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REPORT
ON
THE SURVEY OF DISABLED CHILDREN
IN
ETHIOPIA

NATIONAL CHILDREN'S COMMISSION

362.463
ETH.

ADDIS ABABA MARCH 1983

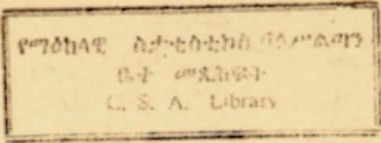


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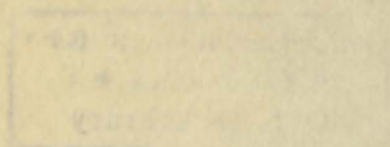
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INTRODUCTION

Childhood disability is a common phenomenon in developing countries where low level of socio-economic conditions generally prevail. It has been noted in various United Nations publications that out of over 500 million disabled persons in the world, at least one-quarter of them are children. In the developing areas of the world, children under the age of 15 represent about 130 million. Approximately one in every 10 children in the world is born with or acquires a physical, mental or sensory impairment. What is most disturbing is the fact that in the developing countries where most of the world's children are found, the incidence of disability is exacerbated by inadequate nutrition, faulty child-bearing practices, preventable diseases and accidents.

In developing countries where the majority of the people are trapped in the vicious circle of poverty coupled with abysmally low level of social services, impairments that could be prevented usually escalate into permanent disabilities, thus, in most cases destroying the capacities of the victims to take full part in the ordinary activities of daily life. Programmes such as primary health care, better nutrition, basic education, family planning and social welfare are valuable in the prevention of impairments in children and their early treatment. Inadequacy or non-existence of these services in certain cases aggravate the problem of childhood disability in the developing areas of the world.

Impairment is a temporary or permanent physiological abnormality that may lead to disability if it is not arrested by treatment or some kind of intervention. Disability is the outcome of an impairment and reduces the victim's capacity to carry out a normal activity. A person is said to be handicapped when he/she suffers from the disadvantage that resulted from an impairment or disability. In other words, he/she is unable to work or enjoy normal social activities and relationships.

It has been established that the common causes of impairments are infection, malnutrition, pre-natal conditions, trauma and accidents, environmental pollution, drugs, genetic defects, etc. Most of the causes can be extended to the problems of socio-economic under development, viz, poor environmental conditions such as impure water, lack of sanitation, inadequate housing, lack of balanced diet, lack of education and health services.

Since there is an abysmal lack of accurate information about disability in the world in general and in the developing areas in particular, one finds an appalling wealth of misinformation, prejudice, superstition, and fear associated with this problem. // This fact, no doubt, would hamper efforts aimed at ensuring the participation of families and communities in disability prevention measures, early identification and treatment of impairments, rehabilitation schemes, etc.,. Under

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Since there is an overall lack of accurate information about disability in the world in general and in the developing areas in particular, one finds an appalling wealth of malformation, pre-judice, superstition, and fear associated with this problem. This fact, no doubt, would hamper efforts aimed at ensuring the participation of families and communities in disability prevention measures, early identification and treatment of impairments, rehabilitation schemes, etc. Later

these circumstances, the victims, especially children, are likely to face extremely severe disadvantages because of the stigma attached to disability.

In Ethiopia, disability in general and, childhood disability, in particular, is a problem about which there is an abysmal lack of information. Although there has been sporadic attempts to gather some data on the situation of disabled persons, we don't as yet have adequate and reliable information about the magnitude of the problem, the major causes of impairments and disability, types of disability, distribution of disabled persons and their living conditions, and the attitudes of people towards the disabled. The fact that 1981 has been proclaimed as the International Year of Disabled Persons (IYDP) by the General Assembly of the United Nations has, to a great extent, promoted interest and awareness in the needs of disabled persons in Ethiopia more than even before. In connection with the IYDP activities, Ethiopia has created a National Commission for Disabled Persons on which government offices, various mass, professional and international organizations have been represented. National and international conferences, seminars and workshops have been organized to deliberate on the problems and needs of disabled persons with the view to advancing the interests of the disabled.

The National Children's Commission (NCC) which has been

entrusted with the overall responsibility of coordinating, standardizing, and supervising all services aimed at Ethiopian children in order to advance their interests and causes, has also taken a profound interest in disabled children. In September 1981, the NCC, in co-operation with the concerned government agencies and mass organization, initiated a nationwide survey with the view to collecting relevant data on the situation of disabled children. The study aimed at throwing some light on the magnitude of childhood disability, the major causes of impairments and disability, the types of disability common in children, the attitude of people towards disability, the living conditions of disabled children and their needs etc., so that meaningful preventive, educational, vocational and rehabilitative measures for disabled children could be taken. In this study 29,631 disabled children were involved. The population involved is considerably insignificant due to the various constraints which will be elaborated later. Nevertheless, an indepth analysis of the data on these cases, it is argued, will show the overall and grim situation of disabled children in Ethiopia since all administrative Regions have been represented in the survey. It's hoped that individuals and institutions interested in the welfare and development of disabled children in Ethiopia will, inspite of its shortcomings, find this material useful.

The NCC would like to take this opportunity to express its

gratitude to UNICEF-Ethiopia for supporting this study financially, and its continued interest in the well-being of Ethiopian children.

The Objectives of the Study

Disabled persons in general and disabled children in particular experience formidable disadvantages in life particularly in a developing country like Ethiopia. Effective planning for disability prevention or rehabilitation measures require the availability of data on disabled children. These data include types of disabilities prevalent among children, major causes of disability, age at which disability sets on, distribution of disabled children, family, educational and health status of disabled children, living conditions of disabled children, people's attitude towards disability and disabled persons, community participation in programmes designed to help disabled children, etc. At present there is an abysmal lack of comprehensive information on disabled children although there has been sporadic efforts to collect data on disabled persons. This study endeavours to shed some light on the situation of disabled children in Ethiopia through collecting, compiling and analysing data on children. The major concerns are as follows.

- a) Determination of the size of disabled children.
- b) Identification of the major causes of childhood disability.

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- a) Determination of the size of disabled children.
- b) Identification of the major causes of childhood disability.

- ✓c) Analysis of socio-economic conditions associated with childhood disability.
- d) Identification and assessment of institutions providing care for disabled children in the country.
- e) Determination of the size of disabled children so far reached with some sort of service.
- ✓f) Examination of people's attitudes towards disability and disabled persons.
- ✓g) Recommendation of policy measures on the basis of the findings.

THE METHODS OF THE STUDY

In this study the primary sources of information were mass organizations, viz, Peasant Associations and Urban Dwellers' Associations. The target groups were community leaders, namely, persons in leadership positions in the mass organizations and parents or guardians of disabled children. For the two groups two different sets of questionnaires have been developed for purposes of data collection. Part A and part B were used for community leaders and parents respectively. The parents or guardians supplied information as far as possible by bringing the disabled child to the "Kebele" office.

Right from the outset efforts were made to enlist the cooperation of administrative offices at different levels

to facilitate the carrying out of the survey through correspondence though the success was very limited as will be explained later. The original aim was to reach each Peasant Association and Urban Dwellers' Association throughout the country wherever these had been established. With this in mind, the Commission obtained information on the number of Peasant Associations from the Ministry of Agriculture, and the number of Urban Dwellers' Associations from the Ministry of Urban Development and Housing and sent the two sets of questionnaires to the various Regional Offices which were expected to redistribute them to lower administrative hierarchies. The plan was that each "Kebele", urban or rural, would receive two copies (A & B) to be filled out and returned to the Commission through the normal channel. Part B was devised in such a way that it was large enough to enter particulars of all disabled children in any "Kebele" whether rural or urban. All in all, from each set (A & B) 20,229 questionnaires were distributed to the various offices of the Administrative Regions from where they were hierarchically distributed down to the lowest units. From the returned questionnaires a lot of them had to be discarded since they were incomplete. All in all, 11,062 (Part A 4,891 and Part B 6,171) filled out questionnaires have been included in the analysis.

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TABLE 1

S.N.	Name of Adm. Regions	Questionnaires				% of Returns	
		Distributed		Returned		Part-A	Part-B
		Part-A	Part-B	Part-A	Part-B		
1	Addis Ababa	234	234	162	166	57.05	58.45
2	Arsi	1,119	1,119	395	403	35.30	36.02
3	Asef-b	15	15	2	13	13.34	86.67
4	Bale	245	245	59	177	24.09	72.25
5	Illubabor	880	880	440	501	50.00	56.94
6	Britria	150	150	55	57	36.67	38.00
7	GamoGofa	1,022	1,022	124	145	12.14	14.19
8	Gojam	2,261	2,261	371	439	16.41	19.42
9	Gondar	1,677	1,677	173	245	10.32	14.61
10	Hararghie	1,603	1,603	270	279	16.80	17.35
11	Keffa	1,663	1,663	478	552	28.75	33.20
12	Shoa	4,382	4,382	1,043	1,525	23.81	34.81
13	Sidamo	1,380	1,380	240	315	17.40	22.83
14	Tigrai	266	266	76	91	28.58	34.21
15	Wollega	1,574	1,574	536	740	34.06	47.02
16	Wollo	1,703	1,703	467	523	27.43	30.71
	Total	<u>20,229</u>	<u>20,229</u>	<u>4,891</u>	<u>6,171</u>		

GLARING PROBLEMS FACED DURING THE STUDY

Right from the outset the Commission was fully cognizant that such a venture would have its own limitations. It was realized that a survey of this scope without qualified man power, financial and material support could hardly achieve the desired goal. The Commission, fully aware of the limitations, decided to undertake the survey with the conviction that whatever data on the problems of childhood disability could be obtained would be invaluable in serving as a bench-mark for further investigation in this field. This view is also tenable from the cost-benefit analysis point of view. The financial input was really insignificant as compared with the data collected from areas not only so far apart but also remote. Despite the observable shortcomings, the findings reveal the prevailing true state of affairs regarding disabled children in Ethiopia.

The importance of face to face interview for this kind of survey cannot be ever-stressed. Since this was found to be beyond the capacity of the young Commission, the information had to be collected through correspondence with the help of pre-set instructions attached to the questionnaires. As far as possible this was accompanied by telephone calls in order to clarify matters or press the concerned bodies to speed up action. In spite of these efforts, the following salient problems influenced the quality of the survey's outcome.

- (a) Unqualified co-operation could not be received from the Regional officials at different levels either because they were too busy or did not attach as much importance -----

(as they did to other duties. Consequently, a lot of the questionnaires were either shelved or passed on to the lower units as a matter of routine compliance with instructions coming from higher administrative bodies. In some cases, mass organizations at the grass-roots level did not receive the questionnaires. This partially explains for poor return.

(b) Many questions were grossly misunderstood as a result of which either irrelevant responses were given or the questions were left unanswered. A lot of the returned questionnaires had to be discarded on this ground. Related to this is the problem of poor entries by the "Kebele" officials or their representatives when recording information supplied by parents or guardians about their disabled children. The interviewers were unable to grasp the clearly printed instructions in many places especially in the rural areas because of their low level of education or unfamiliarity with this kind of work.

(c) Since there was no one who assumed direct responsibility for the study and since all concerned officials were acting voluntarily out of good will, the loss or misplacement of questionnaires was inevitable. Since non action did not carry penalty, questionnaires were shelved before or after being filled out either in various administrative or "Kebele" offices.

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(d) Communication problems have also considerably limited the redistribution of the questionnaires within certain Administrative Regions thus affecting the extent of the coverage. Those areas inaccessible by road transport, and border areas could not be reached.

(e) Cultural factors have also immensely influenced the quality of this survey. As pointed out in the introductory remarks, in Ethiopia, disability is shrouded with misinformation, prejudices and superstitions. This can adversely influence people's attitudes towards giving out information on their disabled children. A lot of evasions have been suspected in this study.

Owing to the above stated reasons the coverage has been considerably limited. To this, obviously, other shortcomings can be added. Nevertheless, it is believed, the findings of this study could be invaluable to well-meaning individuals and organizations concerned with the well-being of the neglected section of the population, namely, disabled children.

Basic Concepts*

Impairment: Is a temporary or permanent physiological, anatomical, or psychological loss or abnormality of

*UNICEF Regional Seminar on "The Disabled Child, the Family and the Community" held from 2-7 Nov. 1981 A.A. Proceedings p. 72-73.

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structure or function. Example would be anaemia, amputated leg, mental retardation.

Disability: Results from an impairment and is any restriction in the performance of a normal activity. Examples of disabilities resulting from the impairments given above would be decreased capacity for exertion, decreased ability to walk and decreased ability to learn.

Handicap: Is the disadvantage that an individual suffers as a result of an impairment or disability. This prevents or limits the fulfilment of normal roles. Examples would be inability to work or to enjoy normal social activities and relationships.

Child: Means any person from birth up to the age of fourteen years.¹

Peasant Association: Means an association of farmers established in a manner suitable for development purposes within a minimum area of 800 hectares (20 gashas) (Pro. No. 31 of 1975, Public Ownership of Rural Lands).

Urban Dwellers' Association: Means an association of Urban Dwellers established in each unit of urban areas (Pro. No. 47 of 1975, Government Ownership of Urban Lands and Extra Urban Houses).

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CHAPTER ONE

THE EXTENT OF THE PROBLEM OF CHILDHOOD

DISABILITY IN ETHIOPIA

The Ethiopian population has been estimated at 33:7 million in 1983 and of these children aged 14 and under represented 45.4%. Children between 0-4, 5-9 and 10-14 represented 17.4%, 15.8% and 12.2% respectively. Of these, children who live in the rural areas accounted for 86.1%. Children of tender age and usually one of the most vulnerable sections of the population. In a country like Ethiopia where educational, health and social welfare services are inadequate and skewedly distributed, the incidence of disability is likely to be more among young children who have not developed sufficient resistance to the factors that contribute to disability.

Children in the rural areas who represent 45.9% of the total population are exposed to higher risks because of the limited social services and the peoples' negative traditional attitudes towards disability and harmful cultural practices.

To date no reliable statistical data on disabled children are available although some efforts have been made to shed light on the problem. The Ministry of Agriculture, in cooperation with the Central Statistics Office and the Rehabilitation Agency for the Disabled, has carried out a sample survey of disabled persons during 1979-80 in 12 Administrative Regions, excluding the population of urban centres and nomadic populat-

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ion. The survey covered 26,593,685 persons of which 1,459,683 had been reported to have some sort of disability. Of these children under the age of 15 were 263,540 (18%). The most common disabilities were amputation of leg(s) and arms, deafness, blindness, mental disorder and leprosy.

According to WHO's estimates, at least 10% of the population of the developing world suffer from some sort of disability. In 1983 the CSO has estimated the Ethiopian population at 33,679,600 of which children aged 14 and under were 15,279,400 (45.9%). On the basis of the afore-mentioned calculation a conservative estimate at the rate of 10% would put the number of disabled children under the age of 15 at 1,529,740.

As regards the causes of disability, WHO² provides the following medical causes and size of the disabled population affected.

Traffic accidents	30	2.3
Occupational accidents	15	2.3
Home accidents	10	3.8
Other	2	0.6
Malnutrition	200	12.3
Other	2	0.6

MEDICAL CAUSE	Estimated Disabled People	
	Millions	% of Total Disabled
Congenital Disturbances		
Mental retardation	40	7.7
Somatic hereditary defects	40	7.7
Non-genetic disorders	20	3.9
Communicable Diseases		
Poliomyelitis	1.5	0.3
Trachoma	10	1.9
Leprosy	3.5	0.7
Onchocerciasis	1	0.2
Other communicable diseases	40	7.7
Non-communicable somatic disease	100	19.3
Functional Psychiatric Disturbance	40	7.7
Chronic alcoholism and drug abuse	40	7.7
Trauma/injury		
Traffic accidents	30	5.8
Occupational accidents	15	2.9
Home accidents	30	5.8
Other	3	0.6
Malnutrition	100	19.3
Other	2	0.4

② It has been generally accepted that communicable and non-communicable diseases account for about 30%, malnutrition 20%, congenital disturbances 20%, accidents 15%, and functional psychiatric disturbances, alcohol and drug abuse 15%.

In Ethiopia, 75% of the diseases that afflict the people are communicable diseases which could be controlled effectively by environmental health programmes and immunization. Over 12 million³ people are exposed to malaria which has debilitating power and can reduce a person's productive life by around 15 percent. Over 800,000 people were reported to be suffering from tuberculosis in 1970 E.C. but of these only about 2.4% were fortunate enough to undergo treatment⁴.

In Ethiopia, the number of blind people is unknown. It is generally estimated that there could be about 3 million blind people all over the country of which children below the age of 14 represent about 400,000⁵. Malnutrition and infections are commonly the causes of blindness. According to a study carried out in the Eye Clinic of Menelik II Hospital in Addis Ababa in 1973 E.C., out of 3,859 patients who visited the out-patient department over a span of four

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months, 671 were found to be blind (unilateral and bilateral). Of these, 106 were unilaterally blind and children accounted for 18%⁶. It has been found that infections were responsible for 70% of eye troubles, according to the aforementioned study. About 20% of the Ethiopian people are said to be suffering from trachoma.

