total	4	8	1	9	2	

Data Gathering Instruments

To obtain valid and reliable data for the study, various methods of triangulation approaches were used. In this study, various data gathering instruments like interview, focus group discussion (FGD), document review and observation were employed.

Procedures of the Study

First of all approval was obtained before conducting the study from the rehabilitation coordinator of Gondar

University. Then, the researcher tried to identify those children, parents, CBRWs and supervisors who could meet the criteria of selection was setup by the researcher. Following this, the purpose of the study was explained to all informants. After this, those children and parents and CBRWs & supervisors who fulfilled the criteria were selected for interview and FGD. After the necessary arrangements were made, data collection was undertaken using the aforementioned data collection instruments with the deaf children, their parents, program coordinator and CBRWs.

During the interview and FGD, notes were taken and discussion was taped. The researcher had an assistant. She took the note while the assistance taped the discussion. Parents' and Childs' interview were conducted in their own home where as coordinators' and some CBRWs' interview were undertaken in the CBR office of Gondar University. Whereas some CBRWs' interview conducted at the children's home during the visit. FGD discussion was held by merging supervisors and CBRWs together whereas Parent's discussion was held separately. The discussion was also made at the CBR office at Gondar University. The discussion took 1:20 minute with parents and 1 hour with CBRWs and supervisors. The information collected from document analysis was also used to supplement the qualitative data.

The data collected through interview, FGD, document review and observation were selected based on its importance related to the basic questions of the research. Data presentation and analysis were made after the classification of themes. Then, discussion was made based on the findings of the data collected through the instruments. Finally conclusion and recommendation were forwarded.

After gathering the required data from the above sources, data were organized and analyzed thematically. The data collected through semi-structured interview, FGD, document review and observation were analyzed qualitatively. The tape recorded data were transcribed and the response were classified by themes and analyzed in narrative form. Adequate narrations were provided on each theme. Data interpretation involved triangulation and confirmation from different sources. Finally, based on the analyzed data, conclusions were made and possible recommendations were forwarded.

Ethical Considerations

Before gathering data from different sources, the researcher introduced the purpose of the study and reached an agreement with the project coordinator, deaf children, CBRWs and parents to participate in the study and to provide the required information. In addition, the researcher promised to the participants that the information which was collected will be used for only academic purposes and confidentiality will be kept. Pseudonyms were used instead of using real names during the analysis.

Regarding the consent, the researcher informed them that they can withdraw from participating in the research at any time and in any circumstance if they do not feel comfort. Moreover, tape recording was also made with their due consent and knowledge. All information was gathered based on their consent.

Result

Backgrounds Information

This chapter deals with presentation and analysis of the data collected through interview, FGD, document review and observation. The purpose of the study was to assess the practices and challenges of community based rehabilitation services for children with deafness. As indicated in chapter three deaf children, parents, program coordinator and CBRWs/ supervisors were the participants of the study.

In order to get appropriate responses to the research questions, qualitative research design was employed.

Background of Children with Deafness

Table-1 General background information of deaf children

Name	Sex	Age	Level of Education	Age of onset of deafness	Cause of deafness	Duration in CBR (in year)
Ambachew	M	18	4 th	Before birth	Genetic	4
Ayalew	M	12	3 rd	Before birth	Unknown	3.8
Genet	F	18	10 th complete	After 4 years of age	Accident	5
Yasin	M	17	4 th	After 2 years of age	Unknown	4

Note: The names used here to represent the children are pseudonyms

As table 2 indicates that the total number of children selected from this study was four. Regarding their age distribution, the minimum is twelve and the maximum is eighteen i.e. their age level is found between 12-18 years. In these ages, children could provide enough and detailed information about themselves and the program. When we see their educational level, except Genet, the rest children are found in the first cycle primary school grades. However Genet completed grade 10. This shows that most children have got a chance to learn after the CBR services. Regarding duration in staying in the CBR program, almost all children have got services for around four and above years.

Background of Parents with Deaf Children

Table -2 General backgrounds information of parents

participants	Sex	Age	Marital status	Level of Education	Parental relation	Occupation
Tsegaye	M	34	Married	12+3	Father	Proctor
Zerfe	F	28	Divorced	Illiterate	Mother	Daily laborer
Abune	F	37	Divorced	Illiterate	Mother	Petty trader
Ali	M	70	Divorced	Illiterate	Father	Merchant

Note that names used to represent the parents are pseudonyms

The table above depicts the general background information of parents of deaf children. When we see their marital statuses except one parent the rest are divorced. It means the three sample children are living with divorced parents and their family members are living separately. As a result the researcher did not include some family members as sources of data because it was difficult to find them. As information obtained from parents and their children one of the causes of divorce was the children's deafness.

Background of Community Based Rehabilitation Workers (CBRWs)

Table -3 General back ground information of CBRWs

participants	Sex	Age	Level of Education	Years of experience	Duration of training in CBR
Case 1	F	31	12 complete	4	3 month
Case 2	M	30	Diploma	4	3 month
Case 3	M	29	12+2	4.5	3 month
Case 4	F	25	Diploma	4	3 month

Note that names used to represent the CBRWs are pseudonyms

The above table indicates that all the community based rehabilitation workers have four and above years of experience in rehabilitating PWDs in general and children with deafness in particular. This indicates that the CBRWs have long experiences in rehabilitating children with deafness. Thus, the CBRWs are providing valid and reliable data about the rehabilitation of deaf children. Regarding their educational background, two of them have completed grade 12 and the other two are diploma holder in the different areas. All of them had three month training in rehabilitating people with disabilities from GU-CBR program. In addition, the program provides a continuous training in five disability areas that are used to rehabilitate PWDs.

