

The Effect of Community Based Rehabilitation Services on Livelihood Enhancement among People with Disabilities in Akwa Ibom State, Nigeria

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ABSTRACT

The aim of this study is to examine the effect of community-based rehabilitation (CBR) services on livelihood enhancement among people with disabilities (PWDs) in Akwa Ibom State, Nigeria. It adopts descriptive research design. The social model of disability, which sees CBR programmes as a social-action process which empowers PWDs socially, economically, politically, among others is adopted as the theoretical framework. A comprehensive research hypothesis is formulated to guide the study. The population of this study is limited to those persons with physical disabilities who have benefitted from CBR intervention services in Akwa Ibom State. This cuts across beneficiaries from the three senatorial districts of Uyo, Eket and Ikot Ekpene. A total of 811 PWDs constitutes the population. A sample of 483 respondents is drawn from the population using Taro Yamane's formula. The instrument for data collection is structured questionnaire designed with a four point likert scale of agree, strongly agree, disagree and strongly disagree. Data from the questionnaire retrieved from PWDs are computed and analysed using frequency counts and simple percentage. Spearman's rank-order correlation technique is used to test the hypothesis. The findings reveal among other things that CBR has significant effect on livelihood enhancement among PWDs in Akwa Ibom State.

Keywords: Community-based rehabilitation, livelihood enhancement, skills development, self-employment, financial services, people with disabilities

INTRODUCTION

People with Disabilities "the world's largest minority" often times, face intrinsic barriers to participation in all aspects of the society (IDPD, 2012), including limited access to institutional rehabilitation and basic services available to others, in most rural communities of the world (DFID, 1997; WHO, 2004 and 2011). Community-based rehabilitation (CBR) has been seen as the most fundamental strategy for PWDs to access rehabilitation or disability-related services (Evans, Zinken, Horpham and Choudury, 2001). This strategy, according to ILO, UNESCO and WHO (2004), is an approach within general community development for the rehabilitation, equalization of opportunities and social inclusion of all

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PWDs. Sasad (1998) in a corroborative study submits that CBR is a valid and crucial strategy for enhancing the quality of lives of all PWDs in the community. It is noteworthy that several theory-based studies considered this strategy as the most cost effective approach compared to the rehabilitation in hospital or centre-based services, (Mitchell, 1999; Helander, 1993; Sharma, 2007 and Cornielje, 2009), and in the light of this, evidence and experience, so far, had shown that the programme plays a crucial role as the antidote to the poor coverage of rehabilitation facilities in the developing countries (Kassah, 2009; CBM, 2010a and CBR Guidelines, 2010). Therefore, CBR could be seen as an approach for improving the quality of lives of PWDs by improving service delivery by more equitable opportunities for promoting and protecting their human rights. However, this study is necessitated to condense livelihood and empowerment that are the sources of economic life of PWDs.

Livelihood is a basic need and right; a vital component of the CBR strategy. According to WHO, UNESCO, ILO and IDDC (2010), a CBR programme that does not address the skills development and livelihood needs of PWDs in a community is incomplete, and hence, limits the sustainability of other efforts. Observations had shown that many jobseekers with disability face barriers to decent work and employment due to the misconception that they have limited capability to what they can offer (CBM, 2010a).

In the light of the foregoing, Nigeria, in an attempt to adequately respond to the needs of its citizens with disabilities, joined the global community adopt CBR as a rehabilitation strategy to enhance their livelihoods (Jibrin, 2009; Onota, 2007; Lang and Upah, 2008 and CBM, 2010b). Unfortunately, many CBR programmes which hitherto, seeks to improve the livelihood of PWDs in most rural communities of the world, had instead, adopted a "secluded top-bottom" approach, which does not effectively involved PWDs or their organisations on issues that directly concerns them, and this situation, nonetheless, had jettisoned the ideal of CBR (Thomas, 2007; CBM, 2010a and Coleridge and Hartley, 2010).

