Community-Based Rehabilitation Services and Livelihood Enhancement for Persons with Disabilities in Nigeria: A Case Study of Akwa Ibom State

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ABSTRACT

This survey-based descriptive study is conducted to examine community-based rehabilitation (CBR) services and livelihood enhancement of people with disabilities (PWDs) in Akwa Ibom State, Nigeria. The population of this study comprises all the beneficiaries of community-based rehabilitation (CBR) service in the State. The population is stratified into the three senatorial zones that comprise Akwa Ibom State. Simple randomly sampling technique is used to select four hundred and thirty six (436) respondents who have participated in CBR programmes in the State. The major instrument for data collection is structured questionnaire designed using a four point likert scale of agree, strongly agree, disagree and strongly disagree. The hypotheses formulated to guide the study were tested using the Spearman's rank-order correlation technique. The findings reveal among other things that there is a significant relationship between CBR and the five dimensions (skills development, self-employment, wages employment, financial services, and social protection) of livelihood enhancement of PWDs in Akwa Ibom State. Hence, it is concluded that CBR programmes is significantly related to livelihood enhancement of PWDs in Akwa Ibom State, Nigeria. It is, therefore, recommended among others that government should enhance an effective skills development through CBR programmes to pull PWDs out of poverty and self-pity.

Keywords: *Community-based rehabilitation (CBR), livelihood enhancement, people with disabilities (PWDs), and Akwa Ibom State.*

INTRODUCTION

The deplorable conditions of People with Disabilities (PWDs) in Nigeria and other developing countries are increasing, and have become a global issue. In Nigeria, over the years, regardless of the high number of PWDs, basic services such as rehabilitation is limited and meeting not more than 2% of those in need; PWDs received very little support; suffer various forms of discrimination and often times, face significant barriers to participate in several livelihood activities in most rural communities in the country (Lang and Upah, 2008). They are often excluded from social, economic and political matters that concern them. The common perception of disability intervention is often in terms of charity and

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welfare (CBM, 2010). Consequently this viewpoint is a significant factor that inhibits the social inclusion of PWDs to enhance their livelihood in the society. Interestingly, the community-based rehabilitation (CBR) has been endorsed by World Health Organisation (WHO 2010), as comprehensive intervention strategy that sees to the need of enhancing effective participation in any community by PWD in all countries of the world, including Nigeria. With this, PWDs and their families could work closely to overcome physical and sociological barriers within their communities through a holistic approach to a person and their environment in the areas of health, education, livelihood, social inclusion, skill development and empowerment. Being community-based means that the locus of control and action should be in the local community, with disabled people themselves, families and community members (Momm and Konig, 1998).

CBR that supposed to focus on empowerment, rights, equal opportunities and social inclusion of people with disabilities, in practice, is unrealistic (Elwan, 2007; Jibrin, 2009; Onota, 2007; DFID, 1997, 1998, 2006). As indicated by WHO (1976), the original CBR strategy was to promote the use of effective locally developed technologies to prevent disabilities and transfer knowledge and skills about disability and rehabilitation to person with disabilities, their families and the community at large. However, since the formulation of the CBR strategy in the late 1970s, the concept has evolved to become a multi-sectoral strategy, comprising services within health, education, livelihood and social development sectors (WHO, 2010). ILO, UNESCO and WHO (2004) explain that CBR is implemented through the combined efforts of people with disabilities themselves, their families, organization and communities, and the relevant governmental and non-governmental programmes on health, education, vocational, social and other services. This strategy promotes the rights of people with disabilities to live as equal citizens within the community, to enjoy health and well-being to participate fully in educational, social, cultural, religious, economic and political activities (ILO, UNESCO and WHO, 2004; WHO, 2011).

Similarly, Bowers, Kuipers and Dorselt (2015) see community-based rehabilitation as any combination of a number of activities or intervention that can be included in the CBR matrix and are targeted at rights, needs, or inclusion of people with disabilities. This position further places equal emphasis on inclusion, equality and socio-economic development, as well as rehabilitation (Peat, 1997, 1999). An attempt that has made it possible for disabled people to receive the help they need to be able to go about their daily activities aided by trained personnel from their communities (Kassah, 1998).

