A CASE STUDY ON THE SITUATION OF
DISABLED PERSONS
AND
REHABILITATION SERVICES
IN
ETHIOPIA

BY
ESHETU HABTE GIORGIS
CONSULTANT
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I. INTRODUCTION

1. The present study is concerned with the problems that disabled persons in Ethiopia face during their life time, particularly in securing social welfare service and the basic individual human and social rights set forth in a number of United Nations declarations and resolutions.

2. The United Nations General Assembly resolution 3447(XXX) of 9 December 1975, in its principle 6, proclaims that "Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration".

3. Other United Nations declarations and resolutions that recognize the right of disabled persons to education, rehabilitation and social welfare services include the Declaration on Social Progress and Development, adopted by the General Assembly as resolution 2542(XXIV) of 11 December 1969; the Declaration on the Rights of Mentally Retarded Persons, adopted by the General Assembly as resolution 2856(XXVI) of 20 December 1971; Economic and Social Council resolution 1921(LVIII) of 6 May 1975, on the prevention of disability and rehabilitation of disabled persons; the Declaration of 1981 as the International Year for Disabled Persons, resolution 31/82 of 16 December 1976; the Declaration on the Establishment of an Advisory Committee for the International Year for Disabled Persons as resolution 32/133 of December 1977; and, the Authorization of the Secretary-General to ensure that the necessary information activities for the International Year for Disabled Persons are initiated as resolution 33/170 of 20 December 1978.

4. This study on Ethiopia was carried out with due consideration to various other studies already prepared on specific problems of disabled persons, such as special education, prevention and socio-medical rehabilitation. It deals with specific problems of disabled persons in Ethiopia with physical, social, medical or vocational disabilities, but excluding mental disabilities. It also concerns itself with the problem of the co-ordination of these services within the framework of the national social service structure of Ethiopia.

5. Since the study has as its major objectives the identification of certain basic obstacles to the rehabilitation of disabled persons, it was decided to use the interview method of information collection and contact of concerned individuals who could provide first hand data and documentation. The major part of the material for this study has been collected by interviews with senior officials of the rehabilitation institutions in and around Addis Ababa.
6. It should, however, be stated from the outset that the present study did not succeed in obtaining a comprehensive picture of all the different problems encountered by disabled persons in Ethiopia — it succeeded only as far as the particular health, educational or vocational rehabilitation aspects of the problem are concerned. The study is therefore oriented towards presenting certain basic experiences in the elimination of certain kinds of obstacles arising from such aspects. It is hoped that some of these experiences will provide useful information in the field of rehabilitation of disabled persons in Ethiopia.

7. The specific socio-economic policy leading to the conception and implementation of social welfare and rehabilitation could not, in general terms, be assessed in a simple way because of lack or scarcity of follow-up studies primarily in the rehabilitation and medico-social activities of each institution in the country. It is, however, attempted to bring together the different activities, albeit in a cursory manner, of each institution as a self-contained centre designed to carry out certain prescribed activities in the field of social and medical rehabilitation.

8. Likewise, the approach of the study could not be carried out in a synthesis form simply because the situation of actual rehabilitation activities were not found to fit such an assumption. Contrary to the original idea entertained at the outset the most important and pertinent welfare and rehabilitation institutions were found to have been started and operated — some up to the present time — by missionaries or philanthropic societies which have international characteristics. Except those which were brought under the jurisdiction of the government agencies partly because of the departure of the missionaries concerned, and partly because of the nationalization of a Foundation responsible for the institution, the work of the remaining welfare institutions were not found to have been sufficiently co-ordinated by the Government.

9. On the other hand, for a long time past, the Government has been assisted by experts recruited by international organizations, more particularly by the International Labour Organization, in the establishment of rehabilitation institutions. A typical example is the establishment of the United Abilities Company in the vicinity of Addis Ababa.

10. However, the Government is in the process of unifying the various programmes under a single administrative authority which will be governed by a single national policy framed in conformity with internationally accepted norms and concepts, with a view to helping the proper implementation of social welfare and rehabilitation programmes.
11. The assumption is that the end result of this goal setting by the Government will enable the various contributions, be it from international or local sources, to be directed towards the strengthening of the existing services or providing new services which will greatly contribute to the expansion needs.

12. A high level Committee has recently been set up by the government with a mandate to study the situation and to formulate a national rehabilitation policy culminating in the development of pertinent legislation governing the physical, social, educational and vocational interests of the disabled persons in the country.

13. Ethiopia is receiving bilateral assistance from a number of countries to fulfill the aspirations to fight certain aspects of disability. These forms of bilateral assistance are at present mainly concerned with the establishment of a comprehensive programme of medical, para-medical, social, agricultural and vocational training facilities for one thousand two hundred war disabled veterans at the Rehabilitation Centre of the Peoples' Heroes of Revolutionary Ethiopia in Debre Zeit, involving the provision of technical experts and equipment. It is also anticipated that this Centre may eventually serve as a resource base for expansion and dissemination of similar activities throughout the country.

II. HISTORICAL DEVELOPMENT OF REHABILITATION ACTIVITIES

14. Historically, services for the disabled in Ethiopia used to be carried out exclusively by the extended family, traditional mutual aid associations and local institutions such as the church. When a person was disabled, it was the accepted duty of his family to maintain and support him. In such a society, a disabled person was usually not displaced from his family environment unless there was an additional factor in his disability which was strong enough to break down traditional family obligations. This factor was found in crippling diseases, such as leprosy, which were surrounded, as they still are, by ancient prejudice and stigma. Another spontaneous expression of concern for the disabled was the tradition of almsgiving, which is strongly established in both the Christian and Moslem religions in Ethiopia, based on the belief that almsgiving was necessary for eternal salvation. As far as treatment for disabilities went in ancient Ethiopia, the only remedies were such supernatural ones as bathing in holy waters, visiting witch doctors and the like, because the disability was believed to be a curse from God or some other supernatural being. 1/

15. In the year 1900, the first medical treatment centre for leprosy patients was established in Ethiopia by a Catholic Mission in the town of Harar, 530 kilometers east of Addis Ababa, being the first modern rehabilitation centre. Following that, medical rehabilitation centres were

established by voluntary organizations with special emphasis on the treatment of leprosy, a treatment that has since gone through various stages and a revolution of its own. In so far as the treatment of disease directly related to disability is concerned, leprosy treatment was also the first programme to be given Government attention. Other than medical rehabilitation programmes, which were largely implemented through general hospitals, rehabilitation and social welfare programmes were mainly the concern of voluntary organizations without government involvement. 2/

16. In the year 1921, the first rehabilitation centre known as "Bet Selihome", was opened at the Convent of Debre Lebanon, 150 km. north of Addis Ababa, to aid the aged and destitutes, whose need for a home had then come to the knowledge of the authorities.

17. Since 1945, however, various top level government committees were appointed to examine existing social problems and to recommend solutions.

