Journal of Research in Education and Pedagogy
ISSN 3047-7131 (online) & 3047-6410 (print)
August 2026, Vol. 3, No. 3, pp. 354–362

Scientia Publica Media

Research Article

Exploring the Benefits of Early Intervention Programs for Children with Disabilities in Injibara, Ethiopia

Getachew Admassu[1]

[1]Department of Professional Studies, Injibara College of Teacher Education, Injibara, Ethiopia

Abstract
This study explores the benefits of early intervention programs (EIPs) for children with disabilities (CWDs) in primary schools within Injibara Town Administration, Ethiopia. Early intervention is globally recognized for enhancing developmental outcomes and promoting inclusion, yet in low-resource contexts like Ethiopia, systemic barriers often limit access and effectiveness. The objective of this research is to investigate the existing support structures, service delivery mechanisms, and challenges faced by CWDs in accessing early intervention, with the aim of informing inclusive policy and practice. A qualitative case study design was employed, utilizing purposive sampling to select three CWDs (with motor, visual, and learning impairments), their mothers, three school principals, and the head of a local health center. Data were gathered through semi-structured interviews, focus group discussions, and document analysis, and thematically analyzed to identify recurring patterns and insights. Key findings reveal critical systemic gaps: significant delays in disability identification, often beyond age six; a severe lack of access to EIPs due to absent rehabilitation services and insufficient teacher training; and pervasive stigma and social exclusion, exacerbated by limited awareness among families and communities. The experiences of children highlighted feelings of isolation and academic marginalization, while caregivers expressed helplessness due to poverty and informational gaps. In conclusion, the study underscores an urgent need for integrated, multi-sectoral EIPs that incorporate community-based screening, capacity building for parents and teachers, mobile rehabilitation units, and policy reforms aligned with the UNCRPD. Recommendations include establishing local rehabilitation centers, implementing disability-inclusive education, and launching community awareness campaigns. Despite the study's localized focus and small sample size, it provides actionable pathways for empowering CWDs and calls for immediate collaboration among government bodies, NGOs, and communities to foster equitable inclusion in low-resource settings.

Keywords: Children with Disabilities, Early Intervention, Inclusion, Stigma, Rehabilitation, Injibara, Ethiopia

✉ Correspondence
Getachew Admassu
getachewad2024@gmail.com

Received
April 9, 2025
Accepted
May 29, 2026
Published
August 3, 2026

Citation: Admassu, G. (2026). Exploring the benefits of early intervention programs for children with disabilities in Injibara, Ethiopia. *Journal of Research in Education and Pedagogy, 3*(3), 354–362.

DOI: 10.70232/jrep.v3i3.104

1. INTRODUCTION

There are different schools of thought in conceptualizing disability. For example, Shea and Bauer (1977) describe persons with disabilities as individuals who, for various reasons, are seen by others as "different." They may differ from their peers in appearance, communication, performance, and movement. They may also vary in how they interact with others, access information, and learn or perform activities.

Disability is commonly understood as a condition in which an individual's functioning is substantially impaired relative to typical standards, encompassing physical, sensory, and cognitive limitations, as well as mental health conditions and chronic diseases (Disabled World, 2007). In a similar vein, Yesseldyke and Algozzine (1995) conceptualized disability as a condition that disrupts normal growth and development, thereby limiting their ability to benefit from schooling or participate successfully in work activities.

From a functional perspective, disability may also be defined as a limitation or absence of the ability to perform activities using the body within what is generally considered a normal range (Tirussew, 2000). Consistent with definitions provided by the World Health Organization (WHO) and the International Labor Organization (ILO), individuals with disabilities in Ethiopia are described as those who, due to physical impairments, are unable to independently sustain a standard level of living.

