

**A COMPARATIVE ANALYSIS OF THE EFFECTIVENESS' IN
THE ADMINISTRATION OF REHABILITATION CENTRES.
(A CASE STUDY OF FEDERAL AND NIGER STATE
REHABILITATION CENTRES).**

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TECHNOLOGY.**

DECEMBER, 2003.

CERTIFICATION.

I certify that this project ~~en~~ titled "A comparative analysis of the effectiveness in the administration of rehabilitation centres" (A case study of Federal and Niger State Rehabilitation centres.) met the requirement for the award of postgraduate diploma in Business Management Technology, in Federal University of Technology, Minna.

.....

Supervisor's Signature
Dr. S.K. Tswanya.

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Head of Dept's Signature
Dr. S.K. Tswanya.

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Date

.....

Date

DECLARATION.

I hereby declare that this project ~~en~~ titled " A comparative analysis of the effectiveness in the administration of rehabilitation centres. (A case study of Federal and Niger State Rehabilitation centres.) was carried out by me **ZHIRI JANET MAMA**, for the award of a post graduate diploma in Business Management Technology.

.....

ZHIRI J.M

DEDICATION.

This work is dedicated to the Glory of God Almighty.

I give God the praise for his financial provision, wisdom and strength.

ACKNOWLEDGEMENT

Firstly, I will testify to the goodness of God Almighty, who made it possible for this work to be a reality.

My gratitude goes to my project supervisor, Dr. S.K Tswana for designing and supervising this project and for insisting that the work must be done in the right way.

I am indeed very grateful to my mother, brothers and sisters for their encouragement.

Mention must be made of my good friends and brothers Mr. Moses Nurhie, Mall. Moh'd Baba Jiya, Mr. Samuel Ekele, Barrister Danjuma Moh'd, despite their busy schedules encouraged and contributed immensely to the success of this study.

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Finally, I express my sincere thanks and appreciation to all the management and the disabled persons in the two rehabilitation centres visited.

May the Lord bless you all.

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ABSTRACT.

This work appraised the administration of rehabilitation centres at both the Federal and state levels. Four rehabilitation centres were selected for the study that is two at the federal level and two at the state level. A sixteen-item questionnaire was administered on two hundred and eighty disabled persons at four rehabilitation centres. The Spearman's Correlation Coefficient was used to carry out the statistical analysis. The results show that, there is a remarkable difference in the administrative set up of the federal and state rehabilitation centres. The federal rehabilitation centres are properly funded, and manned by qualified personnel, the staff are highly motivated adequate rehabilitation facilities, adequate medical facilities, satisfied level of feeding and good buildings. While the state rehabilitation centres are under funded and manned by unqualified personnel, staff are fairly motivated, lack adequate rehabilitation facilities, inadequate medical facilities, lack good buildings and not satisfied with the level of feeding. This has made the administration of federal rehabilitation centres more effective than the state rehabilitation centres. For effective administration of rehabilitation centres the research: recommends better funding, qualified personnel, and adequate rehabilitation facilities, if the administration of rehabilitation centres is to be effective.

CHAPTER ONE.

1.0 INTRODUCTION- BACKGROUND STUDY.

The co-existence of the disabled and the abled-bodied persons is quite a justifiable association in the human race. However, the recognition accorded to the disabled persons is inequitable with the abled-bodied persons who enjoy full benefit of existence at the expense of the disabled. Certain disabilities restrict the full utilization of capabilities of some disabled persons, for instance abled bodied who become disabled in the course of their job are laid off. Nevertheless, we have instances where disabled persons have risen above their situations, not just by mere determination but availing themselves of opportunities provided by rehabilitation centers in their locality. Being equipped, such disabled persons have been able to contribute their quota to the development of their community and the nation at large. Disabled persons who have been trained by the rehabilitation centers get established in their various vocations. It is also important to note that disabled persons who have been able to overcome their disability have earned the deserved respect of the public, like Mr. Marcus, a crippled businessman based in Lagos, who provided other crippled persons with wheelchairs for easy movement.

It is also pleasant to note that in the last decade, there has been a gradual change in the attitude of Nigerians towards the disabled persons as reflected in the Nigeria policy on education for the handicapped.

Humanitarian organization, government and non-governmental organization (NGOs), see to the enlistment of the disabled persons, given them special consideration for better existence.

A United States-based non profit organization, perpetual help", rendered an humanitarian assistance, by donating relief goods to a rehabilitation centre in Majidun in Lagos. Wheelchairs were equally distributed by Mrs. Stella Obasanjo, wife of the president of Nigeria. Many of the handicapped people whose lives have been touched by this organization have nothing, but praises and gratitude to shower on perpetual help. As one of them who pleaded anonymity put it, "it is gratifying to note that in this era of selfishness and greed an organization such as perpetual help, still there for the underprivileged members of our society. May God reward them abundantly" (Punch Newspaper, 10th November, 2003).

Also in the Nigerian Tribune newspaper, dated Thursday 20th November, 2003. Osun State Governor, Prince Olagunsoye Oyinlola, employed a blind man Akinwande Oyedele, who used to be a mathematics teacher before losing his sight, into the state civil service.

From the foregoing, the attention being paid to the disabled persons in the society today has called for the importance of effective administration, hence the responsibilities shared included the Federal and State Government.

1.1 STATEMENT OF THE PROBLEM.

The disabled has for a longtime been at great disadvantage, relegated to the background, due to no faults of their disability. They have been given little or no consideration in the scheme of things, that is by contributing their own quota to the nation building through decision making. In some instance, they are being thrown out of their homes, living them with no option, than to beg on the street, thereby endangering their lives. Not only are they not acceptable socially in homes and society, but various obstacles and place on their way, by denying them formal education, even when they acquire formal education, they are not given job opportunities to display their skills.

The inbalance in treatment is of utmost concern in the mind of the researcher. The researcher therefore wishes to address the factors responsible for this inbalance, how it can be restored and how this group of persons can be made important in the development plans. These are the issue to be addressed in this research.

1.2 AIMS AND OBJECTIVE OF THE STUDY.

The objectives of the study are:

- i. To investigate the administration in the state & Federal rehabilitation centres.
- ii. Find out whether the disabled persons in the society are aware of their right in the society.

- iii. To investigate whether conducive environment, exist for the disabled to enable them develop their human potentials.

1.3 SIGNIFICANCE OF THE STUDY.

This project will throw more light into the administration of the disabled persons, thereby making the rehabilitation of the disabled persons more effective.

