



PROJECT PLAN

EARLY CHILDHOOD DAY TREATMENT
GOODWORLDGHANA

GWOG-12-01 final version



GOODWORLDGHANA

AN ORGANISATION WHICH AIMS TO IMPROVE GHANAIAN STANDARDS OF LIFE AND THE ASHANTI AREA IN PARTICULAR. THE INTERESTS OF CHILDREN, YOUNGSTERS AND WOMEN RECEIVE PRIORITY ATTENTION.

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Applying for sponsorship to enable an Early Childhood Day Treatment (ECDT) to be established by GoodWorldGhana in Ghana.

Introduction:

In 2008 GoodWorldGhana started SMILE, a Sustainable Multifunctional Institute & Learning Experience, just outside a village called Kokobeng. The institute facilitates childcare for independent entrepreneurs and living quarters for volunteers. SMILE initiates courses for teenagers and facilitates projects started by (women) groups from the surrounding area. The SMILE complex contains a multifunctional building, runs on solar light, grows most of its needed food and keeps live stock on the land.

Kokobeng has about 250 inhabitants and is situated fifteen miles from the center of Kumasi, the second largest city of Ghana. In Kokobeng and surroundings there are no facilities for children with special needs. We came to Ghana to find out ourselves how these children with special needs are taken care off.

During our investigation we met many children with developmental and behavioral problems who have no opportunities to develop themselves. For example we met Eva who has Down Syndrome. A withdrawn five-year-old girl abandoned by her parents. She is living with her grandmother and she is not getting the help and education she deserves. For these children and many more with special needs there is really no place to go! That is why this Early Childhood Day Treatment (ECDT) is crucial. The SMILE complex will facilitate this project.

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I. PROJECT

1.1 Problem to be solved

In 2008 GoodWorldGhana built the SMILE complex in Kokobeng, where a regular daycare has been started. Kokobeng has about 250 inhabitants and is situated 15 miles from the center of Kumasi, the second largest city of Ghana. During the last years there were several parents who wanted to sign in their children for the daycare, but they were not accepted on the daycare due to the effects of their special needs.

Children with special needs are children who have a developmental delay or disorder, for example a mental disability or autism. Children can have emotional problems or behavioral problems. Children can suffer from a problematic home situation (for example unemployment, abuse) or a traumatic life event (death of parents).

For these children there are only 3 governmental special schools in the whole Ashanti region which is populated by 3,8 million people. There is a school for children with mental disabilities and there are schools for children who are hearing or visually impaired, however these schools only admit children from 7 years and older. The problems of these children appear at a young age and that is why early intervention is the most effective. For children in the age of 0-7 years with special needs there is no place to go to get support and training for their special needs.

During the research which we performed in the villages in Kokobeng area we met many children who are kept at home due to their special needs. These children are now staying at home without a future. There are 3 issues in relation to children in the age of 0-7 years with special needs:

1) Lack of awareness

In Ghana the people with disabilities are still not accepted in the community. This leads to child abuse and neglecting and abandoning of children which can even lead to death. Sometimes if the parents want to help their child they will not be supported by family or the community. The disability will be seen as a punishment from God and some still believe in witchcraft, so they will think the child is possessed. Parents are ashamed of their child and won't reach out for help. During our investigation this lack of awareness is also mentioned by the local authorities.

2) Lack of suitable facilities

For children between 0-7 years who have special needs there is no place to go. These children are now kept at home and don't get a behavioral treatment to stimulate their development and to reach their full potential.

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3) Low financial means

People from the villages surrounding Kokobeng live in poverty and don't have the financial means to find suitable help for their child because of the distance to Kumasi and the related costs for the care.

During our investigation we arranged meetings with authorities who are involved in the treatment of children with special needs in the Ashanti region:

- Mr. Dr Amoah, head of Behavioral Science Department of the Komfo Anokye Teaching Hospital, Kumasi.
- Mr. Dr Osei, child psychiatrist at the Komfo Anokye Teaching Hospital, Kumasi.
- Mr. Achulo, head of the Department of Social Welfare in the Ashanti Region, Kumasi.
- Ms. Dr Adjepong, head mistress at the Garden City Special School, Kumasi.

They all recognize the importance of offering a solution for children with special needs. However until now the government has no priorities for these children and therefore the means are not available.

