Research Article

The Role of Opportunity Skills Training Centre in Reducing Poverty among Physically Challenged Persons in Kenema City

¹Joe Diawo, ²Michael Jusu and ³Dauda Kpakra

¹Eastern Technical University of Sierra Leone, Head, Department of Community Development Studies.

²Eastern Technical University of Sierra Leone, Lecturer, Department of Development Agriculture and Natural Resources Management.

³Sargent, Criminal Investigation Department, Sierra Leone Police Force, Kenema Division. Corresponding Author Email: joediawo@gmail.com

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Abstract: This research is an assessment on the Role of Opportunity Skills Training Centre in Reducing Poverty among Physically Challenged Persons in Kenema City. The research takes a keener look at the topic in order to bridge the information gap on the topic in the existing literature.

The specific objectives of the research were to: a) Identify the causes of poverty among physically challenged persons in Kenema City. b) Analyse the training opportunities provided by the Opportunity Skills Training Centre in Kenema City especially for physically challenged persons. c) Identify the categories of physically challenged persons trained at the centre. d) Analyse the enrollment of the centre (young/old/male/female). e) Outline the challenges faced by the centre and f) Enumerate the impact of the training on the trainees. A questionnaire was administered and interviews conducted to gather the data used to arrive at the findings of the investigation.

The findings reveal that: a) The causes of poverty among physically challenged persons in Kenema City have been the lack of education, lack of employment, limited access to healthcare and the lack of appropriate equipment to learn certain skills. b) The training opportunities provided by the Opportunity Skills Training Centre include tailoring/embroidery, metal work/blacksmithing, electrical and electronic engineering and hair dressing. c) The categories of physically challenged persons trained at the centre included polio survivors, the blind, amputees, the deaf and dumb. In addition, there were also able bodied persons enrolled with the centre for training. d) The enrollment of trainees at the centre was 108 of 66 males and 42 females. e) The challenges faced by the centre were low level of education of trainees, lack of employment, limited access to healthcare facilities by disabled persons, lack of scholarships for tutors to upgrade themselves, limited funds to manage/operate the centre and inadequacy of appropriate equipment to teach/learn certain skills. f) The impact of the skills training on the trainees included raising the trainees worth to the family and the public, reduction of street begging by trainee graduates, acquisition of a means of livelihood, potential for marriage and raising families by trainee graduates among others.

The following recommendations were made for the improvement of adult education and subsequently, poverty alleviation among physically challenged persons who go through the OTC in Kenema City: a) Upgrading of adult education for physically challenged persons by increased budget allocation by government and its donor partners. b) Provision of appropriate adult teaching and learning materials. c) Helping trainers/tutors with scholarships to upgrade themselves and the creation of opportunities for adult education providers to visit other adult education centres within Sierra Leone and elsewhere to learn and acquire more knowledge and skills for teaching physically challenged persons. d) Provision of assistive devices such as wheel-chairs, crutches, scoters, walkers,

lenses, and other equipment to help the disabled to move around without anyone to aid them to do their work successfully. e) Promoting mass sensitization campaign in various communities and the nation at large about the availability of opportunities to access formal and non-formal education centres, healthcare and job facilities with other able bodied persons. f) Close monitoring of adult education programmes by the adult education unit of the Ministry of Technical and Higher Education. g) Respectful treatment of adult learners by tutors. h) Establishment of more adult education centers especially for persons with disability in the City of Kenema to increase the opportunity for disabled persons to enroll without cost. i) Creation of Jobs facilities for trainee graduates to meet their livelihood needs. j) Provision of start off kits for trainee graduates. **Keywords**: Physically challenged, empowerment, poverty, begging, alleviation, livelihood,

equipment.

1. Introduction

The world is grappling with taking care of a huge number of physically challenged persons. The World report on disability (WRD), the first document to give an extensive global picture of the situation of people with disabilities, their needs, and the barriers they face to participating fully in their societies shows that more than 1 billion persons in the world have some form of disability. This corresponds to about 15% of the world's population. Between 110-190 million people have very significant difficulties in functioning. People with disabilities are more likely to be unemployed than non-disabled people. In Organisation for Economic Co-operation and Development countries, the employment rate of people with disabilities (44%) is slightly over half that for people without disabilities (75%) (WHO, 2011).