With the reviews of the administration procedure of the disabled in the research, the government will benefit by living up to the responsibilities accorded in the rehabilitation of the disabled.

This project will enhance the administration of the disabled, thereby giving special consideration to disabled.

1.4 SCOPE OF THE STUDY.

The research work is expected to be within the scope of the administration of the disabled in two rehabilitation centres in the Federal Government and two rehabilitation centres in the Niger State Government.

The Niger State Government administration of the disabled will be applicable to all other states administration of the disabled.

CHAPTER TWO.

2.0 LITERATURE REVIEW.

2.1 DEFINITIONS: IMPAIRMENT, DISABILITY AND HANDICAP.

The world program of action concerning disabled persons recognizes that disabled persons do not form a homogenous group. In 1980, the World Health Organization adopted an international classification of "impairment" "Disability" and "handicap". There is a clear distinction among these three terminologies. A medical or diagnostic approach will be used to define these items.

People with usual hearing and speech impairments and those with restricted mobility or with so-called "medical disabilities" encounter a variety of barriers from the perspective of diversity in unity.

Impairment: According to Raleigh 1987, impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. Impairment can be temporary or an anomaly, defect or loss in a limb, organ, tissue or other structure of the body including the system of mental function.

Disability: A disability is any restriction or lack of ability (resulting from an impairment), to perform an activity within the range considered normal for human being. A disability may be temporary or permanent, reversible or irreversible, and progressive or regressive.

Handicap: A handicap results from impairment or a disability and limits or prevents the fulfillment of a function that is considered normal for a human being. A handicap is therefore seen in the relationship

between disabled persons and their environment. Cultural, physical or social barriers to mobility within the built environment are handicaps.

2.2 PUBLIC AWARENESS INITIATIVES.

The Norehic committee on disability in cooperation with world rehabilitation fund 1985. States that, the level of accessibility with a society is a physical manifestation of that society's degree of acceptance of diversity among its members as well as respect for the fundamental rights of citizens to free movement and use of facilities in its built environment. Ignorance of those rights, combined with insensitivity towards persons with special needs, adversely affect accessibility levels in a society.

Negative attitude may arise from superstition and fear. Traditional superstitions about persons with disabilities prevail in many parts of the world. Some society believes disability is a result of misconduct in a previous life, others see disability as punishment for sin committed in the present life. Many individuals harbour a deep rooted fear that, if that, if they are in contact with persons with disabilities they may also be affected by "evil spirits".

Craig (1985), states that persons with disabilities are commonly perceived to have limited potentials. Having a family member with a disability reduces a family's social status. Family may hide such members out of a sense of shame or to protect them from the negative attitudes of society. Many people, through lack of knowledge of disability

matters and experience of interacting with disabled persons at the personal level, feel uncomfortable in their presence.

Public awareness campaigns are urgently needed to change this situation. The campaigns must address the superstitions and beliefs of each culture to change both perceptions and attitudes towards persons with disabilities.

The United Nations decade of disabled persons, 1983-1992, encouraged the development of self-help organizations of disabled persons. The improvement of public awareness was a major focus of the activities of this organization. Access to the built environment began to be considered a right rather than a privilege.

2.3 PROBLEMS OF ASSESSING THE DISABLED PERSONS.

Gensinde's (1976) studied the problems and prospects of counseling senses in developing countries, suggests that, a comprehensive assessment is required, if a meaningful understanding of the child's situation is to be achieved. This is difficult; one reason is the lack of sufficient personnel. It will require a pool of resource personnel from different settings on a wider catchments area to effect this. Ordinary observation may indicate that there are not more than one hundred ophthalmologists in the country. Many patients with visual problems are being served by medical officers other than ophthalmologist. The same situation applies to other specialist. It will also become evident that an ophthalmologist, audiologist etc, may see

children on a limited number and also very briefly each time, because of the waiting list and lack of time.

A common problem is to have a child coming from a distance area with his or her parents in search of a professional who may determine the cause and circumstance surrounding their child and to be referred to another professional in another distance location. It will appear that a solution to some of these problems may come only when the professionals begin to do assessments in the homes of such children as well. These professional should be available in great numbers to make this possible.

It is in the homes that more accurate assessment of such children could be done through observations, ones justification for this is that geographical barriers are often the most difficult to overcome in the rural areas where transportation is a problem for parents and their children. Another reason is the tendency of some parents to hide their handicapped. Day care centres in villages as well as home-based programmes are good alternatives for the very young child until he or she would be placed in a setting in a village, town or city. The high rate of illiteracy among parents poses another problem, which professionals have to face. This explains the need for greater and varied forms of professional support.

Amwe, (1985), also stressed on the introduction of free and compulsory education in Nigeria which has being in force for sometime now. This means that, the multi-handicap children such as the deaf and blind will have to be served in education and other settings suitable to

their needs by teachers and other personnel who have very little or no training as occupational therapist, nurses etc. As some teachers have lukewarm attitudes towards teaching the disabled persons which consequently affect their human potentials. Amwe (1985) further reaffirmed that when he carried out a study to investigate issues raised by elementary classroom teachers in the actual school setting in which handicapped students were mainstreamed. This study was provoked by some recent studies, which according to the investigation indicated that regular classroom teachers are not prepared to effectively work with special need of students. He found among other things that teachers felt a lack of expertise in accordance individual differences as related to curriculum and instruction. The problem of low quality services is evident.

Morish (1978), noted that although total communication was introduced in Nigeria nearly two decades ago, some deaf schools and units have not been using this method. The most obvious reason for this is that administrators and teachers in such schools did not receive training in all the components of total communication particularly finger spelling. There is need to see the problem on a global basis, in that respect, it is noted that a lot of handicap children are not receiving education in Africa and in relation to the blind, Morish also states that, in most developing countries, blindness has been accorded a lot priority in national planning. In principle, all express the desirability that provision is made for the handicap, but few are able to do so on any consideration scale. The formidable political, social, financial and

economic problems facing government have forced them to ignore the need of the handicap, there is therefore a lot more to be done to ensure that handicap children including the deaf-blind in Nigeria community are adequately assessed to see at what level they are functioning and what services they may need.

