The Access Approach

Early Identification of Disability in Children and Provision of Appropriate Advice

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A Guide for Non-Specialist Health Professionals Working in Primary Health Care

A Collaborative Study Between the Centre for International Child Health, London, and the Disability and Rehabilitation Unit of the WHO, Geneva

World Health Organisation

Centre for International Child Health. University College London

Inclusion International

World Confederation for Physical Therapy

UNICEF

World Federation of Occupational Therapists

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INTRODUCTION

This manual explains how to improve access to health care for young children with impairments and make it easier for them to be included into society. It deals with **children up to the age of three years** who are slow to develop or who have impairments and disabilities. Better access to health care means conditions affecting the mind or body (impairments) can be identified earlier and advice can be given. The word 'disability' includes all the things that affect the child's life as a result, for example community reactions (see page 64). The WHO 2001 terms for describing functioning and disability are used which are impairment', 'activity' and 'participation'. See Appendix 1 on page 65.

The materials in this manual are designed to be managed by non-specialist health professionals working in Primary Health Care (PHC). See Table 1. Early identification materials, advice for families, and suggestions for helping children with impairments to develop are given. In communities where there are no PHC services, materials suitable to be managed by visiting non-specialist staff and local community workers are also included.

Improving access to health care for children with impairments means reaching them at an earlier age and providing them with services. By helping workers to assess the level of skills and resources available in the local community, **realistic** plans can be made. The different types of identification and advice materials in this manual can be chosen to suit the community resources.

Table 1: Definition of Types of Staff

Community Workers: Level 1	PHC workers, CBR workers (first level), trained birth attendants (two or more weeks training)
Level II	Traditional birth attendants, traditional healers, families and volunteers, day care workers
Non-Specialist Professionals in PHC	Mid-level rehabilitation workers (MLWs)*, nurses*, non-specialist medical doctors*, midwives* (a year or more medical training) and CBR workers (one year training)*
Specialists	Physiotherapists, occupational therapists, speech and language therapists, specialist medical doctors, CBR coordinators (post-professional training), specialist pre-school teachers, psychologists, and special educators

(* Most likely to be available)

There are three stages to improving availability of services.

- First, the community is described so workers can choose the identification materials which suit the community resources and especially the availability of specialist help.
- Second, workers identify children with impairments by using the right questions and assessments from the manual.
- Then parents and carers are offered the right advice about how to help their child. The manual explains how the community is described and how the choice of materials is made. The next section looks at why a new approach is needed.

Note: The words 'parents and carers' have been used to reflect the variety of people who may look after a child. Where 'mother' is used, this also includes other carers.

Why Better Access to Health Care is Needed

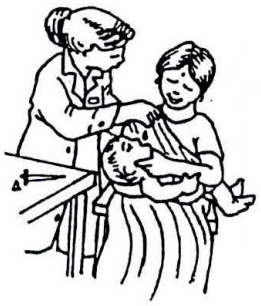
Developing Inclusive Services

Across the world access to health care for disabled people is very poor, compared to that of the general population. It is often the case that:

- Available services are not designed for adults or children with disabilities
- Children with impairments are left out of national health care plans - they are not seen as a priority
- Impairments are identified when children are older, when help has less impact on progress
- When identification of impairments is delayed, children have less chance for participation and inclusion in their communities
- Existing approaches to testing and early intervention do not reach children with impairments, especially when there are no specialist disability services
- Families find it difficult to get the right advice about how to help their children

Some of these problems are due to unjust and unhelpful attitudes towards children who have impairments. Despite various United Nations (UN) statements, disabled children's access to health services continues to be restricted. Children with disabilities have the same **right** to good health and education as other children do. The UN Convention on the Rights of the Child, and the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities make this clear (see page 64).

Non-specialist health professionals, families and the community can make a difference by working together for change where it is needed. If children with impairments can be provided with services, as part of inclusive basic Primary Health Care (PHC), their access to the health care system will be improved. Such an approach involves the community and links with Community Based Rehabilitation (CBR). Messages for families about **inclusion** are on page 37. The next section explains the aim of improved access.