Data on the segment of the population with hearing impairment or deafness are lacking. The 1979-80 survey cited earlier has identified 129,198 persons with hearing impairments of which children under the age of 14 accounted for 33,125 (25.6%). It is estimated that the segment of the Ethiopian population with hearing impairment⁷ (in various stages) is about 600,000. The causative agent for hearing impairment is unknown but it has been observed by medical practitioners that deafness occurs following attacks of meningitis, measles and other infectious diseases.

② Leprosy, one of the disabling disease, is common in Ethiopia especially in the northern regions of the country. The number of leprosy victims or size of population at risk is unknown.

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TABLE 2

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POPULATION BY DISABILITY, SEX AND AGE GROUP

Age Group	B O T H S E X E S							
	Yes	%	No	%	N.S.	%	Total	%
0- 4	68,400	1.4	4,709,217	97.9	30,951	0.7	4,808,568	100.00
5- 9	104,109	2.2	4,734,218	97.5	15,337	0.3	4,853,664	100.00
10-14	91,031	3.0	2,910,341	96.9	1,715	0.1	3,003,087	100.00
15-19	85,192	3.9	2,099,417	96.0	3,049	0.1	2,187,658	100.00
20-24	86,341	5.1	1,602,474	94.8	1,367	0.1	1,690,180	100.00
25-29	109,772	5.9	1,755,780	94.0	1,455	0.1	1,867,007	100.00
30-34	112,831	6.9	1,517,187	93.0	2,046	0.1	1,632,064	100.00
35-39	105,847	7.3	1,349,502	92.6	2,110	0.1	1,457,459	100.00
40-44	121,209	9.9	1,098,413	90.0	1,321	0.1	1,220,943	100.00
45-49	88,831	10.3	770,444	89.6	960	0.1	860,235	100.00
50-54	107,050	12.6	740,448	87.4	155	0.0	847,653	100.00
55-59	61,773	13.6	392,758	86.3	475	0.1	455,006	100.00
60-64	91,404	15.0	517,698	85.0	155	0.0	609,257	100.00
65	220,699	20.0	842,711	79.9	1,164	0.1	1,054,574	100.00
Not Stated	5,194	13.6	30,871	80.5	2,165	5.9	38,330	100.00
Grand Total	1,459,683	5.5	25,071,477	94.3	64,525	0.2	26,595,685	100.00

Source:- Study carried by the MOA, CSO& RAD.

TABLE 3

DISABLED CHILDREN BY TYPES OF DISABILITY, SEX AND AGE GROUP

Types of Disability	AGE GROUP AND SEX																			Total	%
	0 - 4						5 - 9						10 - 14								
	M	%	F	%	M + F	%	M	%	F	%	M + F	%	M	%	F	%	M + F	%			
Leprosy	1108	3.06	191	0.59	1299	1.90	794	1.24	1208	2.99	2002	1.92	2154	4.4	1215	2.88	3369	3.70	6670	2.53	
Blindness	1735	4.79	2321	7.21	4056	5.93	5670	8.90	4647	11.50	10312	9.91	3849	7.87	4249	10.09	8098	8.90	22471	8.35	
Deafness	3490	9.64	3621	11.25	7111	10.40	9881	15.51	5707	14.13	15588	14.97	6975	14.26	3451	8.19	10426	11.45	33125	12.57	
Amputation of legs	3930	10.85	3140	9.76	7070	10.34	7600	11.93	4588	11.36	12188	11.71	7438	15.21	7272	17.27	14710	16.16	33968	12.87	
Amputation of Arms	1189	3.28	859	2.67	2048	2.99	1364	2.14	1895	4.69	3259	3.13	3030	6.19	1649	3.92	4679	5.14	9986	3.79	
Mental disorder	1384	3.82	2139	6.65	3523	5.15	3916	6.15	3174	7.86	7090	6.81	6582	13.46	4397	10.44	10979	12.06	21592	8.20	
Others	23383	64.56	19910	61.87	43293	63.29	34486	54.13	19179	47.47	53665	51.55	18884	38.61	19886	47.21	38770	42.59	135728	51.51	
Total	36219	100	32181	100	68400	100	63711	100	40390	100	104109	100	48912	100	42119	100	91031	100	263540	100	

Source:- Study carried out by NOA, CSO and RAD.

The All Africa Leprosy and Rehabilitation Training Centre (ALERT) estimates that about 150,000 lepers could be found throughout the country⁸. During the year 1970-1979, ALERT treated a total of 12,406 leprosy patients of which children under the age of 15 represented⁹ 0.5 to 1%. The aforementioned 1979-1980 survey of disabled persons has identified 75,112 leprosy cases of which 6,670 (8.9%) were children under the age of 14. It is estimated that only about 70,000 have access to modern medical care. ALERT'S contributions to the fight against childhood disability are impressive.

TABLE 4

Disability corrections in the age group 0-14 years obtained from the operating theatre registration book*

DISABILITY	1980		1981	
	Male	Female	Male	Female
Club feet & post-polio paralysis	96	77	69	53
Hand deformity from leprosy	3	5	3	3
Feet deformity from leprosy	1	3	2	-
Hand deformities from other causes	13	16	6	8
	113	101	80	64

*All Africa Leprosy & Rehabilitation Training Centre (ALERT) Addis Ababa.

Poliomyelitis is one of the main crippling diseases of childhood in Ethiopia. According to the Ethio-Swedish Pediatric

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TABLE 2

Disability corrections in the age group 0-14 years obtained from the operating theatre registration book*

1981		1980		DISABILITY
Male	Female	Male	Female	
23	09	77	96	Club foot & post-polio palsy
3	3	2	3	Hand deformity from leprosy
-	2	3	1	Foot deformity from leprosy
8	6	16	13	Hand deformities from other causes
34	20	102	113	

*All Africa Leprosy & Rehabilitation Training Centre (ALERT)

Addis Ababa.

Polio is one of the main crippling diseases of children in Ethiopia. According to the Ethio-Swedish Pediatric

Clinic, the disease mostly attacks children under two years of age. The peak incidence of polio has been found to be between the months of April and September. In Addis Ababa annual incidence rate was 7.5/100,000 in 1979.

The number of polio-cases treated by the Black Lion Hospital is shown in the following table.

TABLE 5

Polio-cases seen at Black Lion Hospital¹⁰

<u>Year</u>	<u>No. of cases</u>
1971	179
1972	189
1973	233
1974	210
1975	250
1976	252
1977	150
1978	203
1979	400

The disease is rampant in communities where immunization services are lacking or no use is made of available health services.

Another study carried out by the Rehabilitation Agency for the Disabled in Nazareth town in August 1981 has revealed the prevalence of similar disabilities. 35.8% of the disabled persons were visually impaired (15.9% with one eye and 19.7% totally blind).

The survey was a house to house survey conducted during the Revolutionary Multi-faceted Red Star Campaign, in 1982, the Social Affairs Committee under the auspices of the Ministry of Labour and Social Affairs, conducted a survey of disabled persons in Eritrea in three, Awrajas including the provincial towns. In Hamassen Awraja, Asmara and 6 Peasant Associations, in Key Bahir, Massawa, and 2 Peasant Associations, in Senhit, Keren and 8 Peasant Associations, were included in the study. All in all, 1,877 disabled person were registered in the three provinces with age distribution as follows.¹¹

TABLE 6
DISTRIBUTION OF DISABLED PERSONS BY AGE

0-14	246 (13.1%)
15-44	585 (31.2%)
45+	1046 (55.7%)

SER. No.	NAME OF AWRAJA	AGE GROUP
Visual impairment tended to stand out among the various disabilities followed by paralysis. Blindness both partial and unilateral accounted for 368 (19.6%) in Hammsen, 44 (2.34%) in Key Bahir, and 145 (7.72%) in Senhit. There is no doubt that there is need to further investigate the underlying causes for the preponderance of the incidence of visual disability in Eritrea Administrative Region.		

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The survey was a house to house survey conducted alongside a general census and thus attempted to include all the disabled in Nazareth. Out of the total population of 73,020 in Nazareth town in 1981, 494 (0.67%) disabled persons were registered. For purposes of analysis only 452 questionnaires were taken into account and 42 were excluded for incompleteness and inconsistency. Disabled children accounted for 60, of which 27 had disabilities related to paralysis.

TABLE 6

DISTRIBUTION OF DISABLED PERSONS BY AGE
AND AWRAJA IN ERITREA

SER. No.	NAME OF AWRAJA	AGE GROUP			
		0-14	15-44	45 and above	Total
1	Hamassen	186	422	684	1,292
2	Key Bahir	10	51	88	149
3	Senhit	50	112	274	436
	TOTAL	246	585	1046	1,877
	%	13.1	31.2	55.7	100

The findings of this survey has revealed that the incidence of paralysis both paralysis of limbs and complete paralysis was the second common disability in Eritrea Region. The onset of paralysis is usually during early childhood due to lack of immunization services and low nutritional status.

From table 7 it can be observed that 62 (29.1%) of the children have been afflicted by polio resulting in the paralysis of certain parts of their body and complete paralysis in the cases of 3.7% of the children.

Total	Female	Male	Type of paralysis	
			No.	%
			One limb	
			Bilateral	
			Partially paralyzed	
			Paralysis of right arm	
			Paralysis of left arm	
			Paralysis of right leg	
			Paralysis of left leg	
			Paralysis of both arms	
			Paralysis of both legs	
			Paralysis of both arms and legs	
			Complete Paralysis	
			Paralysis of leg below the knee	
			Paralysis of leg above the knee	
			Other	
			Total	

TABLE 7
POLIO AND TYPE OF PARALYSIS

TABLE 7

TABLE 7

DISABLED CHILDREN IN ERITERA REGION BY
AWRADJA AND TYPES OF DISABILITY

Serial Number	Names of Awradja	Types of Disability																	
		One Eyed	Blind	Partially Sighted	Deaf	Deaf and Dumb	Amputation of right arm	Amputation of left arm	Amputation of right leg	Amputation of left leg	Paralysed below the hip	Paralysed above the hip	Leper	Epileptic	Complete Paralysis	Amputation of leg below the knee	Amputation of leg above the knee	Other	Total
1	Hamassen	9	8	3	11	20	4	5	13	5	46	6	3	7	8	1	-	37	186
2	Kay-Bahir	-	-	-	1	-	-	1	-	-	3	-	-	-	-	-	-	5	10
3	Senhit	2	2	1	6	3	1	1	-	-	6	2	-	2	1	1	-	22	50
	Total	11	10	4	18	23	5	7	13	5	55	8	3	9	9	2	-	64	246
	%	4.5	4.1	1.6	7.3	9.3	2.0	2.8	5.3	2.0	22.4	3.3	1.2	3.7	3.7	0.8	0.0	26.0	100

Malnutrition does not only influence the rate of infant mortality by exacerbating the fragile health conditions of infants but also leads to disability, viz, mental retardation. Malnutrition also retards physical development. The high frequency of gastrointestinal, respiratory and other infectious diseases, especially in young children, further exacerbate the effect of malnutrition by influencing food intake and metabolism.

The high infant mortality rate (155/1000) is in part, attributed to malnutrition. A survey conducted on 3,491 in-patients by the ESPC in 1970-71 has indicated that 18.5% of the patients were admitted for malnutrition¹³.

The same study has also shown that infectious diseases usually exacerbate the nutritional conditions of children thus leading to the admission of 62% of children to hospitals. It is reported that 50.60% of Ethiopian children are born under weight owing to mothers' inadequate nutrition. Although it has been observed that this could be rectified by successful breast-feeding, complications arise owing to improper weaning practices that expose children to serious risks of malnutrition and infections especially after 6 months.

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The fact that severe protein-calorie malnutrition can lead

to permanent mental retardation has been established by several paediatricians. Studies have revealed that malnutrition during the first half year affected the mental development of children.

Such children showed lower I.Q. scores, poorer school performance, and disturbed interpersonal relations. It has been also established that malnutrition in early life in a setting of poverty and deprivation resulted in irreversible retardation. For developing countries, this scientific finding, is indeed a matter of grave concern.

Neurological disorders accounted for 250 to 300 (1%) out of 30,000 to 35,000 new patients that annually visited the Black Lion Clinic. Neurological disorder stand third to epilepsies and polio. Cerebral palsy has been reported to be one of the leading neurological disorders in the Black Lion Hospital accounting for 17% of all follow-up cases. The majority of the victims were delivered at home and very often without birth attendants. Almost all patients were products of complicated pregnancies and deliveries.

Accidents and poisoning cause childhood disability. Reports from the Black Lion Hospital show how serious this problem is. From 1971-1973, 9213 children were treated for injuries or harm caused by poisoning and accidents.

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TABLE 8

NUMBER OF CHILDREN TREATED FOR ACCIDENTS AND POISONING
AT THE BLACK LION HOSPITAL

TYPES OF ACCIDENTS	YEAR			
	1971	1972	1973	TOTAL
Vehicle accidents	353	188	477	1,018
Falls	442	243	603	1,288
Poisoning	25	4	31	60
Burns	364	160	317	841
Poisoning and Battery	1,400	648	1,920	3,968
Others	689	316	1,033	2,038
Total.....	3,273	1,559	4,381	9,213

Source:- Records of the Black Lion Hospital, Polio Clinic.

In the preceding pages, an overview of the extent of childhood disability in Ethiopia has been given. // As the causes of most of the impairments or disabilities are reflections of under development as manifested in the abysmally low level of health care, ignorance, low nutritional status, low level or non-existence of social welfare services, backward cultural practices, etc. / It is hoped that gradual improvements in the people's standard of living will reduce the incidence of disabilities in children.

In this study 56.8% (Table 9), of the respondents said the attitude of the family towards the disabled is one of depression and disappointment. The parents or guardians

CHAPTER TWO

THE FAMILY, THE COMMUNITY AND DISABLED CHILDREN

I. Attitudes towards Disability and the Disabled

For disability prevention and rehabilitation programmes, the attitudes of families and communities towards disability and the disabled are very important for they may either enhance such efforts or retard them. In rural communities, where children are valued for their contributions to the production process and where the males are particularly expected to ensure the uninterrupted of the genealogical line after the death of the father, the incidence of disability ushers in sorrow, misery, grief, shame, frustration and disappointment. "The parents of a disabled child feel guilty of something they can not explain nor understand. The causes of disability are usually attributed to supernatural powers or the curse from God for a misdeed they cannot even remember, or the sins of their ancestors visiting upon them. / In some African countries parents of a disabled child go to the extent of committing suicide since they cannot face the entire reality of life with a disabled child. /

In this study 56.8% (Table 9), of the respondents said the attitude of the family towards the disabled is one of depression and disappointment. The parents or guardians

tend to hide the disabled in houses or backyards denying them the necessary social stimulation for their development. 22.6% (Table 9) of the respondents said disabled children are hidden because the parents and the relatives are ashamed of them.

In some African countries, there are instances where people go to the extent of killing the disabled by drowning them. Where such extreme steps are refrained from the disabled are "let to live because they are the creatures of God". In this study 7.2% (Table 9) of the respondents indicated that disabled children are denied parental care. This happens, mainly, for two reasons. First of all, the prevalence of pervasive absence of information at every level concerning the cause of disability, its prevention and the possibilities of rehabilitation. A lot of misinformation, prejudice, superstition prevail especially in traditional rural communities thus making parents, relatives and communities shirk from shouldering responsibility for the care and protection of the disabled. The second reason is poverty. Parents of disabled children are burdened with responsibility that is too difficult to bear especially in rural communities where there is subsistence economy.

Families which perpetually wallow in a vicious circle of abject poverty, can hardly provide for their children. The

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Families which perpetually wallow in a vicious circle of abject poverty, can hardly provide for their children. The

birth of a disabled child or the onset of disability in a large family exacerbates the already fragile economic condition of the family, more often than not, to the detriment of the disabled child. The disabled child is usually made to receive less attention, less stimulation, less education, less medical care, and sometimes less food. The adverse effect of this kind of treatment on disabled children has been graphically described by Susan Hammerman in the following terms ¹⁴.

" The interruption, and distortion, of the normal process of child development that frequently results from the reactions of the family and community can create a far more serious problem than the functional or cosmetic consequence of the impairment itself. Children who are not fed as well as their brothers and sisters, who have few opportunities for social interaction or education and whose mobility is restricted, suffer from a serious interruption of the stimulation their development requires. They are rarely seen in schools, in day-care centres, at health clinics or social events. When these problems are added to the functional limitations they already experience, the outcome can be multiple handicapping."

It is these community attitudes and practices that need to be influenced for disability prevention measures and rehabilitation. The economic difficulties families with disabled children face also need serious consideration in strategies designed to reach the unreached.

