

COVID-19 RESPONSE FOR CHILDREN WITH SPECIAL NEEDS.



“My son David is happier and more active having received physio therapy during the home visit from Angel’s centre in August 2020. Due to the high fare costs as a result of the COVID-19 lockdown prevention measures, I was unable to take him for his therapy sessions for four months. This caused him to draw back in his motor skills and mood.” Alice mother to David from Nansana village.

“Every child matters.”



August 2020

Introduction

In July 2020, Cerebral Palsy Africa partnered with Angel's Centre for Children with Special needs (ACCSN) to provide home based care for children with special needs in response to the effects brought about by the COVID-19 novel virus. This is a report of the two-months project showing what was done, what was achieved, successes, challenges and possible solutions. ACCSN worked has reached 71 children in 70 homes in Wakiso district.

Children with special needs need routine therapy to avoid secondary health effects such as weight loss or gain, contractures, decline in motor skills among others. Moreover, some caregivers are not well equipped with knowledge and skills as well as equipment to provide therapy for their children. It is important to note that many of these caregivers are women who have other gender household roles as well as earn income for their families. Some have been abandoned by their spouses and families hence the care burden is heavier on them with the economic constraints brought about COVID-19.

Much as the project was supporting children, it was also reaching out to caregivers by providing psycho social support to help me deal with the stresses of the current situation.

The project objectives were:

1. Increase access to integrated therapy services which includes; Physiotherapy, occupational therapy, speech and language using the home-based approach
2. Train parents in offering home based therapy services to ensure continuity of children receiving services in their homes
3. Provide assistive devices to children with extreme cases to support in positioning and improve functionality.

Activities carried out

Conducted a needs assessment to identify the need of every child.

This was conducted among 120 homes to ascertain the physical and psychological need of every child. The needs identified included weight gain and weight loss as a result of poor nutrition practices, decline in motor skills, untreated illnesses such as flu and cough. This was because caregivers could not transport the children to Angel's centre or hospitals due to the tripled fare costs. We worked with Village Health Teams to also identify children that had never been prior supported at Angel's centre. We produced a report to guide our interventions specific to each child and caregivers.

Procured and purchased items to be used in the rehabilitation program

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A number of items were purchased to be used in the rehabilitation program which included personal protective gear such as overalls, masks, gloves, sanitizers to avoid the spread of COVID-19 especially to the vulnerable children as well as the staff uniforms.

Installed an electricity and plumbing system for the early learning center

The entire building of the early learning center was connected with the electricity and plumbing systems, it can now be fully accessed and used for rehabilitation.

Conducted trainings in rehabilitation and parenting skills among caregivers.

70 caregivers were provided with knowledge and skills in rehabilitation for their children. The trainings were practical to enable them administer routine exercises for their children. Caregivers were trained in hygiene activities of daily living training (bathing, dressing up, washing, brushing teeth), social skills training (interactive play, group play activities etc.). The social skills training came in handy for siblings and other family members. The trainings were conducted during the home visits and were suited to the child and family need.

Noeline is one the caregivers who appreciates this training. She is able to exercise her daughter's limbs, do play therapy and properly feed her. This process is helping her bond with her child unlike before. She expresses that it is a two-way therapy for them. Her older child is also involved and in a way it is helping her play and bond with her sibling. Such support has been possible for her through this home based care provided in this project.



This contributed to ensuring safe and friendly community to children with special needs and promoting functional independence through use of assistive devices for families that had them.

Conducted therapy and counseling sessions in the rehabilitation program.

The project supported 3 professional therapists and 3 counselors to provide rehabilitation including Mental stimulation, Therapeutic play activities, mobility and transfer training, Vestibular & sensorimotor stimulation and Behavioural modification. At least 2-3 were reached in a day.

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A therapy session conducted at Christopher's home with the full support of his family.



Therapy session to support mobility and transfer training.



Therapy session for sensorimotor stimulation and Behavioural modification.

"We as caregivers also feel comforted and encouraged to know that Angel's centre is committed to the well-being of our children. The therapy and counseling sessions are a great help to us because we are equipped with knowledge and skills to cope and support our children," said one mother.

Immediate results

- No of children with special needs who have received therapy- 70
- No of parents who are consistently providing home based therapies to their children- 24

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- No of households reached to provide trainings- 70
- No of therapists and counselors participating in the program- 6



Therapists conducting sessions with the children.

Challenges and opportunities.

We had limited resources in terms of assistive devices and personnel as well as transportation to reach the target households i.e. we met 70 and not 120 as we had planned. This also affected the duration of our sessions with children and caregivers because we wanted to reach as many as we could. Therefore, with more resources, we believe that we will make greater impact.

The multiple gender roles of women in their homes and workplaces affect their ability to effectively provide therapy for their children. In this, we see an opportunity of intentionally engaging siblings and significant others to support mothers or grandmothers or aunts to support the children hence relieving the primary caregivers.

It is evident that little attention is given to the nutritional needs of these children due to limited knowledge of caregivers and or limited availability of food varieties. It is also true that food which serves the nutritional needs of these children is quite expensive. The financial constraints faced by caregivers in this current COVID-19 situation limits their ability to purchase these nutritional foods hence causing the children to have digestive issues. Providing knowledge as well as supporting some caregiver with income generating activities to meet the needs of their children would be worth it.

Many homes that were supported have limited access to water within their vicinity. This compromises the hygiene for the children with special needs as they may not be bathed regularly, wash their hands or change clothes as need arises. This situation is worse for girls who have their menstruation. Supporting these homes with simple household water systems such as rain water harvesting tanks will go a long way to reduce workload of the caregivers and enable them to meet the hygiene needs of their children.

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Since we are a learning organization, we also seek to further improve our staff capacity in providing the different therapies to serve the children better. We also seek to improve our documentation and monitoring to track changes and share our work in more effective way to wider audiences.

ANGEL'S CENTER FOR CHILDREN WITH SPECIAL NEEDS

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