



ABSTRACT

The study investigated the perceived relevance and impact of rehabilitation programmes for destitute in Northern Nigeria. The objectives of the study include; to identify the programmes and determine the skills that are provided at the rehabilitation centres in Northern Nigeria, to determine the relevance and examine the impacts of rehabilitation programmes and services to destitute in Northern Nigeria and to investigate the challenges of the rehabilitation centres in the provision of

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ERCEIVED RELEVANCE AND IMPACTS OF REHABILITATION PROGRAMMES FOR DESTITUTE IN NORTHERN NIGERIA

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Introduction

Background to the Study

Social problems are part and parcel of every human society. Therefore, every country of the world including Nigeria experiences one social problem or the other. Among many other social problems in Nigeria is destitution, a circumstance which is not limited to but more pronounced among states in Northern part of the country, as observed by the researcher which has become an issue of concern and worry to all and sundry? The question which arise are whether or not the nation can afford the cost of maintaining her destitute, since no responsible person can afford to ignore the misery and despair of a sizeable proportion of her citizenry as the issue has been acknowledged as a national disgrace. Should government, individuals and corporate organizations embark on prestigious project and failed to provide the basic needs of the disadvantaged members of the society? Therefore, the issue of destitution is an obligation particularly if one agrees with the words of Hamilton (2010) who noted that “the satisfaction of basic needs is the yardstick of any good government”. It is unimaginable that any responsible government could comfortably lead when millions of its citizen go to bed hungry and without the faintest hope for the following morning meal.



programmes and services to destitute in Northern Nigeria. Descriptive survey design was used for the study. All Clients of the rehabilitation centres and their Officials totaling to 11,350 was used as population of the study. The sample for the study was 335 Clients and 57 Officials from 19 rehabilitation centres selected through simple random technique. Two research instruments were developed by the researcher, questionnaire and interview schedule were used to collect data from the sampled population. The instruments were subjected to face and content validity by experts. A reliability coefficient of 0.79 was obtained for the questionnaire using PPMC. Data collected were analyzed by descriptive statistics of frequency counts and percentage for research questions one and two, while frequency counts, percentage, mean and standard deviation were used to answer research question three, four, five and six. Findings of the study revealed that skills provided at the rehabilitation centres in Northern Nigeria included mat weaving, cloth knitting, tailoring, shoe making, rope making, carpentry, basket weaving and poultry keeping, while programmes provided at the rehabilitation centres in Northern Nigeria included; educational programmes which comprises of basic literacy, post literacy, educational counseling, Braille literacy for the visually impaired, sign language, religious/moral instruction and mobility and orientation, medical programmes comprises treatment and evaluation of the eye, ear and throat, physical therapy for the physically challenged, medical consultation and treatment, health education, medical counseling and referral services. The programmes and skills such as mat weaving, rope making, and cloth knitting provided at the rehabilitation centres are discovered to be irrelevant while tailoring, carpentry and poultry keeping are found to be relevant to the clients. Based on the findings the study recommended that modern skills such as tailoring (fashion designing), carpentry (furniture/interior decoration), modern ICT skills, welding, grinding, barbing saloon, soap making and make-up should be provided at the rehabilitation centres to replace the obsolete ones and facilities at the rehabilitation centres should be provided in good state of condition for the comfort of the clients. While adequate funding, effective social welfare policy, adequate supply of training equipments, qualified personnel to run the centres should be adequately put in place to enhance provision of relevant and impactful programmes for destitute in Northern, Nigeria.

Our society needs an effective and comprehensive social welfare scheme to cater for the needs of these underprivileged and the enactment of appropriate laws for the specific employment and care of these destitute. Governments at various levels have initiated rehabilitation programmes at different times to curb this social menace and make the environment free of destitute especially beggars. However, in spite of the establishment of these rehabilitation centres by the governments at federal and state levels to get rid of street begging, the number of beggars increases by the day as they litter every street of our major cities, especially the Northern Nigeria cities. In fact one can confidently assert that street begging has persisted in Nigeria especially in the Northern part and in spite of the numerous rehabilitation programmes at virtually all levels of governance.



Destitution as a major social problem has become a source of concern to the Nigerian society especially the Northern part of the country, because it has forced many into begging. It has become a national embarrassment that eats deep into the fabrics of social, economic, political and educational structures of our system. Motimer (2005) defined street begging as asking for money, food, shelter and other favours from people they encounter by request without an exchange of service in a public place. The presences of beggars on major highways and township Street in recent times and even in the past often violate social, political and economic changes. This results from heavy migration of families from rural to urban areas, where they faced profound deprivation. Although the problem of begging which emanates from destitution is a worldwide phenomenon, it is more pronounced in developing Countries such as Nigeria. (Jelili, 2013; Nanwata, 2012).

