

**ASSESSMENT OF THE REHABILITATION SERVICES OFFERED IN DORAYI
REHABILITATION CENTRE, KANO STATE, NIGERIA**

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Abstract

This paper assesses the rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre Kano. The objectives of the paper are to identify the rehabilitation services offered to inmates and examine the methods of delivery of rehabilitation services. The paper explores the facilities utilized in the delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano. The study employs a survey research design with a population of 2,333 Staff and Discharged Inmates of the Dorayi Rehabilitation Centre, Kano. 306 subjects were selected as sample using the proportionate cluster sampling technique. A self-developed multiple-choice questionnaire and a checklist for the facilities utilized in the delivery of the services were used in the paper. Data-collected were analyzed using simple frequency counts and percentages. Findings of the study revealed that the rehabilitation services offered to inmates in the Centre included Vocational and Psychiatric Rehabilitation, Counselling, and Literacy Education; the methods of the delivery of rehabilitation services offered to inmates in the Centre were the group, individual, and problem-centred methods; and the facilities utilized in the delivery of rehabilitation services in the Centre include Primers, Isolation rooms, Tailoring and Carpentry workshops, Gardening/orchard, and Traditional weaving materials. The paper recommended among others that the Kano State Emergency Relief and Rehabilitation Agency should introduce a community-based rehabilitation programme (CBRP), relative to the content of programmes and methods of delivery of the services in the Centre. However, the KSERERA should fully engage discharged inmates in the development of a need-based programme and the KSERERA should also provide facilities like ambulance and a bus, as well as medical ward with highly qualified medical personnel who will care for emergency medical cases which are highly needed for the protection of lives and enhancement of the health of both inmates and staff of the Centre.

Keywords: Rehabilitation, Counselling, Destitute, Literacy education, Vocational education, Psychiatric rehabilitation, and Community-based rehabilitation.

Introduction

Rehabilitation has been considered a global phenomenon in many societies. In Europe, America, and some parts of Asia, many rehabilitation centers have been established to provide services for the control of destitution and other social problems as a necessity. According to Waddell and Burton (2004) there has been broad agreement on the importance of rehabilitation and the need for better occupational health and vocational rehabilitation services in the United Kingdom. The key features of early intervention in social welfare include easier access to more skilled labour, support to seek and move into work; the development of new work-focused rehabilitation programmes, and engagement of key stakeholders, particularly employers and family doctors who are welcomed by a wide range of organizations. However, there is considerable uncertainty about what ‘rehabilitation’ is, and about its cost-effectiveness, particularly for the common health problems that cause the most sickness, absence and long-term incapacity.

In the United States for instance, the victims of destitution who are the beneficiaries of rehabilitation services include people who engaged in begging which has gained recognition that the Supreme Court has ruled that, although asking people for money is a form of protected speech, restrictions on the time, place, and manner of begging are constitutional (Smith, 2005). However, in Asia, Chinese cities are among the

worst beggar-devastated communities in the world (Hanchu Lu, 1999). The problem which was attributed to urban poverty and uncontrolled rural-urban migration subsided at a time for about three decades when the Communist Government control of the rural urban drift was strict. It later exploded again when the regime softened its migration policy, and it was reported that in 1991, 28,000 beggars were arrested in the southern city of Guangzhou alone, while a total number of about 250,000 beggars across the country were reported by the China News Agency in October, 1993 (Solinger, 1998). To stem this tide, however, the Chinese Government established aid stations for indigent vagrants and beggars, as well as put in place “Detailed Implementing Rules for the Measures on the Administration of Aid to Indigent Vagrants and Beggars in cities” in 2003 (www.shanghaiCentre.com).

In addition to these, a significant number of people in Kano State have for long been suffering from pervasive poverty, particularly in the rural areas of the State, characterized by low income, low agricultural productivity, and food security as well as inadequate health care, housing, education, and nutrition. This trend has led to the tendency for the rural poor to migrate to the urban sector of Kano State in the hope of securing gainful employment. The consequence is that now there is a much more serious phenomenon of poverty in both the rural and urban sectors in the State. However, the implications of this trend to this paper include increase in the level of destitution among various people in Kano State. This has consequently necessitated the government designing programmes in the rehabilitation institutions to solve the problem of destitution.