2.4 THE INITIATIVES OF KEY AGENCIES AND PERSONS.

The standard rules on the equalization of opportunities for person with disabilities, adopted by the United Nations General Assembly in resolution 48/76 at it's 48th session on 20th December 1993, states that:

“States should initiate measures to remove the obstacles to participation in the physical environment. Such measures should be to develop standards and guidelines and to consider enacting legislation to ensure accessibility to various area in society, such as housing, building, public transport services and other means of transportation, street and other outdoor environments”.

In order to implement these recommendations, the following initiatives are suggested by the economic and commission for Asia and the Pacific (ESCAP) April (1992).

A) The formation of a “coordination committee on accessibility consisting of representatives from government departments and agencies and key NGO's including organizations of persons with diverse disabilities, elderly persons.

It is essential that a representative from the budget and finance department be present at all meetings.

Major issues for action by the committee should include.

- i) Strengthening of access legislation, particularly it's implementation.
 - ii) Review of government services and facilities to find out, if they are accessible or not.
 - iii) Formation of sub-committee (e.g on transport, public buildings and housing to develop action plans and public awareness campaigns.
 - iv) Sharing of information and resources among committee members.
 - v) Regular monitoring of progress and reporting of activities. The committee should integrate access promotion into overall development policies and programs.
- B) In each government department and agencies which is on the coordination committee, a person who is sensitive to the needs of person with disabilities and elderly persons, should be designated as an Access officer to serve as an active focal point to expediate the work of the committee.
- C) Under the leadership of it's Access officer, each government department or agency should develop a long-term access action plan with a time frame that includes:
- i) Specification of needs of persons with disabilities and elderly person in relation to the services and facilities of respective department or agency.

- ii) Review of existing policies and programmes of the department or agency and identification of those policies and programs, which may discriminate against person with disabilities or elderly persons.
- iii) Establishment of department/agency priorities in the improvement of accessibility e.g. through review of buildings, services and facilities use of new technologies publications policy and information formats, from the perspective of persons with disabilities and elderly persons.
- iv) Identification of staff training needs concerning access issues and mobilization of resources to meet those needs.
- v) Introduction of support of access concern as a criterion for funding NGOs.
- vi) Formulation of guidelines for inter-agency and inter-organizational co-operation that focus on supporting the improvement of accessibility.
- vii) Initiation of pilot projects on access promotion and dissemination of outcomes.
- viii) Barrier-free design as a feature of all new government buildings and renovations.

2.5 ENVIRONMENTAL PLAN FOR THE DISABLED.

According to the Design manual- by building development

Department of Honkong (1984), the physical environment is both theory and practice, continuity of space. Barrier free design means

giving users the possibility to use space in a continuous process to be able to move around without restrictions. The built environment could be defined as transformation of the natural environment into a new shape. At the same time a space is change physically by human beings, it is normally divided and categorized along new artificial dimensions such as " public", "private" and "Functional". The right to use space and the possibility of using space, which is termed accessibility is restricted, not only by physical barriers, but also by a complex of cultural, social and economic rules.

The Access information Bulletin, National Centre for a Barrier- Free Environment, Washington D.C, U.S.A 1981), stated that, when discussing a barrier society, this basic consideration of space as continuity is often forgotten or neglected. Evidenced of this is found in the manner that legislation for accessibility is introduced in most countries. Normally a step-by-step policy is used. Step by step policies always seem to start from administrative, economic or technical divisions of space such as between "private" and "public" space, housing and public buildings, buildings and street environment as well as between building and transport. The perspective is changed from the point of the users to that of the state, the legislator, the market, or the owner.

This way of thinking results in the errection of barriers of full accessibility. Unless those barriers are eliminated, people with disabilities will not be able to participate fully and avail themselves equally of the opportunities that exist in society.

For general planning and design considerations for the disabled, certain basic guiding principles need to be applied, so as to achieve the goal adopted by the United Nations. Certain basic guiding principles should take into cognisance that no part of the built environment should be designed in a manner that excludes certain groups of people on the basis of their disability or frailty. No group of people should be deprived of full participation and enjoyment of the built environment or be made less equal than others due to any form or degree of disability.

As stated by the United Nations centre for Human settlement (HABITAT) 2001. These basic guiding principles may serve as general requirement for consideration in physical planning and design. The requirements includes:

- i) It should be possible to reach all places of the built environment.
- ii) It should be possible to enter all places within the built environment.
- iii) It should be possible to make use of facilities within the built environment.
- iv) It should be possible to reach, enter and use all facilities in the built environment without being made to feel that one is an object of charity.

2.6 THE CHANGING PROCESS OF REHABILITATION SERVICE.

One important change observed by Ekele (1999), is that rehabilitation services are no longer restricted to vocational rehabilitation. The change means that the disabled adolescents in need of social skills and vocational development can receive comprehensive services for independent living as part of their rehabilitation programme. These services may be given to any individual who is so limited by the severity of the disability that comprehensive services according to rehabilitation amendment of 1978 are required to improve significantly either his ability to engage in employment or his ability to function independently in his family or community. This comprehensive services may include counseling, housing, transportation, therapeutic treatment, recreation activities, job placement and insurance. The change in this trend means that services will be provided throughout the life span of the individual especially in the United States of America. Ekele (1999) define independent living as control over one's life based on the choice of acceptable options that minimize reliance on other in making decision and in performing everyday activities. This includes managing one's affairs, participating in the day today life in the community. Fulfilling a range of social roles and making decisions that leads to self-determination and minimization of physical or psychological dependence on others. Where an independent living centre exists to serve the disabled, services provided normally include, out reach evaluation and assessment of skills, counselling, independent living skill training,

mobility training information and referral advocacy, transportation and other services to meet special needs.

Another thing worth understanding is that some of the present services were not included in early efforts to rehabilitate the disabled persons. In the limited states, for example it has been stated that rehabilitation counselling is relatively new profession which has developed largely over the past thirty years or forty years. Only recently have concerted efforts been made towards true professionalization (Ekele 1999) a major change in the provision of services can be seen from workshops of the disabled where they have taken or followed numerous trends and have not remain static in their objectives or philosophies. Valuable information is provided by consumer groups and individuals who have been in the system for long. Also, some professionals have shown that changes due to awareness of needs and that one trend that over shadows both the commonalities and differences among workshops for the disabled in their universal recognition that disabled persons differ widely from each other and require an infinitive variety of alternative life style, these workshop have become diversified as indicated in the following observation.

- i) Some are standing workshops, others are parts of comprehensive community service agencies.
- ii) Some offer many supportive service such as counselling low vision services, vocational evolution and training among others, a few still offer a small range of such services.

