

**AN APRASIAL OF THE VOCATIONAL TRAINNING PROGRAMME IN KAKURI  
AND MAGAJIN GARI REHABILITATION CENTRES IN KADUNA STATE.**

**BY**

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## CERTIFICATION

I BALOGUN OMOKHAGBO ESHILAMA with matriculation number 2008/2/31503BT an undergraduate of the Department of Industrial and Technology Education certify that the work embodied in this project is original and has not been submitted in part or full for any Diploma or Degree of this or any other university.

.....

**Name**

.....

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**APPROVAL PAGE**

This project has been read and approved as meeting the requirement for the award of B.Tech degree in Industrial and Technology Education, school of Science Education, Federal University of Technology Minna.

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**External Examiner**

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**Sign - date**

## **DEDICATION**

With profound joy and gratitude in my heart, I dedicate this project to God Almighty for His Unshakable and Unbreakable Faithfulness. His Divine and constant guidance in my life has made this project a reality today. Thank God.

## ACKNOWLEDGEMENTS

I am sincerely indebted to the Almighty God for His Unshakable and Unbreakable Faithfulness, His Divine and constant guidance in my life to the end of this chapter of my life, as it has deemed Him fit to see me through the successful completion of my studies in the university.

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## **ABSTRACT**

This study is designed to appraise the vocational training programmes in rehabilitation centres of Kaduna state using Kakuri and Magajin Gari as case study. This research was carried to find out if the objectives of the centres are achieved through the type of training provided and facilities available. Related literatures were made which provides needed information that guided this study. Survey design was used with two hundred and forty three staff and inmates from the rehabilitation centre studied. Four point liker scale questionnaire was designed to collect the needed information. The mean statistics, standard deviation and the t-test was used to analyse data. The result from the data analysed showed adequate awareness is not provided to the destitute and there are not enough facilities for training. The research recommends that efforts be made for more awareness so that the destitute and the public can patronize the centre for encouragement and support.

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## CHAPTER 1

### INTRODUCTION

#### **Background of the study**

In Nigeria generally there are a number of persons who have a good perception and intention towards the physically challenge as well as the destitute in our society, some of this persons are willing to Lend a helping hand while others are not willing to do so cos they of the opinion that the destitute as well as the physically challenged are a Menace to the society and should be Totally Eradicated from the streets. However those that are willing to help do not have the means financially, materially or otherwise to do so. Therefore the government is saddled with the sole responsibility of rehabilitating these destitute as well as the physically challenged so they can be re-integrated back into the mainstream of the society.

According to Akeredolu (1979) “the rehabilitation of the destitute and disable persons in the society is the focal point of the social development policy of the federal Government of Nigeria. Ekundare (1975) said “The conference of the National Council of social workers in Nigeria which was held at the university of Ibadan from 12<sup>th</sup> – 13<sup>th</sup> may 1972 discussed the rehabilitation of destitute and persons with disability as the most urgent troublesome and irritating problems of Nigeria today and calls for adequate understanding and solution.

Following recommendations of this conference in 1974, the federal Government established rehabilitation centres in Kano, Kaduna, Enugu, Ibadan and Lagos (Mahdi 1974). Since then, various state Governments have created additional rehabilitation centres in order to cope with the increasing number of destitute and persons with disabilities in their respective states. Advance Learners Dictionary (2007) defines appraisal as the assessment and evaluation on something or somebody. Necessary information is gathered to form the base for judgement. This will help to ascertain if the aims, goals and objectives are been achieved. the vocational

training programme in kakuri and magajin gari is been appraised to know for sure if the ultimate goal of rehabilitating this inmates is achieved through the acquisition of knowledge and skills to make them self-employed on integration back into the main stream of the society.

Della (2002) sees rehabilitation generally as synonymous with therapy as sponsored by official and public programmes. On the other hand Longman (2001) Define vocational rehabilitation as a training that teaches the skills needed to do a particular job. Allneeth (1998) on his part identified different forms of rehabilitation, these include; mental, physical, social, economic, legal and political aspects among others. The World programme Action (WPA)(1982) on disable discusses vocational rehabilitation as “that part of the continuous and coordinated process of rehabilitation which involves the provision of these services, vocational guidance, vocational training, and selective placement designed to enable a person to secure and retain a suitable employment. The main aim of vocational rehabilitation is to produce grandaunts who will create employment and be self-employed not job seekers. (Bangoji 2002) The people that can benefit from rehabilitation are deaf, blind, lame, crippled, criminals, drug addicts and beggars in all cases. It is also aimed at facilitating the participation of disable persons in regular community services and activities. It should take place in natural environment supported by community based services and specialized institutions. It should also be organized so as to ensure an early and everlasting integration of disable persons into the society. According to Bangoji (2002) “there are eight rehabilitation centres in Kaduna state as at 2005. The rehabilitation board was established by Edict number 16 of 1987. It has two residential centres in Kaduna North, Kajuru, Igabi and Birnin Gwari Local Government area. The Kanfanchan centre admits only male student while Kaduna centre admits both sexes.

Moore (1998) postulated that “in developed countries like United Kingdom, they have better social welfare or social security institution like old people’s Homes, child welfare and rehabilitation centres to look after each category of people. Persons with peculiar needs or disability are catered for separately. However in Nigeria most rehabilitation centres admit persons with different type of disabilities. This has some psychological effects on the inmates and may account for the reason why some of them resent going to this centres. For example a person with hearing disability is not comfortable in the centre where people with mental disabilities are being rehabilitated. Moore (1998) added that Government of other countries provide to persons with disability certain allowances” However in Nigeria, the social welfare policies of government and various rehabilitation centres do not seem to meet the needs of the persons with disability as well as the less privileged people in general. Similarly, some of the training programmes at the rehabilitation centres do not adequately provide the inmate with necessary skills to make them self-reliant in today society. Therefore the evaluation of vocational training programme in the rehabilitation centres of Kaduna state forms the bedrock upon which this research is based. The objective of this research is majorly to create awareness and disabuse the mind set of individuals and the society in general on their poor perception towards the disable and the destitute. There’s this belief that these persons are hopeless and that they cannot make meaningful contributions to the developmental progress of the society and the nation at large. The government of Kaduna state will be well informed via the findings of this research on the impact of the training programme on both the inmate and the society at large. The appraisal of vocational training programme in these rehabilitation centres is to ascertain if the aims, goals and objectives are been achieve. One of the goals of these rehabilitation centres is to impart skills on these inmates and make them self-reliant on reintegration back into the society.

## **Statement of the problem**

Vocational training programme at the various rehabilitation centres in Kaduna state are design to provide destitute and persons with disability with special skills that will facilitate their reintegration into the main stream of the society sometimes on integration back into the society these persons are still not accepted they are still looked upon as destitute and that they not capable of contributing meaningfully to the growth of the society. It is therefore expected that on completion of the vocational training, that these destitute as well as these disabled persons would have been transformed into skilled labour and thus be productive to the economy but the fact still remains that they are disable and might not be able to achieve the feet of been self-employed.