Regrettably, very little research examines why many of such programmes fail to achieve sustained livelihood improvement for PWDs (Finkenflugel, Cornielje and Velema, 2008; Finkenflugel, Wolffers and Huijsman, 2005; Alavi and Kuper, 2010). However, these observations necessitate this study to ascertain the effect of the programme on those beneficiaries living with physical disabilities in Nigeria, particularly in Akwa Ibom State.

Roles of CBR Programmes on Rehabilitation of Persons with Disabilities

The major role of CBR as a programme is to promote, support and implement rehabilitation activities at the community level and facilitate referrals to access more specialized rehabilitation services (WHO, 2010). This role as simplified in the CBR Guidelines is outlined in the five components of the CBR matrix as follows:

Livelihood: The role of CBR on this component is to encourage and support self-employment by assisting PWDs and their families, either individually or in groups, to access skills development as well as financial and material resources.

Social: CBR is to work with all relevant stakeholders to ensure the full participation of PWDs in the social life of their families and communities; provide support and assistance to PWDs to enable them to access social opportunities in order to challenge stigma and discrimination to bring about positive social change.

Empowerment: The role of CBR on this one is to contribute to the empowerment process by promoting, supporting and facilitating the active involvement of PWDs and their families in issues that affect their lives.

Education: On this component, the role of CBR is to work with the education sector to help make education inclusive at all levels, and to facilitate access to education and lifelong learning for PWDs.

Health: The role of CBR on health component, here, is to work closely with the health sector to ensure that the needs of PWDs and their family members are addressed in the areas of health promotion, prevention, medical care, rehabilitation and assistive devices.

Effectiveness of community-based rehabilitation programmes of Rehabilitation of Persons with Disabilities

The operations of CBR across developing and economically developed countries of the world are based on various styles and approaches (Kuipers and Doig, 2010). What style and approach of CBR that accounts for success or failure in one country may not be the same in another country. Nonetheless, CBR studies carried out by various scholars have reported various outcomes. It is however pertinent to note that there have been few studies assessing the effectiveness of rehabilitative services using research designs that attribute changes in client-centred outcomes to interactions. Studies by Biggeri, Deepak, Mauro, Trani, Kumar and Ramasamy (2013) in Mandy District of India to ascertain the effectiveness of CBR programme on PWDs after 2, 4 and 7 years of entering the CBR using propensity score matching from data on a large-scale control study in Karnatakas India observed that CBR has a positive impact on the well-being of PWDs participating in the programme particularly on their participation within the family and the society at large.

Similarly, a study by Mitchell, Zhou, Lu and Watts (2009), on CBR and community attitudes towards PWDs have similar positive outcome. Here, the authors argue that communities in which CBR is being carried out develop more favourable attitudes towards PWDs than those in which no such programme has been implemented. On the other hand, Wheeler, Lane and McMohon (2007) in their study on community participation and the effect of community-based life skill training programme on community integration concluded that community-based life skill training increases independence in home management and participation in productive activities for PWDs.

Impact of Livelihood Component of CBR on PWDs

The five (5) elements of the livelihoods cluster of the CBR matrix are: skills development, self-employment, wage employment, financial services and social protection (WHO, 2010). The impacts of these elements on PWDs are as summarized below:

Skills Development: PWDs need skills to engage in livelihood activities (WHO, 2010), but in many cases, start with a number of disadvantages and thus, tend to be grouped in the poorest sections of society (ILO, 2008), and are without work due to some negative assumptions of incapable to engage in livelihood activities in their communities (Lang and Upah, 2008). Lack access to basic education, making them, unqualified for available skills training courses, and hence, are excluded from formal employment due to lack of skills which compel them into taking up occupations which are below their potentials (WHO, UNESCO, ILO and IDDC, 2010). CBR in this regard, enables PWDs to access work opportunities by facilitating acquisition of relevant knowledge, attitudes and skills they needed for work. The activities of skills development on livelihood components are promotion of home-based training; access to basic educational opportunities; facilitate participation in vocational training; encourage training in the community; assist in development of business skills; facilitate training in specialized institutions.