Historical and legal interpretations further contextualize the concept of disability. As reported in the newspaper NagaritGazeta, Emperor Haile Selassie I, through Order No. 70 of 1970, characterized "disabled" individuals as those who, because of physical or mental limitations, are unable to secure their livelihood and lack adequate social support. This definition also extends to individuals who are either too young or too old to work (JICA, 2002). Subsequently, the Transitional Government of Ethiopia, in Proclamation No. 101 of 1994 published in NegaritGazeta, defined a "disabled person" as an individual who is unable to see, hear, or speak, or who experiences intellectual impairments or injuries resulting from natural or human-induced causes. However, this definition explicitly excludes individuals whose conditions arise from alcoholism, drug addiction, or psychological issues associated with socially deviant behavior.

Children with disabilities face stigma, exclusion, neglect, institutionalization, and abuse from birth, often leading families to hide them and keep them from school and community life. Services should be delivered in the child's natural environment—home, neighborhood, or inclusive schools—where institutions can also aid in early detection. Interventions focusing only on physical or functional impairments are ineffective unless they enable social and community participation. Significant emphasis is therefore required to ensure early intervention fosters full societal inclusion (Wegayehu, 2004).

The primary focus of this paper is to investigate the benefits of early intervention service programs for children with disabilities in primary schools within the Injibara Town Administration. Early intervention is widely recognized as an approach to tailoring support for children from birth to six years of age. However, much of the family-centered early intervention literature has predominantly focused on services for children from birth to three years (Duns et al., 1991, cited in Tirussew, 2005). In recent decades, growing global attention has been directed toward the role of early intervention in promoting the development of infants, toddlers, and young children (Blackman, 2003). Such interventions may take either a remedial or preventive form, aiming to address existing developmental challenges or to avert their emergence (Kid Sources, 2004, cited in Tirussew, 2005).

More specifically, early intervention is intended to prevent or reduce physical, cognitive, and emotional difficulties, as well as resource-related constraints, among young children exposed to biological or environmental risk factors (Blackman, 2003). Tirussew (2005) further emphasizes that early intervention serves multiple purposes, including fostering children's developmental outcomes, providing essential support to families, maximizing the contributions of both children and their families to society, and ensuring the cost-effectiveness of intervention programs.

Family-centered early intervention (EI) models remain disproportionately inaccessible in low- and middle-income countries (LMICs), where fragmented services and resource constraints limit their implementation (McCarthy & Guerin, 2021). McCarthy and Guerin (2021) added that the review indicates that most EI interventions have been studied in high-income contexts, leaving significant gaps in evidence for LMICs such as Ethiopia. Critical barriers, including limited service coordination, workforce shortages, and disparities in family resources, further hinder effective EI delivery in under-resourced settings.

Recent studies underscore the critical benefits of early intervention for children with disabilities in sub-Saharan Africa's low-resource settings. A 2024 global review highlights that timely, twin-track support—combining disability-inclusive programs with targeted services before age 3—improves school readiness, enrollment, and long-term socio-emotional well-being, while tackling pervasive barriers like stigma, scarce screening, and funding gaps affecting millions of at-risk children (Olusanya et al., 2024). Additionally, a 2025 scoping review across 13 African countries finds that nutrition and responsive caregiving interventions enhance physical growth and reduce behavioral issues, yet significant gaps persist, especially in Western and Central Africa, where fragmented nurturing care continues to hinder cognitive and motor development in poor, rural communities (Beukes et al., 2025).

However, due to the lack of early assessment and intervention services, many school-age children are not receiving proper early intervention. Therefore, this study aims to investigate the benefits of early

intervention service programs for children with disabilities in primary schools in Injibara Town Administration. The study seeks to answer the following research questions:

1. What kind of support does the early intervention program provide to address the challenges faced by children with disabilities?
2. How do children with disabilities receive early intervention services?
3. What challenges do children with disabilities face in their homes and schools?

2. METHODOLOGY AND RESEARCH DESIGN

2.1. Design of the Study

A qualitative approach with a case study design was employed to meet the study's objectives. This design allows the researcher to study a small sample in depth within its natural settings, capturing the perspectives of participants and observing the case in detail (Bogdan & Bicklen, 1992; Gall et al., 1996). Case studies are used in various situations to contribute to our understanding of individual, group, organizational, social, political, and related phenomena. The essence of a case study is to illuminate a decision or set of decisions, why they were taken, how they were implemented, and their outcomes (Yin, 2003).