However vocational training programme is underfunded and there are not enough instructors to impact these skills as well as knowledge on these individuals that need rehabilitation. It is not just to rehabilitate these destitute and these disable persons but grants in the form of loans should be given to them to enable them set up small scale business that will help them to be self-employed but this is not the case cos these funds are not available and even when it is made available it is either embezzled or miss-managed. However, the general public is under informed or are ignorant of the rights and privileges of disable persons as well as their activities. Proper awareness through the necessary agencies is not given so as to change their opinion and mind-set. Information gathered from these rehabilitation centres showed that most disabled persons on the street are reluctant to be enrolled into these rehabilitation centres. The researcher does not know why the destitute were reluctant; could it be that they are not aware or there are no incentives put in place to motivate them? The study will find out why the situation has been so?

### **Purpose of the study**

The main purpose of the study is to appraise the vocational training programme in the rehabilitation centres in Kaduna state.

Specifically, the study will seek:

1. To find out the awareness on the objective of the rehabilitation centre.
2. To find out the type of vocational training programmes available in the rehabilitation centre.
3. To ascertain the facilities available to support the training programmes.
4. To identify the problems being encountered in the execution of training programmes.

### **Significance of the study**

The findings of this research will immensely benefit the Kaduna state government as well the rehabilitated destitute and the society at large.

However the findings will also assist Kaduna state government in the review of vocational training programmes in various rehabilitation centres in a manner that would be beneficial to both the rehabilitated destitute and the society at large by ensuring that this programmes are well funded cos adequate funding will encourage rehabilitation and rehabilitation will reduce the rate of destitute in the streets. The findings of the study will also ensure that rehabilitated persons become self-reliant or self-employed thus curbing the menace of destitution on the streets as well. It will also contribute to the existing knowledge on the subject by making the general public aware on the need to care for disable persons as well as destitute rehabilitated or not and that government alone should not be saddled with this responsibility.

### **Assumption of the study**

The following assumptions were made to guide the design of the study:

1. The rehabilitation centres under study would be sufficient to obtain relevant data necessary for answering questions and hypothesis formulated to guide this study.
2. Instructors and inmates are reliable source of information.
3. The respondents to the instruments for study were not biased.

### **Research Questions**

This study will seek to answer the following questions:

1. What type of awareness on the objective of the rehabilitation centres?
2. What type of vocational training programmes available in the rehabilitation centre?
3. What are the facilities available to support training programmes?
4. What are the problems being encountered in the execution of training programmes?

### **Hypotheses**

The following null hypotheses were formulated to guide the study and tested at 0.05 level of significance.

**HO1:** There is no significant difference between the mean responses of instructors and inmates of magajin gari and kakuri rehabilitation centres on the type of awareness have the disabled or public received on the objective of the rehabilitation centres?

**HO2:** There is no significant difference between the mean responses of instructors and inmates of magajin gari and kakuri rehabilitation centres on the type of vocational training programmes do the rehabilitation centres in Kaduna state have?

**Limitation of the study**

This study is limited to the centres in Kakuri and Magajin Gari only. This is because they handle a greater number of inmates and the skills taught at the centres cover more skills than the other centres.

## **Chapter II**

### **REVIEW OF RELATED LITERATURE**

#### **Introduction**

This chapter deals with the review of related literature of the study from various contributions on the area of vocational rehabilitation. Review of related literature shall be done on the following topics with the aim of throwing more light on what is expected so that the researcher can have a guide to research work.

- The concept of rehabilitation
- Public awareness on the objectives of the rehabilitation centre?
- Types of vocational training programmes.
- Problem of executing vocational rehabilitation programmes.
- Summary of the review of the related Literature.

#### **Concept of Rehabilitation**

Meggit (1997) defines rehabilitation as “the process of restoring a person’s ability to live and work normally as possible after a disabling injury or less. She categorized the services provided to persons with disability into three namely, occupational therapy, physiotherapy and speech therapy. Umaru (1993) agrees with this definition and classification he believes that physical rehabilitation of beggars should include “all forms of treatment required for a person with disability to be established back on his feet as much as possible, he also observed that social rehabilitation of beggars includes “all measures to bring the disable back into the mainstream of the community.

The social development policy (1981) describes rehabilitation as a “fullest, physical, mental, psychological, social, vocational and economic usefulness of which the individual is capable” the main objectives of the policy is to guarantee for the Nigerian disabled persons conducive

environment and opportunities for the total development of their human potentialities, for development capacity to meet the challenges of disability and contemporary living and to ensure the attainment of a satisfactory and overall quality of life which would allow them to make their maximum contributions towards the development of the nation. Shoon (1986) noted that, in rehabilitation efforts, emphasis should be placed on the abilities of the individual, whose integrity and dignity must be respected. The normal development and maturation process of disabled children should be given maximum attention. The capabilities of disabled adults to perform work and other activities should be utilized. Existing literature on vocational rehabilitation programmes covers 3 aspects namely: medical, sociological, and economic aspects of rehabilitation. In Nigeria medical attention for the disable and the destitute are not given major priority owing to the fact that these medical facilities are not put in place and situations where it is available it's not enough, drugs may not be available, medical personnel like doctors, nurses and psychologist are nowhere to be found. Rehabilitated persons on integration back into the society are stigmatized, their social status are not respected they are even looked down upon. In the long run this has a negative effect on these rehabilitated persons. Economically these rehabilitated persons are not given the opportunity to contribute and when they strive to create opportunities (create employment or be self-employed) they not given the necessary support. However for rehabilitation to be meaningful and effective these problems must be totally eradicated and the concept of rehabilitation must be fully keyed into.

Lucas (1994) has posited that for any rehabilitation programme to be meaningful, it must incorporate a good medical plan for the inmates at the rehabilitation centres: "he suggested the need for a good shelter in order not to expose inmates to all forms of environmental hazards which could bring about further deterioration of their health or disability. Overcrowded accommodation, he argues, will expose them to various infectious diseases

from other inmates who may be in a worse state of health. He noted that most of these diseases that sometimes emanate from this rehabilitation centres are preventable through immunization. He suggested that Nigeria could emulate England by making a law that will compel organizations to employ certain number of persons with disabilities. This will provide employment to grandaunts of vocational training in rehabilitation centres.

Okediji (1994) wrote extensively on the sociological aspects of rehabilitation. He advocated for a complete change in the existing social order and called on the Federal Government to consider a political arrangement which will reduce the income gap amongst social groups thus leading to an egalitarian society. Ekundare (1996) observed that the importance of the entire human resources in the process of economic development was often overlooked or grossly underestimated. He therefore proffered the following suggestions that would enhance rehabilitation programmes these include:

- a. That government must prepare a general welfare scheme for the entire population of this country, and this should be executed in stages.
- b. That each family must be made responsible for the care of its old people. Government should therefore grant tax rebate to those on whom such people are dependent.
- c. That government should encourage and assist in encouraging charity organizations and the public to donate funds and property to rehabilitation centres.

