

Community Participation in CBR Programme in Nigeria

There is a growing recognition that the involvement of local communities in most health related programmes help in sustaining such programmes. Members of the community should take greater responsibilities in planning, implementation and evaluation and ultimately ownership of the programmes. CBR projects are no exception.

CBR programme in Nigeria has helped improve the quality of life of PWDs and their families in various communities. In spite of these tremendous contributions, the community involvement in the programme is not encouraging.

It is against this back drop that this article highlights on the need of community involvement in CBR programmes in Nigeria. The deplorable conditions of PWDs in Nigeria and other developing countries is increasing and has become a global issue. This calls for the attention of all and sundry including health and social workers in the national and international arena.

According to a recent survey carried out by the WHO it is estimated that about 10% of any given population are PWDs. In Nigerian terms, this translates into 14million people out of a population of more than 140million people (2006 National Census figures). In West African sub region this figure (14million) is more than the population of countries like Sierra Leone, Liberia, Togo, Mali, Guinea Bisau, Cape Verde and Benin Republic

(DFID 2006). It is definitely preposterous and wicked to ignore such a great population of fellow citizens.

Community participation in health care and rehabilitation is not a new thing. It was largely industrialisation and professionalisation of medicine and rehabilitation that took the responsibility for Medicare and rehabilitation from control of the community and put it in institutions run by professionals.

In our days, professionals have largely taken over responsibility for making decisions and implementation of health programmes including CBR, with less and less involvement of the individual, family and the community. Programmes are planned and implemented by professionals based on what they judge is best for the community. This leaves the community as passive recipients of services. Health messages are composed and delivered to the people mainly as a means of convincing them to carry out recommendations that health professionals think are good for their health and wellbeing. Little wonder that most health education messages end with the advice “...see your doctor” and not “take care of yourself...” A new partnership built on mutual cooperation between CBR and community must emerge. The sustainability of CBR projects will depend on the strength and direction of this new partnership.

CBR programme aims at reaching out and bring help to people in their homes with the help of family, church and entire community. It raises community disability awareness

and challenging prejudices. Enlightenment is given on problems of any form including prevention, early detection, treatment and rehabilitation services.

For the programme – CBR to be effective, volunteers from communities or villages concerned are needed. There are those to assist us locate people with problems in their homes and plan ways to help them.

Nigeria being a component of the global community is obliged to embrace every meaningful programme approved by WHO committed to the benefit of the less privileged and the disabled members of every community. The introduction of Public Health Care Programme and the CBR programme are steps in the right direction to alleviate the suffering of the poor and the needy in our community.

Certainly, in order to achieve a balanced society, rights based services – CBR programmes with effective community participation, should be provided to the disadvantaged sections, such as the disabled to enable them live a normal and useful life in the community. According to the 2000 end of the year CBR project report of St. Joseph Rehabilitation Centre, Ukana Iba, in Akwa Ibom States “the disabled constitute a greater percentage of the weaker section of CBR operational areas, are vulnerable to exploitation, worst sufferers and most neglected”

Suffice it to say that the CBR in our rehabilitation centre now administered by Sister Fidelia Unigwe was designed to aid the disabled at their homes. Under the programme,

the families, churches, village councils, Governments at all levels, clubs and other organisations forming the communities are made to realise their responsibilities to PWDs and to participate in rehabilitating them morally and otherwise.

This programme started with enlightenment campaigns in Primary Schools and Health Centres. Full CBR services started in 1993 and we have been able to cover the following areas. Odot Ikot, Ikpe Annang, Utu Ikot Ukpung and Ekpenyong in Essien Udim Local Government area, Ntak Ibesit in Oruk Anam Local Government area and Minya Ntak in Mkpate Enin Local Government area.

The services are for people with physical and mental problems as well as destitute: the details which are given in the statistics for 2001 service year below:

PROBLEMS	ODOT IKOT	IKPE	EKPENYONG	UTU IKOT UKPONG	MINYA NTAK	NTAK IBESIT	OTHERS	TOTAL
POLIO	29	10	13	11	35	19	6	123
C.P/OTHERS	7	8	10	5	14	12	11	67
CONG. DEFORMITIES	11	16	14	9	15	10	7	82
ERB'S PALSY	13	14	10	8	17	19	3	84
MALNUTRITION	21	26	37	14	29	38	47	212
STROKE	4	15	8	7	11	13	3	61
DOWN SYNDROME	3	19	11	7	13	17	6	76
SPINAL CODE INJURY	-	1	3	1	5	7	3	20
FRACTURES	3	-	-	2	4	6	7	22

VOC. REHAB	2	1	1	1	3	1	3	12
GENU/VALGUS								
RECURVENTURE	5	6	7	3	11	13	1	46
EPILEPSY	7	1	3	4	9	7	11	42
TOTAL	105	117	117	72	166	162	108	847

SOURCE: CBR Project Report 2001 Service Year

The above table shows that some corrective measurers rendered by St. Joseph Rehabilitation Centre sponsored by some organisations and good spirited individuals such as Mr. Nsentip Akpabio, Ukana Ikot Ntuen had on several occasions sponsored some out patients and in patients psychotherapy treatment for patients of every age (mostly children with disabilities). He also empowered them financially as well as donating mobility aids, crutches, wheelchairs, callipers etc to them. These are practical issues that other well to do members of the community should emulate.