People with disabilities often do not receive needed health care. Half of disabled people cannot afford health care, compared to a third of non-disabled people. People with disabilities are more than twice as likely to find health-care providers' skills inadequate; nearly three times more likely to be denied health care; and four times more likely to report being treated badly than non-disabled people (World Report on Disability, 2011).

People with disabilities experience increased dependency and restricted participation in their societies. Even in high-income countries, 20-40% of people with disabilities lack the required help to engage in everyday activities. In the United States of America, 70% of adults with disabilities rely on family and friends for assistance with daily activities.

Disability prevalence is high and growing, due to aging populations and the increase in chronic conditions. Other factors like road traffic crashes, violence and disasters contribute to the growing numbers in certain contexts. Disability disproportionately affects vulnerable populations (women, older people and those who are poor). Disability is very diverse, despite the stereotypical view of a disabled person as a wheelchair user. People with disabilities face barriers in accessing services. Many of the barriers people with disabilities face are avoidable, and the disadvantages associated with disability can be overcome. Too often, professional and other service personnel with whom disabled persons come into contact fail to appreciate the potential for participation by disabled persons in normal social experiences and thus do not contribute to the integration of disabled individuals and other social groups.

Because of these barriers, it is often difficult or impossible for disabled persons to have close and intimate relationships with others. Marriage and parenthood are often unattainable for people who are identified as "disabled", even when there is no functional limitation to preclude them. The needs of mentally handicapped people for personal and social relationships, including sexual partnership, are now increasingly recognised. The International Development Strategy for the Third United Nations Development Decade states that particular efforts should be made to integrate the disabled in the development process and that effective measures for prevention, rehabilitation and equalisation

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of opportunities are therefore essential. Positive action to this end would be part of the more general effort to mobilise all human resources for development. Changes in the international economic order will have to go hand in hand with domestic changes aimed at achieving full participation by disadvantaged population groups (The Guardian, 2011).

To the extent that development efforts are successful in bringing about better nutrition, education, housing, improved sanitary conditions and adequate primary health care, the prospects of preventing impairment and treating disability greatly improve. Progress along these lines may also be especially facilitated in such areas as: a) The training of personnel in general fields such as social assistance, public health, medicine, education and vocational rehabilitation; b) Enhanced capacities for the local production of the appliances and equipment needed by disabled persons; c) The establishment of social services, social security systems, cooperatives and programmes for mutual assistance at the national and community levels; d) Appropriate vocational guidance and work preparation services as well as increased employment opportunities for disabled persons.

Since economic development leads to alterations in the size and distribution of the population, to modifications in life styles and to changes in social structures and relationships, the services needed to deal with human problems are generally not being improved and expanded rapidly enough. Such imbalances between economic and social development add to the difficulties of integrating disabled persons into their communities.

Often, disabled persons have taken the lead in bringing about an improved understanding of the process of equalisation of opportunities. In this context, they have advocated their own integration into the mainstream of society.

Despite such efforts, disabled persons are yet far from having achieved equal opportunities and the degree of their integration into society is yet far from satisfactory in most countries. Physical disability is a limitation on the physical functioning, mobility, dexterity or stamina of a person. Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorders. Prenatal disabilities are acquired before birth due to diseases or substances that the mother is exposed to during pregnancy, embryonic or fetal developmental accidents or genetic disorders. Perinatal disabilities are acquired between some weeks before to up to four weeks after birth in humans. These can be due to prolonged lack of oxygen or obstruction of the respiratory tract, damage to the brain during birth due to the accidental misuse of forceps or premature delivery of a baby. Physically disability may also be caused by genetic disorders, injuries, obesity, infection or other illnesses. These may also be caused due to genetic disorders.

Mobility impairment includes upper or lower limb loss or impairment, poor manual dexterity, and damage to one or multiple organs of the body. Disability in mobility can be a congenital or acquired problem or a consequence of disease. People who have a broken skeletal structure also fall into this category.

Visual impairment is another type of physical impairment. There are hundreds of thousands of people who suffer greatly from minor to various serious vision injuries or impairments. These types of injuries can also result in severe problems or diseases such as blindness and ocular trauma. Some other types of vision impairment include scratched cornea, scratches on the sclera, diabetes-related eye conditions, dry eyes and corneal graft, macular degeneration in old age and retinal detachment. Hearing loss is a partial or total inability to hear. Deaf and hard of hearing people have a rich culture and benefit from learning sign language for communication purposes.

