



The Impact of Community Based Rehabilitation (CBR) on Empowerment of Persons with Disabilities in Plateau State, Nigeria

JAMES DAVID LALU, ABUBAKAR OZEGYA
ALPHONSUS FAWAP YAKUBU
University of Jos, Plateau State, Nigeria.

Abstract. This study assessed the impact of Community Based Rehabilitation (CBR) on empowerment of persons with disabilities (PWDs) in Plateau State, Nigeria. It is hinged on Kirkpatrick (1959) evaluation model with descriptive statistics used as of evaluation. The data collected from the main study revealed that persons with disabilities who are receiving intervention in the CBR programme are not the same. Results indicated that five categories of persons with disabilities are receiving intervention in the CBR programme in Plateau State. They are those with hearing impairment, visual impairment, intellectual and physical disabilities as well as those with leprosy. It was further found that rehabilitation efforts are being provided in Plateau State where the main study took place. Findings further revealed that the CBR programme contributed to the empowerment of persons with disabilities in the study areas. The CBR programme provided training and sensitization programme for persons with disabilities, provided self-help groups, social mobilization of their rights, political participation, right to vote and be voted for and encouraged community advocacy. It was found that many persons with disabilities experience disempowerment both in the family and the society, some are over-protected where family members do most things for them and others are rejected and excluded from the community and other social activities because of stigma. It was also found that many PWDs were jobless. Consequently, this study recommends that the employment for persons with disabilities should be a top priority for government at all levels as well as the private sector. Stakeholders must ensure that empowerment must be about helping persons with disabilities to become people in the full sense of the word, with equal opportunities, rights and responsibilities living a life that is fulfilling and satisfying and contributing towards happiness, quality of life and community

development. Finally, the empowerment component should focus on the importance of encouraging persons with disabilities, their family members and communities to facilitate the mainstreaming of disability across each sector and to ensure that everybody is able to access their rights and entitlement.

Keywords: Community Based Rehabilitation (CBR), Empowerment, Persons With Disabilities (PWDs), Plateau State.

1. Introduction

Community Based Rehabilitation (CBR) is a strategy within community development for the equalization of opportunity, social integrity and rehabilitation of persons with disabilities. Rehabilitation can be described as the restoration of an individual suffering from an abnormality to normality or near normality. It is a process which enables persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological and social performance. Rehabilitation gives persons with disabilities the tools they need to reach their independence. Federal Republic of Nigeria (2010) defines rehabilitation as all measures aimed at reducing the impact of disabilities for an individual, so that the person can achieve a better-quality life and self-integration. Rehabilitation includes not only the training of persons with disabilities but also the intervention of the general system of society, adaptation of the environment, the protection of human rights and empowerment of persons with disabilities within the society.

Persons with disabilities are those who, because of circumstances of birth or life have physical, intellectual, social, sensory, or psychological

impairment that makes it difficult for them to live a normal life. Obani (2006) posits that persons with disabilities are those who are socially, psychologically or culturally disadvantaged. These include those who have hearing, visual, mental and physical (mobility) difficulties. Others are those with serious behavioural, emotional and attention disorders, including those with epilepsy, leprosy and street urchins that negatively affect their school life and learning. This group of individuals deserves good quality of life in the areas of health, education, livelihood, social development and empowerment as outlined in the CBR matrix

People with disabilities (PWDs) are among the poorest and least-empowered community members, especially in low- and middle-income countries (LMIC) such as Nigeria. According to the World Health Organization (WHO) and the World Bank estimates, they are about one billion people who experience some form of disability globally (WHO & World Bank, 2013) with some 80 per cent living in developing countries (United Nations, 2021). About 25 million persons with disabilities (PWDs) live in Nigeria (Uduu, 2020), which means that one in every eight Nigerians lives with at least one form of disability, with the most common of these been visual impairment, hearing impairment, physical impairment, intellectual impairment, and communication impairment. PWDs in Nigeria still experience challenges in accessing basic human rights services which include healthcare (including rehabilitation), education, employment, and social inclusion. These challenges persist despite the availability of the community-based rehabilitation (CBR) strategy which was developed by the World Health Organization in 1979. CBR is a strategy that is aimed at equalization of opportunities, improving access to services, poverty alleviation and social integration of PWDs. The initial strategy was focused on access to health and rehabilitation services (Como & Batdulam, 2012). The scope of CBR has changed since the 2006 United Nations Convention on the Rights of People with Disabilities (UNCRPD), to a matrix that includes education, livelihood, social integration and empowerment (Rule, 2013). Despite all these changes, PWDs remain in a poverty cycle and experience a gross infringement of their human rights, especially in LMICs (Iemmi, Blanchet, Gibson, Kumar, Rath & Hartley, et al., 2016; Gilmore, MacLachlan, McVeigh, McClean, Carr & Duttine, et al. (2017).

World Health Organisation, International Labour Organisation, International Disability and Development Consortium and the United Nations Economic, Social and Cultural Organisation

UNESCO (2010) states that CBR programme is geared towards persons with disabilities, their families and the community in which they live. The programme optimizes the person's functional ability and independence. CBR is implemented in Nigeria as a project and mostly initiated by international non-governmental disability organizations. Before the formal launching of the CBR guidelines in 2010 in Nigeria, there already existed CBR projects implemented in parts of Benue, Abuja, Bauchi, Ebonyi, Kaduna and Plateau States. Empowerment is the final component of the CBR matrix. It focuses on the importance of empowering persons with disabilities, their family members and community to facilitate the mainstreaming of persons with disabilities across each component to ensure that everybody is able to access their rights and entitlements (WHO, ILO, UNESCO, IDDC, 2010). Empowerment includes having a say and being listened to, self-power, own decision-making, have control, gain control or being free.

Many persons with disabilities experience disempowerment both in the family and the society. Some are over protected where family members do most things for them and others are rejected and excluded from community and other social activities because of stigma and discrimination. This means that persons with disabilities have very limited opportunities and choices. They become victims and objects of pity. The negative societal attitude towards persons with disabilities makes them feel disempowered, having low self-esteem, and feeling incapacitated. It is this experience of disempowerment that makes governments, organizations, and researchers to commence empowerment and intervention programme, (WHO, 1981). Thus, persons with disabilities receive these intervention programmes in different parts of Nigeria and particularly in Plateau state which merit evaluation.

