

EFFECTIVENESS OF CARE FOR PEOPLE WITH MOTOR AND HEARING IMPAIRMENTS AT THE NATIONAL CENTER FOR THE REHABILITATION FOR DISABLED PEOPLE (CNRPH) IN YAOUNDE-CAMEROON

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Article History

Received: 05.08.2026

Revised: 01.09.2026

Accepted: 20.09.2026

Published: 15.10.2026

Abstract: The CNRPH is a reference institution that provides care for people with disabilities in Cameroon. It is located in the sixth district of the city of Yaoundé. We observed that many people with motor and hearing impairments attend this social institution to receive care. Thanks to its long-standing experience and technical facilities, the Center provides holistic care to all its patients. In 2024, we conducted a study on the monitoring and support provided to people with these two types of disabilities. The theory of social assistance was adopted for this research. We therefore used direct observation, semi-structured interviews and life stories as data collection methods. The effectiveness of care for people with disabilities is reflected in their autonomy, which is a major indicator of the effectiveness of the work carried out by the Centre's specialists. After receiving multidisciplinary care at the CNRPH, people with motor and hearing impairments can manage their own needs more easily and integrate into society. Through snowball sampling, we collected life stories from people with disabilities concerning the effectiveness of care at the CNRPH.

Keywords: Effectiveness, care, motor disability, hearing impairment, autonomy.

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Introduction

Motor or hearing impairment can occur at any point in a person's life. It may be congenital or acquired. At the CNRPH, early, multidimensional and appropriate care is therefore a priority in the fields of education, healthcare and social development, with the aim of limiting the impact of disability. This multidisciplinary approach to monitoring and supporting people with disabilities promotes autonomy and social inclusion. More than one billion people worldwide live with some form of disability. When certain functions are

limited, individuals' physical or sensory abilities are affected. Approaches to monitoring and support have gradually changed as international policies have evolved, particularly through the United Nations Convention on the Rights of Persons with Disabilities. In this article, discussing the effectiveness of care for people with motor and hearing impairments refers to achieving the intended objective : enabling people with these disabilities to become more autonomous at the CNRPH in Yaoundé. Effective care is therefore a lengthy process that involves not only specialists

Cite this article:

KOUBISSONJ, B. V., (2026). EFFECTIVENESS OF CARE FOR PEOPLE WITH MOTOR AND HEARING IMPAIRMENTS AT THE NATIONAL CENTER FOR THE REHABILITATION FOR DISABLED PEOPLE (CNRPH) IN YAOUNDE-CAMEROON. *ISAR Journal of Arts, Humanities and Social Sciences*, 4(10), 17-28.

but also the individuals affected by motor or hearing impairments. It is a period during which various actions and measures are implemented to provide satisfactory responses to the specific needs of people with disabilities in all areas of life. What are the institution's main challenges in improving its patients' physical and psychological well-being? More specifically, how does the CNRPH help people with motor or hearing impairments achieve autonomy? This study examines the process of providing effective care to people with motor and hearing impairments, the different types of care they receive, the support and monitoring provided both at the Centre and at home, and the difficulties encountered by CNRPH specialists, people with these disabilities and their relatives. Finally, the article examines the effectiveness of the monitoring and support process in order to demonstrate the level of satisfaction of each person with a motor or hearing impairment receiving care at the institution. The CNRPH provides patients with a range of resources intended to help them leave the Centre feeling happy and satisfied. Its care methods continue to develop.

1. METHODOLOGY

This study is primarily qualitative. The approach aims to identify indicators of effective care for people with motor and hearing impairments. Data were collected at the CNRPH in Yaoundé, a disability care centre, from October 10, 2024, to February 26, 2025. An interview guide comprising specific themes served as the main interview tool. Interviews were conducted with fifteen (15) people with motor impairments, fifteen (15) people with hearing impairments, twenty (20) CNRPH staff members and two (2) other people with disabilities who had received effective care. Thematic content analysis was used to classify the results obtained.

2. THEORETICAL FRAMEWORK

2.1 Protection of People with Motor and Hearing Impairments

According to Eyraud, B. et al. (2018), democratic societies are based on the legal presumption that all citizens have an equal capacity to make choices and act on their own behalf. In many situations of vulnerability—such as ageing, illness, disability and socioeconomic difficulties—this principle of equal autonomy is challenged. Relatives or professionals may be required to intervene on behalf of an individual, sometimes acting in that person's place, with or without their consent. The desire to protect people in their own interests constitutes the traditional paradigm governing care and support relationships.

People with motor and hearing impairments have the right to equal opportunities, integration and reasonable accommodations. Anti-discrimination legislation should be adopted. Social, legal and technical measures help guarantee

the fundamental rights of people with motor and hearing impairments and promote their inclusion.

The CNRPH was built with people with reduced mobility in mind. Access is easy, and the available space can be used by people with disabilities. The buildings are accessible, the doorways are wide, the rooms are spacious and the toilets are adapted. The Centre also provides wheelchairs for people with reduced mobility who cannot yet afford to purchase their own. These individuals can move around within the Centre.