Cornielje (2009) and Mitchell (1999) are of the view that a wide variety of very different and complimentary approaches are taken in developing countries to adequately respond to the needs of persons with disabilities. According to them, in theory, CBR programmes are considered to be the most cost effective approach to improving the well-being to persons with disabilities, in comparison with core hospitals or rehabilitation centres. However there are discrepancies or paradoxes between CBR as ideal and CBR in usual practice. CBR should be about collectivism and inclusive communities, but CBR workers are stakeholders and individuals who need wages and benefits. Supposedly, CBR should be managed by the community, what is obtainable is that CBR projects often are top-

down in approach and run by outsiders without consideration towards community concerns and participation (Cheausuwantavee, 2007; Lang and Upah, 2008; CBM, 2010).

Components of Community Based Rehabilitation (CBR)

Biggeri, Deepak, Mauro, Trani, Kumar and Ramasamy (2013) study on disability empowerment have shown that people involved in CBR projects are more able to express their views and participates actively in community decisions, and that PWDs were even more accepted in the community in this regards. There are five basic components of Community Based Rehabilitation (CBR). They are health, education, livelihood, social and empowerment. These components, according to WHO (2010) encourage and promote a move away from the traditional model of CBR to a community-based inclusive development model.

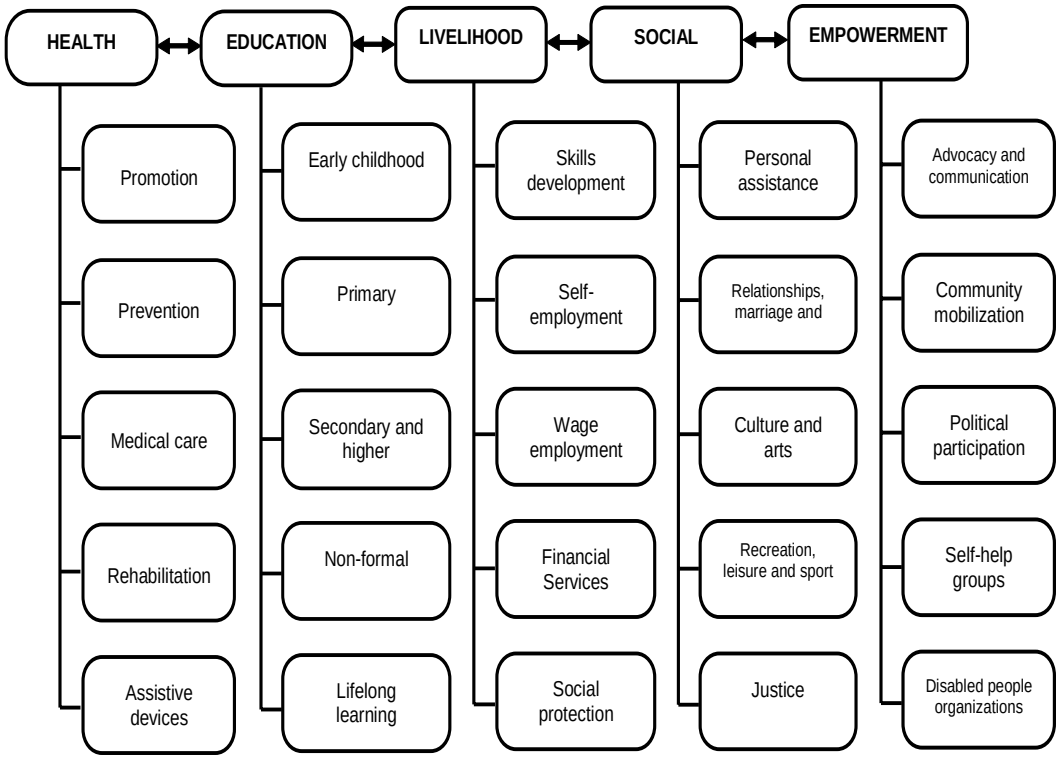

Figure 1: CBR Matrix - Key Elements of Livelihood Components of Community Based Rehabilitation (CBR) programmes. ***Source:*** WHO (2010) CBR Guidelines