2.2. Population and Sampling

The study was conducted in primary schools in Injibara Town Administration, located in the Awi Administrative Zone of the Amhara Regional State. The schools were selected purposively for the following reasons: the availability of school-age children with disabilities for early intervention, and the researcher's familiarity with the language and culture of the people in Injibara, making it convenient to obtain necessary information.

To obtain adequate information, it was essential to evaluate multiple domains of functioning and gather perspectives from key informants (Hinshaw, 1994; Gall et al., 1996). The main characteristic of a case study design is its focus on the intensive study of specific cases (Gall et al., 1996). Purposive sampling was used to select participants, including three children with disabilities, their mothers, three school principals, and the head of a health center in Injibara Town Administration.

2.3. Instruments

A multi-method/triangulation approach was employed to ensure the reliability and validity of the data. This approach allows the researcher to cross-check the truthfulness of the data obtained through different instruments (Mertens& McLaughlin, 1995). Data were collected through interviews, focus group discussions (FGDs), and document analysis.

Semi-structured interviews were conducted in Amharic to ensure ease of understanding with children with disabilities, their mothers, school principals, and the head of the health center. The interview guide, developed based on the study's research questions, included open-ended questions to allow respondents to express their views freely. All interviews were recorded with participants' prior consent.

Focus group discussions were conducted with three mothers of children with disabilities, three school principals, and the head of the health center. The discussions focused on the benefits of early intervention, the difficulties faced by mothers, community knowledge about disability, and societal attitudes toward CWDs. To triangulate the data, the researcher reviewed relevant documents, including school records, health reports, and policy documents related to disability and early intervention.

2.4. Data Collection Procedures

Before conducting the interviews, the researcher ensured that participants were willing to participate, established rapport, and explained the study's purpose and potential benefits. The interviews were conducted in a comfortable setting, and the researcher avoided leading questions or biased responses.

2.5. Data Categorization and Analysis

Qualitative data from interviews, FGDs, and document analysis were transcribed, translated into English, and analyzed thematically. The data were coded, categorized, and analyzed to identify patterns and themes related to the research questions. Cross-case analysis was used to compare the experiences of different participants.

3. RESULTS

Injibara Town Administration is located in the Amhara National Regional State, Awi Administrative Zone. It is 436 kilometers from Addis Ababa and 118 kilometers south of Bahir Dar. The town administration has a total population of 26,635, with 12,903 males and 13,732 females. The primary sources of income are agriculture and trade. The town administration has several educational institutions, including kindergarten, primary, secondary, and tertiary schools.

Three cases of children with disabilities were studied: one with motor impairment, one with visual impairment, and one with learning difficulties. All three children were identified as having disabilities after the age of six, highlighting the lack of early assessment and intervention services.

The mothers of the children with disabilities ranged in age from 49 to 57 years. All were illiterate and lived in poverty, which exacerbated the challenges of raising a child with a disability. The participants included school principals and the head of the health center, all of whom had significant experience and qualifications in their respective fields.

3.1. Interview Results with Cases

The interviews with the three children with disabilities (coded as C1, C2, and C3) revealed significant challenges they face, including stigma, discrimination, and limited access to appropriate services. Below are their responses, quoted directly, followed by an overall conclusion.