FAMILY ATTITUDES TOWARDS DISABILITY AND
DISABLED CHILDREN

Serial No.	Names of Adm. Regions	Types of Responses					No response	Total
		Tend to hide and feel ashamed	Feel depressed	Fail to offer parental care	Others			
1	Addis Ababa	53	71	11	37	4	169	
2	Arsi	90	271	24	35	7	427	
3	Assab	-	-	-	-	-	-	
4	Bale	23	31	6	7	1	68	
5	Illubabor	68	190	22	44	14	338	
6	Eritrea	16	21	5	1	1	44	
7	Gamogofa	12	82	3	14	2	113	
8	Gojam	59	279	21	12	6	377	
9	Gondar	32	97	21	3	11	164	
10	Hararghie	80	124	13	17	9	243	
11	Keffa	88	241	19	38	25	411	
12	Shoa	351	639	109	140	33	1,272	
13	Sidamo	36	113	17	21	12	199	
14	Tigrai	15	48	1	11	2	77	
15	Wollega	109	265	52	61	31	518	
16	Wollo	73	307	37	46	8	471	
	Grand Total	1,105	2,779	354	487	166	4,891	
	%	22.6	56.8	7.2	10.0	3.4	100	

FAMILY ATTITUDES TOWARD DISABILITY AND

DISABLED CHILDREN

No. of Families	How to reach analogs	Types of Responses				
		Direct reply of parents	Indirect reply of children	Indirect reply of other relatives	Indirect reply of other relatives	Level
1	Abdulla Abdulla	33	37	11	37	162
2	Arsl	30	271	24	32	427
3	Asanb	-	-	-	-	-
4	Bala	23	31	2	7	68
5	Ilindabot	68	190	22	4	338
6	Ilirica	16	21	2	1	44
7	Gomogofa	12	82	3	14	113
8	Goljam	22	279	21	12	377
9	Gordan	22	27	21	3	164
10	Karavakle	60	124	13	17	243
11	Kofin	68	241	19	38	411
12	Sho	221	632	109	140	1,272
13	Stromo	36	13	17	21	199
14	Tirani	12	68	7	11	77
15	Wolliga	109	267	22	67	248
16	Wollo	73	207	27	46	471
	Grand Total	1,102	2,772	326	427	4,891
	%	22.6	58.8	7.2	10.0	3.4

ATTITUDES OF THE COMMUNITY TOWARDS

It is interesting to note that, in this study 92% (Table 10) of the respondents have indicated that communities tend to show sympathy towards the disabled, whereas 7.4% of the respondents said the disabled were neglected. Since the onset of the popular Revolution, the mass media and mass organizations have been conducting intensive educational programmes aimed at raising the level of the people's general awareness in order to counteract the deep-rooted apathetic, conservative outlook and harmful cultural practices. The International Year of the Child (IYC) and the International Year of Disabled Persons (IYDP) have added impetus to the steadily changing attitudes of the communities. The sympathetic and supportive community attitude should be exploited to further the interests of disabled children.

12		1,076	120	1,204
13	Sidamo	178	24	202
14	Tigray	60	2	62
15	Wollega	432	66	504
16	Wollo	357	13	370
	Grand Total	4,329	155	4,484
	%	92.6	7.4	100

TABLE 10

ATTITUDES OF THE COMMUNITY TOWARDS
DISABILITY AND DISABLED CHILDREN

Ser. No.	Names of Adm. Regions	Types of Responses		
		Show sympathy and readiness to assist	Neglect	Total
1	Addis Ababa	153	2	155
2	Arsi	407	13	420
3	Assab	-	-	-
4	Bale	59	6	65
5	Illubabor	324	21	345
6	Eritria	33	7	40
7	Gamogofa	117	11	128
8	Gojam	471	24	495
9	Gondar	181	9	190
10	Harargie	222	11	233
11	Keffa	353	23	376
12	Shoa	1,076	128	1,204
13	Sidamo	178	24	202
14	Tigrai	60	2	62
15	Wollega	438	66	504
16	Wollo	457	15	472
	Grand Total	4,529	362	4,891
	%	92.6	7.4	100

ATTITUDES OF THE COMRADES TOWARDS
INTELLECT AND DEGRADING CULTURE

Ser. No.	Name of Adm. Regions	Types of Responses	
		Show sympathy and readiness to assist	Indifferent
1	Abdis Abbas	123	152
2	Arif	107	150
3	Asaf	-	-
4	Balo	38	62
5	Illubabor	254	242
6	British	33	40
7	Gamogola	117	128
8	Golan	171	152
9	Gondar	181	190
10	Hawziye	222	233
11	Kafa	252	276
12	Shoa	1,076	1,204
13	Stidamo	170	202
14	Tigray	60	62
15	Wollega	438	504
16	Wollo	427	472
	Grand Total	4,722	5,891
		22.6	27.4

2. Com

The positive attitude of communities is indispensable to plan and launch disability prevention measures and community based rehabilitation programmes. In this regard, the participation of people in the provision of health, nutrition, educational and social welfare services at different levels is very vital for community development. It is obvious that any programme initiated by a governmental or non-governmental organization can hardly be effective without the active participation of the community for which it is intended. On the otherhand, the co-operation of the people can only be enlisted when people clearly understand their own problems and express willingness to mobilize their resources both human and material to meet their felt-needs. Communities should be made aware of the rehabilitation needs of disabled children. Community involvement and action can only proceed when people are convinced of the urgency of any problem and attach value to the benefit that could be derived from community action.

II. Availability of Services to Disabled Children

One of the integral yardsticks by which the welfare of disabled children is measured by the quantity and quality of services that are made available to them. At present there are only a few special schools through out the country with the number of beneficiaries not exceeding 1,700.

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AVAILABILITY OF SOCIAL SERVICES

In this survey, some questions have been asked in an effort to obtain information of the availability or non-availability of special institutions for disabled children in the different Administrative Regions. But this question has been grossly misunderstood by some respondents because affirmative responses have been given in some Regions where such institutions do not at all exist. A case in point is Illubabor, perhaps, the respondents were unfamiliar with the phrase "special school". On the whole, 86.7% (Table 11) of the respondents in the different Regions have answered in the negative affirming the true state of affairs. In fact the "no response" column can be safely lumped together with "not-available" thus bringing the figure to 98.6%. In the absence of special institutions for disabled children, the parents who are already staggering under economic difficulties that are too heavy for them to bear, are left with the burden of caring for their disabled children. The lot of parents with severely disabled children can be beyond one's imagination especially in the traditional communities where disability is frowned upon and shuddered at.

15	Illubabor	3	491	108	599
16	Bella	5	407	28	435
	GRAND TOTAL	78	4134	380	4514
		1.3	86.7	1.9	100

TABLE 11

AVAILABILITY OF SOCIAL WELFARE OR
SPECIAL EDUCATIONAL INSTITUTIONS

Serial No.	Names of Adm. Regions	Types of Responses			
		Available	Not Available	No Response	Total
1	Addis Ababa	3	142	12	157
2	Arsi	-	368	15	383
3	Assab	-	-	2	2
4	Bale	-	55	3	58
5	Illubabor	5	340	48	393
6	Eritrea	-	30	5	35
7	Gamo Gofa	-	111	9	120
8	Gojam	2	326	26	354
9	Gondar	3	160	28	191
10	Harrargie	1	219	26	246
11	Kef	2	347	112	461
12	Shoa	48	998	104	1150
13	Sidamo	1	177	50	228
14	Tigrai	-	73	4	77
15	Wellega	3	485	108	596
16	Wollo	5	407	28	440
	GRAND TOTAL	73	4238	580	4891
	%	1.5	86.7	11.9	100

Disabled children, like all other children, need opportunity to grow. They need no less food, no less socialization, no less education and training than ordinary children. Parents with little or no education and who eke out a living from either subsistence farming or handicrafts, can hardly be expected to provide their ordinary children with conducive conditions for physical mental and emotional development not to mention for their disabled children. Disabled children in rural areas have no access to prosthetics or artificial appliances. The severely disabled children are simply left to vegetate in the houses, hidden from visitors or strangers so that their exposure to the public would not vitiate the image and self-respect of the family in the community.

Children with amputated legs or arms, blind children, and children with minor deformities earn their living by begging. In some areas, parents or relatives supplement their income by alms received in this manner. They place the disabled child at the side of the main road with strict instruction to beg for alms. It does not take such children long to master the techniques of begging. The young beggars use appealing rhymes or poems so as to move the passers-by. The parents keep an eye on the child by visiting him at intervals. In some places, huts are erected for such children at the side of the road for protect-

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ion against intense sunlight or rain. When the sun sets down, the parents or relatives collect the child with the daily collection, which goes to supplement the meagre income of the family.

Children with minor disabilities migrate to the nearest town in search of better opportunities. When they fail to find a succour, they resort to begging by capitalizing on their visible physical deficiency. In recent years, some people have started to traffic in disabled children by bringing them from rural areas under false promise to send them to school. Two cases have been recently reported in the Ethiopian Daily, Addis Zemen (Hamle 24, 1974 EC.). The culprits abducted two blind children and brought them to Addis Ababa promising them schooling and better life. The children were ordered to beg the whole day under the supervision of the task-masters with no food and water. At the close of the day they were collected and battered for failing to raise the set amount of money for the day. Thus, disabled children were exploited and treated inhumanly by avaricious person devoid of feelings of sympathy and empathy.

The foregoing cursory discussions can adumbrate the deplorable living conditions of disabled children especially in rural communities. In the absence of organized social

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supervision of the task-masters with no food and water.
At the close of the day they were collected and battered
for failing to raise the set amount of money for the day.
Thus, disabled children were exploited and treated in-
humanely by avaricious persons devoid of feelings of
sympathy and empathy.

The foregoing custody dilemmas can adequately be depic-
ted in living conditions of disabled children especially in
rural communities. In the absence of organized social

welfare services, disabled children will continue to be the burdens of families or guardians who have in most cases many mouths to feed with meagre income they derive from subsistence farming or traditional handicrafts.

III. Disabled Children and Community Action

In this study community leaders were asked about the kind of problems disabled children face in their respective communities.

The responses are quite interesting. According to the responses (Table 12), the problems of meeting the basic needs of disabled children accounted for 24.6%, lack of medical care 39.3%, lack of special education 25.5%, and lack of rehabilitation programmes 16.3%.

Disabled children were not only in dire need of food, clothing and decent shelter but have no access to such services as education, health and social welfare. Out of an estimated 1.5 million disabled children only about 1,700 have access to limited services provided through medical and social welfare institutions run by both governmental and non-governmental organizations. This is a drop in the ocean as compared with the total number of disabled children who are helpless and live in appalling conditions.

The officers of Urban Dweller's Associations and Peasant Associations were asked if any efforts have been made to

welfare services, disabled children will continue to be the burden of families or guardians who have in most cases many mouths to feed with meagre income they derive from subsistence farming or traditional handicrafts.

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The officers of Urban Dweller's Associations and Resident Associations were asked if any efforts have been made to

alleviate the conditions of disabled children, 22.8%

(Table 13) of the respondents responded in the affirmative although no concrete programmes were stated. On the other hand, 39.7% said that no efforts have been made to help disabled children at community level. It is the considered opinion of the Commission that the "no response" column can be safely lumped together with the "no effort" thus raising the percentage to 77.3%. In reality, only a few mass organizations have given thought to the problems of disabled children. But, if the necessary agitation is made, the potential of mass organizations for mobilization of resources both human and material in favour of disabled children can, indeed, be immense.

8	Gojjam	128	157	33	157	-	16	481
9	Amhara	95	101	37	105	-	-	344
10	Hararghe	50	67	37	79	-	12	297
11	Koffa	87	98	55	75	-	8	333
12	Shoa	278	345	165	306	-5	10	1124
13	Sidamo	32	54	64	67	-	10	227
14	Tigray	24	23	27	13	-	2	83
15	Wollega	169	73	59	177	-	30	505
16	Wollo	111	90	48	134	-	9	385
	Grand Total	1204	1259	719	1401	6	135	5124*
	%	24.6	25.5	16.3	30.3	0.1	5.2	100

* Multiple Responses

MAJOR PROBLEMS FACING THE DISABLED CHILDREN

Serial Number	Names of Adm. Regions	Types of Responses						Total
		Basic needs critical problems	No special education	No Rehabilitation Programmes	No medical care	Others	No Response	
1	Addis Ababa	36	47	51	39	-	3	176
2	Arsi	72	79	147	160	-	5	463
3	Asab	-	-	-	-	-	-	-
4	Bale	18	13	16	18	-	1	66
5	Illubabor	91	82	58	127	-	10	368
6	Eritrea	-	5	1	5	-	2	13
7	Gamogofa	13	12	15	15	-	3	58
8	Gojam	128	157	23	157	-	16	481
9	Gondar	95	101	39	105	-	4	344
10	Harargie	50	67	39	79	-	12	247
11	Kaffa	87	98	65	75	-	8	333
12	Shoa	278	348	146	306	-6	40	1124
13	Sidamo	32	54	64	67	-	10	227
14	Tigray	24	23	27	17	-	2	93
15	Wollega	169	73	59	177	-	30	508
16	Wollo	111	90	49	134	-	9	393
	Grand Total	1204	1249	799	1481	6	155	4894*
	%	24.6	25.5	16.3	30.3	0.1	3.2	100

* Multiple Responses

EFFORTS TO ALLEVIATE THE CONDITIONS OF
DISABLED CHILDREN

No.	Names of Adm. Regions	Types of Responses			Total
		Efforts being made	No Effort	No Responses	
1	Addis Ababa	122	2	34	158
2	Arsi	46	256	98	400
3	Assab	-	-	3	3
4	Bale	39	1	15	55
5	Illubabor	-	236	154	390
6	Eritrea	18	-	15	33
7	Gamogofa	-	88	31	119
8	Gojam	244	3	102	349
9	Gondar	112	-	84	196
10	Harargie	106	51	81	238
11	Kaffa	208	2	272	482
12	Shoa	9	747	375	1131
13	Sidamo	-	112	125	237
14	Tigrai	-	56	20	76
15	Wollega	7	322	285	614
16	Wollo	202	63	145	410
	Grand Total	1113	1939	1839	4891
	%	22.8	39.7	37.6	100

EFFORTS TO ALLEVIATE THE CONDITIONS OF

DISABLED ORPHANS

No.	Names of Adm. Institutions	Types of Responses		
		Efforts being made	No Effort Responses	Total
1	Abdul Abbas	122	2	124
2	Acad	46	226	272
3	Academy	-	-	-
4	Academy	39	1	40
5	Al-Hindiyeh	-	226	226
6	Al-Hindiyeh	18	-	18
7	Al-Hindiyeh	-	82	82
8	Al-Hindiyeh	244	3	247
9	Al-Hindiyeh	112	-	112
10	Al-Hindiyeh	106	21	127
11	Al-Hindiyeh	208	2	210
12	Al-Hindiyeh	3	247	250
13	Al-Hindiyeh	-	112	112
14	Al-Hindiyeh	-	20	20
15	Al-Hindiyeh	7	222	229
16	Al-Hindiyeh	202	63	265
Grand Total		1113	1039	2152
		22.8	21.7	37.0

IV. Disability Prevention through Vaccination

In this study, in an attempt to assess the extent to which children were vaccinated against childhood diseases in various communities, some questions were put to community-leaders to this effect. Only 10.4% (Table 14) of the respondents indicated the fact that children were vaccinated. 74.1% of the respondents, however, said that children received no vaccinations. 56.1% (Table 15) of the respondents said children did not receive vaccinations because the services were not available. 7.5% however, attributed to ignorance of the parents about the importance of vaccinations, though the services were available.

IMMUNIZATION OF CHILDREN

No.	Names of Adm. Regions	Types of Responses			Total
		Children Vaccinated	Children Not Vaccinated	No Response	
1	Addis Ababa	83	55	16	154
2	Arsi	44	318	19	381
3	Assab	-	-	2	2
4	Bale	10	42	3	55
5	Illubabor	46	307	47	400
6	Eritria	3	27	5	35
7	Gamogofa	6	104	10	120
8	Gojam	18	312	26	356
9	Gondar	13	152	28	193
10	Harargie	48	168	28	244
11	Keffa	44	308	115	467
12	Shoa	92	942	108	1142
13	Sidamo	12	167	51	230
14	Tigrai	17	54	6	77
15	Wollega	32	449	115	596
16	Wollo	39	365	35	439
	Grand Total	507	3770	614	4891
	%	10.4	77.1	12.6	100

IMMUNIZATION OF CHILDREN

No.	Names of Regions	Types of Responses		
		Children Vaccinated	Children Not Vaccinated	Total
1	Abbia Abba	83	25	108
2	Arsi	44	318	362
3	Aseba	-	-	2
4	Bale	10	42	52
5	Illubabor	46	307	353
6	Arifala	3	27	30
7	Gemoga	6	104	110
8	Gojam	18	312	330
9	Gorja	13	122	135
10	Haraigie	48	168	216
11	Kafa	44	308	352
12	Shoa	92	342	434
13	Wollega	12	167	179
14	Tigray	17	24	41
15	Wollo	38	442	480
16	Wollo	38	362	400
	Grand Total	507	3770	4277
		10.4	77.1	100

REASONS WHY CHILDREN WERE NOT VACCINATED

/46

Serial Number	Names of Adm. Regions	TYPES OF RESPONSES						Total
		Non-existence of Vaccination Centres	Problems of Security	Ignorance of Importance	Transport problem	No Response	Irrelevant Response	
1	Addis Ababa	14	-	15	-	58	11	98
2	Arsi	239	-	54	-	89	12	394
3	Assab	-	-	-	-	4	-	4
4	Bale	28	2	7	-	18	1	56
5	Illubabor	162	-	38	-	152	3	355
6	Eritria	19	-	1	-	15	3	38
7	Gamogofa	70	-	7	-	40	4	121
8	Gojam	184	-	65	-	110	7	366
9	Gondar	74	-	4	-	131	2	211
10	Harrargie	113	-	13	-	80	7	213
11	Kaffa	155	2	25	-	276	22	480
12	Shoa	579	5	76	-	442	62	1164
13	Sidamo	109	-	12	-	141	2	264
14	Tigrai	30	10	4	-	26	1	71
15	Wollega	267	-	24	19	298	32	640
16	Wollo	213	2	23	-	169	11	418
	Grand Total	2,256	21	368	19	2,049	180	4,893*
	%	46.1	0.4	7.5	0.4	41.9	3.7	100

* Multiple Response

In 1981 6 vaccination sites were closed down for an indefinite period of time for security and other reasons. 31 were closed for temporary period (reasons). Since the onset of the popular Revolution, sedulous efforts have been exerted to reach the most vulnerable sections of the population, viz, mothers and children. In the past three years, the Ministry of Health has made unprecedented efforts to reach mothers and children through MCH services as well as the provision of Expanded Immunization Programme (EPI). Excluding Assab and Eritrea, in 1981, there were 111,552 eligible children (two and under) for vaccination. Out of a total population of 3,024,128 under EPI, 3,69% were children¹⁵.