### **How aware are the disabled or public on the objective of the rehabilitation centres?**

The general public are not informed on the activities of these rehabilitation centres. They not even aware of the existence of these rehabilitation centres the same also goes for those who are in need of rehabilitation i.e. addicts the disable and the destitute are not aware of where to go and who to ask questions. This trend can be reversed if the various orientation agencies are put in place by the government to inform the general public on the activities of the disable

through the various media like television, talk shows, radio, drama series, magazines, newspaper etc. This can in still empathy and compassion of well spirited individuals or Co-opreate organizations to be magnanimous and make generous contributions to alleviate the plight of the disable and destitute to an appreciable level. However if the general public are aware of the objectives and goals of this rehabilitation centres, this will generate support in the form of funding, sponsorship, scholarship and other incentives that can aid the sustenance and continuation of these programmes in these rehabilitation centres.

According to The World programme Action (1982) “state should take action to raise awareness in the society about persons with disabilities, their rights, their deeds, their needs, their potentials and their contributions.” The rehabilitation board, local and state governments are responsible in creating increased level of awareness on the public in general and persons with disability in particular to understand that there is ability in disability. As stated by the World Programme Action (1982) that “states should initiate and support information campaigns concerning persons with disabilities and disability policies, conveying the message that persons with disabilities are citizens with the same rights and obligations as others, thus justifying measures to remove all obstacles to full participation.”

The World Programme Action (1982) also stated that “a public information programme should be designed to ensure that the most pertinent information reaches all appropriate segments of the population. In addition to regular media and other channels of communication, attention should be given to:

1. The preparation of special materials to inform disabled persons as well as their families of right, benefits and services available to them and steps to correct failures and abuses in the system. Such materials should be available in other forms that can be used and understood by people with visual, hearing or other communication limitations.

2. The preparation of special materials for groups within the population who are not easily reached by the normal channels of communication such groups may be separated by language, culture, levels of literacy, geographical distance and other factors.
3. The preparation of pictorial materials, audio-visual presentations and guidelines for use by community workers in remote areas and other situations where normal forms of communication may be less effective.

Also stated by World Programme Action (1982) that the “state should encourage the portrayal of persons with disabilities by mass media in a positive way and organizations of persons with disabilities should be consulted on this matter” so that it can increase the level of enrolment of disable persons into the rehabilitation centres.

World Programme Action (1982) also suggested that “raising awareness should be an important part of the education of people with disabilities and in rehabilitation programmes. Person with disabilities could also assist one another in raising awareness through activities of their own organizations. Raising awareness should also be part of the education of all children and should be component of teacher training courses and training of all professionals.

### **Types of Vocational Training Programmes**

Bangoji (2002) identified 2 types of vocational training programmes in the rehabilitation centre. These include the Institutional Based Rehabilitation (IBR) and Community Based Vocational Rehabilitation (CBVR). In the institutional based rehabilitation approach, services are provided directly by specialist to clients who attend these programmes. The IBR programme connotes the provision of facilities and mechanism for re-integrating the rehabilitation persons into the mainstream of the society through provision of job

opportunities or capital that would enable them become self-reliant. The approach has been used to rehabilitate a substantial number of persons especially those with disability. As Serpel (1986) observed, a number of dramatically effective types of intervention have emerged from research in this specialized tradition. The author cited for example a number of cases where certain deaf people were provided with electronic hearing aids to improve their hearing abilities. This enhanced their receptive capacities in the rehabilitation centres. Another strength of the IBR is that the specialist brings to those in need a body of knowledge, skills and techniques that will enable persons with disability and majority of youth to become more competent in learning various trades at the rehabilitation centre. In this approach professionals who deliver services are full time staff whose responsibilities are formally recognised in their terms of employment. Within the institution, there is usually room for several professional and their work often depends on mutual cooperation. The institution also accumulates a collective body of experiences through this exchange of ideas which is available for new members to draw on in the form of institutional history. Moores and Trickette (1987) observed that, institutions deny their inmates community living experiences hence the skills needed for survival in the community wither away or are never learned. Cozzeto and Hartman (1994) noted that by keeping people away from community life and also enforce the image of several disabled people as queer creatures. Vocational Education is also another strength of the IBR. The National Policy on Education (1981) is very emphatic about the need to provide persons with disability with suitable education. In line with this view, the policy on provision of education to the persons with disability state that: “vocational schools will be made to restore places for further education of handicapped children and adult, other multipurpose vocational schools will be established as the need arises. Government will provide suitable employment opportunities for handicapped workers and the Ministry of Social

Development, Youth, Sports and Culture will be requested to examine the possibilities of establishing shelter workshops for those handicapped who after training cannot be equal terms with others without disability for recruitment into fields of commerce and industry.” Okoro (1991) defines Vocational Education as “any form of education whose primary purpose is to prepare person for employment in recognised occupations.” The education section of rehabilitation centre impacts basic educational skills to the students. They are taught simple education using primary school curriculum and those that have never been to school are taught basic literacy skills and simple arithmetic, visually impaired students are taught how to write and type with Braille. Vocational Education as an occupation provides employment opportunity for the disabled. Oladimeji, et al (1996) considered “functional vocational training as the pivot around resettlement of disabled persons resolved according to them any vocational training which does not result in vocational training and work preparation will be made available on employment services and social welfare.” The second type of vocational training programme is the Community Based Vocational Rehabilitation (CBVR). Francis (1992) noted that “it is a new initiative in the provision of rehabilitation to persons with disabilities using community initiatives at the grassroots level.” Rehabilitation centres are established within the community whereby disabled persons come, learn skills and go back to their respective homes. Bangoji (2002) identified 5 pilots centres that were established in Kaduna state namely; Kajuru, Chukun, Birnin Gwari, Igabi and Kaduna North centres. The CBVR is for those with disabilities who may not be able to attend the institutional based centres. Usman (1993) said that “Community Based Rehabilitation Strategy is a method whereby rehabilitation of the disabled is affected within the community to which the disabled belongs; it could be institutional or non-institutional. What is important is the total involvement of the community based rehabilitation programme is predicted on the fact

that constraints of disability in itself impose limitation on mobility of the disabled persons or instance a blind man will need the assistance of a guide to take him or her to an institution based rehabilitation centre. This again raised the question of finance. It was urge to encourage the participation of disabled persons in rehabilitation programme that the community based type has drawn its own strength.

### **Facilities to support the training programmes**

The World Programme Action (1982) states that the training of community based work in early detection of impairment. The provision of primary assistance and referred appropriate facilities are very vital. In spite of the success of some rehabilitation centre, some are still lacking behind in terms of facilities to support the training programmes.