Summary: Points about better access to health care:

- Children with disabilities have rights to the same opportunities as other children
- Positive social attitudes towards children with disabilities lead to their inclusion and participation in community life
- By linking into PHC, more children with disabilities will access health care services
- It is a community approach which links with CBR

Improving Access to Health Care

The Aim

The aim is to improve access to health care for young children with impairments by reaching more children at an earlier age and providing them with services. This can be done where specialist services are scarce, and even where there are no services for children with disabilities. To fulfil this aim the steps for health professionals to take are to:

- Decide what types of workers are already available in the community
- Decide what knowledge and skills they have, that could be used to help children with impairments
- Choose methods for identification and advice which fit the knowledge and skills of the workers already available in the community
- Identify children with impairments early so they have the best chance to develop, are included in society, and have a better quality of life.
- Provide the right advice, in partnership with families and carers, on ways in which they can help their child.

Reasons for Identifying Children with Impairments Early
Children who are identified as having impairments are 'at risk'. That is, without help, their health and learning may suffer and progress will be slower than necessary. This makes family life more difficult so children with impairments need help as early as possible. They need equal access to health care so they can grow up participating in the life of their family and their community. They need support from the community to be included in education and social activities.

Reasons for Providing Early Advice
Children with disabilities can be helped to do many of the things other children do. It is true that impairments stop children from doing some activities. But with training many children will be able to do most of the activities that other children do, even if they do them slowly or in a different way. For more information about this see the WHO Training in the Community for People with Disabilities – Guide for Local Supervisors. (See the reading list on page 63.)

Family and Community Participation
A partnership approach to rehabilitation that builds on community strengths and resources is in line with CBR. It uses local workers from organizations like clinics and schools. Although specialized staff will continue to supervise the whole operation, non-specialists, community workers with minimal training, and families will carry out most of it. Family members often have many responsibilities and limited time for activities with their child. They should not be asked to do more than they can manage. First non-specialist health professionals must describe the target community. The next section looks at this.

Summary: For a better quality of life for children with disabilities:

- Reach more children with services at an earlier age
- Make the most of their abilities so they can participate in family and community life
- Work in partnership with families and draw on community strengths

How to Describe the Community

Describe the types of health **workers,** and the health **services**, which already exist in the community. From the examples on page 5 non-specialist health professionals will be able to see which description fits their community. The manual provides a variety of identification and advice materials to suit the different communities in which they will be used. Health professionals will be able to **choose those which suit the resources in the community** in which they are working. This will provide better help for children and families.

Describing the Health Workers and Services in the Community

In some places specialist health professionals may be available, like therapists and children's doctors. In other settings staff could be PHC professionals, such as **nurses**, vaccinators and health volunteers. Workers like these, who **already come into contact with mothers**, can be used to provide services. For example when children attend for vaccination, there is an opportunity for development to be checked (key ages 9 and 18 months). Advice can be given to families, if a child seems slow to develop or has an impairment. See page 17 on differences in development.

In some places there will be well-developed services for identifying and supporting children with disabilities. These may be run by government and/or non-government organizations (NGOs). Other communities will have access to a CBR programme, staffed by volunteers. In other places there are no special services for children with disabilities. However non-specialist health professionals should decide which types of health workers are already providing health services in the community, or close by. Which of them could be used to check the development of children or to provide advice?

Points to Think About

People may be unable to access services because:

- They are too far away
- They are too expensive or transport is too expensive
- The people are poor or from marginalised groups

Can the approach set out in the manual be used to overcome these barriers? Places with well-developed services may be very close to places with minimal or no services. Can links be set up?

