



THE SEDOO INITIATIVE FOR CHILDREN WITH SPECIAL NEEDS

...love for the unique child

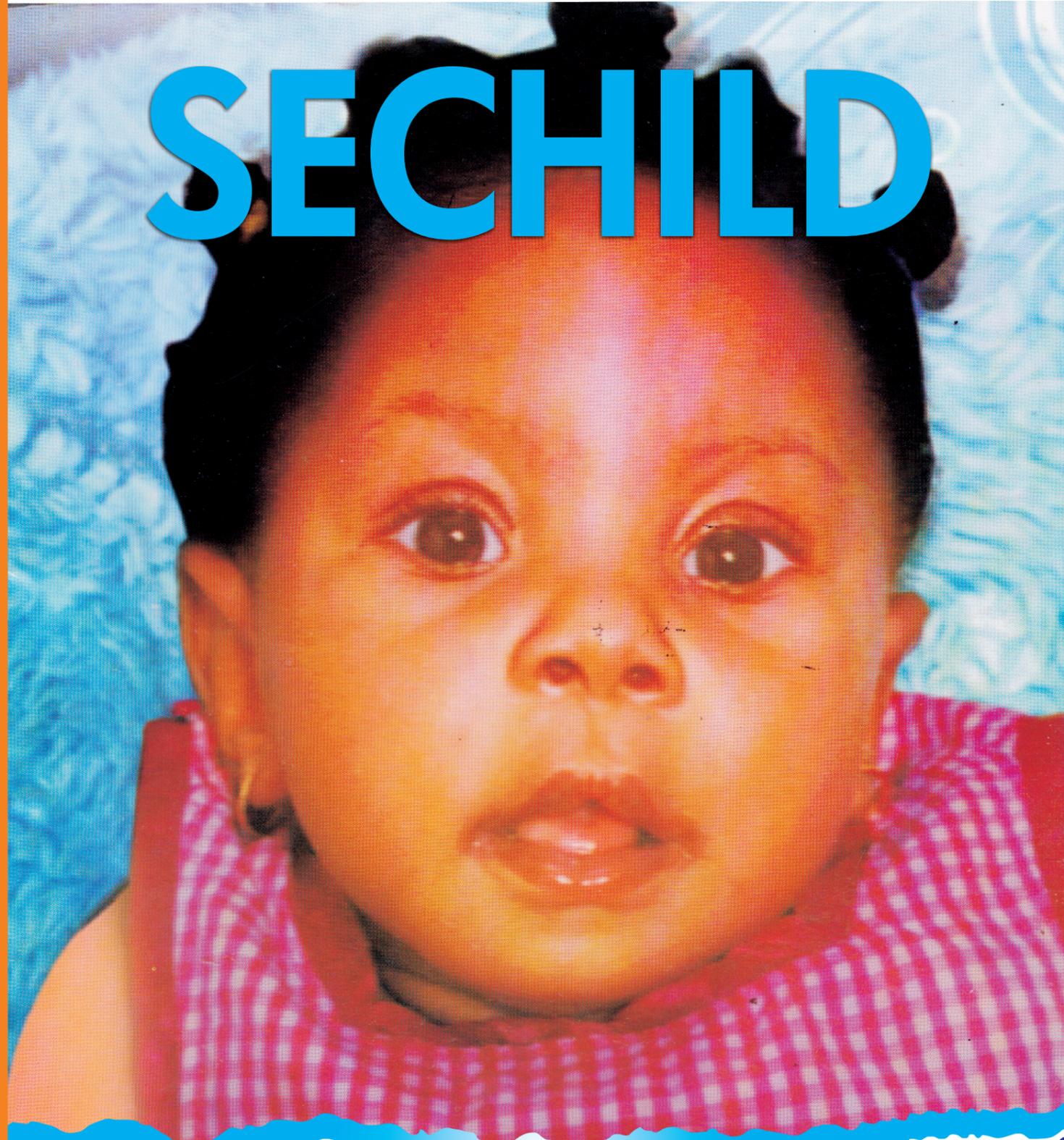
2nd Gate Phase 3, 11 C Close, Trade More Estate by Voice of Nigeria, Airport Road, Lugbe-Abuja.
email: sedooinitiativeforchildren@yahoo.com

www.sechild.org

SECHILD

MAKING THE BEST OF THE UN-EXPECTED

SECHILD



Making the *Best* of the *Un-expected*

■ Raising a child with disability

■ How a boy was saved from untrue damnation

■ Whats in a Name



From the Ambassador

*Embassy of Nigeria
Juse Estrada 2746
1425 Buenos Aires*

*Tel: 4807-4809/9445
Fax: 4807-1152*

MESSAGE OF SUPPORT TO THE SEDOO INITIATIVE FOR CHILDREN WITH SPECIAL NEEDS (SECHILD)

I am honoured to writing this message of support to the founders of the Sedoo Initiative of Children with Special Needs (SECHILD).

This is a very noble venture and calling that you have championed. In a society where the rights and dignity of the special child are not taken into account, talk more of their care and support, your venture represents a trail blazer in our dear country Nigeria. The efforts so far have brought succour to families of special children and to the children themselves.

Children with disabilities and special needs have the same rights as all children but are some of the most invisible and marginalised people in the world according to a United Nations report released recently (see <http://www.unicef.org/sowc2013/>), which cites recommendations on how to actively include children with disabilities in civic, social and cultural affairs so that both they and their communities benefit. The report's underlying message is that special children, girls and boys with disabilities "are not problems" but sisters, brothers, daughters, sons and friends with favourite foods and songs, dreams and rights. Eschewing a focus on traditional notions of "rescuing" the child, the report instead spotlights investment in removing the barriers that impede the realisation of the child's rights, aspirations and dreams.

The report makes a call towards making public services, schools and health systems accessible and responsive to the needs of children with disabilities and their families will reduce the pressure to send children away in the first place. Even though a nongovernmental and non-profit enterprise, SECHILD has answered this call through its care and support centre. The government of Nigeria is making giant strides in the health sector as is desirous of partnering with other stakeholders like SECHILD.

I urge all people of goodwill to join hands with SECHILD to make the dream of the special child come true, giving them the joy, love and happiness they desire!

I thank you for your attention.

Amb. Chive lor KAAVE
Ambassador of Nigeria
Buenos Aires - Argentina



EDITOR'S NOTE

Mr. Aondofa Anjira
Executive Director SECHILD



The causes and awareness of Cerebral Palsy (CP) have for a long time been regarded with less concern or utter indifference as our traditional and even modern society still resort to inhumane ways of dealing with children born with challenge. But at SECHILD, due to our personal experience with CP, we gained better insight into the condition and have unlearned the many misled views and positions of people about CP. We did not stop at our experience but started an initiative to champion the cause for children born with CP, providing mental and physical facilities such as Care Centre, advocacy, therapy sessions and professional aid to children and families afflicted with CP. In this magazine, we talked about Cerebral Palsy, our journey so far and the future. The magazine

is both touching and educating, chronicling the intertwined narratives of CP related and shared experiences. It is our joy that while we celebrate SECHILD and all children and families battling with CP, you dear reader, shall have your mind disabused of the misconceptions on CP and gain enlightenment at the same time. That from the shared experiences you glean from the magazine, you will think positively about CP and its surmounting challenges.