Livelihood: Approaches and Linkage to Poverty

In social sciences, the concept of livelihood extends to include social and cultural means, i.e. "the command an individual, family, or other social groups have over an income and/or bundles of resources that can be used or exchanged to satisfy its needs. This may involve information, cultural knowledge, social networks and legal rights as well as tools, land and

other physical resources (Blaikie, Cannon, Davis, and Wisner, 2004). The concept of livelihood is used in the fields such as political ecology in research that focuses on sustainability and human rights. According to Chambers and Conway (1992), a livelihood comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base. Carney (1998) has identifies five dominant forms of livelihood assets to include: natural capital (the natural resource stock from which resource flows useful to livelihoods are derived); socio-political capital (the horizontal and vertical social resources – networks, membership of groups, relationships of trust, access to wider institutions of society – upon which people draw in pursuit of their livelihood); human capital (the skills, knowledge, ability to labour and good health important to the ability to pursue livelihood strategies); physical capital (the basic infrastructure – transport, shelter, water, energy, and communications – and production equipment and means which enable people to pursue their livelihoods); financial capital (the financial resources which are available to people, such as savings, supplies of credit, or regular remittances or pensions, and which provide them with different livelihood options).

A range of key features have been ascribed to sustainable livelihoods. In doing so it builds on the findings of participatory poverty assessments (Booth et al., 1997 cited in Carney, 1998) and owes much to Chambers's work on participatory methodologies which, in the main, have been rooted in the rural context (Chambers, 1995, 1997; Chambers and Conway, 1992). Although initially, the concept was rural in focus, it is becoming increasingly used in both peri-urban and urban contexts (Moser, 1996, 1998; Tacoli, 1998; Rakodi, 1997; Beall and Kanji, 1999).

Community-based rehabilitation services and persons with (physical) disabilities

Community-based rehabilitation (CBR) service has been seen globally as the fundamental means through which disabled people have access to rehabilitation or disability services (Evans, Zinken, Harpham and Chaudury, 2001). However, the operations of CBR across developing and economically developed countries of the World are based on various styles and approaches (Kuipers and Douig, 2010). In other words, 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 impact of rehabilitative services using research designs that attribution of changes in client-centred outcomes to interactions. Biggeri, *et al* (2013) reveal that CBR has a positive impact on the well-being of persons with disabilities participating in the programme and particularly on their participation within the family and the society at large. They further state that CBR programme have a multidimensional and positive impact on individual and collective capabilities, on individual, agency and social empowerment being elements in the empowerment component of CBR. Similarly, a study by Mitchell, Zhou, and Watts

(2009), on community-based rehabilitation and community attitudes towards people with disabilities have similar positive outcome. In their study, they argue that a major objective of CBR within the social component is to develop positive community attitudes towards people with disabilities. On the other hand, Wheeler, Lane and McMoho (2007) in their study on community participation and life satisfaction with people with non-physical disabilities examined the effect of an intensive, community-based life skill training programme on community integration and life satisfaction among individuals with traumatic brain injuries. Their study show that there was statistically, improvement for subjects receiving intensive life skill training, whereas no changes where found for a group of community-dwelling, demographically matched control suspects. They therefore conclude that community-based life skill training is a means to increase independence in home management and participation in productive activities for individual with severe traumatic brain injuries. Though this study cut across other aspects of disability using health and livelihood components of CBR for its evaluation, but it is not on people with physical disability.

On the contrary, there are few studies on the impact of CBR on PWDs with negative outcomes. Thus, indicating certain extent why some CBR programmes do not succeed. One of such studies is that carried out by Gartrell and Hoban (2013) on structural vulnerability, disability and access to non-governmental organization services in rural Cambodia. They argue that although UN agencies, most donors and non-governmental organizations have disability and development policies, many programmes perpetuate disability-based discrimination. According to them, for CBR programmes to achieve it set goals they must explicitly address social and cultural norms as well as power relations in those communities where CBR services are undertaken (WCPT, 2003; WHO, 2003; Finkenflugel, Cornielje and Vekma, 2007; Alavi and Kuper, 2010).