The Centre not only provides care for people with disabilities but also employs some of them when they have the necessary training, although their representation among the staff remains limited. To promote the well-being of people with disabilities, the CNRPH strives to support them and provide the assistance they need to regain their autonomy.

Several mechanisms at the CNRPH are designed to promote autonomy and access to social, economic and cultural life for people with motor and hearing impairments. For people with hearing impairments, sign language and visual or auditory alerts help make care more effective. The French law of February 11, 2005, on equality for people with disabilities in society guarantees their rights in areas such as education, employment and leisure.

2.2 The Rehabilitation Process

According to Franck, N. (2018), psychosocial rehabilitation encompasses practices intended to promote recovery among people with severe mental disorders. It focuses on identifying their resources, including cognitive resources, and strengthening their decision-making and action-taking abilities. It can also be understood as a set of measures that help people experiencing mental disorders regain satisfactory functioning and achieve greater autonomy.

According to Giraud-Baro, E. et al. (2006), rehabilitation aims to improve an individual's functioning as a logical complement to the results of treatment, including symptom reduction and an understanding of the person's intrapsychic experience. Moving beyond an approach focused primarily on treatment, and instead considering the life course of the person experiencing a psychiatric disorder and assessing their needs for a better quality of life, makes it possible to understand the field of psychosocial rehabilitation. Psychosocial rehabilitation does not take place solely within psychiatric services, much less exclusively in hospitals; it also depends on coordinated networks and a redesigned range of care services.

In carrying out its missions, the CNRPH therefore implements a holistic approach that combines medical and paramedical services with social services. Its purpose is not

only to help patients recover physically but also to promote their socioeconomic reintegration.

Within the Centre's technical departments and units, each service user follows a personalised care pathway intended to achieve recovery—or, if complete recovery is not possible, the best possible outcome—in terms of regaining functional abilities and social skills.

Certain arrangements may differ from one care unit to another. Nevertheless, the user's care pathway addresses two major needs that require professional supervision and can be approached through two main entry points: medical consultation and education. An assessment always forms the basis of a rehabilitation pathway, making it possible to develop a personalised therapeutic plan suited to the user's needs.

3. RESULTS

3.1 Process of Providing Effective Care to People with Motor Impairments at the CNRPH

The care provided to people with motor impairments at the CNRPH follows a specific process. It begins with reception when the patient arrives. Reception is understood as the act and manner of welcoming or receiving someone. The reception and orientation department welcomes the patient and listens carefully, even when the patient is accompanied by another person. The information collected is accurately recorded in the patient's file. Staff members use tact and provide appropriate advice to build the patient's trust and strengthen their determination to regain autonomy. If the patient has difficulty speaking quickly, sufficient time is allowed for them to answer questions and participate in discussions. Upon arrival, if a patient with a motor impairment does not have a tricycle, the Centre provides one for rental. The patient pays the rental fee every Friday during their stay. This arrangement facilitates movement from one office to another and helps the patient move around. The information recorded in the patient's file guides the general practitioner's consultation. When the CNRPH receives a person with a motor impairment, it attempts to assess all their needs. After the patient has paid three months of care fees in advance, depending on the severity or mildness of the condition, the general practitioner refers them to one or more care specialists if direct medical intervention is not required. A personalised care plan is then developed according to the patient's needs.

3.2 Care and Monitoring of People with Motor Impairments

This stage represents a particularly important, delicate and crucial part of the care process, because specialists

begin direct physical contact with the patient and administer various forms of treatment.

3.2.1 Psychological Care in the Effective Management of Motor Impairments

As previously explained, effective care follows a multidisciplinary process. In psychological care, the specialist works closely with the patient to help restore their psychological well-being as quickly as possible. At the CNRPH, we encountered people whose disabilities were congenital, as well as others whose disabilities had been acquired through accidents or illnesses during their lives. The people with reduced mobility who attended the Centre had different types of impairments. Psychologists monitor and support them to strengthen their confidence and help them overcome emotional and social challenges. The conditions observed included paraplegia, affecting both lower limbs; monoplegia, affecting one limb; tetraplegia, affecting all four limbs; and hemiplegia, affecting two limbs on the same side of the body. Depending on the severity of the patient's disability, the psychologist works to demonstrate that disability is not the end of the road and that people with reduced mobility are no different from others. They are full members of society, not people who should be set apart from it. During individual interviews, the psychologist seeks to restore the confidence of people with motor impairments so that they can believe in the possibility of effective rehabilitation, even before they observe physical improvements in their health. Essama Borel, a man with paraplegia, describes his discussions with the psychologist: « We talk. She tells me not to think too much or think negatively. I left school in the final year of primary school. I had already obtained the CEP PrimarySchoolCertificate. One day she comes, and we start talking. She doesn't have a fixed day for these sessions ».

At this stage, these discussions provide valuable psychological support and help rebuild a person's confidence. People with reduced mobility often lose confidence in themselves, lose their enjoyment of life, and sometimes even consider suicide. The psychologist helps them see that it is possible to resume their normal activities. Koumba Séraphine, a woman with paraplegia who is staying at the CNRPH, explains: « Things go well with the psychologists. They ask how you are. If you say you are not doing well, they try to understand what is troubling you and find solutions to your problems. They help you see the positive side of life, sometimes beyond your illness ».