For years, there has been effective utilization of resources in the areas of social welfare service delivery. Rehabilitation of destitute is one of the social welfare services aimed at changing the lives of citizenry, not only for housing them, but also in providing sufficient nutrition, health, vocational skills acquisition, counseling for them. Some of the rehabilitation centres, which offered rehabilitation in Nigeria includes the Children Development Centre, Surulere, Lagos; the Stella Obasanjo Child Trust Foundation, Abuja; Atanda Olu School Surulere Lagos; the Cheshire Home Oluyole, Ibadan; Rehabilitation Centre Moniya, Ibadan; and the Dorayi Rehabilitation Centre in Kano State.

In Kano State, however, the Dorayi Rehabilitation Centre, this was established in 1953 under the then Native Authority, during the reign of the Emir of Kano Alhaji Abdullahi Bayero. The Centre was first situated within the premises of Abdullahi Bayero College, Kano, which is today known as Bayero University Kano. Later the Centre was moved to Dorayi and taken over by the Kano State Government under the auspices of the Ministry of Social Welfare, Youth and Sports.

The objectives of the Centre then, were:

- i) to provide accommodation and rehabilitation services to various categories of destitutes;
- ii) to provide counselling services and Psychotherapy;
- iii) to provide medication to inmates who need medical assistance;
- iv) to provide and undertake repatriation of non-indigenes to their various places of origin;
- v) to provide Vocational Training, and Basic Literacy Education; and
- vi) to provide Personal and Environmental Hygiene to inmates.

The destitutes in the Dorayi Rehabilitation Centre, Kano, include the cripples, blind, lepers, mentally ill persons, and drug addicts.

Conceptual Framework

The concept of Rehabilitation

Rehabilitation, technically, is a creative procedure which includes the cooperative intervention by various social work specialists and associates in health, technical, environmental, and other fields, to improve the physical, mental, social and vocational status of the disabled, often with the objectives of preserving and improving their capacities to live happily and productively at an optimum level, and being offered similar opportunities as their neighbours (Krusen, Kottke, and Elwood 1971; Olaogun, 2007). In other words, it is a process of decreasing the dependence of the disabled person by developing, to the greatest extent possible, the abilities needed for adequate functioning in his individual situations in the local community (Helinder, 1984). According to Sink (1979) rehabilitation is the process by which medical, psychological, social, vocational and educational services are acquired and utilized by persons with physical and or mental disabilities for the purpose of attaining maximum independence. Rehabilitation could also be said to be a generic field of practice designed to assist people with disabilities in their restoration to the fullest of physical, mental, social, vocational and economic functioning they are capable of attaining (Hamilton, 1950).

Socially, in countries like Nigeria, rehabilitation addresses the problem of one form of disability or the other through preventing or stopping the subject from becoming or remaining as beggars (Jibril, 1997). There is no gain saying the fact that the socio-economic conditions in Nigeria are eminent among factors that provide the basis for nurturing begging. Among the socio-economic strategies for controlling begging is sustainable and effective rehabilitation schemes that will be aimed at reducing the begging activities engaged in by the poverty-ridden able-bodied citizens, especially those uncatered-for women, begging with one form of disability or the other (Adedibu and Jelili, 2011). The essence of this, therefore, is to make the individual adjust to those changes in order to make greater impact on his/her life as well as the environment.

Statement of the Problem

Rehabilitation is not only concerned with physical or functional restoration or compensation of individuals disabled by socio-economic disadvantages injury or disease. Attention is also given to the total quality of life in terms of wellness, happiness and satisfaction in fulfilling the demands and needs of and capabilities towards human development in terms of orientation; freedom of movement; independence; expression of self (with respect to age, sex and culture), relationship and ability to ensure independent economic existence. In other words, even after a serious injury, illness or surgery, one needs to recover completely. This means that there is the need to regain strength; to relearn skills or find new ways of doing things one did before (Olaogun, Nyante, and Ajediran, 2009).

