

THE PLACE OF COMMUNITY BASED REHABILITATION SERVICES IN INCLUSIVE EDUCATION FOR CHILDREN WITH SPECIAL NEEDS IN NIGERIA

By

**Sylvester Mwandar Yakwal,
Bolchit Gideon Dala,
Nantok Milaham.**

Department of Special Education & Rehabilitation Sciences, University of Jos.

Abstract

The paper attempts to examine the desirability of community based rehabilitation services in inclusive education for special needs children. It further identifies the types of rehabilitation services that can be provided within the community in an effort to provide special need children with the kind of services they would require in an inclusive setting. Suggestions and recommendations were made towards the provision of such services to special need children in Nigeria within the framework of inclusive education.

Introduction:

There is a growing clamor for the provision of services to special needs children in the community setting. This is particularly so considering the Salamanca statement and framework for action adopted in 1994. This framework introduced a new programme concept and vision on special needs education known as Inclusive Education (IE) which is an equal rights approach to the provision of education, rehabilitative and therapeutic services to special needs children within the mainstream of society. Article 22 of the Salamanca (1994) Statement and Framework for Action states that Community Based Rehabilitation should be developed as part of global strategy for supporting cost effective education and training for people with special education needs.

Community Based Rehabilitation according to the frame work for action should be seen as a special approach within community development designed to ensure rehabilitation, equalization of opportunities and social integration of all persons with disabilities. It further recommended that such an approach should be implemented through the combined efforts of people with disabilities themselves, their families and communities as well as the appropriate education, health, vocational and welfare services. This implies that all barriers to effective enjoyment of rehabilitation services by special needs children and adults should be removed to create and increase accessibility.

Ozaji (2002) reported that the World Health Organization (WHO) issued an international classification as well as a definition of the three basic terms related to understanding persons with special needs. This classification called "The Intentional Classification of Impairments, Disabilities and Handicaps" (ICIDH) defines impairment as "any loss or abnormality of psychological, physiological or anatomical structure of function".

It has been noted (Dabelstein, 1950) that nearly all disabled persons have far more vocation assets than are lost through their impairment. As Ozoji (2002:1) noted while we address the impaired organs the remaining ones should be developed as well. Ozoji further posited that the loss or abnormality can be in the make up of the organ or in the way the organs(s) function(s) or operate. Thus impairment can be considered as a distraction or problem localized at the level of the organs or the way they function. According to Ozoji (2002) impairment is “the mother of cases for rehabilitation special education and any other need the individual may have in these fields”.

Disability according to the ICIDH is defined as “a restriction or lack of ability to perform an activity in the manner or with the range considered normal for a human being”. Here, disability is viewed as a distraction or problem localized at the level of the individual. Because of the lack of ability, the individual needs rehabilitation to restore that ability so that he can become functional again since the disability is seen as employment handicap social psychological rehabilitation is required to restore confidence in the person so that he can confidently face the challenges of life.

The third basic term related to understanding persons with special needs as postulated by the International Classification of Impairments, Disabilities and Handicaps is the word handicap. The ICIDH views handicap as a “disadvantage for a given individual resulting for an impairment or disability (depending on age, sex, social and cultural factors) for that individual”. In trying to explain this position, Ozoji (2002:2) said that it is not a matter of organ (as in disability) but that of the role or status of the individual which is described as disadvantages. According to Ozoji, a client for rehabilitation purposes can only be selected through his impairment and or disability and not through handicaps. Rehabilitation is needed for the removal of a person’s disadvantage to enable such an individual to function to the level considered adequate. In this presentation, effort shall be made to discuss Community Based Rehabilitation services, beneficiaries of such services, personnel involved in the provision of Community Based Rehabilitation and the place of Community Based Rehabilitation in inclusive education.

The Concept of Community Based Rehabilitation:

According to Abosi and Ozoji (1985) rehabilitation is an activity to assist the disabled shift from the position of dependence to independence, inadequacy to adequacy, psychological wreck to a self confident, happy, contributing member of the society. However, Ajobiwe (1996) believe that the concept of rehabilitation has been misunderstood by a lot of people. According to him some people focus on buildings, equipment and propaganda quite often to the exclusion of majority of disabled persons who live in rural communities, where such resources are absent. Community Based Rehabilitation is therefore a remedy to most of the problems facing individuals with special needs.