Self-employment: Where there is limited or no opportunities for wage employment, self-employment is the only option (WHO, 2010). Opportunities for self-employment are greater in urban areas than in rural. Many people, including PWDs in search for better services and work opportunities to make contributions to their families' livelihood, often migrate from rural to urban areas (WHO, 2010), where they mostly experience limited options due to urbanization, and thus, resorted to begging on encountering frustrations. The activity of CBR in this element is to facilitate access to start-up capital; making of product; provide services; and selling of goods and services by PWDs to enhance their livelihoods like every other person in the society via relevant or appropriate trainings facilitated in partnership with some successful entrepreneurs with disabilities in many communities.

Wage employment: In most cases, PWDs faced exclusion from employment due to lack of requisite skills and opportunities in most countries. But, in as much as everyone has a right to decent work (ILO, 2008), Jobseekers with disabilities, like non-disabled peers, should be given equal access and considered for employment based on their skills and what they can offer, and not on grounds of charity and pity (Onota, 2007; CBM, 2010a and 2010b). The role of CBR here, is to ensure that PWDs accessed and retained wage employment, by working to increase equal access and treatment in the workplace, as well as access to services that lead to wage employment (WHO, 2010).

Financial Services: PWDs face unequal access to financial services on equal terms with others. Many financial service providers tend to exclude PWDs because of physical or

cultural barriers or negative attitudes among their staff (WHO, UNESCO, ILO and IDDC, 2010). In as much as financial services have five main activities ranging from savings, credit, grants, insurance and money transfer services, the role of CBR is to identify, facilitate and promote access of PWDs to this element of livelihood component.

Social Protection: This is an integral element of a comprehensive remedial approach to disability and poverty. In Nigeria, majority of people, including PWDs often struggle for survival against illness and loss of income due to no formal measures of protection put in place by governments (WHO, 2010). CBR programmes ensure that PWDs are included under existing provisions of social protection schemes available for all. On the contrary, studies by Hoban and Gartrell (2013) in rural Cambodia on the impact of CBR on PWDs indicate negative outcomes of CBR impact and certain extent why some CBR programmes do not succeed. The authors argue that although UN agencies, most donors and NGOs have disability development policies, many programmes perpetuate disability-based discrimination.

Similarly, a negative impact of CBR outcome has been reported by Pollard and Sakellarioce (2008) on operationalising community participation in CBR found out that the guidelines on the nature of CBR do not always match its application in practice, and the active involvement of local communities in CBR projects is often limited, thus threatening the sustainability of CBR programmes.

Another study that has reported negative outcome of CBR on PWDs is that undertaken by Chung, Packer and Yau (2011) on CBR in Chinese communities which observed that shifting ideology and practices mean many different activities are labelled CBR, and therefore, concluded that Western CBR concepts and philosophy cannot be directly applied to the Chinese context and however suggested that an appropriate framework is needed to fit the unique Chinese cultural context to guide practice in Chinese communities, and by extension, many countries operating CBR.

Besides the foregoing empirical studies on the impact of CBR on PWDs, some other studies still affirm the positive impact of CBR on PWDs. For instance, a 10 year study of the impact of CBR by Bowers, Kuipers and Dorselt covering the period from 2002 to 2012 undertaken in 2015 using CBR matrix to provide structural evidence corroborates studies reviewed earlier in this study. In seven studies that investigated the impact of CBR intervention in developing countries, the authors adopted a modified “harvest plot” method of review to summarise the strength and nature of evidence provided in relation to the CBR matrix. In furtherance, studies carried out in selected countries of Africa, Asia and the Middle East affirm the positive outcomes of the programme (ILO, 2008; WHO, UNESCO, ILO and IDDC, 2010), in this regard. In the analysis of Bowers, Kuipers and Dorselt (2015) while quantitative studies tended to focus on the health domain, qualitative studies generally focused on the social and empowerment domains. Incidentally, no evidence of CBR impact was found in the education domain, but very little evidence was found pertaining to livelihood. Nonetheless, the evidence base related to the impact of CBR remains limited, both in terms of quantity and robustness of design. Summarily, the

empirical studies so reviewed in this study have differing research approaches – quantitative or qualitative in a bit to determine the impact of CBR programmes positive or negative in relation to the CBR matrix. However, where there are literature on CBR programmes, the studies focus on other aspect of disabilities such as mental, intellectual, hearing and visual, though not reviewed here, and no studies yet, on the impact of CBR on people with physical disabilities where this present study focuses on. Besides, the literature and research findings on the impact of CBR on PWDs in relations to the livelihood component of CBR matrix are not done in this part of the society - Akwa Ibom State.