18. In 1947 the Saint Paul Hospital in Addis Ababa was established by the Government to provide free medical treatment to those who could not afford to pay for their hospitalization and treatment.

19. In 1952 the Merha Ewouran School, 3/ otherwise known as the Blind School, was opened at Cassa Inches in the city of Addis Ababa to help and educate those who are blind; it was transferred later on to the present site in Sebeta, 25 km. west of Addis Ababa.

20. The Abrha Bahta School for the Blind was established in 1965 in Asmara, about 1070 km. north of Addis Ababa, in order to provide opportunities of education to blind children in the northern regions, namely, Gondar, Gojam, Tigre and Eritrea. 4/

21. Until 1959, these different welfare institutions used to be independently and separately administered. In 1959, however, all these welfare institutions were brought together due to the constant increase of donations from abroad as well as from local sources. It was then that a Welfare Foundation was brought into being for the purpose of rendering assistance to the young, the aged, the ill, the infirm, those standing in need of physical or moral rehabilitation, and those whose means do not permit an education commensurate with their abilities.

2/ Ibid.

3/ The Ministry of Education took over the running of this school in 1974.

4/ This Home was financed by funds bequeathed by an Ethiopian Businessman who lived and died in the city of Harar.
22. In 1966, the Ministry of National Community Development and Social Affairs opened a vocational rehabilitation centre in Addis Ababa, which is now called the Ethio-craft Workshop. This centre trained and employed those disabled persons in the production of hand-woven carpets, tablecloths, napkins, curtains, bedspreads and shema, the national costume. 5/

23. Also in the service of the aged, the Abraha Bahta Home for the aged, was founded in 1967 in the city of Harar, 530 km. east of Addis Ababa. 6/

24. Unlike the rest of the disabled persons, the situation of the deaf did not draw the attention of the Welfare Foundation. However, like other similar problems of disabled persons, the role to play by missionaries in this aspect of disability became imperative. Hence, two Deaf Schools, one by the Church of Christ 7/ and the other by the Bible Baptist Church, 8/ were established in 1962 and in 1968 respectively.

III. GOVERNMENT POLICY

25. The responsible national Government Department in Ethiopia for social welfare is the Ministry of Labour and Social Affairs. It monitors the programmes of rehabilitation at the central and regional levels. Besides, there are other Governmental Departments such as the Ministries of Education, Health, and Industry which join in the provision of vocational rehabilitation services. Thus, the Ministry of Labour and Social Affairs, inter alia, is specifically delegated to: 9/

(a) issue policies and organize programmes accordingly, for the development, protection and well-being of the Ethiopian family;

(b) study ways and means for the proper up-bringing of the young and children; organize and implement the necessary programmes in this regard;

(c) undertake studies for the prevention of social problems, see to it that other concerned offices and organizations discharge their responsibility in eradicating and controlling the problems;

5/ Burress, op. cit.
6/ Ibid.
7/ Still financed by the Mission which established it.
8/ The Ministry of Education took over the running of this school in 1979, when the Missionaries left the country.
9/ Proclamation No. 127 of 1977, Definition of Powers and Responsibilities of Ministers, Negarit Gazetta 36th Year, No. 29.
(d) issue and enforce policies for the rehabilitation of the disabled and for their placement in jobs;

(e) enforce and implement national schemes providing pension and social security benefits;

(f) study and take all the necessary and appropriate steps in all areas regarding employment, working conditions, ... social welfare programmes and social security schemes; and,

(g) conduct research at all levels that studies and analyses the conditions of work of labour and the social affairs of the Ethiopian people generally and ensure that fruitful results are put to use.

26. As stated above, the Ministry of Labour and Social Affairs is responsible for placement services, vocational education of the disabled except that certain other specialized rehabilitation services are placed under the control of the Ministries of Education, Health and Industry.

27. Conscious of the various problems encountered in the country in the sphere of social and rehabilitation services, and with a view to assisting those persons in need of social, physical and mental rehabilitation, the Ethiopian Government created the Rehabilitation Agency in 1971.

28. As provided under Article 5 of the Order, 10/ the main purpose of the Agency upon its creation was to foster and facilitate, through direct assistance and extension services, the effective participation of private charitable organizations engaged in the rehabilitation of the disabled. The Agency is run by a Board of Directors composed of the representatives of the Ministry of Labour and Social Affairs as Chairman, the Ministries of Interior, Public Health, and Finance, the Mayor of Addis Ababa, the Administrator of the Ethiopian Orthodox Church, and a representative of a Foundation which was created by a different Charter for similar purposes and objectives, as members. Although the Agency has continued functioning from its creation to the present, the composition of the Board of Directors might have changed since 1974 revolution which suspended the 1955 Constitution declaring that the Orthodox religion shall no longer be recognized as State religion thereby depriving it of its privileged position in the society.

29. The Agency derives its funds from:

   (a) balances remaining from the revenues of the National Lottery;

10/ An Order to provide for the Establishment of a Rehabilitation Agency for the Disabled, Negarit Gazetta 30th Year No. 16, 13 April 1971.
(b) donations made to the Agency;

(c) sales of products from certain pilot projects of the Agency; and,

(d) annual subsidy from the Government.

30. Recently the Agency has been in the process of reformation and revitalization so as to cope more effectively with the demand of the new situation developed as the result of the socio-economic change of the country. As such, a comprehensive programme and plan of action will soon be made public with the idea that such programmes should be united and implemented under a single government agency governed by a single national policy.

31. The role of the Ministry of Education, among other things, is to: 11/

(a) study and prepare educational policy geared to the national political, economic and social needs;

(b) establish and control technical and vocational schools and training institutions as may be necessary to satisfy the needs of skilled manpower of the country; co-ordinate and control technical and vocational training centres run by Governmental and non-Governmental organizations and ensure that they maintain the required variety and quality with a view to ensuring that they satisfy the needs of the country; and,

(c) ensure that education is given to all on the basis of equality and that it serves as a medium to strengthen unity and freedom and for the interaction of the important cultures of the country.

32. Similarly, the role of the Ministry of Health, among other things, is to: 12/

(a) protect and promote public health;

(b) plan and establish Government operated health services and facilities and arrange for their administration, supervision and control ...;

(c) carry out campaigns to inform and educate the public concerning matters of public health;

11/ Proclamation No. 127 of 1977, op. cit.

12/ Ibid.
(d) conduct research and experimental development at all levels to enhance the maintenance of health and cure of disease and ensure that fruitful results are put to use; and

(e) undertake studies for healthy nutrition and ensure that any food is safe and fit for consumption.

33. The Ministry of agriculture and settlement is also designated to improve traditional diets, prepare and popularize new types of food and the technology of their preparation.

34. Similarly, the Ministry of Industry is, and among their things, empowered to determine, for each project, the appropriate technology most suited to the country's economic and social requirements.