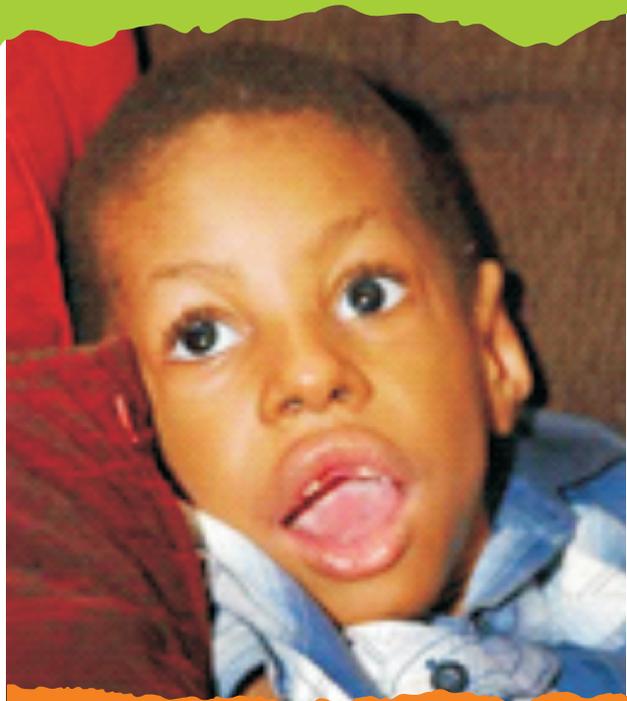
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In Loving Memory of



Sedoo Deborah Aondofa-Anjira
August 22, 2005 - 22 June 2007



Aondofa Joshua Aondofa-Anjira
January 18, 2007 - June 16, 2014



Kawan Aondofa-Anjira (Mrs.) FIMC, MILM, CIRLM
Initiator/President

The Initiator/President's brief

If you have a child with Cerebral Palsy, you probably have many questions and concerns. You might be wondering as we did as parents of two children with Cerebral Palsy:

- **How will Cerebral Palsy affect my child's development?**
- **What will my child be as an adult?**
- **How will I or the family cope with the child?**
- **What does the diagnosis mean for me as a parent?**
- **What is the best way to assist my child reach his/her potential?**

Our daughter was born in 2005 and then our son in 2007, both with Cerebral Palsy. I remember that as a mother, the thing I wanted most was reassurance that my children would be alright, but there was very little accurate information available to me at that time. ***I, along with my husband, founded the Sedoo Initiative for Children with Special Needs (SECHILD) to provide information, counseling, residence physio/occupational therapy and advocacy for the right of children with CP and their families.*** The first thing we did was to start a residence therapy and care centre, The SECHILD Centre. for children with CP. Through SECHILD, we have given ourselves to better the lives of children with cerebral palsy and their families, and making a positive difference.

Five years in the life of the Centre, we are happily still providing up-to-date information about Cerebral Palsy, assisting and counseling parents/care givers and offering residence therapy/care to children with cerebral palsy and sharing the message that **every life is created for a purpose; every child is a gift from God, and no life is an accident of creation. God the master craftsman made all children unique and beautiful.** Some may have challenges but in every life there are challenges.

I'm honoured for the privilege to serve humanity and very grateful for your relentless partnership and support.

Too often, children with special needs are been set apart and excluded from the society. Our mission is for every child to be loved and cherished. SECHILD is a family raised

through situation and experience to be a succour and beacon to other families with a similar situation. We are creating a society for an improved well-being of children with special health care needs and their families where the children are not regarded as bad spirits, or other unholy tags as 'snake incarnates', so that their indiscriminate killing and abandonment would be minimized.

Living with disability has its challenges, but life itself is challenging. When a child's life is so challenging and the days that lie ahead seem impossible to face, remember that there is a way only if you understand the child's condition and accept the child's challenge.

We are deeply grateful to God for making us the way we are, for all that we have been through. And it is for His glory and for the benefit of other families in similar situation that out of our deepest pain comes our passion and the opportunity to serve.

Life is an opportunity to better the lives of others, so let us together, hand in hand, create a society of acceptance and support for children with special needs.

Thank you for the partnership and support. With it we are able to reach our goal for this reason.

We hope you feel proud of what we are able to accomplish together and we look forward to keeping you informed of our activities. Our work is far from over; we pray to God to help us continue this journey with more dedication.

Thank you once again; we could not have done this without you.

The Board of Trustees and Care Givers of SECHILD are simply amazing. To my husband, I appreciate you and I love you so much.



WHAT ARE 'SPECIAL NEEDS'?

One Term, Many Definitions

'Special Needs' is an umbrella underneath which a staggering array of diagnoses can be wedged. Children with special needs may have mild learning disabilities or profound mental retardation; food allergies or terminal illness; developmental delays that catch up quickly or remain entrenched; occasional panic attacks or serious psychiatric problems. The designation is useful for getting needed services, setting appropriate goals, and gaining understanding for a child and stressed family.

Minuses and Pluses

'Special needs' are commonly defined by what a child can't do – by milestones unmet, banned, activities avoided, experiences denied. These minuses hit families hard, and may make "special needs" seem like a tragic designation. Some parents will always mourn their child's lost potential, and many conditions become more troubling with time. Other families may find that their child's challenges make triumphs sweeter, and that weaknesses are often accompanied by amazing strengths.

Different Concerns

Pick any two families of children with special needs, and they may seem to have little in common. A family dealing with developmental delays will have different concerns than one dealing with chronic illness, which will have different concerns than'

Special needs site devote sections to the following specific issues: medical, behavioural, developmental, learning, and mental health.

Medical Issues

Medical issues for children include serious conditions



like cancer and heart defects, muscular dystrophy and cystic fibrosis; chronic conditions like asthma and diabetes; congenital conditions like cerebral palsy and dwarfism; and health threats like food allergies and obesity. Children with medical issues may require numerous tests, long hospital stays, expensive equipment, and accommodations for disabilities. Their families have to deal with frequent crises, uncertainty, and worry.

Behaviour Issues

Children with behaviour issues don't respond to traditional discipline. With diagnoses like ADHD, Fetal Alcohol Spectrum Disorder, Dysfunction of Sensory Integration, and Tourette syndrome, they require specialized strategies that are tailored to their specific abilities and disabilities. If those strategies are not developed and used, kids with behaviour issues throw their families into chaos and are seriously at risk for school problems. Their parents need to be flexible and creative.

Developmental Issues

Developmental disabilities are some of the most devastating for a family to deal with, changing visions of the future and providing immediate difficulties in caring for and educating a child. Diagnoses like autism,

Down syndrome and mental retardation often cause children to be removed from the mainstream, and parents must be fierce. Advocates making sure their children receive the services, therapy, schooling, and inclusion they need and deserve.

Learning Issues

Children with learning disabilities like dyslexia and Central Auditory Processing Disorder struggle with schoolwork regardless of their intellectual abilities. They require specialized learning strategies to meet their potential and avoid self-esteem problems and behavioural difficulties. Parents of learning-challenged kids need to be persistent both in working with their reluctant learners and with the schools that must provide the help these children need.