Disability Issues in Nigeria

Atolagbe (1995) describes disabled people as innocent people, who are members of the human society, having no other world to live in, than the one we jointly own. A recent review of disability issues in Nigeria identifies many factors why the disability agenda continues to suffer. Notable among them are the absence of disability discrimination laws, lack of social protection, poor understanding of disability issues by the public and poor access to rehabilitation services. Hence, Lang and Upah (2008) recommend among others, the collection of robust and reliable data, and advocacy for the passage of the disability bill into law. Oyewo (1999) reports that the initiative of the Missionaries led to the development of positive attitude of Non-Government Organizations and Governmental Agencies toward the establishment of various Institutions to take care of the needs of the disabled people. According to Lang and Upah (2008), barriers to the social inclusion of disabled people in Nigeria include inaccessible public buildings, inaccessible transport system, poor lighting, and lack of access to micro-finance and banking services. Disability issues are predominantly perceived in terms of charity/welfare – not in terms of human rights.

Challenges of Rehabilitation Services in Nigeria

It is an indubitable fact that access to livelihood opportunities is an entry point for an inclusive society (WHO, ILO, UNESCO, 2004), and crucial towards the participation of PWDs in community life (Coleridge and Hartley, 2010). Nevertheless, livelihood services (CBR component) are scarce, and often too costly for PWDs to gain access. Therefore, the challenge of accessing livelihood opportunities remain daunting for most people, particularly, those with disabilities. Various research findings further confirm that the Nigerian population with disabilities do not fully involved in the planning and implementation of programmes that directly concerns them (Onota 2007; CBM 2008; Baron and Amerena, 2006). Over the years, most PWDs in Nigeria are routinely denied accessibility to skills acquisition by their family members (CBM, 2008 and Onota, 2007) and are often excluded from employment, due to lack of skills (Coleridge and Hartley, 2010). Consequently, their exclusion from work imposes a financial burden on the family and the community, thus leading to a loss of significant amount of productivity (WHO, 2010). Skills, according to WHO (2010) are essential for work, and access to work and employment is vital part

of the strategy for moving out of poverty (Coleridge and Hartley, 2010). Unfortunately, PWDs commonly face difficulties accessing financial services to support income generating activities. However, where PWDs are made to acquire skills training, they are taught handicrafts, which have very limited market values in rural areas (WHO, 2010). They are frequently channelled into stereotypical occupations which are below their potentials (Sabeh, 2007 and Ihenacho, 2009).

Some PWDs are caught in damaging circle of low expectations and achievement. They are often compelled into taking up occupations which are below their potential on the guise that there are limited expectations of what they can do (WHO, 2010). In doing this, the PWDs consistently suffer rejection because of their disabilities, and are seen as liabilities and made to face limited opportunities, stereotyping and discrimination. They are without work to enhance their livelihood, due to some negative assumptions by their communities that they are incapable and unable to engage in any livelihood activities (Coleridge and Hartley, 2010).

Whereas Nigeria, despite being signatory to the adoption and ratification of CBR programmes in the country, it is still rare for PWDs to be fully involved in the programme implementation (Onota 2007, Thomas, 2007). It is disheartening to note that a rehabilitation service which is the last hope of such victims is dwindling, and there seems to notice the almost complete absence of PWDs in the agenda and programmes of governments and NGOs in the country.