Nigerian governments at Federal, State, and Local levels have made several attempts to control destitution in towns, cities, and rural communities through the establishment of rehabilitation centers which are targeted for many clients. Contemporarily, adequate resources have been effectively utilized in the provision of modern rehabilitation services aimed at restoring people's capacities to function much effectively within their living environment. Such rehabilitation services include vocational skills acquisition programmes designed for the disabled persons and catering services for women who have been abandoned caring for children.

Many other governmental rehabilitation institutions, such as Psychiatric Rehabilitation Centre Dawanau, Goron Dutse Remand Home and so on, in Kano State have for long been providing their own rehabilitation services to various categories of inmates. Contemporarily, Dorayi Rehabilitation Centre is fully engaged in the effective delivery of various services for those men and women who are found wandering in the metropolis. The aim of these services delivery is to equip individuals with appropriate skills and knowledge to fully engage in the socio-economic development of the State. In every individual, no matter the deficiency there is potentiality for some socio-economic activity. It was on this basis that, the researcher conducted a study to assess the rehabilitation services offered in Dorayi Rehabilitation Centre, Kano to various categories of inmates that are found roaming the streets in towns and cities or brought by relatives and authorities from different parts of Kano State.

Objectives of the study

The objectives of this paper are as follows:

- i) To identify the rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre, Kano;
- ii) To examine the methods of delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano; and
- iii) To examine the facilities utilized in the delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano.

The following questions were answered in this paper:

- i) What are the rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre, Kano?
- ii) What are the methods of delivery of rehabilitation services offer to inmates in the Dorayi Rehabilitation Centre, Kano?
- iii) What are the facilities utilized in the delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano?

Methodology

This paper employed a survey research design with a population of 2,333 staff and discharged inmates of the Dorayi Rehabilitation Centre. Three hundred and six (306) subjects were derived as sample using the table for selecting sample size by the Research Advisers (2006). The subjects were captured using

proportionate cluster sampling technique where the staff and discharged inmates of the Centre were allocated one hundred and two (102), and two hundred and four (204) subjects, respectively. However, the procedure adopted in selecting sample from the one hundred and two (102) subjects was through the simple random technique. A self-developed multiple-choice questionnaire named questionnaire for the staff of the Dorayi Rehabilitation Centre (QSDRC) and a checklist for facilities utilized in the delivery of rehabilitation services in the Centre were used in the paper. Both instruments for this paper were validated through content validation and the reliability index was 0.62. Data-collected were analyzed using descriptive statistics in tabular forms.

Data Analysis

Research Question 1: What are the rehabilitation services offered to inmates in Dorayi Rehabilitation Centre Kano?

This research question was answered by the staff, using frequencies and percentages which are presented on the following Table 1. Where n=102

Table 1. The rehabilitation services offered to inmates in Dorayi Rehabilitation Centre Kano

The rehabilitation services offered to inmates	Options	Frequency	Percentage
Extent of Participation in the Provision of Rehabilitation Services in Dorayi Rehabilitation Centre Kano	a) Yes	102	100
	b) No	00	00
The Rehabilitation Services offered to Inmates in Dorayi Rehabilitation Centre Kano	a) Vocational Rehabilitation	32	31.4
	b) Psychiatric Rehabilitation	26	25.5
	c) Counseling	27	26.5
	d) Literacy Education	15	14.7
	e) Others: (Psychotherapy)	2	2.0
The ways through which the Services are Provided to Inmates	a) Classroom Instruction	14	13.7
	b) Clinical Nursing	15	14.7
	c) Tutelage	35	34.3
	d) Workshop Practice	34	33.3
	e) Others: (Drama and Role-playing)	4	3.9
Other Services Recommend for the Centre	a) Follow-up Services	45	44.1
	b) Community Based Rehabilitation Services	36	35.3
	c) A Joint Rehabilitation Service between the Centre and the community	21	20.6

The table 1 presents data on rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre. The table shows that all the one hundred and two staff respondents (102) participated in the provision of Rehabilitation Services in the Dorayi Rehabilitation Centre Kano.