1.2 What do we want to achieve

The Early Childhood Day Treatment (ECDT) will be set up for children in the age of 0-7 years with special needs. The ECDT will use the SMILE complex together with the regular daycare, so SMILE can offer children in the age of 0-7 years around Kokobeng a complete program for care and treatment. There are 3 issues in relation to children in the age of 0-7 years with special needs where ECDT offers a solution:

1) Awareness

During the ECDT the parents and community in Kokobeng area will be involved in the program for the child. The involvement will include informative workshops regarding the problems of the child to increase the awareness. The awareness will also be increased by the local staff which will be running the project. They will be trained regarding the special needs of the children and the parents.

2) Lack of suitable facilities

The children that will go to the ECDT can develop themselves in a safe environment. The ECDT will offer 6 places daily. By attending part-time it is possible that more children can be placed. After the program they will receive follow-up education or care. There are three options after the ECDT: Garden City Special School (school for children with a mental disability), a regular kindergarten or regular primary school. The first year after the child has left ECDT there will be proper staff coaching at the school of placement.

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3) An affordable fee for the local population

By setting up a nonprofit ECDT there will be an affordable entrance fee which can be brought up by the local population. If the project would employ a trained and skilled teacher the costs will be too high to keep the entrance fee affordable. By training a local care taker the entrance fee can be kept at a minimal level.

1.3 Result of the project

- Awareness regarding children with special needs has been improved in the local community.
- The project will offer 6 places for children between 0-7 years with special needs. For them a safe and structured environment will be offered.
- By attending the ECDT the children will develop skills in the following areas: social emotional skills, speech language skills, motor skills and adaptive skills.
- After completing the ECDT the children will have less emotional and behavioral problems.
- By recognizing and treating the problem at a young age these children will learn skills to make the transition to the (special) education easier.
- Children will be able to follow (special) education after the ECDT.
- By co-operating with other facilities the right placement and follow up can be guaranteed. This will consist of several visits and lectures for the teaching staff regarding the specific needs of the child.
- The parents will develop their knowledge and skills to understand and stimulate their child.
- After 4 years the local care taker and assistant care taker will be trained in the area of developmental problems so they will be able to manage and continue the ECDT independent.

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II. PROCEDURE

2.1 Effort

Summary:

- The child psychologist from GoodWorldGhana (GWOg) selects the first 6 children who can follow the ECdT. These children will originate from Kokobeng or its immediate vicinity.
- GWOg provides a safe and structured environment for the ECdT.
- The child psychologist from GWOg leads the project, checks and evaluates its progress.
- The care taker will be trained by the child psychologist from the GWOg staff. The child psychologist has a Master's Degree in Social Sciences and has extensive experience in the work field. Hiring an external trainer (special needs teacher) would be too expensive and this person is not specialized in early childhood development and would still require special training.
- The assistant care taker will be trained by both the care taker and child psychologist.
- The parents will commit to the ECdT and regular visits will be part of the ECdT.
- Any volunteers / interns present will assist if and when possible.
- GWOg will execute the project. The funds will be raised by GoedWerkGhana (GWeG) which is the Dutch non-profit partner foundation. Due to their "ANBI" status the funds are tax deductible.

2.2 Supply and demand

Due to the further development of Ghana and the increasing priorities regarding the care of people with a disability the demand for specialized treatment will increase. Due to this development there will be more differentiation of the treatments. The focus must expand from only mental and physical handicaps up to, and including children with, for example, behavioral disorders with a normal intelligence. At this moment the facilities for this specialized treatment are not sufficient available. For young children with developmental problems around Kumasi these kind of facilities do not exist. The authorities see the importance for this project and are looking forward to cooperate. Due to the demand the ECdT is expected to grow rather than diminish.

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2.3 Time schedule

Year 1:

Month 1-2:

- Hiring a skilled care taker who will be trained by the child psychologist.
- Preparing the facility (Inventory as specified under 3.1)
- Purchasing the necessary equipment (as specified under 3.1).

Month 3:

- Selection of the children who meet the requirements for the day treatment program (including an assessment at the Komfo Anokye Hospital by the child psychiatrist).

Month 4 – 12:

- Execution of the ECDT and training of the care taker.