Summary: Stage 1

- Describe all the workers and the health services in the community
- Identify workers already in contact with mothers and young children
- Decide which workers could be trained to provide services for children with impairments, using the materials in the manual

Examples of Different Community Settings

Community Setting 3. A large proportion of people do not receive basic primary health care. They are seeking ways to meet their basic human needs. In this situation disabled people largely face the same issues as everyone else. However, every community has resources, which can be explored and used for the benefit of children with impairments and their families.

Community Setting 2. The majority of people do receive basic PHC, including effective immunization against the major infectious diseases.

Community Setting 1. In addition to PHC, a small proportion of disabled people in this community do receive disability services of some kind (rehabilitation, health or education).

Most people find that Setting 2 describes their situation. They receive PHC, but disabled people cannot access disability services.

Table 2: Examples of Different Settings

Possible workers	Description of the Target Community Services
Community Setting 3 Community Workers Level 1/~~1~~ 1 & 2	• Basic human needs are met with difficulty (clean water, food, clothing, shelter, protection and consistent loving care); and/ or • The population faces serious public health threats (vitamin A or iodine deficiency); and • Basic primary health care, such as effective immunization, is not received. • Most children do not access primary school education. • Maximize the use of community resources.
C. Setting 2 Non-Specialist Professionals in PHC	• The population receives basic primary health care including effective immunization against the major infectious diseases (measles/polio/TB/DPT); and • Generally oral re-hydration treatment (ORT) is available; but • The population receives no disability services.
C. Setting 1 Specialists	• The population have access to health services; and • Disabled children receive some form of disability services (rehabilitation, health or education).

Community workers may include - **Level I :** CBR workers (first level), primary health care workers, trained birth attendants (two or more weeks training). **Level II** volunteers, traditional birth attendants, family members, carers and day care workers.

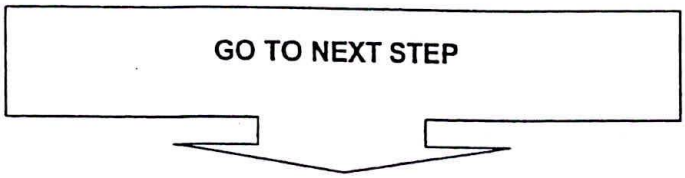
Non- specialist health professionals may include mid-level workers, nurses, non-specialist medical doctors, midwives (a year or more medical training) and CBR workers (one year training).

Specialists may include physiotherapists, occupational therapists, specialist medical doctors, community based rehabilitation coordinators, specialists pre-school teachers, psychologists and special educators.

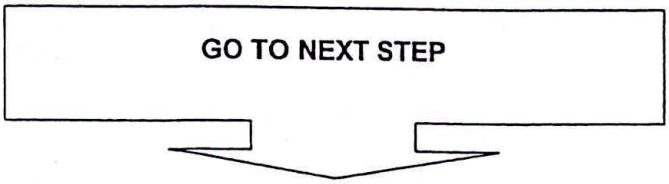
The next section links the examples of community settings with the right identification and advice materials.

Linking the Settings with the Right Materials

Step 1 **It is important not to think in terms of geographical areas, but rather communities that share a number of common features.**
The target community could be a neighbourhood within a large city, a small village, a caste, a nomadic group, or an occupational, racial or religious group.



Step 2 Decide which kind of setting you work in by referring to the examples of settings in table 2 on page 5.



Step 3 Use the materials in the manual if the Community 2 Setting best describes your target community. If the Community 1 Setting best describes the one in which you work and you have identified a child with an impairment, **send the child to a specialist.**