People who are only partially deaf can sometimes make use of hearing aids to improve their hearing ability. There are persons with deviations of speech and language processes which are outside the

range of acceptable deviation within a given environment and which prevent full social or educational development.

Physical impairment can also be attributed to disorders causing, among others, sleep deficiency, chronic fatigue, chronic pain, and seizures.

Following the end of the Ten Years Brutal Rebel war in Sierra Leone in 2002, government focused on poverty alleviation in the country with particular attention to the war ravaged rural communities. The initial national strategy was to formulate the Poverty Reduction Strategy Paper (PRSP) which had the mandate to provide guidelines and strategies to national action on reducing poverty in the country. This call attracted the support of International Non-Governmental Organisations and Institutions to implement viable programmes and projects, with the general objective of helping the populace to reduce the abject poverty inflicted by the war on the rural population in particular. To meet that aim, poverty reduction concepts and strategies were injected into the programmes of institutions and organisations.

Educational Programmes have been receptive of the idea which led to the expansion of Adult Education Programmes in the country with the main aim of combating poverty through the education of rural adults. The general conviction has been that through effective informal education involving income generating activities, agricultural productivity, and skills training in relevant areas, the rural adults (especially young men and women) can gradually become self-reliant leading to diminishing poverty (World Development Report, 2000/2001).

The Opportunity Skills Training Centre (OTC) in Kenema City, Eastern Sierra Leone, is among the prominent Adult Education Institutions that were purposely founded to provide literacy and skills training to make physically challenged young adults (men and women) self-reliant. The centre focused on skills training for persons with disabilities (PWDs) in the areas of:

- ✓ Tailoring and embroidery,
- ✓ Hairdressing and cosmetology,
- \checkmark Metal work, welding and blacksmithing and
- ✓ Electrical and electronic engineering.

The target beneficiaries were polio survivors. As the institution evolved over the years, it became evident that it should transit from merely operating as a skills training centre to an Advocacy and Empowerment Organisation. To that end, it has also shifted its focus from only targeting polio survivors to all other types of physically challenged persons in Kenema City. However, supporting skills training programmes to this set of people makes them move away from begging to learn livelihood skills for earning income for their survival in a dignified manner and hereby contributing to nation building. In 2008, the adult education component was added to the curriculum with support from world vision Sierra Leone. The OTC was relocated to its campus at Clarks Quarters Road, Off Maxwell Khobe Street, Kenema with training workshops and had received accreditation and approval from the then Ministry of Education, Science and Technology MEST (now Ministry of Technical and Higher Education (MTHE) and operates as a Technical Vocational Education and Training (TVET) Centre as part of its empowerment programmes to contribute to improving the country's middle level manpower.

Adults enroll with the institution for various courses to acquire the requisite skills to attract empowerment or become self-employed in various communities. Notwithstanding, the institution provides certificates to learners after completion of the skills training programmes and are recognised by employers in both the private and public sectors. The primary objective of this research was to investigate the impact of skills training and adult education intervention of the Opportunity Skills Training Centre among physically challenged persons in Kenema City over the years. The Government of Sierra Leone and Non-governmental Organisations (Local and International) have over the years addressed poverty using numerous strategies involving huge amounts of resources with the general objective of alleviating poverty in the rural communities of Sierra Leone. Such strategies have included skills training in various technical and vocational areas for income generation as aspects of adult education programmes. In spite of the persistent emphases on such training in rural communities all over the country, not much impact is evident following the implementation of most of the projects (UNESCO, 1990). Adult Education and lifelong learning have been cited as key to achieving international development targets designed to rescue poverty levels around the world (UNESCO, 2009). The impact of the opportunities depends on the coping and enabling strategies for the respective stresses and opportunities. Education has a role to play in nurturing skills, knowledge and understanding necessary for reducing the risks of poverty and for providing the capacity to withstand poverty including pressure in a fast changing and unpredictable world. This research focuses on finding out the extent of impact that the Opportunity Skills Training Centre in Kenema City has had on physically challenged persons in the municipality.

Objectives of the study

The aim of this study was to find out the role of Opportunity Skills Training Center in reducing poverty among physically challenged persons in Kenema City.

The specific objectives of the investigation were to:

- a) Identify the causes of poverty among physically challenged persons in Kenema City.
- b) Analyse the training opportunities provided by the Opportunity Skills Training Centre in Kenema City especially for physically challenged persons.
- c) Identify the categories of physically challenged persons trained at the centre.
- d) Analyse the enrollment of the centre (young /old/male/female)
- e) Outline the challenges faced by the centre and
- f) Enumerate the impact of the training on the trainees.

