



# DEVELOPMENTAL DISABILITIES IN GHANA

A KNOWLEDGE AND  
REFERRAL RESOURCE



CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT

ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES

## **Authors**

Kwame Sakyi, PhD,  
MSPH Maria Hartley, MSN, MPH, RN  
Claudia Gaither  
Terriyana Bailey  
Kofi Sarfo Sakyi  
Prince Owusu, Mphil  
Esther Malm, PhD, LMFT  
Adote Anum, PhD.

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Other contributors: Pearl Eni, Farren White, A. J Glover,  
Michael Arthur and Leonie Akofio-Sowah, Dr. Sarah Dalglish,  
Dr. Marilyn Marbell

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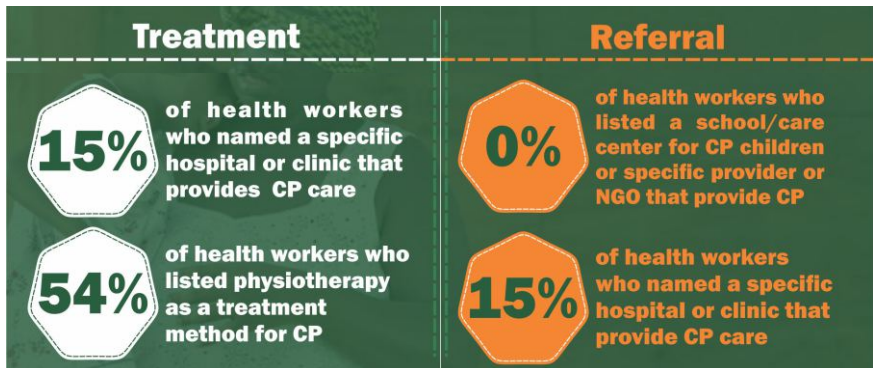
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## — INTRODUCTION

This booklet is based on a joint research study between the Center for Learning and Childhood Development, Ghana Health Services, and Promise Ghana to identify gaps in the care of children with developmental disabilities in Ghana. A major finding was that both health workers and caregivers needed more information about developmental disabilities, and where to find resources/intervention in the country. For example, only 15% of health workers could mention a specific place that provides specialized care.

The goal of this booklet is to facilitate the referral of children living with developmental disabilities to needed health, educational, and social services.



It is meant to be used by health professionals, such as nurses, midwives, community and public health nurses, psychologists, medical officers, and social workers. This booklet is also designed to help caregivers of children with developmental disabilities to find services for their children. It is based on thorough research and involvement of experts in clinical psychology with the contribution of caregivers.

The booklet has three main parts. The first part focuses on the most common developmental disabilities in Ghana: specifically, Cerebral Palsy, Down Syndrome, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, and Learning Difficulties. We provide a snapshot of some of the most common symptoms. It is not meant to be a comprehensive checklist of symptoms to guide diagnosis, and should not be used as such.

The second part focuses on the key professionals that provide therapy for children with developmental disabilities. Our goal is to describe their work and provide some guidance on what caregivers are likely to find when they encounter these health professionals.

The last, and most important part of this booklet, is a list of services for children with developmental disabilities. This list is organized around health, education, and social service domains, each with a list of the facilities, their location and contact information. In the health section, a list of diagnostic, treatment services and places where assistive devices can be obtained are provided. In the education section, a list of schools that provide inclusive and special education are included.

The social service category describes social services that support the wellbeing and daily activities of children with developmental disabilities, including but not limited to social welfare programs, mother support groups, and nanny services.

Our team at the Center for Learning and Childhood Development hopes this resource will empower health workers and caregivers to support children living with a developmental disability.



Source: Center for Learning and Childhood Development-Ghana

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## – Part I: Developmental Disorders

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Developmental disorders or disabilities are a set of conditions that start from birth and last a lifetime. They may affect different areas of a child’s development, such as physical, learning, social, emotional, behavior, and communication abilities. These conditions are not curable, but there are therapies and professionals who can support children with developmental disabilities to thrive.

The following developmental disabilities are among the most prevalent in Ghana: Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Cerebral Palsy and Down Syndrome.

If a child displays any of the signs or symptoms listed below, they should be referred to a pediatrician. Please note, after initial diagnosis, pediatricians may refer children for further assessment and diagnosis. Services for further assessment and diagnoses are listed on page 37 of this booklet.

### ICONS/LEGENDS







## ATTENTION DEFICIT HYPERACTIVITY DISORDER

### Overview

Attention Deficit Hyperactivity Disorder (ADHD) is a developmental disorder. Most of the symptoms are evident before the child turns 12 years old. ADHD may be more common in boys but can also be diagnosed in girls. Children who have ADHD may show one of three presentations: predominantly inattentive presentation; predominantly hyperactive presentation; or combined presentation.

When we speak of ADHD, attention deficit implies the child struggles to remain focused on a task or on a particular activity/play. He or she gets bored easily and frequently wants to change tasks or move on to something else. In school, there may be complaints of fidgety behavior, of the child being easily distracted, or unable to complete work or disrupting the class.

When a child exhibits hyperactivity, the other component of ADHD, he or she is usually fidgety, disruptive or gets into frequent conflicts or fights. Hyperactivity is more easily identified because it interferes with typical interactions with other people/children. Normally, ADHD is a life-long disorder. When not provided with the necessary support, the condition can affect school attendance and achievement, since the child frequently gets into trouble with authority and with other children, and is likely to fall behind in school.

However, children who receive attention for ADHD are likely to learn and complete school successfully, develop appropriate social skills to relate with their peers, and go on to have a successful life and career.

## KEY SYMPTOMS OF UNMET DEVELOPMENTAL MILESTONES



- For children 6 and above, may be unable to finish tasks fully, e.g. may underestimate the time needed to complete homework
  - Difficulty focussing on any task, especially seemingly boring tasks
  - Lack of focus/concentration or inability to sit still
  - Easily bored
- 



- Accident-prone, bumping into objects
  - May fidget a lot
  - For children 4 and above, typically disruptive in classroom settings
- 



- Tends to disrupt others or get into frequent fights
- 

## Important things to know

- ADHD is not curable but can be treated. ADHD can be successfully managed to reduce or remove symptoms using medication and behavioral interventions. Parent training to support the child will help both the child and the family adjust over time.
- Managing ADHD allows the growing child to learn the necessary academic and social skills and achieve academic success like any other child.
- When there is no intervention, the child usually struggles in school because they are unable to focus long enough to learn at school. Their impulsivity (acting before thinking) inadvertently gets them into trouble with authority and their peers

The Center for Learning and Childhood Development-Ghana has created a website of the current research on ADHD (see below). This website has more information on ADHD for health workers and caregivers.