Plateau State has been implementing the institutional rehabilitation strategy to disability inclusion with the establishment of the Government rehabilitation centre in Jos and the Blind craft centre at Zawan. With the growing inability of these facilities to provide any meaningful services, the introduction of the CBR programme by the Christofell Blinden Mission at the COCIN Hospital and Rehabilitation Centre Mangu was considered a novel approach, providing essential services to persons with disabilities in their communities.

The aim of this study is to evaluate the impact of Community Based Rehabilitation programme for persons with disabilities in Plateau State, Nigeria. Specifically, the objectives of the study are to find out the category and numbers of persons with disabilities receiving intervention in the study area and evaluate how persons with disabilities are empowered by the implementation of the CBR programme in Plateau State. The study provides answers to questions: (1) What are the categories and numbers of persons with disabilities receiving intervention in the CBR programme? and (2) In what way does the CBR programme impact on the empowerment of persons with disabilities in Plateau state?

Following this introduction, section two provides a literature review on the topic, that is, previous works on or related to the topic. Section three provides the methodology of the study, while section four presents the results and discussion. Section five provides the conclusion with policy recommendations.

2. Literature Review

2.1 Conceptual Framework

2.1.1 Concept of Community Based Rehabilitation (CBR)

The Community Based Rehabilitation (CBR) is a strategy developed to assist persons with disabilities to live a normal or near normal life within their communities using the community's local resources. This term has historical antecedents as discussed below. Community Based Rehabilitation is derived from important words, the "community" and "rehabilitation". In order to give a better understanding of the nature of CBR, it is quite significant to appreciate the two key words "community" and "rehabilitation". WHO (1981) defines community as consisting of people living together in some form of social organization and cohesion. Its members share in varying degrees, political, economic, social and cultural characteristics, as well as interest and aspirations including health. Community varies in size and socio-economic profile, ranging from clusters of isolated homesteads to more organized village, towns and city district.

On the other hand, rehabilitation is the restoration of an individual particularly those with disabilities to absolute normality. This may be in terms of

education, health, livelihood, social development and empowerment. According to WHO, ILO, UNESCO, IDDC (2010) in a joint position paper defines CBR as a strategy within general community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and the communities, and the appropriate health, education, vocational and social services. Tom and Nicholas (2002) assert that CBR focuses on the ability rather than the disability, CBR is a reflection of the social model of disability. This notion entails that it is the society that deserve to be rehabilitated rather than the Person with impairment. By act of omission or commission, the society creates a lot of barriers either attitudinal or physical which impose activity limitation on the impaired. The removal of this barriers will provide succour and liberate the impaired from activity limitation.

2.1.2 Concept of Empowerment

The principle of empowerment connotes enabling persons with disabilities to join, mainstream and to participate more fully in society. This involves risk taking with others who will share in victories as well as in disappointment. Velema and Cornielje (2010) state that persons with disabilities seek empowerment by learning more and more to claim what is rightfully their own. In particular, they learn to ask for the realization of what by law has been accorded to them and to advocate new legislation where the rights of persons with disabilities are not secured. This also implies that gross violation of the rights of persons with disabilities is made known and perpetrators brought to justice. Empowerment aims at giving persons with disabilities the confidence to ask for and make full use of opportunities to be included.

In a related development, Bodang and Lalu (2015) note that empowerment is about helping persons with disabilities to become people in the full sense of the word, with equal opportunities, rights and responsibilities living a life that is fulfilling and satisfying and contributing towards happiness, quality of life and community development. For this to happen, persons with disabilities need information about what is possible, about services they can use and about rights they can claim. It may be saved to assert here that, among all the principles of CBR, three stands out. These are: inclusion, empowerment and sustainability which account for 90 percent of the information in the CBR guidelines. Many other principles may be validly added, but these will only

marginally increase one's understanding of what the guidelines are about (Velema & Cornielje, 2010).

2.1.3 Concept of Persons with Disabilities (PLWDs)

Persons with disabilities are those individuals who have one forms of cognitive, sensory, physical or psychological challenge or the other that impede their normal functioning and who are equally expected to live and learn within the locality. Obani (2001) describes persons with disabilities as those who are socially disabled. These include those who have serious behavioural, emotional and attention disorders that negatively affect their quality of life and learning. They include those who are socially stigmatized such as ex-convicts, former leprosy patients, former child prostitutes, street urchins and those with obvious physical sensory or mental disabilities. They include the following: persons with hearing impairment, persons with visual impairment, persons with physical and health impairments, persons with leprosy, and persons with intellectual disabilities.

2.2 Theoretical / Conceptual Framework

This study is hinged on Kirkpatrick (1959) evaluation model. This model helps evaluators to analyze the effectiveness and impact of a training programme for better improvement in the future. The model has four distinctive principles popularly referred to as levels of training evaluation, namely: Reaction, Learning, Behaviour, and Results. Reaction deals with how the trainees react to the training programme. It relates to the topic, materials, presentation and environment. The learning level helps the trainer to understand how the training is received by the audience. It emphasizes increase in knowledge as a result of the training based on the objectives. This is important because knowing what the trainees are learning and what they aren't will help to improve future training. At the behaviour level, the trainer evaluates how far trainees have changed. It looks at how trainees apply information learned from a given programme. At the result level, the evaluator analyzes the final results of training or programme. This includes outcome that has been determined to be good for the trainees.

This model can be applied to this study because the four levels are all relevant to this study. This is because the reaction, learning, behaviour and results levels are all used in the evaluation of CBR programme. There is the need to ascertain the reaction of persons with disabilities toward the CBR programme. Again, the educational opportunity and

learning condition of persons with disabilities are important in evaluation processes. It is equally necessary to ascertain the extent to which the trainees put their learning to use and the outcome of training received through the CBR programme. The researcher deems it necessary to apply the four levels of training evaluation models in this study.

2.3 Empirical Studies

Studies related to the relevance of Community-Based Rehabilitation programme for persons with disabilities have been documented. Similarly, evaluation studies and its impact have also been carried out by some researchers. Articles on the general objectives of the programmes have also been reviewed. Below are some of the articles reviewed:

Gari, and Patrick (1999) conducted qualitative research on the disability's paradox: high quality of life against all odds for persons with disabilities. The purpose of the study is to ascertain why many People with serious and persistent disabilities experience a good and excellent quality of life when to the surprise of most external observers these individuals live an undesirable daily life? A qualitative research design is adopted for the study. The researchers utilize a semi-structured interview with persons with disabilities selected through a snowball sampling strategy. Procedure for data collection examines the process in which the paradox is resolved in the minds of persons with disabilities. Simple percentage is used for data analysis.