Realizing the goal of successful education of special needs children requires the cooperation of families and the mobilization of the entire community and voluntary organizations as well as the support of the public-at-large. Articles 58-69 of the Salamanca statement and framework for action (1994:37-40) dealt extensively with community perspectives in inclusive education. According to article 64, community involvement should be sought in order to supplement in-school activities and provide help in doing homework as well as compensate for lack of family support. The question now arises; what is Community-Based Rehabilitation? It must be noted that Community-Based Rehabilitation has defied definition largely because its simplicity and complexity have led to confusion about what CBR actually means.

According to ILO, UNESCO and WHO (1994), Community-Based Rehabilitation (CBR) is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. Thus Community-Based Rehabilitation is implemented through the combined efforts of disabled people themselves, their families and communities. In view of the above, there is no doubt that the approach to Community-Based Rehabilitation is clearly multisectoral and includes all governmental and non-governmental services that provide assistance to local communities. Traditionally, many of the services that provided opportunities for, and assistance to people with disabilities were not considered relevant to CBR programmes. In Nigeria, this can be seen with particular reference to community development organizations, agricultural extension services and water and sanitation programmes. In these services, there were no concerted efforts made to include people with special needs.

In the Community Based Rehabilitation context, community means a group of people with common interests who interact with each other regularly and or a geographical, social or government administrative unit like the states and local government structures that we have in Nigeria.

Goals of Community-Based Rehabilitation

The Salamanca Statement and Framework for Action (1994) which was ratified by over 25 organizations and 92 countries including Nigeria, states that whatever action for Community-Based Rehabilitation is initiated from outside, it is the community that must decide whether such a programme will become part of the on-going community development activities. According to article 65, various partners in the community including organizations of person with disabilities and other non-governmental organizations should be empowered to take active responsibility for the programme. Ozoji (2002:42) gave some of the goals of Community Based Rehabilitation as:

- discouraging street begging among the disabled
- To assist the disabled to become economically self sufficient and to be respectable members of their communities
- examining the vocational needs of the disabled and to place them with artisans within their immediate community
- helping the disabled select a trade through which he can establish his career in life
- identifying various forms of vocational opportunities available for disabled persons in the community and
- creating a situation that allows each disabled person to live as self-fulfilling, self-reliant and whole a life as possible in close relation with others of his age.

Other goals of Community-Based Rehabilitation programmes may be the creation of a positive attitude towards people with disabilities in order to ensure equalization of opportunities for people with special needs within their own community.

The provision of functional rehabilitation services in communities where professional services are not readily accessible or available, CBR workers should be trained to provide primary rehabilitation therapy in the following areas of rehabilitation: occupational therapy, orientation and mobility training, medical services, hearing services, physiotherapy, speech therapy, eye care service, psychological counselling, orthotics and prosthetics etc. The provision of education and training opportunities on equal basis for persons with special needs is a requirement for inclusive education. Here, CBR workers could be provided with training in the following areas of basic levels of service:

- Early childhood intervention and referral
- Education in regular schools
- Non-formal education where regular schooling is not available
- Sign language training
- Braille training
- Training in daily living skills

The creation of micro and macro income-generation opportunities is another goal area. This is because people with special needs require access to micro and macro income-generating activities including obtaining financial credit through existing systems wherever possible.

The provisions of care facilities when special needs individuals do not have families or their families are incapable of caring for them is another goal of Community-Based Rehabilitation. In order for them to survive long-term care, facilities must be provided in the community where they can get the needed assistance.

Another goal of Community-Based Rehabilitation, according to Ozoji (2002) is prevention of the causes of disabilities through relatively simple measures like proper nutrition, early intervention, reduction of number of accidents in the homes and encouraging people to pursue healthy life styles over the course of their lives.

Management, monitoring and evaluation of the effectiveness and efficiency of all Community Based Rehabilitation programme components within the community and outside the community can also be included in the general objectives of rehabilitation. The impact of programme activities must be measured, reviewed and evaluated.