Table 1. Types of motor impairments observed at the CNRPH

Category	Monoplegia	Hemiplegia	Tetraplegia	Paraplegia
Women	0	1	0	3
Men	0	2	1	5
Children	1	0	0	2
Total	1	3	1	10

Source : Koubissonj Bot Valérine.

Interpretation of Table 1

The table presents the different types of motor impairments encountered at the CNRPH. Paraplegia is the most common condition represented : 10 out of the 15 people with motor impairments who were interviewed had paraplegia, representing 66.67%.

3.2.2 Medical Care

Medical care takes various forms. It may involve a prescription requiring the patient to purchase medication from a pharmacy, surgery, massage sessions or functional rehabilitation. During medical care, patients begin to experience improvements. Essama Borel, who has a motor impairment, explains : « I can feel a change. Before the

operation, when cold air passed over me, I felt a strange sensation in my right foot, as though an electric current were running through it. I no longer have pain, because I used to be in severe pain. I cried because of the pain before the operation ». He first underwent surgery on his lower limbs, after which postoperative care began immediately. He now feels better than he did when he was admitted to the Centre.

3.2.3 Rehabilitation Care

Physiotherapy is a crucial stage in providing effective care to people with motor impairments. Of the fifteen people with reduced mobility interviewed at the CNRPH, three reported that they had not yet noticed an improvement in their health, as shown in the following table.

Table 2. Satisfaction with functional rehabilitation sessions

Satisfaction level	Number of people with motor impairments (15)	Percentage
Very good	4	26.67%
Fairly good	5	33.33%
Good	3	20%
Not very good	3	20%
Total	15	100%

Source : Koubissonj Bot Valérine.

Interpretation of Table 2

This table shows the satisfaction levels of people with reduced mobility receiving care at the CNRPH. Three individuals had not yet experienced an improvement because they had only begun functional rehabilitation one month earlier. Functional rehabilitation requires patience, and they hoped to see changes after several months. The other twelve people with motor impairments were satisfied, rating their care from good to very good. Torrence, a man with paraplegia staying at the CNRPH, states :

As for the improvement, yes, there has been a great deal of change. If I have been working with a physiotherapist from January until now, it means I have already made progress. I can walk now, I can move around on my tricycle by myself, and I can do some exercises alone, although there are others I can only do with the physiotherapist. I wash myself and go

to the toilet by myself. I would rate the care here 10 out of 10.

This patient is completely satisfied with his care and gives it a score of 10/10. However, his lack of financial resources delayed his access to functional rehabilitation. Other patients still hope to recover because their conditions have not fully improved. Cyrille, another patient with reduced mobility staying at the CNRPH, explains :

We don't know exactly when I will be discharged, because the scan did not find anything wrong, yet all my limbs are immobile. I can feel sensations only in my chest and hands. I was brought here for rehabilitation because I am paralysed. When I arrived, only my hands and head had sensation. Now I can feel sensations in certain parts of my body, such as the right side of my chest. My sister washes me. I can eat, but people help me get dressed and sit on a chair

because I still have no sensation around my lower back.

During our conversations, Cyrille was very happy to have regained sensation in some parts of his body. He had lost all signs of happiness after the assault that caused his condition. Despite the time rehabilitation may take, he hopes to walk again one day.

Picture 1 : Person with tetraplegia



Photograph by Koubissonj Bot Valérine.

Interpretation of picture 1

Cyril is a man with tetraplegia who lost the use of all four limbs following an assault. When he was brought to the CNRPH, he was motionless and unable to move. He had sensation only in his hands and head. Since beginning care, however, he reports that sensation is starting to return on the right side of his body.

Mfounou Manuella, a woman with paraplegia who is staying at the Centre, appreciates the patience and efforts of her physiotherapist, whose support helps her become more independent. She says:

My physiotherapist is very kind. He cares about me a lot, and I can say that he is very patient with me. He knows that my condition is not my fault. He is also very positive in the way he treats me. He is always positive, and he does his work well. We do exercises to strengthen the muscles, for example crawling on all fours. I am already trying to do that. These are some of the recent exercises : crawling on all fours, lying on my stomach, moving up and down, working on balance, doing push-ups, and abdominal exercises, if I can call them that.

We also do verticalisation using a device that holds you upright so that you can remain standing for a long time. There is also a device called a pulley frame,

which is used to work the muscles and arms. We do these exercises during one session. We may start at eight in the morning and finish our massage sessions at noon or one o'clock. After the session, we feel pain and fatigue, but afterwards we can feel our bodies gradually regaining strength.

Picture 2 : Woman with a motor impairment affecting the lower limbs during a physiotherapy session



Photographie by Koubissonj Bot Valérine

Interpretation of picture 2

This young woman, Mfounou Manuella, has a motor impairment affecting her lower limbs. She is not yet able to stand up or coordinate the movements of her feet. During the physiotherapy massage session, the specialist places her on a table known as a standing frame and adjusts it to bring her into a vertical position. This device helps restore muscle tone and support the alignment of the back. She remains in this position for approximately 15 to 20 minutes before moving on to another activity.