However, these observable evidence has shown that the ideal has been jettisoned. For instance, a study by Jibrin (2009) affirms that 53% of 19 million Nigerian population with disabilities have no food to eat and that 16% of the population live in extreme poor communities where only 2% have access to rehabilitation and appropriate services.

Observably, the number of PWDs in Nigeria living in poverty is disproportionately high. Yet, livelihood services are scarce, and often too costly to get access. Many individuals with disability are living in chronic poverty due to their inaccessibility to livelihood opportunities available to others in the community. They are routinely denied accessibility to skills acquisition by their family members, and in most cases excluded from employment due to lack of skills. However, where PWDs acquire skills, are often compelled into taking up occupations which are below their potentials on the guise that there are limited expectations of what they can do (WHO, 2010). Many PWDs face barriers to participate in vital activities in their communities and are mostly compelled to live marginal lives. The challenge of accessing livelihood opportunities remains daunting due to the scarcity and non-affordability of rehabilitation services (Lang and Upah, 2008). Most PWDs are without work to enhance their livelihood and consistently suffer discrimination due to some negative assumptions that they are incapable to engage in any livelihood activities in the communities. Consequent upon this exclusionary attitude, PWDs slide back to the society

to remain isolated and inactive and hence, lost hope to lead a productive life. Whereas CBR services has adequately improved the well-being of PWDs in most developing countries, it is disheartening that the livelihood enhancement of PWDs are hindered by the absence of CBR services in most part of Nigeria. Little wonder that with the existence of CBR services in Nigeria, it is not uncommon to find those people with (physical) disabilities constituting the bulk of beggars and nuisance at the centre of metropolitan cities and towns where they should be given appropriate rehabilitation attention. People with disabilities are part of oppressed people in the world. They are rarely recognised as a group with distinct needs and rights, because their status is not esteemed and their lack of physical strength and mental maturity exposes them to frequent human rights violations.

The major aim of this study therefore is to examine the Community Based Rehabilitation Services and Livelihood Enhancement for Persons with Disabilities in Akwa Ibom State. In the light of the foregoing, the following hypotheses were formulated to guide the study.

$H_0$1: There is no significant relationship between community-based rehabilitation (CBR) and skills development of people with disabilities (PWDs) in Akwa Ibom State.

$H_0$2: There is no significant relationship between community-based rehabilitation (CBR) and self-employment of people with disabilities (PWDs) in Akwa Ibom State.

$H_0$3: There is no significant relationship between community-based rehabilitation (CBR) and social protection of people with disabilities (PWDs) in Akwa Ibom State.

METHOD

The study adopts a survey-based descriptive research method to examine community-based rehabilitation (CBR) and livelihood enhancement of people with disabilities (PWDs) in Akwa Ibom State, Nigeria. The population of this study comprises all persons with physical disabilities who have benefitted from CBR intervention services in Akwa Ibom State. The population was stratified in accordance with the three senatorial districts of Uyo, Eket and Ikot Ekpene. Simple randomly sampling technique was used to select the respondents who have participated in CBR programmes in the State from each stratum. From a total of 811 beneficiaries, 289 PWDs were from Uyo zone, 248 PWDs from Eket zone, and 274 PWDs from Ikot Ekpene zone. A sample of 483 respondents was drawn from the population of 811 using Taro Yamane's method of sample selection (Chukwuemeka E. and Chukwuemeka N, 2012). Thus, Uyo zone sample size was 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. Out of the 483 copies of questionnaire administered on the respondents, 446 copies were received, while 436 were well filled and good for use. The instrument was 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.

The numerical data from questionnaire administered on PWDs were computed and analysed using frequency tables and simple percentage. Therefore, the Spearman rank order correlation coefficient was used as statistical technique for testing the study's hypotheses and inferences were drawn based on the analysis.