IV. DEFICIENCY IN HEALTH SERVICES AND SOME OF THE CAUSES OF DISABILITY INCLUDING CERTAIN ASPECTS OF REHABILITATION

35. In Ethiopia, as in many other developing countries, lack of reliable data on mortality and morbidity is one of the most difficult obstacles in the way of adequate health planning. As such, the most serious health problem is the lack of health service facilities. It is said that only 15 per cent of Ethiopian rural areas are reached by health services of any kind, and that not more than 5 per cent actually use the services.

36. In 1975 alone, 109,631 persons were admitted for hospital treatment in the country's hospitals of which 4,331 died. Among the leading causes of death, a percentage of 6.9 is allocated to the cause of malnutrition. The main killers of Ethiopia's population are, however, stated to be tuberculosis and malaria for adults, and measles and nutritional disorders for children. It is further stated that nutritional problems have contributed either before or after the exposure of patients to the various communicable diseases.

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13a/ Ibid. This Ministry has recently been split into the Ministry of Agriculture, and the Ministry of State Farms. The former is dealing with Peasant and Rural Development, while the latter is empowered to run state-owned farms, including fishing, dairy, etc.


14/ This number is estimated as 50 per cent of the actual number of in-patients for the period.

15/ Ministry of Public Health, op. cit.
37. Leprosy is also considered as another significant public health problem in Ethiopia. At present the prevalence is estimated at 150,000 cases, the highest endemic area being the region of Gojam. A special project with mobile clinics and general health services have at present 70,000 cases under regular treatment. Although this project has better coverage than many other diseases, there is still a lot to be done in this field, namely, to find the remaining 80,000 cases and bring them under control and treatment. 16/

38. According to the Ministry of Public Health the identified and reported infectious diseases in Ethiopia are: arthropod-borne, gastrointestinal, venereal, childhood, zoonotic, and, other infections not included in the preceding five main categories of diseases. It should nevertheless be stressed that there are wide variations in the incidence of communicable diseases throughout the different regions, according to the prevailing geographic and climatic conditions and the type of diseases.

39. Therefore, the following sub-sections shows certain causes of disability directly or indirectly connected with the various kinds of rehabilitation services in Ethiopia.

(a) Undernutrition and malnutrition

40. Undernutrition and malnutrition are widespread in the developing world and they are said to be the most common causes for the high wastage of human life in these countries. It is also said that malnutrition coupled with infections causes high mortality and morbidity especially among infants and young children.

41. In the case of Ethiopia, the first conference on the importance of nutrition in public health was organized in Addis Ababa from February 26 to 28, 1964 by the Ministry of Public Health in collaboration with the WHO Regional Office, Alexandria, and the Swedish Agency for International Assistance. 17/

42. Among the nutritional deficiency diseases in children in Ethiopia protein-energy-malnutrition is said to be by far the most common even though other nutrients such as calcium, vitamin A, vitamin C and riboflavin have also been observed to be suboptimal in the diets of children. Many children in Ethiopia are born underweight to start with.

16/ Ibid.

due to inadequate nutrition of the mother. Even though this can be counteracted by successful breast feeding in the first half year of the infant’s life, the situation is reversed by improper weaning patterns that introduce infections and nutritionally inadequate and/or inappropriate foods after the infant is 6 months old. 18/

43. Several different approaches have been suggested and implemented to overcome this grave problem of malnutrition among infants and young children in developing countries. The formulation and distribution of low cost weaning foods such as FAFFA, INCARARINA, BUPRAMINE and the like in different countries has been one such approach with creditable results, though much remains to be done on their widespread use and their accessibility to the majority of children which need them. 19/

44. The major measure that is envisaged to solve the problem of undernutrition and malnutrition among a population is generally the rising of the economic condition, education and the standard of the family living. A country cannot be considered to have solved the nutrition problem until food consumption is in accordance with minimum nutritional standards. 20/ As such, for the situation in Ethiopia, the WHO guideline for future activities in the field of nutrition should be considered to make much impact on the health field.

45. It must however be borne in mind that according to the study of the World Bank, 21/ the pattern of calorie consumption appears to be much less different from one country to the other than one would have expected and both intra-country and inter-country variations are mostly explained by variations in incomes and prices. The study thus stresses that geographical location and socio-economic characteristics appear to play a minor role in determining calorie intake patterns. The World Bank study

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nevertheless reports that if food prices increase and/or income
distribution deteriorates in accordance with past trends, increases in
aggregate supplies of food would be insufficient to eliminate mal-
nutrition in the next two decades. Thus, food programmes and market
intervention is said to be necessary to reduce the severity of malnutrition
and to reach certain segments of the malnourished population.

46. Consequently, it should be stressed further that the nutrition
policy in Ethiopia should be considered in the light of the quality of
the human population in the economic system in which they are found,
and that it should be fulfilled by the intelligent combination of economic
strategies with considerations for fit and health bodies in the stabilising
of the communities. 22/ Otherwise, the complete physical, mental and
social health of the population as well as full and rapid development of
the community will never be reached satisfactorily.

(b) The Cheshire Home in Ethiopia - Home for Crippled
Children 23/

47. In 1961 the Cheshire Foundation in London received an invitation from
certain Ethiopian personalities to start a Home for disabled children
in Addis Ababa and in March 1962 operation started on small scale.

48. The original policy had been to run a Home for mentally retarded
children but it was later found that there was such a pressing need for
handicapped children, many of whom had been abandoned in the Addis Ababa
hospitals. As such, the Home's policy was soon changed to cater only for
the physically disabled.

49. On December 11, 1966, the Home was transferred from its temporary
shelter in Cassa Inches, Addis Ababa, to its present site at Gaffarsa,
30 km. west of Addis Ababa, at which stage the number of children catered
for in the Home rose to 24.

50. The present Cheshire Home has a maximum capacity for 80 children
and it treats primarily polio victims. But care is also given to children
with other physical disability. Invariably all applicants pass
through the Polio Clinic at the Ethio-Swedish Pediatric Clinic, located
in the premises of the Black Lion Hospital. The main criteria for
accepting a child is that he or she should be physically handicapped and

22/ Joy, L., Foods and Nutrition Planning, Institute of Development
Studies, University of Sussex, from a reprint: The Journal of Agricultural
Economics. No publication date.

23/ Information concerning the activities of the Cheshire Home was
collected from the consultation of the personal file of Dr. P. A. Dekker,
and from interviews had with her and Ato Gebre Medhin Bekele. Dr. Dekker
is the physician both for the Home and for the Polio Clinic, and Ato Gebre
Medhin is the social worker for both too.
that he or she will benefit from the treatment at the Home. The treatment mostly lasts between 2 to 6 months duration. There are only a few cases which need treatment for as long as one year. Most patients suffer from post-polio myelitis paralysis, a few from T.B. of the bones (spondylities) or joints (hip), a few from dislocation of the hip - these have been treated primarily in a hospital - and a few from amputations performed elsewhere.