C1 (Child with Motor Impairment):

> *"I feel left out when other children play games because I can't run like them. Sometimes they laugh at me, and it makes me sad. My mother doesn't know how to help me, and I don't go to any special classes or therapy. I wish I could do more things on my own."*

C2 (Child with Visual Impairment):

> *"I can't see well, so I struggle to read or write in school. The teachers don't have special books or tools for me, and I feel like I'm falling behind. Other children don't include me in their activities, and I feel lonely. My mother tries to help, but she doesn't know what to do either."*

C3 (Child with Learning Difficulties):

> *"I struggle to comprehend what the teacher is explaining, and I often feel frustrated when I cannot keep up with the lessons. Additionally, other children occasionally insult me or use hurtful language, often targeting my disability, which deeply affects me emotionally. My mother is unsure how to assist me with my studies, and there is no one at school available to provide me with the additional support I need."*

In conclusion, the responses from the three children highlight the profound challenges they face due to their disabilities. Common themes include social exclusion, stigma, and limited access to specialized services. C1 expressed feelings of isolation and frustration due to physical limitations, while C2 emphasized the lack of accessible learning materials and social inclusion. C3, on the other hand, described the emotional toll of struggling academically without adequate support.

All three children shared a sense of helplessness, as their mothers, despite their efforts, lack the knowledge and resources to provide effective support. This underscores the critical need for early intervention programs that not only address the children's developmental needs but also empower their families with the necessary tools and knowledge. Additionally, the interviews reveal the importance of inclusive education and community awareness to combat stigma and discrimination, ensuring that children with disabilities can participate fully in society and achieve their potential.

In conclusion, the findings emphasize the urgent need for comprehensive early intervention services, specialized training for educators, and community-based initiatives to create a more inclusive and supportive environment for children with disabilities and their families.

3.2. Interview Results of Mothers, Principals, and Head of Health Center

The interview findings with mothers, principals, and the head of the health center revealed a critical consensus on the urgent need for disability-specific interventions to support children with disabilities (CWDs) and their families. Participants unanimously emphasized that current educational and social systems lack tailored approaches to address the unique challenges faced by CWDs, such as inaccessible infrastructure, limited teacher training, and societal stigma. Mothers, in particular, shared distressing accounts of their struggles in navigating these systemic barriers, highlighting how the absence of inclusive education policies exacerbates their children's marginalization.

Principals underscored the necessity for teacher training programs focused on disability inclusion, noting that many educators feel ill-equipped to adapt curricula or classroom environments for CWDs. Meanwhile, the head of the health center stressed the intersection of health and education, advocating for integrated support services that address both medical and learning needs. These insights collectively point to a gap in holistic, disability-aware frameworks that could empower CWDs to thrive academically and socially.

Furthermore, the participants proposed actionable solutions, including community awareness campaigns to reduce stigma and parental training workshops to equip families with advocacy skills. Mothers expressed a strong desire for partnerships between schools, health centers, and local NGOs to create a coordinated support network. Principals highlighted successful pilot programs in neighboring regions that combined peer mentorship with teacher coaching, suggesting these as models for scaling. The health center representative called for policy reforms to mandate disability accommodations, citing international best practices like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). These recommendations align with global disability-inclusive education goals but are grounded in local realities, making them both pragmatic and transformative. The data underscores that sustainable change requires multi-sectoral collaboration, a theme resonating across all interviews, to dismantle barriers and foster equitable opportunities for CWDs.

3.3. Results of Focus Group Discussion

The FGDs highlighted three critical factors for improving the lives of CWDs: (1) the crucial importance of early intervention, (2) the pressing need for rehabilitation centers, and (3) the essential role of community awareness, as detailed in the following findings.

The focus group discussions highlighted early intervention as a critical factor in supporting CWDs. Participants consistently emphasized that timely identification and support could significantly improve developmental outcomes and academic performance. Many parents reported delays in diagnosis due to limited access to specialists, while educators noted that early intervention programs could help bridge learning gaps. The discussions underscored the need for community-based screening initiatives and training

for parents and teachers to recognize early signs of disabilities, ensuring CWDs receive the necessary support during their formative years.

Another key finding was the urgent need for accessible rehabilitation centers to address the physical and cognitive needs of CWDs. Participants pointed out that existing facilities were often under-resourced, geographically inaccessible, or lacked trained professionals. Parents shared personal struggles in securing therapy services, which hindered their children's progress. The FGDs recommended expanding rehabilitation services through mobile units, public-private partnerships, and government-funded programs. These measures would ensure equitable access to physiotherapy, speech therapy, and occupational therapy, aligning with global standards set by the UNCRPD.