Beneficiaries of Community Based Rehabilitation in Inclusive Education

Ikpaye (2001) argued that inclusive education has emerged as a better alternative to segregated educational programming. All over the world, there is a growing consensus that all children have the right to be educated together regardless of their physical, intellectual, social, linguistic, emotional and other conditions. Mani (2003) views inclusive education as an ideology and not a programme. According to Mani, it is a concept of effective schools where every child has a place to study and teachers became facilitators of learning rather than providers of information. Inclusion is indeed the general goal in developing nations like Nigeria and those expected to benefit from Community Based Rehabilitation as an active component in inclusive education for special needs children are several.

People with Disabilities:

Ozoji (2002) reported that under the United States plan for rehabilitation, a prospective client is expected to satisfy two criteria to be eligible for republic funded rehabilitation programme:

- The individual has a physical or mental disability which constitutes or results in a substantial handicap to employment and
- The services may reasonably be expected to benefit the individual in terms of employment.

In present day Nigeria, it is not clear if the above criteria are used in the determination of eligibility for rehabilitation services. Whatever the case may be, what is clear is that there are many categories of special needs children and adults that stand to benefit immensely from the Community-Based Rehabilitation programme. These include people with disabilities for whom the entire Community-Based Rehabilitation programme is designed.

People with disabilities know what the effects of local condition are on them. They also know what impairment relay entails in terms of effect on their families and community. In this respect, one will be justified to posit that the first category of beneficiaries of Community Based Rehabilitation programmes in the inclusive education setting are the special needs children and adults that can be found in the community.

These include persons with physical disabilities, which Alamu (1991) identified as persons with hearing disability and or with speech; those that are mentally retarded; those that are physically crippled and those that have visual impairment. It must be noted that these are not the only categories of special needs persons that need rehabilitation. Alamu (1991) is emphatic that most disabled persons want to be rehabilitated because they want to be able to achieve the maximum height attainable in the society as postulated by Maslow's hierarchy of needs. Thus they are desirous of at least being recognized as equal citizens who could join in contributing to the development of society.

Families of People with Disabilities:

It is a truism that families have the primary responsibility for caring for all of their members. There is no doubt that families are the first line of support and assistance for people with special needs at the local level. For this reason, families should be included in Community-Based Rehabilitation programme activities. A family member should be expected to speak for any member who may not be able to speak for himself as a result of disability. Such a family member could be considered a legitimate member of disabled people's organizations. It is gratifying to observe that members of families with experience in caring for people with disabilities are those who most often initiate Community-Based Rehabilitation projects and are therefore considered the most effective contributors to such programmes. Through active participation, families enjoy the satisfaction of seeing a successful community based rehabilitation project initiated and run by them.

Communities:

There has been a growing community awareness that handicapped individuals are not destitutes or street beggars but that they are human beings and unique individuals. Accordingly, there is also a growing community awareness that handicapping conditions should not spell despair, low morale, lack of potential or total loss of ability, poor self image and anxiety among the handicapped.

The communities in which special needs children reside know about the accessibility, availability and effectiveness of locally available rehabilitation services. Their knowledge and ability to impart skills for participation in micro-economic activities enable special needs individuals to want to live, work and stay in the community. This in itself is a remarkable achievement for the community involved in Community-Based Rehabilitation programmes since it means that special needs individuals can be empowered to undertake income generating activities that will help enhance their status.

By having access to Community-Based Rehabilitation, special needs children are given the opportunity to contribute meaningfully to community growth and development.

Local, State and Federal Governments:

Governments stand to benefit a lot from the development and sustainability of Community-Based Rehabilitation programmes. It is in recognition of the benefits that the National Policy on Education in Nigeria (1981) recommended that social services must be provided at the grassroots level. Similarly, in Plateau state, a handicapped education law (1981) aimed at providing free appropriate public education for handicapped children and

young persons with emphasis on special education and related services was promulgated. According to Oni (1991) through the efforts of a rehabilitation committee set up by the Plateau State Government in 1985, the population of special needs children and adults was estimated to be between 400,000 and 800,000.

Early attempts to provide educational services to special needs children and individuals in Nigeria met with resistance because as a result of inadequate information, societal attitudes towards the handicapped was negative. People were known to have asked the rationale behind providing rehabilitation services at very exorbitant rates to special need children who are in the minority at the expense of “normal” children in the general education system then operating.