51. Each year, the number of children who are permanent residents in the Home decreases. Those who remain permanently in the Home do so because of medical or social reasons.

52. As indicated above the main objective of the Cheshire Home is to rehabilitate children who are physically handicapped and mainly polio victims. They are taught to walk with the help of prosthesis. These prosthesis include callipers (braces), crutches, shoes or if needed, artificial legs.

53. Children above 12 years of age are not accepted. When a child is so severely handicapped that no operation or physiotherapy can improve the condition, the patient is not admitted to the Cheshire Home.

54. Cheshire Home in Ethiopia was later established as an Association carrying the name of "Cheshire Home for Physically Handicapped Children" and registered at the Ministry of Interior in accordance with the requirements and the provisions of the Civil Code of Ethiopia of 1960.

55. As stated in Article 3 of the Articles of Association, the purpose of the Home is "... to establish and operate a Home for physically handicapped children". The same Article provides that the Home may:

"(a) develop a comprehensive rehabilitation programme including physiotherapy, elementary education and vocational training in order to integrate the children into society and to enable them to earn a living;

"(b) co-operate with other bodies working in the field of social welfare and in particular in the field of physically handicapped persons;

"(c) arrange programme for fund raising;

"(d) engage in such other activities as are necessary to achieve the above purpose."
In 1979 there were 23 Cheshire Homes in the Central Region of Africa comprising Ethiopia, Kenya, Tanzania, Sudan, Uganda, Mauritius, Zambia, South Africa and the Seychelles. In Ethiopia, the Home had established its branches in Addis Ababa (Shawa Region), Asmara (Eritrea Region), Gighesha (Shashamene province, in Shew Region) and Assella (Arsi Region).

57. While the Addis Ababa, Gighesha and Assella Homes are still functioning at full capacity the Asmara Home has been continuing on a small scale as a clinic where mothers brought their children for treatment and change of callipers.

58. The Gighesha Home was opened in 1974 and started with the first 7 children. In addition to other facilities, the Home has a physiotherapy and treatment rooms. As is the case at the Gafarssa Home, most of the children are polio victims. However, children with any kind of physical disability are accepted. Those who needed surgical operations were initially given the treatment at Alert Leprosy Hospital in Addis Ababa, free of charge. At present a Leprosy Control Centre in Arsi Region which serves both the Gighesha and the Assella Homes has come into operation. Most of the children come to Gighesha from the nearby Missions of Sidamo, and Gamu Gofa Regions, and Kambatta province of Sidamo Region, which Missions takes responsibility when the children are discharged after the completion of their treatment.

59. The Assella Home was opened at the request of the Relief and Rehabilitation Commission of the Provisional Military Government of Socialist Ethiopia. The first 12 children were brought from Wollo Region, most of whom were disabled because of ergotism. Additional 6 crippled children were also taken from the local families who were unable to care for them adequately.

(c) **Main cause of crippling in children**

60. Poliomyelitis (infantile paralysis) is an acute virus infection in which only a small percentage of those infected develop clinical signs, consisting of fever, headache, stiff neck and back muscles, and sometimes flaccid paralysis of various muscle groups. The causative agent is a small filtrable virus measuring 30 μm in diameter. The virus exists in three immunologic types, but type I is the one most commonly associated with epidemics. Besides man, chimpanzees and monkeys are said to be susceptible. All strains are said to grow well in tissue cultures of certain premiate cells. 24/

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61. According to medical reports, poliomyelitis is endemic in all parts of the world and appears in epidemics in many areas. It is more common in children than in adults. In countries which have had epidemic the virus has been isolated from sewage, flies and fly contaminated food, consequently socio-economic factors assume greater importance for epidemiological cases in different countries and populations, especially in developing countries. In countries with poor sanitation and hygiene, infection with all three types of virus takes place in infancy and early childhood, and those who survive acquire a lasting immunity. In such a situation, epidemic occurs, and sporadic cases are usually limited to the age group under 4 years. 25/

62. A large scale epidemic of poliomyelitis has not, so far, been reported in the African continent, although epidemics have been known in Kenya and Uganda and do occur in most tropical countries. It has often been erroneously stated that Ethiopia has no poliomyelitis. But Oscar Barry 26/ reported to the Ethiopian Medical Association in May, 1961, that he had reviewed some 42 cases which he had seen in the Ethio-Swedish Paediatric Clinic 27/ during 1960-61, which were presumed to be suffering from poliomyelitis or its after effects. The youngest patient was 13 weeks old and the oldest was 11 years. Over half had suffered from what appeared to be poliomyelitis before the age of 2 years and 85 per cent of the group were affected before the age of 5 years. 28/

63. It was therefore concluded that anterior poliomyelitis does exist in Ethiopia, its existence being in the form of infantile paralysis in that 60 per cent of the cases occur between the 3rd and 18th month of life. Out of 126 cases investigated only one death was reported 29/ but no information was available as to how many other children died from undiagnosed acute anterior poliomyelitis. The study reports further that there is no information in Ethiopia of cases of infantile mortality.

64. During the period August 1st, 1967 to July 31st, 1968, 131 cases with post-poliomyelitis paralysis were seen at the outpatients' department of the Ethio-Swedish Paediatric Clinic. Between January 14th, 1971 and January 13th, 1972, 231 children were examined at the Polio-Clinic. After examination by the team at the Polio Clinic of 179 cases, 95 were boys and 84 were girls. The follow-up period was from a minimum of 1 year to a maximum of 2 years. 30/


26/ Ibid.

27/ The Ethio-Swedish Paediatric Clinic was established in 1971 by embracing the former Paediatric Clinic of Princess Tsehay Hospital.


30/ Ibid.
(d) The situation of the blind

65. The Merha Awouran School, otherwise known as the Blind School, came into being in 1959. This boarding school for the blind on a site of 100,000 sq.m. of land with an initial capital of Eth. 600,000 Birr was designed to serve in the form of a village in order to give a family-like atmosphere. The need to further expand the school became apparent in 1968 and expansion started at a cost of 1,000,000 Birr generously contributed by Evangelical Central Agency of Germany. The school started with an enrollment of 21 blind and/or partially sighted students. There are at present 20 blind and/or partially sighted students whose age group ranges from 7 to 18 years. Students who pursue their studies at the school follow the normal curriculum of the Ministry of Education. Consequently, students who complete grade eight and succeed in the national examination are promoted to the various senior secondary schools in the vicinity of Addis Ababa. Those who fail in the national examination and who are 18 years and above are placed in different jobs according to their ability and interest. It is largely because of the necessity for employment of disabled individuals which prompted a request to be submitted to the International Labour Organization for the assignment of a rehabilitation expert in 1959 to the Ethiopian Government. In response to this request an expert by the name of Mr. Edgar Marland was assigned from July 1961 to January 1967 to make a feasibility study for the establishment of vocational rehabilitation activities. It is through the efforts of this expert that the United Abilities Company (see pages 27-28 hereof) was established.