Theoretical Framework

The theoretical approach of this study is anchored on the “social model of disability” as advocated by Oliver (1983), Wallerstein (1992) and UPIAS (2010). The approach is of the assumption that the issue of “disability” is socially created problem as the consequence of institutional and social discrimination, as well as exclusion of persons with impairments. It is a reaction to the dominant medical model of disability, which in itself is a functional analysis of the body as a machine to be fixed in order to conform to normative values. The model further proposes that people can be disabled by a lack of resources to meet their needs. It focuses on issues such as the under-estimation of the potential of people with disabilities to contribute or add economic value to society, if given equal rights and equal suitable facilities and opportunities as others. This therefore affirms the submission of Wallerstein (1992) that in as much as CBR empowers people (including those with disabilities), it is a social-action process which promotes participation of the people, organizations, and communities towards the goals of increased individual and community control, political efficacy, enhances the livelihood and social inclusion of the people.

The model shows that lack of appropriate social services and facilities for the people with disabilities and the existence of stigmatising attitudes in the society weigh far greater on the disable than disability itself. Disability has been and to a large extent still is, considered an individual problem; impairment or an illness that prevents a person from undertaking daily tasks and participating in society like the non-disables. The traditional



response to this medical view of disability has been the creation of measures and policies that promote segregation and protection with the aim to correct or compensate for the disability rather than including in public social policies within society and removing barriers. They are like aliens in their own country. Services that could contribute to mitigate most discriminatory factors prevail, and barriers and limited opportunities persist for persons with disabilities to participate as full and equal members of society.

METHOD

The study adopted descriptive research design. The population was limited only to those persons with physical disabilities who have benefitted from CBR intervention services in Akwa Ibom State. This cuts across beneficiaries from the three senatorial districts, namely Uyo, Eket and Ikot Ekpene senatorial districts. A total of 811 PWDs constitute the population of this study. They are 289 PWDs from Uyo zone, 248 PWDs from Eket zone, and 274 PWDs from Ikot Ekpene zone. This study's sample was drawn using the Taro Yamane's formula (Chukwuemeka E. and Chukwuemeka N., 2012). A sample of 483 respondents was drawn from the population. They are Uyo zone, 168; Eket zone, 153 and Ikot Ekpene zone, 162. Data for the study were gathered from a 15 item self-report Likert-typed scale instrument with structured questions at a 4-point continuum of agree, strongly agree, disagree and strongly disagree constructed for the study and randomly administered only to the selected CBR programme beneficiaries who are members of Akwa Ibom State Chapter of Physically Impaired Association of Nigeria at the venue of their monthly meetings in their respective local government areas. Out of the 483 copies of the questionnaire administered, 436 copies were well filled and returned for the study. Data were computed and analysed via frequency tables and simple percentage. Community-based rehabilitation (CBR) programmes were measured based on the five living indicators of livelihood, empowerment, health, education and social. Therefore, the Spearman rank order correlation coefficient was used to test the hypothesis formulated for the study.

RESULTS AND DISCUSSION

Table 1 shows that majority of the respondents were between the age of 38 and 57 years, while those between the age of 18 and 37 years are 41.3% and those who are more than 58 years of age are only 1.1%. This implies that the highest number of respondents in the study is the adults and is of active age. The table further shows that 90.6% of the respondents were males, while females were 9.4% only. This tends to reveal that majority of people with physical disabilities in Akwa Ibom State are males. The table also indicates that more than 50% of the respondents were married. The table further shows that while 63.5% of the respondents had formal education to secondary level, 25.5% ended at primary school and 11% only attended tertiary institution. The implication is that majority of the respondents are not illiterates. On religion, the table reveals that 95.2% of the respondents were Christians, traditionalists were 2.5%, and Muslims were 0.7%; 1.6% were members of

other religions. This implies that Christians dominated Akwa Ibom State, and that is why majority of the respondents are Christians. The table also shows that while 33.9% of the respondents resided in Ikot Ekpene and Uyo Senatorial Districts respectively; 32.1% of them resided in Eket Senatorial District. The respondents' trade, business or occupations are also shown in table 1. It indicates that 56.4% of the respondents were traders, 17.2% were into craft/art work/shoe making, 10.3% were civil/public servants, 8.9% were computer/business centre operators, and 7.1% were barbers/hair dressers and tailors. Also shown in table 1 are monthly incomes of the respondents. It indicates that 35.3% of the respondents earned between N20,000 and N59,000; 33.0% earned more than N100,000; 23.2% earned between N60,000 and N99,000; and 8.5% only earned less than N20,000.