However, with the introduction of the concepts of integration, mainstreaming and the least restrictive environment in the education of special needs children and the remarkable results achieved over the years, local and state governments in Nigeria are beginning to appreciate the benefits of Community-Based Rehabilitation programmes. Special needs children who successfully pass through a Community-Based Rehabilitation programme have demonstrated the new found freedom and independence endowed upon them. They no longer rely solely on governments to provide their needs, and thus do not over stretch available government resources. No wonder, governments are now supportive of Community-Based Rehabilitation programmes in Nigeria. Governments can facilitate the growth and development of Community-Based Rehabilitation programmes by providing the much-needed human, material and financial resources for non-governmental organizations and community activities.

Non-Governmental Organizations:

These include organizations of people with disabilities that more often than not provide the resources and skills to facilitate the development of new programmes especially in areas where such programmes are non-existent. Non-governmental organizations involved in Community-Based Rehabilitation of special needs individuals benefit from some government policies that are geared towards the mobility of resources for their success in rehabilitation. Through this, NGOs become effective facilitators for the development of community members as CBR programme leaders. By so doing, they have added advantage of obtaining maximal satisfaction from their work as volunteers whose major focus is to uplift the quality of society generally.

Medical Professionals:

These have been identified as allied health science professionals, educators, social scientists and other sundry professionals involved in Community-Based Rehabilitation. They are usually in a position as educators and trainers to develop new programmes and initiate or strengthen existing programmes for the benefit of the community in which they work. They have the satisfaction of ensuring support for community efforts by making themselves available and accessible on a referral basis. If they are in government service, they can have the opportunity to advocate and promote Community-Based Rehabilitation programmes as an effective service delivery medium.

The Private Sector:

This sector refers to business and industry, which have the social responsibility to return some of the benefit of its operations to the communities that support it. Initially, the private sector supported their host communities through charity when they donate whatever they feel is needed or appropriate to people with disabilities. It is pertinent to point out that the private sector is a beneficiary of Community Based Rehabilitation programmes in that they are offered the opportunity to be actively involved in the resuscitations of optimal performances by special needs persons. Supporting Community-Based Rehabilitation programmes is believed to eliminate the need for charity. The private sector therefore enjoys the singular benefit of contributing to the growth and development of their host communities.

Merits of Community Based Rehabilitation in Inclusive Education

Community-Based Rehabilitation is now defined as a community development programme. In inclusive education where the development of inclusive schools is seen as the most effective means for achieving education for all, Community-Based Rehabilitation policies should be backed by political commitment at both the national and community level. While communities must be seen to be playing a key role in developing inclusive schools, there must be encouragement and support based on the known merit of Community-Based Rehabilitation services. Ajobiewe (1991) outlined the merits of Community-Based Rehabilitation as follows:

- i. It creates a situation that allows each disabled person to live as fulfilling, self-reliant and whole a life as possible in close association with other people
- ii. It helps other people-family, neighbours, school children. Members of the community to accept, respect, feel comfortable with, assist (where necessary), welcome unto their lives, provide equal opportunities for and appreciate the abilities and possibilities of disabled people.
- iii. Community-Based Rehabilitation schemes cut costs enormously. It does not require huge additional inputs from a government already hard pressed.
- iv. It is a creative reduction of existing resources to develop and expand rehabilitation.
- v. It takes care of the vast majority of special needs children and adults.
- vi. It enhances a high level of adaptation and properly fits the clients into the environments that they belong.

Constraints to Community Based Rehabilitation

Inadequate funding is perhaps the most urgent constraints to the provision of Community Based Rehabilitation services to special needs individuals in the inclusive educational setting. Okuoyibo (2003) stated that lots of evidence abounds to prove that existing rehabilitation centers in Nigeria are not properly funded. Mba (1995) stated:

There is no doubt that the present system of financing special needs provision in Nigeria leaves much to be desired. Inadequate funding arrangements has led to haphazard and somewhat half-hearted implementation of programmes on special needs provision (pg 73-74).

Lack of funds leads to poor provision of infrastructure and equipment as well as the procurement of adequately trained personnel. That is the position of many Community-Based Rehabilitation programmes in Nigeria today.

Another constraint to such laudable programmes in Nigeria is poor staffing or where staffing is available, the quality leaves a lot to be desired. Okeke (1998) investigated two centers in Enugu State and reported that personnel at the centers are mostly not qualified for the job. Similarly, Okuoyibo (1996) reported that best-qualified staff at four centers visited across the whole country hold the NCE certificate while some un-certificated craftsmen are in charge of craft and other skill areas.