**Sources:**

MD Edge, Five Red Flags that Rule Out ADHD in Children, <https://www.mdedge.com/psychiatry/article/59590/neurology/five-red-flags-rule-out-adhd-children>

ADDitude, What is ADHD? Meaning, Symptoms & Tests, <https://www.additudemag.com/what-is-adhd-symptoms-causes-treatments/>

Center for Learning & Childhood Development, Developmental Delays and Disabilities, <https://www.clcdghana.org/resource-page>

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## **AUTISM SPECTRUM DISORDER**

### **Overview**

Autism is a developmental condition characterised by difficulty in social interaction and repetitive behavioral patterns that are not typical childhood behaviors. Children with autism may exhibit different behavioral symptoms and at different severity levels, which is why autism is referred to as a spectrum disorder. There is no single cause of autism, however, the interaction between genes and the environment is believed to be implicated in the development of autism.

Other environmental factors include parental age at the child's birth, pregnancy or birth complications, premature birth, maternal malnutrition, maternal disease and infections, and environmental pollutants and chemicals, all of which are associated with developmental of this disorder.

However, while these factors are associated with Autism, there is no evidence yet that they cause autism. Research on the cause(s) of Autism is still ongoing.

Signs of autism may be present by the child's first birthday, however most children show signs of autism by age three. A third of cases may have regression in developmental milestones, such as regression in language abilities.

Despite the presence of these signs, early detection and intervention may minimize the severity of symptoms and provide children the opportunity to develop and their families the opportunity for early intervention and support.

### **KEY SYMPTOMS OF UNMET DEVELOPMENTAL MILESTONES**



- No eye contact
- Limited happy, joyful expressions
- Lack of interest/enjoyment in others
- Lack of response to name



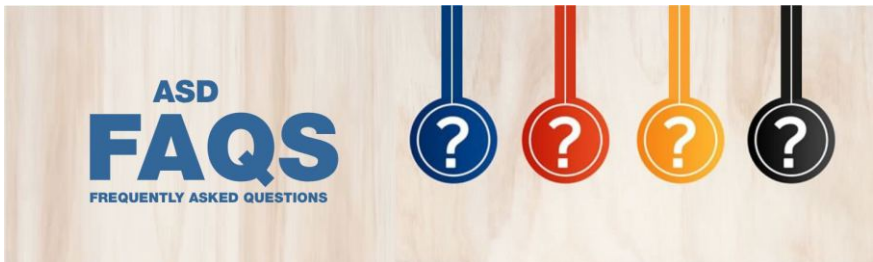
- Does not show communicative gestures
- Unusual rhythm/tone when speaking (irregular rhythm, little variation in pitch, unusual voice quality)
- Uncoordinated nonverbal communication



- Repetitive movements with objects
- Repetitive movements or poses with arms, body, hands, or fingers

## Important things to know

- While some children are late developers, it is still better to check with your pediatrician when there are delays in developmental milestones, rather than waiting.
- As a parent, when you notice your child is not meeting developmental milestones, it can be heartbreaking and scary. Be encouraged; the earlier the child is assessed, the earlier support services can be identified.
- The Center for Learning and Childhood Development-Ghana has created a website of the current research on autism. It also has more information on ADHD for health workers and caregivers:  
<https://www.clcdghana.org/autism-spectrum-disorder>



**Sources:**

First Signs, Red Flags, <http://www.firstsigns.org/concerns/flags.htm>,  
Autism Speaks, What Causes Autism?

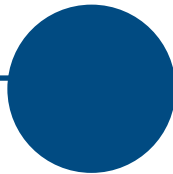
<https://www.autismspeaks.org/what-causes-autism>

Emberti Gialloreti, et al, 2019. Risk and Protective Environmental Factors Associated with Autism Spectrum Disorder: Evidence-Based Principles and Recommendations. *Journal of Clinical Medicine*, 8(2), 217.

Ng, M., de Montigny, J. G., Ofner, M., & Do, M. T. 2017. Environmental factors associated with autism spectrum disorder: a scoping review for the years 2003-2013. *Facteurs environnementaux associés au trouble du spectre de l'autisme : étude de élimination portant sur les années 2003 à 2013. Health promotion and chronic disease prevention in Canada : research, policy and practice*, 37(1), 1–23.

Image source: Our Albums, Klicks Africa Foundation.

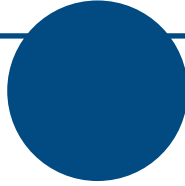
<http://www.klicksafricafoundation.org/our-albums/> Accessed 7/24/2019.

**Mother's Voice: The experience with a child with autism**

My name is Jessica. I am a nurse, wife, and the mother of two young boys. One of which was diagnosed with autism when he was 18 months old...

I was never a user of [drugs]. I did not drink alcohol regularly, and I never smoked cigarettes or did any illegal drug. I was only pregnant for three weeks when I found out, so I had early intervention and began to take multivitamins right away. I immediately ... increased my water intake, and stayed away from all foods that were highly processed or suggested to be omitted during pregnancy.

I tell you all of this to make you aware that autism is not something that should be looked at as your fault as the mother or father. I did everything right during and after my pregnancy.



***“I never missed a prenatal visit and gave my child a great start in the womb and after. Autism is not something that could have been prevented or avoided, and we are proof of that. It is not a curse, nor is it a punishment from a higher power. I believe it is the opposite as we have seen many blessings through our child. God created him for me, and me for him.”***

Any diagnosis can be heartbreaking and confusing, especially when it involves a child. The beauty of it is that there is power in God. When you give love and believe in your child, they too will begin to believe in themselves and can overcome great trials. As an infant, I noticed Harvey did not look at me as he should. He seemed uninterested in my facial expressions and sounds -- he did not laugh or giggle and rarely cooed as babies should.

The trick was to find a way to communicate through things my child enjoyed. I had to meet him where he was at and ease him outside of his world and into mine ...The process has not been easy, and I feel as though I have lost my old identity and have created a new one. I am no longer the person I once was; I am Harvey's mother, his teacher, and his best friend. Rainbows are our favorite color, and we are journeying this world together and both learning to see it in a new light.

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## CEREBRAL PALSY

### Overview

Cerebral palsy is caused by an injury to or malformation in the child's brain before, during, or shortly after birth. Such injuries can lead to delay in development and cerebral palsy is typically associated with poor muscle development and coordination associated with any part of the body. Signs that show that a child has cerebral palsy may vary. Some children may have a lot of symptoms, and others may have fewer, depending on the severity of the condition. Not all signs of cerebral palsy can be noticed when the child is a baby. Some signs may show up as the baby grows.