Finally, the discussions revealed that stigma and lack of awareness remained significant barriers to inclusion. Community members, including teachers and neighbors, often held misconceptions about disabilities, leading to social exclusion and limited opportunities for CWDs. Participants advocated for targeted awareness campaigns involving local leaders, media, and schools to shift societal attitudes. Additionally, peer education programs and inclusive community activities were proposed to foster acceptance. These findings highlight the importance of a multi-sectoral approach—combining healthcare, education, and community engagement—to create an inclusive environment where CWDs can thrive.

4. DISCUSSION

Systemic gaps in early intervention services in the Global South, especially in low-income and rural areas of sub-Saharan Africa, intensify disparities for children with disabilities. A 2025 scoping review of ECD interventions across 13 sub-Saharan African countries highlights that most programs focus narrowly on one or two nurturing care components (primarily nutrition), with none integrating all five dimensions, leading to persistent inequalities in provision and implementation; this is particularly evident in underrepresented regions like Western and Central Africa, where structural barriers hinder holistic support and contribute to suboptimal child development outcomes in poverty-affected rural settings. These limitations underscore the urgency of multifaceted, context-specific interventions and longitudinal research to overcome barriers and promote more equitable, comprehensive early childhood development (Beukes et al., 2025).

The findings from interviews with CWDs reveal profound systemic and social barriers to their inclusion and development. The children's narratives, particularly C1's experience of exclusion during play due to motor impairments, C2's struggles with inaccessible learning materials, and C3's academic frustration amid inadequate support, highlight how stigma and institutional neglect converge to marginalize CWDs (UNCRPD, 2006; Tirussew, 2005). These accounts align with JICA's (2002) findings on Ethiopia's pervasive attitudinal and resource gaps, where societal misconceptions and lack of assistive technologies exacerbate exclusion. The children's shared sense of helplessness underscores the urgency of early intervention programs (EIPs) that address both developmental needs and social integration, as advocated by Blackman (2003) and the WHO (2011).

Mothers of CWDs emphasized the compounding effects of poverty and misinformation on their ability to support their children. Their testimonies, such as one mother's resigned belief that her child could only "keep the house and seeds," reflect how cultural stigma and limited awareness perpetuate low expectations for CWDs (JICA, 2002). The mothers' calls for parental training and community partnerships resonate with Tirussew's (2005) framework, which positions family empowerment as critical to EIP success. Their experiences also expose systemic failures: delayed diagnoses due to inaccessible specialists and a lack of rehabilitation services, mirroring Wegayehu's (2004) findings on Ethiopia's fragmented disability care. The mothers' pragmatic solutions, such as mobile therapy units and awareness campaigns, echo global best practices in low-resource settings (UNICEF, 2003).

School principals and heads of health centers further contextualized these challenges, noting institutional gaps like untrained teachers and under-resourced health posts. The health center head's insistence on integrating medical and educational support aligns with the UNCRPD's (2006) mandate for multi-sectoral collaboration. Principals' reports of teachers' inability to adapt curricula underscore the need for disability-inclusive pedagogy, as emphasized by Yesseldyke and Algozzine (1995). Their advocacy for peer mentorship programs reflects evidence from Odom et al. (2003) on the efficacy of social inclusion

strategies. Together, these perspectives reveal a critical disconnect between policy commitments (e.g., Ethiopia's ratification of the UNCRPD) and ground-level implementation, necessitating urgent investment in teacher training, community mobilization, and infrastructure (Tirussew, 2007).

The convergence of these findings underscores a pressing need for holistic interventions. Children's exclusion, mothers' isolation, and professionals' resource constraints collectively demand EIPs that combine early screening, family education, and community engagement. As Guralnick (2004) argues, sustainable progress requires dismantling systemic barriers while addressing cultural misconceptions—a dual approach reflected in this study's participants' recommendations. Future efforts must prioritize scalable models, such as Ethiopia's Health Extension Program, to deliver equitable support for CWDs (MOE, 2008).