The results indicate that 54.3% of the respondents with moderate to serious disabilities report having an excellent or good quality of life confirming the existence of the disabilities paradox. Analysis of the interviews reveal that for both those who attest to have a good quality of life and those who do not, the quality of life is dependent upon finding a balance between body and mind, a spirit in the self, and on establishing and maintaining relationship within the social context and external environment.

This study, through qualitative research says that research questions are used; these are not specifically captured in the work. Description of the designs, population and even procedures are not strategically described but mentioned. Individual variables dealing with the research are not categorically stated. These have implication for future researchers because the extent of the findings may not be easily linked to the objectives since the latter is not properly captured.

Furthermore, Bodang and Lalu (2016) investigated the role of traditional rulers in CBR programme in Plateau State. The purpose of the study is to identify the general roles of traditional rulers in supporting the CBR programme in Plateau state, their perception of persons with disabilities in their areas. Literatures related to CBR as well as the roles of traditional rulers in supporting CBR programme are reviewed. The study adopts the survey research design with a population comprising of traditional rulers, CBR field workers, parents of persons with disabilities, disabled people's organizations. A sample of 35 subjects participated in the study. They are selected through simple random sampling techniques. The study utilized the focus group discussion techniques to collect the needed data.

Findings show that there is a very low understanding of disabilities by the traditional rulers. However, majority of them are willing and interested in facilitating access for persons with disabilities in community development activities. The above study though directly linked to CBR evaluation, failed to state the research question or hypotheses that should guide the study. Similarly, the method of data analysis was not stated. These make it difficult for the reader or researcher to conclude whether the responses are statistically significant or not. However, this present study shall indicate and use plausible statistical package for data analysis.

Results indicate that not much literature is available on the role of traditional leadership in rehabilitation programmes and social welfare. Nevertheless, the traditional leadership is still present in contemporary Northern Nigeria. Some 'Sarakuna' improve the socio-economic position of persons with disabilities by functioning as mediators and by their ability to provide social insurance. NGOs are helped to access the community of persons with disabilities. They lack necessary skills and training to promote inclusion and rehabilitation of persons with disabilities. The authors suggest that Community Based Rehabilitation programmes should pay more attention to social contexts and work on specific context of traditional leadership. The researchers are able to present the purpose, design, population and procedures for data collection and findings. However, there is no mention or statement about the research questions, sample and method of statistical analysis used. The current study intends to fill these missing gaps.

Another study was conducted by Weerasingle, Fonseka, Dharmaratne, Jayatilake and Gielen (2015) on barriers in using assistive devices among persons with disabilities. The purpose of the study is to

identify and describe these barriers among community dwelling persons with lower limb disabilities in Central Sri Lanka. The study adopts the qualitative survey method. The populations are adults between 18 and 59 years of age in Kandy Municipal Council areas, in the Central Province of Sri Lanka. Purposive sampling is used to select 12 individuals with unilateral lower limb disabilities using a clinical examination and World Health Organization Disabilities Assessment Schedule 2.0 (WHODAS 2.0). Instrument used is an in-depth interview. A qualitative thematic content analysis is used to evaluate the interview text.

Findings indicate several barriers in using assistive devices such as unaffordable assistive technology like wheelchairs and artificial limbs, unavailability of appropriate assistive technology, difficulties associated with repairs and maintenance and problems in accessibility. Others are the psychological barriers and stigma in using assistive devices directly affecting their social lives and day-to-day activities. The authors point out that people with disabilities face multiple lower limbs disabilities in using assistive technology. These barriers need to be addressed by improving infrastructure and accessibility public awareness and funding.

Another study conducted by Lavasani, Wahat and Otega (2015) is on the workability of employees with disabilities in Malaysia. The study aims at evaluating the construct validity of Workability Index (WAI), core self-evaluation, scale and job in general index (JIG). The study adopts a cross-sectional survey design. The sample consists of 275 registered employees with disabilities. The participants are people living with physical, visual and hearing disabilities employed in either public or private sectors across Malaysia. Data is collected using a self-administered questionnaire which is translated to Malay language by a local expert. Both simple random and stratified sampling techniques are used for selection of subjects. Data is collected and analyzed using descriptive statistics, Pearson correlation and one way analysis of variance (ANOVA).

Findings indicate that 29.5% of the participants have poor levels of workability, while 35% have moderate levels of workability. Also, 49.1% of the participants have moderate levels of core self-evaluation and 70.5% exhibit high job satisfaction. Significant difference in workability is found in terms of age, level of education and employment status of the respondents. The authors point out that workability employees with disabilities do not seem to be

influenced merely by individual health status. Attitudinal and dispositional factors appear to have significant impact on their level of work.

Similarly, Badu, Opoku, Appiah and Agyei-Akoyere (2015) survey the financial access to health care among persons with disabilities in the Kumasi Metropolis, Ghana. The study adopts a cross-sectoral survey design with quantitative data collection method. A total of 255 persons with disabilities, physically impaired, hearing and visually impaired constitute the sample for the study. Multi-stage sampling techniques are used to randomly select five out of ten clusters of communities based on the definition of sub-metro. A simple random sampling is equally adopted to select participants from the communities.

A structured questionnaire is administered to the respondents. The questionnaire is developed in English but administered in the respondent's preferred dialect – English, sign language or Asante Twi. A professional interpreter assists in the study. Results of the analysis are generated using descriptive and analytical statistics comprising of simple percentage, mean, standard deviation and p-values. The findings reveal that there are more male than female participants, nearly one-third of them has no formal education and 28.6 are unemployed. The average monthly expenditure in healthcare is GHC21.56 (USD 6.0) which constitutes 9.8% of the respondents' income. Factors such as age, gender, disabilities type, education, employment and whether or not they stayed with family members have significant bearing on the average monthly expenses on healthcare ($p < 0.05$).

Similarly, transportation cost, the travel distance to facilities and the regular sources of payment for healthcare, have significant relationship with access to healthcare ($p < 0.05$). The authors assert that financial access to healthcare remains a major challenge for persons with disabilities. Measures to finance all healthcare expenses of persons with disabilities are urgently needed to improve their access to healthcare. The researchers are however unable to state neither research questions nor hypotheses, yet they assumed to have analyzed, interpreted and provided results in tabular form. This means that the study is not guided by any research question or hypotheses. In the present study, the researcher will draw-up research questions and hypotheses that will guide the study.