- iii) Some provide for only alternative work style (usually long terms sheltered work), others offer multiple alternative.
- iv) Some stress earning a long, others give equal stress to the rehabilitation and therapeutic aspects of remunerative work.
- v) Some offer vigorous job placement services that successfully provide entry into competitive employment for many disabled persons every year, others are more limited in their job development and job placement efforts.

For effective training of the disabled persons, Oyabola (1997), outlined the availability of the following:

- 1) They are special people who need special education due to their disabilities even structures meant for them either as residential or for educational purpose must also be specially designed to allow moving around without much difficulties.
- 2) Availability of necessary professional staff and auxiliary staff.
- 3) Fund for both capital and recurrent expenditure.
- 4) Types of workshop and equipment required.
- 5) Medical facilities.
- 6) Catering facilities

There is also the need to put into consideration that vocational rehabilitation centers are conventional bureaucratic structures whose process includes:

- 1. Assessment and intake procedures
- 2. Work preparation and training

3. Placement in suitable work in the open market, cooperation, a sheltered workshop or self-employment.
4. Follow-up to ensure continued successful job placement, modification or change is necessary for the disabled to properly integrate into the society.

CHAPTER THREE

3.0 METHODOLOGY AND DESIGN STUDY.

This chapter deals with the methodology and the strategies used in the study. It also deals with research design, the construction of the instrument used and its validity. It further describes the administration of the questionnaire and the report of returns.

3.1 RESEARCH DESIGN.

The research design consist of the following:

- i) Construction of a 16-item questionnaire for the disabled persons in the rehabilitation centers.
- ii) Interviews conducted with the management of the rehabilitation centres.
- iii) Analysis and computation of data collected, relating actual findings to expected outcomes.
- iv) The interpretation of the findings based on the analysis.

3.2 THE STUDY POPULATION AND SAMPLE.

The population of this study consist of two hundred and eighty (280) disabled persons in both Federal and Niger State rehabilitation centres, drawn from Abuja and Minna rehabilitation centers. To ensure the adequate and sufficient information required the successful accomplishment of this project, the study population was divided into samples in the following rehabilitation centres.

- a) Federal rehabilitation centres.
 - i) Child care trust Bwari Abuja - 70
 - ii) Old peoples' home Jikwai Abuja 70
- b) Niger State rehabilitation centres.
 - i) School for the handicapped Minna. 70
 - ii) Old peoples' home Minna. 70

Total population samples having common measurable characteristics, were drawn on a randomly selected basis. This gives a sample size of two hundred and eighty (280) disabled persons for this study.

3.3 INSTRUMENT FOR DATA COLLECTION.

A questionnaire containing sixteen (16) items eliciting various information was designed and administered to respondents. The questionnaire was in part divided into two sections.

SECTION 'A' contained the background information of the disabled person, while **SECTION 'B'** was sub-divided into three (3), which contained issues under investigation, that is.

- i) The administration of the rehabilitation centre.
- ii) The awareness of right of the disabled persons.
- iii) The conducive environment for the development of the disabled persons human potentials.

The responses generated from the administration of the questionnaire provides a first hand information on the response of the population under study to the research interest.

Interview were also concluded in order to further substantiate responses generated from the questionnaire, and information obtained were carefully compared, summarised and incorporated in the interpretation.

3.4 VALIDATION OF INSTRUMENT.

The researcher obtained relevant data from primary and secondary sources.

The primary data include questionnaire and personal interviews. A set of questionnaire was prepared and administered on the disabled persons in both Federal and Niger State rehabilitation centre. The use of questionnaire personally administered afforded the researcher the opportunity to clarify enquiry sought by disabled persons in the rehabilitation centre and also made pertinent observation. Personal interviews conducted with the management was to determine the comparability of the responses of the disabled persons and the management.

Secondary data was necessary to compliment this study and therefore were gathered from textbooks, journals, pamphlets, newspapers and handouts. The data used from the two sources were summarized, analysed, interpreted and pertinent conclusions and recommendations were made.

3.5 METHOD OF DATA ANALYSIS.

Descriptive statistical analysis was used for this study, descriptive statistics namely tables, mean, mode and percentages were used to present and describe information sought by the study. While Spearman's Correlation Coefficient is used to test the hypotheses.

3.6 REPORT OF RETURNS.

The questionnaire administered was two hundred and eighty (280) and two hundred and fifty were returned in all. The breakdown of the returned questionnaire is as follows:

Federal rehabilitation centres.

- i) Child care trust Bwari Abuja- 70
- ii) Old peoples' home Jikwai Abuja- 70

Niger State rehabilitation centres.

- i) School of handicap Minna- 64
- ii) Old peoples' home Minna - 61

The Table below shows the summary of the returned questionnaire.

SET OF QUESTIONNAIRE.	VALUE	NO. ADMINISTERED	NO. RETURNED	% RETURNED
Federal rehabilitation centers				
Child care trust Bwari	1.00	70	70	25
Old peoples' home Jikwai	2.00	70	55	19.6
Niger State rehabilitation centres.				
School of handicap Minna	3.00	70	64	22.9
Old people's home Minna.	4.00	70	61	21.8
		280	250	89.3%

CHAPTER FOUR

4.0 DATA ANALYSIS AND INTERPRETATION OF RESULT.

4.1 INTRODUCTION.

The attempt made in this chapter is to carry out a comparative analysis of the effectiveness in the administration of Federal and State rehabilitation centres. This is to bring out the differences in the administration of both State and Federal Rehabilitation Centres. Frequency Distribution Tables were used in the analysis.

4.2 RESULTS AND ANALYSIS.

4.2.1 TABLE I.

The question sought to know whether the present administrative structure of the rehabilitation centre is well structured in the State and Federal rehabilitation centres.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Strongly agree	20	16	0.5	44	35.2	-0.8
Agree	20	16		28	22.4	
Disagree	50	40		35	28	
Strongly disagree	35	28		18	14.4	
Total	125	100		125	100	

There is a significant difference between administrative structure of the rehabilitation centre at the State level and Federal level. The analysis of the Table I above shows that the administrative structure of the rehabilitation centres at the Federal level are better planned, controlled and coordinated. The analysis reveals that 40 respondents representing 32 percent strongly agree with the present administrative structure of the rehabilitation centres at the federal level, while 20 respondents representing 16 percent strongly agree with the present administrative structure of the rehabilitation centres at the state level. Additionally at the State level the calculated Spearman's Correlation Coefficient, R is 0.5 while at the Federal level the calculated value is -0.8

4.2.2 TABLE II.

The question sought to know the problems of administration in the rehabilitation centres.