### KEY SYMPTOMS OF UNMET DEVELOPMENTAL MILESTONES

- Can't hold up head while sleeping, sitting, or lying down, even with support
- Can't sit up or roll over by 6 months
- Can't walk by 18 months
- Feeling stiff or muscle spasms
- Low muscle tone (feels "floppy" when picked up)
- Poor muscle control, reflexes & posture
- Feeding or swallowing difficulties
- Favors one side of the body over the other
- Some children may experience seizures, speech and/or vision impairment



-Not using simple sentences by 24 months



-Some, but not all, may have intellectual impairments



## Important things to know

- It is important to let a mother know that it is not her fault for having a child living with cerebral palsy (CP). Diagnosing cerebral palsy can be difficult and takes a long time, which can frustrate caregivers. Most caregivers find it hard to accept that the child's condition is will be lifelong and that there is no cure.
- Depression, divorce, and stigma are all too common experiences among families with children who have cerebral palsy. Some may be pressured by their families to kill the child, so it can be important to connect caregivers to a support group (see a list on page 47).
- Children with CP often need physiotherapy to be able to walk. Some may need an occupational therapist to help with sitting, eating, toilet training. See page 38 for a description of different professionals who can help children with CP thrive. It is important that caregivers have health insurance to cover some of the cost.
- The Center for Learning and Childhood Development-Ghana has created a website of the current research on CP. It also has more information on ADHD for health workers and caregivers.

### Sources:

- Cerebral Palsy Alliance, What Causes Autism? <https://www.cerebralpalsy.org.au/our-research/about-cerebral-palsy/what-is-cerebral-palsy/signs-and-symptoms-of-cp/>
- Center for Learning & Childhood Development, Developmental Delays and Disabilities. <https://www.clcdghana.org/ddd>



Source: Center for Learning and Childhood Development-Ghana



## **Mother's Voice: The experience of raising a child living with cerebral palsy**

I knew by eight months, he should be sitting upright, but he wasn't doing that. Anytime we had subsequent appointments with him [at the neonatal intensive care unit (NICU)], I kept complaining. I would stand there and say: "Ah, my child should sit, but he bends. He can't sit upright. At eight months, he should be even crawling, should be trying to hold things and even to be able to stand..." And they told me, "Oh, he will do it, he will do it." ...

One day, when we went back to NICU, I told them that I took the child somewhere [to see another pediatrician], and this is what I was told [that the child has CP]. At the time I thought that CP was just like malaria -- you treat it and then it's gone. I told them I've already started physiotherapy. So the NICU people, the doctor, I don't know what was wrong with her. She flared up! She got angry that I have taken the child somewhere. She started talking, and then she just opened her mouth up and told me, "Your child's brain is damaged." She just told me like that. So I was like, "My child's brain is damaged?" That is where I just went crazy.

***I started shouting at her. I said to her that I have never seen a doctor using the word "damaged." You can tell me the child's brain is affected, I would accept it, but "damaged"? That means there is nothing that can be done about it. As far as I know, a damaged brain doesn't know the mother. But my child knows me. So I was crying while I was talking. I was shouting.***

The head of that department and the doctor came out. My child was on my chest, and I was shouting--and I said to her, "Do you know what you've said can kill me and leave this child without a mother?"... Then head sat me down and explained that the chart says the child should do certain things, but at this age, he is not doing it. They have to refer me to the neuro clinic so that they will check the brain. So when I came home, I still didn't know what cerebral palsy was.

It didn't even occur to me to Google it or something like that. When I will go to physiotherapy, and I will see other women with their kids, I can see that some are grown, but they are not walking. So I'll tell my sister, ah, this one, he has teeth though, and he is not walking. Why? I didn't understand. I thought -- ah, I've never seen something like that before! So it was one day, I sat down and I just said, "Ah, cerebral palsy." It just occurred to me to Google it. It was when I was about to go to bed. I just Googled it.

***That day I didn't sleep. I wept throughout the night, because as I was Googling it, I was just searching for a cure. Cure. Cure. Everywhere I looked they said there's no cure. You can only manage it. So that day I wept. I didn't sleep. I wept throughout the night. So that was where I came face to face with the condition of my son. So that is when -- at age eight months -- when I got my child's diagnosis of cerebral palsy."***

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## DOWN SYNDROME

### Overview

Human beings get 23 chromosomes from their mother and another 23 from their father, which pair to become 46 (23 pairs). Chromosomes contain information about who we are or will become as a person -- our traits (example: eye color, height, skin color). Down Syndrome occurs during sperm/egg cell division where chromosome number 21 makes a partial or extra copy of itself, thereby resulting in 47 chromosomes after fertilization instead of 46.

The presence of the extra chromosome 21 is associated with the atypical physical and developmental changes observed in children with Down Syndrome. Down Syndrome is therefore a chromosomal/genetic disorder which is not curable.

Individuals with Down Syndrome vary in the severity of symptoms experienced however they share similar physical features, as well as cognitive/intellectual and developmental difficulties. While children with Down Syndrome experience challenges, they are also endowed with friendliness, fondness, and helpful behaviors, and often bring a lot of delight to those who care for them. Below are some common characteristics of children with Down Syndrome.

### KEY SYMPTOMS OF UNMET DEVELOPMENTAL MILESTONES



- Poor muscle tone
- Flat facial features
- Small head, nose and ears
- Short neck and folds of skin
- Bulging tongue
- Eyes that slant upward
- Atypically shaped ears



- Poor judgement
- Short attention span
- Slow learning capabilities
- Impulsive behavior

## Important things to know

- A child who has Down's syndrome will have significant delays in physical, social, emotional and intellectual development. They may have health difficulties associated with the disorder.
- There are cases where some children have normal intellectual development with support. In most cases however, the delays are significant enough to cause problems in academic achievement.
- Early intervention, occupational therapy, speech therapy, and activities that help with physical movement can help children with Down Syndrome thrive.
- Children (and indeed anyone) with Down Syndrome should not be isolated; they should be involved in family and community life. Depending on severity, many individuals can grow up to contribute to society in meaningful ways..

### Sources:

- National Down Syndrome Society, Down Syndrome, <https://www.ndss.org/about-down-syndrome/down-syndrome/>
- Healthline, Down Syndrome, <https://www.healthline.com/health/down-syndrome#symptoms>
- Mayo Clinic, Down Syndrome, <https://www.mayoclinic.org/diseases-conditions/down-syndrome/symptoms-causes/syc-20355977>
- Inclusion Ghana, Down Syndrome Factsheet, <https://www.inclusion-ghana.org/resources/factsheets/Down%20Syndrome%20Fact%20Sheet.pdf>



## **Mother's Voice: The experience of raising a child living with Down Syndrome**

When I gave birth, he wasn't breast feeding right. For two months, he wasn't taking breast milk well, unless you put it into something, like a cup, before he would drink. I took him to the hospital, and they told me he was sick. When he was about a year and eight months old, we realized that he couldn't sit. He did not walk until he was three years old. He was really hyper at that time. Anything he came across, he "spoiled it." When he holds it, he spoils it. Anything! He "spoil" it. He is very hyperactive. In his early years, four or five years old, he was too hyper. He kept throwing things all around.