In addition to this, the above table shows that the rehabilitation services offered to inmates in the Dorayi rehabilitation Centre Kano were vocational rehabilitation (31.4%); psychiatric rehabilitation (25.5%); counseling services (26.5%); literacy education (14.7%), and psychotherapy (2%). Moreover, the table indicates that the services were provided to inmates through different methodologies, e.g. Classroom Instructions (13.7%); Clinical Nursing (14.7%); Tutelage (34.3%); Workshop Practice (33.3%); and Drama and Role-playing (3.9%). Finally, the table above shows that all the one hundred and two (102) respondents recommended more services for the Centre; 45 (44.1%) recommended for Follow-up services; 36 (35.3%)

recommended Community-Based Rehabilitation services, and (20.6%) recommended for a Joint Rehabilitation Service between the Centre and the Community.

Research Question 2: What are the methods of delivery of rehabilitation services offered to inmates in Dorayi Rehabilitation Centre?

This research question was answered by staff members and analyzed using frequencies and simple percentages, on the following table 2. Where n= 102.

Table 2. The methods of delivery of rehabilitation services offered to inmates in Dorayi Rehabilitation Centre

The methods of delivery of rehabilitation services	Options	Frequency	Percentage
The method of delivery of Educational Services offered to Inmates in Dorayi Rehabilitation CentreKano	a) Group Method	96	94.1
	b) Individual Method	2	2.0
	c) Problem-centred Method	4	3.9
The method of Delivery of Counseling Services offered to Inmates in Dorayi Rehabilitation Centre Kano	a) Individual and Group Method	62	60.8
	b) Individual and Interpersonal Contact	26	25.5
	c) Group Contact Method	14	13.7
The method of Delivery of Vocational Services Offered to Inmates in Dorayi Rehabilitation Centre Kano	a) Individual and Group Method	19	18.6
	b) Individual Method	18	17.6
	c) Group Method	65	63.7

The above table shows that the major method of delivery of educational services offered to inmates was the Group Method (94.1%). Other respondents however, considered the Individual method (2%) and the Problem-Centred method (3.9%) equally evident. Moreover, from the above table, the method of delivery of counseling services offered to inmates in the Dorayi Rehabilitation Centre, Kano were Individual and Group Method (60.8%); Individual and Interpersonal Contact (25.5%); and Group Contact Method (13.7%). Relative to the method of delivery of vocational education services offered to inmates in the Dorayi Rehabilitation Centre, Kano, the individual and Group method (18.6%); the Individual method (17.6%); and the Group method (63.7%).

Research Question 3: What are the facilities utilized in the delivery of rehabilitation services in Dorayi Rehabilitation Centre?

Table 3. The Checklist of Facilities Utilized in the Delivery of Rehabilitation Services in the Dorayi Rehabilitation Centre, Kano.

S/N	Facility	Availability		Number Available	Condition	
		Yes	No		Good	Bad
1	Ambulance	✓		1		✓
2	Agricultural tools	✓		53	✓	
3	Audio-visual aids	✓		5	✓	
4	Bus	✓		1		✓
5	Carpentry workshop	✓		1	✓	
6	Classrooms	✓		3	✓	
7	Computers		✓	0		
8	Counseling office	✓		2	✓	
9	Didactic materials		✓	0		

10	Electronic type-writers		✓	0		
11	First-aid kits	✓		2	✓	
12	Garden/Orchard	✓		1	✓	
13	Generator	✓		1	✓	
14	Grinding-machine	✓		1	✓	
15	Instructional materials	✓		9	✓	
16	Isolation-rooms	✓		14	✓	
17	Mechanical equipment	✓		2 set	✓	
18	Medical ward		✓	0		
19	Posters	✓		13	✓	
20	Primers	✓		27	✓	
21	Tailoring workshop	✓		1	✓	
22	Traditional weaving materials	✓		11	✓	
23	Type-writers		✓	0		
24	Workshop machinery		✓	0		