Background Information of the Program Coordinator

The program coordinator was asked in which field he was trained and for how long he has been working as a program coordinator. He replied that he was trained in public health; he is now an MA holder in public health and has five years work experience in this program. This long work experiences helps the program coordinator to provide reliable and enough information about the program.

Some Developmental Conditions of the Children before the CBR Services

a) Social Relations

The researcher asked the children about their social relations with the family, peers and neighbors before CBR services. Almost all participants mentioned the same thing. They had poor social relations with their families and

peers. For example, Ambachew replied for this question:

I didn't interact with others outside the home environment. So I was isolated and remain alone in my home. I only interact with my mother in the home. She easily understands my feelings and needs. Due to this reason, I had good social relations with her. However, my peers and siblings did not allow me to play with them.

He elaborated that he did not get an opportunity to play and share ideas with his neighboring peers. They thought that he couldn't play and interact with them. Sometimes even they did not give greeting to him. Furthermore he described, “እኔን እንደማንኛውም ጤነኛ ልጅ የመጫዎት ፍላጎት አለው ብለው አያስቡም ነበር።” (They thought that he had not interest to play like other ‘normal’ children). Due to having this thinking, they did not give an opportunity to socialize with them. The family members thinking were also similar. They thought that he cannot hear as a result he need not play, recreate and socialize like other hearing children. Even his parents did not allow him going out the home environment because of neighboring children’s critics. This kind of thinking inturn led him to be isolated and loneliness.

Ayalew also reported to the researcher for the above question in a similar way like:

I was not active participant in family issues. My Siblings did not initiate me to play and talk with them. They think that I couldn't share and produce ideas about issues like them. In addition, I was onlooker while my peers play together.

In addition, he replied that his father had not interested to see him. He was sometimes regretting for the birth of deaf child because he thought that having deaf child in the home is the sources of societal stigma. As a result, he did not allow the child to go out the home and play with neighboring children. Instead he allowed only stay in home with his hearing siblings.

The interview made with Genet showed the same thing with the above participants. She explained:

Prior to rehabilitation, I became isolated and played independently. My family members were playing together by leaving me alone. They were only interacting with me when I disturbed them. Moreover, my neighboring children out casted me to play with them. They were afraid of me. They did not consider me as a human being and they thought that I am a special creature.

b) Attitudes towards Impairment and Themselves

The researcher asked the children if they felt shame of their impairment and how they see themselves. For this question Ambachew replied:

When I compared with other hearing children, I can't hear and communicate effectively. At this time, I felt shame and guilt. I gave low value for myself. I had low self- esteem when I compared with others. Because, I couldn't express my internal feelings to others.

Regarding the cause of his deafness, he replied that the cause of deafens was divine curse. As a result, he did not accept his impairment and he considered that his life will not be improved through time. He further described, ‘ሁሉም ሰው መስማት በግቻልበት አካባቢ መስማት አለመቻል ከባድ ነበር ምክንያቱም የተለየ ሁኔታ ሆኗል።’ (it was difficult to unable to hear within the hearing environment and it was more difficult because it leads to be isolated and special). This condition led him to develop negative feelings towards his deafness and himself.

To be deafness according to Ayalew was either the bad fortune of him or parents. He added:

In fact other people say it is an event that can happen to any person. However, I did not have any knowledge about disability. Simply I accept what God gave me once. But, I felt that I am worthless child. Sometimes I criticized my parents because I believe that my deafness comes as a result of their sin.

He elaborated that unable to hear led him to develop a feelings of inferiority. Unfavorable comments of others to his deafness also led him to develop negative attitudes towards himself.

Genet also reported:

Though I had a negative attitude towards me and I felt shame to my impairment, I hope I will be successful in my career and my deafness will be improved through time. However, my peers and siblings critics to my deafness make me unhappy and hopeless person.

C. Communication Ability

The researcher asked the participants to describe the language ability and means of communications with other people before the CBR program. Children with deafness mentioned that they were communicating with others through home sign and crying.

Accordingly, Ambachew reminded his means of communication with others as follows:

I was communicating with my families and peers through crying and home sign. Especially around the age of five, my means of communication was totally depend on crying. This was one means of communication. However, after onwards, this way of communication was changed in to home sign. This was the second means of communication.

He further explained that he faced difficulties to transmit his ideas to whole family members. Some ideas were not fully understood by them because crying and home sign was not the formal ways of communication but only few ideas was communicated. However, there was no option. Except family members and peer, other people had not interest to communicate with him.

Yasin was found to be better in his communication ability when compared to Ambachew.

He said:

ከ CBR ስልጠና በፊትም ቢሆን እኔ የሰዎችን ንግግር ከንፈራቸውን በማንበብ የመረዳት ችሎታ ነበረኝ ። (Even before the CBR services, I had the ability to understand the speech of others through lip reading). I could understand what other people told to me. The difficulty was raised to express my feelings and ideas to others. In this case, I used home sign to communicate with others.

He added that even he could understand to his clients by reading their lips when he was a shopkeeper. He sold every goods in the shop without problem. But as he said earlier, he faced difficulties to express his ideas to his clients. However, people did not believe that deaf people could understand other people's idea and deaf children are productive citizen because they thought that if children are deaf they are unable to think i.e. they associate deafness with thinking ability. In addition, before the CBR services the neighboring people did not have any interest to learn and communicate with the child by either means of communication like lip reading, sign language etc. like today.