Mental Health Issues

A child's problems with anxiety or depression can sneak up on parents; problems with attachment may smack them right in the face. Living with a child with mental health issues can put

family members on a roller coaster of mood swings and crises and defiance. Parents have to find the right professionals to help, and make hard decisions about therapy, medications, and hospitalization. The consequences of missed clues and wrong guesses can be significant.

Common Concerns

Although every special-needs child is different and every family is unique, there are some common concerns that link parents of challenged kids, including getting appropriate care and accommodations; promoting acceptance in the extended family, school and community; planning for an uncertain future; and adjusting routines and expectations. Parents of children with special needs are often more flexible, compassionate, stubborn and resilient than other parents. They have to be.

(Source: <http://specialchildren.about.com/od/gettingadiagnosis/p/whatare.html>)



*“ All things bright and beautiful,
All creatures great and small.
All things wise and wonderful,
The word God made them all.”*
- Cecil Frances Alexander



I grew up knowing that the entire cosmos is controlled by a superior being – God.

This notion was inculcated in me through my socialization process with family, school and church. This tripod formed my belief system. Therefore when I got introduced to Cerebral Palsy through the birth of my niece, Sedoo, it was apprehensive to be honest, but I quickly managed my perception based on my world belief. At first, I thought it could be cured. When I realized that Cerebral Palsy had no cure, I fell back on my worldview that it is also

God's creation. Therefore, it is beautiful.

Thank God, Kawan and her husband, Aondofa, to a large extent have shared this perception of my worldview. So yes – we contended with our acceptance of it. One thing that remains unequivocal was these children were, human beings just like any other.

SECHILD metamorphosed from a young couple finding answers to a medical manifestation to a Support and Care Centre that advocates and brings to fore answers that are definitely not just relevant to Kawan and Aondofa strictly, but to a wider reach of families and a society in denial. This is my joy. At SECHILD, the projection is to take the next step of educating these special children to become useful and productive citizens, living their lives as best as they possibly can. As this conversation endures, the spirit of the journey is contagious. We have had immense support from friends. To our numerous friends far and near, we say thank you, you have made the journey more interesting.

At SECHILD, the news is that a child born with Cerebral Palsy has found more understanding, more love, more support and care within our Centre or in any home makes our world complete.

Thank you.

Esta Mbadzuan Charles-Ayede of blessed memory was the Chairperson, Board of Trustees of SECHILD

SECHILD

Background

The Sedoo Initiative for Children with Special Needs (SECHILD) is a non-governmental, not-for-profit organisation founded in 2011 by Aondofa and Kawan Anjira. Our involvement with Cerebral Palsy children began with the birth of our daughter, Sedoo, in 2005 who was diagnosed with Cerebral Palsy and our son, Joshua Aondofa, also born with Cerebral Palsy. With SECHILD we provide advocacy, acceptance, care, love, professional support and education for children with special needs.

In a society where raising children with special needs portends unique challenges and requires requisite skills, SECHILD represents succour for parents – a place for residence therapy, advocacy, professional help and information resource centre on therapy, counselling and support for affected children/families. In Nigeria, it is traditionally believed that a child born with a normal development is from the spirit world or a snake

incarnate and will bring a curse on the family. Many children with disabilities such as down-syndrome, cerebral palsy, and other deformities in some communities are either buried alive or thrown into the river to return to the spirit world and as a service of purification of the mother of such a child. The truth is that these beliefs and practices have more negative effects on the psychological and social status of these mothers and families.

SECHILD is registered by the Corporate Affairs Commission under Part 'C' of the Companies and Allied Matters Act 1990 RC No.42610 as a not-for-profit, community-driven development and non-governmental charitable organisation committed to children with Cerebral Palsy and other often-neglected vulnerable children with special needs in Nigeria.

SECHILD operates a programme that focuses on improving the lives of children/families with special needs especially those with Cerebral Palsy.

Children with CP and their ignorant families have over the years experienced

neglect hence there seems to be no government, not many NGOs/CBOs or individuals who have expressed specific interest in streamlining the special children for care and support services in Nigeria. The initiative is making a difference in the lives of children with cerebral palsy within the North-Central geographical zone in Nigeria. As parents of two children with Cerebral Palsy, we empathize with mothers/families in similar situation in their pains, frustrations and hopelessness. Our desire is to create a community of support and opportunities for these children, to re-orientate those who see them as offerings from the devil; that their indiscriminate killing could be minimized.

SECHILD was created because of the need for a comprehensive resource, and to be a compassionate voice for all things related to Cerebral Palsy including a Care Center that parents and caregivers of children with special needs could turn to for needed, non-legal help, resources, and inspiration.

Hearing that a child has Cerebral Palsy or any other disability, or a medical need

may create many concerns for parents, siblings, relatives and other loved ones. Learning to cope and to successfully address the needs of children diagnosed with Cerebral Palsy and other related conditions



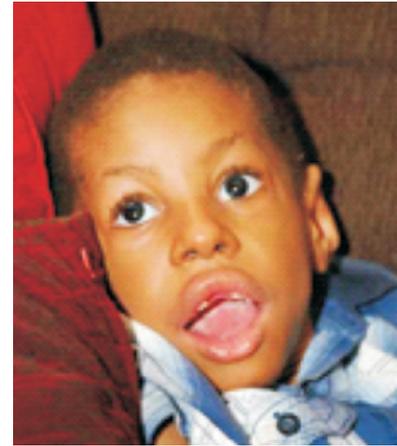
requires that families become prepared and equipped with information

about programs, services, expert opinions, products and other important resources that will assist them in caring for such a child.

Research has demonstrated that when children are provided the adequate tools they need for their unique skills and ability, they can fully enhance their cognitive, social, and emotional development. The need for these tools is even more crucial among children with disabilities and medical conditions (special needs). Early and continual intervention are powerful tools that can enable children with special needs to live a more full and active life.

The absence of professional assistance and

Support Centres for the specific conditions of these children, and the desire to establish an institution with the resources that provide children with Cerebral Palsy and others with special needs, families and other caregivers



with access to comprehensive information and resources led to the founding of SECHILD.



Our Goal

Our programme's goal is to provide children with special needs the care and items that they need for their daily living and enjoyment that are not currently being covered by any form of medical insurance, nor provided by a community programme. Along with this goal, we have established a residence facility SECHILD Center where children with cerebral palsy and their families come for free counselling, supplemental therapy, educational support, scholarship program, meet with

support groups, for information, and other services. We trust that together with other community programmes and especially parents, we can create more awareness among the community about the needs families with special needs children have, and what practical things can be done to support them.

We are funded through agencies' grants, private foundation grants, endowments and private donations.

Our Mission & Vision

SECHILD's mission is to improve and promote the health and well-being of children with special health care needs and their families.

We focus on providing information to families and health care professionals. Our work includes special projects, information, research and evaluation that impact care and support, quality of care, education and family partnerships in health care and support for children with special needs. In doing this, SECHILD hopes to build bridges of partnerships and collaboration with a variety of groups to plan and implement grants and projects that improve care and increase access to support such children and their families.