3.3 Educational Activities

The CNRPH has training workshops in painting, sewing, embroidery, carpentry and the manufacture of assistive devices. Depending on their ability to move, people with motor impairments can participate in one of these training or rehabilitation workshops, which are intended to help them develop their cognitive abilities and compensate for functional limitations. They receive supervision from the Centre's staff. Among the thirty people with motor and hearing impairments interviewed at the Centre, some worked in the assistive-device workshop, while others participated in painting and embroidery.

Table 3. Educational activities undertaken by people with motor and hearing impairments at the CNRPH

Category	Embroidery	Assistive-device workshop	Painting
People with motor impairments	4	2	2
People with hearing impairments	7	0	5
Total	11	2	7

Source : Koubissonj Bot Valérine.

Interpretation of Table 3

The table presents the different activities undertaken by the people with motor and hearing impairments interviewed at the CNRPH in Yaoundé. Of the fifteen people with motor impairments and fifteen with hearing impairments interviewed, eleven participated in embroidery : seven people with hearing impairments and four with motor impairments. The assistive-device workshop had the fewest participants. Of the thirty people with motor and hearing impairments, ten were not yet able to participate in these activities because they were still at the beginning of functional rehabilitation. They first needed to regain sufficient mobility in their lower limbs to take part.

3.4. Social Activities

Social activities promote the well-being and personal fulfilment of people with hearing and motor impairments. People with motor or hearing impairments who regain the use of their limbs, or who receive appropriate compensation for their limitations, can integrate more easily into society and participate in various social activities. Three people with motor impairments who previously received care at the CNRPH are now members of its staff. They have achieved autonomy and hold positions of responsibility. Regarding recreational activities adapted to motor impairments, the CNRPH offers several opportunities. The Centre has a basketball court where people who use wheelchairs can play as a team. One of the Centre's residents is the deputy president of the Cameroon Basketball Federation. He was the first resident of the institution and was later recruited to work in the assistive-device department. Sometimes, the participants play as a team without their wheelchairs. These activities allow them to enjoy themselves and move freely without prejudice. Watching them play is an impressive sight. The Centre also has a swimming pool that once enabled people with motor impairments to practise swimming. However, the pool has not been operational for several years.

4. Continuous monitoring and adjustment of care for people with motor impairments

At this stage, people with motor impairments receive regular monitoring from the specialists at the CNRPH. For patients staying at the Centre, monitoring and support take

place every day because they are on-site, making it easier for the multidisciplinary team to supervise their progress. For outpatients, a programme or appointment schedule is established, and they must adhere to it to ensure that the rehabilitation process continues as planned. Regaining autonomy requires considerable effort and active participation from the person with reduced mobility. The CNRPH adopts a comprehensive approach, involving several professionals to help patients move more easily and learn to manage their own needs. Through coordinated activities, people with motor impairments receiving care at the CNRPH can regain autonomy, improve their well-being and develop personally. Handy, a person with a motor impairment who received effective care at the CNRPH, explains :

When my leg was amputated, I thought everything was over for me. I cried day and night and wanted to end my life. But I really want to thank the technical team, who supported me during the worst moments of my life and gave my life a new meaning. Despite having an amputated leg, I carry out my daily activities. Apart from organising football matches with my brothers who also have motor impairments, I do all kinds of woodworking and carpentry. My business is named after me : ETS HANDY Business. Today, I am proud of myself, and I encourage other people like me not to regard disability as the end of the road.

5. Effectiveness of monitoring for people with motor impairments

According to Koualong Innocent, a physiotherapist interviewed at the CNRPH, effective care depends on the condition being treated, the care provided and the therapist's assessment. He explains :

Effective care depends on the pathology, the treatment and the therapist's assessment. We must understand that there are different types of conditions. Some neurological conditions take longer to treat. Traumatic conditions may take less time. Rheumatic conditions may take either less or more time. There are also gynaecological conditions, respiratory conditions, infectious diseases and even burns. It therefore depends on the condition and the initial assessment. When you go to the doctor, a certain number of

sessions are prescribed. Based on the assessment, the doctor determines whether the sessions should be renewed. The process progresses gradually until the objective is achieved. The chronic nature of the condition must also be taken into account. For example, patients with common problems such as back pain may initially experience it intermittently, but it can gradually become chronic. Why does it become chronic? Because people say it will go away while the pain persists. The doctor may prescribe ten sessions. If the pain remains after those ten sessions, the number of sessions may be increased to more than ten, eventually reaching thirty, forty or even more. Several indicators help determine whether care at the CNRPH is effective.

5.1. Achieving Autonomy for People with Motor Impairments

Autonomy is the principal indicator used to assess the effectiveness of care for people with motor impairments. It enables people with reduced mobility to take control of their lives, become independent and perform daily activities without having to ask someone else for help. They can also participate fully in social activities.