TABLE 16

No. of Vaccination Sites ¹⁶

	Vaccination Sites	
	1980	1981
Addis Ababa	23	27
Arsi	5	7
Bale	3	11
Eritrea	10	9
Gamo Gofa	4	6
Gojjam	7	12
Gondar	7	8
Harargie	6	8
Illubabor	14	17
Sidamo	9	16
Shoa	29	31
Tigray	3	6
Wollega	7	15
Wollo	7	15
T O T A L	141	195

In 1981 6 vaccination sites were closed down for an indefinite period of time for security and other unstated reasons. 31 were closed for temporary period (minimum 1 month and maximum 9 months) due to lack of transport, shortage of health staff, outbreak of meningitis, and unaccessibility during rainy season. Hospitals, health centres and clinics were involved in EPI. Although, at the moment the coverage is quite limited, the Ministry of Health is making encouraging progress in disability prevention efforts through EPI. As shown below, in 1980, children who were fully vaccinated against polio all over the country were 80,251 but in 1981 the figure declined to 69,561. In fact, Addis Ababa took the lion's share accounting for 34% and 28.5% in 1980 and 1981 respectively. The other serious problem is the parents' failure to comply with the requirements of effective vaccination against diseases such as DPT, polio and tetanus. When three rounds of vaccination are required for DPT and polio, parents usually fail to complete the vaccination cycle.

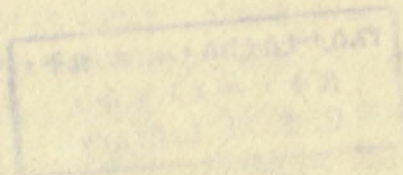
As indicated by respondents, one of the problems associated with vaccination services is the inadequacy of health institutions or vaccination sites. In rural areas where there is no electric power, it is extremely difficult to preserve the vaccines since refrigerators cannot be used. The ignorance of parents about the value of vaccination and distance from vaccination sites militate against the

In 1981 6 vaccination sites were closed down for an indefinite period of time for security and other unrelated reasons. 31 were closed for temporary period (minimum 1 month and maximum 9 months) due to lack of transport, shortage of health staff, outbreak of meningitis, and unavailability during rainy season. Hospitals, health centres and clinics were involved in EPI.

As shown below, in 1980, children who were fully vaccinated against polio all over the country were 80,251 but in 1981 the figure declined to 69,251. In fact, Addis Ababa took the lion's share accounting for 34% and 28.7% in 1980 and 1981 respectively. The other serious problem is the parents' failure to comply with the requirements of effective vaccination against diseases such as DPT, polio and tetanus. When three rounds of vaccination are required for DPT and polio, parents usually fail to complete the vaccination cycle.

As indicated by respondents, one of the problems associated with vaccination services is the inadequacy of health institutions or vaccination sites. In rural areas where there is no electric power, it is extremely difficult to preserve the vaccines since refrigerators cannot be used. The ignorance of parents about the value of vaccination and distance from vaccination sites militate against the

effectiveness of EPI. Although, at the moment the coverage is quite limited, the Ministry of Health is making encouraging progress in disability prevention efforts through EPI.



The respondents have attributed it what has been termed as "natural". While it is possible to attribute some of the causes to congenital factors, the responses of the percentage which was sought as to the accuracy of the responses. The study carried out in Britain has also revealed similar findings. Out of 1077 (table 21) respondents 723 (58.3%) have attributed the causes of their disability to "nature".

effectiveness of EPI. Although, at the moment the coverage is quite limited, the Ministry of Health is making encouraging progress in disability prevention efforts through EPI.

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No.	REMARKS	1980		1981	
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11	Incomplete
12	Incomplete
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the respondents have attributed to what has been termed as "natural". While it is possible to attribute some of the causes to congenital factors, the largeness of the percentage raises some doubts as to the accuracy of the responses. The study carried out in Eritrea has also revealed similar findings. Out of 1877 (table 21) respondents 723 (38.5%) have attributed the causes of their disability to "nature".

TABLE 17

COMPARISON OF VACCINATION PERFORMANCE IN 1980 AND 1981¹⁷

/50

NO.	REGION	BCG		MEASLES		DPT ₃		POLIO ₃		TT ₂		REMARKS
		1980	1981	1980	1981	1980	1981	1980	1981	1980	1981	
1	Addis Ababa	48,360	27,292	35,762	17,690	27,595	19,734	27,288	19,787	7,106	8,957	
2	Arsi	1,118	1,532	643	1,511	715	1,598	715	1,560	491	691	
3	Bale	2,781	3,413	2,027	2,392	1,680	2,165	1,648	2,166	390	537	
4	Eritrea	8,895	3,852	5,116	3,029	3,386	2,868	3,490	2,863	912	1,591	
5	Gamogofa	2,346	901	1,638	638	1,945	627	1,939	632	347	183	Incomplete
6	Gojam	7,799	3,792	5,409	2,583	5,750	2,653	5,750	2,640	1,337	1,103	
7	Gondar	4,190	4,149	3,388	3,251	2,142	3,940	2,142	3,937	439	1,605	
8	Harrargie	8,820	4,068	6,069	2,732	4,001	2,612	4,001	2,533	888	663	
9	Illubabor	3,426	2,159	2,643	1,800	2,274	2,272	2,274	2,280	725	1,234	
10	Kaffa	7,079	4,034	5,145	3,179	6,073	3,028	6,048	3,051	1,425	1,573	
11	Sidamo	8,604	5,195	4,055	3,753	4,265	3,647	4,265	3,647	723	1,106	Incomplete
12	Shoa	19,247	18,477	13,277	15,436	10,010	13,500	10,121	13,574	2,419	5,750	Incomplete
13	Tigray	3,322	3,703	3,553	2,534	3,707	2,444	3,707	2,405	582	683	
14	Wollega	4,156	2,387	2,768	1,824	2,318	2,372	2,318	2,384	466	823	Incomplete
15	Wollo	5,784	4,567	3,949	3,644	4,389	3,546	4,551	3,507	1,716	1,895	
	Total	135,935	89,521	95,442	66,001	80,250	67,006	80,257	66,966	19,966	28,394	
	Out of Target	25,784	41,430	21,244	24,184	-	1,137	-	1,117	-	1,312	
	Grand Total	161,719	130,951	116,686	90,185	80,250	69,618	80,251	69,561	19,966	30,401	

effectiveness of EPI. Although, at the moment the coverage is quite limited, the Ministry of Health is making encouraging progress in disability prevention efforts through EPI.

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CAUSES AND TYPES OF DISABILITIES AND DISTRIBUTION
OF DISABLED CHILDREN

In this study 29,631 children with different types of disabilities were registered in 14 Administrative Regions, Assab Awraja and Addis Ababa. As table 18 shows, this figure is too low as compared with the expected number of disabled children in line with WHO's estimate of about 10%. The short fall can be attributed to the survey method as indicated elsewhere. As shown in table 18, in all age groups there are more disabled males than females. No easy explanation can be given for this without further investigation involving a multi-disciplinary approach.

As observed in several sporadic studies, the most single cause of disability among children is poliomyelitis. As shown in table 19, 10,178 (34%) of the children were afflicted by polio which usually renders the victims partially or completely paralysed. Though this problem could be effectively counteracted by timely vaccinations, for various social, economic and cultural reasons, parents or guardians fail to comply with this medical requirement exposing the vulnerable children to this deadly disease.

As regards the causes of disability, 43.3% (table 20) of the respondents have attributed to what has been termed as "natural". While it is possible to attribute some of the causes to congenital factors, the largeness of the percentage raises some doubts as to the accuracy of the responses. The study carried out in Eritrea has also revealed similar findings. Out of 1877 (table 21) respondents 723 (38.5%) have attributed the causes of their disability to "nature".

TABLE 19

TYPES OF DISABILITY BY SEX &

ADM. REGIONS

No.	Names of Adminis. Regions	Visually impaired (blind)		Paralysed (polio) cases		Hearing impaired (deaf)		Dumb		Deaf and Mute		Blind, Deaf & Mute		Mentally ill		Leprosy victims		Amputation of arm(s)		Amputation of leg(s)		Others		Not Clearly stated		Total		Grand Total		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F
		10	10	264	163	25	29	32	16	108	64	-	1	35	26	1	4	8	2	2	1	89	57	14	7	588	382	970		
1	Addis Ababa	10	10	264	163	25	29	32	16	108	64	-	1	35	26	1	4	8	2	2	1	89	57	14	7	588	382	970		
2	Arsi	121	95	338	240	99	53	53	30	114	74	7	7	38	22	16	9	11	6	9	3	87	50	21	6	914	593	1509		
3	Assab	9	2	22	7	1	3	1	1	4	2	-	-	2	-	-	-	-	-	-	-	2	-	3	1	44	16	60		
4	Bale	93	70	191	122	61	41	29	17	67	30	6	9	35	29	20	11	17	6	10	2	45	31	34	26	608	394	1002		
5	Illubaber	51	39	286	217	73	54	32	14	152	128	11	12	62	54	56	25	13	10	9	3	77	48	36	35	858	629	1497		
6	Eritrea	10	7	85	49	6	12	7	-	12	16	-	-	14	17	3	1	6	5	3	1	10	7	2	1	158	116	274		
7	Ganegafa	89	64	185	143	46	27	29	12	60	37	-	-	14	17	3	1	6	5	3	1	10	7	2	1	158	116	274		
8	Gojam	219	164	395	256	86	61	28	8	151	90	22	3	37	29	51	27	21	16	18	13	33	22	97	65	1158	755	1913		
9	Gendar	273	215	481	261	85	61	19	21	107	61	3	7	52	27	10	15	6	8	6	6	31	26	104	76	1117	784	1961		
10	Harargie	89	63	368	248	107	79	56	39	116	72	-	-	3	39	31	38	21	7	8	7	5	52	30	19	13	398	612	1510	
11	Kaffa	127	86	409	238	105	74	51	27	218	156	25	18	57	34	43	27	19	16	9	9	85	53	63	32	1211	770	1981		
12	Shoa	530	331	1492	925	352	223	186	111	661	451	35	30	236	136	133	86	99	33	45	39	549	404	20	10	4338	2779	7117		
13	Sidamo	115	80	461	297	172	97	79	38	145	69	4	8	76	61	81	43	43	15	26	14	89	49	55	26	1346	797	2143		
14	Tigray	41	15	129	105	19	9	19	7	20	14	-	-	29	20	9	7	5	3	10	8	30	23	10	14	321	225	546		
15	Wollega	173	130	561	405	218	179	79	68	310	211	30	11	168	108	129	79	34	22	11	14	187	135	67	30	1967	1392	3359		
16	Wollo	460	271	491	342	116	85	42	36	272	159	30	20	78	32	45	27	24	11	10	4	147	120	40	35	1755	1142	2897		
	Grand Total	2410	1642	6158	4020	1571	1087	742	445	2517	1634	173	131	988	638	646	395	328	171	194	135	1537	1079	598	387	17867	11764	29631		
	%	13.7		34.4		9.0		4.0		14.0		1.0		5.5		3.5		1.7		1.1		8.8		3.3		100				

TABLE 18

Total number of registered disabled
children by Regions, Sex and
Age range

No.	Names of Adminis. Regions	Sex And Age Range										Grand Total (disabled)	Total No of children under 15	Grand Total (disabled) compared with total
		0 - 4		5 - 9		10-14		Not Stated		Total				
		M	F	M	F	M	F	M	F	M	F			
1	Addis Ababa	65	39	235	144	278	195	10	4	588	382	970	639300	0.16
2	Arsi	131	97	341	240	418	243	24	15	914	595	1509	550800	0.28
3	Assab	-	-	6	4	2	1	36	11	44	16	60	38600	0.16
4	Bale	80	74	245	162	273	154	10	4	608	394	1002	421400	0.24
5	Illubabor	116	77	341	277	392	278	9	7	858	639	1497	388600	0.39
6	Eritrea	14	10	60	49	81	56	3	1	158	116	274	1124600	0.03
7	Gamogofa	80	61	186	168	253	136	7	1	526	366	892	481000	0.19
8	Gojam	115	85	384	240	655	427	4	3	1158	755	1913	976900	0.20
9	Gondar	90	70	382	244	696	463	9	7	1177	784	1961	984300	0.20
10	Harargie	141	114	313	238	412	260	32	-	898	612	1510	1498100	0.10
11	Kaffa	158	111	412	304	622	341	19	14	1211	770	1981	774300	0.25
12	Shoa	432	312	1567	1058	2283	1374	56	35	4338	2779	7117	2410400	0.30
13	Sidamo	126	100	488	285	643	360	89	52	1346	797	2143	1346700	0.16
14	Tigrai	30	34	124	89	167	102	-	-	321	225	546	1036400	0.06
15	Wollega	222	181	742	542	962	650	41	19	1967	1392	3359	967800	0.35
16	Wollo	125	104	573	417	1041	611	16	10	1755	1142	2897	1180100	0.25
	Grand Total	1925	1469	6399	4461	9178	5651	365	183	17867	11764	29631	14819300	
	%	11.5		36.7		50.0		1.8		100				

TABLE 19

TYPES OF DISABILITY BY SEX &

ADM. REGIONS

No.	Names of Adminis. Regions	Visually impaired (blind)		Paralysed (polio) cases		Hearing impaired (deaf)		Dumb		Deaf and Mute		Blind, Deaf & Mute		Mentally ill		Leprosy victims		Amputation of arm(s)		Amputation of leg(s)		Others		Net Clearly stated		Total		Grand Total		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F
		1	Addis Ababa	10	10	264	165	25	29	32	16	108	64	-	1	35	26	1	4	8	2	2	1	89	57	14	7		588	382
2	Arsi	121	95	338	240	99	53	53	30	114	74	7	7	38	22	16	9	11	6	9	3	87	50	21	6	914	595	1509		
3	Assab	9	2	22	7	1	3	1	1	4	2	-	-	2	-	-	-	-	-	-	-	2	-	3	1	44	16	60		
4	Bale	93	70	191	122	61	41	29	17	67	30	6	9	35	29	20	11	17	6	10	2	45	31	34	26	608	394	1002		
5	Illubaber	51	39	286	217	73	54	32	14	152	128	11	12	62	54	56	25	13	10	9	3	77	48	36	35	858	639	1497		
6	Eritrea	10	7	85	49	6	12	7	-	12	16	-	-	14	17	3	1	6	5	3	1	10	7	2	1	158	116	274		
7	Gamogefa	89	64	185	143	46	27	29	12	60	37	-	2	30	12	16	13	15	10	19	13	24	23	13	10	526	366	892		
8	Gojam	219	164	395	256	86	61	28	8	151	90	22	3	37	29	51	27	21	16	18	13	33	23	97	65	1158	755	1913		
9	Gendar	273	215	481	261	85	61	19	21	107	61	3	7	52	27	10	15	6	8	6	6	31	26	104	76	1117	784	1961		
10	Harargie	89	63	368	248	107	79	56	39	116	72	-	3	39	31	38	21	7	8	7	5	52	30	19	13	898	612	1510		
11	Kaffa	127	86	409	238	105	74	51	27	218	156	25	18	57	34	43	27	19	16	9	9	85	53	63	32	1211	770	1981		
12	Shoa	530	331	1492	925	352	223	186	111	661	451	35	30	236	136	133	86	99	33	45	39	549	404	20	10	4338	2779	7117		
13	Sidamo	115	80	461	297	172	97	79	38	145	69	4	8	76	61	81	43	43	15	26	14	89	49	55	26	1346	797	2143		
14	Tigray	41	15	129	105	19	9	19	7	20	14	-	-	29	20	9	7	5	3	10	8	30	23	10	14	321	225	546		
15	Wollega	173	130	561	405	218	179	79	68	310	211	30	11	168	108	129	79	34	22	11	14	187	135	67	30	1967	1392	3359		
16	Wolle	460	271	491	342	116	85	42	36	272	159	30	20	78	32	45	27	24	11	10	4	147	120	40	35	1755	1142	2897		
	Grand Total	2410	1642	6158	4020	1571	1087	742	445	2517	1634	173	131	988	638	646	395	328	171	194	135	1537	1079	598	387	17867	11764	29631		
	%	13.7		34.4		9.0		4.0		14.0		1.0		5.5		3.5		1.7		1.1		8.8		3.3		100				