	Response (by State)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Finance	30	25	0.4	20	16	0.1
Manpower	42	34		48	38.4	
Equipment	08	07		20	16	
Both finance /Manpower	45	36		37	29.6	
TOTAL	125	100		125	100	

Problems relating to the administration of the rehabilitation centres were analysed. The analysis shows that inadequate financing, inadequate manpower and inadequate provision of equipment are the problems militating against the administration of the rehabilitation centres at both the Federal and State levels. However, the problems are more acute at the State rehabilitation centres. The analysis of Table II above clearly shows this discrepancy. 30 respondents representing 25 percent at the State level maintain that finance is a problem in administration of the rehabilitation centres, while only 20 respondents representing 16 percent at the Federal level see finance as a problem of administration. The level of agreement between the State and Federal rehabilitation centres in the area of manpower, as a problem is almost the same. 42 respondents representing 34 percent at the State level see it as a problem. While 48 respondents representing 38.4 percent at the Federal level also regard it as a problem of administration.

The final analysis shows that 45 respondents representing 36 percent at the Federal level regard finance and manpower as a problem of administration in the rehabilitation centres.

Using Spearman's Correlation Coefficient, R it was calculated that the State had a R value of 0.4 while the Federal had a lower value of 0.1.

4.2.3 TABLE III.

The question sought to know how regular the staff of the rehabilitation centres attend training course.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Very often	24	19.2	-0.2	56	44.8	-0.8
Often	33	26.4		62	49.6	
Not often	62	49.6		04	3.2	
None at all	06	4.8		03	2.4	
TOTAL	125	100		125	100	

The analysis of Table II shows that only 33 respondents representing 26.4 percent at the State level attend training courses regularly while 62 respondents representing 49.6 percent at the Federal level attend training courses regularly. In Table III above, it was calculated that the Spearman's Correlation Coefficient, R, showed that the State Rehabilitation Centres had a negative value of -0.2 while that of the Federal was -0.8.

4.2.4 TABLE IV.

The question sought to know the level of motivation of staff in the rehabilitation centres.

	Response (by State)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Highly motivated	20	16	-0.2	54	43.2	-0.8
Motivated	39	31.2		30	24	
Family motivated	53	42.4		32	25	
Not motivated	13	10.4		0.9	7.8	
TOTAL	125	100		125	100	

Motivation which is concerned with the “why” of human behaviour is also to be analysed. There is a significant difference between the level of motivation of staff at the Federal and State rehabilitation centres. 54 respondents representing 43.2 percent at the Federal level maintains they are highly motivated, but 20 respondents representing 16 percent at the State level agree that, they are highly motivated. This goes to show that the level of motivation of the Federal rehabilitation centres is higher than the State rehabilitation centres.

Table IV above, shows to know the level of motivation of Staff in the rehabilitation centres which have the Spearman’s Correlation Coefficient, R, calculated for the State as -0.2 while that of the federal is -0.8.

4.2.5 TABLE V.

The question sought to know whether the disabled persons agree with the present arrangement that the rehabilitation center be situated outside the town.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Strongly agree	29	23.2	0.8	22	17.6	0.8
Agree	24	19.2		18	14.4	
Disagree	30	24		37	29.6	
Strongly disagree	42	33.6		48	38.4	
TOTAL	125	100		125	100	

This analysis also record a remarkable difference with the present arrangement, whereby rehabilitation centres are located outside towns. The analysis shows that 29 respondents representing 23.2 percent at the State level are in favour of the present arrangement whereby rehabilitation centres are located outside the towns. 22 respondents representing 17.6 percent at the Federal level strongly agree with the arrangement. Table V above, considered whether the disabled persons agree with the present arrangement that the rehabilitation centres be sited outside the town. The Spearman's Correlation Coefficient, R, calculated for the State showed in high acceptance value of 0.8 while that of the Federal showed a high acceptance value of 0.8 also.

4.2.6 TABLE VI.

The question sought to know whether adequate considerations are given to the disabled person in terms of policy formulation by the government.

	Response (by stated)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Very adequate	24	19.2	-0.2	54	43.2	-0.8
Adequate	33	26.4		61	48.8	
Not adequate	62	49.6		07	5.6	
None at all	06	4.8		03	2.4	
TOTAL	125	100		125	100	

Adequate attention is given to the disabled persons in terms of policy formulation by the government at the Federal level. This is not the case at the State level as clearly shown by Table VI. At the Federal level, 54 respondents representing 43.2 percent maintains that very adequate attention is given to the disabled persons in terms of policy formulation by the government. While only 24 respondents representing 19.2 percent at the State level says very adequate attention is given to the disabled persons in terms of policy formulation by the government. In fact a significant proportion of 62 respondents representing 49.6 percent maintains that not adequate attention is given to the disabled persons in terms of policy formulation by the government. Table VI sought to know whether adequate consideration are given to the disabled person in terms

policy formulation by the government. On calculating, the Spearman's correlation Coefficient, R, for the State, was discovered to have a negative Value of -0.2 which is a little below zero while that of the Federal had a very low negative value of -0.8 .

1.2.7 TABLE VII.

The question sought to know whether adequate medical attention is given to the disabled persons in terms of medical care.

	Response (by State)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Highly adequate	24	19.2	-0.2	56	44.8	-0.1
Adequate	33	26.4		49	39.2	
Not adequate	62	49.6		07	5.6	
None at all	06	4.8		03	2.4	
TOTAL	125	100		125	100	

There is also a significant difference between the attention given to the disabled persons in terms of medical care at both the Federal and State levels. While 56 respondents representing 44.8 percent at the Federal level says that highly adequate medical care is given to the disabled person; only 24 respondents representing 19.2 percent at the State level say that highly adequate medical care is given to the disabled persons. A significant proportion of the respondents at the State level, 62 respondents representing 49.6 percent maintain that medial attention

given to the disabled persons is not adequate. Table VII above, sought to know whether adequate medical attention is given to the disabled persons. Using the Spearman's Correlation Coefficient, R, it was calculated that the State had a negative value of -0.2 while that of the Federal had a negative value of -0.1.