Others children (Genet and Ayalew) had difficulty of expressing their ideas and feelings to others. They reminded that they have difficulty of articulating words; they produced unclear words like babbling sounds only, especially about the age of 4-6 years. They have difficulty to understand what other said to them through lip reading or by other means of communication. As Ayalew said, "When I grew up, I was communicating with my families through only home sign." In addition, he explained that even if he communicated with home sign after he grew up, his peers did not totally communicate with him. His peers believed that he was a special creature and he is not a communicable child. So they were totally ignoring him while they were playing. Some were a friend of him.

Genet also added that she faced a problem when she bought bread at the shop, because the shop keepers couldn't understand her. It took a long period of time to communicate with them. In addition, she did not play with her neighboring children due to communication barriers as well as unfavorable attitude of society towards deafness. She simply stayed at her home because there was no option to communicate with others out of the home environment. When she tried to communicate with her neighboring children, they did not understand her and they saw she is silly. She further said, "አንዳንዶች የጎረቤት ልጆች እንደመዘናኛም ይጠቀሙብኝም ነበር ምክንያቱም መናገርና የንግግር ድምጽ ማውጣት ስለማልችል።" (Some neighboring children saw me as a recreation, because I was not speak and produce speech sound).

Parents Attitudes towards Disability prior to the CBR services

The researcher inquired the parents about their attitude that they had towards disability like the cause, treatment and their deaf child.

Ali said before the rehabilitation:

Before the rehabilitation services, I realized that disability was caused by a divine curse as a result of evil eye. Due to this reason, I felt shame and inferior. I saw my child as a sub-human. I did not give much care and services in all respects like other "normal" children, for example, in feeding, love, education and other related service, he did not get equal opportunities.

He elaborated that he wanted no one to know he had a deaf child since he knows that having a disabled child in the home is the source of societal stigma. He always criticizes his wife because he believed that the cause of the child's deafness is her. As he reported, this condition was the cause of divorce with his wife. In addition, he hid his child behind the Curtain of his home.

Zerfe also reported in a similar way:

I felt shame when I saw my deaf child. If his neighboring peers insult him like 'Duda', I did not feel comfort and I was crying. I always ask my Lord why he gave to me this kind of child.

However, Tsegaye has reported the following regarding the attitudes that he had about disability:

I believed that disability is something which happens at any time, in any society and in any country without the discrimination of sex, age, color, race, religion etc. so when I recognized that my child was deaf, I simply accept it because at that time there is no option. However, other people's comment that was launched to my child was not good. This condition led me to have a negative attitude towards disability and my deaf child.

He also added, "I considered having a disabled child in the home means having a lot of problems besides this incidence: the social stigma, the psychological problem as well as economic expenses are there together. As a result, I didn't feel comfort to the bear of my deaf child."

Types of Rehabilitation Services

Except Genet, the three participant's children began rehabilitation services in 2006. But Genet joined the program a little bit earlier than the others. The type of services that GU-CBR program rendered was almost common to all deaf children even if some rehabilitation services were peculiar to some children and parents. This is because, some services consider the severity of the child's problem; some considers the needs of the

children and their parents as well the age of the child. Some also considers the economic status of parents. The common rehabilitation services that the child obtained from GU-CBR program were medical, educational, social, and awareness creation. Some of these services also provided to parents, peers, neighbors and community.

In this regard Ambachew reported the following:

I got medical services like general health treatment including influenza, headache etc. from the nearby clinic as well as from Gondar referral hospital. I have got training about how to keep personal hygiene like washing hands and keeping environmental sanitation. The other services that I got from the program were counseling services from field workers like how to live with disability. In addition, I have got sign language training with my family and neighboring children from home to home services.

Regarding this, Tsegaye (the father of Ambachew) has confirmed that sign language training, home based care, medical follow-up, sanitation training and counseling services are the basic service components of rehabilitation that his child took. He further explained that home based sign language training with the whole family members and neighboring children is the major focal services that are rendered by the field workers. In addition, counseling services including how to accept impairments, how to develop social skills with others, how to live with one's selves, how to understand other people's feelings are the other sphere of rehabilitation services that his child has got from the GU-CBR program. These services have also provided to the whole family members. This has been done by the field rehabilitation workers in a continuous way by doing home to home services. He also replied that he has been participating in saving and credit services.

The other participant-Ayalew has got similar services when he described the incidence:

I have got sign language training with my parent and siblings. In addition, medical rehabilitation like free treatment in relation to my hearing problem from Gondar University Hospital, personal hygiene training and educational rehabilitation including reading, writing and mathematics training were the other services that I have been getting in the program during the preschool years. Moreover, I got counseling services like how to understand disability, the cause and treatment

In addition to this, Abune (the mother of Ayalew) mentioned that she was also the participant of educational rehabilitation services with her child. She said:

Educational rehabilitation particularly in sign language training and literacy skills like reading, writing and arithmetic are the common services that my child and families have obtained. Before this service, the family members faced difficulties to communicate with the child. Due to this reason, my child's behavior was aggressive because his needs were not meet. But now the family can easily communicate with the child through sign language, lip reading and through written form. Thus, the child's need is met.

She further explained that in addition to home based services, her child is attending his education in Selam primary school after she took literacy training skills during the home to home services. In addition, her family's lives have been improved after she is participating in income generating activities.

However, Genet replied a little bit different regarding the type of services that she has got from the program. As she said, "Before I joined GU-CBR program, I have got other rehabilitation services from Hosaena School for the Deaf. In this school, I got sign language and vocational training skills like hair dressing." After she joined GU-CBR program, she has got further services like vocational skill and sign language training, medical services and social development skills.

The response of Zerfe (the mother of Genet) has also showed that the above services mentioned by her child are there. As she further mentioned, in addition to education, medical & social rehabilitations; awareness creation and credit & saving services has been provided by the field workers to her child and families respectively. These services have helped her child and the family to understand the cause of disability and to have knowledge about how to lead a successful life with impairment. These services have provided not only for the child but also for the whole family members. The awareness raising program is provided at kebele meetings, the church during Sunday, radio program, coffee ceremony and public gathering as well.