The degree of attention paid by government and Non-Governmental Organisations to Poverty Alleviation and the resources directed towards Adult Education and Skills Training in the rural areas justify the need to investigate the extent to which such programmes are making positive impact on physically challenged persons. OTC offers skills training programmes like tailoring, metal work, catering/food management, electronic and electrical engineering and hair dressing in order to enable the trainees meet their livelihood needs. The findings of this research can help to raise awareness of government and other funding agencies and implementing partners of the successes and short comings of poverty alleviation programmes.

- ✓ The report may serve as guide in the planning and implementation programmes by Opportunity Skills Training Centre in Kenema City and similar other training centres elsewhere.
- ✓ Other researchers can use the results of the findings to undertake similar investigations in other institutions providing similar training opportunities in other communities within and without Sierra Leone. Findings can be compared and common strategies can be adopted for the solution of problems faced by the centres therein.
- ✓ The research can as well help to market the centre and attract external funding support so that some of the challenges faced could be minimised.
- ✓ The research could serve as a reminder to the staff of the institution that they need to try their best to meet the purpose for which the centre was established and not merely use it as a hob for meeting their own selfish interests.
- ✓ Persons with disabilities are found everywhere all over the world. The research findings when published can serve as a motivation to other communities to see how best they too can initiate training programmes for people living with disabilities.
- ✓ The research is also believed to help change the dynamics regarding the level of neglect persons with disabilities have envisaged when it comes to the provision of opportunities that enhance their empowerment.

Methodology

Design of Study

The study is an investigation into the role of opportunity training centre in reducing poverty among physically challenged persons in Kenema City, Eastern Sierra Leone. Both quantitative and qualitative data were gathered. This chapter describes the study area, the research population, population sample, research instruments, method of data collection and analysis.

Description of Study Area

Kenema is in the Nongowa chiefdom in Kenema District, Eastern Region of the Republic of Sierra Leone. It is the chiefdom, district and regional headquarters of Nongowa Chiefdom, Kenema District and Eastern Region respectively. Kenema is the second largest and populous settlements in Sierra Leone with a population of 200,443 (2015 National Population and Housing Census). The city is divided into two section; Gbo-Kakajama and Gbo-Lambayama. An account by the town chief, Chief Momoh Ngombulango revealed that Kenema originated from its nearby villages Gombu, Lekpetieh, Kondebotihun and Tissor through Pa Momoh and Pa Vandi who were his grandfathers and also warriors; the result of good soil for agricultural production.

The town was initially called "Ken-ken ma". However, with the advent of the white men, the name changed to its current version. Pa Samba Kahunla married Mamusuwa, a native of Largo town and also daughter of Madam Mamie Matoe, the first (Paramount chief of Nongowa Chiefdom). They gave birth to Alpha Lamgbeh Samba as their first Son. Pa Samba Kahunla later died and Pa. Saffa Koroma form Pujehun District married Mamusuwa and they gave birth to Saffa Koroma alias Saffa Guyu. After some years, Madam Mamie Matoe died and her daughter Madam Humunya succeeded her as the second Paramount Chief of Nongowa. During her chieftaincy, Largo town was the chiefdom headquarters. Few years after her election, she left Largo and moved to Kenema and settled at Nyayawama now in Kenema City. She was highly engaged in swamp rice farming. This led her subjects to rebel against her and appointed Chief Kaisamba as the third Paramount Chief. He ruled for twelve years and was impeached on account of his persistent dancing in hammock within the township which his people did not admire. Subsequently Paramount chief Vanguhun the first took over the power and ruled for two years and passed away. This urged the people of Nongowa to elect Amara Vanguahun the second as the next Paramount Chief. He too served for a couple of years and died. In 1942, Alpha Lalugbah succeeded him. Based on his educational background, he ensured some developmental activities in the city like the construction of Kenema Government Hospital, Government Technical Institute which was merged with the former Bunumbu Teachers College to become the Eastern Polytechnic in 2002 and now transformed into the Eastern Technical University of Sierra Leone and the Government Secondary School Kenema in 1952.