Empirical data shows that 70% of Nigerians live below the poverty level, many of whom live on less than one US dollar per day (Human Development Index, 2005). Wolf 2005 cited in Gloria and Samuel (2012) asserts that people who beg do so in order to meet subsistence needs or adequate nutritional needs as their major reasons for begging for alms. Consequently the beggars, are mostly as impoverished underclass (male, female, able, disabled, adult, youth and the old) mostly find themselves in multifaceted and extreme impoverishments which can generally be characterized by chronic food shortage and insecurity, illiteracy, homelessness or poor housing , disease, insanitary condition, marginalization, exclusion and above all death.

Urban development has had considerable impact on social institution and the social system as a whole. Urbanization results in a progressive decline in the strength of relationship between a person's place of residence and his group affiliations. The urban person is very mobile both geographically and socially. In the course of urbanization, the extended family weakens and the nuclear family tends to emerge as the basic unit of the society. New nuclear family lacks the economics, social and psychological support of the extended family and so many adjustments are made in the process, some families are unable to cope on their own and thus turn to social welfare services delivery in terms of problem and needs.

The current socio-economic realities as observed by Ayagi (2007) are likely instrumental to the perpetuation of begging in Nigeria. It suggests that the elements or factors that constitute the socio- economic situation in Nigeria are very bad – the social infrastructural facilities have crumbled or are crumbling, good drinking water is becoming scarce, social amenities are dwindling, the micro economic environment is harsh, the economic life line of families is becoming thinner with an ever increasing number of mouths to feed. The economic infrastructural facilities have deteriorated, the unemployment situation has hardened, the incomes of almost all those who have any income could, if at all only provide them with the mere necessities of life (which may not be the case for all)– that is, basic food and shelter- and nothing more. However life and living demand more than just basic food and shelter- you need other essentials of life i.e. clothing, health, education of children and the like. Thus, even for those who are gainfully employed, austere deprivation is the rule rather than the exception nowadays.



Under this situation, destitution has encroached on the lives of the people who are apparently not seen as destitute because a large number of Nigerian families that have responsibilities of providing the basic necessities of life to the family members far in excess of the combine income of all of them failed to meet their obligation. Thus members of the family have to resort to begging while other people who are afflicted by one form of disability or the other, by their age, mental instability and lack of skill, cultural inhibition and to some extent sheer laziness and couple with ignorance and cannot meet the necessities of life resort to begging, especially as they may have relations that refuse or failed to assist them.

However, in an attempt to describe destitution Ayagi, (1997) noted that it is a situation characterized with deprivation and misery because of the middle class and working class who mostly earn a means of living, mostly skilled and affluent rich that failed to assist those in needs. It is not surprising when a large number of Nigerians are into destitution because they are in a state or condition when their lack of basic necessities of life left them with an only option to resort to begging.

However, Okeke (2001) reported that another group who engaged in begging are people living with disabilities(PLWD) that comprised the visually impaired, hearing impaired, physically challenged and the socially disabled that are forced into begging. Some of these conditions may be congenital i.e at birth or adventitious, i.e., later in life after the developmental years either as a result of disease infection or through accident or other circumstance of life. The elderly who experienced common challenges like weak and failing health constitute major group who lacks care and concern. They are the left-over and the derelict of the society. They have seen various sides of life and have become senile and have wondered away from old time friends and many who belonged to or cared for them or whose friends and relations had fallen off through death or infirmity.

However, the high rate of destitute who are mostly into begging contradicts with the provision of Section 16 (2d) of the Nigerian (constitution 1999) which states that “state shall direct its policy towards ensuring that suitable and adequate shelter, food, reasonable minimum living wage, old age care and pensions and unemployment, sick benefits and welfare of the disabled for all citizens.” Government at both federal and state levels devise a means of catering for this large number of its population through the establishment of rehabilitation centres across the country.

From a submission by Okunola (2007), there were traditional rehabilitation centres then where vocational skills were transmitted to the beneficiaries and later the emergence of formal rehabilitation centres in different parts of Nigeria. The activities of the centres increase as a result of the increased of destitute- for instance the result of the Nigerian civil war. In recent years, Nigerian government has established various rehabilitation centres to cater for the needs of the destitute in the country. Various programmes, services and activities were introduced into the rehabilitation centres to cater for the needs of the destitute but to the best of the knowledge of the researcher little has done to investigate the relevance and impact of the rehabilitation programmes on the well being of the destitute, hence the study sought to fill this gap.



Statement of the Problem

Human societies including Nigeria face several social problems. Among many other social problems in Nigeria is destitution which is not limited to but more pronounced among states in Northern part of the country and it has become an issue of concern to all those in helping professions like social welfare.