For this to happen, environments must be properly adapted and work tools must be accessible. Psychological support also remains important to help people overcome discriminatory behaviour. At the CNRPH, when a patient arrives in critical condition, they undergo the care process. When specialists determine that the patient can walk again and that the pain has disappeared, the objective of effective care is considered to have been achieved. The person with a motor impairment can then return home and resume their daily and social activities. Regarding autonomy, a physiotherapist explains:

When the pain has gone, when the range of movement has returned to normal, when the patient has regained their range of motion and can walk without pain or complaints, we have achieved our objective. All patients, whether outpatients or inpatients, are managed according to the same principles. Outpatients are those who have already achieved a degree of autonomy and can attend treatment sessions without being admitted. Inpatients, on the other hand, are patients who are bedridden and whose conditions require close and sometimes urgent monitoring. People with reduced mobility who have received care become autonomous when they can move independently, take care of themselves and no longer experience the pain they previously felt.

5.2. Education and training

Many people with motor impairments acquired their disabilities through illness or road accidents during their

lives. Some had been temporary teachers, students, school pupils or traders. After spending more than two years at the rehabilitation centre and becoming capable of managing their own needs, returning home can present new challenges. They may need to find inclusive schools and appropriate training programmes that accommodate people with motor impairments. Such opportunities would enable them to acquire new knowledge and skills, reintegrate into social life and participate more fully in society. Education and training are therefore also important aspects of achieving autonomy among people with motor impairments.

5.3. Professional integration

Some people with motor impairments who received care at the CNRPH were also trained and recruited by the institution. In the assistive-device department, we encountered two people with paraplegia who had received care, undergone training and subsequently been recruited by the CNRPH. They are now professionally integrated and can use their monthly income to support their families and lead more independent lives. Those who have not been recruited by the Centre seek employment elsewhere. They must often look for workplaces with infrastructure that is accessible in view of their disabilities, including lifts and equipment adapted to their physical conditions. Workspaces should be properly designed to accommodate electric wheelchairs, prostheses and other assistive devices. These arrangements help employees with motor impairments compensate for physical limitations and improve the quality of the services they provide. Professional integration allows people with motor impairments to access employment without discrimination and become financially independent.

6. Effectiveness of care for people with hearing

Regarding the effectiveness of care, the hearing-aid specialist explains that treatment for people with hearing impairments should begin as early as possible to improve its effectiveness. The specialist states:

“It should be noted that if the disability rating reaches 30 per cent for a person with a hearing impairment, and an audiometric examination confirms a hearing problem or hearing loss, care should begin immediately. We should not wait until the person has moderate hearing loss. Some people with mild hearing loss think they are fine because it does not yet affect them very much or disrupt their daily lives, so they believe they can wait. They may have difficulty hearing whispers, but when the hearing loss becomes moderate, they can no longer hold a normal conversation. That is when they begin asking themselves: ‘What is happening to me? If care had begun earlier, the patient would have benefited. However, people often arrive late because they tell themselves that things will improve or that the problem will go away.

6.1. Communication

Hearing impairment involves partial or total hearing loss. It may affect one ear or both ears and may be profound, moderate or mild. To determine whether care at the CNRPH has been effective, it is necessary to assess whether the child or adult can communicate with people around them after rehabilitation, including whether they can hear and produce sounds. A specialised teacher working in the Centre's inclusive school explains :

For a child who has received rehabilitation from me, I am referring to speech and language therapy rather than classroom teaching. When I know that the child can communicate with people around them, express themselves and communicate their needs, and can leave without needing an accompanying person, then I know the care has been effective. That is precisely the objective. The child can buy bread alone, do their shopping alone and no longer needs someone else to accompany them.

The effectiveness of care is therefore assessed through its results. After considerable work with people who initially could not communicate or write, some become able to express themselves fluently in sign language and write like hearing people. This indicates that the objective has been achieved. A teacher from the second year of the elementary cycle explains :

“When discussing the effectiveness of care, I believe we must look at the results. If I take a child who arrives here in kindergarten unable to make a sign or form the letter A, but after some time the child can say hello in sign language, form the letter A and express themselves, that is what matters. This is the only evidence we can provide when someone asks whether the care is effective.”

For care to be more effective, it must be regular. When people with hearing impairments attend their rehabilitation sessions consistently, their hearing-related abilities may improve, and progress becomes apparent sooner. At the CNRPH, improvements are observed among children and adults who attend their scheduled speech and language therapy sessions. Another specialised teacher at the Centre explains :

If we want to identify the criteria for effective care, we must first consider regularity. Care must be consistent. A child enrolled in an inclusive school who does not receive regular speech and language therapy will struggle. The speech therapist provides a foundation and support that help the child integrate into the classroom. The teacher cannot do everything. The teacher may introduce a certain amount of vocabulary that the speech therapist then supplements. The teacher cannot provide all the necessary rehabilitation on their own. All this support helps the child over time. For

example, children who learn to vocalise may find it easier to integrate into society later. That is the objective : to enable the child to integrate into society. Speech and language therapy is therefore essential for people with hearing impairments.”