He was beating other children. Because of that, we took him to school, but it was not a school for children like him. He attended the school for some time, but he wasn't doing well, so we made him stop. We later took him to a special school called Sahara. He was enrolled there until his father died about two years ago. I do not have the money to send him there, so he is at home now. I am the only one now. It is a burden. I want to send him to a regular school, but at a regular school, he does not study. The teachers always complained about him, but at Sahara, it's just students like him, so no one complains.

The way children with Down Syndrome act, people always think their behaviors are not "normal," but to him, it is right. When they do something that is incorrect, they still want you to say that it is correct. They want you to affirm that it is fine, but as a parent, it is not okay with you. For him, though, it's correct.

There are countless situations where people see him as a sick person, so they trivialize his reactions. Others beat him and mock him. They sometimes pelt him with stones, when he has done nothing to them. For my son, Emma, people really beat him. They slap him all the time. One time, someone even told me that she slapped my son on the left and right cheeks really hard. Because of that, he has always been sick.

Another time, a certain man was beating him, and I told him to stop slapping him because it will block his ears. Now, when he sleeps, he falls off from the bed. When you ask him to sleep on the floor, he does not want to do that. Maybe, he feels pains in a part of his body, but he is not able to say. The way they beat my son, it is awful.

They also blame him for things he has not even done. There was a certain woman in our house. I told her that when I die, I will tell my son that she killed me. One day, I was in my room when this woman came knocking and calling me out with a loud shout and saying; "Today, what will happen, will happen!" I was even naked. I was not wearing slippers. She called me shouting, "Come and see what your son, Emma, has done.

He has killed my goat." So, I retorted: "Can Emma kill a goat? Only cars can kill a goat outside." Someone too came complaining that Emma had gone to open their chicken coop, but Emma too had been with me since morning. And, knowing that my son is "sick," I know he can do that, so I need to have patience. People don't have patience, and as a caregiver, they give you "heart pressure." People don't have patience for our children.

Emma likes the bible. He is always waving it. He also loves to drum. He plays it several times, even when people are trying to sleep. He wants to go close to them and play, and they will yell, "Won't you let us sleep? Won't you let us sleep?"

When he goes closer to them too, they will beat him. Then he will also insult them and say that they are witches.





Source: Center for Learning and Childhood Development-Ghana

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## = Part II: KEY THERAPIES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

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Children with developmental disabilities need specialized care to help them thrive. Difficulties experienced by children with developmental disabilities include, but not limited to, walking, sitting, talking, eating properly, learning, communication, and behavior. There are specific health services dedicated to helping children with developmental disabilities thrive.

While there are many of them, we only focus on the most common ones: physiotherapy, occupational therapy, speech and learning therapy, behavioral therapy, nutrition, and special education. Effective holistic care requires a team of health professionals including nurses, pharmacists, pediatricians, medical officers.



Source: Center for Learning and Childhood Development-Ghana

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## PHYSIOTHERAPY

### What is physiotherapy?

Physiotherapy (Physical Therapy) is a form of healthcare that helps individuals who have difficulty moving the whole body or parts of the body. This can include problems with walking, sitting, or moving their heads, necks, hands, arms, feet, legs, knees, or any other part of the body. Physiotherapy helps improve, maintain or restore loss of function in any of these areas so that a person can perform his or her daily activities.

The healthcare professionals who provide physiotherapy are called physiotherapists or physical therapists. They diagnose problems people have with their movement and provide the best treatment, including health education. They treat individuals of all ages, starting from babies to very old adults. For children with developmental disabilities, they can help them.



Source: Center for Learning and Childhood Development-Ghana

## **What type of developmental conditions do physiotherapists treat?**

The most common conditions in children that physiotherapists treat include, but not limited to movement delays associated with

- Developmental delay,
- Cerebral palsy
- Down Syndrome and other genetic disorders
- Autism spectrum disorders

## **Where can physiotherapists be found?**

On page 38 of this document, we have made a list of physiotherapy centers, including their contact information. You can use it to find places for children who need help.

## **Important things to know**

- Early diagnosis and physiotherapy is critical for children because childhood is a rapid developmental stage of people's lives. Children need this care as early as possible so that they do not get worse, particularly for children with cerebral palsy.
- Children may go through several sessions of physiotherapy, sometimes twice in a week, with different exercises and movement techniques. The amount of physiotherapy a child needs varies, but it can last from a few months to years for some children. Caregivers can feel burdened by it.
- National health insurance covers some of the cost for physiotherapy, so it is important to check that a caregiver has health insurance. Some of the cost for physiotherapy will be out of pocket. The cost and the time commitment make it hard for caregivers to make sure the child stays in care, however, we highly recommend physiotherapy as needed.



Source: Center for Learning and Childhood Development-Ghana

### Sources:

- American Physical Therapy Association, Role of a Physical Therapist, <http://www.apta.org/PTCareers/RoleofaPT/>
- World Health Organization, <https://www.who.int/disabilities/en/>
- I Move Forward, About Physical Therapists and Physical Therapist Assistants, <https://www.moveforwardpt.com/AboutPTsPTAs/Default.aspx>

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## **OCCUPATIONAL THERAPY**

### **What is occupational therapy?**

Occupational therapy is an individual-based intervention designed to help children (and adults) engage fully with everyday activities. Occupational therapy typically involves individualized evaluation, and a customized intervention, that is best suited to the client's needs and goals.

These outcomes are achieved by working with the client to further their own abilities, or by altering the occupation or environment to best support the client's engagement.

Occupational therapists assess and design interventions to help individuals develop the required skills to achieve their daily activities, and goals. There are very few occupational therapists in Ghana; a 2016 study on occupational and physical therapy training in sub-Saharan African countries listed four operating occupational therapists in Ghana (however, we currently estimate that we have about 50) and one entry-level program for occupational therapists.

### **What type of developmental conditions do occupational therapists treat?**

Any condition that impedes the ability to perform basic skills required to function on one's own. These include difficulties with:

- Daily living skills. Example brushing teeth, toileting
- Impulse control. Example: Inattentiveness
- Fine motor skills. Example: developing writing and drawing skills
- Gross-motor skills. Example: jumping, sitting upright
- Hand-eye coordination (visuospatial skills). Example: catch and throw a ball, assess time and space
- Behavioral issues. Example: acting out, fighting others



Source: Center for Learning and Childhood Development-Ghana

## Where can occupational therapists be found?

On page 37 of this booklet, there is a list of centers in Ghana that employ occupational therapists, including their contact information. You can use it to find places for the child receive treatment.