66. To further protect the interest and welfare of the blind persons the Ethiopian Co-operative Union of the Blind was created in 1961 by some blind persons in order to express their solidarity with the visually impaired persons. The founding members of the board of directors of the Co-operative Union were composed of sighted persons in the majority, and visually impaired in the minority. This situation is now reversed and all members of the Board are visually impaired. The Co-operative Union has now become a member of the International Federation of the Blind and also a member of the World Council for the Welfare of the Blind.

67. The primary objectives of the Co-operative Union are to gain recognition by drawing the attention of the general public to the fact that blind persons are an important segment of the society; and to solicit contributions for the welfare of the blind and their rehabilitation through the establishment of a number of vocational activities. The Co-operative Union has established a number of training facilities and vocational activities.

\[1 \text{ Birr} \approx \text{US$1.00} \]

31/ It is estimated that there are 300,000 blind or partially sighted persons in Ethiopia and of these, 30,000 are children of school age. As was the case with most of the information in this paper, this figure was given by Mr. Tamiré Liben, in charge of Information and Training and member of the Board of the Co-operative Union. He is an LL.B. degree graduate and a Legal Advisor in the Ministry of Finance, and himself blind.
68. The training of individual blind person in various vocational fields is prominent among the objectives of the Co-operative Union. Such training activities includes courses for those adults who can no longer pursue formal education, and are designed to enable them acquire skill development in relation to co-operative activities, cottage industries, small-scale farming, etc.

69. The programme of the Co-operative Union is coordinated with that of the blind school. Thus, those students who have completed grade eight but have an average grade point of less than 75 per cent and are under 20 years of age are admitted to higher vocational programmes such as physiotherapy, farm training, telephone switchboard operating, commercial and other technical fields. Those who are below the age of 20 and have passed grade eight with an average grade point of more than 75 per cent are encouraged to continue their academic education through the regular senior secondary programmes, and, if successful in the national university entrance qualifying examination, are registered at the University in the various branches of the social sciences.

70. The vocational rehabilitation activities of the Co-operative Union are carried out in Addis-Ababa at the premises on a land allotted by the Government. There is ample space for expansion and growth on the site.

71. The initial capital of the Co-operative Union was generated by selling the eucalyptus trees that were on the site of the vocational rehabilitation centre and which yielded a sum of 4,500 Birr. With this initial capital a carpet making project was started which now has a turnover of 70,000 Birr with an increase in the number of blind persons working there from 24 to 40, and monthly salary fixed initially at 12 Birr and raised to 70 Birr now. The major products of the centre are: carpets, lamp-shades, 27 different kinds of brushes, and garments of different types. These projects alone employs 30 visually impaired persons.

72. The Co-operative Union has established branches of primary schools at Wolaitta, 340 km. south of Addis Ababa, and Bako, 260 km. west of Addis Ababa, accommodating 150 students. It also pays monthly stipends for 60 blind university students. The Co-operative Union is in the process of establishing similar activities in five other regions in the country, including Hararge, Wollo, Gondar, Gojam and Kaffa.

73. The Co-operative Union is at present financing its activities from the following sources:

(a) Income generated from sale of the various items produced at the centre;

(b) Funds raised by the members through campaigns, and from contributions or limited membership fees;
(c) Financial grant by the Cristofel Blinden Mission of West Germany. The grant obtained from this Mission until 1980 has come close to a total sum of DM 600,000;

(d) Financial grant by the Bread for the World Organization of West Germany totalling 135,000 Birr. This sum of money was obtained for the completion of projects commenced on the basis of a feasibility study. The donor has already effected the first portion of the payment for the 1980 fiscal year; the total sum committed being 180,000 Birr for the whole project which will take three years to complete;

(e) 20,000 Birr won in a competition organized by the Government based on quality production of the items produced by the centre; also a small subsidy from the Rehabilitation Agency of the Government of Ethiopia.

(f) Scholarships granted by the Democratic Republic of Germany to blind students to study at the different universities and vocational training institutions in Berlin.

74. The number of students studying at the primary school level are 600; 80 to 100 at secondary schools, and 60 at the Addis Ababa university.

75. A good number of blind persons have completed their university education and few have succeeded in earning higher degrees, mainly in the liberal arts. Among the graduates 13 are now Legal Advisors, 3 are working as historians in different Ministries and Agencies of the Government, and, about 50 others in the teaching profession.

76. It should be stressed that a complete health information system has meaning only where a planned, controlled health system exists. In a country like Ethiopia where health services are derived from a variety of sources, it was very difficult, at least until the recent past, to organize a national health information system in any formal sense. At present, as was the case in the past several years, censuses and vital statistics registration systems are the responsibility of another government agency which is not related to health so that essential information concerning local health areas could not be obtained for this particular study. In the absence of such health information, therefore, it should only be reported here that no records and data could be obtained to indicate the magnitude and the different kinds of causes of blindness which will help assess the situation. Nevertheless, the Co-operative Union of the
Blind on the basis of its own investigation has classified causes of blindness as: trachoma, measles, small pox, cataracts, typhoid fever, congenital (resulting from venereal diseases mainly that of syphilis and gonorrhea), taeniacide (produced out of native herbs), river blindness, old age, and, various other accidents sustained by individual victims.

(e) The Situation of the Deaf

77. The problems of the deaf have not been given due attention in Ethiopia until recently. The oldest school for the deaf in the country was established in 1956 by a group of Missionaries from the Scandinavian countries in Keren, 70 km. north of Asmara, in Eritrea region. This school has now stopped functioning altogether.

78. The schools which were initiated and started in Addis Ababa were, namely: (a) the Mekannissa school for the Deaf (formerly the Amha Desta School for the Deaf), established in 1962, and, (b) the Bole Bible Baptist Church School for the Deaf established in 1967. Both schools were established by missionaries from the United States of America. Initially, both were financed and run by the missionaries themselves from funds raised or obtained from abroad. At present, however, while the Mekannissa School is still financed by the American Mission of the Church of Christ – its parent body – the Bole Bible Baptist Church School has since 1979 been financed and run by the Ministry of Education of the Ethiopian Government. Both Schools lack the necessary teaching materials essential for the successful operation.

79. The School at Mekanissa accepts students from ages 5 to 20, and it conducts classes from preparatory (0 class) to grade six, at which stage they are allowed to sit for the national examination. Those who succeed are admitted to the Bole Bible Baptist Church School where they are able to go through the eighth grade. If again they are successful in the national examination which qualifies them to get admission into the senior high schools, they are then given the chance for placement in the different schools according to their preference and inclination, be it academic or vocational. During their senior high school days the students are integrated with the unimpaired students in the various schools.