In the case of potiskum rehabilitation centre of Yobe state, the road leading to the centre is in a bad state and need to be tarred from the main road up to the centre in order to make it accessible to the students, that is, person with disabilities. Since World Programme Action (1982) recognised the importance of accessibility to physical environment, it state that: “states should initiate measures to remove obstacles to participation of physical environment. Such measures should be developed standards and guidelines and to consider enacting legislation to ensure accessibility to various areas in society such as housing, road, public participation services and means of transportation, streets and other outdoor environments.”

It also states that: “states should ensure that architects, construction engineers and others who are professionally involved in the design and construction of physical environment have access to adequate information on disability policy measures to achieve accessibility.” In Mariri Rehabilitation centre Kaduna, most of the infrastructures and basic amenities at the centre have collapsed for example, one of the dormitories for the

blind, all the beds were broken and the blind men sleep on either mats or worn out mattresses. The supply of pipe-borne water was mostly at night hence the people resorted to fetching water from the only two wells available at the centre.

Aminu (1996) noted that “Rehabilitation centres for the disabled and destitute are viewed as prisons by this category of people” because most of the centres lack basic and recreational amenities. Abdullah (1997) said that “the Mariri Rehabilitation centre lacked any form of recreational facilities for person with disability. The provision of these facilities at the centre will further facilitate the psychological rehabilitation of these people and also keep them active. Recreation will therefore be necessary to keep the people busy and entertained after a day work. Ozojie and Nwazuoke (1993) recommended some measures for provision of various facilities and equipment necessary for their comfort and should be made available so that the disable people can have a sense of belonging and productive members of our democratic society. The measures include:

1. Government should provide adequate funds for facilities and equipment that are useful for all categories of all disabled people.
2. The visually disabled requires:
  - a. Braille writer.
  - b. Cassette recorder.
  - c. Optical aids.
  - d. Talking calculators.
  - e. Large type – printer, typewriter, others include talking book, Dictaphone, slate and styles.
3. The hearing impaired require:
  - a. The audiogram.
  - b. Audiometer.

- c. Provision of audiological clinics other local materials like drums, gongs, bells, rattles etc.
4. The mentally retarded and hearing disabled require:
- a. Tape recorder.
  - b. Overhead projector.
  - c. Record player.
  - d. Toys.
  - e. Wall charts.
  - f. Drawings.
  - g. Objects, etc.
5. The physical and health impaired. These group need equipment that are used to compensate for physical disability such as:
- a. Prosthesis – artificial limb or pant of like for amputees.
  - b. Braces – for corrective, control or supportive purpose especially for post-polio children, etc.
  - c. Callipers – made of metal or wood with rubber ends used to support.

Also they Ozojie and Nwazuoke, went further to state that Transportation is an important need of the disabled people. There should be provisions of buses specially designed to suit the various forms of disabilities to convey them. Those in rural or small communities are especially in need of this type of assistance because training facilities are usually located in the cities therefore sufficient funds should be available even for maintenance of these buses.

### **Problems of Executing Vocational training programme**

There are myriad of problems militating against the smooth implementation of vocational training programmes. Abdullah (1997) stated that “in spite of the success recorded by the Mariri Rehabilitation Centre Kano, there are problems that hindered its effective achievements of the objectives of the institution. The Mariri Rehabilitation centre is an institution that caters for the training of certain categories of disabled persons with a view to making them self-supporting in life. The major objective of the centre is to train persons with disability to become self-reliant. Abdullahi (1993) noted that “there are basically 3 skills being taught to the trainees in the centre. These are fibre works, wood work and leather work. Majority of the blind trainees are learning fibre work while the crippled are doing leather work and wood work. Abdullahi noted that placement as a determining factor to the success of any rehabilitation programme is a major setback in the service of Mariri Rehabilitation Centre Kano. Many of the blind trainees are not happy with the skill being taught especially the fibre work. They lamented that people are not buying the finished products like door mats, carpets made of dry grass because they preferred to buy modern carpets. It is therefore discernible that the skills being taught at the centre could hardly lead to the attainment of aims and objectives of the centre. The centre, that is, Mariri lacks enough instructors. There is an acute shortage of qualified instructors that are required to cover certain vocational skills like carpentry, agriculture, tailoring and special education teachers especially to handle the mentally retarded students.

Adedipe (1987) stated that: “All students possess to some degree a reservoir of mental capacities which remain largely untapped in most learning situation and for this to be utilised, the teacher should be skilled in a wide area of teaching strategies or styles which can be used across subject matters.” In addition to shortcomings of the Mariri Rehabilitation Centre, the centre had one dispensary headed by a senior health superintendent. It also had an ambulance

to transport serious cases to General Hospital Kaduna. However, there was no drugs, no qualified doctors and the ambulance was also not serviceable. Most of the persons in the centre prefer to seek traditional means to cure their ailment because they could not afford to buy drugs from the hospital. Also persons with disability as well as destitute in the society face lots of psychological trauma. They often see themselves as being inferior to other persons in the society largely due to the manner in which they are treated in the society. Consequently, psychological counselling at these centres would go a long way towards changing their psyche. Unfortunately, there was neither psychologist nor psychiatrist at this rehabilitation centre to counsel and comfort this category of persons. Another problem of execution of vocational training programmes according to Abdullahi (1993) is “All the trainees at the centre are feed 3 times a day and given a monthly allowance of N300 and N200 for males and females respectively. The quantity of food given to them is insufficient while the quality lacked minimum nutritional value and rate given to them is meagre considering the present economic situation. The method of admission is another problem of the Mariri Rehabilitation Centre. The Centre has laid out rules and regulations governing the admission. Persons seeking admission into centre have to apply formally to the principal and only handicapped applicants are considered for admission. At present there are only two categories of handicapped persons in the centre, namely the crippled and the blind. However, according to Abdullahi (1997) most of the persons in the centre did not apply formally rather they are products of streets raiding carried out by the state government. He maintained that the only qualification is to be a street beggar. Another problem of the Mariri Centre is lack of freedom of the disabled as Yusuf (2004) noted that “the restriction on movement imposed on the trainees infringe on their right to freedom of movement. This will also affect their psyche.

## **Summary of the Review of related Literature**

In summary on the concept of rehabilitation maximum attention should be given to disable persons (i.e. children as well as adults) to ensure that the quality of life they experience is satisfactory. However for rehabilitation to be meaningful a good medical plan must be incorporated. In this rehabilitation centres basic necessities should be provided this include food, shelter, vaccines, portable drinking water, electricity etc. more also to make rehabilitation effective policies should be put in place by government to ensure that grandaunts from this vocational institutions are absorbed into companies, organizations, parastaters etc. Cos what's the essence of rehabilitation if the person cannot make meaningful use of this skills when integrated back into the society.