Care for the destitute has happened in different ways over time: from the traditional era of care for the destitute where community takes care of its citizens through the provision of basic necessities of life to the era of the missionaries whereby each of the two major religions take care of its indigent by providing succor to the needy. This was done in churches through collection of tithe and other support services to cater for their needy group members, In the Islamic world, Zakat (charity), one of the five pillars of Islam, has been collected by the government since the time of the Rashidun Caliph Umar in the 7th century. The taxes were used to provide income and other services for the needy, including the poor, elderly, orphan, widows, and the disabled. According to an Islamic Jurist Al_Ghazali (Algazel, 1058-111 AD), the government was also expected to store up food supplies in every region in case a disaster or famine occur. The Zakkat is mandatory on all Muslims who possess the prescribe minimum level of wealth for one year. And to the government era where welfare support and care in various rehabilitation centres with different programmes and services are provided to cater for the destitute in the society. Although various programmes and activities were introduced in the rehabilitation centres to cater for the needs of the destitute there has been an influx of destitute mostly begging all over our streets. The development has become an embarrassment to the nation.

For instance, when Nigeria hosted the 2009 Under-17 World Cup, the government had to collect all the destitute from our major cities and locked them up somewhere to save herself from international disgrace and embarrassment only to release them back to the street when the tournaments was over. The satisfaction of basic needs is the yardstick of any good government". It is unimaginable that any responsible government could comfortably leads when millions of their citizens go to bed hungry and without the faintest hope for the following morning meal.

It is against this backdrop that the researcher investigated the perceived relevance and impact of rehabilitation programmes provided for destitute in the rehabilitation centres in Northern Nigeria.

Objectives of the Study

The following objectives guide the study, they are to;

1. Identify the programmes that are available for destitute at the rehabilitation centres in Northern Nigeria.
2. Determine the skills provided for destitute at the rehabilitation centres in Northern Nigeria.



3. Determine the relevance of programmes provided for destitute at the rehabilitation centres in Northern Nigeria.
4. Examine the impact of programmes provided for destitute at the rehabilitation centres in Northern Nigeria.
5. Investigate the challenges of the rehabilitation centres in the provision of programmes for destitute in Northern Nigeria

Research Questions

The study answer the following questions

1. What are the programmes provided for destitute at the rehabilitation centres in Northern Nigeria?
2. What are the skills provided for destitute at the rehabilitation centres in Northern Nigeria?
3. How relevant are the programmes provided for destitute at the rehabilitation centres in Northern Nigeria?
4. What are the impacts of the programmes provided for destitute at the rehabilitation centres in Northern Nigeria?
5. What are the challenges of the rehabilitation centres in the provision of programmes for destitute in Northern Nigeria?

Methodology

The study adopted the use of descriptive survey design. The population of the study consists of all the rehabilitation centres in Northern Nigeria, inmates in the rehabilitation centres, and the Officials of the rehabilitation centres. According to statistics from the Federal Ministry of Women Affairs and Social Development (2015) revealed that there are 121 rehabilitation centres with 10,215 inmates and 577 Officials. From a total of number of 121 rehabilitation centres, 19 rehabilitation centres were sampled, 335 inmates and 57 Officials were sampled based on the suggestion on researchers advisor's table 2006 and drawn through simple random sampling technique.using simple random sampling procedure table 1.1 shows the breakdown.

Table 1: Population of the study

North Central Zone	No of Rehabilitation Centers	No of inmates	No of officials of the rehabilitation centers	Total
Niger	5	39	15	54
Kwara	2	35	9	44
North West Zone				
Kaduna	4	64	12	76
Kano	4	84	12	96
North East Zone				
Bauchi	2	59	4	53



Gombe	2	54	5	59
Total	19	335	57	392

The study adopted the use of the following instruments in the process of data collection: Checklist on the contents of skills provided at the rehabilitation centers, questionnaire on the programmes and facilities provided at the rehabilitation centers, impacts of rehabilitation programmes and services and challenges facing the rehabilitation centers as well as interview schedule and observations.

The data analysis was carried out as follows: Frequency and percentage was used to interpret research question one (1) and two (2), while frequency, percentage, mean and standard deviation was used to answer research question three, four, five and six. . The 4 Liker scale was scored as SA=4, A=3, D=2, SD=1. This implies that a mean score of above 2.50 is regarded as agree and a mean of below 2.50 is regarded as disagree.

Research Question One: What are the programmes provided at the rehabilitation centres in Northern Nigeria for destitute?