As indicated in the checklist, there was only one (1) ambulance and one (1) bus which were not in use in Dorayi Rehabilitation Centre Kano. Accordingly, there were fifty three (53) agricultural tools utilized in the Centre for the management of gardening/orchard-keeping. However, there were five (5) audio-visual aid facilities, which are effectively utilized in the Centre. Other facilities such as didactic materials, medical ward, electronic type-writer, computer, and workshop machinery were not provided in the Centre. Contrary to this, however, the vocational education facilities available and properly utilized in the Centre were two (2) tailoring workshop and a carpentry workshop. Added to this, there were eleven (11) traditional weaving materials found available utilized in the Centre. In addition to this, there were fourteen (14) Isolation rooms at the Centre which were properly utilized for control of inmates who are mentally deranged.

Findings

From the preceding data analysis, the following is the summary of findings:

- i) The rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre, Kano were Vocational and Psychiatric Rehabilitation, Counseling, and Literacy Education;
- ii) The methods of the delivery of rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre, Kano were the group, individual, and problem-centred methods; and
- iii) The facilities utilized in the delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano were; Classrooms, Instructional materials, Primers, Counseling office, Audio-visual aids, Posters, Grinding machine, Generator, Isolation rooms, Tailoring workshop, Carpentry workshop, Gardening/orchard, Agricultural tools, Mechanical equipment, and Traditional weaving materials;

Discussions

The first finding of the paper is that the rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre, Kano were Vocational Rehabilitation, Psychiatric Rehabilitation, Counseling, and Literacy Education. This was however, in contrast with the rehabilitation services before independence. According to historical sources in the Dorayi Rehabilitation Centre, Kano, when it was established in 1953, under the then Native Authority during the reign of the Emir of Kano Alhaji Abdullahi Bayero, services offered to inmates included provision of Counseling and Psychotherapy, Medication, Repatriation, Vocational Training, Basic Literacy Education, and Sanitation and Health Education. During this period, there was an insufficiency of professional workers in the Centre. Moreover, there were other rehabilitation centres in Nigeria where services were offered to inmates which differed significantly from those offered now in the Dorayi Rehabilitation Centre, Kano. Sabo Indabawa (2000) opined that, for the destitute, a major recommendation was for there to be greater opportunities for basic education, with an emphasis on vocational competence. Disabled people have the same right to basic education which connotes fundamentals and reflect those aspects of behavior modification required by the individual, without which he/she would be so handicapped that he/she would be living at the periphery of the society, neither benefiting from it nor contributing to its welfare and improvement (Fafunwa, 1990).

The method of the delivery of rehabilitation services offered to inmates in the Dorayi Rehabilitation Centre, Kano is the second finding of the paper. The group, individual and problem-centred methods revealed in the second finding, therefore challenges responses reported by Adedibu, and Jelili (2011) such as the exercise of the Lagos State Government in evacuating beggars from the mega-city, a place usually considered profitable by many beggars. It has been argued here that such an approach is not in any way positive. This is because the forceful evacuation only 'shifts' or 're-distributes' responsibility for the activity among Nigerian cities temporarily, but never addresses directly the reasons why they take to begging and most importantly, what to be done to get them leave the streets.

This is to say that the establishment of Rehabilitation Centres capable of putting the inmates together, taking consideration of their peculiarities as well as organizing any of the above mentioned approaches have become a necessity. More so, the methods are also diverse, depending on the service. Apart from that the problem-centred method is in the provision of educational services, such as literacy programmes. There is also the group method, which makes individual inmates learn from one another, i.e. sharing of experiences and exchanging of ideas. There is also individual and interpersonal contact methods, which promote the effect of family and community influence on changes in the individual inmate. Moreover, the method of choice is often the Individual and Group Method, especially for those who are engaged in drug addiction. In addition, the Individual and Interpersonal Contact method focuses attention on inmates that have problems related to broken-homes, as in alcoholic parents and battered mothers. The Group Contact Method, however, can be viewed from the angle of inmates who have same or similar problems and who are collectively organized to undertake social group work processes. The emphasis on this method is on how each inmate can affect the desired change in the other through sharing experiences, learning from one another as well as putting self in the position of the other for sake of adaptation. To also effectively deliver the vocational skill-acquisition training service to inmates in the Centre, the appropriate method, according to the findings, is essentially the Individual and Group Method, Individual Method, and Group Method respectively as described earlier in the provision of education services. It seems the emphasis of institutional rehabilitation is basically bringing the inmates in collaboration with one another with the sole aim of promoting changes in individual inmates, with the expectation that when back in the society; they could more effectively contribute to the development of social and economic wellbeing of the general citizenry.