Awareness should be raised in the society in general about disable persons concerning their rights, privileges, needs, potentials and the meaningful contributions they can make to the growth of the society at large. However these disable persons should be well aware that they only disable physically but they still well equipped with a sound mind and that they can still contribute their own quota logically, mentally and otherwise to the growth and development of the society and the country at large. Government should create an enabling environment for disable persons to thrive by legislating laws to protect the rights and privileges of disable persons. More also the mind-set of the general public should be disabused through proper orientation and awareness to see disable persons not as queer creatures but as fellow human beings who deserve the good things of life as well. They should not be maltreated, marginalise, and rejected but they should be encouraged and highly motivated that there's ability even in disability.

Both the institutional base rehabilitation (IBR) and the community based vocational rehabilitation (CBVR) are effective for rehabilitation and they both complement each other strength as well as their weakness.

In summary on the problems of executing vocational rehabilitation programme is that in this vocational training institutes or rehabilitation centres the skills that are been taught most at times to this inmates is not what is required. These inmates are not encourage or motivated because the products that are produced lacks patronage from the general public because these goods are regarded as inferior cos there's this preference for foreign goods. However another problem militating against the execution of vocational training programme is the issue of placement into these institutions because most persons found in these institutions did not enrol but are a victim of street raid. The Lack of training instructors in various vocation and inadequate instructional materials, the welfare package allotted to both inmates as well as their instructors is so meagre and not encouraging owing to the present economic situation. In conclusion for vocational training to be effective modalities should be put in place to counter these problems.

In these vocational institutions the facilities to support training are either unavailable and where it is, it's in a deplorable or sorry state. The challenge of being disable is difficult to live and cope with, been saddled with the burden of not been able to access facilities that is of necessity to help cope with the challenge of been disable is a major discouraging factor. Movement from place to place is a major challenge to disable persons especially to the blind, the cripple etc so transportation in the form of busses, tri-cycles, wheel-chairs etc should be provided to facilitate easy movement. Good access roads should be made available i.e to say these vocational training institutions should be accessible to all. Special attention should be given to the funding of these vocational training institutions to help provide and cater for facilities that are in place to aid effective skills acquisition in these rehabilitation centres.

Based on the review of related literature, information relating to public awareness on the objective of rehabilitation centre and type of vocational training programmes were discovered. Facilities to support the training programmes is seen to be very important

in rehabilitation of the disabled persons. Emphasis was made on the problem of execution of vocational training programme because on execution it will result in better rehabilitation and better performance of the disabled persons.

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

#### **Introduction**

This chapter contains research method to be used in discovering the problem involved in the study so as to find solutions to the problems that will be discovered, The chapter contains The research design, area of the study, population, instrument for the data collection, validation of instrument, administration of instrument, method of data analysis and decision rule.

#### **Research Design**

The research design that was used in carrying out this study is descriptive survey method where questionnaires are used to determine opinions of respondent on the issue under investigation. Olaitan (1999) define a survey research as a descriptive study in which the entire population or representative sample of data from the group through the use of questionnaires. Therefore this method is chosen because it is effective in seeking the views of people about an issue that concerns them.

#### **Area of the Study**

The area of the study in this research is Kaduna metropolis. The choice of Kaduna metropolitan is due to the nature and the number of beggars and disabled persons seen on the streets.

#### **Population of the Study**

The population for the study comprised of staff and inmates of Magajin Gari and Kakuri rehabilitation centres. The total number of staff and inmates of both centres is 243 (two hundred & forty three). There will be no sampling because the population is manageable.

**Table 1: Distribution of Population**

S/N0	Rehabilitation Centre	Number of Instructors	Number of Inmates	Total
1.	Kakuri	18	120	138
2.	Magajin Gari	15	90	105

### **Instrument for Data Collection**

The instrument used for data collection is a structured questionnaire where the researcher sought for the views of the respondents. The questionnaire contained four sections; each section was based on the research questions. The questionnaires were presented using the four (4) point liker scale. The questionnaires were answered by both inmates and staff of the rehabilitation centres. Each section contains seven (7) items.

### **Validation of Instrument**

The instrument was validated by the researcher's supervisor and two other lecturers from Industrial and Technology Education Department, all of Federal University of Technology Minna. All suggestions and corrections were effected before final print and administration to the respondents.

### **Administration of instrument**

The instrument (questionnaire) was administered to the respondents by the researcher through the help of one research assistant from each rehabilitation centres.

## Procedure for Data Collection

The data were collected by the researcher personally with the help of research assistant. The researcher visited the rehabilitation centres and a research assistant was employed to administer questionnaires to some of the respondents.

## Methods of Data Analysis

The data generated from the use of the questionnaires were analysed using mean, standard deviation and t-test. The mean and standard deviation were used to answer research question 1-4, while the t-test was used to test the null hypothesis. The researcher questions were answered using four (4) points liker scale.

The responses are shown below:

Strongly Agreed (SA) = 4 points

Agreed (A) = 3 points

Strongly Disagree (SD) = 2 points

Disagree (D) = 1 point

$$\text{Average Mean} = \frac{4+3+2+1}{4} = 2.5$$

$$\text{Mean} = \frac{\sum FX}{N}$$

Where

$\sum$  = Summation of values

X = Nominal values of option

$\bar{X}$  = Mean of each item

N = Number of respondents of items

F = Frequency of respondents of each option

The standard deviation (SD) for each group of respondent was computed using the formula

$$S. D = \frac{\sqrt{\sum f(x-x)^2}}{N}$$

Where SD = Standard Deviation

$\bar{X}$  = Mean of each item

X = Grand mean of all the items

$\sum$  = Sum of

N = Total number of items

T-test was used to compare the mean of the instructors and that of the inmates to determine the relationship between their responses.

Formula for calculating t-test:

$$T = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{(N_1-1) S_1^2 + (N_2-1) S_2^2}{N_1 + N_2}}}$$

$$T = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{(N_1-1) S_1^2 + (N_2-1) S_2^2}{(N_1 + N_2) - 2}}}$$

Where  $t$  = test of significance

$\bar{X}_1$  = mean of inmates

$\bar{X}_2$  = mean of the instructors

$N_1$  = number of inmates

$N_2$  = number of instructors

$S_1$  = variation of the inmates

$S_2$  = variation of the instructors

$(N_1 + N_2) - 2$  = Degree of freedom (D.F)

### **Decision Rule**

To determine the acceptance Level Mean 2.50 was used as a deciding point between strongly agree and agreed and strongly disagree and disagree in other words any item with a mean response at 2.50 and above was considered accepted while items with less than 2.50 mean responses was considered unaccepted. The T-test inferential analysis was used to test the hypothesis at 0.05 level of significant to compare the mean responses of the instructors and inmates from the two rehabilitation centres.

## CHAPTER IV

### DATA PRESENTATION AND ANALYSIS

This chapter deals with the presentation of data with respect to the research questions and hypothesis formulated for the study.