Yasin had home to home sign language and literacy training like the above case children. He has also participating in income generating activities. However, he has not been benefited from other services like vocational and assistive devices.

The interview made with Ali (the father of Yasin) also shows the same thing with his child's response.

Rehabilitation services particularly sign language training and counseling services are the most dominant services that my child obtained from GU-CBR program. Although his mother and I did not participate in the sign language training because of aged, he can easily communicate with his siblings.

In addition, he explained that his child is now attending his education in the nearby primary school. Moreover, he has been participated in income generating activities. However, the child did not get vocational rehabilitation services from the program. And Ali didn't participate in income generating activities.

Generally as children and parents interview results showed that GU_CBR program renders medical, social, awareness raising, educational, income generating and vocational rehabilitation services to children with deafness. The interview results of the program coordinator' and CBRWs also showed the same thing with the

above informants.

The program coordinator described that skills training activities has been offering for children with deafness whose age is above 18th in collaboration with BOLSA. However, children below 18th years are not much benefited because of the law and regulation of the program. These skills training include wood work, metal work, printing, leather work, and computer training. He further replied that GU-CBR program made an agreement with BOLSA and weredas small scale industries to provide income generating services to poor parents of disabled children and children with disabilities. As a result, 57 families of children with disabilities and youth with disabilities including deaf children and their parents are getting involved in income generating activities like saving and credit services as well as in petty trading activities.

He also described that the program also provides educational rehabilitation services for deaf children. It includes provision of educational materials, covering educational fees especially those deaf children who are referred to Addis Ababa for education and literacy training during the home to home services. For example, four deaf children who dropped out from grade 8 continue their education now have reached grade 9 and 10 in Addis Ababa. One outstanding deaf youth got sponsorship from the program to attend 3 month computer training. The program has 2 special needs education unit and one Montessori class for children with disability including for deaf children.

In addition, the program has a model inclusive school. In this school children with deafness are benefited more. Thus, the program supplied well qualified teachers in special needs education with the collaboration of wereda educational offices. In addition, it renders sign language training for the whole school communities including regular teacher, students and staff members. He further elaborated that educational rehabilitation is the dominant services that the program renders for deaf children.

The results obtained through FGD from CBRWs/supervisors and parents are also supports the above interview results of children, parents and program coordinator. The discussants were forwarded educational rehabilitation especially home to home sign language training, literacy program including reading, writing, basic mathematical skills, and social rehabilitation like how to interact with the family members & in the community and different life skills were the dominate services that are offered to the child and the family members. In this discussion, one of the supervisors said that providing training about how poor parents are engaged in Micro enterprise activity is the other service which is provided by the program. In addition, she explained that assisting regular teachers while they teach deaf children in the school and providing sign language and communication skills to the school community is the other sphere of the program services.

During the parents' discussion, one of the participants explained that his child dropped his education out at grade eight because of economic problem and lack of professional assistance in the school. However, GU-CBR gives an opportunity to continue his education by covering his full educational expense (700 birr per month).

Participation /Involvement/ in the CBR program

a) Children's Involvement

The researcher asked the children if they participate in the planning, implementation and evaluation and other activities of the CBR program. Two of the respondents mentioned that they have been involved in the community education and school disability clubs. But they did not participate directly in planning and evaluation activities. However, they participate indirectly by providing their comments to the CBRWs during the home to home services.

In line with this Ayalew also said:

I participate in the awareness raising program and school disability club and the field workers always ask me to give my opinion, needs and problems in relation to the rehabilitation services. I gave them my suggestions and aspirations about the program. I don't know these comments and suggestions may help them to plan, implement and evaluate the program. Except contributing these, I am only the recipient of the program.

Genet also replied similarly:

I did not participate directly in the planning and evaluation activities of the CBR. No one asks me to participate in such activities. However, I was participating in social and language skills training services. I was providing sign language training to Thadiku Yohannes Primary school teachers, students and school personnel. In addition, I provide my aspiration and suggestion about the improvement of the program.

In addition, children's parents added that their children did not participate directly in planning and evaluating activities of CBR. They sometimes participate in awareness raising, identification, and community education program. CBRWs during the interview also mentioned that deaf children themselves are participating in school club (e.g. 14 school clubs with the average of 30 members make the school community to be well-coming for children with disabilities), awareness raising and in identification services. However, they did not have a visible participation in planning and evaluation process of the program. The program coordinator also forwarded that children with deafness are directly or indirectly participated in all processes of the CBR

The researcher also observed that children were participating in sign language training, school disability clubs and in awareness raising programs.

b) Parents' and Community Involvement

The researcher asked the children to comment on the participation of parents and community in the CBR program. For this question, two participants (Ambachw and Yasin) said that their parents are parts of the surrounding community (የእኛ ወላጆች የህብረተሰቡ አካል ናቸው)::It is difficult to see separately the parents and community in this respect. Some community members and their parents are the members of the CBR committee. They further explained that the committee's and the field workers' task are similar. They provide awareness raising services to the community especially about the cause of disability, early intervention services, to advocate the right of the child with or without disability and awareness raising program of the CBR.

In addition as they said their parents teach the community how to screen, assess and refer the child with disability at the church, Mosque and Yesenbetie Mahiber (ሰንበቱ ማህበር) (it is a religious association where people gather on Sunday in churches). This is the implementation activities of the CBR

However, two participant children explained that their parents do not participate in planning, implementing and evaluation process of CBR. And they did not heard about the participation of the community in the CBR activities.