TABLE 20

Distribution of Disabled Children by causes of Disability

Serial No.	Names of Adminis. Regions	Causes of Disability				Total
		Natural	Accident	Illness	Not Stated	
1	Addis Ababa	372	196	332	70	970
2	Arsi	650	108	588	163	1509
3	Assab	36	1	3	20	60
4	Bale	487	95	345	75	1002
5	Illubabor	752	96	461	188	1497
6	Eritrea	112	23	120	19	274
7	Gamogofa	366	119	320	87	892
8	Gojam	708	154	914	137	1913
9	Gondar	895	93	781	192	1961
10	Harragie	639	169	487	215	1510
11	Kaffa	829	153	694	305	1981
12	Shoa	3333	749	2125	910	7117
13	Sidamo	866	208	578	491	2143
14	Tigrai	206	45	253	42	546
15	Wollega	1458	247	1266	388	3359
16	Wollo	1112	188	1193	404	2897
	Total	12821	2644	10460	3706	29631
	%	43.3	8.9	35.3	12.5	100

TABLE 20

Distribution of Disabled Children by Causes of Disability

Total	Causes of Disability			Total	*OH Leaves
	Other causes	Illness	Accidents		
100	32.3	35.3	32.4	100.0	100
1282	254	1060	908	1282	1282
15	112	188	113	15	15
322	247	156	387	322	322
217	206	45	45	217	217
243	208	578	491	243	243
2117	2093	2122	210	2117	2117
1931	192	694	305	1931	1931
1510	163	467	278	1510	1510
1961	93	781	187	1961	1961
1912	154	614	144	1912	1912
822	119	320	383	822	822
274	112	120	42	274	274
1492	152	461	188	1492	1492
1002	487	95	345	1002	1002
60	36	1	2	60	60
1209	620	108	309	1209	1209
970	372	196	132	970	970

When some impairments are not identified early in childhood, perhaps due to ignorance, parents or guardians would tend to attribute the disability to natural causes. Although accidents are responsible for a large number of disabilities, the study carried out in three Awrajas in Eritrea (table 21), has accounted for 60%. Here, a correct understanding of the word "accident" by the respondent is very important in order to obtain reliable information. If the question has not been misunderstood, as one may suspect, the matter is very serious. Intervention becomes imperative to correct the situation.

It is too unfortunate that the types of accidents have not been stated for purposes of action. What ever the case may be, this information is instructive enough for appropriate action aimed at disability prevention.

It is interesting to note that most impairments develop into permanent disabilities in early childhood. From table 22 it can be observed that disability occurred in the case of 65.6% of the children when they were aged four and under. This clearly indicates how susceptible children are in their tender age to the incidence of disability. Disability preventive and corrective measures must given considerable attention to children in this age-group in view of their susceptibility to a host of dangers which are likely to expose them to the risks of disability.

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When some experiments are not identified early in childhood, perhaps due to ignorance, parents or guardians would tend to attribute the disability to natural causes. Although accidents are responsible for a large number of disabilities, the study carried out in these 27 cases in Britain (Table 21), has accounted for 60%. Here, a correct understanding of the word "accident" by the respondent is very important in order to obtain reliable information. If the question has not been misunderstood, as one may suspect, the matter is very serious. Intervention becomes imperative to correct the situation.

It is too unfortunate that theories of accidents have not been stated for purposes of action. What ever the case may be, this information is instructive enough for appropriate action aimed at disability prevention.

It is interesting to note that most impairments develop into permanent disabilities in early childhood. From Table 22 it can be observed that disability occurred in the case of 65.6% of the children when they were aged four and under.

This clearly indicates how susceptible children are in their tender age to the incidence of disability. Disability preventive and corrective measures must give considerable attention to children in this age-group in view of their susceptibility to a host of dangers which are likely to expose them to the risks of disability.

The findings observed in (table 22), have been confirmed by the survey of disabled persons carried out in three Awraja in Eritrea as shown in Table 23. Out of a total population of 1,877 disabled persons, disability occurred in the case of 795 (42.4%) persons when they were 14 and under (table 23). Of these, 15.6% were disabled in their infancy, that is, from the time of birth up to 4 years.

TABLE 21

Serial Number	Causes of Disability	Types of Disability																	Total	%
		With one Eye	Blind	Partially Sighted	Deaf	Deaf and Dumb	Amputation of right arm	Amputation of left arm	Amputation of right leg	Amputation of left leg	Paralysed below the hip	Paralysed above the hip	Leper	Epileptic	Complete Paralysis	Amputation of right leg above the knee	Amputation of left leg below the knee	Others		
1	Natural	53	140	47	34	26	3	4	19	9	75	18	24	22	30	1	1	197	723	38.5
2	Accident	103	258	113	53	35	19	20	37	20	116	36	29	26	58	11	2	191	1127	60.0
3	War	2	1	-	-	-	3	2	1	2	7	1	-	-	2	-	-	6	27	1.4
	Total	158	399	160	107	61	25	26	57	31	198	55	53	48	90	12	3	394	1877	100
	%	8.4	21.2	8.5	5.7	3.2	1.3	1.4	3.0	1.7	10.5	2.9	2.8	2.6	4.8	0.6	0.2	21.0	100	

Source:- Reproduced with some modifications from the Survey of Disabled Persons in three Awraja of Eritrea 1981/82(cited earlier)

TABLE 22

Distribution of Disabled Children by time of Disability

No.	Names of Adminis. Regions	Time of the onset of Disability								Total		Grand Total
		0-4		5-9		10-14		Not Stated		M	F	
		M	F	M	F	M	F	M	F			
1	Addis Ababa	488	321	37	24	10	8	53	29	588	382	970
2	Arsi	675	404	79	63	8	10	152	113	914	595	1509
3	Assab	24	12	1	-	-	-	19	4	44	16	60
4	Bale	345	203	68	53	29	19	182	103	608	394	1002
5	Illubabor	610	463	84	45	20	11	144	120	858	639	1497
6	Eritrea	105	69	12	7	2	2	39	38	158	116	274
7	Gamogofa	352	263	65	21	9	5	107	70	526	366	892
8	Gojam	807	558	161	104	42	22	148	71	1158	755	1913
9	Gondar	839	553	161	116	36	14	141	101	1177	784	1961
10	Harargie	535	381	102	60	44	29	216	143	898	612	1510
11	Kaffa	757	496	141	91	29	27	284	156	1211	770	1981
12	Shoa	3012	1889	544	288	100	57	684	543	4338	2779	7117
13	Sidamo	778	439	85	65	21	13	462	280	1346	797	2143
14	Tigrai	218	144	34	21	14	7	55	53	321	225	546
15	Wollega	1168	835	229	135	52	34	518	388	1967	1397	3359
16	Wollo	1010	686	249	175	52	19	448	258	1755	1142	2897
	Grand Total	11723	7716	2052	1273	468	277	3652	2470	17867	11764	29631
	%	65.6		11.2		2.5		20.7		100		

Distribution of Disabled Children by Time of Disability

No.	Names of Regions	Time of the onset of Disability										Total
		0-4		5-9		10-14		Not Stated		Total		
		M	F	M	F	M	F	M	F	M	F	
1	Abdis Ababa	488	351	37	24	10	8	29	53	588	382	970
2	Arusi	672	404	79	60	8	10	152	113	814	592	1506
3	Asasib	24	12	-	-	-	-	19	4	44	16	60
4	Bale	342	203	62	53	29	19	182	103	608	394	1002
5	Illubabor	610	463	84	42	20	11	144	120	858	639	1497
6	Kirra	102	69	12	7	2	2	39	38	128	116	244
7	Gomogoro	322	263	62	21	9	2	107	70	226	266	492
8	Gojam	207	258	161	104	42	22	148	71	1128	722	1850
9	Gondar	839	523	161	116	36	14	141	101	1177	784	1961
10	Haraigie	222	381	102	60	44	29	216	143	898	612	1510
11	Kafa	727	496	141	91	29	27	294	126	1211	770	1981
12	Shoa	3012	1889	244	298	100	27	694	243	4238	2729	7117
13	Sidamo	778	439	82	62	21	13	462	280	1246	797	2143
14	Tigray	218	144	34	21	14	7	22	23	321	222	543
15	Wollega	1168	832	229	132	22	34	218	368	1967	1397	3364
16	Wollo	1010	686	249	172	22	19	448	228	1222	1142	2364
	Grand Total	11723	7716	2022	1272	468	272	3622	2470	17867	11264	29131
		62.6		11.2		2.2		20.7		100		

TABLE 23

TIMES OF THE ONSET OF DISABILITY BY TYPES

Serial Number	Times of onset of Disability	Types of Disability																	
		With one Eye	Blind	Partially Sighted	Deaf	Deaf and Dumb	Amputation of right arm	Amputation of left arm	Amputation of right leg	Amputation of left leg	Paralysed below the hip	Paralysed above the hip	Leper	Epileptic	Complete Paralysis	Amputation of right leg above the knee	Amputation of left leg below the knee	Others	Total
1	0 - 1	9	25	4	31	17	4	3	9	5	50	9	4	6	16	1	1	91	285
2	1 - 4	17	21	24	15	12	3	1	5	4	32	5	2	12	12	-	1	33	199
3	5 - 9	18	32	7	12	14	4	5	6	3	17	5	5	1	8	-	-	45	182
4	10 - 14	15	17	6	9	5	1	-	6	1	12	5	10	11	1	1	1	28	129
	Total	59	95	41	67	48	12	9	26	13	111	24	21	30	37	2	3	197	795
	%	7.4	11.9	5.2	8.4	6.0	1.5	1.1	3.3	1.6	14.0	3.0	2.6	3.8	4.7	0.3	0.4	24.8	100

Source:- Reproduced with some modifications from the Survey of Disabled Persons in Eritrea, 1981/82(cited earlier)

TABLE 1

Summary of the results of the survey

District	Number of respondents										Total	Percentage	
	Male	Female	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75+	Other			
District A	10	15	5	8	12	10	15	10	5	5	80	100	100%
District B	12	18	6	10	14	12	18	10	6	6	96	100	100%
District C	8	12	4	6	10	8	12	6	4	4	70	100	100%
District D	15	20	7	12	16	14	20	12	7	7	110	100	100%
District E	20	25	10	15	20	18	25	15	10	10	148	100	100%
Total	65	80	22	31	42	42	60	33	22	22	407	100	100%

Source: Survey conducted by the author in 1980.

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The situation of disabled children could be more favorable when they suffer from lack of parental care and affection. The death, separation or divorce of the parents of a disabled child would place him in a disastrous situation that is tantamount to death. Fortunately, the survey has revealed that the majority of disabled children's parents are alive (67.6%) 51 of the disabled children live with their parents (table 24 and 25).

For various reasons 16.5% live with one of the parents, either father or mother. 3.4% of disabled children's parents were dead. Only 42 (0.1%) of the children were in institutions established either for disabled or destitute children.

DISABLED CHILDREN BY FAMILY STATUS

No	Names of Adminis. Regions	Family Status						Total
		Both are alive	Both are dead	One is alive	Sepa-rated	Divorc-ed	No Response	
1	Addis Ababa	701	12	123	36	66	32	970
2	Arsi	1086	24	147	50	32	170	1509
3	Assab	46	1	2	2	-	9	60
4	Bale	680	28	164	10	5	115	1002
5	Illubabor	1049	90	223	32	32	71	1497
6	Eritrirea	174	6	66	9	2	17	274
7	Gamogofa	643	29	131	13	16	60	892
8	Gojam	1114	95	298	108	175	123	1913
9	Gondar	1178	82	299	90	94	218	1961
10	Harragie	995	39	203	28	25	220	1510
11	Kaffa	1382	43	286	45	56	169	1981
12	Shoa	4969	220	934	198	214	582	7117
13	Sidamo	1512	39	208	57	22	305	2143
14	Tigrai	315	23	108	27	34	39	546
15	Wollega	2492	156	354	81	32	244	3359
16	Wollo	1700	115	434	116	165	367	2897
	Grand Total	20036	1002	3980	902	970	2741	29631
	%	67.6	3.4	13.4	3.0	3.3	9.3	100

DIABETIC CHILDREN BY FAMILY STATUS

No.	Names of Regions	Family Status				Both are alive	Both are dead	No. of Responses
		Both are alive	One is alive	Both are dead	Divorced			
1	Abia State	701	12	123	86	66	32	
2	Adani	1032	24	147	50	38	170	
3	Anambra	46	1	2	2	-	2	
4	Delta	280	28	164	10	3	112	
5	Imbabor	1040	30	223	32	32	71	
6	Itirio	174	6	66	2	2	12	
7	Osogun	643	27	131	13	16	60	
8	Osun	1112	22	228	102	172	153	
9	Ondo	1172	23	222	30	24	218	
10	Harris	222	22	203	28	22	220	
11	Katsina	1322	43	282	42	20	120	
12	Osun	4222	220	222	198	214	222	
13	Osun	1212	32	208	27	22	202	
14	Osun	212	23	102	27	24	22	
15	Osun	2222	122	222	21	22	222	
16	Osun	1222	112	222	112	122	222	
	Grand Total	20022	1002	2222	202	220	2222	
		27.2	2.4	12.2	1.0	1.2	2.2	

TABLE 25

With whom disabled children live

In considering the situation of disabled children, one of the constant questions that should be raised is the extent to which they have access to education and social services.

Number	Names of Adminis. Regions	Live with/in							Total
		Parents	Father	Mother	Relatives	Institu- tion	Others	Not Stated	
1	Addis Ababa	583	33	177	42	-	135	-	970
2	Arsi	923	115	116	52	-	303	-	1509
3	Assab	29	6	3	1	-	21	-	60
4	Bale	546	55	93	23	1	168	116	1002
5	Illubabor	743	133	189	123	-	311	-	1497
6	Eritrea	110	15	52	10	-	50	37	274
7	Gamogofa	485	72	84	61	-	120	-	892
8	Gojam	880	208	350	138	-	337	-	1913
9	Gondar	744	107	345	33	11	671	-	1567
10	Harrargie	662	99	198	49	-	502	-	1510
11	Kaffa	990	180	199	84	5	523	-	1981
12	Shoa	4250	534	729	318	23	1263	-	7117
13	Sidamo	704	197	170	36	-	1022	14	2143
14	Tigray	266	35	128	36	-	81	-	546
15	Wollega	1819	180	219	197	1	221	722	3359
16	Wollo	1385	306	427	159	1	409	220	2397
	Grand Total	15119	2275	3479	1412	42	6205	1099	29651
	%	51.0	7.7	11.7	4.8	0.1	20.9	3.7	100

Educational Status of Disabled Children

In considering the situation of disabled children, one of the constant questions that should be raised is the extent to which they have access to educational, health, and social welfare services. Despite the fact that size of population covered is quite limited, without a shadow of doubt, the situation of disabled children as shown in this study, can be representative of other children in both rural and urban areas in Ethiopia. As revealed by the findings of this survey the great majority of disabled children have little or no access to such services as education and medical care (Tables 26 & 27). 64.2% do not attend schools whether formal or special. However, 8% attend formal or ordinary schools, 1.3% special, and 0.7% religious. As regards medical care, 69.9% said they never had any medical attention, whereas 9.5% said they either have had medical treatment or are still under medical treatment.

14	Tigray	33	11	9	117	346
15	Bollega	261	45	1	2047	3359
16	Belle	183	23	11	1743	2327
	Total	477	79	21	3907	4032
	%		16.3	4.4	97.3	100

In considering the situation of disabled children, one of the constant questions that should be raised is the extent to which they have access to educational, health, and social welfare services. Despite the fact that size of population covered is quite limited, without a shadow of doubt, the situation of disabled children as shown in this study, can be representative of other children in both rural and urban areas in Ethiopia. As revealed by the findings of this survey the great majority of disabled children have little or no access to such services as education and medical care (Tables 26 & 27). 64.3% do not attend schools whether formal or special. However, 8% attend formal or ordinary schools, 1.8% special, and 0.7% religious. As regards medical care, 89.9% said they never had any medical attention, whereas 9.3% said they either have had medical treatment or are still under medical treatment.