#### Research Question 1

Table 1: Types of Awareness received by the disable on the objectives of the rehabilitation centres. N1 = 210, N2 = 33

S/NO	ITEMS	$\bar{X}_1$	$\bar{X}_2$	$\bar{X}_t$	Remarks
1.	Special materials to inform the disable persons on the benefits available at the rehabilitation centre.	2.00	1.94	1.97	Disagree
2.	Pictorial materials are provided for the information to the disable persons.	2.14	1.85	2.00	Disagree
3.	There is audio-visual presentation to help people get more information.	2.09	1.97	2.03	Disagree
4.	Government sent officials to make campaign on the facilities available at the rehabilitation.	2.14	1.94	2.04	Disagree
5.	The authorities distribute an up to date information on programmes of persons with disability in rehabilitation centre.	2.00	1.79	1.90	Disagree
6.	The radio and television are always used to explain to the public the benefit of the centre.	2.91	3.21	3.06	Agree
7.	Programmes showing the activities of rehabilitation centres are displayed always.	3.00	3.06	3.03	Agree

The result in table 1 above shows that the respondent disagree with items 1 – 5 while agree with items 6 and 7 which indicates that the public do not receive adequate awareness on the objectives of the rehabilitation centres and this may likely affect the enrolment of destitute and disable persons in the rehabilitation centres.

**Key:**

N1: Number of inmates

N2: Number of instructors

$\bar{X}_1$ : Mean of inmates

$\bar{X}_2$ : Mean of instructors

$\bar{X}_t$ : Average mean of inmates and instructors

## Research Question 2

**Table 2: Types of vocational training in the rehabilitation centres.**

S/N	ITEMS	$\bar{X}_1$	$\bar{X}_2$	$\bar{X}_t$	Remarks
8.	Trainees are trained on Television / Radio repairs, motor and motor-cycle repairs.	2.18	1.94	2.06	Disagree
9.	We are not trained on leather works in the rehabilitation centre.	2.91	3.06	2.99	Agree
10.	Gardening and poultry is part of the training of inmates on new skills at the centre.	3.00	3.21	3.11	Agree
11.	There are modern equipment for training of inmates on new skills of sewing and dress making	2.82	3.06	2.94	Agree
12.	Fibre works are taught to the blind trainees.	2.95	3.21	3.08	Agree
13.	The crippled are taught leather works and wood work.	2.05	1.85	1.95	Disagree
14.	Skills and technique on various hand works are taught to learners.	3.00	3.24	3.12	Agree

The result in Table 2 above shows that the respondents agreed with items 9, 10, 11, 12, and 14 but disagreed with item 8 and 13. This indicates that there are some types of training in the

rehabilitation centre but it is not sufficient for the disabled persons to be self-reliant after the training.

### Research Question 3

**Table 3: Facilities Available to support the Training programme.**

S/N	ITEMS	$\bar{X}_1$	$\bar{X}_2$	$\bar{X}_t$	Remarks
15.	Electronics hearing aids are provided to the deaf to improve their hearing abilities.	2.05	1.97	2.01	Disagree
16.	There are enough recreational facilities in the centre.	2.14	1.82	1.98	Disagree
17.	The supply of pipe borne water is inadequate.	2.09	1.94	2.02	Disagree
18.	The available facilities are well maintained.	2.95	3.21	3.08	Agree
19.	The wood work section has enough tools.	2.09	1.97	2.03	Disagree
20.	The library is not well equipped.	1.91	1.79	1.85	Disagree
21.	Most of the infrastructures and basic amenities are not in good shape.	1.95	1.91	1.93	Disagree

Table 3: above shows that the respondents disagree with items 15, 16, 17, 15, 19 and 20, 21 but agreed with only item 18 which shows that there are not enough facilities to support training programmes but the few ones are well maintained. Lack of facilities will bring about low training in various vocational fields.

#### Research Question 4

**Table 4: Problems of Execution of Training Programmes.**

S/NO	ITEMS	$\bar{X}_1$	$\bar{X}_2$	$\bar{X}_t$	Remarks
22.	The road leading to the centre is tarred and accessible.	1.91	1.79	1.85	Disagree
23.	Instructors for the visual impaired are not enough.	2.95	3.15	3.05	Agree
24.	Our finished products are patronized by the public.	3.09	3.12	3.11	Agree
25.	There are no qualified doctors and drugs in the clinic.	2.86	3.03	2.95	Agree
26.	The inmates are well feed.	2.91	3.24	3.08	Agree

27.	There is no psychological counsellor or psychiatrist to counsel or comfort inmates in the centre.	3.00	3.09	3.05	Agree
28.	The medical centre lacks facilities and personnel.	3.04	3.21	3.13	Agree

The result in Table 4 above shows that the respondents agreed with items 23 – 28 but disagree with item 22. This shows that respondents agreed that inmates are well feed but the centre has problems like the public do not buy the finished products of the disables. This problem can lead to the poor performance of the inmates and the lack of continuity of the centre itself.

### Hypothesis one

There's a significance difference between the mean responses of instructors and inmates of magajin gari and kakuri rehabilitation centres on the type of awareness have the disabled or public received on the objective of the rehabilitation centres?

**Table 5:T-test analysis of instructors and inmates regarding the type of awareness the disabled or public received on the objectives of the rehabilitation centres?**

**N1 = 220, N2 = 33**

S/N	ITEMS	$\bar{X}_1$	$\bar{X}_2$	SD <sub>1</sub>	SD <sub>2</sub>	T-cal	Remarks
1.	Benefits and services available Special materials to inform the disable persons on	2.00	1.94	0.95	1.04	0.31	NS

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	the at the rehabilitation centre.						
2.	Pictorial materials are provided for the information to the disable persons.	2.14	1.85	1.10	0.99	1.55	NS
3.	There is audio-visual presentation to help people get more information.	2.09	1.97	1.08	1.03	0.62	NS
4.	Government sent officials to make campaign on the facilities available at the rehabilitation.	2.14	1.94	0.97	1.04	1.04	NS
5.	The authorities distribute an up to date information on programmes of persons with disability in rehabilitation centre.	2.00	1.79	0.95	1.01	1.12	NS
6.	The radio and television are always used to explain to the public the benefit of the centre.	2.91	3.21	1.08	1.01	-1.58	NS
7.	Programmes showing the activities of rehabilitation centres are displayed always.	3.00	3.06	0.95	1.10	-0.3	NS

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**Key**

N1 = Number of inmates.

N2 = Numbers of instructors.

S.D1= standard deviation of inmates.

S.D2 = standard deviation of instructors.

t= t-test value of inmates and instructors.

S= Significant.

NS= Not significant.

The analysis in table 5: showed that the t-cal values of all the seven (7) items were below the t-cal value which is  $\pm 1.96$ . Therefore, the null hypothesis was accepted for each of the 7 items. This implies that there is no significant difference for the items accepted in the mean ratings of inmates and instructors concerning the type of awareness the disabled or public received on the objectives of the rehabilitation centres.