Parents also described their and community's participation in planning, implementing, evaluating and other activities of the CBR program in the following way. The two parents (Zerfe and Tsegaye) noted that they are the GU-CBR program committee members. They said that parental and community participation is manifested in providing local materials, labor, donation of money to the program and participating in all these processes of CBR activities. In relation to this, they participate in CBR activities included in CBR volunteer selection, health committee members, training activities like awareness raising, early identification and intervention program and sign language training activities in a fully voluntary basis. Furthermore, they have been participating in seminars and workshops sessions related to disability issues with governmental and non-governmental officials. They get an opportunity to discuss about disability issues with them.

However, the two respondents (Abune and Ali) said that they did not directly participate in the CBR activities like in planning, implementing, evaluating, and other activities. But, the field workers always ask them to give general comments about the rehabilitation services provided to their children. In this case they provide the general suggestions about the program. These suggestions may, in turn, help the program leaders to plan, implement, and evaluate and make decision about the overall activities of the program.

They also described that some community members have been participating in sign language training especially if deaf children are there in their neighbors. Others are participated in disability organization association, volunteer services, and provision of incentives for volunteer workers, awareness creation program, counseling services, and identification of children with disabilities as well as in providing constructive comments about the services.

The program coordinator also replied that directly or indirectly all these members have been participating in all process of CBR. They are stakeholders of the CBR. He added that planning, implementing and evaluating activities of CBR was under taken after the needs and problems of beneficiaries were assessed. Due to this reason, it is possible to say children with disabilities and parents have participating in the CBR program. The community is also involved in the CBR committees, awareness raising programs, identification & screening and referral activities of the CBR. Particularly, without the involvement of parents, deaf rehabilitation could not be achieved. Furthermore; he replied that the program is now working with the different community representatives like community leader, religious person, kebele administrators and teachers. CBRWs during the interview and discussion also reported the same thing with the program Coordinator's response.

Furthermore, parents during the discussion responded that all of them have been participating in sign language training, in different seminars and workshops in the CBR and awareness raising program. And two parents explained that they were participated in credit and saving activities. However, they did not participate in the planning and evaluation activities directly.

The researcher also confirmed during the observation that some parents were participating in awareness raising services, sign language training, seminar and workshop as well as in identification services. Especially most parents are engaged in income generating activities including parents of deaf children, due to this reason all parents who engaged in this activities were participating in a weekly meeting.

c) Involvement of Different Organizations

The researcher asked the parents to forward their opinion about the participation of government and non-governmental organization in GU-CBR program. The two committee member parents forwarded that GU-CBR program has a network with governmental organization agencies like health, education, labor and social affairs, and other local community organization like Edir, Ekub, CBR committee members, ሰንበቱ ማህበር. For example, when the CBRWs needs training in relation to saving and credit services, it needs labor and social affair offices. If the program needs medical services, it is necessary to work with medical personnel in the health offices. GU-

CBR program has done this linkage with these governmental offices.

They emphasized that CBR program does not work alone without the involvement of governmental organizations this is because, even if the CBR program has its own plan, budget, and professionals, the executive power is in the hands of the government organization. Government organization has power in all spheres of services. That is why it is said CBR program should be worked in collaboration with the governmental organizations.

However, two parents (Tsegaye and Zerfe) do not have any knowledge regarding with above question. They did not give their comments about the participation of governmental and non-governmental organization in the CBR program. They did not know anything about the participation of this organization in the planning, implementation, and evaluation as well as the other activities of the program. They only know the field workers who provide rehabilitation services for their children and their family members.

The program coordinator also replied that even if the program has its own professionals, its objective will not be achieved without the involvement of the different sectors of governmental and non-governmental organizations. He elaborated that the program works a joint collaboration with social and labor affairs offices, education and health sectors. The program works in collaboration with the social and labor affairs offices for example, in vocational rehabilitation, tutorial and income generating services. In regard with health sector, GU-CBR program has been working in collaboration with this. This medical rehabilitation services like: health follow up, treatment, prevention of disability, early intervention and identification and referral services to the nearby health centers and selected hospital are undertaken with the collaboration of health sectors.

The program has been also implemented with collaboration of educational sectors as reported by the program coordinator. For instance, 250 sign language books are prepared in collaboration with curriculum specialists in the educational office. Building of special classes, resource rooms and providing training for teachers in sign language are the major activities of the educational sectors.

CBRWs during the interview and discussion explained that governmental and non-governmental agencies including schools, media and BOLSA are the program partners. For example, as case 3 reported that Amhara radio program has a weekly program (which calls it people with disabilities program) about disability issues. In this program, they are its partner. They contribute their experiences especially awareness raising about the causes & treatment as well as how to help people with disabilities. The governmental sectors were participating for the full implementation of the CBR activities. For example, labor and social affair office gave training for those parents who are engaged in micro enterprise activities and vocational training for children with disabilities. They also intended to work together with health extension workers in the near future.

Furthermore, in a focus group discussion, parents were asked about how to evaluate the participation of different organizations in the CBR program. One of the fathers disclosed that GU-CBR program has a joint program with health, education and media sectors. Besides, he explained that the program itself is run and setup by non-governmental organization like Save the Children Norway and Light for the World in the collaboration with governmental organization (i.e. Gondar University). Whereas, the rest participants explained that they did not know anything about the involvement of different organization. They only know about Gondar University Hospital which gives rehabilitation services for their children and them.

The program coordinator also mentioned that the program works in a joint coordination with non-governmental organization like Cure and Korea hospitals in Addis Ababa. However, all these organizations did not directly participated in planning and evaluation of the CBR program. He said that we intended to include in to these activities in the near future. But now they contribute their suggestion about the CBR.