TABLE 26

Educational Status of Disabled Children

Serial Number	Names of Adminis. Regions	Educational Status					Total
		Attend Formal Education	Attend Special Education	Attend Religious Education	Do not go to school	No Response	
1	Addis Ababa	317	52	8	459	134	970
2	Arsi	125	19	5	936	424	1509
3	Assab	4	2	-	25	29	60
4	Bale	68	17	1	609	297	1002
5	Illubabor	86	24	-	990	397	1497
6	Eritrea	42	2	-	148	82	274
7	Gamogofa	47	7	-	520	318	892
8	Gojam	101	65	9	1366	372	1913
9	Gondar	97	36	8	1409	411	1961
10	Harrargie	134	31	6	940	399	1510
11	Kaffa	106	36	2	1297	540	1981
12	Shoa	466	87	122	5064	1378	7117
13	Sidamo	207	27	14	1156	739	2143
14	Tigrai	89	11	9	317	120	546
15	Wollega	361	47	1	2048	903	3359
16	Wollo	125	73	11	1748	940	2897
	Total	2375	536	196	19032	7483	29631
	%	8.0	1.8	0.7	64.2	25.3	100

TABLE 27

In cases of Health Status of Disabled Children guardians of disabled children find it extremely difficult to handle their children. Inability to handle severely disabled children would give rise to deviating fatalistic attitudes

Ser. Number	Names of Adminis. Regions	Types of Responses					Total
		Has received medical treatment	Still under medical treatment	Did not receive medical treatment	No Response	Irrelevant Response	
1	Addis Ababa	173	54	590	153	-	970
2	Arsi	99	38	1002	364	-	1509
3	Assab	3	1	18	38	-	60
4	Bale	96	38	620	248	-	1002
5	Illubabor	146	37	1090	224	-	1497
6	Eritrea	25	13	177	59	-	274
7	Gamogofa	89	48	529	226	-	892
8	Gojam	107	63	1447	266	-	1913
9	Gondar	42	40	1489	390	-	1961
10	Harrargie	49	35	1047	377	2	1510
11	Kaffa	127	78	1317	459	-	1981
12	Shoa	308	260	5469	1072	8	7117
13	Sidamo	85	87	1332	615	24	2143
14	Tigrai	19	12	400	115	-	546
15	Wollega	233	142	2307	677	-	3359
16	Wollo	135	109	1864	789	-	2897
	Total	1736	1055	20704	6072	34	29631
	%	5.9	3.6	69.9	20.5	0.1	100

TABLE 27

Health Status of Disabled Children

Total	Types of Responses					Total	Number of children
	Other	Developmental	Orthopedic	Intellectual	Psychomotor		
100	26.2	60.2	60.2	2.6	17.0	170	Total
1897	78	1084	1084	109	177	1897	Wolfe
2339	67	2307	2307	162	239	2339	Wolfe
240	-	400	400	12	19	240	Tipton
2143	67	1932	1932	87	62	2143	Sidano
2117	4	2469	2469	269	308	2117	Ghos
1697	-	1317	1317	78	127	1697	Kalia
1510	2	1047	1047	35	49	1510	Hartwig
1667	-	1489	1489	40	42	1667	Gondar
1973	-	1447	1447	63	107	1973	Gojam
692	-	528	528	48	99	692	Ganigala
227	-	177	177	12	27	227	Winters
1497	-	1009	1009	37	146	1497	Kilimber
1092	-	820	820	38	96	1092	Bala
1069	-	78	78	1	3	1069	Asad
1509	-	1008	1008	38	99	1509	Arvi
979	-	590	590	24	173	979	Abdisababa

In cases of severe disability, the parents or guardians of disabled children find it extremely difficult to handle their children. Inability to handle severely disabled children would make parents to develop fatalistic attitudes that would hamper constructive efforts aimed at helping the children. This problem is more pronounced in rural areas where social amenities are either few and far between or non-existent. In this study 73.2% of the respondents said that they faced problems in handling the disabled children. Severely disabled children usually don't receive assistance in terms of prosthetics to ease or facilitate their mobility.

In rural areas where practically everybody including children is needed to contribute to the production process, parents or guardians face the constraint of seeing someone to look after a severely disabled child. Severely disabled children, therefore, face double jeopardy, viz, disability itself plus lack of appropriate care.

TABLE 23

Family Opinion on the Handling of Disabled Children

No	Names of Adminis. Regions	Family Opinion				Total
		Have created problems	Have created no problems	Irrelevant response	No Response	
1	Addis Ababa	634	270	-	66	970
2	Arsi	1140	201	1	167	1509
3	Assab	16	-	-	44	60
4	Bale	664	187	-	151	1002
5	Illubabor	1164	222	-	111	1497
6	Eritrea	174	51	-	49	274
7	Gamogofa	628	103	-	161	892
8	Gojam	1321	345	-	247	1913
9	Gondar	1561	146	-	254	1961
10	Harrargie	1009	165	1	335	1510
11	Kaffa	1219	432	-	330	1981
12	Shoa	5646	809	-	662	7117
13	Sidamo	1511	232	-	400	2143
14	Tigray	348	157	-	41	546
15	Wollega	2673	384	-	302	3359
16	Wollo	2070	444	-	383	2897
	Total	21778	4148	2	3703	29631
	%	73.5	14.0	0.0	12.5	100

3. Improved health status of the people and nutrition play a role of paramount importance in the control of the incidence of childhood disability. Existing health programmes particularly in the area of primary health care,

TABLE 22

Family Opinion on the Handling of Disabled Children

No	Names of Adminis- trations	Family Opinion		
		Have created problems	Have created no problems	Irrelevant Responses
1	Abdis Ababa	634	270	-
2	Arat	1140	501	1
3	Awash	18	-	-
4	Bale	681	187	-
5	Bilalabor	1164	222	-
6	Birtres	174	27	-
7	Genetola	628	103	-
8	Gojam	1021	342	-
9	Gondar	1261	142	-
10	Harrarigie	1009	162	1
11	Kalla	1219	422	-
12	Shoa	2646	809	-
13	Sidamo	1211	232	-
14	Tigray	348	127	-
15	Wollega	2673	284	-
16	Wollo	2070	444	-
	Total	21778	4148	2
		13.2	14.0	0.0
				12.2

CHAPTER FOURPOLICY RECOMMENDATIONS ON THE BASIS OF
THE FINDINGS OF THIS SURVEY

1. There is an abysmal lack of accurate and reliable information on the magnitude and causes of childhood disability for purposes of planning for disabled children. As a matter of urgency, efforts should be made to conduct a nationwide survey to determine the incidence of disabilities and the distribution of disabled children.
2. It has been generally recognized that in Africa the major factors that cause disability in children are poor health care, harmful traditional practices, malnutrition, accidents, congenital problems, natural and man-made disasters. There is no doubt that these problems abundantly prevail in Ethiopia. A concerted action between governmental, mass and voluntary organizations is called for to minimize and control the incidence of disability.
3. Improved health status of the people and nutrition play a role of paramount importance in the control of the incidence of childhood disability. Existing health programmes particularly in the area of primary health care,

Expanded immunization programmes, nutrition, MCH services, environmental health and personal hygiene, and family planning should be intensified so as to improve the health conditions of the people.

4. Disability is shrouded by misinformation, prejudice, fear, superstition, feeling of shame, guilt, etc. which would not be helpful in dealing with the problems associated with disabilities in general and childhood disabilities in particular. // The prevailing negative family and community attitudes towards disability should be sup-
 (V) planted by positive ones through educational programmes so as to pave the way for appropriate action. The need to discourage harmful traditional medical practices, cruelty to children, excessive child labour and abuse, obsolete cultural practices that engender physical disability (e.g. incision of lips, removal of front teeth), infibulation, female circumcision, etc. should be given serious consideration.
5. Accidents account for a considerable size of disabilities. Road accidents, careless use and storage of drugs, attempted abortion, open fires, etc. cause disability in children. Parents, guardians and other community members should be given education on the prevention of the incidence of disability in general and the occurrence

of accidents in particular. Parents should be assisted in the early identification of impairments or disabilities. In schools children should be taught about traffic rules and road signs. The establishment and expansion of day-care services, will go a long way in reducing the incidence of home accidents as working mothers would be relieved of their worries about the safety of their children when they go to work. Many accidents happen to children when working mothers go to work leaving their children to the care of either slightly older children or neighbours. Day-care services can be of tremendous value in this regard.

- 6. To date adequate attention has not been given to the basic, educational, health and social welfare needs of disabled children. It can be safely generalized from the findings of this limited study that the great majority of disabled children have no access to appropriate services. The conditions of children with severe disability are extremely appalling since parents or guardians are absolutely overwhelmed and handicapped to take care of them. Depending upon the degree and type of their disabilities, disabled children should be categorised and given appropriate support that will enable them to integrate into the society.

Children with minor handicaps should be encouraged to

attend ordinary schools whereas children with severe disabilities should be provided with special accommodation, education and vocational training. Such a programme would call for the co-operation and collaboration of governmental and non-governmental organizations. Since the contributions of well-meaning voluntary agencies in this endeavour cannot be flippantly regarded, appropriate policies should be formulated and issued to promote their activities in this vital field of social welfare.

7. The provision of prosthetics or artificial appliances to disabled children is an integral component of therapeutic measures. It is known that a few organizations produce such appliances on a limited scale either for the consumption of their inmates or the public. The products don't only leave much to be desired from the point of view of quality, but are also inadequate to meet public demand. Worse still, the prices of these products are beyond the financial resources of the majority of the parents or guardians of disabled children who wish to secure them for their children. A thorough research into this field is a matter of urgency with the view to adopting an effective strategy for the production of artificial appliances for disabled children in required types, quantities and qualities. The production of such materials should be highly subsidized to enable parents and guardians of disabled children to

attend ordinary schools whereas children with severe disabilities should be provided with special accommodations. Education and vocational training, such a program would call for the cooperation and collaboration of governmental and non-governmental organizations. Since the contribution of well-meaning voluntary agencies in this endeavor cannot be fully appreciated, appropriate policies should be formulated and issued to promote their activities in this vital field of social welfare.

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secure them easily. The assistance of international agencies should be sought in this respect.

8. At present the responsibility for the welfare of disabled children has not been assumed by one particular agency. By virtue of their legislative attributions, several governmental bodies assume responsibility for disabled children. Ministries of Education, Health, and Labour and Social Affairs and National Children's Commission are in one way or another have responsibility for the social welfare of disabled children. Nevertheless, to date, no concerted action has been taken at national level to alleviate the distressful situation in which disabled children find themselves although limited efforts have been made on a piece meal basis by the agencies concerned. National commitment to the well-being of disabled children imperatively calls for a co-ordinated action between the various agencies which have assumed responsibility for the social welfare of disabled children. At this juncture, the establishment of a co-ordinating body at national level is strongly recommended. This co-ordinating body will comprise the representatives of the aforementioned organs of the government, mass organizations, associations established for the advancement of disabled persons, and other organizations considered to be capable of contributing to the cause of disabled persons. The national co-ordinating body will have branch committees at Provincial, Awraja and Woreda levels with the same

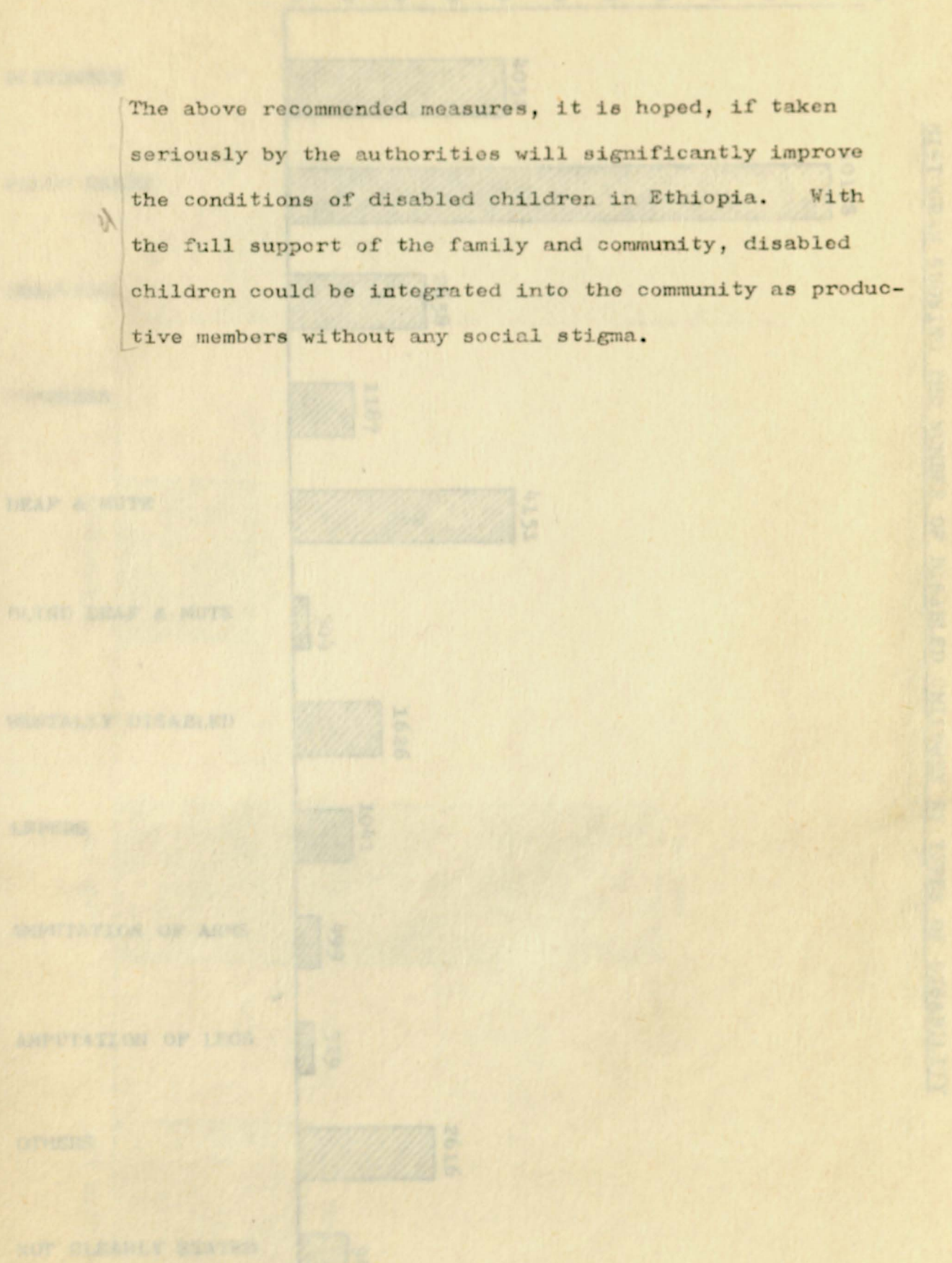
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pattern of representation replicated at these administrative levels. Such an organizational set up will ensure co-ordination of efforts at various administrative levels, and will also serve as repository of information on disability and the problems of disabled children. Besides, the dissipation of the scarce resources both human and material could be avoided. These bodies would serve as the watch-dog of the interests of disabled children. The powers and duties of these bodies can be studied in detail provided the idea is accepted by the responsible authorities.

9. Children with different disabilities require special assistance as dictated by the nature of their disability. Blind children, the hearing impaired children, mentally disabled children, physically disabled children and socially handicapped children require special measures that can effectively deal with the specific problems the disabled children need. This, of necessity, calls for trained manpower that can deal with the different kinds of disabilities, provided special education, rehabilitation and vocational training for disabled children. The production of such personnel is a matter that deserves serious consideration. The need for a national manpower training centre for disabled persons cannot be over-stressed at this point in time.