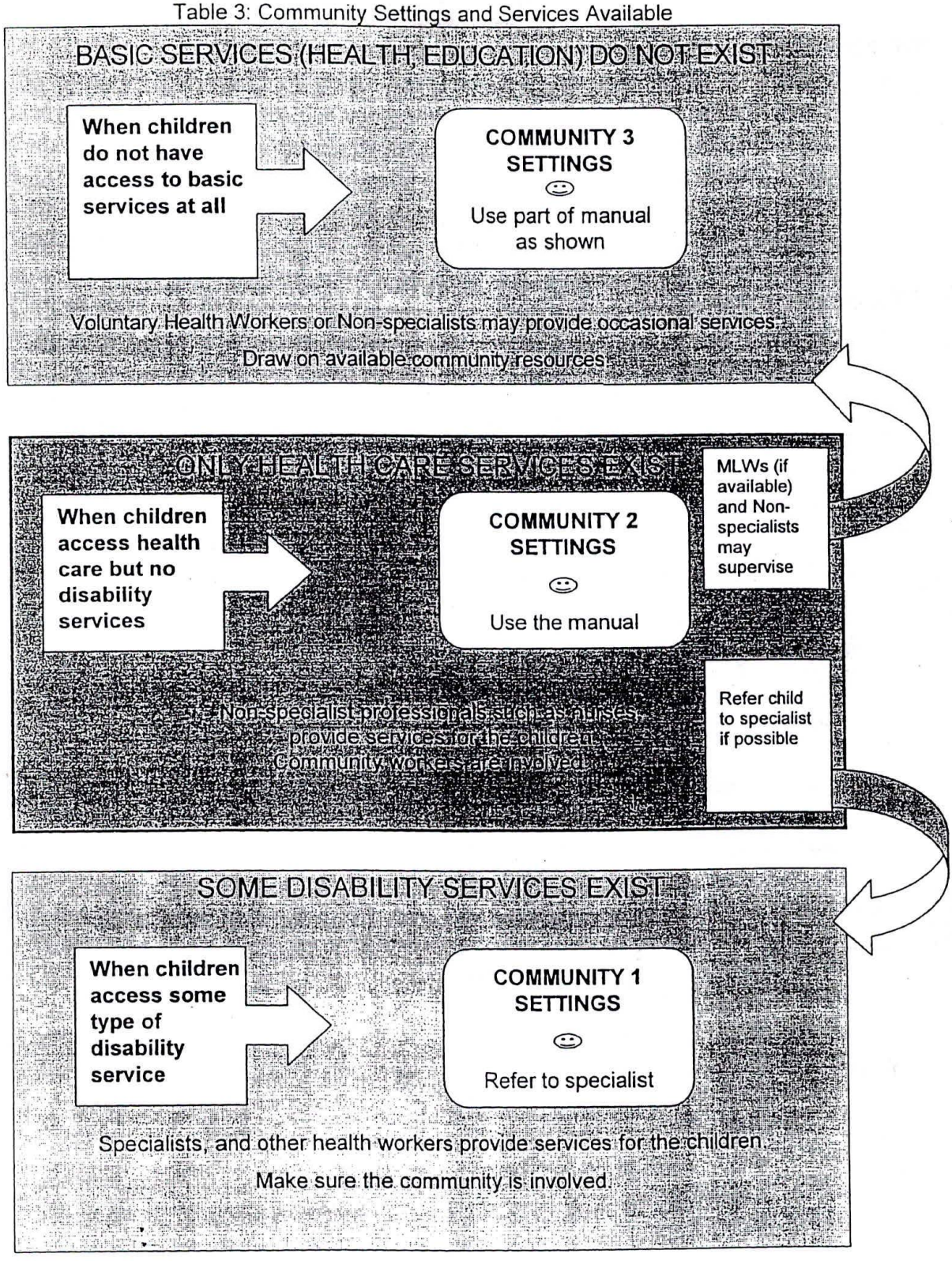
Community 3 Settings
Local community or voluntary workers in Community 3 Settings, supervised by non-specialist health professionals from Community 2 settings near by, can use some identification materials from this manual in that setting. Suitable materials are clearly shown where you see this. → 

Community 2 Settings
Materials for identification and advice for Community 1 Settings are **not included** in this manual. Specialist staff will probably use materials from their own professional experience.

Note:
Managers of health care services are often responsible for undertaking Stage One. They will describe the community. They may also continue to supervise work in Community 3 and Community 2 Settings.