The two committee member Parents also described the condition of the participation of non-governmental organization in GU-CBR program. They said:

Despite the fact that we didn't have enough knowledge about the participation of non-governmental organization in the CBR program, Save the Children Norway and OSAA have been working together with GU-CBR program in our surrounding particularly in identification and awareness raising program.

Challenges of CBR

The participant children during interview disclosed that poverty is the major problem for the effective implementation of CBR program for all disability groups in general and deaf children in particular. Program coordinator, CBRWs during the interview and discussion also confirmed that the low living standard of the society, children with deafness and parents are the major barriers that affect the implementation of CBR program. Poverty affects the rehabilitation services since poor families, children and community do not attend the training program rather they are running to win their daily bread.

All the respondents' parents and CBRWs also replied negative societal and parental attitudes towards PWDs and low awareness about disability are the major problems for the inefficient functioning of CBR. Though significant changes have been observed in attitudes of most parents still there are some parents who do not acknowledge the capabilities of their children.

The other problem that is described by Zerfe and Tsegaye are lack of awareness about disability on the behalf of educational offices. As they observed especially in the wereda educational offices, those teachers who had taking training in special needs education by GU-CBR program are not assigned or transferred for those schools which have children with disabilities because, they have low awareness about disability. The other problem is lack of early intervention and skilled manpower in the areas that they are expected to help the children. Lack of relevant skills that CBRWs in the different areas have also been the major problem that is explained by Yasin during the interview

Lack of trained teachers in special needs education in the school is the major problem that the children and parents during the discussion emphasizing. Abune and Ali also argued that lack of professional teachers in the school is major obstacle especially in the educational rehabilitation. They said that their children are taught and got services by the regular teachers in Selam Primary School. These teachers do not have any knowledge and skills about deaf education. They teach the children by the usual teaching method which is applied to hearing children. Due to this reason, most of the time the children are not satisfied in their education. Furthermore, these parents elaborated that ill-equipped school and lack of awareness about disability by the school personnel is affecting the learning of the child.

In addition, Zerfe and Tsegay reported that limited educational background of the family about deafness and lack of commitment on the part of CBRWs towards helping children are negatively affect the program of CBR because some CBRWs are not guided by their plan. For example, mostly CBRWs intended to contact with the child and families twice a week. However, sometimes they only contact once a week during the home visit. This condition leads the dalliance of the child's development.

The informants' CBRWs also disclosed that lack professionals that provides advanced treatment like, speech and language therapy and counseling services and assistive devices in the area (like hearing aid) are the other major problems that are observed in GU-CBR program. As one of the parent described during the interview, "I asked the rehabilitation workers to give extensive treatment for my child's hearing problem. They referred to Gondar University hospital. Gondar University hospital also referred to Tikur Ambessa Hospital in Addis Ababa. This process require longer period of time and needs large amount of money even if the larger percentage of costs covered by the program." This happened, as a result of lack of well trained professionals and assistive devices in the area that improve the hearing abilities of the child and providing advanced treatment in this CBR program.

Unacceptance of the existence of disability on the behalf of parents, the bureaucratic structure of governmental offices including Gondar University are other problems that are described by GU-CBR program coordinator. In addition, the program coordinator explained that lack of skilled manpower in the different areas of the field; the gradual effects of the rehabilitation services, the need of immediate benefit in the CBR program on the part of parents because of low educational background and old culture; low awareness towards disability by school and governmental offices' personnel are some of the challenges which hinder the effective implementation of the program. Not only school teachers, the negative attitude of school personnel as a whole are also the major challenges for the effective implementation of the program.

Parents during the discussion also noted that the negative attitude of teachers in the school about deafness affects the effective implementation of the program. One of the participants pointed out that still the attitude of teachers towards deafness in the school is not changed. Lack of special needs professional in the school is the other problem that they were reported. CBRWs during the discussion also replied that the major challenges that the CBR has faced are the low awareness about the CBR program, unfavorable societal comments towards disability & towards CBRWs and lack of assistive devices that used to assist the hearing abilities of deaf children are also the major challenges that affects the effective implementation of deaf rehabilitation

Discussion

Rehabilitation, in the context of rehabilitation of person with disabilities is a holistic and integrated program of medical, physical, psychological and vocational interventions that empower a person with disability to achieve a personally fulfilling, socially meaningful and functionally effective with the world (ILO, 2008). Hence, rehabilitation services include medical, social, educational, vocational and other related services.

In relation to this as information obtained from children, parents, CBRWs, and the CBR brochures, GU-CBR program is undertaking rehabilitation services to improve the life of people with disabilities in general and deaf children in particular. Therefore, the program provides medical, education, social, vocational and income generating activities for children with deafness. These services are discussed in detail as follows:

When we see the findings of GU-CBR program about the medical rehabilitation component, it works through prevention of disability, treatment, early intervention service, hygiene training and referral systems to the nearby health centers and different hospitals. Services like identification, screening and assessment are included in the medical rehabilitation services. All the above medical treatments and referral system are undertaken in a cost sharing scheme even if the program covers the lion share.

In line with the above literature reviewed, the results of this study also indicate that GU-CBR program does not provide advanced medical services to the deaf children in the area due to lack of professionals like speech and language pathologist or audiologist, Para- medical workers and assistive devices. In relation to this, the interview result with one parent showed:

I asked the field rehabilitation workers to give extensive treatment for my child's hearing problem. The CBRWs referred the child to Gondar-hospital. Gondar hospital also referred to Tikur Ambessa hospital in Addis Ababa.