## Hypothesis two

There's a significance difference between the mean responses of staff and inmates of magajin gari and kakuri rehabilitation centres on the type of vocational training programmes do the rehabilitation centres in Kaduna state have?

**Table 6:T-test analysis of instructors and inmates regarding the type of vocational training programmes do the rehabilitation centres in Kaduna state have?**

S/N	ITEMS	$\bar{X}_1$	$\bar{X}_2$	SD <sub>1</sub>	SD <sub>2</sub>	T-cal	Remarks
8.	Trainees are trained on Television / Radio repairs, motor and motor-cycle repairs.	2.18	1.94	1.07	1.04	1.23	NS
9.	We are not trained on leather works in the rehabilitation centre.	2.91	3.06	1.08	1.10	-0.73	NS
10.	Gardening and poultry is part of the training of inmates on new skills at the centre.	3.00	3.21	0.95	1.01	-1.12	NS
11.	There are modern equipment's for training of inmates on new skills of sewing and dress making	2.82	3.06	1.07	1.10	-1.17	NS
12.	Fibre works are taught to the blind trainees.	2.95	3.21	1.02	1.01	-1.38	NS
13.	The crippled are taught leather works and wood work.	2.05	1.85	1.02	0.99	1.08	NS

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14.	Skills and technique on various hand works are taught to learners.	3.00	3.24	0.95	0.99	-1.31	NS
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The analysis in table 6: showed that the t-cal values of all the seven (7) items were below the t-cal value which is  $\pm 1.96$ . Therefore, the null hypothesis was accepted for each of the 7 items. This implies that there is no significant difference for the items accepted in the mean ratings of inmates and instructors concerning the type of vocational training programmes do the rehabilitation centres in Kaduna state have?

### **Discussion of findings**

This discussion of the findings is based on the research questions posed for study by the hypothesis.

The findings of the study indicate that on the type of awareness received by these destitute as well as the general public on the objectives of these rehabilitation centres. the respondents agreed that they received awareness only on radio and television and display of the activities in the rehabilitation centre which is inadequate and may likely affect the enrolment of the disable and destitute into these rehabilitation centres. Pictorial material are not provided to inform these destitute and there are not enough audio-visuals presentation.

The findings also indicated that the types of vocational programmes in this rehabilitation centres the respondents agreed to the fact that they are trained in sewing, gardening, poultry and fibre works as indicated on items 10 and 12 but it is insufficient for them to be self-reliant after training. Bangoji (2002) stated that the institutional based rehabilitation programme connotes the provision of facilities and mechanism for re-integrating these rehabilitated persons into the main stream of the society through provision of job opportunities or capital that would enable them to be reliant.

The findings also indicated that the facilities available to support the training programme showed that there are sufficient facilities to support the training even though they agree with the fact that there are sufficient facilities to support the few ones available are well maintained as indicated on items in table 3. The lack of these facilities will not enhance productivity these disable persons which agrees with the work of Ozogie and Nwanzuoke (1993) “that some measures for the provision of various facilities and equipments is necessary for their comfort and should be made available so that the disable people can have a sense of belonging and be productive members of our democratic society.”

The findings also indicated that on the problems encountered in the rehabilitation centres respondents agreed that they are well feed and also agreed on the fact that certain problems do exist in the centres like the non-patronage of their finished products by the general public these can lead to discouragement, poor performance and lack of enthusiasm and drive of these inmates.

## **CHAPTER V**

### **SUMMARY, CONCLUSIONS AND RECOMENDATION**

#### **Summary of the study**

The topic is aimed at appraising the vocational training programmes in Kakuri and Magajin Gari rehabilitation centres in Kaduna state to ascertain if the goals, aims and objectives of these centres are been actualized.

In the course of this study, some literature related to the topic where reviewed to shed more light on the seriousness of the topic. Such review includes Science Vocational and Technical Education in rehabilitation of handicapped, Policy into Practice. The Essentials of social security, information hand book on activities of Kaduna state rehabilitation Board, - operative Methods of Rehabilitation of Destitute in Nigeria and World Programme Action concerning Disable Persons Adopted by United Nations general Assembly December 1982, Resolution 37 / 52.

A survey approach was taken to develop the instrument of the study. The questionnaire was validated by the researcher's supervisor and two other lecturers from Industrial and Technology Education Department, all of Federal University of Technology Minna. A total of two hundred and fifty three (253) respondents comprising of inmates an instructors in the two rehabilitation centres in Kaduna state were used. The instrument was analysed using the using mean, standard deviation and t-test.

#### **Implication of the study**

During the course of this study the researcher noticed that vocational training programmes of various rehabilitation centres in Kaduna state were designed to equip destitute and persons with disability with skills that will facilitate their reintegration into the mainstream of the society. It is therefore expected that on completion of the vocational training, these destitute and disabled persons would be transformed into skilled labour and thus become productive to the economy.

However the findings of this study revealed that most disabled persons on the street are reluctant to be enrolled into these centres. As well as the following:

1. The destitute and disabled persons do not receive enough awareness except through radio and television that display the activities of the centre which may not get to them on the streets. Because of a truth how many disabled persons as well as the destitute watch television and listen to radio or even own one on the street.
2. Vocational training are given in the areas of poultry, gardening and fibre works which are not sufficient for self-reliance.
3. The facilities to support the training programme in these rehabilitation centres are not enough.
4. There's lack of patronage of finished goods that emanates from these rehabilitation centres, this can lead to discouragement and poor performance of these inmates.

It also revealed that Government alone is saddled with the sole responsibility of funding these rehabilitation centres little or no assistance comes from other sources like private individuals and co-operate organizations.

## **Conclusion**

In conclusion this study investigated the vocational training programmes in the rehabilitation centres in Kaduna metropolis using Kakuri and Magajin Gari rehabilitation centres as case

study. The researcher concluded by saying that awareness is not made to the public on the importance of these rehabilitation centres which is affecting the enrolment of disable into these centres and this part of the reason why most disable and destitute still roam the streets. If Government can improve the facilities and the types of vocational training in this rehabilitation centres the performance of the disable will be greatly improved.

### **Recommendations**

The following recommendations are made based on the findings of the study:

1. The federal and state Government should ensure that adequate awareness is made to disable persons on the streets as well as the public in general on the importance of rehabilitation in these rehabilitation centres.
2. The Government should provide variety in types of vocational training programmes.
3. The Kaduna state Government should expand its rehabilitation facilities to support the training programmes.
4. The state and the rehabilitation board should put more effort to avoid certain problems hindering the smooth execution of training programmes

### **Suggestions for further study**

From the findings of this research recommendations are made therein, the researcher suggest that further study should be carried out to ascertain if efforts are been made to improve the facilities in this rehabilitation centres and ensure that adequate attention is given to the awareness of the general public concerning these rehabilitation centres, non – Governmental organizations should be studied as well in other to have a wider range.