Table 2. Programmes provided at the rehabilitation centres

1	Educational programmes.	Available	%	Non Available	%
a	Basic literacy programme	15	78.9	04	21.1
b	Post literacy programme	03	15.8	16	84.2
c	Educational counseling	07	36.8	12	63.2
d	Adult Braille literacy	04	21.1	15	78.9
e	Religious and moral instruction	19	100	00	00
f	Sign language.	07	36.8	12	63.2
g	Mobility and orientation.	02	10.5	17	89.5
2	Medical programmes.				
a	Treatment and evaluation of ear, eye and throat	02	10.5	17	89.5
b	Provision of physical therapy for the physically challenged	02	10.5	17	89.5
c	Regular free medical consultation /treatment	04	21.1	15	78.9
d	Health Education programmes	03	15.8	16	84.2
e	Medical Counseling and referral services	06	31.6	13	68.4
3	Social programme.				
a	Sports and Recreational programmes and services	02	10.5	17	89.5
b	Access to information and communication technology eg Social media	02	10.5	19	89.5
4	Political programmes.				



a	Political education/enlightenment programmes	00	00	19	100
b	Political party membership	02	10.5	17	89.5
c	Civic and human rights	00	00	19	100

Table 2 indicates that all educational programmes available at all the rehabilitation centres in Northern Nigeria further shows that basic literacy as an educational programme was run in 15 centres which represent 79.8% but was unavailable in 4 centres representing 21.1%, while post literacy programme was available in only 3 centre representing 15.8% and not found in 16 centres which represent 84.2. Also educational counseling was available in only 7 centres representing 36.8% and not existing in 12 rehabilitation centres representing 63.2%. As for adult Braille literacy for the visually impaired clients was available only in 4 rehabilitation centres representing 21.1% and not available in 15 centres which stands at 78.9%. In relation to religion and moral instruction was found at all the rehabilitation centres under study which represent 100%. However sign language as an educational programme for the hearing impaired existed only in 7 centres which represent 36.8% and did not exist in 12 centres representing 63.8%. The service which provide mobility and orientation for the visually impaired aimed at familiarizing and acquainting them with the environment within a rehabilitation centre to enable them have access to their needs without the assistance of a guide which might not be readily available all the time was found on only 2 centres which represent 10.5% and not found in 12 centres which represent 89.5%

On availability of the medical programmes at the centres studied, it was discovered that facilities for treatment and evaluation of major sense of organs particularly eye and ear which could lead to visual or hearing impairment were available only in 2 centres which represent 10.5% and not found in 17 centres representing 89.5%. Similarly facilities for provision of physiotherapy for the physically challenged were found in only 2 centres under study at 10.5% and none of the 17 centres representing 89.5 had any. However regular medical consultation was available in 4 centres representing 21.1% and not found in 15 centres representing 89.1%. On the other hand health education programme was available in 3 centres which represent 15.8% and unavailable in 16 centres representing 84.2. As for medical counseling and referral services the study found only 6 centres representing 31.6 and none was found in 13 centres which represent 68.4%.

Under social programmes the data collected shows that sports and recreational services were found in only 2 centres which represent 10.5% and not available in 17 centres representing 89.5%. On access to information and communication technology (ICT) such as social media, television viewing centre, the services were found in only 2 centres which represent 10.5% and unavailable in the 17 centres representing 89.5%.

In relation to availability of political programmes the study revealed that political education and enlightenment were non-existent in all the 19 centres under study representing 100%. while political party membership was available in only 2 centres which



represent 10.5% and not existing in 17 centres which represent 89.5%. For programmes such as civic and human rights in form of access to freedom of expression, liberty to form pressure group especially among the few learned ones were available in only 5 centres representing 26.3% and not available in 14 centres which stands at 73.75.

Furthermore, the data revealed that moral instruction and basic literacy are provided in most of the rehabilitation centres in Northern Nigeria while educational counseling, sign language, Braille literacy, post literacy and mobility and orientation are provided at few rehabilitation centres in Northern Nigeria. Under the medical programmes it was discovered that most of the programmes and services are not readily provided in many of the centres, such services like treatment and evaluation of ear, nose and throat, physiotherapy for the physically challenged, regular free medical services, health education and medical counseling/services. Social programmes at the rehabilitation centres in Northern Nigeria are inadequately provided such as sports and recreation, information and communication technology. While political programme such as political education/enlightenment, political party membership and civic and human rights are mostly completely lacking.

Research Question Two: What are the skills provided at the rehabilitation centres in Northern Nigeria for destitute?