Strategic Objectives

- To provide care and support to children with special needs
- To provide residence physiotherapy services for children with special needs
- To create opportunities for self-actualization, by promoting educational development of children with special needs through sponsorships and training
- To assist children with special needs and the less privileged to attain better living standards
- To promote a better delivery of educational services for effective intellectual growth of children with special needs
- To give hope to the dreams and aspiration of children and persons with special needs to attain their full potentials
- To provide professional support and information for children with special needs

BOARD OF TRUSTEES



Aondofa Anjira

He has a Bachelor of Science Degree in Computer Science from the University of Ibadan. He is a public servant and a father of four, two born with Cerebral Palsy.



Kawan Aondofa-Anjira (Mrs.)

She holds a Bachelor of Arts Degree in Mass Communications from the Benue State University, Makurdi-Benue State. She works in the private sector and humanitarian by calling. She is a mother of four, two born with cerebral palsy.



Barr. (Ms) Aver Gavar

She holds an LLB (HONS) from University of Jos, a member, Human Rights Monitoring Forum in Nigeria. Coordinator, UNICEF/Nigerian Bar Association Coalition for pro-bono legal services for children in conflict with the law in ten Northern States. She is a member, African Committee of Experts on the Rights and Welfare of the Child. She is representing Nigeria as member of the ACERWC. She loves people and sports.



Dr. Ngutor Ver-Or

Dr Ngutor has a Bachelor of Surgery Degree from University of Ibadan. He is a fellow of the West African College of Surgeons. Dr Ver-Or is a Consultant in maxillofacial surgery and the Executive Director of Oral Health Advocacy Initiative.



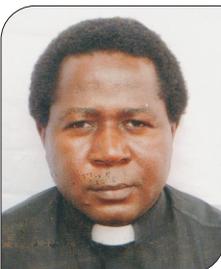
Jessica Ofem-Arikpo

She holds a Bachelor of Science Degree in Political Science from the Benue State University, Makurdi, Benue State. An advocate of human rights, Mvena works with National Agency for the Prohibition of Traffic in Persons and other related Matters.



Afa Mark-Iber (Mrs)

She holds a Bachelor and Master of Science Degrees in Economics from the University of Maiduguri and the University of Jos respectively. She is a certified National Accountant and a member of Nigeria Economic Society. She works with Federal Housing Authority (FHA), Abuja. Her greatest interest is in caring for the needy.



Rev. Terseer Agwaza Shagba

He holds a Bachelor of Divinity Degree from the University of Jos (Theological College of Northern Nigeria), a Diploma in Mentorship and certificate in Walk with Wounded Children from the renowned Petra College's Ministry, White River in Mpumalanga Province of South Africa. Chartered Consultant of International repute in Children's ministry, a Child Evangelist, Reverend Terseer works with children, teenagers and youths.



Barr. Terna Isaac Liman

He has a LLB (HONS) from the University of Ibadan and was called to bar in 2003. He currently works with Federal Mortgage Bank (FMBN). A lover of children, he is happily married.



Esther langba-Kapu (Mrs)

She read Agricultural Science at the Ahmadu Bello University, Zaria and Education at the Benue State University, Makurdi. She is a teacher and happily married with children.



Ms Jamila Hassan

She holds a Bachelor of Science Degree in Mathematics from the University of Ilorin, Kwara State, and is a public servant; she enjoys reading and youth mentoring. She is married with three children; one is a special-needs kid.

ADVISORY BOARD



Mr. John Ogar Odey

He holds a B.Sc. degree in Finance and Banking. worked with various private firms before his foray into politics and public service. Mr. Odey was elected as Cross River State Treasurer of the Peoples Democratic Party and later appointed Commissioner for Agriculture in the State. He served as the Minister of Information and Communications under late President Umar Musa Yar'Adua and later Minister of Environment. He is currently the Chairman Creature & Environment services Ltd, the chairman of the Advisory Board of Rural Energy Women in Nigeria (RUWES). He is on the board of Kwararafa University, the only community university in Africa. Mr. John Odey is married to Mary A. Odey and they are blessed with four children.



Major General Emmanuel Tsehamba Nienge (Rtd)

He is a retired military general in the Nigerian Army. He has an M.Sc. in Strategic Studies from the University of Ibadan. He is an Associate Member of Chattered Institute of Logistic and Transport (CILT) and Fellow of Institute of Management Consultant (FIMC). He is a humanitarian, a great philanthropist, and is very passionate about the growth and development of any organization.

He is happily married to Barrister Mrs. Iveren Nienge and is blessed with three children. He likes reading and playing golf.



Dr. Paul B. Orhii

A former Director General of National Agency for Food and Drug Administration and Control (NAFDAC), Nigeria, holds Doctor of Medicine, Doctor of Philosophy and Juris Doctor Degrees in Medicine and Law. He is a pharmacologist, physician, biomedical scientist, attorney and Counselor at Law, respectively. He is also a Medical Expert Witness & Pharmaceutical Litigation Support Specialist. Dr. Orhii has received awards for his professional excellence amongst which are African Public Health & Safety Award by African Leadership Magazine, Kenya (2009); Blue Ribbon Award by Joint Technical Committee, UNICEF (2009); and the prestigious National Honour of the Officer of the Order of the Niger (OON) conferred on him by President Goodluck Ebele Jonathan for his contribution in the development of science and medicine in September, 2012. Dr Paul Orhii is currently a private consultant on Anti-Counterfeiting and Brand Protection. He is married to Mrs Eugenia Ayam Orhii, and is a father to four lovely children.



Oluyemisi Iranloye

She is the Managing Director/Chief Executive Officer of Psaltry International Limited, a cassava starch factory in Alayide, Ado Awaye, Iseyin L.G.A., Oyo, which produces high quality food grade cassava starch in Nigeria. She obtained a B. Tech degree in Biochemistry from the Federal University of Technology, Minna and M.Sc. in Biochemistry from the University Ibadan. She was in July, 2010 recognized as a leading female entrepreneur for Nigeria by Hillary Clinton. She attended the African Women Entrepreneurship Programme (AWEP) in Washington DC, USA, and became the first AWEP President, Nigeria Chapter. She is a graduate of Stanford Seed transformation programme, Stanford University, California, USA; a programme which gives her the opportunity to mentor one intern from Stanford University since 2015 to date. Yemisi is a devoted Christian and a mother of two lovely children. She is a philanthropist with a large heart for helping the poor and downtrodden

ADVISORY BOARD



Priscilla M-ember Ikparen

She holds an M.Sc. in Health Management, a B.Sc (Hons) in Sociology, Post Graduate Diploma in Education (PGDE), Diploma in Ophthalmic Nursing, with a Registered Nursing/ Midwifery certificates. She has been trained in healthcare and leadership, Leadership Strategies for evolving Healthcare Executive at the prestigious Harvard School of Public Health, Boston and Leadership, Team Building at Hetta Institute for International Development, New York etc. She has over 35 years in healthcare experience working with the Benue State Hospital Management Board and State House Medical Centre. She has also served as the Desk Officer (Health) OSSAP-MDGs, Referral officer/Human Resource Manager at the SURE-P Maternal and Child Health (MCH) project and the National Primary Health Care Development. She is also involved in several projects with both international like jhpeigo/USAID, UNICEF etc to improve Maternal, Newborn and Child Health in Nigeria. She is a member of several professional bodies.