For children with hearing impairments who attend school at the CNRPH, the speech therapist handles rehabilitation while the teacher is responsible for education. By attending lessons and completing schoolwork, the child demonstrates whether they have understood the material. Assessing effectiveness therefore also involves examining the marks and averages obtained by deaf and hard-of-hearing pupils attending the CNRPH's inclusive school. One of the staff members supporting pupils with hearing impairments explains :

“We can consider the care effective if, when assessing a child out of 20, the child manages to obtain 8. If the child could hear normally, they might obtain 16/20. Compared with a child without a hearing impairment, that would be equivalent to 16/20. If a child can obtain this mark, we can say that the care has been effective. A score between 8 and 10 is considered an average result. If the child can reach that level, we can recognise progress. We make children repeat a year when the desired progress has not been achieved. There is no point in moving them forward if they are not ready to face a national examination. We prepare them knowing that they will sit the same examination as other pupils. Their examination papers are adapted to their needs, as provided for by law.

Effective care for people with hearing impairments does not concern CNRPH specialists alone. Parents also have an important role and must be fully involved. However, a staff member supporting pupils with hearing impairments points out that some parents withdraw from the process, using their lack of knowledge of sign language as an excuse.

The staff member explains that parents must take several steps before bringing their child to school. Once the child is enrolled, a multidisciplinary committee reviews the child's medical history, previous examinations and degree of hearing loss to determine the appropriate class level. For example, a child may be directed to the first year of the elementary cycle. The specialised teacher in that class can then begin providing care immediately. The teacher already understands the role they must play in supporting the child. According to the staff member, once the committee has completed the necessary arrangements and the child has been placed with the appropriate specialist, the care process is already underway.

6.2. Socio-Professional Integration of People with Hearing Impairments

Schleret and Bailly (1979) discuss the socio-professional integration of people with hearing impairments. They argue that deaf people should be provided with a range of resources that enable them to integrate successfully into everyday life. Such integration gives people with disabilities the opportunity to develop autonomy and establish a social status comparable to that of people without disabilities (Schleret, 1979, p. 47). Their study identifies several obstacles to the professional integration of people with hearing impairments. Sometimes the barriers originate within companies, particularly through perceptions and prejudices surrounding disability. Employers may be reluctant to offer deaf people positions of responsibility because they doubt their abilities. Another difficulty is that the training people receive does not always correspond to employers' expectations. The authors therefore recommend proactive efforts to inform the public and business leaders. To promote social integration, a doctor at the CNRPH advises people with hearing impairments to seek support from a specialist who can help them interpret sign language and understand other signs used in society. People with hearing impairments attending the CNRPH receive multidimensional support from the Centre's specialists. The process begins with diagnosis and medical assessment, followed by appropriate treatment, educational support and psychological assistance to help them adapt more easily. People with hearing impairments who have completed schooling are more likely to find income-generating activities and integrate into society. They also tend to understand communication and gestures in their surroundings more readily. Many engage in small-scale occupations, although they continue to complain that their earnings are insufficient. One person with a hearing impairment employed at the CNRPH explained that he works in the inclusive school, where he manages training workshops, but earns very little at the end of the month. His salary is insufficient to enable him to marry and establish a household. Nevertheless, he has to remain in the position because finding another job is difficult due to his disability. Of the fifteen people with hearing impairments interviewed at the CNRPH, two had achieved social integration : one was employed by the institution, while the other pursued personal activities to support their family.

7. Difficulties Encountered In Providing Effective Care To People With Motor And Hearing Impairments At The CNPH

It should be recognised that no activity is ever entirely easy. Caring for people with motor and hearing impairments requires considerable patience, compassion and professionalism.

Throughout this process, specialists encounter substantial difficulties, as do the people living with motor and hearing impairments.

7.1. Difficulties Encountered By Staff Providing Care to People with Motor and Hearing Impairments at the CNRPH

The multidisciplinary team responsible for caring for people with motor and hearing impairments faces several challenges in carrying out its duties. These challenges often slow down or delay the achievement of its main objective : ensuring effective care for people with disabilities. Some patients do not attend their functional or hearing rehabilitation sessions regularly. Others experience anger and frustration, sometimes appearing to blame others or believe that a particular person is responsible for their condition. A social worker responsible for the psychosocial support of inpatients with motor impairments at the CNRPH explains : "Some people with motor impairments are uncooperative and quick to anger. They refuse treatment, so we have to find ways to persuade them to accept it for their own good." In other words, some people who come to the CNRPH for care occasionally refuse to cooperate and withdraw into themselves. Social workers are consequently obliged to hold several sessions with them to help them accept the care they need. These challenges make the work of the multidisciplinary team more demanding and can delay the effectiveness of the rehabilitation process.

7.2. Difficulties Encountered by People with Motor and Hearing Impairment

People with motor and hearing impairments also face substantial difficulties during their care at the CNRPH. The process can be a real struggle, requiring not only the professionalism of specialists but also the financial resources of patients and their families.

7.2.1. Difficulties Encountered by People with Motor Impairments

- Financial difficulties

One of the main obstacles to effective care for people with motor impairments is the lack of financial resources. Some patients cannot afford their hospital accommodation or rehabilitation sessions. As a result, they may have to leave the Centre or interrupt their treatment. Occasionally, they receive assistance from generous individuals or submit applications to the CNRPH's social services department requesting a reduction or exemption from hospital or functional rehabilitation fees. Another person with a motor impairment describes the same financial problem : "To undergo functional rehabilitation, I first need to raise a large sum of money, but I do not have it. I still walk with catheters because I cannot afford to pay for my rehabilitation sessions. That is why I came to the donations,

assistance and relief office to ask for help. My family has no money, and I do not know how I will manage.”