Table 3. Skills provided at the rehabilitation centres

S/N	Skills acquisition	Available	%	Non Available	%
1	Mat weaving	14	78.9	05	21.1
2	Cloth knitting	10	52.6	09	47.4
3	Tailoring	05	26.3	14	73.7
4	Shoe making	03	15.8	16	84.2
5	Rope making	11	57.9	08	42.1
6	Carpentry	05	26.3	14	73.7
7	Basket weaving	12	63.2	07	36.8
8	Poultry keeping	02	10.5	17	89.5

Table 3 indicate the different types of skills that are provided across the nineteen (19) rehabilitation centres that were studied., mat weaving as a skill is provided in fourteen centres representing 78.9% while its unavailable in five centres representing 21.1, cloth knitting as a skill can be found in 10 centres representing 52.6 % and non available in 9 centres representing 47.4%, also Tailoring as a skill is available in only 5 centres representing 26.3% and non available in 14 centres representing 73.7%, shoe making as a skill was found in 3 centres representing 15.8 % and not found in 16 centres representing 84.2%, while rope making was available in 11 centres representing 57.9 and unavailable in 8 centres representing 42.1, in the same vein carpentry as skill was available in 5 centres representing 26.3 and not found in 14 centres representing 73.3, basket weaving was available in 12 centres representing 63.2% and nor found in 7 centres representing 36.8%



and lastly poultry keeping was available in only 2 centres representing 19.5 and not existing in 17 centres which stood at 89.5%.

From the analyzed data, it now indicated that, mat weaving, basket weaving, rope making, cloth knitting, poultry keeping, shoe making, carpentry, and tailoring are provided at the rehabilitation centres in Northern Nigeria for clients.

Research Question three: How relevant are the programmes provided at the rehabilitation centres for destitute in Northern Nigeria

Table 4. Relevance of the programme and skills

1	Relevance of the programmes/skills provided at the rehabilitation centres	R (F)	%	VR (F)	%	JR (F)	%	NR (F)	%	M	SD
2	Mat weaving as a skills training provided at the rehabilitation centre are relevant to the clients.	45	14	42	12	127	38	121	36	1.80	.736
3	Cloth knitting as a skills training provided at the rehabilitation centre(s) are relevant to the clients of the rehabilitation centre.	43	13	53	16	123	36	116	35	1.82	.667
4	Tailoring as a skill provided at the rehabilitation centre is relevant to the clients.	105	31	104	31	65	19	61	18	3.27	.749
5	Shoe making as a skill provided at the rehabilitation centre(s) is relevant to the inmate.	39	11	49	15	130	39	117	35	1.68	.727
6	Rope making as a skill provided at the rehabilitation centre(s) is relevant to the inmates.	20	6	21	6	149	45	145	43	1.50	.584
7	Carpentry as a skill provided at the rehabilitation centre is relevant to the clients	124	37	122	36	59	18	30	9	3.20	.875
8	Basket weaving as a skill provided at the	23	7	23	7	142	42	147	44	1.54	.606



	rehabilitation centre is relevant to the clients.										
9	Poultry keeping as an Agricultural skill with some financial assistance is relevant to the clients	101	30	107	32	56	17	71	21	3.09	.956
10	Basic literacy programme (reading, writing and numeracy) as an educational programme provided at the rehabilitation centre(s) is relevant to the clients.	94	28	102	30	85	25	56	17	3.11	.873
11	Post literacy programme (advance reading, writing and numeracy) as an educational programme provided at the rehabilitation centre is capable of empowering the inmates to attain to higher level of learning is relevant to the clients..	65	20	44	13	101	30	125	37	1.81	.744
12	Educational Guidance and Counseling as an educational programme provided at the rehabilitation centre(s) can give the clients a better clue of how to live a meaningful life is relevant to the clients.	62	19	55	16	116	35	102	30	1.82	.704
13	Adult Braille literacy as an educational programme for the visually impaired is relevant to this category of special needs group for attainment and advancement of knowledge.	96	29	101	30	77	23	61	18	3.04	.956



14	Religious and moral instruction provided at the rehabilitation centre(s) is relevant to the clients to become full religious person to guide and lead people in his/her religion.	101	30	111	33	66	20	57	17	3.31	.852
15	Sign language, mobility and orientation as a special educational programme for the hearing and visually impaired is relevant to the clients.	86	26	105	31	74	22	71	21	3.11	.809