This confirms that the program doesn't provide advanced medical treatments to children with deafness by the center as well as with the collaboration of the nearby health centers. Moreover, the children do not get benefited from new medical technologies and advanced assistive devices in the area.

Educational rehabilitation is the most common and important types of rehabilitation services rendered by the program. Accordingly, the findings indicate that before the CBR services most children did not get an opportunity to enter schools. However after the CBR, children have been benefited the different educational rehabilitation components include regular and non- regular. Non regular program (non-formal) likes reading, writing and enumerating; communication skills training including sign language; lip reading and written communication are the preschool educational intervention services. This program can enhance the child's ability and holistic development. In relation to this Tirussew (2005) identified that early educational intervention helps the children with disabilities by enabling parents to protect the child from further difficulties together with enhancing improvement of their ability. Sensory stimulation is a crucial area of intervention that facilitates education and communication.

The other component of educational rehabilitation of GU-CBR program is regular (formal) education. This includes Montessori class, special class and inclusive education. The results of the study show that children with deafness are much more benefited specially in inclusive education components. The program has a model inclusive school. Thus, children are attending their education in the regular class with hearing children. In relation to the educational benefits, one of the children with deafness reported:

Educational rehabilitation is the pillar services for me. I don't have words to express the benefits that I have got from the educational rehabilitation service. This is because before the rehabilitation services, the school did not allow me to learn. Now thanks to GU-CBR, I am grade four student.

Furthermore, one of the parents during the interview session reported, "before the rehabilitation services, we worried about our child's education because the general schools did not admit the child. Now, this fear is solved by GU-CBR program." Home to home educational services especially language and social skills training are also provided to the whole family members, neighboring children and the surrounding communities. In addition, provision of educational materials like books, covering educational fees and referred for further education and training are the other educational rehabilitation services of GU_CBR program services.

All these results show that children have got an opportunity and benefited from educational rehabilitation services.

Similar to the above studies, the finding of this study indicates that families, peers, and neighboring people as well as other significant people for children are participated in the social rehabilitation services. Most participant children mentioned that they are benefited from the social rehabilitation. The social rehabilitation services that the program renders includes how to accept impairment and live with it, how to interact with family members, how to live with others and understand their feelings, how to interact with other significant people at the school or home. These services are also provided during the home-to-home services and at meeting places, church, mosque coffee ceremony and mass media program for parents and community. Regarding to this, all interviewed children have developed a good social rapport with others and they accept and live with their impairments.

Therefore most children with deafness are receiving health, education and social rehabilitation services from their surrounding areas. All these results are in line with the principle of "using ordinary structures" i.e. receiving the assistance they need with in the ordinary structure of education, health, and social services (Yirgashewa, 2004)

With regard to child's involvement in the CBR program, children with deafness have been participated especially in the implementation activity of CBR. The findings of the study showed that most children 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, but sometimes they are asked by the CBRWs to give their general suggestions about the CBR services. In this case, children forwarded their suggestions and comments. This comment, in turn, helps for planning, implementing and evaluating activities of the CBR. The interview results of CBRWs and program coordinator also shows that deaf children are directly or indirectly participated in the CBR activities of the program.

The theoretical assumption with regard to CBR programs show that people with disabilities should be participated in all aspects of CBR program as a decision maker, resource person, trainers etc. at all stages of

planning, implementing and evaluation (O' Toole, 1989).

Generally, children are participating directly in implementing activity of the CBR. However they are participated indirectly in the planning and evaluating activities.

Parents/families are a key for the success of rehabilitation. Whatever kind of services provided without family involvement, rehabilitation is not effective as expected. Parents/family is unique resources in the community based rehabilitation. It is believed that more than 80% of the needs of children with disabilities can be achieved at home (Claussen, Yomunda and Jareg, 2005). Hence, parents/families should participate in planning, implementing and evaluating activities of the CBR (Ajediran, Olaogun, Nyante, 2003).

In line with the above literature reviewed, the findings of this research indicated that some parents participate directly or indirectly in the planning, implementing and evaluation activities of CBR. Furthermore, parents were involved in educational services, awareness raising program, screening, identification and referral activities. They are also participated in CBR activities like volunteer selection, health committee members and social as well as counseling services.

In addition, these parents also provide their comments and suggestions about the rehabilitation services. These comments, in turn, help the planner, implementer, and evaluator to plan, implement and evaluate the CBR program.

However, some parents did not participate in all activities of the CBR. For instance, two of the parent (Abune and Ali) replied that they did not directly participate in the planning, implementing and evaluating activities of the CBR program. But, the field workers and supervisors always ask them to give general comments about the rehabilitation services of their children. In this case, they provided their suggestions and comments.

The top down ideology assumes that professionals know best what the patients and the community need and prescribe the treatments and seek acceptance from the patient. However, in the bottom up approach it is acknowledged that PWDs, families and communities are in the best position to know what is needed and after gaining appropriate skills they can and should control how rehabilitation is to be implemented (ICR, 2003). This indicates that the involvement of the community for identifying the problems, planning, implementing and evaluating for the CBR program requires a well-organized awareness and sensitization mechanisms (Ajediran, Nyante and Olaogun, 2003).

With regard the above findings, the different reports of interview and focus group discussions with program coordinator, parents and CBRWs/supervisors indicated that community participation in planning, implementing, evaluating and other activities is playing a crucial role in the rehabilitation process. Hence, the program is now working with the different community representatives like community leader, religious person, kebele administrators and teachers.

Therefore, community members were more actively participating in implementing activities of rehabilitation services than in planning, evaluating and other related services.