Table 2 shows that majority of the respondents (91.1%) agree that community-based rehabilitation programmes (CBR) teach people with disabilities (PWDs) how to manage their health, while 8.9% strongly agree with this view, none of them disagrees. In all, 100% of the respondents accept that CBR programmes are important in teaching persons with disabilities (PWDs) how to manage their health. Table 2 further shows that all the respondents are of the view that community-based rehabilitation programmes (CBR) offer education and training to persons with disabilities (PWDs). The table also shows that 89.7% of the respondents agree strongly that community-based rehabilitation programmes provide livelihood to persons with disabilities, and 10.3% agree with the view. In all, the respondents generally accepted the role of CBR programmes in providing livelihood to PWDs. Furthermore, the table shows that 86.2% of the respondents agree that community-based rehabilitation programmes ensure inclusion of persons with disabilities (PWDs) in scheme of things in their societies, and 11.5% strongly agree with the view. However, 1.8% and 0.5% of the respondents disagree and strongly disagree respectively with the view. Table 2 shows that 84.6% of the respondents agree that community-based rehabilitation programmes provide empowerment for persons with disabilities, and 15.4% agree with the view. None of them disagrees.

The Spearman's rank-order correlation technique was used to test the relationship between community-based rehabilitation (CBR) and skills development of people with disabilities (PWDs) in Akwa Ibom State (table 3). The findings show that there is significant relationship between community-based rehabilitation (CBR) and skills development of people with disabilities (PWDs) in Akwa Ibom State. Table 4 provide result of the analysis using Spearman's rank-order correlation technique to test the relationship between community-based rehabilitation (CBR) and self-employment of people with disabilities (PWDs) in Akwa Ibom State. It was found out from the study that there is significant relationship between community-based rehabilitation (CBR) and self-employment of people with disabilities (PWDs) in Akwa Ibom State. As presented in table 5, the Spearman's rank-order correlation technique test of the relationship between community-based rehabilitation (CBR) and wages employment of people with disabilities (PWDs) in Akwa Ibom State shows that there is significant relationship between community-based rehabilitation (CBR) and wages employment of people with disabilities (PWDs) in the



State. On the relationship between community-based rehabilitation (CBR) and financial services of people with disabilities (PWDs) in Akwa Ibom State, it was found out from table 6 that there is significant relationship between community-based rehabilitation (CBR) and financial services of people with disabilities (PWDs) in Akwa Ibom State. The relationship between community-based rehabilitation (CBR) and social protection of people with disabilities (PWDs) in Akwa Ibom State was presented in table 7. The findings show that there is significant relationship between community-based rehabilitation (CBR) and social protection of people with disabilities (PWDs) in Akwa Ibom State. On the whole, it is not out of place to draw inference based on the findings of this study that community-based rehabilitation services have significant positive effect on the livelihood enhancement among people with disabilities.

Table 1: Distribution of Respondents' Socio-demographic data

Age	Frequency	Per cent
18-37	180	41.3
38-57	251	57.6
58 and above	5	1.1
Total	436	100
Gender		
Male	395	90.6
Female	41	9.4
Total	436	100
Marital Status		
Single	123	28.2
Married	248	56.9
Cohabiting	51	11.7
Divorced	6	1.4
Separated	3	0.7
Widowed	5	1.1
Total	436	100
Educational level		
Primary	111	25.5
Secondary	277	63.5
Tertiary	48	11
Total	436	100
Religion		
Christianity	415	95.2
Islam	3	0.7
Traditionalism	11	2.5
Others	7	1.6
Total	436	100
Location/residence		
Ikot Ekpene	148	33.9
Uyo	148	33.9
Eket	140	32.1
Total	436	100
Occupation		
Trading	246	56.4
Craft/art work/shoe making	75	17.2
Computer Operator/business centre	39	8.9
Hair barbing/hair dressing/tailoring	31	7.1
Civil/public service	45	10.3
Total	436	100