Table (4) of the analysis discovered that, Mean and standard deviation shows Mat weaving as a skills training provided at the rehabilitation centre are relevant to the clients has a mean of ($\bar{x}=1.80$), Cloth knitting as a skills training provided at the rehabilitation centre(s) are relevant to the clients of the rehabilitation centre has ($\bar{x}=1.82$), Tailoring as a skill provided at the rehabilitation centre is relevant to the clients has ($\bar{x}=3.27$), Shoe making as a skill provided at the rehabilitation centre(s) is relevant to the clients. has ($\bar{x}=1.68$), Rope making as a skill provided at the rehabilitation centre(s) is relevant to the clients has ($\bar{x}=1.50$), Carpentry as a skill provided at the rehabilitation centre is relevant to the clients has ($\bar{x}=3.20$), Basket weaving as a skill provided at the rehabilitation centre is relevant to the clients has ($\bar{x}=1.54$), Poultry keeping as an Agricultural skill with some financial assistance is relevant to the clients has ($\bar{x}=3.09$), Basic literacy programme (reading, writing and numeracy) as an educational programme provided at the rehabilitation centre(s) is relevant to the clients has ($\bar{x}=3.11$), Post literacy programme (advance reading, writing and numeracy) as an educational programme provided at the rehabilitation centre is capable of empowering the clients to attain to higher level of learning is relevant to the inmates. has ($\bar{x}=1.81$), Educational Guidance and Counseling as an educational programme provided at the rehabilitation centre(s) can give the clients a better clue of how to live a meaningful life is relevant to the clients has ($\bar{x}=1.82$), Adult Braille literacy as an educational programme for the visually impaired is relevant to this category of special needs group for attainment and advancement of knowledge has ($\bar{x}=3.04$), Religious and moral instruction provided at the rehabilitation centre(s) is relevant to the clients to become full religious person to guide and lead people in his/her religion has. ($\bar{x}=3.31$), Sign language, mobility and orientation as a special educational programme for the hearing and visually impaired is relevant to the clients has ($\bar{x}=3.11$). From the analyzed data it is now established that, Mat weaving, Cloth knitting, Shoe making, Rope making,, Post literacy programme (advance reading, writing and numeracy)



, Educational Guidance and Counseling, are not relevant to the clients because they has Mean \bar{x} that are less than 2.50, however, Tailoring, Carpentry, Poultry keeping as an Agricultural skill with some financial assistance, Basic literacy programme (reading, writing and numeracy), Adult Braille literacy, Religious and moral instruction, Sign language, mobility and orientation as special education programme for the hearing and visually impaired, are relevant to the clients because the Mean(\bar{x}) are greater than 2.50
 Research Question Four: What are the impacts of programmes and skills provided at the rehabilitation centres in Northern Nigeria to destitute?

Table 5. What are the impacts of the programmes/skills provided at the rehabilitation centres?

S/N	Variables	I (F)	%	VI (F)	%	JI (F)	%	NI (F)	%	M	SD
1	Mat weaving as a skills training provided at the rehabilitation centre can change the life of the clients to become self employed after leaving the centre	01	2	01	2	27	47	28	49	1.54	.570
2	Cloth knitting as a skills training provided at the rehabilitation centre(s) has impact on the clients of the rehabilitation centre to live a self sustaining life on release.	02	4	02	4	31	54	22	38	1.57	.589
3	Tailoring as a skill provided at the rehabilitation centre can make impact on the living condition of the clients on leaving the centre.	24	42	18	31	07	12	08	14	3.31	.820
4	Shoe making as a skill provided at the rehabilitation centre(s) has impact to the clients.	03	5	04	7	23	41	27	47	1.59	.648
5	Rope making as a skill provided at the rehabilitation centre(s)	00	0	01	2	26	46	30	52	1.56	.590



	has impact to the clients to live a self-reliant life on discharge											
6	Carpentry as a skill provided at the rehabilitation centre has impact on the life of the clients..	17	30	26	46	07	12	07	12	3.32	.705	
7	Basket weaving as a skill provided at the rehabilitation centre can economically sustain the life of the clients.	05	9	04	7	27	47	21	37	1.61	.614	
8	Poultry keeping as an Agricultural skill with some financial assistance can change the life of the clients for the better on discharge.	18	32	23	40	11	19	05	9	3.12	.832	
9	Basic literacy programme (reading, writing and numeracy) as an educational programme provided at the rehabilitation centre can change life of the clients for better	22	39	18	31	10	17	07	13	3.18	.872	

S/N	Variables	SA (F)	%	A (F)	%	D (F)	%	SD (F)	%	M	SD
10	Post literacy programme (advance reading, writing and numeracy) as an educational programme provided at the rehabilitation centre to the inmates is capable of empowering the clients to	03	5	03	5	23	41	28	49	1.58	.687



	attain to higher level of learning											
11	Educational Guidance and Counseling as an educational programme provided at the rehabilitation centre(s) can give the clients a better understanding of how to live a meaningful life through seeking for a better solution to life and living	01	2	05	9	23	41	27	48	1.85	.898	
12	Adult Braille literacy as an educational programme for the visually impaired has impact to this special needs group which could lead to seeking for knowledge.	13	22	18	32	12	21	14	25	1.80	.889	
13	Religious and moral instruction provided at the rehabilitation centre(s) has impact to the clients to become full religious person to guide and lead people in his/her religion.	22	39	15	26	11	19	09	16	3.18	.899	
14	Sign language, mobility and orientation as a special educational programme for the hearing and visually impaired can change their life for the better.	04	7	06	10	25	44	22	39	1.91	.888	