Furthermore, a study on inclusive society in Cameroon: understanding the perceptions of students

in University of Yaounde II about persons with disabilities is undertaken by Opoku, Badu and Moitui (2015). The purpose of the study is to examine the perceptions of the students in the University of Yaounde II about persons with disabilities in Cameroon. A cross-sectoral study design using quantitative methods is employed with a sample of students at the University. A questionnaire is used to gather information from 500 students selected by simple random sampling. The data analysis involved descriptive and inferential statistics.

Results show that among the participants, 57.8% were males, 89.2% are single and the average age is 24.9 years. Findings further revealed that 69.8% did not know about the actual population of persons with disabilities in Cameroon, though 14.6% have relatives with disabilities. None of the students perceived disabilities as a contagious condition and 79.8% agreed that education has influenced their perceptions about persons with disabilities. Gender and education level have significant relationship with changes in perception ($OR = 1.8, p = 0.01$ and $OR = 1.91, p = 0.04$). However, 13.5% are unwilling to work with a person with disability in the future.

The authors conclude that issues of disabilities have not been taken into consideration in Cameroon. Therefore, there is need for education towards disability. In addition, policy makers should include persons with disabilities into national strategic plans, in order to ensure an inclusive society. Despite the robust efforts the researchers put in this study, some of the scientific procedures are not reported. For instance, there is no research question; hypotheses and the instrument with its corresponding validation are not reported. These tend to affect findings since the authenticity of the instrument is not reported.

Similarly, Bowers, Kuipers and Dorsett (2015) analysed a 10-year literature review on the impact of Community Based Rehabilitation using data base source. The review is set out to find and assess the available evidence by looking at the attributable impact of CBR on quality of life for persons with disabilities. A thematic literature review on the impact of CBR in low to middle income countries is conducted. The review covered the period from 2002 to 2012 and the CBR matrix is utilized to provide structure for the evidence. Seven studies that investigated the impact of CBR interventions in developing countries are included. A modified harvest plot is used to summarize the strength and nature of evidence provided in relation to the CBR matrix. Both qualitative and quantitative designs are employed. Quantitative studies tend to focus on the

health domain, while qualitative studies generally focus on the social and empowerment domain. Frequency tables and bar chart are used to illustrate the outcome of the reviews.

Findings reveal that there is zero evidence of CBR impact found in the education domain, while very little evidence is found pertaining to livelihood for persons with disabilities. Overall, the evidence based related to the impact of CBR remains limited, both in terms of quality and robustness of design.

This study attempts a review of CBR programme on the lives of persons with disabilities especially following the CBR matrix. Unfortunately, the survey nature of the design did not give the reader opportunity of ascertaining the veracity of the findings. Neither research questions nor hypotheses are stated. There is no room for any instrument since the study is reviewed through internet database. Similarly, no evidence of statistical analysis is stated apart from representation of possible findings in tabular form. Findings are more of deductive than objective reasoning. Even though the CBR matrix is clearly figured out, there is no statistical certainty that the findings are a reflection of responses from the stakeholders. It is the desire of the present researcher that these gaps will be addressed in the current study which has similar characteristics.

Similarly, Heeren and Brakel (2014) investigate the perceived needs related to social participation of people with leprosy related disabilities and other people with disabilities in Cambodia. The purpose of the study is to describe the similarities and differences in perceived needs related to social participation of persons with leprosy-related disabilities and other persons with disabilities in Cambodia, and to suggest key interventions to promote participation in the community. The design of the study is a comparative cross-sectional design, population consists of persons with leprosy-related disabilities and other persons with disabilities living in several urban and rural areas of Cambodia. With 10 locomotive disabilities and 28 who are admitted, 65 participants with 10 locomotive disabilities constituted sample for the study. They are between 15-61 years of age. They are selected through convenience sampling. Data is collected through in-depth interviews and focus groups discussion. This interview is used on the international classification of functioning, disabilities and health (ICF) model of the WHO.

Results reveal that both groups of people with disabilities struggle with social exclusion in society,

People with leprosy-related disabilities in particular, live below the poverty line of United States Dollar 0.5 per day. Various rehabilitation centres provide vocational training and micro credit as economic rehabilitation, but these are not yet utilized by persons with leprosy-related disabilities. To overcome the difficulty in finding employment, they felt vocational training and microcredit to start business is required. The author concludes that both group of people with disabilities have similar needs to improve participation in social and economic life. Self-help groups have also proven effective in reaching for people with disabilities in rural areas, there should be formation of multi-disabilities self-help groups to empower all the affected people and help fight poverty.

Similarly, Chappell and Johannsmeier (2009) investigate the impact of Community-Based Rehabilitation as implemented by Community-Based facilitators on people with disabilities, their families and communities within South Africa. The purpose of the study is to find out the impact of CBR as implemented by mid-level rehabilitation workers known as Community Rehabilitation (CFRs) on people with disabilities, their families and the communities in South Africa. The study adopts a qualitative research design with emphasis on participatory methods. Data collection takes the form of individual interviews, focus groups and walks within 6 provinces of South Africa. Population is chosen through random quote sampling.

Findings show that Community Rehabilitation Facilitators (CRF) have a stronger impact on individuals with disabilities rather than the community at large. Various gaps are identified and are related to poor recognition of the scope of CRFs ability to carry out certain tasks. The authors conclude that although there are positive impacts, there are still a number of issues that need to be addressed. These include proper support of CRFs and inter-sectoral collaboration between government departments to ensure the future of CBR in South Africa.

This study is related to the current study because it ascertained the efficacy of CBR programme on persons with disabilities in South Africa. However, some of the essential information regarding the research process and validity of the study are not reported. The instrument and its validity, sample size and method of data analysis are not stated. This will make it difficult for readers to replicate the procedure.

Opoku, Alupo, Gyamfi, Odame, Mprah, Torgbenu and Badu (2017) investigated the family and disability: Highlighting gaps in achieving social inclusion in Ghana. The purpose of the study was to examine family support and its impact on the lives of persons with disabilities in Ghana. The study participants were 48 persons with disabilities—physical, hearing and visual disabilities who were members of disabled people’s organizations. They were selected through convenient sampling drawn from four districts in the northern region of Ghana. Procedure for the study included a consent letter and interview were conducted and recorded. Local Languages were translated into English and the services of interpreter for the hearing impaired were employed and the data were analysed using simple percentage method.