RESULTS AND DISCUSSION

Table 1 shows that majority of the respondents (57.6%) were within the age range of 38-57 years, 41.3% aged between 18-37 years, and only 1.1% were aged 58 and above years. This clearly shows that adults constituted the highest number of respondents in the study. Table 2 deals with the percentage distribution of respondents' gender. It shows that majority of the respondents (90.6%) were males, whereas only 9.4% were females. This tends to reveal that more males live with physical disabilities than female in Akwa Ibom State, just like in other societies in the country. Respondents' marital statuses are shown in Table 3. It reveals that a majority of the respondents (56.9%) were married, 28.2% were single, 11.7% were cohabiting, 1.4% were divorced, 1.1 were widowed, and only 0.7% were separated. It is important to note here that it is a common practice among persons with disabilities (PWDs) to cohabit with the opposite sex; hence, the inclusion of cohabitation as an important marital status of the respondents in this study. Table 4 contains the percentage distribution of respondents' educational level. It shows that majority of the respondents (63.5%) had secondary education, 25.5% had primary education, and only 11.0% had tertiary education. Thus, it is obvious that respondents with secondary school qualifications constitute the greatest number in the study. The religious affiliations of respondents are shown in Table 5. It reveals that a majority of the respondents (95.2%) were Christians, 2.5% were traditional religion worshippers, 1.6% were members of other religions, and only 0.7% were Muslims. Obviously, Christians constituted the greatest number of respondents in the study. The bar chart below strengthens the analysis done so far regarding the percentage distribution of respondents' religious affiliation.

Respondents' trade, business or occupations are shown in Table 6. It shows that a majority of the respondents (56.4%) were traders, 17.2% were involved in craft/art work/shoe making, 10.3% were civil/public servants, 8.9% were computer/business centre operators, and 7.1% were involved in hair barbing/dressing and tailoring. Respondents' monthly income is shown in Table 7, thus: 35.3% of the respondents earned between N20,000 and N59,000; 33.0% earned N100,000 and above; 23.2% earned N60,000 and N99,000; and only 8.5% earned less than N20,000. This reveals the extent to which persons with disabilities have been empowered financially. Respondents' opinions on substantial issues concerning community-based rehabilitation programmes (CBR) and livelihood enhancement of persons with disabilities (PWDs) in Akwa Ibom State of Nigeria are presented and analysed in this section. Community-based rehabilitation (CBR) programmes was measured based on five indicators which include health, training and education, livelihood, inclusion and empowerment. As shown in Table 8, 84.2% and 10.6% of the respondents agreed and agreed strongly respectively that they have employed some

people to work for them for salary. However, 5.3% of the respondents have not employed anyone to work for them for salary. Table 9 shows that 80.5% and 14.2% of the respondents agreed and agreed strongly respectively that seeing people work for them for salary makes them happy. However, 5.3% of the respondents disagreed with the view that seeing people work for them for salary makes them happy. Table 10 shows that 84.4% and 10.3% of the respondents agreed and agreed strongly respectively that their personal businesses gave them opportunity to employ others. However, 5.3% of the respondents disagreed with the view that their personal businesses gave them opportunity to employ others. Table 11 shows that 84.2% and 10.6% of the respondents agreed and agreed strongly respectively that their businesses or trades generate income for their daily living. However, 5.3% of the respondents disagreed with the view that their businesses or trades generate income for their daily living.

In Table 12, it is shown that 80.7% and 14.0% of the respondents agreed and agreed strongly respectively that it was not possible for them to lack money. However, 5.3% of the respondents disagreed with the view that it was not possible for them to lack money. As shown in Table 13, 82.8% and 11.9% of the respondents agreed and agreed strongly respectively that they can take care of their financial needs. But 5.3% of the respondents disagreed with the view that they can take care of their financial needs. As shown in Table 14, 86.0% and 10.3% of the respondents agreed and strongly agreed respectively that they now have a sense of belonging in their community as a result of their participation in CBR programmes. However, 3.7% of the respondents disagreed with the view that they now have a sense of belonging in their community as a result of their participation in CBR programmes.