As revealed above on Table (4), Mean(\bar{x}) and standard deviation indicates that Mat weaving as a skills training provided at the rehabilitation centre can change the life of the clients to become self employed after leaving the centre has mean ($\bar{x}=1.54$), Cloth knitting as a skills training provided at the rehabilitation centre(s) has impact on the clients of the rehabilitation centre to live a self sustaining life on leaving has ($\bar{x}=1.57$), Tailoring as a skill provided at the rehabilitation centre has impact on the living condition of the clients on leaving the centre has ($\bar{x}=3.31$), Shoe making as a skill provided at the rehabilitation



centre(s) has impact to the clients has ($\bar{x}=3.31$), Basket weaving as a skill provided at the rehabilitation centre can economically sustain the life of the clients after leaving the home has ($\bar{x}=1.61$), Poultry keeping as an Agricultural skill with some financial assistance can change the life of the clients for the better on discharge has ($\bar{x}=3.12$), Basic literacy programme (reading, writing and numeracy) as an educational programme provided at the rehabilitation centre can change life of the clients for better has ($\bar{x}=3.18$), Post literacy programme (advance reading, writing and numeracy) as an educational programme provided at the rehabilitation centre to the inmates is capable of empowering the clients to attain to higher level of learning has ($\bar{x}=1.58$), Educational Guidance and Counseling as an educational programme provided at the rehabilitation centre(s) can give the clients a better clue of how to live a meaningful life through seeking for a better solution to life and living has ($\bar{x}=1.85$), Adult Braille literacy as an educational programme for the visually impaired has impact to this special needs group which could lead to seeking for knowledge has ($\bar{x}=1.80$), Religious and moral instruction provided at the rehabilitation centre(s) has impact to the clients to become full religious person to guide and lead people in his/her religion has ($\bar{x}=3.18$), Sign language, mobility and orientation as a special educational programme for the hearing and visually impaired can change their life for the better has ($\bar{x}=1.91$).

From the analyzed data it is now established that, Mat weaving, Cloth knitting, Shoe making, Rope making, Basket weaving, and Post literacy programme (advance reading, writing and numeracy), Educational Guidance and Counseling, Post literacy programme (advance reading, writing and numeracy), Adult Braille literacy, Sign language, mobility and orientation had no impact on the clients as they all has Mean \bar{x} that are less than 2.50, while Tailoring, Carpentry, poultry keeping and Basic literacy programme (reading, writing and numeracy skills) and religious and moral instruction has impact on the clients as it has Mean \bar{x} greater than 2.50

Research Question five: What are the challenges of the rehabilitation centres in the provision of programmes to destitute in Northern Nigeria?

Table 6. Challenges of the Rehabilitation Centres

S/N	Challenges of the rehabilitation Centres	SA (F)	%	A (F)	%	D (F)	%	SD (F)	%	M	SD
1	Inadequate funding by government and support from other (NGOs, World Bodies, Philanthropists and the like) hinders better service delivery to inmates.	29	50.	26	46	02	4	00	00	3.50	.514



2	Competent leadership to effectively manage the rehabilitation centres hinders smooth running of rehabilitation centre.	18	32	15	27	12	21	13	23	3.41	.812
3	Nonfunctional and ineffective social welfare policy without political will hinders impactful rehabilitation programmes/services	26	46	23	40	04	7	04	7	3.50	.549
4	Inadequate supply of training facilities is a setback to impactful rehabilitation programmes/services	24	42	25	44	01	2	07	12	3.40	.667
5	Unqualified personnel to train inmates of the rehabilitation centre(s) hinders effective service delivery	21	37	16	28	11	19	09	16	2.76	.605
6	There is no any act of law at the state government level that gives backing to the running of the rehabilitation programmes/services	25	44	15	26	10	18	07	12	3.34	.777
7	The lack of social welfare policy act does not makes budgetary provision to the supervising Ministry for effective management of rehabilitation centres	23	40	20	35	09	16	05	9	3.47	.603

The table (5) above indicated that, Mean(\bar{x}) and Standard Deviation indicate that Inadequate funding by government and support from other (NGOs, World Bodies, Philanthropists and the like) hinders better service delivery to clients has Mean of (\bar{x} =3.50), Competent leadership to effectively manage the rehabilitation centres hinders smooth running of rehabilitation centre has (\bar{x} =3.41), Nonfunctional and ineffective social welfare policy without political will hinders impactful rehabilitation programmes/services has (\bar{x} =3.50), Inadequate supply of training facilities is a setback to impactful



rehabilitation programmes/services has ($\bar{x}=3.40$), The lack of social welfare policy act does not makes budgetary provision to the supervising Ministry for effective management of rehabilitation centres has ($\bar{x}=3.66$), Unqualified personnel to train clients of the rehabilitation centre(s) hinders effective service delivery has($\bar{x}=2.76$) There is no any act of law at the state government level that gives backing to the running of the rehabilitation programmes/services has ($\bar{x}=3.34$), The lack of social welfare policy act does not makes budgetary provision to the supervising Ministry for effective management of rehabilitation centres has ($\bar{x}=3.47$).