## Important things to know

- Learning to develop skills give people a sense of achievement and purpose. Therefore, occupational therapy is important to nurture a sense of purpose in those with developmental disabilities.
- The length of time required to develop skills may vary depending on factors such as the skill and severity of disorder. Therefore patience and encouragement is required during the process.
- Caregivers will find it hard to find an occupational therapist, as there are only a handful



Source: Klicks Africa Foundation, used with permission





Source: Klicks Africa Foundation, used with permission

### Sources:

- World Federation of Occupational Therapists, About Occupational Therapy, <https://www.wfot.org/about-occupational-therapy>
- The American Occupational Therapy Association, What is Occupational Therapy? <https://www.aota.org/Conference-Events/OTMonth/what-is-OT.aspx>
- University of Utah, Does My Child Need Occupational Therapy? <https://healthcare.utah.edu/life-skills-clinic/does-my-child-need-occupational-therapy.php>
- Kids Health, Occupational Therapy, <https://www.kidshealth.org/en/parents/occupational-therapy.html>
- Action on Disability and Development(2008). Ghana Disability Bill. (Available at: [http://www.add.org.uk/case\\_study.asp?ref=82](http://www.add.org.uk/case_study.asp?ref=82)) (Accessed 25 March 2010).
- Agho, A. and John, E. (2017). Occupational therapy and physiotherapy education and workforce in Anglophone sub-Saharan
- Africa countries. Human Resources for Health, [online] 15(1). Available at: <https://www.human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0212-5>.
- Our Albums, Klicks Africa Foundation. <http://www.klicksafricafoundation.org/our-albums/> Accessed 7/24/2019

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## **SPEECH AND LANGUAGE THERAPY**

### **What is speech and language therapy?**

The ultimate goal of speech and language therapy (SLT) is to help people make sounds, and understand and express/communicate ideas. Speech and language therapy can help correct chewing and eating problems, other issues including drooling. SLT facilitates awareness and understanding of body language as well as facial expressions, and the ability to hold meaningful conversation.

**Speech and language therapists** are the specialized health workers that help improve communication and speech-related problems. They help children with developmental disabilities in many ways. For example, they help children with autism to understand people's emotions, be able to use pictures to communicate, read people's body language, and respond to questions. They can help children with cerebral palsy (CP) to make sounds, not drool, or gag, and also with swallowing. They can also help children who have trouble reading or writing and using words as intended. When you observe a child with speech or communication problems, a speech therapist can help.



## **What type of developmental conditions do speech therapists treat?**

They can support any children with a disability or delay in speech and language. These include children with cerebral palsy, Down Syndrome, and Autism Spectrum disorder. They can help with:

- Delays in making sounds, talking, writing, reading, using words
- Inability to read people's expressions
- Problems with stuttering, drooling, gaging
- Problems with swallowing, and hearing

## **Where can a speech therapist be found?**

On pages 38 and 39 of this document, we have made a list of centers that provide speech therapy, including their contact information. You can use it to find places for the child to receive treatment.

## **Important things to know**

- Ghana has very few speech therapists. There are about six to seven speech therapists in the whole of Ghana. It can be hard for caregivers to find one. Families will be expected to travel very long distances to find one.
- The University of Ghana, Department of Audiology, Speech and Language Therapy just started a speech and language therapist program in 2016. As a health worker, you can apply to become a speech therapist; it may be one way to help children with disabilities.

### **Sources:**

- American Speech-Language-Hearing Center, Speech Language Pathologists, <https://www.asha.org/Students/Speech-Language-Pathologists/>
- Cerebral Palsy Group, Cerebral Palsy and Speech Therapy, <https://cerebralspasygroup.com/treatment/therapy/speech-therapy/>
- Autism Speaks, Speech Therapy, <https://www.autismspeaks.org/speech-therapy>
- International Communication Project, Developing the Speech Pathology Profession in Ghana, <https://www.internationalcommunicationproject.com/profile/developing-the-speech-pathology-profession-in-ghana>

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## **BEHAVIORAL THERAPY**

### **What is behavioral therapy?**

Behavior therapy is a broad term used to describe therapeutic models that train/teach children (and adults) appropriate ways of behaving that reduce destructive behaviors while enhancing self care, self-control and self-esteem. Parents often attend sessions with children and learn strategies that help reinforce the new behaviors being learnt, as well as reinforce healthy daily behaviours of the child in school and at home.

### **What do clinical psychologist do?**

are trained health professionals who assess children's behavior and their intellectual, cognitive, and academic abilities. They diagnose disorders in children and make recommendations on how they can be helped based on their specific developmental delays or developmental disabilities. Their recommendations may involve placing children into age- or ability-appropriate levels in schools.

They can also provide support for teachers on how to handle particular children or how to help those children. They provide recommendations and information on the role or duty of a special needs teacher, and provide guidelines on what and how a child should learn.

Meetings with parents provide them with appropriate skills and strategies to manage their children at home. When necessary, they also provide behavior therapy to help the child acquire new behavior skills or modify inappropriate behaviors.

## **What type of developmental conditions do clinical psychologists treat?**

- Intellectual and learning disabilities. Examples include ADHD and dyslexia.
- Behavioral Issues. Examples include aggressive and disruptive behaviors
- Socio-emotional challenges. Examples include anger outbursts and difficulties with social relationships.
- Clinical (psychological) disorders. Examples include depression and phobias



Source: Special attention project

## **Where can clinical psychologists be found?**

Behavioral therapists and clinical psychologists may have their own practices or work in hospitals. (See page 38)

## Important things to know

- Children with developmental disabilities may need a clinical psychologist to certify their disability and the special accommodations required. Special provisions and resources at school may include special education teachers, more time on exams, and disability-friendly materials.
- It is important to know that developmental disabilities are usually lifelong. Progress can be made but continual adherence to therapy is important to build on progress.

### Sources:

- Healthline, Behavioral Therapy, <https://www.healthline.com/health/behavioral-therapy>
- Center for Disease Control, Behavior Therapy for Behavior or Conduct Problems, <https://www.cdc.gov/childrensmetalhealth/parent-behavior-therapy.html>
- Images, Autism Awareness Care & Training Center. Accessed 7/24/2019

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## **NUTRITION THERAPY**

### **What is nutrition therapy?**



Source: Center for Learning and Childhood Development-Ghana

Nutrition therapy is the treatment of often chronic diseases or conditions, through adjustment of quantity, quality or manner of nutrient intake. This form of therapy can be used to improve overall health and quality of life for children with disabilities, and can be particularly helpful for individuals whose disabilities make proper nutrition a challenge. Dietitians or nutritionists are the professionals that deliver nutrition therapy.