The Kenema Government Hospital situated along Combema Road is the main hospital in the city that has trained and qualified medical personnel. The Eastern Technical University has its main campus in the city at the moment. The institution offers different courses and skills training programmes for specific periods. There are secondary, primary and nursery schools in the city. Kenema is a predominant Mende settlement although there are people of other ethnic backgrounds such as Fulla, Temne, Madingo, Soso, Limba Kono and Kissi. The people are engaged in various economic activities like business, transportation and agriculture dominated by food crop production, and cash crop farming. Other people do mining and clerical activities. The bulk of the people in Kenema City largely depend on trade. However, the fertile soil enhances the production of both food and cash corps. Rice, maize, beans, cassava, potato, yam are produced for subsistence while cocoa, coffee and oil palm are grown for commercial reasons. Ruminants such as sheep and goats are also raised.

The Opportunity Training Centre (OTC) in Kenema offers training programmes like carpentry, masonry, electrical and electronic engineering, blacksmithing, gara tying and dying, weaving, needle work, tailoring, hair dressing and metal work. Kenema in the Eastern Region like many other regions

in Sierra Leone has vulnerable groups. The groups are made up of war widows, amputees, orphans and the war wounded. Some of the vulnerable groups have been supported by World Vision to acquire some employable skills at the Opportunity Skills Training Centre.

Sample

This research was carried out among a population of one hundred and eight adult learners at the Opportunity Skills Training Centre. Of this number; sixty-six were males and forty-two females which constituted the sample population. This was done to ensure easy management of the sample.

Research Instruments

Two research instruments-questionnaire and interview schedules were used to collect the data for this investigation.

Questionnaire

A questionnaire was developed and administered to the head of the adult education centre. This was done because his literacy level was appreciable enough to enable him fill the questionnaire. Besides, he was found to be very busy and so it was more convenient to gather information from him by means of a questionnaire which he filled at his leisure.

Interview Schedule

This instrument was used to gather information from the adult learners who were not literate enough to be able to fill questionnaires. Much more information was gathered from the conduct of the interviews than form administering the questionnaire.

Method of Data Collection

The researcher administered the questionnaire and conducted the interviews. The researcher initially met the head of the adult education centre informed him that his centre the Opportunity Skills Training Centre was selected for the purpose of an investigation on the Centre in recuing poverty among physically challenged persons in Kenema city. The head of the centre expressed his joy for the choice of his centre for a research exercise. He promised to give the support that was needed to carry out the research. The researcher told the head that there was a questionnaire that he was to fill as head of the centre and he readily accepted to do so. A time was agreed between the researcher and the head of the institution for the return of the filled questionnaire. In addition, the head of the institution took the researcher round the centre to be introduced to the staff and trainees. He told them that the guest was conducting a research on the centre and asked them to give him the support he needed in doing the research. With the help of the tutors, the researcher was able to get eighty adult learners to conduct the interview. A meeting was held with the interviewees during which they agreed on the dates, time and venue of the interview. The interview was held separately for males and females. The interview for the males was done in three phases of fifteen respondents each and twice for the females. During the interview, the researcher posed the questions and recorded the responses provided by the respondents. Items which were not clear were rephrased to make the meaning clear and to solicit appropriate responses from the interviewees. Permission was sought from the respondents to display their photos for the purpose of the research.

Data Analyses

Data collected from the investigation were analysed both quantitatively and qualitatively. Part of the data were analysed qualitatively in tables, frequencies, percentages and charts; and part were analysed qualitatively in narrative form.

Results and Discussions

Data to investigate the role of Opportunity Skills Training Centre in reducing poverty among physically challenged persons in Kenema City was gathered through questionnaire and interview schedules. The results of the findings are analysed and presented in this chapter.

Enrolment of the Training Centre

The Opportunity Skills Training Centre in Kenema City enrolls physically challenged and ablebodied persons (youths/adults) into various skills training programmes including hairdressing, tailoring, embroidery, black smiting/metal work, catering/food management and electrical and electronic engineering for a specific period. Table 1 shows the enrollment of trainees in centre.

Training Provided	Enrolment		
	Male	Female	Total
Hairdressing	-	8	8
Tailoring/embroidery	16	25	41
Blacksmithing/metal work	30	-	30
Catering/ food management	-	9	9
Electrical and electronic engineering	20	-	20
Grand total	66	42	108
Source: Data Collected, 2021.			