Table 15 shows that 85.3% and 10.1% of the respondents agreed and strongly agreed respectively that people were becoming friendlier with them than before as a result of their participation in CBR programmes. However, 4.6% of the respondents disagreed with the view that people were becoming friendlier with them than before as a result of their participation in CBR programmes. Table 16 shows that 84.4% and 12.6% of the respondents agreed and strongly agreed respectively that they felt more socially accepted than before because of their empowerment through CBR programmes. However, 3.0% of the respondents disagreed with the view that they felt more socially accepted than before because of their empowerment through CBR programmes.

The 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 is shown in table 17. The test shows that the correlation is significant at 0.01 level (2-tailed), the null hypothesis that there is no significant relationship between community-based rehabilitation (CBR) and skills development of people with disabilities (PWDs) in Akwa Ibom State is rejected. Thus, there is a significant relationship between community-based rehabilitation (CBR) and skills development of people with disabilities (PWDs) in Akwa Ibom State.

Table 18 shows the 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. The decision is that since the test shows that the correlation is significant at 0.01 level (2-tailed), hence, the null hypothesis which states that there is no significant relationship between community-based rehabilitation (CBR) and self-employment of people with disabilities (PWDs) in Akwa Ibom State is rejected. Thus, there is a significant relationship between community-based rehabilitation (CBR) and self employment of people with disabilities (PWDs) in Akwa Ibom State.

The 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 is presented in table 19. The test shows that the correlation is significant at 0.01 level (2-tailed). Therefore, the null hypothesis that there is no significant relationship between community-based rehabilitation (CBR) and social protection of people with disabilities (PWDs) in Akwa Ibom State is rejected. Thus, there is a significant relationship between community-based rehabilitation (CBR) and social protection of people with disabilities (PWDs) in Akwa Ibom State.

Table 1: Percentage Distribution of Respondents' Age

Age range	**Frequency**	**Percent**
18-37	180	41.3
38-57	251	57.6
58 and above	5	1.1
Total	436	100.0

Source: Field Survey, 2017

Table 2: Percentage Distribution of Respondents' Gender

Sex	**Frequency**	**Percent**
Male	395	90.6
Female	41	9.4
Total	436	100.0

Source: Field Survey, 2017

Table 3: Percentage Distribution of Respondents' Marital Status

Status	**Frequency**	**Percent**
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	100.0

Source: Field Survey, 2017

Table 4: Percentage Distribution of Respondents' Educational level

Educational level	Frequency	Percent
Primary	111	25.5
Secondary	277	63.5
Tertiary	48	11.0
Total	436	100

Source: Field Survey, 2017

Table 5: Percentage Distribution of Respondents' Religion

Religion	Frequency	Percent
Christianity	415	95.2
Islam	3	0.7
ATR	11	2.5
Others	7	1.6
Total	436	100

Source: Field Survey, 2017

Table 6: Percentage distribution of respondents' trade, business or occupation

Occupation	Frequency	Percent
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	100.0

Source: Field Survey, 2017

Table 7: Percentage distribution of respondents' monthly income

Monthly income	Frequency	Percent
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	33.0
Total	436	100.0

Source: Field Survey, 2017

Table 8: I have employed some people to work for me for salary

Variables	Frequency	Percent
Strongly Disagree	9	2.1
Disagree	14	3.2
Agree	367	84.2
Strongly Agree	46	10.6
Total	436	100.0

Source: Field Survey, 2017

Table 9: Seeing people work for me for salary makes me happy

Variables	**Frequency**	**Percent**
Strongly Disagree	9	2.1
Disagree	14	3.2
Agree	351	80.5
Strongly Agree	62	14.2
Total	436	100.0

Source: Field Survey, 2017

Table 10: My personal business has given me opportunity to employ some people

Variables	*Frequency*	*Percent*
Strongly Disagree	9	2.1
Disagree	14	3.2
Agree	368	84.4
Strongly Agree	45	10.3
Total	436	100.0