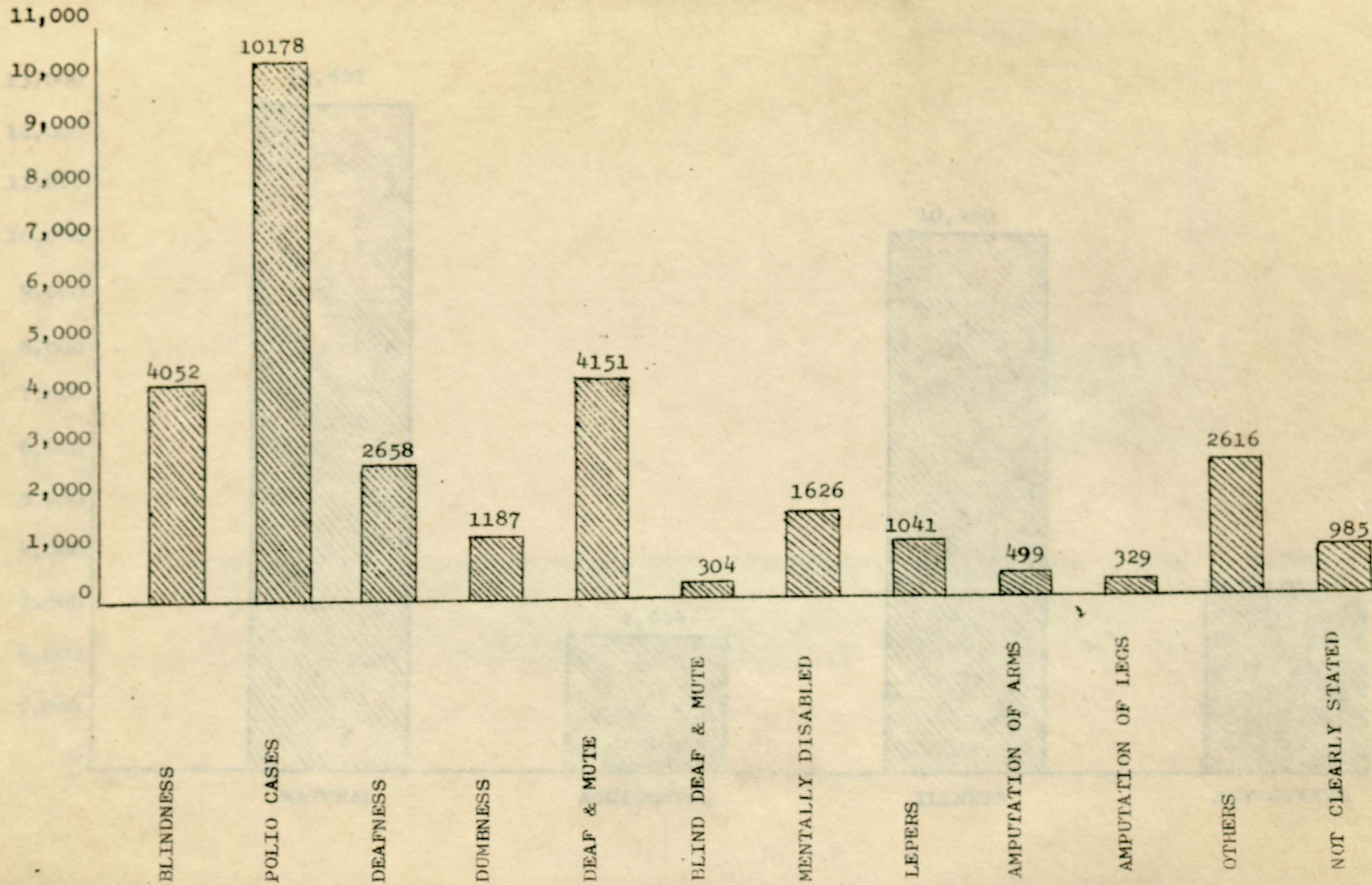
The above recommended measures, it is hoped, if taken seriously by the authorities will significantly improve the conditions of disabled children in Ethiopia. With the full support of the family and community, disabled children could be integrated into the community as productive members without any social stigma.



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FIG. 1

HISTOGRAM SHOWING THE NUMBER OF DISABLED CHILDREN BY TYPES OF DISABILITY



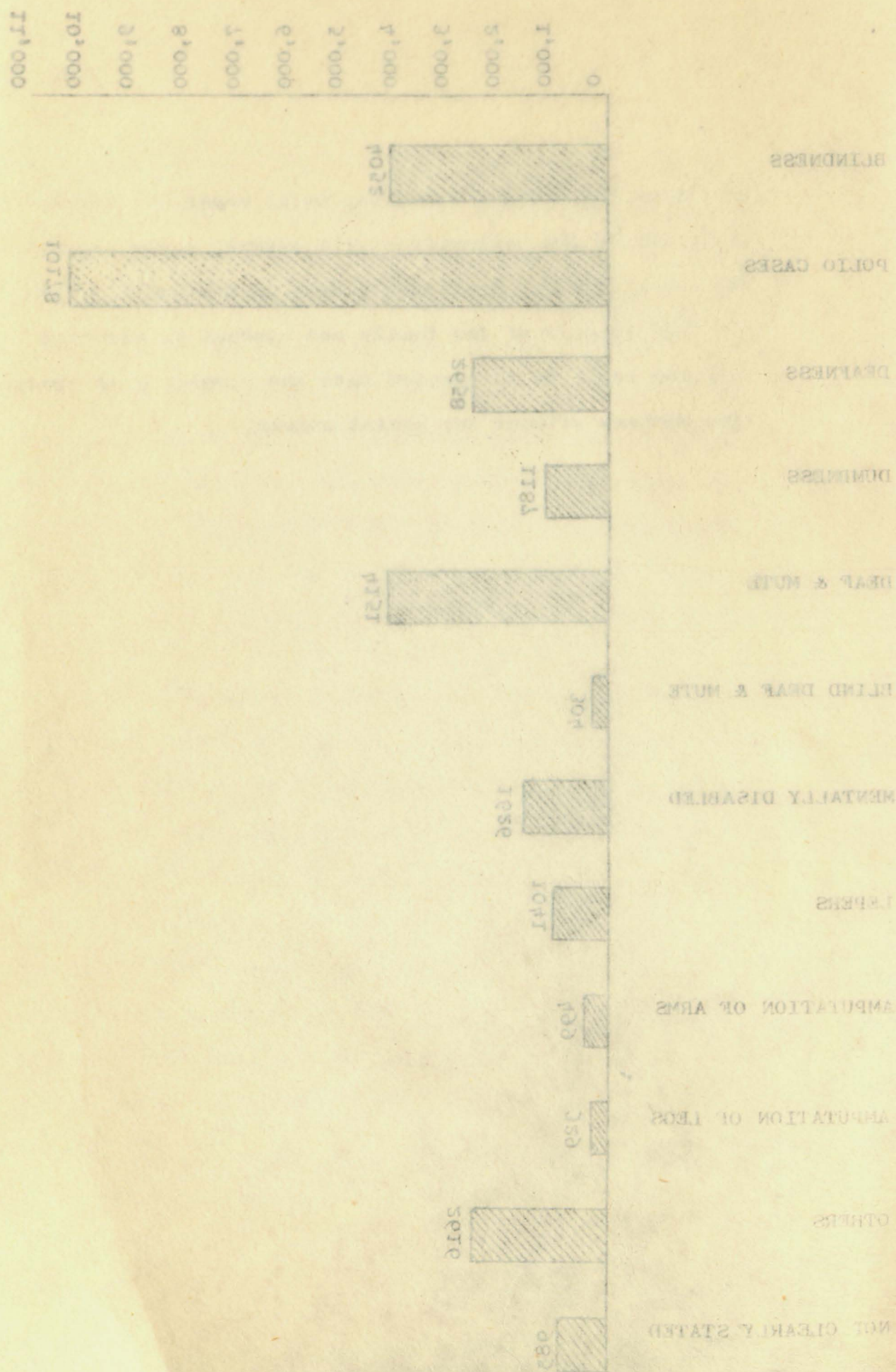


FIG. II

HISTOGRAM SHOWING THE DISTRIBUTION OF DISABLED CHILDREN BY CAUSES OF DISABILITY

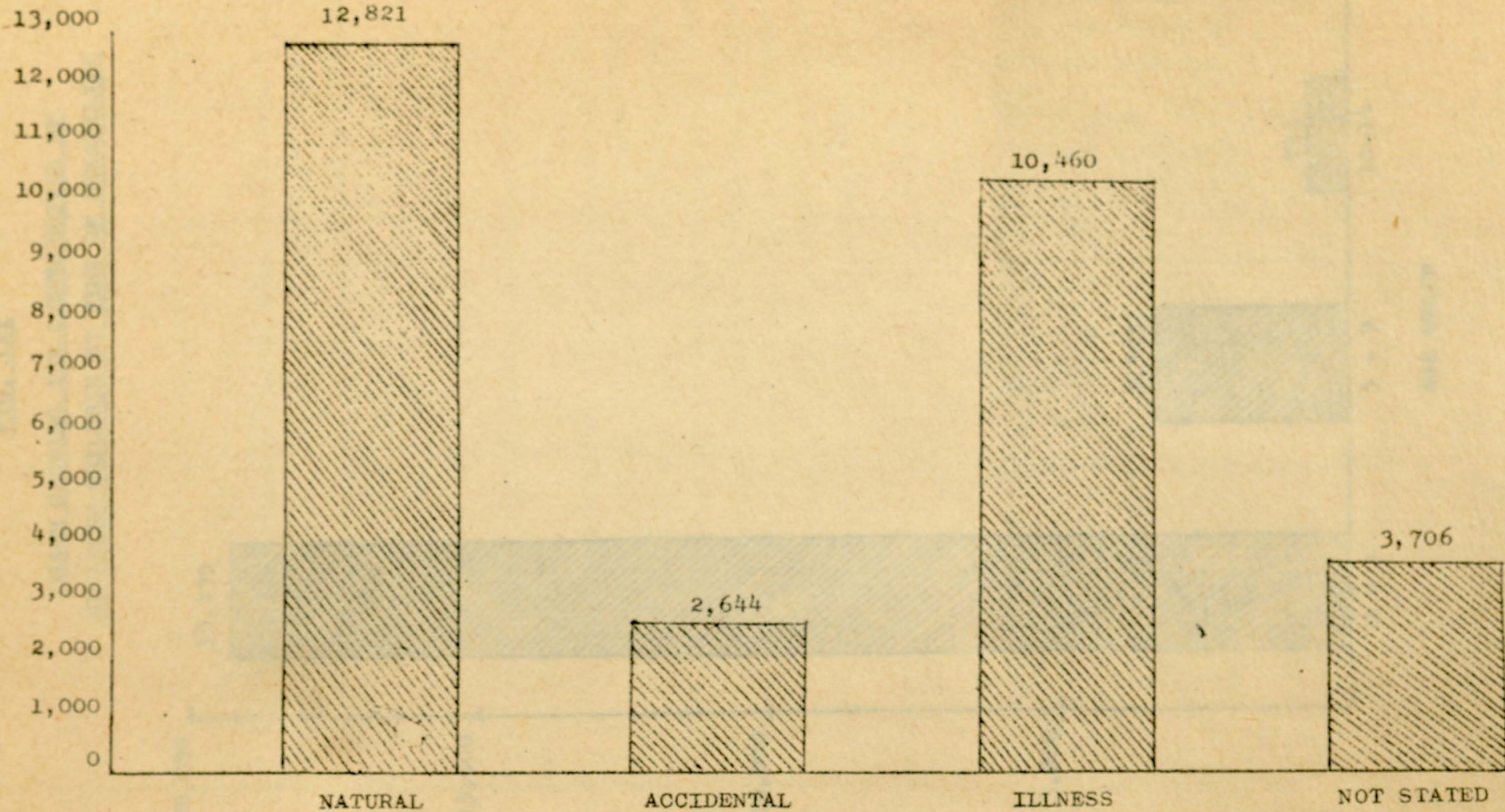
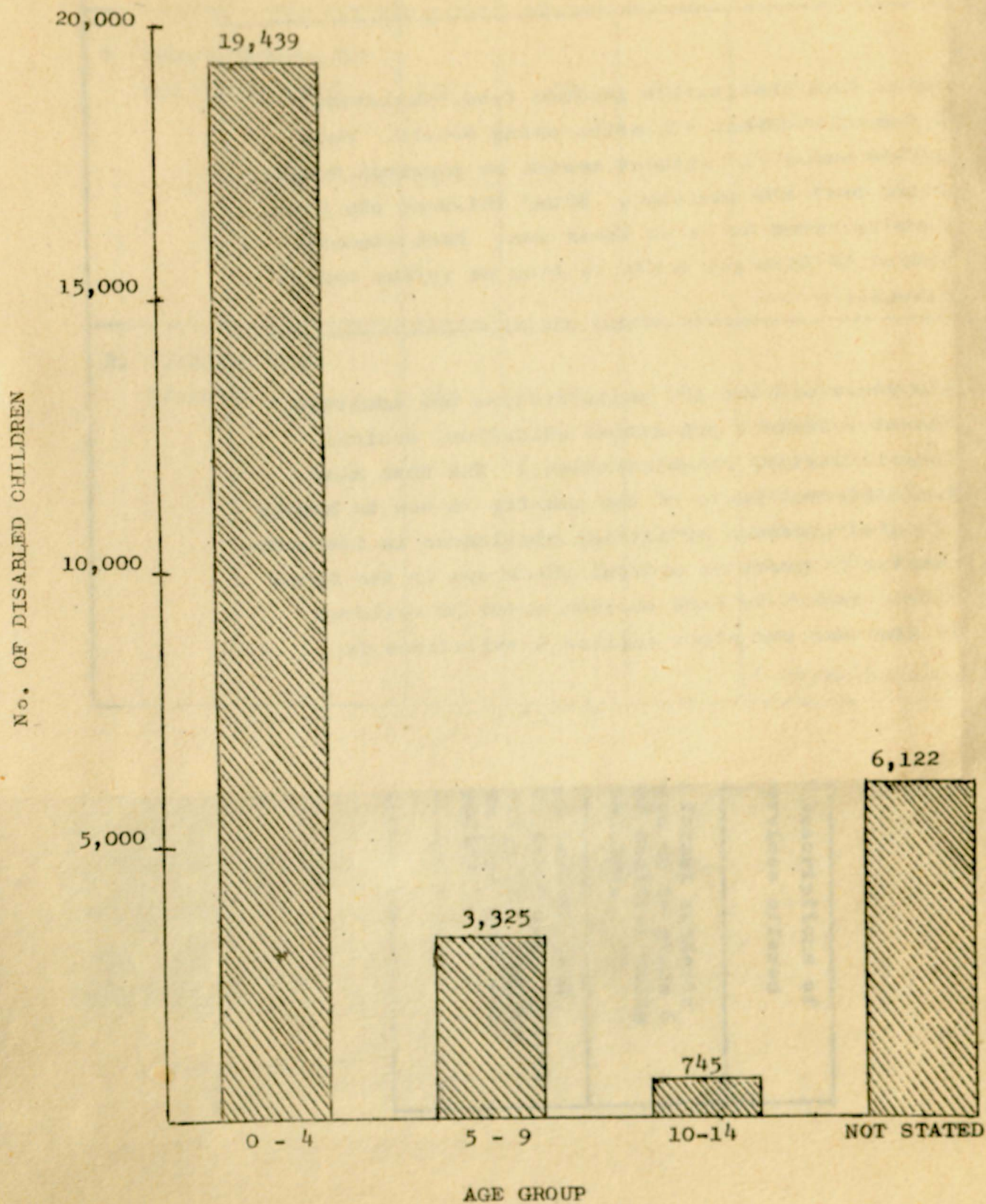


FIG. III

GRAPH SHOWING THE DISTRIBUTION OF
DISABLED CHILDREN BY TIME OF DISABILITY



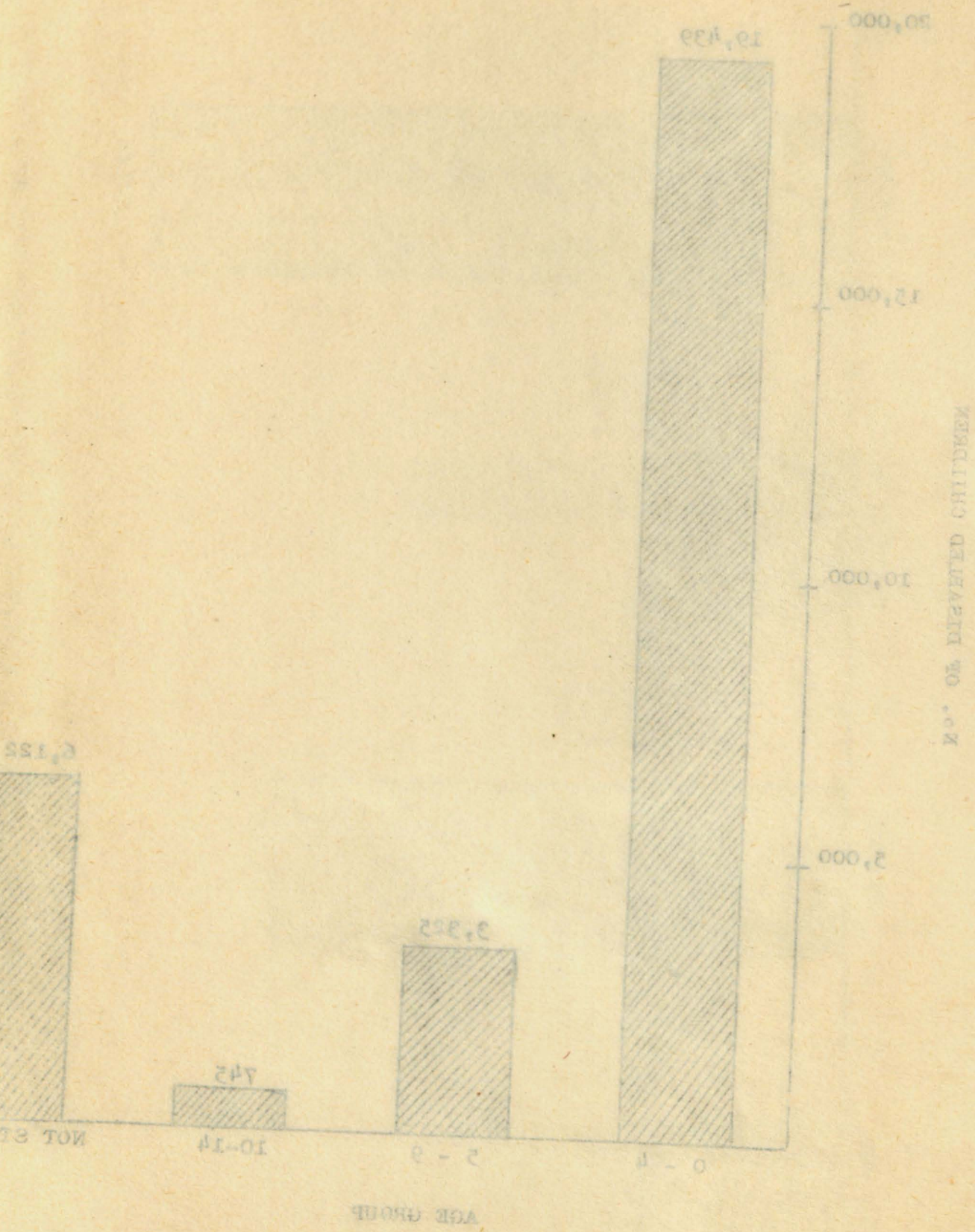
Institutions Providing Services for Disabled Children(1981) In Addis Ababa