In relation to the above literature reviewed, the findings of GU-CBR program showed that the program has working in collaboration with health sectors which include prevention of disabilities, early intervention, problem identification, assessment and referral services. In addition, the CBRWs have intended to work with the health extension workers in the near future regarding prevention services. The result of the study also shows that the program is been worked jointly with non-governmental organization like Save the Children Norway, OSAA, Cure & Korea Hospitals in Addis Ababa particularly in identification, screening services and extensive treatments.

Generally, GU-CBR program is been working with governmental organization sectors like BOLSA, health, education, local community agencies and media. The program has also been working with NGOs like Save the Children Norway, OSAA and the two hospitals in Addis Ababa. All these organization directly participated in the implementing activities of the CBR. The program works in collaboration with all these sectors in education, health, awareness raising program, income generating activities and other related services. All these results are inline with the principle of "cooperation" which emphasizes the need for collaboration efforts between or among members of a group of community and ministries of government as well as NGOs as possible in resolution of the child's problems (WHO, 2003). However, they did not participate directly in all processes of the program like in planning and evaluation.

The negative societal attitudes and awareness about disability are the other problems that affect the full function of GU-CBR program. As a result, parents and community members do not provide appropriate help and support for children with disabilities including children with deafness. Problems associated with poor living standard of children, parents and the community is also the challenge of GU-CBR program. As Wegayehu (2004) identified that the poor living conditions of parents and PWDs are also poor conditions for rehabilitation. This is because poor families may be at the level of survival needs rather than solving problems of disabled members. Lack of awareness about disability by school personnel, and different governmental offices, ill-equipped school, limited educational background of the family and the bureaucratic administrative structure of Gondar-University are also the major challenges.

Some parents who need immediate change from the rehabilitation services is also other problem of the CBR. However, the effects of rehabilitation services require a long period of time. This belief affects the rehabilitation services of the program. Some parents also need immediate benefits from the program (like money) than needing rehabilitation services because of old cultural beliefs and low educational background. In relation to this, Alemayehu (2008) identified that low acceptance of the community due to old cultural views, background technology and low academic level of the society is the major problems of CBR services in Ethiopia.

Lack of early intervention, and commitment on the part of CBRWs, lack of advanced treatment and assistive devices are the other challenges of GU-CBR program that were reported during the interview and discussion.

Conclusions and Recommendations

Conclusions

Based on the findings of this research, the researcher has reached at the following conclusions:

1. The common rehabilitation services that GU-CBR program provided for children with deafness are medical, educational, social and awareness raising.
2. Medical services include prevention of disability, early intervention, diagnosis, follow up, identifications, screening, assessment, referral and treatment from the nearby health centers and different hospitals. The program does not provide advanced medical services and assistive devices (like hearing aids) because of lack of professionals and assistive devices in the area.
3. Educational rehabilitation is the common and pillar services in GU-CBR program. Children with deafness are benefited from both formal (regular) and non-formal (non-regular) educational rehabilitation components. Inclusive education, special class and Montessori class are the formal education components which children benefited more. Whereas non-formal education components include early literacy programs and tutorial services.
4. Vocational rehabilitation and income generating service is not the common services for those children whose ages are below 18th. This is because the laws and regulations of the program inhibited them to participate in this rehabilitation services.
5. Especially social, educational (home to home) and awareness raising have been also provided to the family members, peers, neighbors and significant persons to the child.
6. Out of many components of rehabilitation, income generating activities help some parents to generate income to assure their economic independence.
7. Children with deafness, parents, community and different governmental and non-governmental organizations are actively participated in implementing activities of the CBR program. However, they have been indirectly participating in the planning and evaluation activities. This is because most of the time the program follows top down ideology that enforces the children to be recipient than participate in all process of CBR. The finding of the study shows that some parents do not participate in all process of the program.
8. In the implementation activities, for example, children, some parents, community, Governmental and non-governmental organization have participated in community education, awareness raising, school disability clubs, in CBR committee members, in volunteer selection, health committee members, education, early identification & screening and intervention program. However the theoretical assumption of CBR calls for the equal participation of beneficiaries in all activities of planning, implementing and evaluating activities of the program directly.
9. The common challenges of this program are lack of well trained professionals in the area, negative societal attitude, the bureaucratic structure of governmental offices (including Gondar University) and lack of relevant skills on the part of CBRWs in rehabilitating children with deafness as well as poor living standards of parents and children with deafness.

Recommendations

Based on the findings of the study the following major recommendations were forwarded.

1. Children with deafness should get an opportunity to participate in vocational skill training and involved income generating activities by the program in order to improve their economic status and their life condition.
2. CBR programs should give opportunities for the full involvement of children with deafness, parents, community and different governmental and non-governmental organizations in all process of CBR activities, i.e. in planning, implementing and evaluating.
3. The program should have or cooperate with a well-qualified professionals and interdisciplinary team in the areas of rehabilitating deaf children. These include speech and language therapy, audiologist, physician, rehabilitation counselors and sign language professionals. So that they serve the program by providing training for CBRWs and supervisors. This, in turn, helps the children to get appropriate rehabilitation

- services.
4. The CBR services should be encouraged by providing support to address its services to all PWDs in general and deaf children in particular in all weredas of the zone.
 5. The program should work more on awareness raising services. This helps the parents, community, governmental officials and NGOs to know about disabilities this inturn used to facilitate rehabilitation services.
 6. All Parents of deaf children should be involved in income generating activities in order to promote their income and to change the living condition of the family. This also helps to reduce poverty and enhance rehabilitation services.
 7. The program should arrange situations so that children with deafness could get advanced medical treatment and assistive devices in their own living areas.
 8. Future research needs to be conducted on the practices of inclusive education for deaf children to facilitate the inclusion of these children in the mainstreaming society.

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