### **What type of developmental conditions do nutrition therapists treat?**

Everyone could benefit from an adjustment to their dietary habits, but for those living with disabilities, nutrition is even more crucial, it is a co-therapy .Children living with cerebral palsy may have issues with muscle control, swallowing, or lack the coordination to feed self-feed.

Children with Down Syndrome may have difficulty swallowing or breastfeeding, or gastrointestinal issues related to low muscle tone. The symptoms of these disabilities make nutrition therapy a necessity to ensure proper nourishment. Care givers are taught skills and recommended feeding practices to meet the nutritional needs and feeding difficulties of these wonderful children.

### **Where can nutritionists be found?**

On pages 38 and 39 of this document, we have made a list of centers in Ghana that provide nutrition therapy, or employ nutritionists. Contact information for these centers is included. You can use it to find places for the child receive treatment.

### **Important things to know**

- Nutritional disorders are very common among children and infants with developmental disabilities or other specialized health care needs.
- Children at nutritional risk can be identified by the following indicators; abnormal growth, increased/decreased energy use, medication-nutrient interactions, poor feeding skills, and partial to total reliance on parents/caregiver for feeding.

### **Sources:**

- Institute of Health Science, What is Nutritional Therapy? <https://instituteofhealthsciences.com/what-is-nutritional-therapy/>
- Shield Healthcare, Nutrition-Related Issues Common to Developmental Disabilities, <http://www.shieldhealthcare.com/community/grow/2017/01/27/nutrition-related-issues-common-selected-developmental-disabilities/>
- Washington State Department of Health, Nutrition Interventions for Children with Special Healthcare Needs, <https://www.doh.wa.gov/Portals/1/Documents/8100/961-158-CSHCN-NI-en-L.pdf>



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## — Part III: KEY HEALTH, EDUCATION, AND SOCIAL RESOURCES

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### Legends/Icons

#### HEALTHCARE SERVICES

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<b>AD</b>	Assistive Devices	<b>MT</b>	Music therapy
<b>BT</b>	Behavioral Therapy	<b>NT</b>	Nutrition Therapy/ Dietetics
<b>BMC</b>	Basic Medical Care	<b>ORTHO</b>	Orthopedics
<b>C</b>	Counselling Services	<b>OT</b>	Occupational Therapy
<b>DA</b>	Disability Assessments	<b>PT</b>	Physiotherapy
<b>EC</b>	Eye care	<b>PSY</b>	Psychiatry/Psychology
<b>HC</b>	Hearing Care	<b>RC</b>	Respite Care
<b>ID</b>	Intellectual Disability	<b>SLT</b>	Speech and language therapy

#### DISORDERS

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<b>ASD</b>	Autism Spectrum Disorder	<b>CP</b>	Cerebral Palsy
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder	<b>DS</b>	Down Syndrome
<b>ADD</b>	All developmental disabilities		

#### SCHOOLS AND LEARNING RESOURCES

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<b>PRIV</b>	Private: Private school	<b>INC</b>	Inclusive: School Includes both children with or without a disability
<b>PUB</b>	Public: Public school	<b>SPEC</b>	Special: Only for students living with a disability

## How to use the Legends/Icons

The legends tell you what kind of services are provided at each facility. For example:

### NYAHO MEDICAL CENTER



This means this facility has services for children with cerebral palsy (CP), provides these services: physiotherapy (PT) and orthopedic services (Ortho).

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## HEALTHCARE AND DIAGNOSTIC RESOURCES

There are many hospitals, clinics, and centers in Ghana that offer a variety of services to help your child thrive. Below they are listed with their addresses, telephone numbers, and services offered. The services include physiotherapy, speech therapy, diagnostic centers, behavioral therapy, rehabilitation, and occupational therapy.

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### 37 MILITARY HOSPITAL



Airport Residential Area,  
35 Kofi Annan St, Accra  
030 277 7595  
Public: NHIS accepted

### INNES EYE AND VISION CARE CENTER



A&C Shopping Mall, East Legon,  
Accra/ Haatso/Kumasi  
+233 054 121149

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### ACHIMOTA HOSPITAL



Achimota, Accra  
055 784 5325  
Public: NHIS accepted

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### KORLE BU TEACHING HOSPITAL



Guggisberg Ave, Korlebu, Accra  
030 273 9510

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### BETTER HEARING CLINIC



281/29 Nii Darko St, Accra  
026 350 6004  
Private: NHIS not accepted

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### KRISPAT EAR CENTER GH. LTD



Near Women's Hospital, Community  
11, Tema  
+233 303 301107/ +233 244 675962  
024 887 8057

## CENTER FOR LEARNING DISABILITY ASSESSMENT



Accra- Cape Coast Rd, Kasoa,  
<https://clidaghana.wordpress.com/>  
Private: NHIS not accepted

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## HASS: HEARING AND SPEECH SERVICES



25 Mantse Boi Street Box 5753,  
Accra  
30 223 6096

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## HUMAN DEVELOPMENT SERVICES

Tema Community 7, close to Team  
Joint Church, Tema

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## MISSION PEDIATRICS, CAPRICE



70/72 Olympics Rd. Kokomlemlé.  
Behind Boomerang Hotel, Accra  
clinicmission@gmail.com  
020 329 5292, 0247241447  
Private: NHIS not accepted

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## SPEECH AND HEARING CENTRE



Haatso Atomic Road, Hse No. 257,  
Near GCB Bank, Accra  
024 361 3189

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## NYAHO MEDICAL CENTER



Airport Residential Area, 35  
Kofi Annan St, Accra  
+233 030 708 6490  
<https://www.nyahomedical.com/about>  
Note: Listed on the website: accept  
24 International insurance/ 11  
local insurance

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## RIMA THERA-TOUCH



29 Mango Tree Avenue, Accra  
030 224 4694

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## ROBERT AND SONS LIMITED, OPTICAL SERVICES



Kojo Thompson Rd, Accra  
030 222 2601

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## PRINCESS MARIE LOUISE CHILDREN'S HOSPITAL



Derby Ave, Accra  
030 266 4137

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## ORTHOPEDIC TRAINING CENTER



Nsawam  
0342 122 031/ 0244 214 907  
Non-profit organization (NPO)  
Note: Mainly treat children with birth deformities

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## POLICE HOSPITAL



Ghana Police Service, Ring Road  
East, Cantonment, Accra  
030 276 2389  
Note: Government funded