Care for people with motor impairments remains financially out of reach for many. Patients must often gather a substantial amount of money before they can access the CNRPH's services. Some patients showed us bills amounting to 500,000 CFA francs for the first three months following admission. This helps explain why many people with motor impairments arrive late at the Centre: their families must first find the money required to begin treatment. Even after the fees have been paid and rehabilitation has started, families may eventually become unable to provide further financial assistance. Some patients are left to cope on their own, slowing the progress and effectiveness of their care.

7.2.2. Difficulties Encountered by People with Hearing Impairments

People with hearing impairments, like those with motor impairments, face several challenges when receiving care at the CNRPH.

- Limited knowledge of sign language

Sign language is a form of gestural communication that enables people with hearing impairments to communicate with others, whether or not those individuals have hearing impairments themselves. Learning sign language generally requires training or enrolment in a specialised or inclusive school. People with hearing impairments receiving care at the CNRPH who do not know sign language experience considerable difficulties when communicating with specialists. Staff members must therefore use pictures, gestures and other communication methods. Young children tend to adapt more easily because they often begin receiving care earlier than adults. Adults who acquire hearing loss later in life and have never learned sign language must learn an entirely new means of communication, which can be difficult to understand and master. These patients are often psychologically vulnerable, so patience is essential. The CNRPH provides hearing rehabilitation sessions with a speech and language therapist by appointment. These sessions aim to improve communication among people with hearing impairments and take place twice a week. The Centre also organises training sessions for parents and other relatives of people with hearing impairments. These sessions teach basic communication skills to help families support the Centre's objectives and improve the effectiveness of care. A specialist working with people with hearing impairments at the CNRPH explains : “We organise a sign language programme for parents. Once a week, we invite all the parents of children with hearing impairments. We conduct sign language sessions covering different topics. We start with the alphabet and then vocabulary related to school and the family. We organise these sessions at least twice a year, from morning until evening, for the whole

day.” To promote the autonomy of deaf people, parents should enrol in sign language classes so they can communicate with their children more easily and without barriers.

- High cost of hearing aids

People with hearing impairments face financial difficulties similar to those experienced by people with motor impairments. Many cannot afford hearing aids because these devices are extremely expensive. A behind-the-ear hearing aid costs approximately 650,000 CFA francs, while in-the-ear devices cost between 300,000 and 400,000 CFA francs. These high prices are partly due to the fact that the devices are ordered from abroad. Consequently, only a small proportion of people with hearing impairments possess hearing aids.

- Vulnerability of people with hearing impairments

Most deaf people receiving care at the CNRPH experience financial difficulties. Even when some arrive at the Centre early for support, they may be forced to interrupt their treatment because they no longer have the money to continue speech and language therapy. If continuing rehabilitation is already difficult, purchasing a hearing aid is even more challenging. Some patients submit requests for hearing devices through the Centre's social services department. Others receive discounts following approval from the Director General. Government subsidies can be particularly helpful to this socially vulnerable population. Some children do not attend school because their parents believe they will not be useful to society. They are excluded from family and social activities because they are regarded as different, often due to prejudice and stereotypes. This exclusion can prevent them from attending school and participating in social life. Many children who have never attended school become withdrawn and isolated, as explained by a speech and language therapist at the CNRPH.

- Parents withdrawing from their children's hearing care

Parents and relatives of people with hearing impairments should continue the care process at home. However, because some do not know sign language, these individuals receive little support or follow-up within their families. For deaf children enrolled in school, parents sometimes stop the rehabilitation process during school holidays. A specialised teacher identifies this interruption as an obstacle to effective care. The teacher explains :

When parents arrive, they pay the annual fee and know that their child will receive care during the school year. However, the school year ends in June. As a result, children receive no follow-up during the long holidays. If parents bring their children during the holidays, they must pay the normal fee because the children are no longer considered enrolled students during that period.

Consequently, the children spend the three months after the school year at home without follow-up. When they return in September, they have often forgotten many things and have fallen behind. We have to start again from the beginning. The lack of continuous follow-up is a serious problem, and it affects all people with disabilities.

8. Monitoring and Support for People With Motor and Hearing Impairments

To achieve effective care for people with hearing impairments, the work must not stop at the Centre. Support should also continue within the family. Parents and relatives should maintain the work begun at the CNRPH so that the care process is not interrupted. However, many families discontinue their involvement, citing their lack of knowledge of sign language. Despite the free training offered at the CNRPH, some parents rarely attend, claiming they do not have enough time. They consequently leave the responsibility for monitoring and supporting their children entirely to the Centre's specialists. When children go on holiday, they return home while the school is closed. This is precisely when parents should take over to ensure that, when classes resume, teachers do not face major difficulties delivering their lessons. Instead, the opposite often happens : teachers must start again because the children have been left without support. A staff member responsible for supporting pupils with hearing impairments explains :