 Table 1. Enrolment of the Respective Skills Training Courses of the Centre

Table 1 shows that male enrolment at the centre was greater than female enrolment. The enrolment had a gender prospective in that more men than women enrolled for skills that are culturally thought to be fitting for men. Tailoring/embroidery (38%) had the largest number of trainees. This was because most of the trainees had some basic formal education. By this, 17% obtained primary school education, 19% reached secondary school level and 2% acquired Quoranic Education. 28% of the trainees enrolled for blacksmithing/ metal work and were all men. The fact here is that, metal work is highly labour intensive though it is fast money making training course. Hairdressing had 7.4% and catering/food management 8.3% had only female trainees. Men do not pay much attention to such a skill as females strongly believe that they are the best cooks. Also, the culture of the society paints this trade as occupation for women and so many men frown at the idea of choosing them for careers. Electrical and electronic engineering had 18.5% trainees.

This aspect of the training programme had only males. An interview with the trainees revealed that the technicality involved in the repair of certain electronic machines is only exhibited by males. Many female trainees held the perception that it is not proper for them to enroll for such jobs.

Figures 1-4 shows the various skills training provided by the centre.



Figure 1. Tailoring/Embroidery at the Opportunity Skills Training Centre in Kenema City

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Figure 2. Electrical and Electronic Engineering at the Opportunity Skills Training Centre in Kenema City



Figure 3. Blacksmithing/Metal Works at the Opportunity Skills Training Centre in Kenema City



Figure 4. Hair Dressing at the Opportunity Skills Training Centre in Kenema City

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The centre is among the prominent adult education institutions in Kenema City founded to provide literacy and skills training to make physically challenged young adult trainees (men and women) self-reliant. The centre focuses on skills training for persons with disability like amputees, the blind and polio survivors. Supporting skills training programmes for these set of people, makes them move away from begging to learning livelihood skills for earning income for their survival and thereby contributing to nation building and poverty alleviation. The centre being a transit point from merely operating as a skills training centre to an advocacy and empowerment organisation, has incorporated able-bodied persons in areas of catering and embroidery.



Figure 5. Category of Persons Trained at the Centre; Source: Data Collected, 2021.

Figure 5 shows that more polio survivors were enrolled at the centre accounting for 40% of the trainees.

This was because the adult education centre was initially established for only polio survivors who were the first set of trainees to enroll at the centre. The able–bodied persons were the second largest group (30%) of trainees. This was due to the fact that the centre allowed ex-combatants and prison graduates to acquire life-long skills that were essential for their transformation. The amputees account for 25% of trainees. Upon an interview with the trainees, it became clear that most of the programmes offered at the center are labour intensive which is therefore not suitable for most of them. The blind being the least, account for 15% of trainees at the centre. Based on interview and observation made by the researcher, it became clear that most of the programmes offered were pursued by visually impaired persons largely due to the absence of essential equipment required by them at the centre. One of the categories of the physically challenged persons, the blind could not enroll for metal work because they would not be able to see the iron to strike while it is fashioned into what they would like to make it. Another group of physically challenged people that had problem with metal work was the amputees especially those who had lost one or both hands and more so those who had lost the hand that they had used to work.

Enrolment and Age Bracket of Learners

Learning is a lifelong process. However, some types of learning are influenced by the age of the learner. At present, Sierra Leone experiences widespread youth unemployment. Some youth have acquired general knowledge thorough formal education, but lack relevant skills that can let them have jobs. This is an issue the government and the educational institutions should pay maximum attention to. The bar chart below gives a picture of the age brackets of the learners that were reached at the OTC institution during the course of the investigation.



Figure 6. Trainees Age Bracket at OTC; Source: Data Collected 2021.

Figure 6 above shows that slightly more than one fourth of the trainees were within the age bracket of 26-35 followed by 15-25, 36-45 years and 46-55 years. It further shows that there were more youths at the centre then the adult. This is usually the case because youths give more of their time to learn something especially when they realize how meaningful it is to them.

Challenges Faced by the Centre

Every human undertaking is bound to face challenges which show the limit of human nature. When challenged are faced and overcome then, man truly becomes God's greatest creation, Scott Hamilton once said: the only disability in life is a bad attitude" this kind of mentality is what is required for everyone who wants to find happiness in life. Trainees at OTC have been no exception. Table 2 shows the challenges they faced.