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## THE TRUST HOSPITAL



Oxford St, Accra, Adjacent Dynasty  
Restaurant and Ecobank  
030 276 197

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## MENTAL HEALTH AND CRISIS RESOURCES

Mental health is just as important as any other health. Below are centers and hospitals who offer mental health and counselling services that can better help one gain mental stability. The psychiatrists and psychologists can help individuals who are depressed, stressed, anxious, burdened and suicidal. Counsellors can help those going through divorce, marital problems or problems with their families because of the child's disability

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## COUNSELLING RESOURCES

### OPEN DOOR COUNSELLING SERVICE

Spintex Rd, Shell Signboard, Behind the Glory Oil Filling Station or Behind Bank of Africa, Accra  
057 272 0445/ 027 444 1544

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CP: Cerebral Palsy, PT: Physiotherapy, BMC: Basic Medical Care, Psy: Psychiatry/Psychology, NT: Nutrition Therapy/ Dietetics, EC: Eye care

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## HOSPITALS WITH PSYCHOLOGISTS / PSYCHIATRISTS

### 37 MILITARY HOSPITAL



Airport Residential Area,  
35 Kofi Annan St, Accra  
030 277 7595  
Public: NHIS accepted

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### ACCRA PSYCHIATRIC HOSPITAL, ACCRA



Castel Rd. Accra  
057 769 0772

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### ACHIMOTA HOSPITAL



Achimota, Accra  
055 784 5325  
Public: NHIS accepted

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### KORLE BU TEACHING HOSPITAL



Guggisberg Ave, Korlebu, Accra  
030 273 9510

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### UG MEDICAL SCHOOL



Slater Avenue, Accra  
030 250 0381

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### UNIVERSITY HOSPITAL, LEGON



Legon, Accra  
030 703 0184

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### RIDGE HOSPITAL



Castle Rd, Accra  
030 222 8315

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### TEMA GENERAL HOSPITAL, TEMA



Hospital Rd. Community 9, Tema  
030 330 2695

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### SELIKEM HEALTH AND WELLNESS



Accra  
026 522 5128

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### POLICE HOSPITAL



Ghana Police Service, Ring Road  
East, Cantonment, Accra  
030 276 2389

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### GHANA INSTITUTE OF CLINICAL GENETICS (GICG)



Located at Korle Bu Teaching  
Hospital Accra  
050 696 1313

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### LEKMA HOSPITAL



Agleleaa - Manet Road, Teshie, Accra  
030 271 7945

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CP: Cerebral Palsy, PT: Physiotherapy, BMC: Basic Medical Care, Psy: Psychiatry/Psychology

## **PANTANG HOSPITAL**



Adenta Municipality 23321, Accra  
030 397 2322

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## **CRISIS SUPPORT RESOURCES**

### **Domestic Violence**

#### **GHANA POLICE DOMESTIC VIOLENCE & VICTIM SUPPORT UNIT (DOVVSU)**

Liberia Road, Ministries, Accra  
030 266 6285



**DOVVSU**  
DOMESTIC VIOLENCE AND VICTIM SUPPORT UNIT

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#### **HELPLINE OF HOPE**

0800 800 800 / 0800 900 900  
Text Messages (SMS): 8020

#### **MISSING CHILD**

Missing Persons-Ghana Police  
Service 18555

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## **EMERGENCY SERVICES**

#### **ACCRA PSYCHIATRIC HOSPITAL**

Castel Rd. Accra  
057 769 0772

#### **TEMA GENERAL HOSPITAL - ADULT EMERGENCY UNIT**

Hospital Rd. Community 9, Tema  
030 330 2695

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ASD: Autism Spectrum Disorder, ADHD: Attention Deficit Hyperactivity Disorder, DS: Down Syndrome, CP: Cerebral Palsy, ADD: All developmental disabilities, SLT: Speech and language therapy, PT: Physiotherapy, BT: Behavioral Therapy, OT: Occupational Therapy, Ortho: Orthopedics, BMC: Basic Medical Care, NT: Nutrition Therapy/ Dietetics, AS: Assistive Devices, CS: Counseling Services, HC: Hearing Care, EC: Eye care, Psy: Psychiatry/Psychology, RC: Respite care, MT: Music therapy, ID: Intellectual disability

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## SCHOOLS AND LEARNING RESOURCES

Below there are schools and centers located in the Greater Accra Region, alongside their telephone number, address, cost, and disability specialty, to assist caregivers find the facilities needed for their child(ren)

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### ASSOCIATION INTERNATIONAL SCHOOL LEARNING RESOURCE CENTER



Airport Residential Area, 6 Patrice Lumumba St, Accra  
030 277 7735

<https://associationinternationalschool.org/secondary/learning-resources-center/>

Cost: Tuition per semester

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### AWAAWAA2, HAATSO



Jasmine St, Haatso, Accra  
024 498 8977

Cost: Tuition per semester

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### AUTISM AWARENESS CARE AND TRAINING CENTER (AACT), KOKOMLEMLE



42 Rolyat Castle Road, Kokomlele, Accra Ghana  
030 222 4729

<http://www.aactgh.org/>

Cost: Tuition per semester

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### DZORWULU SPECIAL SCHOOL



Kwabena Aniefe Street Number 1  
Accra

024 416 6615

Vocational training skills

Cost: Tuition per semester

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### AUTISM COMPASSION AFRICA



171 Ola Estate, Cape Coast  
055 347 7494

<http://www.autismcompassionafrica.org/>

Cost: Tuition per semester

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### EPICENTER SPECIAL SCHOOL



118 Nii Kwatei Djor Street  
New Gbawe, Accra

0246058329 or 0205803621

<https://epicentreghana.wordpress.com/enroll-now/>

Cost: Tuition per semester

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CP: Cerebral Palsy, ASD: Autism Spectrum Disorder, ADD: All developmental disabilities, PT: Physiotherapy, BMC: Basic Medical Care, Psy: Psychiatry/Psychology, RC: Respite care, PRIV: Private, SPEC: Special, SLT: Speech and language therapy,

## GERMAN SWISS INT. SCHOOL



Ring Road Central, Accra next to Lufthansa building  
030 222 3522  
<http://gsis-accra.org/ueber-uns/>  
Cost: Tuition Per Semester

## KLICKS AFRICA FOUNDATION



Dome Pillar 2, Sawmill Junction  
House Number 109, Accra  
030 291 4423/ 024 498 8977  
Cost: Tuition per semester

## HAVEN INTERNATIONAL CENTER FOR SPECIAL EDUCATION



TDC Plot #F/63, Community 18, Lashibi, Accra  
030 397 6973  
<https://mygoalautism.org/haven-project/>  
Cost: Tuition per semester