Mr. Emmanuel Angbianger Iorkumbur

He is a Public health expert with specialty in monitoring, evaluation and research. He has worked with many organizations at local, national and international levels; and consulted for international and local NGOs. He is a project management professional with expertise in organizational development and training. Emmanuel has vast experience working with Education, Health and Water sectors. He acts in different capacities on the Board of many Non-government organizations.



Dr. Denis Richard Shatima

He has a Bachelor of Medicine, Bachelor of Surgery from the University of Maiduguri, Nigeria. He is a Senior Consultant Paediatrician with the National Hospital Abuja, Nigeria and also a visiting Consultant Paediatrician to Federal Medical Centre Keffi, Nassarawa State. Before his appointment as Consultant, Dr. Shatima worked as Registrar and later Lecturer II/Senior Registrar in the Paediatrics Department, College of Medical Sciences, University of Maiduguri, Borno State. Dr. Shatima has seven Research Publications to his credit and has attended several Local and International Courses. Other Academic Heights he attained included MBBS, with distinction in Applied Pharmacology (University of Maiduguri) 1990 and Yinka Gbajumo Prize Winner as Best candidate in primary Examination in Paediatrics (National Post Graduate Medical College of Nigeria) 1994. He is Member West African College of Physicians, faculty of Paediatrics, Paediatrics Association of Nigeria (PAN) and Nigeria Medical and Dental Council. He loves Reading and Listening to Music.

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about CEREBRAL PALSY

Definition

Cerebral palsy (CP) is the result of a combination of events either before, during, or after birth that can lead to an injury in a baby's developing brain. (CP) is a physical disability that affects movement and posture. Cerebral Palsy is an umbrella term for a group of disorders that

affect a person's ability to move. CP is due to damage to the developing brain before, during or after birth. CP affects people in different ways; it can affect body movement, muscle control, muscle coordination, muscle tone, reflex, posture and balance. Although CP is a

permanent life-long condition, some of these signs of cerebral palsy can improve or worsen over time. Cerebral Palsy (CP) is the most common physical disability in childhood; CP occurs in approximately 1 in 500 live births, in high income countries.



Causes

It is caused by an injury to the developing brain, which mostly happens before birth, before or after. There is no single cause but researchers can identify a number of factors that may lead to the brain injury.

There are multiple causes of CP, but a series of 'causal pathways', i.e. a

sequence of events that combine to cause or accelerate injury to the developing brain. About 45% of children diagnosed

with CP are born prematurely. For most babies born at term with CP, the cause remains unknown. Only a small percentage of CP is due to complications at birth (e.g. asphyxia or lack of oxygen)

Risk factors

However, the presence of some risk factors may lead to an increased chance of a child being born with CP. Some risk factors have been identified. These include:

- Low birth weight (small for gestational age)
- Blood clotting problems (thrombophilia)
- An inability of the placenta to provide the developing foetus with oxygen and nutrients
- Bacterial or viral infection of the mother, foetus or baby that directly or indirectly attacks the infant's central nervous system
- Prolonged loss of oxygen during the pregnancy or birthing process, or severe jaundice shortly after birth.



Diagnosis

Babies can now be assessed as being at 'high risk of cerebral palsy' as early as 3 to 5 months of age. CP can now be diagnosed early, so interventions can start as soon as possible.

People who have CP may also have visual, learning, hearing, speech, epilepsy, poor motor skills and intellectual impairments. Cerebral palsy (CP) is a

physical disability that affects movement and posture. Cerebral palsy can affect different parts of the body.

Manual ability

At least two thirds of children with cerebral palsy will have movement difficulties affecting one or both arms. Almost every daily activity can be impacted: eating, dressing, writing, catching a ball.

Children with CP may also have a range of physical and cognitive impairments which

includes:

- 1 in 3 is unable to walk
- 1 in 4 is unable to talk
- 3 in 4 experience pain
- 1 in 4 has epilepsy
- 1 in 4 has a behaviour problem
- 1 in 2 has an intellectual disability
- 1 in 10 has severe vision impairment
- 1 in 4 has bladder control problems
- 1 in 5 has a sleep disorder

1 in 5 has saliva control

Cerebral Palsy

(Culled from Wikipedia)

Cerebral palsy is non-progressive, non-contagious motor conditions that cause physical disability in human development, chiefly in the various areas of body movement.^[3] Scientific consensus still holds that CP is neither genetic nor a disease, and it is also

understood that the vast majority of cases are congenital, coming at or about the time of birth, and/or are diagnosed at a very young age rather than during adolescence or adulthood. It can be defined as a central motor

dysfunction affecting muscle tone, posture and movement resulting from a permanent, non-progressive defect or lesion of the immature brain.

Cerebral refers to the cerebrum, which is the affected area of the brain. The disorder may often involve connections between the cortex and other parts of the brain such

as the cerebellum. The term palsy in modern parlance refers to disorder of movement.

Cerebral palsy is caused by damage to the motor control centers of the developing brain and can occur during pregnancy, during childbirth, or after birth up to about age three. Resulting limits in movement and posture cause activity limitation and are often accompanied by disturbances of sensation, depth perception, and other sight-based perceptual problems and communication ability; impairments can also be found in cognition, and epilepsy is found in about one-third of cases.

Improvements in the care of newborns has helped reduce the number of babies who develop cerebral palsy and increased the survival those with very low birth weights. There is no known cure, with medical interventions attempting to treat and prevent complications.

M i s c o n c e p t i o n s

Spastic cerebral palsy, the most common form of CP, causes the muscles to be tense and rigid, and movements are slow and

difficult. This slowness can be misinterpreted as cognitive delay due to difficulty of communication. Individuals with cerebral palsy can have learning difficulties, but sometimes it is the sheer magnitude of problems caused by the underlying brain injury that prevents the individual from expressing what cognitive abilities they do possess.

Signs and symptoms

All types of cerebral palsy are characterized by abnormal muscle tone (e.g., slouching over while sitting), reflexes, or motor development and coordination. There can be joint and bone deformities and contractures (permanently fixed, tight muscles and joints). The classical symptoms are spasticity, spasms, other involuntary movements (e.g., facial gestures), unsteady gait, problems with balance, and/or soft tissue findings consisting largely of decreased muscle mass. Scissor walking (where the knees come in and cross) and toe walking are common among people with CP who are able to walk, but taken on the whole, the symptoms of CP are very diverse.

Babies born with severe CP often have an irregular posture; their bodies may be either very floppy or very stiff. Birth defects, such as spinal curvature, a small jawbone, or a small head sometimes occur along with CP. Symptoms may appear or change as a child gets older. Some babies born with CP do not show obvious signs right away. Classically, CP becomes evident when the baby reaches the developmental stage at 6¹/₂ to 9 months and is starting to mobilize, where preferential use of limbs, asymmetry, or gross motor developmental delay is seen.