5. CONCLUSION

This study concludes that CWDs in Injibara face significant challenges due to delayed identification, limited rehabilitation services, societal stigma, and inadequate institutional support, as evidenced by the experiences of CWDs, their mothers, and professionals. The findings highlight the urgent need for comprehensive early intervention programs (EIPs) that integrate health, education, and community engagement through community-based screening, capacity building for teachers and families, expanded rehabilitation services (including mobile units), and targeted awareness campaigns to combat stigma. Aligning with global evidence on EIP effectiveness in low-resource settings, the study emphasizes that sustainable progress requires policy enforcement (particularly UNCRPD implementation) and multi-sectoral collaboration to ensure CWDs' rights and inclusion. Future research should evaluate intervention models for scalability, but immediate action is critical to create an inclusive environment where CWDs can develop, learn, and participate fully in society, leaving no child behind due to disability.

The findings of this study challenge the prevailing medical model of disability, which predominates in low-resource contexts, and instead advocate for a social-ecological framework that accounts for systemic and cultural barriers to inclusion. This theoretical advancement aligns with and extends Tirussew's (2005) work by explicitly illustrating how intersecting factors such as poverty and rurality compound the exclusion of children with disabilities in settings like Ethiopia. Practically, the study underscores the urgent need for integrated, multi-sectoral service delivery models, including mobile rehabilitation units, targeted teacher training, and community-wide awareness campaigns. Importantly, these interventions must be co-designed with families and local stakeholders to ensure cultural relevance, foster ownership, and promote sustainable impact. Consequently, these results provide a robust evidence base to influence inclusive policy formulation, transform on-the-ground practice in early intervention, and guide future research toward context-sensitive, participatory approaches in low-resource settings.

6. LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

This study has several limitations that should be considered when interpreting the findings. First, the small sample size of three children with disabilities, their mothers, and a limited number of school principals and health professionals from Injibara Town Administration may restrict the generalizability of the results to other contexts. Second, the reliance on qualitative methods, while providing in-depth insights, lacks the quantitative data needed to measure the prevalence or statistical significance of the identified challenges. Third, the study's focus on a single geographic area (Injibara) limits its applicability to other regions in Ethiopia with different socioeconomic and cultural contexts. Fourth, the absence of baseline data on early intervention programs in the study area makes it difficult to assess changes or improvements over time. Finally, the study did not include perspectives from other key stakeholders, such as local policymakers or community leaders, which could have provided a more comprehensive understanding of the systemic barriers. Despite these limitations, the study offers valuable insights into the challenges faced by children with disabilities in this specific context and provides a foundation for future research with larger, more diverse samples and mixed-methods approaches to strengthen the evidence base.

Acknowledgments. I am profoundly grateful to the children with disabilities, parents, and education and health professionals who participated in this study. My heartfelt thanks go to my colleagues for their invaluable feedback.

Research Ethics. This study was conducted in full compliance with national ethical guidelines and institutional research policies, with all participant data anonymized and informed consent obtained prior to participation.

Data Availability Statement. To protect participant confidentiality, the datasets generated during this study are not publicly available but may be accessed by contacting the corresponding author with a justified research request.

Conflicts of Interest. The author declares no conflict of interest.

Funding. The author received no financial support for the research, authorship, and/or publication of this article.

REFERENCES

Beukes, J., Alcock, S., Leal, M., Thompson, U., Draper, C. E., & Norris, S. A. (2025). Exploring early childhood development interventions for building human capital in sub-Saharan Africa: A scoping review. *Child: Care, Health and Development, 51*(4), Article e70138. https://doi.org/10.1111/cch.70138

Blackman, J. A. (2003). *Early intervention: A global perspective.* Brookes Publishing.

Bogdan, R. C., & Biklen, S. K. (1992). *Qualitative research for education*. Allyn and Bacon.

Disabled World. (2007). *Definitions of disability: A review*. Retrieved from https://www.disabled-world.com

Gall, M. O., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction* (6th ed.). Longman Publishers.