Table 2. Chancinges faced by Trainces at the Centre			
Challenges	Response	Percentage (%)	
Low level of Formal Education	25	31.25	
Lack of employment Opportunities	20	25	
Limited access to healthcare facilities	15	18.75	
Lack of appropriate equipment to learn certain skills	20	25	
Total	80	100	
Source: Data Collected, 2021.			

Table 2. Challenges faced by Trainees at the Centre

Table 2 shows that majority of the trainees (31.25%) agreed that education was one of the major challenges faced by them. Education is the basic right for all humans in a perfect world. Education would be free and available for everyone as dreamed by Gurudeu Rabindranath Tagore, but the reality is far from it. A large number of disables persons remain out of school and thus they are deprived of basic education. They are not able to run the race of life like other normal persons. To solve this issue, several educational institutions have been established and focuses on the education of their set of people with special needs, 25% stated lack of employment as another challenge. The employment of any citizen is based upon his education and skills he has picked up along the way. When these people are deprived of base education they are bound to fall behind other candidates for that job. The government has introduced schemes which should guarantee jobs for disabled people. 18.75% agreed that access to health centres is another challenge faced by trainees at the OTC. In a country of Seven million, nine hundred and seventy six thousand nine hundred and eighty three (7,976,983) people, the healthcare system is already very stretched. Poor people do not have access

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to proper healthcare and the people with disabilities are worse off. Often people with intellectual disabilities are mistreated by the health workers which makes matters worst. This can be only soled by people awareness and empathy. The disabled people find a speck of good in these situations and help each other in whatever way possible. Thus, it is requested that everyone should make a donation to ensure NGOs are able to cater to their healthcare needs in a much better way. 25% of trainees indicated lack of appropriate equipment to learn certain skills.

Technology is the gift of modern engineering which helps people with disabilities to perform tasks that were previously impossible for them. Most of the technologies run on replaceable batteries or chargeable devices. These assistive devices are made to provide comfort for such people. Technologies for the physically challenged make them more independent and are able to perform the tasks easily. Assistive devices such as wheelchairs, crutches, scoters and walkers help the people to move around without anyone to do their work successfully. They become self-dependent. People who have lost certain limbs are provided prosthetics which become a part of them. People who suffer learning disabilities are given learning aids that help them to listen or at least listen better. Visually impaired person use lenses to identify objects in repairing certain tools.

Impact of the Training on the Trainees

The sustainability of any training programme to a large extent depends on the impact of the training on those who go through the programme. Table 3 shows the impact of OTC skills training programme on the trainees who have gone through the centre that were reached during the course of this investigation.

Table 5. Impact of OTC Skins Training on Trainees				
Impacts	Responses	Percentage (%)		
Income generation	35	43.75		
Value addition	25	31.25		
Community awareness	20	25		
Total	80	100		
Source: Data Collected, 2021.				

Table 3. Impact of OTC Skills Training on Trainees

Table 3 shows that majority of the respondents (43.75%) stated income generation. Employment is an important ingredient of combating poverty and achieving inclusion for all persons, including persons with disabilities (PWD). Employment increases self-sufficiency. Social connectedness and creates a scene of self-worth and dignity for individuals. For persons with disabilities, employment is considered a vital step towards their rehabilitation and empowerment in that it provides a sense of belonging, independence, and increases their social inclusion and overall well-being. Based on the skills acquired by trainees (food, shelter and education) some of the trainees had their children in primary, secondary or Universities aiming at taking the responsibility of their parents in feature. Also, 31.25% stated that they have acquired value addition, to increase access on persons with disabilities trained at the centre, the knowledge, skills and values imparted into the trainees by their tutors and other development partners enhance them to have potential for marriage and bear children. Graduates from training programmes become independent and are able to take care of their immediate family members. Majority of the graduates become self-employed. While others work in institutions. Before this time, physically challenged persons were seen as beggars and abandoned people by family members and the nation at large. Government and Non-Governmental Organization are providing funds to implement viable programmes and projects with the general objective of helping such persons to reduce the abject poverty inflicted by the war on the rural population in particular. This calls the attention of adding value to physically challenged persons. 25% stated that they have community awareness. All over the world physically challenged people are among the poorest of the poor. The disability movement group believes that there are economic and social barriers are so widespread that people are prevented from ensuring a reasonable quality of life.