Results indicated that the families of the participants did not give them adequate support to access services that would improve their lives. For instance, limited access to education resulted in inability of participants to secure jobs. The authors concluded that without the primary support of the family, persons with disabilities might be unable to breakdown social barriers due to their inability to access education and other developmentally useful services. This study failed to report the design used and no research question or hypotheses was used in the study. Though results presented social issues that constitute barriers to inclusion, discussion was centred mainly on access to education which is only one component of the CBR matrix, thus other components of the CBR matrix such as livelihood, empowerment and health remains the gap that merits investigation. The current study shall dwell into these gaps for improvement.

Similarly, Chibaya, Chidiaya, Governances and Naidoo (2021) undertook a study from the University of Kwazulu Natal South Africa. The study was a scoping review aimed at mapping the evidence on strategies employed by countries in implementing the United Nations Convention on the Right of persons with Disabilities (UNCRPD) in Africa and the implementation challenges, also to analyse the initial country reports on the implementation of the UNCRPD so as to relate the report to other findings from the literature.

A three-step strategy was employed for search of information. The data base of springerlink and MEDLINE, a list of key words pertinent to the UNCRPD and its implementation in Africa were compiled. The search of key words was limited to the period of 2008-2019 and peer reviewed documents.

Literatures related to the topic were reviewed. The study adopted the preferred reporting item for systematic reviews and meta-analysis (PRISMA) extension for scoping reviews. A total of 107 sources were initially retrieved and after a process of screening and exclusion, 31 sources (11 research papers and 20 country reports) were included for inductive analysis.

Results showed that, there was evidence of implementation of UNCRPD in Africa, especially in the area of employment; however, there is unique contextual limitations in implementation of UNCRPD in Africa. The country report reflected similar implementation issues, thus identified in studies selected for this paper. On the bases of the findings, the researchers suggested that African Governments should broaden focus on implementation of other articles of the UNCRPD, the researchers have however failed to identify the instrument used and statistical technique used for the study. None of the tables report the statistical value that led to discussion making on each of the findings the current study shall indicate both instruments and statistical methods for data analysis in order to fill the gaps observed.

In a related development. Howard and Rhule (2021) investigated the socio-economic factors hindering access to healthcare by persons with disabilities in the Atlanta West Municipality, Ghana. The purpose of the study was to determine access to quality healthcare by persons with disabilities in the Atlanta west municipality of Ghana. A qualitative approach was adopted for the study. Purposive sampling was used to select the participant (person with disabilities and healthcare workers) data was collected through 10 in-depth interviews with health workers and 5 focus group discussions with persons with disabilities. Data was analysed based on the themes that emerged during discussion. Simple percentages were applied for analysis of the data.

Results revealed the major socio-economic factors hindering access to quality healthcare were cultural explanation of disability and its cause, stigmatization and attitudes of healthcare workers towards persons with disabilities. The economic factors that created barriers included costs of treatment and assistive devices, unemployment, poverty, and transportation problems. The study also revealed that the current health policies and subsequent health services were not adequately considering the needs of persons with disabilities. It was recommended that there is the need for a change in attitude by the general public towards persons with disabilities, government should

create awareness programme sensitise the public about causes of disability in order to reduce the view point of disability from the cultural perspectives.

The study however, failed to enumerate the research question and theoretical framework that guided the study. The study used simple percentage for data analyses, whereas this study shall utilize the means score technique.

Furthermore, Baart, Schippers and Meta (2019) undertook a study on quality of life of persons with disabilities in southern nations, nationalities, and people's region in Ethiopia, Addis Ababa. The purpose of the study was to find out the quality of life of persons with disability in Southern Nations, Nationalities and Peoples Region (SNNPR) in Ethiopia. One research question guided the study that 'what is the current quality of life of persons with disabilities in southern nations, nationalities, and people regions in Ethiopia. The world health CBR indicator survey was used to measure quality of life and the Washington group short set was included to allow disaggregation of the data by different types of function limitation. A total number of 966 persons with disabilities in 10 towns participated in the study. Interviews were largely conducted involving persons with disability in the study areas.

Results showed that the health conditions of 65.9% of persons with disabilities who were surveyed were generally good. Very few had significant level of education (16.5%). Only 6.75 were working for wages and 45.2% were reportedly working on their own account. Hardly, any of them (2.9%) stated that their money was sufficient for their needs. Only a small group (38%) felt valued in their community just over half of the respondents (56.6%) were members of the disabled person's organization (DPO) or any other self representing group. The authors concluded that those persons with disabilities scored extremely low in all areas of life measured with the CBR indicator survey; health, education, livelihood, social and empowerment.

Though the authors made use of interview schedule as instruments for data collection, the validity and reliability of the instrument were not reported. Similarly, the writer used a cross-sectional survey despite this current study adopted the evaluation design for its study.

Results on quality, variation and nature of CBR interventions showed that majority were implemented in Africa targeting all people with disabilities and frequently focused on topics of HIV/AIDs. These interventions were most commonly designed to

educate people with disabilities on issue of sex(usality), sexual abuse prevention or SRH. The study failed to report the statistical package used for data analysis even though findings were reported they cannot be substantiated statistically, the current study shall address this gab.

Most of the empirical reviews focused on evaluation of CBR programme to determine the areas of strength and weakness. Focus is also on finding out whether the programme meets the objectives and to ascertain the impact of the CBR programme on persons with special needs. As laudable as the findings of these studies are, many of them did not follow the components of empirical research despite the fact the findings are reported. The major gaps in the review centre on the fact that only one study focused on the use of CBR matrix and one of the recommendations is that subsequent researchers are encouraged to evaluate CBR programme base on the indices of its matrix.

Another gap from the literature reveals that, no evaluation study is carried out in the current study areas to the best of the researcher's knowledge. Most of the empirical reviews fail to indicate the research questions, hypotheses and statistical package used for the study. Most of the designs are quantitative in nature without the categorical indications of the types and procedures of data collections. Again, 90% of the empirical reviews are foreign based evaluation studies. This has implications for Nigeria's CBR programme because it is not known whether the CBR programme in Nigeria especially the current study areas are achieving their set aims and objectives and whether the beneficiaries are actually catered for in the study areas.