Better-qualified personnel are often not attracted to serve in these centres due to government lack of interest in the well being of people with special needs. Furthermore, it is believed that the centres or facilities are not made attractive with adequate remuneration hence the inability to attract quality staff.

The negative attitude often shown towards special needs persons is another area of constraint to Community-Based Rehabilitations. Okuoyibo (2003) is of the view that social workers, special education graduates and other related personnel do not show interest in working with disabled persons.

Community-Based Rehabilitation for special needs children and adult require the use of modern equipment. Unfortunately, one of the serious constrains to such programmes in Nigeria centre around the lack of equipment and machinery to facilitate training. Where equipment and machinery are available, it is either they have broken down or they are obsolete. Shown (1991) after carrying out a survey of 53 rehabilitation centres in 10 states of Nigeria reported that lack of facilities pose a major hindrance to effective special needs provision. In this respect, rehabilitatee are not exposed to the use of specialized equipment, which affects the outcome of their training.

One of the major aims for rehabilitating special needs persons is to make them acquire skills that will enable them to be gainfully employed and become self-reliant. Therefore, as pointed out by Okuoyibo (2003) and Ozoji (2002), rehabilitation becomes incomplete if after training, the rehabilitatee is not gainfully employed. Special needs persons are not encouraged to obtain training in rehabilitation centres because they see that those who graduated from such centres are not gainfully employed. It is usual to see them begging on major streets across the country with various state governments making pronouncements designed to discourage street begging etc.

For service delivery to be effective especially in Community-Based Rehabilitation, mandatory legislation giving support for such programmes are needed to be put in place. Eleweke (1998) sees legislation as a key strategy for improving services provided to individuals with special needs. According to him, legislation is required to give full backing to all activities and policies made towards improving the lots of every person including special needs individuals.

This is not the case in Nigeria unlike the USA which has public law 94-142 Education of All Handicapped Children Act of 1975 which gives total backing to the compulsory and right to education of children with disabilities in the United State of America. Although the National Policy on Education (1981) made some provisory statements about education and service delivery for the special needs children, there is an absence of mandatory legislation to give support for their implementation. Indeed legislation that would make mandatory provision for job placement for special needs individuals is highly required. The same goes for accessibility to public buildings and institutions where ramps and other mobility assistance in the environment need to be provided. It is only when legislation is made in respect of the provision of facilities that effective service delivery for special needs persons can be guaranteed.

Conclusion and Suggestions:

According to Kolo (2003) the purpose of Community Based Rehabilitation is not only to equip the individual with the necessary competencies that would enable such an individual to attain a better status of integration into the society but to make the rehabilitee more effective. However, it has been noted (Okuoyibo, 2003; Dafilok, 1992) that existing rehabilitation centres for special needs children and adults are serving only the privileged few in the urban areas leaving out the majority who can be found in local communities.

In the light of the above, the following suggestions for improvement in Community-Based Rehabilitation services delivery are hereby made:

Community-Based Rehabilitation should be encouraged and developed to the fullest since it is an effective strategy for improving service delivery and ensuring equal opportunities for all persons with special needs.

There is urgent need for a reliable data on special needs children and adults in Nigeria. Thus the need for a census of persons with disabilities cannot be over emphasized. This makes for effective and realistic planning, implementation, monitoring and evaluation of Community-Based Rehabilitation services for special needs persons.

Non-governmental organizations, private organizations, philanthropists etc should take active part in the initiation, development and operations of Community-Based Rehabilitation projects to reduce the burden being handled by government.

Special needs individual should create pressure groups to intensify public awareness and advocacy campaigns. As part of the campaign for public awareness on support services for Community-Based Rehabilitation, pressure groups acting for and on behalf of special needs individuals should take advantage of public relations and the mass media as effective tools for the improvement of attitudes towards the provision of such services.

The national poverty alleviation programme should be effectively used to contribute more meaningfully to the initiation development and operation of more Community Based Rehabilitation programme for persons with special needs. This must be based on the premise that rehabilitation cannot be said to have seen successful until the rehabilitee is gainfully employed.

In the light of the above, it could be deduced that community –based rehabilitation have a very important role to play if the Salamanca statement and framework for action (1994) would be practicable in Nigeria.

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