Conclusion and Recommendations

Third World Countries especially Sierra Leone are racked by poverty. However, as suggested by Mwalimu Julius Kambarage Nyerere "The education of children takes five, ten, fifteen or even twenty years before it can benefit a nation, but the education of adults has immediate benefit on a nation" education and adult education in particular provides the most durable solution to poverty. The main trust of this investigation was to highlight the role of Opportunity Training Centre in reducing poverty among physically challenged persons in Kenema city.

The following were the findings of the study.

- \checkmark Male enrolment at the centre was greater than female enrolment.
- ✓ The enrolment has a gender prospective in that more men than women enrolled for skills that are culturally thought to be fitting for men.
- ✓ Tailoring/embroidery (38%) had the largest number of trainees. This is due to the fact that most of the trainees had some basic formal education.
- ✓ 28% enrolls for blacksmithing/metal work and were all men. The fact is, it is highly labour intensive though fast money making.
- ✓ However, 7.4% of the respondents did hairdressing and 8.3 did catering/food management 8.3%. Only female trainees did catering. Men do not pay much attention to such skills as females strongly believe that they are the best cooks.
- ✓ 18.5% trainees did Electrical and Electronic Engineering. This was due to the technicality involved in the repair of certain electronic machines which only males exhibited.
- \checkmark 40% of the trainees were polio survivors. This is because they were the first set of people to enroll at the centre.
- ✓ The able bodied persons accounted for (30%) of trainees largely due to the centre allowing excombatants and prison graduates to acquire lifelong skills that were essential for their transformation.
- ✓ Amputees accounted for 25% of the trainees. Most of the programmes offered by the centre were labour intensive and not suitable for most of them.
- ✓ The blind were the least of the trainees at the centre accounting for 15%. By this most of the programmes offered were not pursued by visually impaired persons largely due to the absence of essential equipment required by them at the centre.
- ✓ It was clear that one-fourth of the trainees were within the age brackets of 26-35, followed by 15-25, 36-45 and 46-55 years. It further shows that there were more youths at the centre then the adult.

This is usually the case because youths give more of their time to learn something especially when they realize how meaningful it is to them.

- ✓ Majority of trainees (31.25%) agreed that education was one of the major challenges faced by them.
- $\checkmark~25\%$ of the trainees had employment problem.
- ✓ Accessing health centre was another major challenge accounting for 18.75% which the trainees faced.
- ✓ Also 25% of trainees indicated that they lacked appropriate equipment to learn certain skills to enable them meet their live hood.
- ✓ Majority of the respondents (43.75%) stated that they can now generate income.
- ✓ Also, 31.25% of the trainees agreed that they had acquired additional value in their communities and the nation at large.
- ✓ Meanwhile, 25% of the trainees stated having raised community awareness.

The findings from this investigation reveal that the causes of poverty among physically challenged person in Kenema city have been education, lack of employment, access to healthcare and lack of appropriate equipment to learn certain skills which ultimately leads them to become street beggars.

The research further reveals that adult education can help to reduce poverty by reducing unemployment by teaching employable skills, helping learners by promoting good health, fostering judicious use of the limited available resources and ensuring success in livelihood.

Recommendations

From the foregone, it is clear that the role of opportunity training centre as adult education institution in Kenema city in the overall national development, but even more so in poverty reduction among physically challenged persons and able-bodies is tremendous.

The following recommendations are therefore made to improve on adult education on trainees at the OTC in Kenema City.

- ✓ Government and its donor partners should do all they can to upgrade adult education at the centre. This can be done by increased budget allocation to cover the payment of salaries to tutors, provision of appropriate adult teaching and learning materials, provision of scholarship for adult tutors to upgrade themselves and the creation of opportunities for adult education providers to visit other adult centres within Sierra Leone and elsewhere to learn and acquire more experience.
- ✓ Allocation of assistive devices like, wheelchairs, crutches, scoters, walkers, lenses and other equipment to help the disabled to move around without anyone to do their work successfully.
- ✓ Lunching on mass sensitization campaign on the importance of adult education on physically challenged person in the city of Kenema and the nation at large.
- ✓ The adult education unit of the ministry of Education science and Technology should double its efforts to closely monitor adult education activities at the centre and the country at large.
- ✓ In addition, adult education providers should ensure the establishment of job facility to graduates to meet their livelihood.
- ✓ To increase motivation for the learners and tutors, government and non-governmental organizations should provide free health service delivery, loans, with little or no interest rates. Where possible met feeding should be included especially if the learning hours are long.
- \checkmark Tutors should give maximum respect in the treatment of adult learners.

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