It is based on these reasons that the researcher intends to evaluate the impact of CBR programme on the quality of life of persons with disabilities in Plateau State of Nigeria.

3. Research Methodology

3.1 Population and Sample

3.1.1 Population

The population of this study was made up of 1,946 respondents. This was made up of basically, service providers (CBR Supervisor, Field Workers and Volunteers) and persons with disabilities involved in the CBR programme. This includes one (1) supervisor, five (5) field workers and eighty (80)

volunteers, while persons with disabilities were 874 from Mangu, 248 from Bokkos, 571 from Barkin Ladi and 167 from Pankshin Local Government Areas (LGAs) of Plateau State totalling 1,860 PWDs. Specifically, those persons with disabilities studied include the Deaf, the Blind, persons with physical Disability, those with intellectual disabilities and persons affected by leprosy. These Local Government Areas were chosen for the study because the CBR programme had been implemented there and thus was evaluated.

3.1.2 Sample

The researcher used the whole 1,946 participants for the study. 1,860 participants received the CBR programme intervention in Mangu, Bokkos, Pankshin and Barikin Ladi Local Government Areas (LGAs)

while 86 personnel were service providers who provide services covering the five components of the CBR matrix at different communities within the scope of this study. The adoption of the total population was necessary in order to give each participant the opportunity to partake in the study. Similarly, since it was a summative evaluation, the intention was to carry every participant along

The respondents were made up of adults with visual impairment, physical disabilities, intellectual disability and those with leprosy. It also includes a supervisor, volunteers and field workers who had provided services in the institution and communities over the years. It included those who were born with or acquired the disabilities later in life regardless of their degree of impairments. The table below shows the distribution of the sample.

Table 2: Showing Distribution of the Sample

LGAs	PWDs	Supervisor	Field Workers	Volunteers	Total
Mangu	874	1	2	37	914
Pankshin	167	0	1	8	176
Bokkos	248	0	1	15	264
Barikin Ladi	571	0	1	20	592
TOTAL	1,860	1	5	80	1,946

(Source: COCIN Hospital and Rehabilitation Centre, Mangu, 2018)

3.2 Sampling Technique

Purposive sampling technique was used for the study where the researcher adopted the entire 1,860 clients and 86 service providers for the study. This was essential so as to give each participant the opportunity of participating in the study for better generalization of findings.

3.3 Instruments For Data Collection

The data for this study was collected using two instruments. They are the Community Based Rehabilitation Questionnaire and Community Based Rehabilitation Rating Scale.

3.3.1 Description of the Instruments

1. Community Based Rehabilitation Questionnaire (CBR-Q)

This is a structured questionnaire with multiple choice options. The questionnaire had an objective and instructions for the participants which basically were to guide respondents on how to respond to the items. The instrument was divided into two sections. Section A elicited biographic information about the respondents such as gender, types of disability, age, local government, district and experience gained

overtime while Section B was devoted to issues fundamental to the study with 25 items on a Likert scale.

The questionnaire comprised five different sub-headings probing the components of the CBR matrix (Health, Education, Livelihood, Empowerment and Social). There was a total of 5 questionnaire items for each of the components of the CBR matrix hence 25 items in all. Each heading was equally focused on the five fundamental issues of the sub-components, for instance; the health sub-components consisted of health promotion, prevention, curative, rehabilitation and assistive devices. Education component also consisted of early childhood development, non-formal education, basic, higher and special transitory education. Others are livelihoods which comprised skills training; access to capital, income generation programmes, and open employment and economic/social protection. Empowerment comprised self-help groups, disabled people’s organization, social mobilization, political empowerment and language communication. The social component comprised legal protection, culture and religion, sports and leisure, relationship and marriage/family and personal assistance. Participants responded to each item accordingly. The instrument was in the form of Likert scale method of Strongly Agree (SA), Agree (A), Undecided (UD), Disagree

(DA) and Strongly Disagree (SD) have a rating point of 5, 4, 3, 2, 1 in sequence.

2. Community Based Rehabilitation Rating Scale (CBR-RS)

This was another form of a questionnaire with rating options such as Very Adequate (VA), Adequate (A), No Opinion (NO), Inadequate (IA) and Very Inadequate (VI). This was used depending on the implementation of each component. It took a form of an observational method where the respondents (supervisors, field workers, volunteers popularly referred to as CBR facilitators) used non-participant observation to evaluate the activities of the CBR programme provided to persons with disabilities in the study areas. The instrument has objectives and instructions and the researcher had mapped out the sub-themes of the five components of the CBR matrix and rate their implementation after observing the availability or provisions of each of these components and the impact on the quality of life of the research participants. The rating scales comprised of 42 items cutting across the five CBR programme components rated by the respondents (supervisors, field workers, volunteers popularly referred to as CBR facilitators). The rating scale was applied by the researcher and the trained research assistants to collect the needed data from the field.

3.3.2 Instrument Development Procedure

1. Community Based Rehabilitation Questionnaire (CBR-Q)

The Community Based Rehabilitation Questionnaire was developed after a comprehensive review of available literature on the five components of the CBR matrix (health, Education, Livelihood, Social and Empowerment). The researcher streamlined the variables in relation to the objectives of this study.

Secondly, the researcher generated the items of the questionnaire into a draft. This comprised each section of the components of the CBR matrix in relation to the quality of life expected of the study. This draft was subjected to the scrutiny of the supervisors and later given to three experts; one each from Rehabilitation Sciences Unit and Hearing Impairment Unit of the Department of Special Education and Rehabilitation Sciences and also one expert from Measurement and Evaluation Unit of the Department of Educational Foundations, University of Jos for validation. All the corrections and observations arising from the experts' judgments were effected accordingly.

Finally, the instruments were pilot-tested with a group of one hundred and fifty (150) respondents obtained from the Evangelical Reformed Church of God (ERCC) CBR programme in Alushi, Akwanga LGA, Nasarawa State which equally is implementing CBR programme with the same components in place. The essence of validation was to ensure that the instrument actually satisfies the objectives of the study. It was also to ensure that the content of the instruments was measurable to the needs of the study and the programme being evaluated.