"I cannot blame the parents entirely, but they do have some responsibility at this stage. We talk about this constantly at school meetings and at meetings of the parents' association, yet very few parents genuinely commit themselves. Supporting a person with a disability requires commitment. Parents must regularly sacrifice their time and sometimes their own activities to provide that support. At one point, we told the parents that teachers would no longer accompany children to therapy sessions. If your child has two sessions a week, you must attend those sessions with them. This proved very difficult. In principle, the parent should accompany the child to the session, but parents say they do not have time. They must go to work in the morning, so when can they find the time to accompany their child to a speech therapy session lasting 30 to 45 minutes ? It is not easy for them. There is therefore a problem of organisation, time and money, because outside the school, each session costs between 5,000 and 6,000 CFA francs. All these factors explain why there is no real follow-up during the holidays. Beyond regular follow-up, there is also the issue of hearing aids. Some children need them, but they are extremely expensive. You can tell a parent that their child has a hearing problem and that a hearing aid could improve their abilities, help them do

certain things and integrate more quickly into society. That sounds promising, but when the parent realises that they must spend at least 500,000 CFA francs to purchase the device, it is simply beyond the means of many families. There is therapeutic follow-up, and there is also the need for hearing aids. Effective care means achieving a positive result. Regarding effectiveness, many children are reluctant to enter secondary education after completing the Primary School Certificate (CEP). They tend to remain in vocational training centres instead. Few attend secondary school. When they do, we do not organise remedial classes and follow-up sessions as is done elsewhere, where pupils may receive additional lessons, sometimes for a fee, to strengthen their knowledge or review material from the first year of secondary school."

Effective care for people with hearing impairments is not solely the responsibility of CNRPH specialists. It also concerns those who interact with these individuals daily, as well as society as a whole. The social environment of a person with a hearing impairment should provide essential support to facilitate adaptation. Offering daily assistance, trying to understand the person and communicating with them encourages confidence and helps promote autonomy.

9. Training of Specialised Teachers

To provide better care for people with hearing impairments, teaching staff must receive appropriate training and acquire the necessary skills. Teaching a person without a disability already requires considerable effort. Supporting people who are hard of hearing or deaf requires even greater commitment, additional effort and specialised strategies. At the CNRPH, some teachers responsible for pupils with hearing impairments do not fully master the appropriate methods for supporting them. For this reason, from the first year of the elementary cycle (CEI) to the second year of the middle primary cycle (CMII), two teachers are assigned to the class : one specialised in sign language, who serves as the main teacher, and a second teacher who acts as a substitute. The main teacher of the CMII class explains : "When a teacher works with children in the classroom, are they using the appropriate techniques ? Are they specialised ? Some people may receive training but may not have the ability to teach effectively. First, they must be able to transmit knowledge ; second, they must be able to transmit it to a person with a hearing impairment. These are some of the issues that come to mind."

Conclusion

At the end of this qualitative sociological analysis, several observations can be made. People with motor and hearing impairments who receive uninterrupted care often achieve greater autonomy or compensation for functional

limitations more quickly. The earlier care begins, the greater the likelihood that they will regain their independence. For people with motor impairments, autonomy remains a major indicator of the effectiveness of care. Some are now able to take care of themselves without depending on their relatives as they did previously. Overall, some people with motor and hearing impairments are satisfied with the care they have received and can move around without major difficulties. Some have even been recruited by the Centre after completing their rehabilitation and are now members of its staff. Others have resumed their daily activities. Effective care requires patience because it is a process that involves several stages. Patients must actively participate, and their families must also contribute so that support and monitoring can help them achieve autonomy more quickly. However, some family members have abandoned relatives with disabilities at the CNRPH because they lack the financial resources needed to continue functional rehabilitation sessions. The financial insecurity, or more specifically the poverty experienced by many people with motor impairments encountered at the CNRPH, hinders or slows improvements in their physical health. Despite these challenges, the Centre occasionally reduces care costs with the approval of the Director General. Some donors provide financial assistance whenever they can to help reduce the costs borne by residents. The Centre's social services department also processes assistance applications submitted by people with motor impairments so that they may receive financial support or assistance in obtaining assistive devices. Discussing the effectiveness of care for people with hearing impairments likewise means discussing their autonomy. In other words, the aim is to enable a deaf or hard-of-hearing person to take care of themselves without constantly requiring assistance from someone else. They should be able to shop independently, travel from one place to another and work without unnecessary obstacles. It is also important to note that people with hearing impairments who have attended school often develop stronger educational skills than those who have not. As with people with motor impairments, deaf people encounter significant difficulties within their families because relatives may not understand or know how to communicate using sign language. To address this problem and achieve its objectives, the Centre organises training sessions for parents of deaf children. These sessions aim to establish a stronger connection between parents, children with disabilities and the specialists responsible for their care. This three-way collaboration helps make care more effective. However, the high cost of hearing aids leaves many people with hearing impairments without access to the equipment they need because they cannot afford it. Some people are referred to the CNRPH only when their condition has already become severe. Once an ear, nose and throat (ENT) specialist has established a diagnosis and performed an audiometric

examination, the results may reveal cochlear deafness (anacusis). In such cases, care becomes particularly difficult and takes longer before effectiveness or autonomy can be achieved. Therefore, the earlier a disability is detected, the sooner care can begin, and the more quickly improvements in communication and interaction can be observed both within the family and in society.

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