Secondary conditions can include seizures, epilepsy, apraxia, dysarthria or other communication disorders, eating problems, sensory impairments, intellectual disability, learning disabilities, urinary incontinence, fecal incontinence, and/or behavioural disorders. Speech and language disorders are common in people with cerebral palsy.

Speech impairments in spastic dysarthria involve four major abnormalities of voluntary movement:

spasticity, weakness, limited range of motion, and slowness of movement. The speech characteristics are imprecise consonants, irregular articulatory breakdown, distorted vowels, excess and equal stress, prolonged phonemes, slow rate, monopitch, monoloudness, and harsh voice. Overall language delay is associated with problems of intellectual disability, hearing impairment, and learned helplessness.

Children with cerebral palsy are at risk of learned helplessness and becoming passive communicators, initiating little communication. Early intervention

with this clientele, and their parents, often targets situations in which children communicate with others so that they learn that they can control people and objects in their environment through this communication, including making choices, decisions, and mistakes.

Skeleton

With lack of use, articular

cartilage may atrophy, leading to narrowed joint spaces. Depending on the degree of spasticity, a person with CP may exhibit a variety of angular joint deformities. Because vertebral bodies need vertical gravitational loading forces to develop properly, spasticity and an abnormal gait can hinder proper and/or full bone and skeletal development.



People with CP tend to be shorter in height than the average person because their bones are not allowed to grow to their full potential. Sometimes bones grow to different lengths, so the person may have one leg longer than the other.

Causes

While in certain cases there is no identifiable cause,

typical causes include problems in development inside the uterus (e.g. exposure to radiation, infection), asphyxia before birth, hypoxia of the brain, and birth trauma during labour and delivery. CP is also more common in multiple births.

Between 40% and 50% of all children who develop cerebral palsy were born prematurely.

Premature infants are vulnerable, in part because their organs are not fully developed, increasing the risk of hypoxic injury to the brain that may manifest as CP. A problem in interpreting this is the difficulty in differentiating between cerebral palsy caused by damage to the brain that results from

inadequate oxygenation and CP that arises from brain damage before the birth of the child that then precipitates premature delivery.

Recent research has demonstrated that asphyxia (breathing complication as a result of difficulty in breathing in oxygen) during delivery of child is not the most important cause, probably accounting for no

more than 10% of all cases; rather, infections in the mother, even infections that are not easily detected, may triple the risk of the child developing the disorder, mainly as the result of the toxicity to the fetal brain that are produced as part of the inflammatory response.

After birth, other causes include toxins, severe jaundice, lead poisoning, physical brain injury, shaken baby syndrome, incidents involving hypoxia to the brain (such as), and encephalitis or meningitis. The three most common causes of asphyxia in the young child are: choking on foreign objects such as toys and pieces of food, poisoning, and near drowning.

Types of Cerebral Palsy

Cerebral palsy (CP) is divided into four major classifications to describe different movement impairments. These classifications also reflect the areas of the brain that are damaged. The four major classifications are: spastic, ataxic, athetoid/dyskinetic and mixed.

Spastic

Spastic cerebral palsy, or cerebral palsy where spasticity (muscle tightness)

is the exclusive or almost-exclusive impairment present, is by far the most common type of overall cerebral palsy, occurring in upwards of 70% of all cases. People with this type of CP are hypertonic and have what is essentially a neuromuscular mobility impairment (rather than hypotonia or paralysis) stemming from an upper motor neuron lesion in the brain as well as the corticospinal tract or the motor cortex.

Ataxic

Ataxia-type symptoms can be caused by damage to the cerebellum. Ataxia is a less common type of cerebral palsy, occurring between 5% and 10% of all cases. Some of these individuals have hypotonia and tremors. Motor skills such as writing, typing, or using scissors might be affected, as well as balance, especially while walking. It is common for individuals to have difficulty with visual and/or auditory processing. They usually have an awkward gait and as well with some dysarthria.

Athetoid or dyskinetic

Athetoid cerebral palsy or dyskinetic cerebral palsy is mixed muscle tone – both hypertonia and hypotonia

mixed with involuntary motions. People with dyskinetic CP have trouble holding themselves in an upright, steady position for sitting or walking, and often show involuntary motions. For some people with dyskinetic CP, it takes a lot of work and concentration to get their hand to a certain spot (like scratching their nose or reaching for a cup). Because of their mixed tone and trouble keeping a position, they may not be able to hold onto objects, especially small ones requiring fine motor control (such as a toothbrush or pencil).

Mixed

Mixed cerebral palsy is symptoms of athetoid, ataxic and spastic CP appearing simultaneously, each to varying degrees, and both with and without certain symptoms of each. Mixed CP is the most difficult to treat as it is extremely heterogeneous and sometimes unpredictable in its symptoms and development over the lifespan.

Management

Treatment for cerebral palsy is a lifelong multi-

dimensional process focused on the maintenance of associated conditions. In order to be diagnosed with cerebral palsy the damage that occurred to the brain must be non-progressive and not disease-like in nature. The manifestation of that damage will change as the brain and body develop, but the actual damage to the brain will not increase. Treatment in the life of cerebral palsy is the constant focus on preventing the damage in the brain from prohibiting healthy development on all levels. The brain, up to about the age of 8, is not concrete in its development. It has the ability to reorganize and reroute many signal paths that may have been affected by the initial trauma; the earlier it has help in doing this the more successful it will be.

Various forms of therapy are available to people living with cerebral palsy as well as caregivers and parents caring for someone with this disability. They can all be useful at all stages of this disability and are vital in a person with cerebral palsy's

ability to function and live more effectively. In general, the earlier treatment begins the better chance children have of overcoming developmental disabilities or learning new ways to accomplish the tasks that challenge them. The earliest proven intervention occurs during the infant's recovery in the neonatal intensive care unit (NICU).

Treatment may include one or more of the following:

- § physical therapy; occupational therapy
- § speech therapy
- § water therapy
- § drugs to control seizures, alleviate pain, or relax muscle spasms
- § hyperbaric oxygen
- § the use of to relax contracting muscles
- § surgery to correct anatomical abnormalities or release tight muscles
- § braces and other orthotic devices; rolling walkers
- § and communication

aids such as computers with attached voice synthesizers.

For instance, the use of a standing frame can help reduce spasticity and improve range of motion for people with CP who use wheelchairs.

However, there is only some benefit from therapy. Treatment is usually symptomatic and focuses on helping the person to develop as many motor skills as possible or to learn how to compensate for the lack of them.

Interpersonal therapy

Physiotherapy programs are designed to encourage the patient to build a strength base for improved gait and volitional movement, together with stretching programs to limit contractures. Many experts believe that lifelong physiotherapy is crucial to maintain muscle tone, bone structure, and prevent dislocation of the joints.

Occupational therapy helps adults and children maximize their function, adapt to their limitations

and live as independently as possible.

Speech therapy helps control the muscles of the mouth and jaw, and helps improve communication. Just as CP can affect the way a person moves their arms and legs, it can also affect the way they move their mouth, face and head. This can make it hard for the person to breathe; talk clearly; and bite, chew and swallow food. Speech therapy often starts before a child begins school and continues throughout the school years.