4.2.8 TABLE VIII.

The question sought to know how often the disabled persons is given the opportunity to head the organization they work for.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Very often	09	1.2	1.0	19	15.2	-0.2
Often	17	13.6		26	20.8	
Not often	35	28		67	53.6	
None at all	64	57.2		13	10.4	
TOTAL	125	100		125	100	

The analysis of the Table above shows that only 19 respondents representing 15.2 percent at the Federal level maintains that disabled persons are often given opportunity to head the organization they work for. On the other hand, only 9 respondents representing 1.2 percent at the State level says that disabled persons are very often given the opportunity to head the organization they work for. A large proportion of 67 respondents representing 53.6 percent at the Federal level says that

disabled persons are not often given the opportunity to head the organization they work for.

Table VIII above, sought to know how often the disabled persons are given the opportunity to head the organization they work for. Using Spearman's Correlation Coefficient, R, the value obtained for State is 1.0 while that of the Federal is -0.2.

4.2.9 TABLE IX.

The question sought to know what the disabled persons consider as an ideal rehabilitation centres.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Good building	19	15.2	0.8	16	12.8	0.8
Qualified staff	27	21.6		29	23.2	
Equipped training centre	20	16		17	13.6	
All of the above	59	47.2		63	50.4	
TOTAL	125	100		125	100	

The analysis of Table IX shows that both Federal and State respondents consider good building, qualified staff and equipped training centre as an ideal rehabilitation centre. 59 respondents representing 47.2 percent at the State level says an ideal rehabilitation centre must have

good building, qualified staff and equipped training centre. On the other hand 63 respondents representing 50.4 percent at the Federal level maintains that an ideal rehabilitation centre must have good building, qualified staff and equipped training centre. Table IX above, sought to know what the disabled persons consider as an ideal rehabilitation centres. The Spearman's Correlation Coefficient, R, calculated for State showed a value of 0.8 while for the Federal a value of 0.8 was also obtained.

4.2.10 TABLE X.

The question sought to know whether adequate and up to date facilities and structures are in the rehabilitation centre.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))_c$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Very adequate	39	31.2	-0.8	68	54.4	-1.0
Adequate	47	37.6		35	28	
Not adequate	29	23.2		20	16	
None at all	10	8		02	1.6	
TOTAL	125	100		125	100	

The analysis of table X reveals that there is a significant difference between the State and Federal rehabilitation centres in the area of possessing up to date facilities and structures. Only 39 respondents

representing 31.2 percent at the State level says they have very adequate and up to date facilities and structure. Also 29 respondents representing 23.2 percent at State level says they do not have adequate and up to date facilities and structures. On the other hand 68 respondents representing 54.4 percent at the Federal level says they have very adequate and up to date facilities and structures. Also 20 respondents representing 16 percent at the Federal level maintains they do not have adequate and up to date facilities and structures in their rehabilitation centre. Table X above sought to know whether adequate up to date facilities and structures are in the rehabilitation centre. The Spearman's Correlation Coefficient, R , calculated for State gave a negative value of -0.8 while that of the Federal gave a negative value of -1.0 .

2.11 TABLE XI.

The questions sought to know what facilities do the rehabilitation centre are supposed to have.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Rehabilitati on facilities	26	20.8	0.8	22	17.6	1.0
Adequate medical facilities	30	24		25	20	
Training facilities	28	22.4		26	20.8	
All of the above	41	32.8		52	41.6	
TOTAL	125	100		125	100	

The analysis of Table XI shows that 52 respondents representing 41.6 percent at the Federal level says they suppose to have all the facilities rehabilitation facilities, adequate medical faculties and training facilities. Also 41 respondents representing 32.8 percent at the State level maintains that they are supposed to have all the above facilities in their rehabilitation centres. Table XI above, sought to know what facilities do the rehabilitation centres are supposed to have. The Spearman's Correlation Coefficient, R, calculated for State gave a value of 0.8 while that of the Federal gave a of 1.0.

4.2.12 TABLE XII.

The question sought to know whether adequate instructors/tutors are in the rehabilitation centre.

	Response (by State)	%	$R=1-(6\sum d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\sum d^2 / n(n^2-1))$
Very adequate	10	8		14	12.2	
Adequate	40	31.3		37	14.6	
Not adequate	75	61.5		54	44.2	
None at all	10	00		00	00	
TOTAL	125	100	0.1	125	100	-0.2

The analysis shows that inadequate instructors/tutors in the rehabilitation centres is a problem at both the State and Federal levels. However it is more acute at the State rehabilitation centres. 75 respondents representing 61.5 percent at the State level claims that they do not have adequate instructor/tutors, while only 54 respondents representing 44.2 percent at the Federal level says they do not have adequate instructors/tutors in their centres. Table XII above, sought to know whether adequate instructors/tutors are in the rehabilitation centre. The Spearman's Correlation Coefficient, R, was calculated; it was observed that of the State had a value of 0.1 while that of the Federal had a value of -0.2 negative value.

4.2.13 TABLE XIII.

The question sought to know whether the disabled persons are satisfied with the level of feeding in their rehabilitation centre.

	Response (by State)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Very satisfied	10	8	1.0	44	35.2	0.4
Satisfied	39	31		73	58.4	
Not satisfied	76	61		08	6.4	
TOTAL	125	100		125	100	

There is significant difference between the levels of feeding at the State and Federal rehabilitation centres. 73 respondents representing 58.4 percent at the Federal level says they are satisfied with the level of feeding in their centres. Additionally 76 respondents representing 61 percent at the State local maintains that they are not satisfied with the level of feeding in their centres while only 8 respondents representing 6.4 percent at the Federal level says they are not satisfied with the level of feeding in their rehabilitation center. Table XIII above sought to know whether the disabled persons are satisfied with the level of feeding in their rehabilitation centres. The Spearman's Correlation Coefficient, R, was used which gave a calculated value of 1.0 for the State while that of the Federal was 0.4.

4.2.14 TABLE XIV.

The question sought to know how the disabled persons rate their rehabilitation centres.

	Response (by State)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
High	20	16	-0.2	54	43	-0.8
Average	39	31.2		30	24	
Below average	53	42.4		32	25	
Low	13	10.4		09	7.8	
TOTAL	125	100		125	100	

The analysis of Table XIV shows that 54 respondents representing 43 percent at the Federal level rate their rehabilitations center high while only 20 respondents representing 16 percent at the State level rate their rehabilitation centres high. Also 53 respondents representing 42.4 percent at the State level rate their centre below average while only 32 respondents representing 25 percent at the Federal level rate their centres below average. The Spearman's Correlation Coefficient, R, was used to analysis. Table XIV which sought to know how the disabled persons rate their rehabilitation centres. The value R for the State was calculated as -0.2 while that of the Federal was calculated as -0.8.