Year 2:

- Due to the fact that the project will be self-sufficient, there will be a new assistant care taker hired to assist the main care taker.
- The care taker and assistant care taker will be trained by the child psychologist.
- In addition to the ECDT, the child psychologist and care taker will engage in new activities regarding children 0-7 years with special needs. These activities include: cooperation with the central hospital (child psychiatry), creating awareness by visiting the surrounding villages and educating parents of children with special needs who are not in the ECDT.

Year 3:

- The care taker and assistant care taker will be trained by the child psychologist.
- The first children will leave the ECDT and go on for further education. The next step in their education will be closely monitored by the child psychologist and care taker. They will train and educate the teachers in the further education of these children with special needs.
- For each leaving child, a new child will be selected.

Year 4:

- The care taker and assistant care taker will be trained by the child psychologist.
- After this year, the care taker will be completely ready to execute the ECDT together with an assistant care taker.
- The child psychologist will be available for any assistance and will engage in activities regarding training of teaching staff in Kokobeng and the surrounding villages.

Each quarter an evaluation will be performed. Moments of evaluation will remain the same every year and any conclusions derived shall be communicated to GoedWerkGhana along with an annual financial report.

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III.

INVESTMENT

3.1 Material needed

Office and creative materials:

Child books (English), study materials (care takers), paper, glue, clay, paint, scissors, paintbrushes, colors and exercise books.

Developmental materials:

Sorting material, fine motor materials, counting material, alphabet material, flash cards, and several materials for understanding and cognitive development.

Toys:

Manipulative and sensopathic material, baby toys, construction material, symbolic play material, social games, physical activities materials and puzzles.

Inventory:

Furniture, eating and cleaning material, sleep cushions, material for the day programs (Velcro and laminate sheets).

School bus:

For transporting the children a school bus will be purchased. It will make a daily trip to pick up and bring back the children. We also included an amount for the fuel and maintenance.

3.2 People involved

The following people and organizations are involved in the project, each to a certain extend.

- GoodWorldGhana (GWOg) is in charge, maintains set standards and reports to GoedWerkGhana (GWeG).
- The child psychologist leads the project, checks and evaluates its progress. The child psychologist will do this on a voluntary basis, but will receive a monthly minimum subsistence allowance that will cover permits, visa, health insurance and food. All other expenses (e.g. flight ticket, personal expenses) will be paid by the child psychologist privately.
- Care taker and assistant care taker who will be hired locally.
- Once a solid foundation has been made the care taker and assistant care taker will be able to complete the ECDT without external (foreign) interference.

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3.3 Required budget in Euro's

ECDT					
	Year 1	Year 2	Year 3	Year 4	total
Staff					
Child psychologist: Teaching, training personnel and other activities (subsistence allowance for permits, visa, health insurance and food)	3600	3600	3600	3600	14400
Care taker (yearly increase of €3 inflation correction)	600	756	792	828	2976
Assistant care taker (yearly increase of €2 inflation correction)	32	408	432	456	1328
Cleaner (yearly increase of €1 inflation correction)	120	132	144	156	552
Investment start up materials					
Car to transport the children safely	1250	1250	1250	1250	5000
Office and creative materials (specification see 3.1)	213	212	213	212	850
Developmental materials (specification see 3.1)	337	338	337	338	1350
Toys (specification see 3.1)	175	175	175	175	700
Inventory (specification see 3.1)	213	212	213	212	850
Assessment costs children (including transportation)	45	45	45	45	180
Use facilities GWoG, food, fuel and maintenance					
Use facilities GWoG (shared facilities and classroom)	400	407	413	420	1640
Food for the children	200	240	270	290	1000
Fuel & maintenance for the car	480	495	505	520	2000
Entrance fee & Growing food					
Entrance fee (yearly increase of GHC 0,50)	-720	-1152	-1440	-1728	-5040
Total costs	6945	7118	6949	6774	27786

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Accountability

The presented Project plan has been written by GoodWorldGhana. The information comes from various sources but mainly from Ghana. We have tried to outline the plan with as much detail as is required.

Gouda

25 / 05 / 2012

MSc M. van der Zwan



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E. Y. van den Heerik
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Appendix 1: Approval letter from GWeG

Additional sources:

<http://www.goodworldghana.org>

<http://www.goedwerkghana.nl>

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