Occupational therapy

Occupational therapy (OT) enables individuals with CP to participate in activities of daily living that are meaningful to them. A family-centered philosophy is used with children who have CP. Occupational therapists work closely with families in order to address their concerns and priorities for their child. Occupational therapists may address issues relating to sensory, cognitive, or motor impairments resulting from CP that affect the child's participation in self-care, productivity, or leisure. Parent counselling is also an

important aspect of occupational therapy treatment with regard to optimizing the parent's skills in caring for and playing with their child to support improvement of their child's abilities to do things. The occupational therapist typically assesses the child to identify abilities and difficulties, and environmental conditions, such as physical and cultural influences, that affect participation in daily activities. Occupational therapists may also recommend changes to the play space, changes to the structure of the room or building, and seating and positioning techniques to allow the child to play and learn effectively.

Prognosis

CP is not a progressive disorder (meaning the brain damage does not worsen), but the symptoms can become more severe over time due to subdural damage. A person with the disorder may improve somewhat during childhood if he or she receives extensive care from specialists, but once bones and musculature become more established,

orthopaedic surgery may be required. The full intellectual potential of a child born with CP will often not be known until the child starts school. People with CP are more likely to have learning disabilities, although these may be unrelated to IQ, and are more likely to show varying degrees of intellectual disability. Intellectual level among people with CP varies from genius to intellectually impaired, as it does in the general population, and experts have stated that it is important to not underestimate the capabilities of a person with CP and to give them every opportunity to learn.

Productivity

The effects of sensory, motor and cognitive impairments affect self-care occupations in children with CP and productivity occupations. Productivity can include, but is not limited to, school, work, household chores and contributing to the community.

Play is included as a productive occupation as it is often the primary activity for children. If play becomes difficult due to a disability, like CP, this can cause

problems for the child. These difficulties can affect a child's self-esteem. In addition, the sensory and motor problems experienced by children with CP affect how the child interacts with their surroundings, including the environment and other people. Not only do physical limitations affect a child's ability to play, the limitations perceived by the child's caregivers and playmates also impact the child's play activities. Some children with disabilities spend more time playing by themselves. When a disability prevents a child from playing, there may be social, emotional and psychological problems which can lead to increased dependence on others, less motivation and poor social skills.

In school, students are asked to complete many tasks and activities, many of which involve handwriting. Many children with CP have the capacity to learn and write in the school environment. However, students with CP may find it difficult to keep up with

the handwriting demands of school and their writing may be difficult to read. In addition, writing may take longer and require greater effort on the student's part. Factors linked to handwriting include postural stability, sensory and perceptual abilities of the hand, and writing tool pressure.

Speech impairments may be seen in children with CP depending on the severity of brain damage. Communication in a school setting is important because communicating with peers and teachers is very much a part of the "school experience" and enhances social interaction. Problems with language or motor dysfunction can lead to underestimating a student's intelligence. In summary, children with CP may experience difficulties in school, such as difficulty with handwriting, carrying out school activities, communicating verbally and interacting socially.

Leisure

Leisure occupations are any activities that are done for enjoyment. Enjoyable activities depend on one's personality and environment. Leisure activities can have several positive effects on physical health, mental health, life

satisfaction and psychological growth for people with physical disabilities like CP. Common benefits identified are stress reduction, development of coping skills, companionship, enjoyment, relaxation and a positive effect on life satisfaction. In addition, for children with CP, leisure appears to enhance adjustment to living with a disability.

Leisure can be divided into structured (formal) and unstructured (informal) activities. Studies show that children with disabilities, like CP, participate mainly in informal activities that are carried out in the family environment and are organized by adults. Typically, children with disabilities carry out leisure activities by themselves or with their parents rather than with friends. Therefore, children may experience limited diversity of activities and social engagements, as well as a more passive lifestyle than their peers. Although leisure is important for children with CP, they may have difficulties carrying out leisure activities due to social and physical barriers.

Oyeniya C.M. (Mrs)
Director



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The Future

With the support of parents, families, communities, governments and health professionals, children with cerebral palsy will lead healthy and contributing lives.

The future is bright, with all efforts to collaborate in research, practice, education, technology and social action by, and for, people with CP.

Join the Sedoo Initiative for Children with

special Needs, and become part of this family raised to arrest the abandonment, discrimination, killing of children with special needs in Nigeria.



The SECHILD Institution



The SECHILD Approach /Reuven Feuerstein

At SECHILD we have adopted the philosophy of Reuven Feuerstein. Reuven Feuerstein methodology is based on the belief that every individual's learning capacity can be enhanced throughout life.

His theory of Structural Cognitive Modifiability states that every human being is capable of change beyond his/her present level of functioning, despite barriers which have been traditionally regarded as insurmountable – barriers such as age, the cause of the condition or its severity. Feuerstein accepts that these are indeed challenges; however, they

are seen as a starting point for actively intervening in the individual's development.

Feuerstein has consistently rejected the notion that little can be done to improve intelligence, in favour of a more optimistic approach. His specific educational methods known as Mediated Learning Experience have been developed in order to bring about changes in intellectual, social and emotional functioning.

Feuerstein approach demands a high level of professional/child interaction, one-to-one or sometimes even two-to-one and small group interaction.

Feuerstein is critical of the 'drip-drip' approach to change; pointing out that no child can make much progress when receiving only one hour a week of any kind of therapy.

Our aim at SECHILD is to enhance a child's potential, and enable him/her to move on from such intensive work. At SECHILD, we actively encourage parents to become mediators with their own children, how best to work with their children and encourage them to participate in teaching sessions whenever possible.

Collaborative Approach to the Implementation of Programmes & Operation of The SECHILD Home

SECHILD's Collaborative Project Planning Process (CPPP) is based on the belief that the most effective, relevant, and sustainable development initiatives, especially as it

concerns the special child come from the target families themselves. Through partnership and close collaboration with families, SECHILD provides an innovative

framework to carefully and systematically transform insights into action, for the COMMON GOOD OF THE SPECIAL CHILD.