4.2.15 TABLE XV.

The question sought to know whether water and electricity supply are adequate in the rehabilitation centre.

	Response (by stated)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Very adequate	03	3.4	0.4	62	49.6	-1.0
Adequate	43	33.2		41	32.8	
Not adequate	61	49.1		12	9.6	
None at all	18	14.3		10	8	
TOTAL	125	100		125	100	

There is a significant different between the State level and Federal rehabilitation centres in terms of provision of infrastructures. While the Federal centres are adequately provided with infrastructural facilities, the State centres are not.

The analysis of Table XV shows that 62 respondents representing 49.6 percent at the Federal level says that they are very adequately provided with water and electricity while only 3 respondents representing 3.4 percent at the State level says that they are not very adequately provided with water and electricity at their centres. Also 61 respondents representing 49.1 percent at the State level maintains they are not adequately provided with water and electricity. While only 12

respondents representing 9.6 percent at the Federal level says they are not adequately provided with water and electricity.

The Spearman's Correlation Coefficient, R, was used to analysis. Table XV which sought to know whether water and electricity supply are adequate in the rehabilitation centres. The State rehabilitation centres indicated that a R value of 0.4 while that of the Federal had a -1.0 R value.

4.2.16 TABLE XVI.

The question sought to know whether the recreational facilities at the rehabilitation centres are very sufficient.

	Response (by State)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$	Response (by Federal)	%	$R=1-(6\Sigma d^2 / n(n^2-1))$
Very sufficient	11	7.2	0.4	34	28	-0.8
Sufficient	25	20.8		69	54.5	
Not Sufficient	71	60		20	16	
None at all	18	12.0		02	1.5	
TOTAL	125	100		125	100	

The analysis of Table XVI reveals that 34 respondents representing 28 percent of the respondents at the Federal rehabilitation centres claims that they have very sufficient recreational facilities. While only 11 respondents representing 7.2 percent at the State level says that they have very sufficient recreational facilities in their centres.

Also 60 percent at the State rehabilitation centres say they do not have sufficient recreational facilities. While only 20 respondents representing 16 percent at the Federal level maintains that they do not have sufficient recreational facilities in their centres. The Spearman's Correlation Coefficient, R , was used to analyse Table XVI which sought to know whether the recreational facilities at the rehabilitation centres are sufficient. The State rehabilitation centres indicated a R value of 0.4 while that of the Federal gave a negative R value of -0.8 .

4.3 GENERAL DISCUSSION.

In the course of this work several research questions were formulated and analysed by percentage and chi-square statistics.

Three very distinct areas or aspects were selected in the study-administration, awareness of right and the environment for the development of the disabled human potentials.

During the course of the study it was discovered that in the aspect of general administration, finance and manpower play a very vital role. The federal rehabilitation centres is well funded, equipped and manned by trained personnel. The state rehabilitation centres are under funded, poorly equipped. These factors have also affected the motivation of staff at the state rehabilitation centres. Additionally the aspect of provision of medical care is also affected by these factors.

Another important thing that was found during the study was in the area of marked differences in provision of enabling environment for

the development of their human potentials. It was discovered that good buildings, qualified staff, rehabilitation facilities, training facilities, recreational facilities were all adequately provided in the federal rehabilitation centres. These are not adequately provided in the state rehabilitation centres.

CHAPTER FIVE.

.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS.

.1 SUMMARY OF FINDINGS.

The specific aims of this study are to identify the present administrative structure of the Federal and State rehabilitation centres in the country in terms of problems of administration and the level of motivation of staff; and to identify the type of environment available for the development of disabled people in the Federal and State rehabilitation centres.

It is a comparative study to find out the areas of differences in the management of rehabilitation centres in the country- Federal and State rehabilitation centres. After analysing the data collected, the following findings were made.

The researcher discovers that there is a remarkable difference in the administrative set up of the Federal and State rehabilitation centres. The main reasons responsible for this are the provision of funds and the availability of skilled manpower. The Federal rehabilitation centres are properly funded and manned by qualified personnel while the State rehabilitation centres are largely under funded and manned by unqualified personnel. This has affected the level of motivation of staff at the rehabilitation centres. The staff of the Federal rehabilitation centres are highly motivated while the staff of the State rehabilitation centres are fairly motivated.

The staff of the rehabilitation centres at the Federal level attend raining courses because of adequate funding. This is also why the staff in such rehabilitation centres are highly motivated.

The study equally reveals that adequate considerations are not given to the disabled persons in terms of policy formulation by the government. This is a peculiar problem at both the Federal and State rehabilitation centres. It is however more acute at the State rehabilitation centres.

Through oral interviews the researcher discovered that some of the rehabilitation centres depend largely on non-governmental organization (NGOs) for the provision of water, electricity and some other recreational facilities needed in the centres.

The study shows that in some cases policies are formulated, but not implemented by the government formulating them. The none implementation of such policies also bears much as inadequate funding which was earlier stated. However, the study reveals that policy formulation and implementation relating to the disabled persons is just fairly adequate in the Federal rehabilitation centres compared to the State rehabilitation centres.

The study also reveals the condition of the environment for the disabled persons in the Federal and State rehabilitation centres. Ideally good rehabilitation centres is a built environment with good buildings, qualified staff, adequate rehabilitation facilities, adequate instructors and very high level of feeding in the course of the study, the researcher discovers differences in the built environment of the Federal and State

rehabilitation centres. Analysing the data shows that the Federal rehabilitation have good building, qualified staff, adequate instructor/tutors, adequate medical facilities, training facilities and above all, the respondents at the Federal level were very satisfied with the level of feeding in their rehabilitation centres. The State rehabilitation centres on the other hand lack good building, have inadequate staff, lack rehabilitation facilities, medical facilities and training facilities.

5.2 RECOMMENDATIONS.

Based on the findings outlined above, the researcher therefore recommends the following:

Funding is the main problem affecting the rehabilitation centres at both the Federal and State levels. Under funding has affected the administration, public awareness initiatives and the built environment meant for the disabled persons.