From the data analyzed above it indicated that, Inadequate funding by government and support from other (NGOs, World Bodies, Philanthropists and the like), Competent leadership to effectively manage the rehabilitation centres., Nonfunctional and ineffective social welfare policy without political will, Inadequate supply of training facilities, unqualified personnel to train inmates, lack of backing law at the state government levels, and lack of social welfare policy that does not makes budgetary provision to the supervising Ministry for effective management of rehabilitation centres are all accepted as challenges to the provision of relevant and impactful rehabilitation services in Northern Nigeria since they had Mean greater than 2.50.

Summary of Findings

The findings of this study are summarized as follows:

1. Skills provided at the rehabilitation centres in Northern Nigeria are mat weaving, basket weaving, rope making and cloth knitting, poultry keeping, shoe making, carpentry, and tailoring..
2. Programmes provided at the rehabilitation centres in Northern Nigeria rehabilitation centres such as educational programmes (literacy, post literacy, counseling ,Adult Braille Literacy, religious and moral instruction, sign language and mobility/orientation), medical programmes (treatment and evaluation of ear/eye, physiotherapy for the physically challenged, health education, medical counseling and referral services), social programmes (sports and recreations, access to information and communication technology ie internet), and political programmes (political membership) are provided across the rehabilitations centres in the region except political education/enlightment and civic and human right that are not provided.
3. Skills such as mat weaving, cloth knitting, shoe making, rope making, basket weaving, post literacy are found not to be relevant to the inmates, while tailoring, carpentry, poultry keeping with financial support, basic literacy, Braille Literacy, religious and moral instruction, sign language, mobility and orientation for the hearing and visually impaired respectively are relevant to the clients.
4. Programmes such as basic literacy programmes, religious and moral instructions had no impacts to the clients while post literacy, guidance and counseling, Braille literacy had no impacts to the clients. Also skills like mat weaving, cloth knitting, shoe making, rope making, are discovered not to have impact to the clients. but from the analyzed data it was established that tailoring, carpentry and poultry keeping with financial assistance had



impact to the clients as it change the livelihood of the clients, poultry keeping increased the financial skill of the clients and basic literacy empowered the reading skills of the clients.

5. Inadequate funding by government and support from other (NGOs, World Bodies, Philanthropists and the like), Competent leadership to effectively manage the rehabilitation centres., Nonfunctional and ineffective social welfare policy without political will, Inadequate supply of training facilities, unqualified personnel to train clients, lack of political at the federal/state government levels, and lack of social welfare policy that does not makes budgetary provision to the supervising Ministry for effective management of rehabilitation centres are all accepted as challenges to the provision of relevant and impactful rehabilitation services to destitute in Northern Nigeria since they had Mean greater than 2.50.

Recommendations

Based on the findings, the study offered the following recommendations:

1. Modern skills such as fashion designing, (tailoring), carpentry furniture/interior decoration, computer systems ie information communication technology, welding, grinding, barbing (saloon), animal husbandry and cosmetics including soap making and make-up should be provided in the rehabilitation centres.
2. Rehabilitation centres should be adequately funded by the government for better service delivery; however such funds when provided should be properly monitored in order to achieve the desired objective.
3. Relevant programmes such as tailoring/fashion designing, carpentry, welding, make-up, poultry/animal husbandry and the like should be provided at the rehabilitation centres instead of the irrelevant ones.
4. Programmes that should have impact on the clients ought to be provided at the rehabilitation centres since the essence of rehabilitation is to develop the individual to their fullest possible participation in the gainful and social activities of the society.
5. The rehabilitation centres should be adequately funded by government with support from donor agencies, philanthropists, non-governmental organizations coupled with competent leadership to effectively manage the centres, effective social welfare policy with political will, adequate supply of training facilities, qualified personnel, functional act of law or a bill at state and federal level respectively should be fully put in place so that the rehabilitation centres can effectively deliver their best services to their clients who are in dire need of support so that they can be able to contribute their quota to the development of the nation. A Ministry should be established at the federal and state level for proper handling of social welfare issues like rehabilitation instead of it now just being a unit under women affairs and social development.



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