80. The number of students at present attending the Mekannissa School is 85. Placement of students in jobs has in the past been the sole responsibility of the school. Those students who left the school from grade 5 or 6 were able to get employment with the United Abilities Company, Augusta Shirt Factory and the various printing presses in the country. The annual expenditure for running the school has sometimes reached 40,000 Birr.
81. The estimation indicates that the hearing impaired segment of the population in Ethiopia (the deaf in various stages) comes close to 600,000. As is the case with the general trend of migration of people from rural areas to the cities, the number of deaf migrants from rural communities to Addis Ababa has constantly increased from year to year. In 1971, because of the magnitude of the problem, the deaf in Addis Ababa formed the Ethiopian National Association of the Deaf (ENAD). This Association is formally registered in the Ministry of Interior in accordance with the provisions of the Civil Code of Ethiopia, and has also joined the World Federation of the Deaf (WFD) in 1972, as a member.

82. Membership in ENAD is open to all persons with impaired hearing, their relatives and friends, as well as others interested in the welfare of the Deaf. The Association relies for financing of its activities entirely upon voluntary donations and membership contributions.

83. The executive members of the Association appear to face difficulty in financing the programme of ENAD entirely through voluntary donations - which is negligible - and membership fees. This is particularly so since most members are unemployed, are totally unskilled, or not adequately skilled in anyone of the vocational fields and thus incapable of earning enough income for themselves and to sustain the Association.

84. During the period from 1971 to 1979 only a total number of 66 hearing impaired persons were placed in jobs through the Association in the following occupations: in fine arts, carpentry, gold and silver smithery, tailoring, book binding, etc. The Association has also been instrumental in preparing projects on the occupational distribution of the hearing impaired persons. It prepared feasibility studies for the setting up of a garment factory, a wood works factory, a metal work factory, a leather factory, and a fine arts workshop. These projects unfortunately never materialized due to lack of financial resources.

85. Unlike the Co-operative Union of the Blind, the Ethiopian National Association for the Deaf lacks adequate space. The executive members of the Association contend that if adequate land is allocated for the purpose of establishing vocational centres similar to that of the Co-operative Union of the Blind, some of the projects enumerated above would have been carried out with the meagre resources at their disposal.


33/ Ibid.

34/ Ibid.
86. The Government has nevertheless taken steps towards alleviating these problems, and as a result, a committee composed of representatives of the Ministries of Education, Health, Housing and Urban Development, and the Rehabilitation Agency (which agency is under the Ministry of Labour and Social Affairs) has recently been formed and is in the process of looking for solutions to problems faced by the deaf or those with impaired hearing.

87. Due to the initiative taken by the Association 35/ a unified system of Gestual Language has been adopted in Ethiopia. The preparation of manual signs for the national alphabet by the Association and the introduction of same into the respective schools has been instrumental towards the preparation of a National Gestual Language.

88. When the different schools for the deaf were established, the one at Keren introduced a system of manual sign for spelling out the alphabets and signs for English words as used in Sweden. Likewise, the two schools in Addis Ababa were using a language of signs as used in North America. Therefore, only the English language was used at these schools, while most parents of the children speak and understand the national languages only with a consequence that the deaf had to use one language at school and another at home and thus being deprived of the opportunity of reinforcing what they had learnt at school.

89. Causes of deafness in Ethiopia are many and diverse. According to the Association, a survey as to the causes of deafness was made and the following table shows the distribution of the 136 members of the Association by the categories of causes of deafness as devised to suit their own statistical nomenclature for the purpose:

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<table>
<thead>
<tr>
<th>Causes of Deafness</th>
<th>Number of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causes Unknown</td>
<td>83</td>
<td>61.03</td>
</tr>
<tr>
<td>Had a Fall</td>
<td>14</td>
<td>10.29</td>
</tr>
<tr>
<td>Assorted Causes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>High fever</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Epidemic</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>&quot;Mitch&quot;x/</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Foreign body in ears</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Water entered ears while swimming</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drunk water at night and had a headache</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Had a fit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Had swelling on head then running ears</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mother was sick while pregnant</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>11</td>
<td>5.15</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>7</td>
<td>5.15</td>
</tr>
<tr>
<td>Meningitis</td>
<td>6</td>
<td>4.41</td>
</tr>
<tr>
<td>Typhus</td>
<td>1</td>
<td>0.74</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>136</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

36/ Tekle Haimanot Dero; this statistical data is taken from a paper entitled "Members of the Ethiopian National Association for the Deaf (ENAD) and their Education", prepared for the Eighth World Congress of the World Federation of the Deaf, March 1979.

x/ "Mitch" is the Amharic word for any ailment or infection the cause of which cannot be determined by laboratory instruments or otherwise.
(f) The Situation of Leprosy Victims

90. Handicapped leprosy beggars have, by tradition, been and still are, segregated from the general community. As a result, they generally live in very poor conditions amongst the most abandoned persons of Ethiopian society. It is with this in view that the Ethiopian Government in co-operation with other international agencies and religious associations established the All Africa Leprosy and Rehabilitation Centre (ALERT) for the purpose of controlling and treating leprosy and rehabilitating the victims.

91. As stated earlier in this paper, it was through the efforts of missionary organizations that leprosy institutions were introduced to Ethiopia for the purpose of treating and rehabilitating persons afflicted with the disease. Now there are facilities in the vicinity of Addis Ababa and also in Hararge region, 530 kms. east of Addis Ababa.

92. Leprosy in the world is widespread to such an extent that the number of estimated leprosy cases in 1965 was 10,786,000 of whom 3,872,000 had some disability (including anaesthesia). In 1970, there were 2,831,775 registered cases and about 1,928,000 treated cases in the world. The latter figure represents some 68 per cent of the registered cases and 18 per cent of the estimated cases. The number of estimated cases by continents was as follows: Africa 3,868,000; the Americas 358,000; Asia 6,475,000; Europe 52,000; and Oceania 33,000. About 2,097 million people were estimated to be living in areas with prevalence rates of 0.5 per thousand or higher. In these areas the number of new leprosy cases expected to occur from 1965 to 1970 were 95,000. From 1965 to 1970, however, over 500,000 cases have been detected and registered in 75 countries. Even in areas of very high endemicity, it is unlikely that the prevalence rate will exceed 50 per thousand.

93. The first Agreement on the establishment of a non-profit making institution in the field of leprosy control and treatment was signed between the Ethiopian Government and the All-Africa Leprosy and Rehabilitation Training Centre (ALERT) on 11 December 1965, for the purpose of training men and women in all aspects of leprosy with special emphasis on control, treatment and rehabilitation for work in African countries.

94. According to Article II of the said Agreement the principles to be followed, _inter alia_, were:

- to build up leprosy services in limited areas in Ethiopia;

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37/ Senkenesh, G.M., Notes and Reflection on the Rehabilitation Project of Assebe Tefari, June 1976.

