Through the years ABS has grown in providing services to the children who needs support as well as to families who are going through the challenges with limited resources in the country. ABS has had success stories of integrating children with special needs into mainstream schools and ECCD centers. Moreover ABS has also being able to advocate on the universal accessibility within the country with awareness on the issues related to special needs.

As ABS has moved a step higher in providing intervention, there has been need for improved clinical services for which Save the Children’s financial support is of great help. We are able to proudly announce that Clinical support program implementation has been a dream come true for the families and children with special needs who are availing service at ABS.

**Project Activity 1: Clinical intervention room setting up**

The Clinical support project focused on setting up of intervention room which are appropriate and needed for the children at the center. With the help of this project three rooms are set up as intervention room.

The first room is the entry point intervention room where the child will be observed through play and activities. The observation room is equipped with sensory stimulating activities and visual support teaching aides to help a child understand the given instruction. The child will be assessed by the social worker and goals will be set with the parents as to services that can be given at the center.

When the observational period is over the child will be transfer to another intervention room depending on the severity of the disability. If the child has severe disabilities then the child is transfer to the lower functioning room where the child has to learn activities of daily living. The intervention room two is for the lower functioning child who needs more intensive intervention that is focused on self help skills. The room has visual support and visual teaching materials. The activities are customized according to the need of the child. Communication support for the child who are non verbal.

The third intervention room is for the high functioning children who have high probability to be enrolled into mainstream school or SEN school. The intervention room is focused on the school readiness program. The children become desensitized to the school environment and they learn educational support. Their focus would be educational needs like phonics reading, counting, and literacy and writing skills.

The three intervention rooms are set up with the social workers who are in charge of each room. They have responsibility to set goals with the parents and interact with the family.
Project Activity 2: Music and art and craft center

ABS is introducing music session in the intervention rooms depending on the daily schedule for the children. Each intervention room are structured and maintain with their daily schedule. The music session it helps the child to learn to listen and also develop skills as to fine motor and gross motor and sensory stimulation. The music engages their minds with the different sounds and help to calm the, down. Another activity is Art and craft activities which is also introduce in every room, every child learns creativity which will help them stimulate and learn differently. The three intervention room has its own music and art/craft time where each child will exposed to the opportunity to develop their functional skills.

So far through this program, there are around 100 children who have benefited, every week there are new clients that are referred to ABS through different entity. There is constantly increasing number of clients that needs continuous support who benefits from this program setting.

The intervention room setting up with the needful equipment helps child to focus and structured schedule.

Project Activity 3: Teaching aides for learning Center

The clinical support project has also help to build teaching aides for learning time at all the three intervention rooms. There are shaving foams for sensory stimulation, play dough for fine motor activity, counting, sorting, matching and various other teaching aides in all the three different rooms. The child has opportunity to develop educational opportunities like writing and reading. Each child has their own activities that are developed by the social worker by printing and laminating the whole activity which can be used. There are teaching aides like crazy links, play sand, colored pebbles and craft items which are constantly used to engage the children who are in different rooms.

The intervention sessions for children in three different rooms are provided hygiene kits and also taught how to brush and keep oneself clean.

Project Activity 4: Recreation program (summer program)

The recreational program was based to support summer program for children. The children and their families around 68 people attended the summer program in three days. The children had fun time with games and sports on the first day, then thier visit Paro and lastly visited Dochula.

During the three days summer program, parents and children were given opportunity to spend quality time together. The Children were given opportunity to learn about their religion and culture by visiting the temples at Paro and Dochula.

The recreation program is psycho educational program where the support worker, child and family are all involved outside the ABS facility which given them opportunity to involve in social environment.
Conclusion

The clinical support project is beneficial directly to the children because the children needed a place to go for intervention and therapy sessions, ABS had capacity but did not have the resource to build intervention rooms. In which the clinical support project help to set up intervention rooms, gave opportunity to build teaching materials for each child according to their needs. The project also supported the school readiness program because the child got opportunity to learn to cope up before integrating into mainstream school. Its every child’s right to education which this project has help in achieving. The three intervention room setting up is first time in ABS which we have been able to structure the learning program for the children. The child with special need is given an opportunity to come outside of their closed home environment to interact and learn social functional skills.

Ability Bhutan society would like to thank Save the children for giving this opportunity to create least restrictive environment for learning and right to education for all through this project.

Photo gallery;

Fig 1: Setting up of the clinical intervention room
Fig 2: Intervention room with circle time activities made with teaching aide for visual support

Fig 3: Developing clinical intervention room with professional and interns

Fig 4: Home based consultation by sharing information and hygiene kits with experts from aboard.
Fig 5: Developing teaching material after printing and laminating the aides

Fig 6: Children learning through education video modeling

Fig 7: Learning through pretend play with the support worker, parent and children
Fig 8: Socialization skills training with the children and support worker

Fig 9: Recreation program support with parent and children participating

Fig 10: Recreational Program trip for family and children with disabilities to Paro to build family relationship
Fig 11: Recreational program at Dochula.

Fig 12: Teaching fine motor activity by picking up the grains

Fig 13: Clinical therapeutic individual sessions
Fig 14: Bus trip during the recreational program.