Stage One: Summary of Community Description

Table 3: Community Settings and Services Available



Workers Involved in Identification in Community 2 Settings

Within a Community 2 Setting, workers from the Ministry of Health, the Ministry of Education and NGOs may be involved with identification.

These non-specialist health professionals may be:

- **Nurses** (most likely to be available)
- Non-Specialist Medical Doctors
- Midwives (with one year training)
- CBRWs (with one year training) working in CBR or Child Development
- Pre school staff (with training) working in Early Child Development (ECD) or Child Care
- Mid-Level Workers working in PHC*

Note: If they are available, these MLWs may also supervise in Community 3 Settings, where other community workers undertake the work.

Using Identification Materials

This manual contains identification materials for non-specialist health professionals and MLWS (where they exist) working in Community 2 Settings. If materials can also be used in Community 3 Settings this is made clear like this. → 

The materials are **appropriate for children of various age groups, up to three years.**

- The supervisor should make the selection of material appropriate for the setting and the age group of the children
- Please note that a selection of these identification materials should be photocopied and given to the workers who will use them
- It is important that workers are only given materials that suit their situation
- The materials that are given out, should be in the language which is used by workers and families in that community

Children Who Show Positive Signs
When workers identify children with impairments, help for the family should follow. If help is not provided it may be harmful for the child and the family. It is important that children who show positive signs are referred to a non-specialist health professional, such as a community nurse, who can provide advice and help.

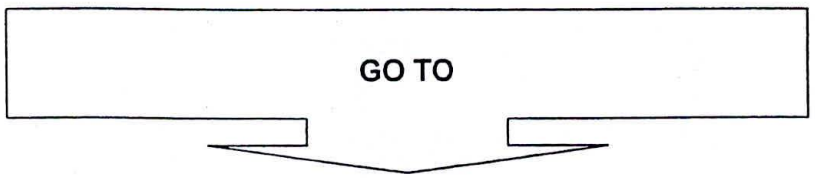
Referring a Child:
In Community 2 Settings, non-specialist health professionals refer to specialists.
In Community 3 Settings, community level 1 workers refer to non-specialists.

Identification – Steps to Take

This page, and the next, explain how to find professionals and others who could help to improve access to health services for children and which materials they should use.

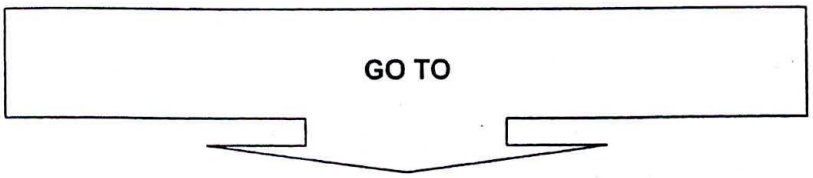
Step 1 Identify who sees infants regularly in your target population, for example vaccinators. These will be the workers for this programme.

- Where are vaccinations given? This will be the place for the programme.
- What is the schedule (regular time each month/week or mass campaigns so many times a year)? On the basis of this, publicise when mothers should bring children that concern them.



Step 2 Match the workers to the identification materials.

- If the vaccinators are Community Workers Level I, use **Signs of Disability in Newborn** and **Infants Home Based Record Cards.**
- If the vaccinators are Non-Specialist Health Professionals, use the **Ten Question Screen or Developmental Screening Test; Normal Development Chart and Guide for Identifying Disabilities.**