## MULTIKIDS INCLUSIVE ACADEMY



Number M3, Ajringano Rd, New Otinshie, Accra  
020 296 6871  
Cost: Tuition per semester;  
Wednesday Free

## HOPE SETTERS



Golden Age Youth Training Center  
Community 7, Tema  
K-35, Tema  
[https://hopesetterstm.wixsite.com/hopesetters?fbclid=IwAR2gBLaPtAMzX0TUWJSfshADdWjT\\_6HMNJVKoOhvjuKZ7RZH-JOI-ZSp9\\_k](https://hopesetterstm.wixsite.com/hopesetters?fbclid=IwAR2gBLaPtAMzX0TUWJSfshADdWjT_6HMNJVKoOhvjuKZ7RZH-JOI-ZSp9_k)  
+233 20 984 5445  
Cost: Tuition per semester



ASD: Autism Spectrum Disorder, ADHD: Attention Deficit Hyperactivity Disorder, DS: Down Syndrome, CP: Cerebral Palsy, ADD: All developmental disabilities, SLT: Speech and language therapy, PT: Physiotherapy, BT: Behavioral Therapy, OT: Occupational Therapy, Ortho: Orthopedics, BMC: Basic Medical Care, NT: Nutrition Therapy/ Dietetics, AS: Assistive Devices, CS: Counseling Services, HC: Hearing Care, EC: Eye care, Psy: Psychiatry/Psychology, RC: Respite care, MT: Music therapy, ID: Intellectual disability



## NEW HORIZON SPECIAL SCHOOL, CANTONMENTS



24 Fourth Circular Road, Accra  
030 277 2878  
Cost: Tuition per semester

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## SHALOM SPECIAL SCHOOL



Nkoranza, Brong Ahafo  
<http://shalomkemcv.com/index.html>  
Cost: Boarding school. Tuition per semester

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## IMPACT CARE AND REHABILITATION



Kanda, Accra  
Cost: No Cost

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## RE YO PADDOCK SCHOOL



Passion Hill St, Madina, Accra  
020 538 7561  
Cost: Tuition per semester

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## SILVER PEAK ACADEMY-AUTISM CENTER



Ashaley Botwe School Junction,  
Behind Sowah Din Cluster of Schools,  
Accra  
Cost: Tuition per semester

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## WOODFIELD MANOR AUTISM AND SPECIAL NEEDS SCHOOL



Adenta Municipality, Accra  
+233(0)30 393 0832  
Cost: Tuition per semester + (free for disadvantaged)

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ASD: Autism Spectrum Disorder, ADHD: Attention Deficit Hyperactivity Disorder, DS: Down Syndrome, CP: Cerebral Palsy, ADD: All developmental disabilities, SLT: Speech and language therapy, PT: Physiotherapy, BT: Behavioral Therapy, OT: Occupational Therapy, Ortho: Orthopedics, BMC: Basic Medical Care, NT: Nutrition Therapy/ Dietetics, AS: Assistive Devices, CS: Counseling Services, HC: Hearing Care, EC: Eye care, Psy: Psychiatry/Psychology, RC: Respite care, MT: Music therapy, ID: Intellectual disability

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## **SOCIAL AND ECONOMIC RESOURCES**

Caring for a child with a developmental disability can become overwhelming and frustrating for the caregiver. Thankfully there are social support groups that consist of parents with children with a disability. They can support caregivers to cope and find resources. We also listed below government economic programs, places to go when rights are violated, where to find nanny and financial services.

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## **SOCIAL SUPPORT GROUPS**

### **SPECIAL MOTHERS PROJECT**

Salem Estate, Ma le Dzor before  
Valley View University, Accra  
024 454 7980



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### **MATILDA FLOW INITIATIVE FOUNDATION (MFI)**

Amasaman, near Fise Junction,  
Accra  
+233 206473296

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### **MENDING MINDS AND BEREAVEMENT**

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### **WITH GOD CEREBRAL PALSY**

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### **NANNY SERVICES**

Childcare Services in Ghana  
[https://www.greataupair.com/Nanny\\_Service/Find\\_Nanny/Ghana.htm](https://www.greataupair.com/Nanny_Service/Find_Nanny/Ghana.htm)  
(can be used to find nannies available  
for work by region in Ghana)

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## **GOVERNMENT SERVICES**

There are many laws, acts, policies, and governmental services that are in place to protect children with developmental disabilities. Below they are listed to aid mothers and caregivers ensure that their child receives fair care and any benefits that he or she is eligible to gain. The government program called LEAP also provide assistance to eligible caregivers with children with disabilities.

### **LEAP: LIVELIHOOD EMPOWERMENT AGAINST POVERTY**

Cash transfer program for persons with severe disability without any productive capacity

<http://leap.gov.gh/>

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## **DEPARTMENT OF SOCIAL WELFARE**

### **MINISTRY OF GENDER, CHILDREN, AND SOCIAL PROTECTION**

Acts to ensure the natural rights of vulnerable people in Ghana are protected and that they are empowered to fully participate in society.

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P.O. BOX MBO 186,  
Ministries, Accra  
(+233)0302 688181/7/4

(+233)0302 688188  
info@mogcsp.gov.gh  
<http://mogcsp.gov.gh/index.php/about/>

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### **DOMESTIC VIOLENCE AND HUMAN RIGHTS PROTECTION**

Domestic violence is a crime and the protection of human rights is key. Below are hotline numbers and centers that one is able to connect with to get the necessary help and support that is needed.

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### **DOMESTIC VIOLENCE AND VICTIM SUPPORT**

Police emergency hotline:  
0302 666285

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### **BANKS / FINANCIAL SERVICES**

#### **FYSSO GHANA**

Police emergency hotline:  
0302 666285

#### **VOICE GHANA SOCIAL ENTERPRISE AND REVOLVING LOAN PROGRAMME**

[Http://voiceghana.org/subcat\\_select.cfm?corpnews\\_catid=27&corpnews\\_scatid=57](http://voiceghana.org/subcat_select.cfm?corpnews_catid=27&corpnews_scatid=57)

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### **MISSIONS PEDIATRICS**

70-72 Olympics Road, Kokomlemle, Accra  
0203295292 | 0247241447  
info@missionclinicgh.com  
[www.missionclinicgh.com](http://www.missionclinicgh.com)



**CENTER FOR LEARNING AND CHILDHOOD DEVELOPMENT**

**ADVANCING RESEARCH, PROMOTING LEARNING AND SAVING LIVES**

Center for Learning and Childhood Development,  
P.O. Box AF 3190, Accra, Ghana.  
Tel: 233 20 996 9399 /+233 24 286 8047  
Email: [poqyebi@gmail.com](mailto:poqyebi@gmail.com)  
Website: [www.clcdghana.org](http://www.clcdghana.org)