However, Christian philanthropic organisations within and abroad have taken up the responsibility. NGOs have become major sponsors of nearly all relief projects launched for the welfare and upkeep of PWDs.

Interestingly, our own rehabilitation centre for PWDS, St. Joseph Ukana Iba in Ikot Ekpene Local Government Area of Akwa Ibom State provides services such as physiotherapy, counselling, primary eye care, sports/recreational activities, vocational training and job placements etc.

People can also contribute in one way or the other to support centres. One way of doing this, is for members of the communities – families, civil leaders, philanthropists, religious organisations, NGOs operating in various sections of communities of the country etc to participate fully in CBR programmes in the enlightening of the public on the need for community based rehabilitation, sponsoring of volunteers on field work, to enable the field workers render effective services to the rural and remote areas of the communities.

Another way is by donations in cash and kind. The concept of CBR is based on communities participating in all forms of rehabilitation programmes designed for the benefit of the PWDs. Such gestures can attract international NGOs, local organisations and Governments to provide technical support, grants and equipment to enhance sustainability for CBR programmes in our communities.

Participation at all stages will enable any community to initiate a programme, fund the project, run and monitor it and evaluate its success or failures in favour of PWDs.

Community participation helps to reduce cost of rehabilitation and integrates traditional methods and local materials. The Catholic Church through one of our religious organisations “The Daughters of Charity of St. Vincent de Paul” have been playing a leading role in rehabilitation programmes in our diocese over the years. Thanks to our local Ordinary Rt. Rev (Or) CA Itokudu of Ikot Ekpene Catholic Diocese who I maintaining a standard of rehabilitating people with various disabilities. Much is still

needed to be done to create awareness in the communities about the obligation of all the faithfuls in participating, initiating and running CBR projects to aids PWDs in their communities.

Also worthy to mention here is another NGO – Social Justice Association, Ikot Ekpene, as part of their contribution to CBR programme had recently organised a workshop to help train prison staff on the role of reforming, counselling, recreational and educational activities and most especially the vocational aspect of the reformation of innocent or ignorant criminals. This is a practical demonstration that calls on humanitarian bodies, good spirited individuals to emulate such gestures.

I also wish to draw our attention to a disability group called “Akwa Ibom State Joint Association of Persons with Disabilities” With this group, despite their condition; the partially disabled ones offer themselves to our rehabilitation centre, St. Joseph, as volunteers in field work in the area of orientation and mobilisation to meet the growing need of field workers.

They go into remote and rural communities by motor cyclists sponsored by our centre to look for children with disabilities and possibly inviting those with severe cases for orthopaedic/surgical operations. These people also perform some follow up practical case after these surgeries. According to Ability Magazine, Vol 5. 2000 – 2002 “Presently there are warning signals that international donor agencies are reducing or withdrawing their sponsorship to Nigeria and diversifying to other projects in other countries” Disability

being a universal phenomena, the families, civil leaders, religious organisations, philanthropists, good spirited individuals, volunteers should take steps to participate in the CBR programmes.

The PWDs could be adopted by one or more groups or volunteers to their school fees, train them in any vocations, provide walking aids like boots, callipers, crutches, wheelchairs, tricycles etc. All these are practical social issues that the community members should adopt as part of community participation in CBR projects in our communities.

There is disputing facts that it remains a huge task on how to extend CBR services to most rural communities in the country. Foreign NGOs and the Government do not have enough resources to make CBR services available to every community. It is only when NGOs like CBM, the Government and the local community come together and form a partnership that CBR services can be made available to more PWDs.

Most at times the effective use of resources brought in from outside and those generated from within the community is a key requirement for the sustainability of CBR projects.

Also, a joint action of the community towards disabilities is one sure way of guaranteeing full integration of PWDs in all aspects of community life – integration of PWDs in all aspects of community life, religion, trade, sports, education, marriage etc. Provision of moral and political support to CBR by local chiefs, opinion leaders, religious

organisations, families, philanthropists, volunteers could help sustain the CBR programmes in most rural communities.

In order to achieve the objectives of CBR as a strategy within community development for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of PWDs in our communities, it is incumbent on us to involve ourselves in various CBR programmes highlighted above to enable sustain the programme.

Effiong Umo Umoh

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