- to accept responsibility under the auspices of the Ministry of Public Health for the management of the existing Zenebework Hospital 39/ in Addis Ababa, and to add staff and facilities for the purpose of making a training centre for medical, surgical, para-medical skills needed by leprosy patients;

- to build up Rehabilitation Services for disabled leprosy patients, such services to be available also for persons disabled by other causes;

- to organize meetings, seminars and in-service programmes in collaboration with the Governments of the African countries 40/ and with international health organizations and voluntary organizations working in fields of leprosy and of rehabilitation; and

- to contribute through basic research to the knowledge of leprosy.

95. In order to implement the following objectives a corporate body was founded on 11 December 1965, by five founding members with the aim of making it a nonprofit making organization. According to the Articles of Association, membership is also extended to those who will fulfill certain conditions among which is the payment of single or annual contributions to the Fund of the Corporation or in the form of total financial support of a member of the staff of the training centre, or by conferring the status of Honorary Membership upon any individual who has rendered exceptional services to the Corporation.

96. The all Africa Leprosy and Rehabilitation Training Centre (ALERT) started actual operation in 1966 in response to the need to develop on the African continent a centre that would train leprosy workers of all grades in qualified care of leprosy patients and in techniques of rehabilitation.

97. Even though training is the main goal of ALERT, other goals include leprosy control, leprosy care, rehabilitation, and coordination of the relationship of ALERT to the Medical Faculty of Addis Ababa University and other Medical units in Addis Ababa. The research aspect of the work is carried out by the Armauer Hansen Research Institute, which is housed on the compound of ALERT.

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39/ This Hospital is the reformation of the Leprosarium established in 1932 by Sudan Interior Mission on the present site of ALERT.

40/ Ethiopia, Sudan, Nigeria and some other English-speaking African countries have, to a greater extent, benefitted from the training services of ALERT. A similar institution is set up for French-speaking African countries in Dakar, Senegal.
98. According to the above-mentioned Agreement, ALERT accepted responsibility to provide medical and surgical care in Zenebework hospital in Addis Ababa. The basic policy of the hospital is to control infected patients and contacts, discover and treat early leprosy, manage the complications of drug treatment, provide surgical and non-surgical care for the prevention and correction of existing deformity. It also accepts up to 20 percent of non-leprosy cases. The hospital provides an outpatient department including a diagnostic and other clinics, maintains 210 beds for medical and surgical treatment as well as pharmacy, clinical laboratory, X-ray and photographic unit.

99. The outpatient department contains a diagnostic clinic, a sick clinic for general illnesses, an ulcer clinic, a leprosy clinic, a surgical clinic, an eye clinic for in-patient and referred cases, and a review clinic for cases specially referred for advice.

100. The criteria for admission of patients to the hospital are the medical need of the patient, the ability of the hospital to help, the diagnosis of leprosy, the medical needs of non-leprosy relatives and non-leprosy patients for whom the medical services of ALERT are particularly appropriate, i.e., reconstructive surgery, leishmaniasis and elephantiasis.

101. Leprosy control in Addis Ababa is undertaken by the Gate Clinic which receives new cases only from the diagnostic clinic and continues to treat leprosy cases in the Addis Ababa area, for whom a residential requirement is necessary.

102. The hospital is a national referral hospital for leprosy cases, with a capacity of 210 beds for in-patients, i.e., 90 beds for surgical cases and 120 beds for various skin (dormitology) cases. For example, patients admitted for treatment in 1977 alone were 1,580 among which 437 constituted the non-leprosy cases.
103. The following table also shows leprosy and non-leprosy cases treated at ALERT during September 1970 to August 1979.

<table>
<thead>
<tr>
<th>Year</th>
<th>Leprosy</th>
<th>Non-Leprosy</th>
<th>Total Visits</th>
<th>Registered At ALERT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>1,705</td>
<td>3,344</td>
<td>5,049</td>
<td>576</td>
</tr>
<tr>
<td>1971</td>
<td>1,502</td>
<td>2,513</td>
<td>4,015</td>
<td>802</td>
</tr>
<tr>
<td>1972</td>
<td>1,238</td>
<td>2,091</td>
<td>3,329</td>
<td>647</td>
</tr>
<tr>
<td>1973</td>
<td>1,164</td>
<td>3,705</td>
<td>4,869</td>
<td>477</td>
</tr>
<tr>
<td>1974</td>
<td>1,249</td>
<td>4,905</td>
<td>6,154</td>
<td>735</td>
</tr>
<tr>
<td>1975</td>
<td>1,266</td>
<td>5,948</td>
<td>7,214</td>
<td>736</td>
</tr>
<tr>
<td>1976</td>
<td>1,241</td>
<td>9,307</td>
<td>10,548</td>
<td>784</td>
</tr>
<tr>
<td>1977</td>
<td>1,055</td>
<td>7,938</td>
<td>11,526</td>
<td>670</td>
</tr>
<tr>
<td>1978</td>
<td>891</td>
<td>9,628</td>
<td>10,519</td>
<td>541</td>
</tr>
<tr>
<td>1979</td>
<td>1,095</td>
<td>12,955</td>
<td>14,050</td>
<td>650</td>
</tr>
</tbody>
</table>

104. The out-patient attendance has steadily increased from year to year. The total number of cases seen in 1979 alone was 78,334 which shows an increase of 9,911 patients over 1978. The doctors at ALERT feel that the increase is due to the fact that ALERT is the only fully staffed hospital having a well-equipped dermatological Unit in Addis Ababa.

105. The supportive services unit is the orthopaedic workshop where footwear, crutches, artificial limbs, etc. are being made. In 1977, 24,312 patients visited the workshop and 2,682 items were repaired. Among the patients who visited the workshop were included non-leprosy patients as well as children with club-foot and other physical disabilities.

106. The medico-social unit is one of the important arms of rehabilitation activities of ALERT. This unit registers patients upon first arrival and facilitates the process of hospitalization for each patient. It also manages a welfare fund for the benefit of patients who are in need of help from the financial point of view; both leprosy and non-leprosy patients who are not economically able to pay are helped accordingly. Many needy leprosy patients are given financial assistance from the Welfare Fund for the purchase of footwear, and for transport back to their respective localities after hospitalization.
107. This unit in 1977 was instrumental in initiating the establishment of a rehabilitation programme where the leprosy patients living in the vicinity of ALERT were brought to a status of productive and self-supporting citizens through the establishment of a vegetable farm in the nearby locality. According to the head of the Unit, the criteria for selection was that the person must be earning his or her living by being entirely a beggar. In 1977, 60 families took part in the vegetable growing project on 100,000 sq.m of land allocated by the government. In 1979, the "Wodiko Yetenesssa Association" (which literally translated means "Rising up from dirt to poverty") has about 343 families as its members after those members who found it difficult to adhere to its rules and regulations and the discipline of hard farm work had dropped out.

108. With very little outside financial help, the farmers were able to plant all the land at their disposal with shallots, potatoes and onions in 1979 alone. Because of the farm's profitability and the promising harvest, the farmers are now looking for more suitable land for expansion. A poultry farm for those who are most disabled members is being planned, and the feasibility study is being conducted by a government agency established for the purpose.