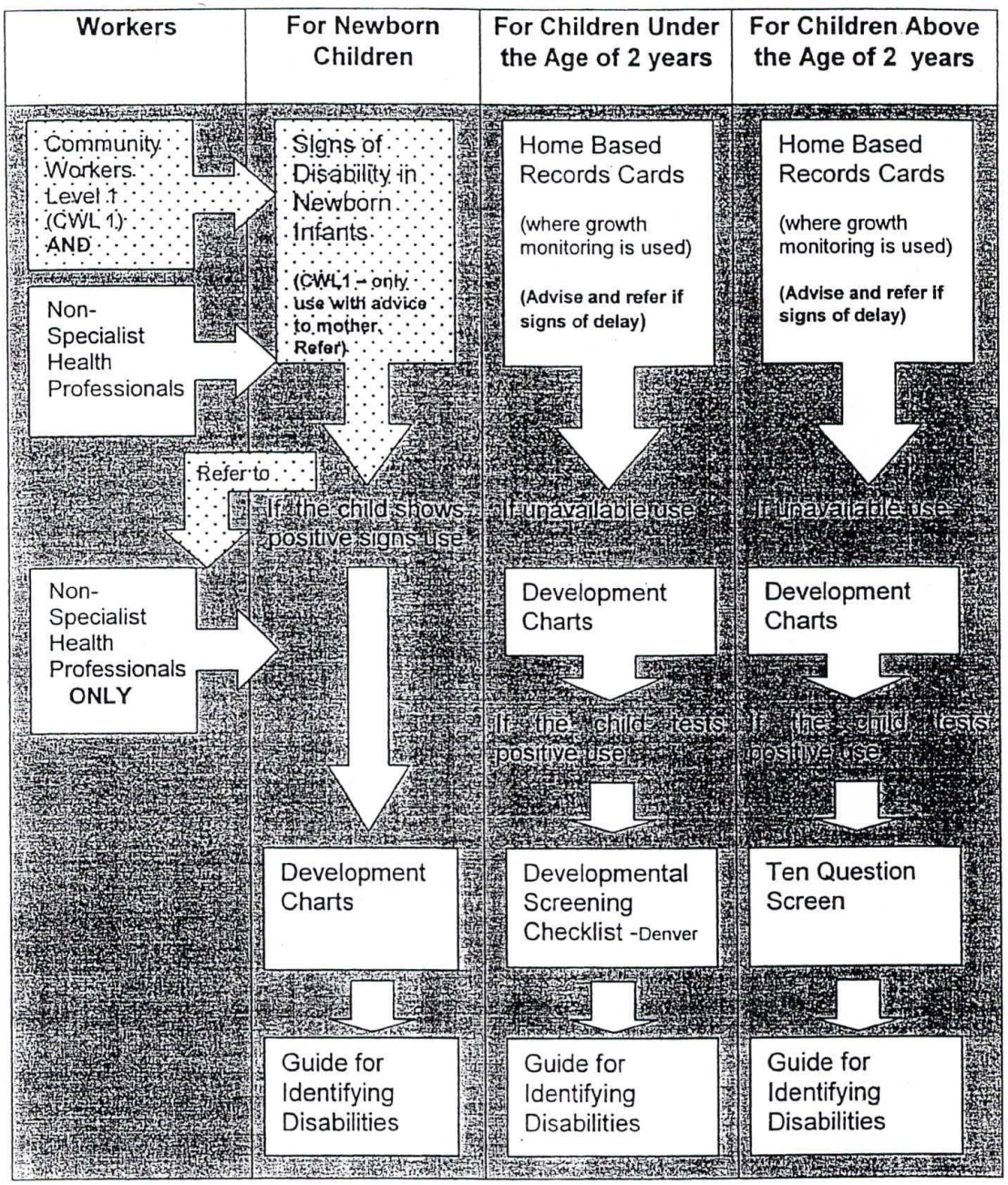
Step 3 Train the vaccinators to use the identification tools and give appropriate advice:

- They should use the screening tests for all children whose mothers are worried and say they are not developing like other children
- Train the vaccinators how to use the tests, and the need for accuracy
- Teach them the dangers of labeling a child who may just be slow to develop (page 17 explains normal differences in development)
- Teach them how to choose the right advice materials in the light of the screening test results
- Teach them the importance of reassuring mothers of disabled children

The table on the next page shows which materials should be used, by which types of workers, according to the age of the child.