Disabled persons are members of the society and they contribute in their own way to national growth and development. The Federal and State government must provide enough funds for the efficient and effective management of the rehabilitation centres. This is the only way that the gap between the Federal and State rehabilitation centres can be bridged.

Some members of the society have negative attitudes towards disabled persons. Negative attitude may arise from superstition and fear. Some societies believe disability is a result of misconduct in a previous

life. Also, persons with disabilities are commonly perceived to have limited potential.

Public awareness campaigns are urgently needed to change this situation. The campaign must address the superstitions and beliefs of people in the society to change both perceptions and attitudes towards persons with disabilities.

This can also be achieved by the Federal and State Governments formulating and implementing good policies relating to disabled persons. The government should ensure that policies formulated are also implemented. The moment the government takes interest in the welfare of disabled persons, it will also generate interest from the society.

The last recommendations relates to the area of erecting good buildings, a conducive environment for the disabled persons. For the general planning and design considerations for the disabled, certain basic guiding principles need to be applied. So as to achieve the goal adopted by the United Nations, the certain basic guiding principles should take into cognisance that no part of the built environment should be designed in a manner that excludes certain groups of people on the basis of their disability or frailty.

The government at both the Federal and State rehabilitation centres should provide the finance necessary for the establishment of a conducive environment with all the necessary facilities. The government should provide medical, social and mental development services for the disabled persons.

The government should also provide academic and vocational skills that will empower the disabled persons for a sustainable livelihood.

5.3 CONCLUSION:- IMPLICATIONS OF THIS STUDY TO ADMINISTRATIVE MANAGEMENT.

The findings of this researcher work, has given the following conclusion:-

There is a significant difference in the management of rehabilitation centres at the Federal and State levels. The major factor responsible for this is the availability of funds. There is under funding in the State rehabilitation centres while there is adequate funding in the Federal rehabilitation centres.

There is also a marked difference in the area of providing a enabling environment for the disabled persons, at the Federal and State rehabilitation centres. The built environment for the disabled persons at the Federal level are better equipped and managed by qualified personnel. This is not the case with the State rehabilitation centres. Also the major factors responsible for this is the availability of funds.

The study brought out carefully how provision of finance can affect conspicuously the facet of an organization ranging from planning, organizing, directing, coordinating the activities of that establishment. Finally, this can also affect the environment of such an organization.

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APPENDIX

QUESTIONNAIRES

DEPARTMENT OF GENERAL STUDIES FEDERAL UNIVERSITY OF TECHNOLOGY MINNA.

QUESTIONNAIRE FOR THE DISABLED IN REHABILITATION CENTERS.

A comparative analysis of the effectiveness in the administration of rehabilitation centers.

(A case study of Federal and Niger State Rehabilitation centres).

I am a postgraduate student of Business Management Technology of the department of General Studies, Federal University of Technology Minna, carrying out a study on the above topic, in partial fulfillment of the requirement for the award of Post Graduate Diploma in Business Management Technology (PGDBM. Tech.)

INSTRUCTIONS:

1. Please do not write your name on the questionnaire.
2. All the information you give will be treated in confidence and only for the purpose of this study.
3. Kindly tick () the response, you think most appropriate to each item the response are:

SECTION A

(PERSONAL DATA)

- i) NAME OF THE REHABILITATION/CENTRE
.....
- ii) SEX Male () Female ()
- iii) TYPE OF DISABILITY
BLINDNESS () OLD AGE () OTHERS ()
DEAFNESS () CRIPPLED ()

iv) TYPE OF VOCATIONAL TRAINING YOU ARE UNDERGOING

CARPENTRY ()

TAILORING ()

WEAVING ()

OTHERS ()

v) PRESENT LEVEL OF EDUCATION

PRIMARY ()

SECONDARY ()

HIGH INSTITUTION ()

NOT IN SCHOOL ()

SECTION B

THE ADMINISTRATION

1) Do you agree with the present administration structure of the rehabilitation centers?

a) Strongly agree

b) Agree

c) Disagree

d) Strongly disagree

2) What are the problems of administration in your rehabilitation centre?

a) Finance

b) Manpower

c) Equipment

d) Both finance and manpower

3) How regular do staff of the rehabilitation centre attend training courses?

a) Very often

b) Often

c) Not often

d) None at all

- 4) What is the level of motivation of staff in the rehabilitation centre?
- a) Highly motivated
 - b) Motivated
 - c) Fairly motivated
 - d) Not motivated

AWARENESS OF RIGHT .

- 1) Do you agree with the present arrangement that the rehabilitation centre be situated outside the town?
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
- 2) Are adequate considerations given to the disabled persons in terms of policy formulation by the government?
- a) Very adequate
 - b) Adequate
 - c) Not adequate
 - d) None at all.
- 3) Are adequate attention given to the disabled persons in terms of medical care?
- a) Highly adequate
 - b) Adequate
 - c) Not adequate
 - d) None at all.

- 4) How often are disabled person given the opportunity to head the organization they work for?
- a) Very often
 - b) Often
 - c) Not often
 - d) None at all

CONDUCTIVE ENVIRONMENT FOR THE DEVELOPMENT OF THEIR HUMAN POTENTIALS.

- 1) What do you consider as an ideal rehabilitation centre?
- a) Good building
 - b) Qualified staff
 - c) Equipped training centre
 - d) All of the above
- 2) Do you have adequate and up to date facilities and structures in the rehabilitation centres?
- a) Very adequate
 - b) Adequate
 - c) Not adequate
 - d) None at all
- 3) What facilities do your rehabilitation centre suppose to have?
- a) Rehabilitation facilities
 - b) Adequate medical facilities
 - c) Training facilities
 - d) All of the above.
- 4) Do you have adequate instructors/tutors in the centre?
- a) Very adequate
 - b) Adequate
 - c) Not adequate
 - d) None at all.

- 5) Are you satisfied with the level of feeding in your rehabilitation centre?
- a) Very satisfied
 - b) Satisfied
 - c) Not satisfied
- 6) How do you rate your rehabilitation centre?
- a) High
 - b) Average
 - c) Below average
 - d) Low
- 7) Do you have adequate water and electricity supply in your rehabilitation centre?
- a) Very adequate
 - b) Adequate
 - c) Not adequate
 - d) None at all
- 8) Are the recreational facilities in your rehabilitation centre sufficient?
- a) Very sufficient
 - b) Sufficient
 - c) Not sufficient
 - d) None at all.