Guralnick, M. J. (2004). An overview of developmental system models for early intervention. In M. J. Guralnick (Ed.), *The developmental system approach to early intervention* (pp. 3-29). Paul H. Brookes. Retrieved from https://depts.washington.edu/chdd/guralnick/pdfs/overview_dev_systems.pdf

Hinshaw, S. P. (1994). *Attention deficits and hyperactivity in children.* Sage Publications. https://doi.org/10.4135/9781483326740

JICA. (2002). *Country profile on disability: Federal Democratic Republic of Ethiopia.* JICA. Retrieved from https://www.medbox.org/index.php/dl/5e148832db60a2044c2d2cea

McCarthy, E., & Guerin, S. (2021). Family-centred care in early intervention: A systematic review of the processes and outcomes of family-centred care and impacting factors. *Child: Care, Health and Development, 48*(1), 1-32. https://doi.org/10.1111/cch.12901

Mertens, D. M., & McLaughlin, J. A. (1995). *Research methods in special education*. Sage Publications. https://methods.sagepub.com/book/edvol/research-methods-in-special-education/toc

Miles, M. B., &Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Sage Publications. https://vivauniversity.files.wordpress.com/2013/11/milesandhuberman1994.pdf

Ministry of Education (MOE). (2008). *Ethiopian early childhood care and education framework*. Unpublished Draft.

Odom, S. L., Hanson, M. J., Blackman, J. A., & Kaul, S. (2003). *Early intervention practices around the world.* Paul H. Brookes Publishing. https://www.scirp.org/reference/referencespapers?referenceid=3191983

Olusanya, B. O., Wright, S. M., Smythe, T., Khetani, M. A., Moreno-Angarita, M., Gulati, S., Brinkman, S. A., Almasri, N. A., Figueiredo, M., Giudici, L. B., Olorunmoteni, O., Lynch, P., Berman, B., Williams, A. N., Olusanya, J. O., Wertlieb, D., Davis, A. C., Hadders-Algra, M., & Gladstone, M. J. (2024). Early childhood development strategy for the world's children with disabilities. *Frontiers in Public Health, 12*, Article 1390107. https://doi.org/10.3389/fpubh.2024.1390107

Shea, T. M., & Bauer, A. M. (1977). *Teaching children with learning and behavior problems*. Allyn and Bacon.

Tirussew, T. (2000). *Human disabilities: Developmental, educational, and psychological implications*. Addis Ababa University Printing Press. https://etd.aau.edu.et/bitstreams/7fdbd3ad-4eed-420c-934a-9293d7e33fd4/download

Tirussew, T. (2005). *Disability in Ethiopia: Issues, insights, and implications*. Addis Ababa University Printing Press. https://www.scirp.org/reference/referencespapers?referenceid=2676623

Tirussew, T. (2007). *Early childhood care and education in Ethiopia*. Addis Ababa University.https://ijisrt.com/assets/upload/submitted_files/1581320883.pdf

UNICEF. (2003). *Promoting the rights of children with disabilities.* Innocenti Research Centre. Retrieved from https://www.un.org/esa/socdev/unyin/documents/children_disability_rights.pdf

United Nations. (2006). *Convention on the rights of persons with disabilities (UNCRPD)*. United Nations.

Wegayehu, T. (2004). *A study of the principles and practices of community-based vocational rehabilitation and its implications for Ethiopia*. University of Toronto. Retrieved from https://utoronto.scholaris.ca/items/0d4c5e83-c9fc-4569-b394-db3e2d27ae42

WHO. (2011). *World report on disability*. Retrieved from https://iris.who.int/bitstream/handle/10665/70670/WHO_NMH_VIP_11?sequence=1

Yesseldyke, E. J., & Algozzine, B. (1995). *Special education: A practical approach for teachers* (3rd ed.). Houghton Mifflin. https://www.scirp.org/reference/referencespapers?referenceid=1823200

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Sage Publications. https://doi.org/10.1016/J.AENJ.2009.01.005