Source: Field Survey, 2017

Table 11: My business or trade generates income for my daily living

Variables	**Frequency**	**Percent**
Strongly Disagree	9	2.1
Disagree	14	3.2
Agree	367	84.2
Strongly Agree	46	10.6
Total	436	100.0

Source: Field Survey, 2017

Table 12: It is not possible for me to lack money now

Variables	**Frequency**	**Percent**
Strongly Disagree	9	2.1
Disagree	14	3.2
Agree	352	80.7
Strongly Agree	61	14.0
Total	436	100.0

Source: Field Survey, 2017

Table 13: Now, I can take care of my needs that demand money

Variables	**Frequency**	**Percent**
Strongly Disagree	9	2.1
Disagree	14	3.2
Agree	361	82.8
Strongly Agree	52	11.9
Total	436	100.0

Source: Field Survey, 2017

Table 14: I now feel a high sense of belonging in my community

Variables	**Frequency**	**Percent**
Strongly Disagree	3	0.7
Disagree	13	3.0
Agree	375	86.0
Strongly Agree	45	10.3
Total	436	100.0

Source: Field Survey, 2017

Table 15: People are now becoming friendlier with me than before

Variables	**Frequency**	**Percent**
Strongly Disagree	2	0.5
Disagree	18	4.1
Agree	372	85.3
Strongly Agree	44	10.1
Total	436	100.0

Source: Field Survey, 2017

Table 16: I feel more socially accepted than before

Variables	**Frequency**	**Percent**
Strongly Disagree	2	0.5
Disagree	11	2.5
Agree	368	84.4
Strongly Agree	55	12.6
Total	436	100.0

Source: Field Survey, 2017

Table 17: 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*

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Table 18: 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 19: 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	.421**
		Sig. (2-tailed)	.	.000
		N	436	436
	Social Protection	Correlation Coefficient	.4421**	1.000
		Sig. (2-tailed)	.000	.
		N	436	436

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

CONCLUSION AND RECOMMENDATIONS

The findings of this study reveal that there is a significant relationship between community-based rehabilitation (CBR) and the five dimensions (skills development, self-employment, wages employment, financial services, and social protection) of livelihood enhancement of people with disabilities (PWDs) in Akwa Ibom State. It is therefore evident from the findings of the study that increased community-based rehabilitation (CBR) is needed to pull people with disabilities (PWDs) in the Nigerian society out of poverty, self-pity and culture of begging, which have already enveloped them. It is concluded that community-based rehabilitation programmes is significantly related to livelihood enhancement of people with disabilities in Akwa Ibom State, Nigeria. Based on the findings of the study, the following are recommended for enhancing the livelihood of people with disabilities particularly in Akwa Ibom State and generally in Nigeria.

i. Effective skills development of people with disabilities (PWDs) through community-based rehabilitation (CBR) programmes in Akwa Ibom State is needed to pull the people out of their challenging situation.

ii. PWDs should be adequately funded in order to start or grow their business or trades to be able to employ others to work for them in order to provide financial services to the larger society.

iii. Social inclusion or protection of people with disabilities (PWDs) particularly in Akwa Ibom State and generally in Nigeria should be given urgent attention. Societies, development agencies and government, among others, should see to it that PWDs are not stigmatised as has been the practice in the past. It is high time Nigerian societies stopped labelling and stigmatising against PWDs, and rather accepted and integrated them as part and parcel of the society.

iv. Education is specially important in the lives of PWDs so as to enable them meet up with their special challenges and face life squarely.

v. There is urgent need for all stakeholders in Nigeria to begin shifting from obsolete concept as "sheltered workshops" or "centers for the handicapped", "school for the handicapped" that we currently still enjoying widespread public acceptance to an inclusive CBR services.

vi. Emphasis should not only be on the rehabilitation and empowerment of the individuals, but also on building communities capable of addressing disability needs and promoting equalization of opportunities.

vii. There is need for the Government to formulate policies and legislation for the rehabilitation, equal opportunities and the social and economic inclusion of PWDs in the State.

viii. There is need to encourage existing CBR programmes to expand their activities to other communities, to pay due attention to gender equality and to include PWDs from all age group.

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