Monthly income

Less than N20,000	37	8.5
N20,000-N59,000	154	35.3
N60,000-N99,000	101	23.2
N100,000 and above	144	33
Total	436	100

Source: Fieldwork, 2017

Table 2: Community-Based Rehabilitation Scale

Community-Based Rehabilitation Programmes	Strongly Disagree		Disagree		Agree		Strongly Agree		Total	
	f	%	f	%	f	%	f	%	N	%
Community-based rehabilitation programmes teach persons with disabilities how to manage their health.	0	0	0	0	397	91.1	39	8.9	436	100
Community-based rehabilitation programmes offer education and training to persons with disabilities	0	0	0	0	403	92.4	33	7.6	436	100
Community-based rehabilitation programmes provide livelihood of persons with disabilities	0	0	0	0	391	89.7	45	10.3	436	100
Community-based rehabilitation programmes ensure inclusion of persons with disabilities	2	0.5	8	1.8	376	86.2	50	11.5	436	100
Community-based rehabilitation programmes provide empowerment for persons with disabilities	0	0	0	0	369	84.6	67	15.4	436	100
Livelihood Enhancement Scale										
Skills Development										
I have acquired or developed enough skills to start my business/trade	0	0	0	0	380	87.2	56	12.8	436	100
I have acquired or developed enough skills to run my business/trade efficiently	0	0	0	0	361	82.8	75	17.2	436	100
CBR programmes have equipped me with skills I need to survive in life	0	0	0	0	391	89.7	45	10.3	436	100
Self-Employment										
I have confidently used the skills acquired during CBR programmes to establish my own business/trade	0	0	0	0	372	85.3	64	14.7	436	100
I have run my business or trade for more than 2 years	0	0	0	0	384	88.1	52	11.9	436	100
It makes me happy any time I realize I am the owner of my business or trade	0	0	0	0	348	79.8	88	20.2	436	100
Wages Employment										
I have employed some people to work for me for salary	9	2.1	14	3.2	367	84.2	46	10.6	436	100
Seeing people work for me for salary makes me happy	9	2.1	14	3.2	351	80.5	62	14.2	436	100
My personal business has given me opportunity to employ some people	9	2.1	1	0.2	368	84.4	45	10.3	436	100
Financial Services										
My business or trade generates income for my daily living	9	2.1	14	3.2	368	84.4	45	10.3	436	100
It is not possible for me to lack money now	9	2.1	14	3.2	352	80.7	61	14	436	100
Now, I can take care of my needs that demand money	9	2.1	14	3.2	361	82.8	52	11.9	436	100
Social Protection										
I now feel a high sense of belonging in my community	3	0.7	13	3	375	86	45	10.3	436	100
People are now becoming more friendly with me than before	2	0.5	18	4.1	372	85.3	44	10.1	436	100
I feel more socially accepted than before	2	0.5	11	2.5	368	84.4	55	12.6	436	100

Source: Fieldwork, 2017

Table 3: Spearman's Rank correlation analysis of the relationship between community-based rehabilitation (CBR) and skills development of people with disabilities (PWDs) in Akwa Ibom State

			Community-based rehabilitation (CBR)	Skills development
Spearman's rho	Community-based rehabilitation (CBR)	Correlation Coefficient	1.000	.449**
		Sig. (2-tailed)	.	.000
		N	436	436
	Skills development	Correlation Coefficient	.449**	1.000
		Sig. (2-tailed)	.000	.
		N	436	436

** . Correlation is significant at the 0.01 level (2-tailed). *SPSS Version 20*

Table 4: Spearman's Rank correlation analysis of the relationship between community-based rehabilitation (CBR) and self-employment of people with disabilities (PWDs) in Akwa Ibom State

			Community-based rehabilitation (CBR)	Self employment
Spearman's rho	Community-based rehabilitation (CBR)	Correlation Coefficient	1.000	.467**
		Sig. (2-tailed)	.	.000
		N	436	436
	Self employment	Correlation Coefficient	.467**	1.000
		Sig. (2-tailed)	.000	.
		N	436	436