109. When globally considered, there is a great tendency for the developing countries to look to international charitable and religious institutions to help them develop services to combat this loathsome disease. This is due to the fact that these countries still view the needs of this nature to be peripheral to the more pressing problems of poverty, massive unemployment of able-bodied workers, need for housing, health and medical care, child welfare and public education. Ethiopia also finds it difficult to meet these needs unaided. She has, and still continue to supplement her resources with international assistance.

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41/ Annual Report for the Year 1977, All Africa Leprosy and Rehabilitation Training Centre.

42/ Annual Report for the Year 1979, All Africa Leprosy and Rehabilitation Training Centre.
(g) The United Abilities Company (Umbrella and Dry Cell Battery Factories)

110. The International Labour Organization’s technical aid in the establishment of three factories in Ethiopia, employing over 400 severely disabled and now self-supporting persons, should be of interest to other countries in Africa. In September 1964 an Umbrella factory was established by the Government of Ethiopia through the auspices and with the technical support of ILO.

111. One of the three factories which now employs over 277 disabled and self-supporting persons is the Umbrella Factory. This factory, now called the United Abilities Company, was established with an initial capital of 60,000 Birr and with the prime objective of giving employment to disabled persons in Ethiopia by establishing economically feasible and profitable projects.

112. The Umbrella Factory began production in November 1964 with 27 disabled workers who had undergone a two month training in umbrella production. In 1970, the factory employed 276 disabled labour force with an annual production of nearly 700,000 umbrellas together with the necessary metal components such as the ribs and the central tubes.

113. When the optimum level of employment at the Umbrella Factory was reached in 1970, it was decided that expansion into other production lines would be advantageous in order to give employment opportunities to a greater number of disabled persons. A decision was therefore made to establish and produce Dry Cell Batteries. This was considered most economically feasible after examining various other alternatives. The most attractive aspect of dry battery manufacture is that much of the operations involved in the process is performed either on handlines or with semi-automatic machinery. This would enable a greater number of disabled persons to be employed.

114. This expansion was carried out with a total capital investment of 1,050,000 Birr and an employment capacity for 225 disabled individuals. This employment opportunities offered include managerial, technical, clerical and skilled, semi-skilled and unskilled categories.

115. Comparing the situation of the disabled in Ethiopia over the past fifteen years the important role played by the establishment of these two factories in filling the gap for employment necessity can be considered tremendous. The factories have changed some of the wasted manpower of the disabled society into productive and self-sustaining elements thereby making them self-sufficient and providing them a sense of usefulness. The total impact on the economy is, however, much greater than this. These employees consume goods and need services thereby contributing to the multiplier effect of the economy and the creation of employment opportunities for others.

43/ Burress, J.R., op. cit.
116. The total number of persons employed in both factories has now reached the level of 530 - 475 disabled and 55 able-bodied persons. The following table shows the distribution of employees by the category of disability.

<table>
<thead>
<tr>
<th>Disability</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defective legs - amputated or deformed</td>
<td>65</td>
<td>180</td>
<td>245</td>
</tr>
<tr>
<td>Defective arms -</td>
<td>4</td>
<td>27</td>
<td>31</td>
</tr>
<tr>
<td>Blind</td>
<td>32</td>
<td>58</td>
<td>90</td>
</tr>
<tr>
<td>Deaf</td>
<td>39</td>
<td>49</td>
<td>87</td>
</tr>
<tr>
<td>Multiple disabilities or deformities</td>
<td>2</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Able-bodied</td>
<td>9</td>
<td>46</td>
<td>55</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>154</td>
<td>376</td>
<td>530</td>
</tr>
</tbody>
</table>

117. In addition, it produces the nation's requirement of umbrella and dry cell batteries thereby reducing the foreign exchange requirements for the local inputs.

118. In all aspects, the Company operates in the same manner as other manufacturing and training organizations and presents its quality products to the market at reasonable prices. As any other profit making entity it pays income tax, transaction tax, turnover tax and the various other taxes and duties levied on imported raw material save taxes and duties on raw material for the battery production. Until recently it has never declared dividends and profits had been ploughed back into the business in order to expand the scope.

119. Until 1978 the Dry Battery Factory was a losing concern. However, by doubling the shift from one to two a gross profit of 216,525 Birr and a net profit (after tax) of 108,000 Birr was shown in the fiscal 1979. The Umbrella Factory, however, had been making profit right from the beginning of operation fifteen years ago. In 1979 it made a net profit of 331,000 Birr, with a profit of 151,000 Birr over the 1978 fiscal year. Overall, the Company earned a net profit of 439,000 Birr for the 1979 fiscal year.
(h) Assistance of the International Committee of Red Cross to the People's Heroes Centre

120. At the request of the Ethiopian Government, the International Committee of the Red Cross engaged itself at the end of 1978 to set up a prosthetic workshop and a physiotherapy department for amputees in the Rehabilitation Centre of the Peoples' Heroes of Revolutionary Ethiopia, which can accommodate 1,200 patients, most of them amputees, paraplegics, blinds, etc.

121. The primary aim was to use local resources to manufacture the different components of artificial limbs instead of importing them and in order to give more financial and technical independence to the Centre after the withdrawal of ICRC. The second aim was to emphasize active participation by the disabled people in the manufacturing process.

122. In January 1979, the first two members of a five-man team arrived in Ethiopia, the materials and machinery following in February. As no proper accommodations for the workshop and physiotherapy was then ready, a dormitory block was temporarily used and the project became operational in May 1979.

123. To ensure a good follow-up, a prosthetic and physiotherapy course was started and will be completed at the end of 1980 after 13 months practical and theoretical training. About 20 of these students are amputees themselves.

124. The Centre is a great success and is regarded as a pilot project by the Ethiopian Authorities.

IV. CONCLUSION

125. In Ethiopia, there is a consensus of opinion that a relatively good segment of the population requires special education or rehabilitation measure of some sort. Because of various crippling diseases, malnutrition and adverse environmental conditions, the proportion of disabled persons as witnessed in every corner of the various towns and cities of the country looks alarming.

126. As regards children in addition to suffering from physical and mental disabilities they also encounter obstacles during childhood which may impede their normal growth, education and preparation for adult life.

127. Generally, existing prejudices and discrimination against disabled persons is damaging. The advantages of a systematic record or registration of disabled persons are obvious and an early assessment of their disabilities and rehabilitation requirements is of crucial importance in their
development as an important segment of the society, and it should be carried out through the coordinated efforts of all the rehabilitation workers concerned, in co-operation with the government. Such an assessment should take into consideration all medical, social, physical and psychological conditions of the disabled persons.

128. As the study shows, services for disabled persons in Ethiopia are provided either by governmental agencies or non-governmental organizations or by both. Coordination of these services at the national and regional or local levels is necessary if they are to reach a high level of efficiency.
BIBLIOGRAPHY