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## **APPENDIX B**

**FEDRAL UNIVERSITY OF TECHNOLOGY MINNA**

**SCHOOL OF SCIENCE AND SCIENCE EDUCATION**

**DEPARTMENT OF INDUSTRIAL AND TECHNOLOGY EDUCATION**

QUESTIONNAIRE ON THE APPRASIAL OF VOCATIONAL TRAINING PROGRAMME  
IN KAKURI AND MAGAJI GARI REHARBILITATION CENTRES IN KADUNA  
STATE.

### **INTRUCTIONS**

Please sincerely respond by filling or ticking the appropriate space provided the information shall be treated with confidentiality.

#### **Section 1**

There are five options in this section tick the one that best suit your opinion:

A = Agreed

SA = Strongly Agreed

SD = Strongly Disagree

D = Disagree

**Types of awareness received by the disabled or public on the objective of the rehabilitation centres.**

<b>S/N</b>	<b>Research Questions</b>	<b>A</b>	<b>SA</b>	<b>D</b>	<b>SD</b>
1.	Special materials to inform disable persons on the benefits and services of rehabilitation centres are prepared.				
2.	Pictorial materials are provided for the information.				
3.	There are audio-visuals presentations to help people get more information.				
4.	Government sends officers to make campaign on the importance of rehabilitation.				
5.	The authorities distribute an up to date information on programmes of persons with disability in rehabilitation centres.				
6.	The radio and television are always used to explain to the public the benefit of the centre.				
7.	Programmes showing the activities of the rehabilitation centres are displayed always.				

**Types of vocational training programmes in these rehabilitation centres.**

<b>S/N</b>	<b>Research Questions</b>	<b>A</b>	<b>SA</b>	<b>D</b>	<b>SD</b>
8.	Trainees are trained on Television / Radio repairs, motor and motor-cycle repairs.				
9.	We are not trained on leather works in the rehabilitation centre.				
10.	Gardening and poultry is part of the training at the centre.				
11.	There are modern equipment's for training of inmates on new skills of sewing and dress making.				
12.	Fibre work is taught to the blind trainers.				
13.	The cripple are taught leather work and wood work.				
14.	Skills and techniques of various handwork are taught to the learners.				

**Facilities available to support training programmes**

<b>S/N</b>	<b>Research Questions</b>	<b>A</b>	<b>SA</b>	<b>D</b>	<b>SD</b>
15.	Electronics hearing aids are provided to the deaf to improve their hearing abilities.				
16.	There are sufficient recreational facilities at the centre.				
17.	The pipe borne water is inadequate.				

18.	The available facilities are well maintained.				
19.	The wood work sections have enough tools.				
20.	Library is not well equipped.				
21.	Most of the infrastructures are not in good conditions.				

### **Problems of executing training programmes**

<b>S/N</b>	<b>Research Questions</b>	<b>A</b>	<b>SA</b>	<b>D</b>	<b>SD</b>
22.	The road leading to the centre is tarred and accessible.				
23.	Instructors for visually impaired are not enough.				
24.	Our finished products are not patronized by the public.				
25.	The inmates are well feed.				
26.	There are no qualified doctors and no drugs in the clinic.				
27.	The medical centres lack facilities and personnel.				
28.	There is no psychological counsellor or psychiatrist to counsel and comfort inmates in the centre.				

## APPENDIX C

### FORMULA

$$\text{Mean } X = \frac{\sum fx}{\sum f}$$

$$\sum f$$

$$\bar{X} = \text{Mean}$$

$\Sigma$  = The sum of

X = The Score

F = The Frequency of each point in the scale

Standard Deviation

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

$$\bar{X} = \text{Mean}$$

$\Sigma$  = the Sum of

X = the Score

F = the Frequency

t – test formula

$$t - \text{test} = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{S_1^2}{N_1} + \frac{S_2^2}{N_2}}}$$

$$\sqrt{\frac{S_1^2}{N_1} + \frac{S_2^2}{N_2}}$$

$$N_1 \quad N_2$$

$\bar{X}_1$  = Mean Score of inmates

$\bar{X}_2$  = Mean Score of instructors

$S_1^2$  = Variance of inmates

$S_2^2$  = Variance of instructors

$N_1$  = Number of inmates

$N_2$  = Number of instructors

Hypothesis 1, item 1, Standard deviation for inmates responses.

X	F	FX	$X - \bar{X}$	$(x - \bar{X}_1)^2$	$F(x - \bar{X}_2)^2$
4	18	72	0.28	0.08	1.411
3	7	21	-0.72	0.52	3.629
2	0	0	-1.72	2.96	0.000
1	0	0	-2.72	7.40	0.000
	$\Sigma f = 25$	$\Sigma fx = 93$			$\Sigma f(x - \bar{X})^2 = 5.040$

$$\bar{X}_1 = \frac{\Sigma fx}{\Sigma f} = \frac{93}{25} = 3.72$$

$$\Sigma f = 25$$

$$S_1^2 = \frac{\Sigma f(x - \bar{X})^2}{\Sigma f} = \frac{5.04}{25} = 0.20$$

$$\Sigma f = 25$$

$$SD_1 = \frac{\sqrt{\sum f(x - \bar{X})^2}}{\sum f} = \frac{\sqrt{5.04}}{2} = \sqrt{0.20} = 0.45$$

**Hypothesis 1, item 1, Standard Deviation for instructors.**

X	F	FX	(x - $\bar{X}$ )	(x - $\bar{X}_1$ ) <sup>2</sup>	F(x - $\bar{X}_2$ ) <sup>2</sup>
4	10	40	0.40	0,160	1.600
3	4	12	-0.60	0.360	1.440
2	1	2	-1.60	2.560	2.5600
1	0	0	-2.60	6.760	0.00000
	$\Sigma f = 15$	$\Sigma fx = 54$			$\Sigma f(x - \bar{X})^2 = 5.600$

$$\bar{X}_2 = \frac{\Sigma fx}{\Sigma f} = \frac{54}{15} = 3.60$$

$$\Sigma f = 15$$

$$S_2^2 = \frac{\Sigma f(x - \bar{X})^2}{\Sigma f} = \frac{5.600}{15} = 0.35$$

$$SD_2 = \frac{\sqrt{\Sigma f(x - \bar{X})^2}}{\Sigma f} = \frac{\sqrt{6.95}}{20} = \sqrt{0.35} = 0.59$$

$$t - \text{Calculated} = \frac{\bar{X}_1 - \bar{X}_2}{\frac{\sqrt{S_1^2 + S_2^2}}{\sqrt{N_1 + N_2}}}$$

$$= \frac{3.30 - 3.55}{\dots}$$

$$\frac{\sqrt{1.00 + 0.5}}{10 \quad 20}$$

$$\frac{-0.25}{\sqrt{0.1000 + 0.0174}} = \frac{-0.25}{\sqrt{0.1174}} = \frac{-0.25}{0.34} = -0.73$$