** . Correlation is significant at the 0.01 level (2-tailed). *SPSS Version 20*

Table 5: Spearman's Rank correlation analysis of the relationship between community-based rehabilitation (CBR) and wage employment of people with disabilities (PWDs) in Akwa Ibom State

			Community-based rehabilitation (CBR)	Wage employment
Spearman's rho	Community-based rehabilitation (CBR)	Correlation Coefficient	1.000	.401**
		Sig. (2-tailed)	.	.000
		N	436	436
	Wage employment	Correlation Coefficient	.401**	1.000
		Sig. (2-tailed)	.000	.
		N	436	436

** . Correlation is significant at the 0.01 level (2-tailed). *SPSS Version 20*

Table 6: Spearman's Rank correlation analysis of the relationship between community-based rehabilitation (CBR) and financial services of people with disabilities (PWDs) in Akwa Ibom State

			Community-based rehabilitation (CBR)	Financial Services
Spearman's rho	Community-based rehabilitation (CBR)	Correlation Coefficient	1.000	.420**
		Sig. (2-tailed)	.	.000
		N	436	436
	Financial Services	Correlation Coefficient	.420**	1.000
		Sig. (2-tailed)	.000	.
		N	436	436

** . Correlation is significant at the 0.01 level (2-tailed). *SPSS Version 20*

Table 7: Spearman's Rank correlation analysis of the relationship between community-based rehabilitation (CBR) and social protection of people with disabilities (PWDs) in Akwa Ibom State

		Community-based rehabilitation (CBR)	Social Protection
Spearman's rho	Community-based rehabilitation (CBR)	Correlation Coefficient	1.000
		Sig. (2-tailed)	.000
		N	436
	Social Protection	Correlation Coefficient	.4421**
	Sig. (2-tailed)	.000	
	N	436	

** . Correlation is significant at the 0.01 level (2-tailed). *SPSS Version 20*

CONCLUSION AND RECOMMENDATIONS

This study incorporated the social model perspective, looking at poverty as an outcome of disability within the discourse of development. However, the research argues that in Nigeria, poverty is among the most important causes of impairment, thus, demanding a better balanced approach and broader perspective such as a comprehensive social model approach to disability. In other words, a revolutionary shift in thinking from the individual medical model, in which people with disability is required to fit into the norms of an able-bodied society, to a right approach based on the social model in which disabled people have the same rights as anybody else and society must adapt to the needs and rights of people with disabilities. This calls for a consensus mutual agreements by all and sundry in the society, thus, making it a “society for all, including those with disabilities”.

This study has been able to demonstrate sufficient practical and theoretical linkages. It has shown that there is a significant relationship between community-based rehabilitation programmes and livelihood enhancement of people with disabilities in Akwa Ibom State. Theoretically, it anchors on the social model of disability which demonstrated the issue of “*disability*” as a socially created problem with the consequence of institutional and socio-economic discrimination as well as impoverishment. Hence, persons with disabilities can effectively be remedied through a consciously created social policy or programme such as the community-based rehabilitation programmes. It is recognised in this study that CBR programmes are a social-action process which empowers people with disabilities (PWDs) socially, economically and politically, among others. It therefore recommends as follows:

- i. There is need for the federal government to formulate policies and legislation for the rehabilitation, equalization of opportunities and the socio-economic inclusion of PWDs in the country.
- ii. CBR programmes existing within the local community groups or NGOs should be linked to governmental structures (services) for its sustainability.
- iii. There is need to encourage existing CBR programmes to expand their activities to other communities to include PWDs from all age group.
- iv. All levels of government – Federal, State and Local should adopt CBR as a policy and strategy relevant to human right and poverty reduction for PWDs.

- v. There is need also for government to provide support for nation-wide Community-Based Rehabilitation programmes
- vi. There is need for government to create the conditions for multi-sectoral collaboration to advance CBR within community development.
- vii. Jobseekers with a disability, like non-disable counterparts in a public or private sector should be given equal access and considered for employment based on their skills and what they can offer and not on the grounds of charity and pity.

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