Name of Institutions	No. of beneficiaries		Total	Brief Descriptions of Services offered
	0-14	15-20		
1. Sebata School for the Blind(Govt)	139	61	200	Services provided in this institution include food, sheleter, medical care and formal academic education using Braille. Only children between 7-14 years old without mental or physical handi-cap(other than blindness) are admitted. Blind children who have reached grade 8 are required to be on their own. Each student is given a stipend of 50 Birr per month so long as he/she continues attending schools.
2. Cheshire Home (Private)	49	21	70	Children from 3-12 years old who are polio victims are admitted. Services to the inmates include pre-school education, medical care(first aid, physiotherapy, rehabilitation.) The Home also trains people from different parts of the country on how to handle polio victims. It also produces artificial appliances in its workshop. For non-inmates it provides medical check ups in the Black Lion Hospital twice a week. In each session about 30 children are examined. It also assists other similar institutions in Gigessa(Shoa) and Asmara

Name of Institutions	No. of beneficiaries		Total	Brief Descriptions of Services offered
	0-14	15-20		
3. Alfa Denakurt School (School for Deaf Children) (Govt.)	78	62	140	Formal education upto grade 8 is given to children with impaired hearing. The beneficiaries must be above the age of seven. The students receive one meal a day free of charge. There is no boarding facility.
4. Disabled Children in various Child Care Centres for ordinary children (orphanage) (Govt.)	105	363	468	These institutions are run by the Ministry of Labour and Social Affairs and the Addis Ababa City Council. The Institutions are primarily meant for destitute children. Children with not too serious disabilities are also accommodated and sent to ordinary and special schools.

FIG. 111

DISEASED CHILDREN BY AGE OF DISABILITY
GRAPH SHOWING THE DISTRIBUTION OF



Name of Institutions	No. of beneficiaries		Total	Brief Descriptions of Services offered
	0-14	15-20		
5. Mekanissa School for Deaf Children (Private)	68	32	100	Offers formal academic education up to grade 6 for deaf children using sign language.
6. Missionaries of Charity (Private)	43	-	43	Services include food, shelter, clothings, medical care, etc., for disabled children from extremely poor families.
Total	482	539	1021	

Government 808

Private 213

Institutions Providing Services for Disabled Children(1981) in other parts

of the country

Name of Institutions	Locations	Sponsor Agency	Total No. of Disabled Children under the age of 15	Description of Services offered	Services offered to non-inmates
Home for physically Handicapped Children	Shoa(Giegeessa)	Catholic Mission	45	-The services for the inmates include food, shelter, medical care formal acadameic education, vocational training, brace fitting, provision of artifical appliance etc.	The non-inmates get medical checkup every six month and have their braces fixed or repaired.
Home for Blind Children	Shoa (Shashemene)	Catholic Mission	32	-Blind children are provided with food, clothing and shelter free of charge. -Pre-school service is also available.	

Name of Institutions	Locations	Sponsor Agency	Total No. of disabled children under the age of 15	Description of services offered	Services offered to non-inmates
Service for Disabled Children	Arsi (Asela)	Catholic Mission Consolata Fathers	15	<ul style="list-style-type: none"> -Victims of polio, the deaf, mentally disabled etc., are getting assistances. - besides children of displaced families are being rehabilitated. (18) - the physically handicapped are being assisted by specialists from ALERT. 	60-70 Disabled children living in the community periodically receive medical check-up and treatment.
School for Blind Boys	Shoa (Bako)	Cooperative Union for the Blind	43	<ul style="list-style-type: none"> -Children who are above 7 years old and free from illness other than blindness are admitted. -Formal academic education and vocational training are given. -Other basic services like food, shelter and medical care are also offered. 	

Name of Institutions	Locations	Sponsor Agency	Total No. of disabled children under the age of 15	Description of Services Offered	Services offered to non-inmates
School for Blind Children	Wollega (Gimbi)	Mekane- Jesus Church	65	<ul style="list-style-type: none"> -The services are offered only to children who are above 7 . years old and partially or totally blind. -It is a boarding school offering basic services. - Formal academic education is offered up to grade 8. 	
School for Deaf Children	Eritrea (Asmara)	Mekane- Jesus Church	32	Sign language in Tigraigna, formal education upto grade 6 and a two-year vocational training programme are offered.	

Name of Institutions	Locations	Sponsor Agency	Total No. of Disabled Children under the age of 15	Description of Services offered	Services offered to non-inmate
School for Blind Children	Eritrea (Asmara)	Ministry of Educat. (Govt.)	62	<ul style="list-style-type: none"> -The services are offered only to children who are above 7 years old and are partially or totally blind. -Provides boarding facilities. -Academic education is offered upto grade 8. 	Those who are above grade 8 are obliged to leave the school and look for government schools. They obtain a stipend of Birr 50 per month.
School for Blind	Sidamo (Wollayeta)	Cooperative Union for the Blind	102	Basic services like food, clothing, shelter and academic education upto grade 6 are provided free of charge	

Name of Institution	Locations	Sponsor Agency	Total No. of Disabled Children under the age of 15	Description of Services Offered	Services offered to non-inmate
Senteria School for Deaf Children	Sidamo (Senteria)	Church of Christ	11		It offers formal academic education using sign language. Besides, it provide the children with clothing and educational materials.
Hosana School for Deaf Children	Shoa.	Church of Christ	10		It offers formal academic education using sign language. Besides, it provide the children with clothing and educational materials.
Disabled Children in various institutions (for destitute persons)	Asmara and Dessie	Govt.	62	<ul style="list-style-type: none"> -Dessie shelter home (RRC)-25 -Home for the Destitute (Asmara Municipality 37. -In both homes the handicapped children live with adults. -Services offered in these institutions don't include special care for the disabled. 	
Home for the Destitute	DireDawa	Missionaries of charity	14	<ul style="list-style-type: none"> -Services include, food, shelter, clothing, medical care etc. -Disabled children from extremely poor families and orphans are admitted. 	

Total 493



ስለ ቅጽ አሞላል ማሳሰቢያ

መጠይቁ ሁለት ቅጾችን ይዟል ፤

ቅጽ (ሀ) የሚሞላው በቀበሌ (ከተማ) ወይም በገበሬ ማኅበር ሊቀመንበር ነው ። ሊቀመንበሩ የሚወክለው ሰው ወይም ስለአካባቢው የአካል ስንኩላን ሕጻናት ሁኔታ ወይም ስለማኅበራዊ ችግሩ በቂ እውቀት ያለው ሰው ሊሞላው ይችላል ። ይህም ካልሆነ የሕዝብ ወኪሎች የሆኑ የከተማ ነዋሪዎች ወይም የገበሬ ማኅበራት ሹማምንት እንደአስፈላጊነቱ ተማክረው ሊሞሉት ይችላሉ ። ባካባቢው የሚገኘውን የጤና አገልግሎት ተቋምንም ለማማከር ይቻላል ።

መጠይቁ ሁለት ዓይነት ጥያቄዎችንና መልሶችን ይዟል ።

በእያንዳንዱ መልስ ፊት ለፊት ሣጥን ያለው አንዱ ዓይነት ጥያቄ ነው ። መልስ ሰጭው ትክክለኛ የሆነውን መልስ ለይቶ ሣጥኑ ውስጥ የ « ኤክስ » ምልክት ያደርጋል ። ብዙ አማራጭ መልሶች ከኖሩና ከሆኑ በእነርሱም ላይ ምልክት ለማድረግ ይቻላል ። « ሌላ » የሚለው አማራጭ መልስ ከተሰጡት መልሶች ውጭ የሆነ ጉዳይ ካለ በተሰጠው ቦታ ላይ በጽሑፍ ይገለጻል ።

ሁለተኛው ጥያቄ ክፍት ሆኖ አማራጭ መልክ የለውም ። ቅጹን የሚሞላው ግለሰብ (ቡድን) ትክክለኛውን መልስ በጽሑፍ ያቀርባል ። « ምርመራ » የሚለው ረድፍ ተጨማሪ ማብራሪያ ለሚያስፈልገው ጥያቄ የተሰጠ ሥፍራ ነው ።

ቅጽ (ለ) የሚሞላው በቀበሌ ወይም ገበሬ ማኅበሩ ሊቀመንበር ወይም እርሱ ለሚወክለው ሰው ፊት በአካል ስንኩላልጅ ወላጅ (ሞግዚት) ነው ። በሌላ አነጋገር የመረጃው ምንጭ ወላጅ (ሞግዚት) ነው ።

በሠንጠረዥ ውስጥ በሕጻኑ ስም ፊት ለፊት ብዙ ሣጥኖች አሉ ። አብዛኛው መልስ « ኤክስ » ምልክት የሚደረግበት ቢሆንም እንደ ሣጥኑ ስፋት መልሱን በበለጠ ለማብራራት ወይም የችግሩን ስፋትና ጥልቀት ለመጠቀም የጽሑፍ መልስ ለመስጠት ይቻላል ። ለተጨማሪ መረጃ « ምርመራ » የሚለውን ሣጥን ለመጠቀም ይቻላል ። ተጨማሪ ሃሳብ ለማቅረብ ካስፈለገ ሌላ ወረቀት ለማያያዝ ይቻላል ።

መረጃ መሰብሰቢያ ቅጽ

ክፍለ ሀገር _____

አውራጃ _____

ወረዳ _____

ከተማ _____

ከፍተኛ _____ አካባቢ _____

ገጠር አካባቢ ፤ የገበሬ ማኅበሩ ስም _____

ቅጹን የሞላው (ያስሞላው ባለሥልጣን) _____

ስም
አድራሻ

ማሳሰቢያ

ሕጻን ማለት ከልደት እስከ አሥራ አራት ዓመት ባለ ዕድሜ የሚገኝ ማንኛውም ሰው ነው።

(1) ባካባቢው የአካልና የአእምሮ እውክታዎች ያላቸው ሕጻናት እሉን?

ሀ. አሉ

ለ. የሉም

መልሱ አዎ ከሆነ ጎልተው የሚታዩት የእውክታ ዓይነቶች እንደሌላሳቢነታቸው በቅደም ተከተል በቁጥር ይገለጹ

ሀ. ዓይነ ሥውር

ለ. የማይሰማ

ሐ. የማይናገር

መ. የማይሰማና የማይናገር

ሠ. የማይይይ ፤ የማይናገርና የማይሰማ

ረ. የሥጋ ደዌ በሽታ

ሰ. የአእምሮ እውክታ

ሸ. እጁ የተቆረጠ

ቀ. እግሩ የተቆረጠ

በ. ሽባ

ተ. ሌላ

(2) ባካባቢው ለአካል ስንኩልነት መንስኤ የሚሆኑት ምንድናቸው?

ሀ. በተፈጥሮ

ለ. በእድገት

ሐ. በሕመም

መ. በሌላ (ይገለጹ)

(3) ኅብረተሰቡ ስለአካለ ስንኩልነት ያለው አስተያየት

ሀ. የመራራት መንፈስ ያሳያል

ለ. ይጠየፋል

ሐ. ይረዳል

መ. ሌላ (ይገለጽ)

(4) ስንኩላን ልጆች ያላቸው ወላጆች አስተያየት

ሀ. የመሳቀቅና የመሸሸግ ዝንባሌ ያሳያሉ

ለ. የወላጅነት ኃላፊነታቸውን ከመቀበል ገሸሽ ይላሉ

ሐ. የሕሊና ወቀሳና ጸጸት በራሳቸው ላይ ያሳድራሉ

መ. ሌላ (ይገለጽ)

(5) በአካባቢው ለስንኩላን የሚሰጡ አገልግሎቶች

5. 1 ለስንኩላን ልዩ ትምህርት (ከመደበኛ ትምህርት ሌላ) መስጫ ተቋም አለ ?

አለ የለም

መልሱ አዎ ከሆነ የተቋሙ ዓይነት ይዘርዘር

5.2 ሕጻናት አስፈላጊውን ክትባት ይወስዳሉ ?

አዎ የለም

መልሱ አዎ ከሆነ ከመቶ ስንቱ ሕጻናት ክትባት ያገኛሉ ?

መልሱ የለም ከሆነ ምክንያቱ ይገለጽ ?

(6) አካለ ስንኩላን ሕጻናትን ለመርዳት በማኅበረሰቡ የታቀደ ወይም የተወሰደ እርምጃ እንዳለ ይገለጽ ?

(7) የአካለ ስንኩላን ሕጻናት ችግሮች እንደየአሳሳቢነታቸው ቅደም ተከተል ይዘርዘር ?

ሀ. _____

ለ. _____

ሐ. _____

መ. _____

(8) አካለ ስንኩላን ሕጻናትን በሚመለከት መጠይቁ ያልሸፈናቸው ጉዳዮች ቢኖሩ ይገለጽ ?



ህብስታን ልማት ቤቅ ስባ

1 ልዩ ስርዓት ተለቃ ተገምግሞ

ግዴታው ስለሆነው ለሰነድ ማረጋገጫ ማድረግ ይገባል። (ሀ) ጽ/ቤት ማረጋገጫ ለማድረግ ማስፈሰስ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል።

የአካልና የአእምሮ ስንኩልነት ስላለባቸው ሕፃናት መረጃ መሰብሰቢያ ቅጽ

ይህ ቅጽ ለሕፃናት ስንኩልነት ማረጋገጫ ለማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል።

ሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል። ለሌሎች ማረጋገጫዎች ማድረግ ይገባል።

በብሔራዊ የሕፃናት ኮሚሽን የተዘጋጀ

FOOT NOTES

1. Children as defined by the Proclamation No. 208 of 1981 that established the National Children's Commission, 40th Year No. 17, A.A., 13th June, 1981.
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3. The Status of Ethiopian Health;
የኢትዮጵያ የጤና ሁኔታ ለጊዜ ዘመን ጥያቄ 26 የኅ 1970 ዓ.ም
4. Ibid
5. See Note 2, P.51
6. Ibid
7. The Situation of Disabled Persons and Rehabilitation Services in Ethiopia -- A Case Study, Prepared for the Secretariat of ECA, by Eshetu Habte Giorgis, October 1980, ECA/SDD/IYDP/WD. 2 P. 25
8. Ibid.
9. See Note 2, P.51

10. Obtained from the records of the Black Lion Polio Clinic.
11. በኅብረ ተሰብሶ ዊት ኢትዮጵያ ህዳይዊ ጭታራ-ዊ ጤንገጡት የየደ ስክብ ሀሳ ገብ ስብዌታዊ ዘመቻ የሠራተኛና ግኅብራ ዊ ገዳይ ገብረ ኃይለ የቸገረኛችና ስክብ በኅክጢን የሰራ ጥናት ሪፖርት፣ ኅሐሴ 1974 ዓ.ም ስዎራ
12. Report on the Survey of the Disabled in Nazareth, Rehabilitation Agency for the Disabled Addis Ababa, September 1982, P. 10
13. Nutrition and Development " a paper presented by ENI to a workshop entitled "Monitoring and Evaluation in the Social Services in Ethiopia", held at Jimma, 13-17 January, 1982.
14. "A Strategy for Reaching the Unreached" by Susan Hammerman in UNICEF NEWS, Exceptional Children, Issue 105/1980/3, P.4
15. Report on the Analysis of Recording and Reporting Data for EPI in 1981. Ministry of Health.
16. Ibid
17. Ibid

10. Obtained from the records of the Black Lion Police Clinic.

11. Report on the Survey of the Disabled in Massachusetts, Rehabilitation Agency for the Disabled Adults, September 1982, p. 10.

12. "Nutrition and Development" a paper presented by EMI to a workshop entitled "Monitoring and Evaluation in the Social Services in Bangladesh", held at Dhaka, 11-17 January, 1982.

14. "A Strategy for Researching the Unresearched" by Susan Hammerman in *WORLD NEWS, Exceptional Children*, June 1982/1983, p. 4.

15. Report on the analysis of recording and reporting data for EMI in 1981. Ministry of Health.

16. Ibid.

17. Ibid.