2. CBR Rating Scale

The CBR Rating Scale was developed through review of similar Rating Scale instruments. The items of the instruments were identified and streamlined in relation to the research questions raised. These items were structured in the Rating Scale containing the variables under study and constructed into a questionnaire. This was presented to the supervisor for observation and comment and later to experts for further enrichment concurrently with the CBR Questionnaire. All the corrections observed were duly effected. The instrument was equally pilot tested concurrently with the CBR-Q to ensure its validity.

3.4 Validity and Reliability of The Instruments

3.4.1 Validity

There was a validation of the research instruments; the CBR questionnaire (CBR-Q) and the Rating Scale Questionnaire (RS-Q). This ensured appropriateness and adequacy of items in line with the contents of each CBR matrix and also ensured that the instruments measure what they purported to measure; they were subjected to content validity. The instruments for data collection were scrutinized by experts in Special Education and Rehabilitation Sciences and Test and Measurement. These experts were requested to assess and authenticate the appropriateness of the instruments in terms of contents of the CBR matrix as well as clarity of expression and language use. The instruments were submitted alongside the topic, objectives and the research questions in other to enable the assessors appraise the contents in line with the objectives of the study. Irrelevant and ambiguous statements observed by the experts were expunged and replaced for ease of understanding and enrichment of the instrument.

The content validation of the CBR-Q and RS-Q were judged to be adequate by the experts with a concordance score of 86% for CBR-Q and concordance score of 84% for the RS-Q respectively.

3.4.2 Reliability of the Instrument

The Cronbach's alpha method was used in this study. Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability, hence much applicable in this study. The Institute for Digital Research and Education (IDRE) (2009) reports that Cronbach's alpha is most commonly used in assessing the internal consistency of a questionnaire (or survey) that is made up of multiple options like the Likert-type scales and items. Cronbach's alpha can be written as a function of the number of test items and the average inter-correlation among the items. Below, for conceptual purposes, the formula for computing the Cronbach's alpha reliability is given below:

$$\alpha = \frac{N\bar{c}}{\bar{v} + (N - 1)\bar{c}}$$

Where N is equal to the number of items, \bar{c} is the average inter-item covariance among the items and \bar{v} equals the average variance.

Consequently, the reliability index for the CBR-Q was 0.83 and that of RS-Q was 0.78. These indicate that both instruments were valid and reliable since the indices were found to be high.

3.5 Method of Data Analysis

The data obtained through the questionnaires were analysed using descriptive statistics, the research instruments were analysed of mean scores and standard deviation using the SPSS Version 2.0. Hence, research question one was analysed using frequency counts and simple percentage. This was necessary in order to present the information in numerical perspectives and facilitating the readers understanding. The simple rules for decision making was that any mean score in the range of 3.00 and above was considered to be high and accept as high impact while mean score less than 3.00 was not considered for high impact but was noted. The formula for calculating mean score is given below:

$$\bar{X} = \frac{\sum FX}{N}$$

Where:

- \bar{X} = Mean score
- $\sum FX$ = Summation of frequency of score multiply by the midpoints
- N = Total number of the respondents

Similarly, the formula for calculating standard deviation is given as thus:

$$SD = \sqrt{\frac{\sum(X - \bar{X})^2}{n - 1}}$$

Where:

- SD = Standard deviation
- \sum = Sum of scores squared
- X = Score
- \bar{X} = Mean of distribution
- n = Number of cases

4. Results and Discussion

This chapter presented the results and discussion of findings. The results are presented in tables each according to the research questions raised in section one. There were six research questions posed to guide the researcher according to the CBR Components of the matrix. Data were analysed using mean and standard deviation, SPSS statistical package 2.0 was used. Total of 1,946 questionnaires were administered and 1,916 were returned and analysed which comprised 1,835 CBR-Q and 81 RS-Q.

4.1 Results

4.1.1 Research Question One

The research questions for the pilot study are the same as the ones stated in section one of the main study as stated below.

What are the categories and numbers of persons with disabilities receiving intervention in the CBR programme?

Table 3: Frequency and Percentage on Categories of persons with Disabilities

Types of Disability	Frequency	Percentage
Persons with Deafness	771	42.0
Persons with Blindness	165	9.00
Intellectual Disability	165	9.00
Physical disability	716	39.0
People with leprosy	18	1.00
Total	1,835	100.00

Table 3 shows the categories and percentage of persons with disabilities who received services from the cbr programme. thus 771(42%) were persons with deafness, 165(9%) were persons with blindness and 165(9%) had intellectual disabilities, 716(39%) had physical disability and 18(1%) had leprosy. this shows that there were more of persons with deafness and those with physical disability who benefitted from the cbr programme than other categories of persons with disabilities.

4.1.6 Research Question Six: In what way does the CBR programme impact on the empowerment of persons with disabilities in Plateau state?

Table 12: Mean and Standard Deviation on CBR programme and Empowerment of persons with Disabilities

S/No	On questionnaire	Empowerment Component	Response					\bar{X}	SD
			SA	A	U	D	SD		
		The CBR programme provides training and sensitization programme for persons with disabilities in the community	575	600	96	330	234	3.52	2.09
		Self-help groups of persons with disabilities are promoted through the CBR programme	800	515	55	190	275	3.75	3.00
		CBR programme prepares persons with disabilities for the social mobilization of their rights and privileges	719	692	130	100	194	3.90	3.31
		The CBR programme promotes the political participation of persons with disabilities	710	400	126	299	300	3.50	2.06
		CBR programme prepares persons with disabilities on the acquisition of language for effective communications	110	290	90	900	445	2.30	2.12
Grand Mean							3.39		

Table 12 above presents the responses of persons with disabilities on the impact of CBR programme on empowerment of persons with disabilities. Out of the one thousand eight hundred and thirty-five persons with disabilities that participated in this study had a grand mean of 3.39 which is above the acceptable mean of 3.00. This means that the empowerment component of the CBR programme had high impact on the quality of life of persons with disabilities in Plateau State. Such components with high mean scores are items 21, 22, 23 and 24. However, item 25 had low mean score below the acceptable mean of 3.00.