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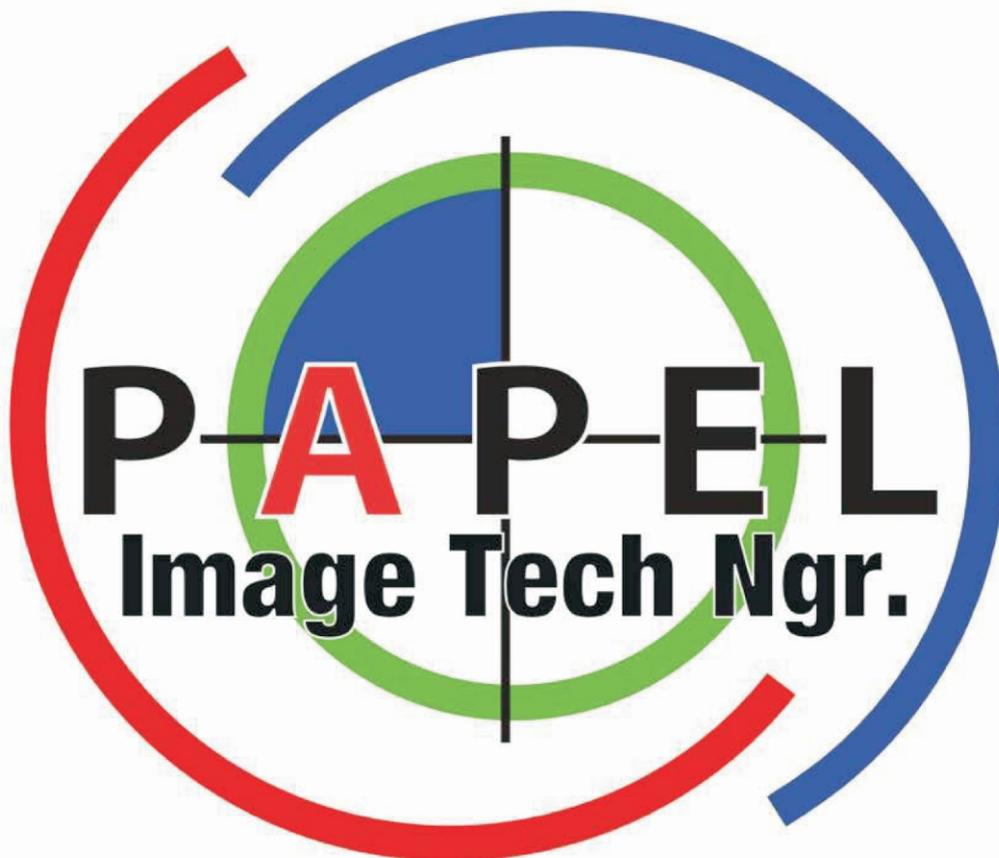
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SPECIAL EDUCATION DIVISION,
SPECIAL NEEDS EDUCATION & SERVICES BRANCH



P. M. B. No. 146
Telegrams: SECEEDUCATE
Telephone:

Ref No. ED/SP/NGO/II/67
21st June 2013

Kawan Aondofa-Anjira (Mrs),
SECHILD Initiative,
11C Close Trademore Estate,
Along Airport Road, By Voice of Nigeria,
Lugbe,
Abuja, Nigeria.

RE: INTRODUCTION TO SEDO INITIATIVE FOR CHILDREN WITH SPECIAL NEEDS (SECHILD)

I am directed to acknowledge the receipt of your letter dated 22nd May, 2013 on the above subject.

I am to inform you that the Ministry appreciates your effort in making provisions for children with Special Needs and their Caregivers.

Please accept the assurance of the Honourable Minister of Education.

Barr. D.C. Uwaezuoke
For: Honourable Minister

Love for the Unique Child

THE SEDOO INITIATIVE FOR CHILDREN WITH SPECIAL NEEDS

In 2005, a young loving couple, Kawan and Aondofa Anjira gave birth to a pretty baby girl. My wife and I used to admire the baby with her parents every Sunday as we met at the N. K. S. T Church (URCC), Mabushi, Abuja, where we both worship. We had no clue that the child had some challenges until we learnt of her untimely death in 2007. This was because the parents adored and loved their daughter so much that if you were not told you will never think she had a challenge.

Kawan and Aondofa had another child, a baby boy in 2007. As is usual with them to show parental care and love to their children, we did not know that this child too had some challenges until much later.

This lovable and God fearing couple, accepted these two children as gift from God. They have unfortunately lost the girl but the boy is still alive.

This selfless, loving and compassionate couple, in order to ameliorate the pains and frustrations of parents that have children with special needs; and to also care and show abundant love to these children, established the SECHILD CENTER. The Center is a charitable Non-Governmental Organization (NGO) and formally registered with Corporate Affairs Commission, Nigeria.

This laudable initiative, the SECHILD CENTER needs the support of every God fearing person. We are therefore appealing to individuals and corporate bodies to support the Center financially, and/or materially to enable it achieve its mission.

Volunteers for the medical and child care are also welcome.

Engr. & Mrs. Terhamba David Nongo



RC: 36778
FOUNDATION FOR THE VULNERABLE

Head Office:
Suite F115, Citi Centa Plaza
Opp. Noble Heights Academy, Karu
P.O. Box 2313, Garki,
Abuja, Nigeria

Branch Office:
131 Joe Akaahan Way,
P.O. Box 02, Vandekiya,
Benue State, Nigeria

1st June, 2016.

Mr & Mrs Aondofa Anjira,
Sechild Center, 11 C Close, Second Gate,
Phase III Trademore Estate,
Airport Road, Lugbe – Abuja Nigeria.

Dear Sir and Ma,

ACKNOWLEDGEMENT FOR WONDERFUL WORK OF CARING FOR CHILDREN WITH CEREBRAL PALSY

Foundation for the Vulnerable wishes to acknowledge the wonderful work you are doing at Sechild Centre to better the lives of unique children with Cerebral Palsy. The task of establishing the Center with all the facilities is not an easy one. The services you render at the Center are impossible to quantify and the successes recorded are tremendous.

Our prayers are with you. May the Good Lord strengthen and equip you with all that you need in carrying out this great assignment. May He bless you, your staff and our unique children.

Yours faithfully,

Dr. Mrs Nguveren Targema,
ED/CEO
Foundation for the Vulnerable.

E-mail: foundationforthevulnerable@yahoo.com Mobile: +234815752143
Website: www.foundationforthevulnerable.org

Love for the Unique Child



Catholic Archdiocese of Abuja

ALL SAINTS CATHOLIC PARISH DUTSE-ALHAJI
P.O. Box 8390, Wuse - Abuja



MESSAGE OF SUPPORT TO THE SEDOO INITIATIVE FOR CHILDREN WITH SPECIAL NEEDS (SECHILD)

First of all I would like to commend the founders of SECHILD for this noble initiative. God bless the work of your hands!

I was touched with the information on the background to the establishment of SECHILD. I am particularly thrilled with the fact that you have taken up this huge task of supporting and taking care of this wonderful children, God's perfect and unique creation, that God has placed in your hands. This is more because many parents are often times confused on what to do with special children and how to attain to their many needs, and the accompanying stigma that goes with such children.

We live in a society that is ignorant of the attention that the special child desires. The concept of the Special Child is even alien to many of us. As a matter of fact how special needs are defined can determine whether or not children may be eligible for treatment and education services that can improve the quality of their lives and the lives of their family members. We need to do all in our power to bring these issues to the fore. Heaven lays the task before SECHILD and for the many people that support the initiative. SECHILD represents the lone voice in the wilderness of our neglect and ignorance of the Special Child. It sensitises us, calls us to contribute our resources to supporting such lovely kids who are also created in the image and likeness of God, and asks us to do what we can to love God's unique creation.

Special children represent an excellent example of a medical condition that requires competent, comprehensive, continuous, compassionate and community-based care. It is critical that primary care providers be involved and knowledgeable about the current and future care plan for the best outcome for each child, but also that all of us – within the capacities and strengths of our abilities – should do what we can to assist.

I call on our Divine Master to bless the beneficiaries of this initiative! God is with SECHILD and all those who support it!!!

Sincerely yours,

Rev. Fr. Daniel Mwaugh AGBER
Parish Priest, All Saints Parish, Dutse-Alhaji
Catholic Archdiocese of Abuja, FCT