Choosing the Right Identification Materials

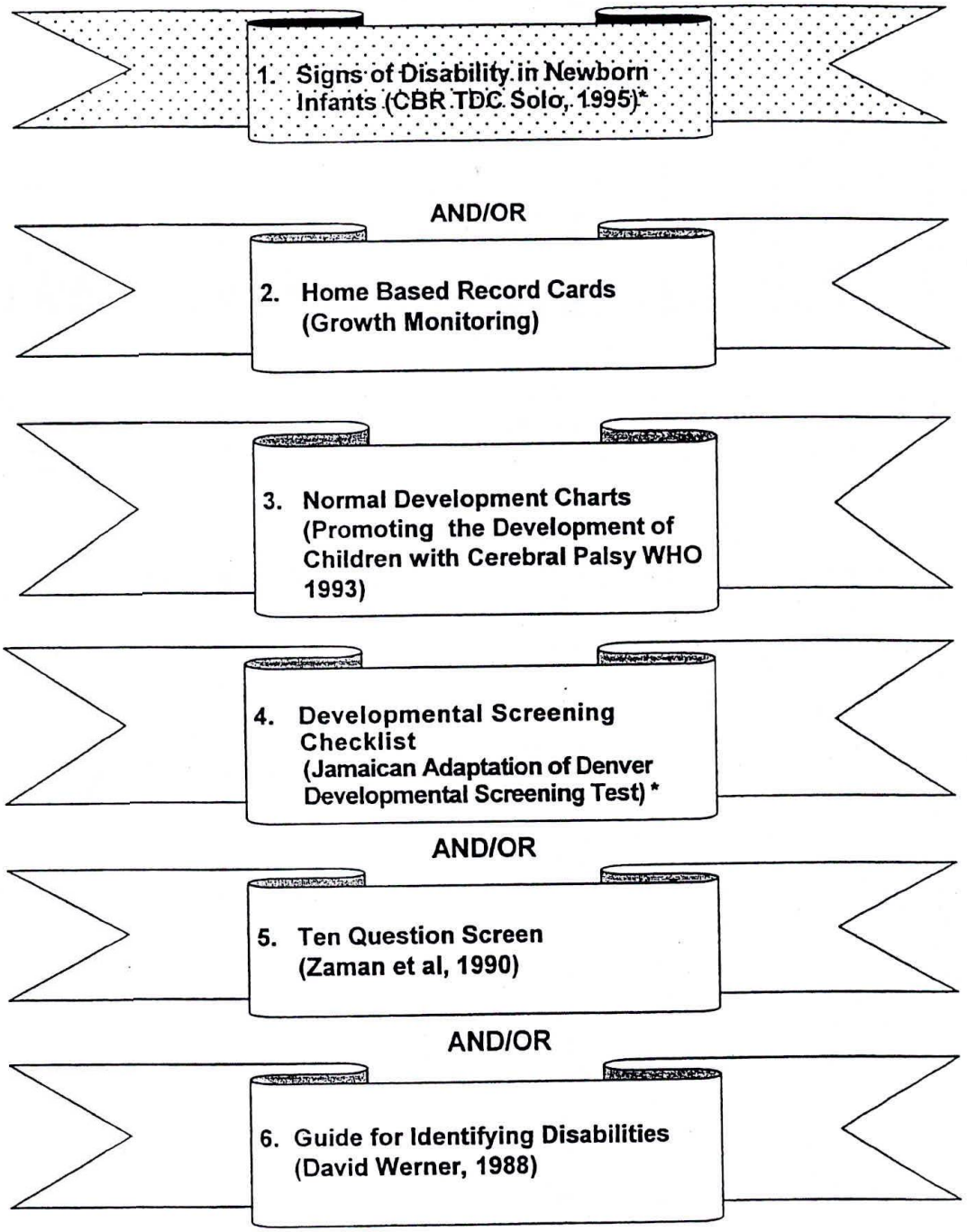
Table 4: Linking the Materials with the Age of the Child



- The points of contact with the child are at birth and at routine vaccination. Mothers should be encouraged to bring children that concern them, including those over 3 years old.
- If Community Workers identify newborn children with positive signs on testing, they should refer the child to a non-specialist health professional. The next two sections describe each of the six tests mentioned in Table 4.