From the last finding of the paper, the facilities utilized in the delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano, viz. Classrooms, Instructional materials, Primers, Counseling office, Audio-visual aids and Posters, Grinding machine, Generator, Isolation rooms, Tailoring workshop, Carpentry workshop, Gardening/orchard, Agricultural tools, Mechanical equipment, and Traditional weaving materials. Olabiyi (2009) stress that, the most important resource, however, is the Centre itself which contains those other facilities that are necessary for the development of the positive change in the behaviour of the inmates.

Apart from these instructional facilities there are also other facilities, such as the content of training on education and vocation/trades within the rehabilitation Centre. And this is predicated upon the goals and objectives set by the individual learner and society's course of action (Olaitan & Ali, 1997). This means that in carrying out successful vocational skills-acquisition training programmes offered in rehabilitation Centres, instructors must enable something (content) to someone (special needs learners), such that contents can then be described as the knowledge, skills, attitudes and values to be learnt in a course, subject or lesson. Furthermore, Shehu (1996) viewed content as knowledge, skills and attitude, process and values. Therefore Knowledge analyzed as facts, explanations, principles and definitions, skill and process of reading, writing, calculating, and values as concerned with good and bad, right and wrong, beautiful and ugly. In other words, contents are the subject matter to be taught by the trainer to the trainees (special needs learners). However, the facilities utilized in the delivery of rehabilitation services in the Dorayi Rehabilitation Centre, Kano, according to the findings of this research work, include the facilities earlier-mentioned. Considering that behaviour modification is consequent upon the results of counseling services offered to inmates in rehabilitation Centres Okorie (2000) argues that skills comprise two general components: the knowledge component and the activity component. The activity component is made up of motor and perceptual skills, both knowledge and activity components combined in different proportions for different skills.

The knowledge component is however, a practical or activity components of skills related to those areas of knowledge, which pertains to the mode of doing. This is, however, the effect of counseling the inmates in the rehabilitation centre and this enables special needs learners to acquire know-how of a variety of skills that are related to vocations. Theory and practice must be fully be integrated into a teaching-learning

process for the purpose of effectiveness and better or fruitful results. All teaching should help special needs learners acquire a blend of theory and practice in order to achieve their objectives. This will help teacher/instructor in a logical plan of his teaching and also help the special needs learners see the relationship between the units and sub units thereby enhancing comprehension of learners. This, furthermore, describes the implication upon the behavioral changes among the inmates of the Rehabilitation Centre.

Conclusion

There is no doubt that for decades rehabilitation has been an effective way for ensuring social resources development for inmates in the so-called developed and developing countries. Development scholars are optimistic that every individual, no matter his or her deficiencies, there is a potentiality for development. It is, however, necessary also for rehabilitation services to bring out something or encourage newer potentialities in the individuals to achieve maximum desired changes in behavior and actions that could promote the wellbeing of such individuals within the context of their societies.

Recommendations

The paper recommended that:

- i) The Kano State Emergency Relief and Rehabilitation Agency (KSERERA) should introduce a community-based rehabilitation programme (CBRP) which will involve a joint rehabilitation service provision between government and interested voluntary agencies, including philanthropists and other members of the community.
- ii) The KSERERA should fully engage discharged inmates in the development of a need-based programme which will be deliberately formulated to consider the peculiarities and potentialities of the individuals undergoing the various rehabilitation programmes in the Dorayi Rehabilitation Centre, Kano.
- iii) The KSERERA should also provide facilities like ambulance and a bus, as well as medical ward with highly qualified medical personnel who will care for emergency medical cases which are highly needed for the protection of lives and enhancement of the health of both inmates and staff of the Centre.

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