Table 13: Mean and Standard Deviation on CBR Rating Scale of Empowerment Component

S/No	On questionnaire	Empowerment Components	Response					\bar{X}	SD
			VA	A	No	IA	VI		
		CBR have sheltered workshop for PWDs	7	12	6	24	32	2.24	1.69
		CBR have tools in the workshop for PWD	10	11	4	23	33	2.28	1.17
		PWDs have a self-help group	25	38	6	8	4	3.89	1.66
		CBR provides political awareness	20	42	3	7	9	3.70	1.37
		CBR encourage PWDs to vote and be voted for	40	10	1	8	22	3.47	1.29
		PWDs express one's self	15	43	9	6	8	3.63	1.46
		CBR encourages community advocacy	23	34	4	7	13	3.58	1.30
		CBR encourage the pursuits of rights	9	26	5	21	20	2.79	1.35
		PWDs can read and write.	25	29	1	14	12	3.51	1.47
Grand Mean							3.23		

Table 13 above depicts the content and indices of the empowerment component as rated by the CBR facilitators which indicated that the grand mean score of 3.23 is above the acceptable mean of 3.00. This implies that the empowerment component of the CBR programme was rated to be adequate. Such items rated adequate are items 36, 37, 38, 39, 40 and 42. However, items 34, 35 and 41 were rated to be inadequate because they had mean scores that were below the acceptable mean of 3.00.

4.2 Discussion of Findings

The data collected from the main study revealed that persons with disabilities who are receiving intervention in the CBR programme are not the same. Results indicated that five categories of persons with disabilities are receiving intervention in the CBR programme in Plateau State. They are those with hearing impairment, visual impairment, intellectual and physical disabilities as well as those with leprosy. The data collected shows percentage, mean and standard deviation scores of respondents to questionnaire items. See table 3 for clarity of facts. From the data analyzed, all persons with disabilities who are receiving intervention in the CBR programme are not the same in number (Population).

Earlier, Obani (2006) stated that persons with disabilities are those who, because of circumstances of birth or of life have physical, intellectual, social or psychological impairment that make it difficult for them to live a normal life. These include those who have hearing, visual, mental and physical (mobility) difficulties that need rehabilitation. The author posited that these group; deserve good quality of life in the areas of health, education, livelihood, social development and empowerment as outlined in the CBR matrix. Thus, in-line with the definition of rehabilitation by the Federal Republic of Nigeria (2010) That rehabilitation is not only the training of persons with disabilities but also the intervention of the general system of society, adaptation of the environment, the protection of human rights and empowerment of persons with disabilities in the society. Rehabilitation efforts are being provided in Plateau State where the main study took place.

Findings further revealed that the CBR programme contributed to the empowerment of persons with disabilities in the study areas. The CBR programme provided training and sensitization programme for persons with disabilities, provided self-help groups, social mobilization of their rights, political participation, right to vote and be voted for and encouraged community advocacy. These responses were obtained from the questionnaire items as well as the rating scale administered. The mean and standard deviation scores are high enough to enable the researcher draw conclusion that the CBR programme contributed to the empowerment of persons with disabilities in the study area. See tables 12 and 13 for clarity of facts. Similarly, with the establishment of special, school in Sabon Layi, Plateau State and the subsequent establishment of the Plateau State Disability Rights Commission as well as the appointments of persons with disabilities into the

Commission, as honourable cabinet Commissioners, Special Advisers and Senior Special Assistants to the Governor of Plateau State, their political empowerment has been boosted. Empowerment has to do with having a say and being listened to, self-power, own decision-making, have control, gain control or being free. WHO, ILO, UNESCO, IDDC, (2010) refuted that many persons with disabilities experience disempowerment both in the family and the society, some are over-protected where family members do must things for them and others are rejected and excluded from the community and other social activities because of stigma, The Centre for Independent Living (2014) reported that employment for persons with disabilities should be a top priority. For disability advocates of America, only 37 percent of people living with disabilities are employed. This low percentage has very little to do with the United States struggling economy.

In a related development, Bodang and Lalu (2015) supported that empowerment is about helping persons with disabilities to become people in the full sense of the word, with equal opportunities, rights and responsibilities living a life that is fulfilling and satisfying and contributing towards happiness, quality of life and community development. Again, Kuipier (2014) supported that the essence of empowerment is to pave way for persons with disabilities and their families to take responsibility for their development within the context of general community development.

Cornielje and Veldman (2011) observed that while the first component of the CBR matrix relates to key development sectors, the empowerment component focuses on the importance of encouraging persons with disabilities, their family members and communities to facilitate the mainstreaming of disability across each sector and to ensure that everybody is able to access their rights and entitlement. Consequently, this study recommends that the employment for persons with disabilities should be a top priority for government at all levels as well as the private sector. Stakeholders must ensure that empowerment must be about helping persons with disabilities to become people in the full sense of the word, with equal opportunities, rights and responsibilities living a life that is fulfilling and satisfying and contributing towards happiness, quality of life and community development. Finally, the empowerment component should focus on the importance of encouraging persons with disabilities, their family members and communities to facilitate the mainstreaming of disability across each sector

and to ensure that everybody is able to access their rights and entitlement.

5. Conclusion and Policy Recommendations

This study assessed the impact of Community Based Rehabilitation (CBR) on empowerment of persons with disabilities (PWDs) in Plateau State, Nigeria. It is hinged on Kirkpatrick (1959) evaluation model with descriptive statistics used as of evaluation. The data collected from the main study revealed that persons with disabilities who are receiving intervention in the CBR programme are not the same. Results indicated that five categories of persons with disabilities are receiving intervention in the CBR programme in Plateau State. They are those with hearing impairment, visual impairment, intellectual and physical disabilities as well as those with leprosy. It was further found that rehabilitation efforts are being provided in Plateau State where the main study took place. Findings further revealed that the CBR programme contributed to the empowerment of persons with disabilities in the study areas. The CBR programme provided training and sensitization programme for persons with disabilities, provided self-help groups, social mobilization of their rights, political participation, right to vote and be voted for and encouraged community advocacy. It was found that many persons with disabilities experience disempowerment both in the family and the society, some are over-protected where family members do most things for them and others are rejected and excluded from the community and other social activities because of stigma. It was also found that many PWDs were jobless.

Consequently, this study recommends that the employment for persons with disabilities should be a top priority for government at all levels as well as the private sector. Stakeholders must ensure that empowerment must be about helping persons with disabilities to become people in the full sense of the word, with equal opportunities, rights and responsibilities living a life that is fulfilling and satisfying and contributing towards happiness, quality of life and community development. Finally, the empowerment component should focus on the importance of encouraging persons with disabilities, their family members and communities to facilitate the mainstreaming of disability across each sector and to ensure that everybody is able to access their rights and entitlement.

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