STAGE TWO: CONTINUED

List of Identification Materials



Note:

***1. 'Signs of Disability in Newborn Infants' can also be used in Community 3 Settings by Community Level 1 workers. Use this assessment if it is possible to refer children who show positive signs to a non-specialist health professional.**

*4.Or other appropriate adaptation if available in country/continent.

1. Signs of Disability in Newborn Infants

(Adapted from "Special Signs of Disability in Newborn Infants" CBR TDC, Solo, Indonesia, 1995).

Refer the baby to a mid-level health worker if s/he has any of the following signs:

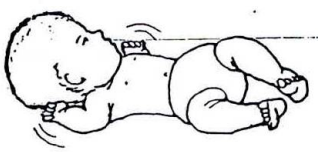
In Community 3 settings check for these signs too.
1) 4 weeks premature birth
2) Below 2Kg at birth
3) Yellow at birth
4) Mother worried about differences

His/her arms and legs are very floppy and feel different than others babies.

S/he has trouble sucking. S/he may not want to drink or has trouble with the mouth and will not be able to suck the bottle or breast.

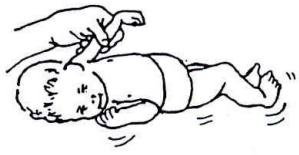
His/her upper lip or mouth roof is open and may look like it is cut.

His/her head is too big compared to her/his body and may grow faster than the rest of his/her body.



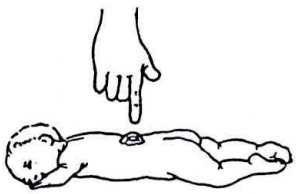
Signs of Disability in Newborn Infants: Continued

One arm is weak and slow and seems to be in a strange position. His/her leg on the same side may also be slow.

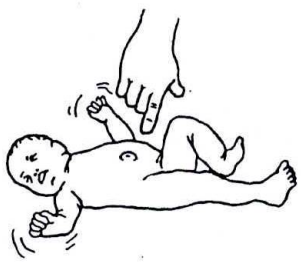


One or both feet or hands are always Turned in or towards the back.

There is a dark soft lump or spot on the back bone. Also his/her legs may seem in a strange position and may not move. S/he may not have any feeling when his/her legs are touched.



S/he has a lump around the navel especially when s/he cries.



If any of the above signs are seen by a Community Level I Worker, the child should be referred to a non-specialist health professional. Non-specialist health professionals should use the Guide for Identifying Disabilities on page 26, if these signs are seen, and refer to a specialist if possible.

2. Home Based Records Cards

Home Based Records Cards are used for **growth monitoring** in some communities. Some cards also include basic stages of child development, or developmental 'milestones', on the **Growth Monitoring Cards** so developmental delay can be identified.

Developmental delay means that a child is not developing in the same way as most of the other children in their community of the same age.

Cards are widely used throughout the world, kept by mothers and brought by them to clinic. If the adapted cards are in use locally, mothers should use them.

If such cards are available locally, copies and instructions for use can be obtained from the local primary health care service or the Ministry of Health. **Otherwise, please use cards appropriate to your setting.**

The next two pages give an example of a growth monitoring 'Weight for Age' chart and how to use it. The chart is taken from Integrated Management of Childhood Illness WHO (1997)

For an example of a developmental chart see page 18. This is used to check what activities the child can do at certain ages and identify any delay.

Summary

- Home Based Records Cards are widely used
- The milestones of Home Based Records Cards have been designed to help mothers understand normal development
- The value of Home Based Records Cards in identifying children with disabilities has not yet been validated

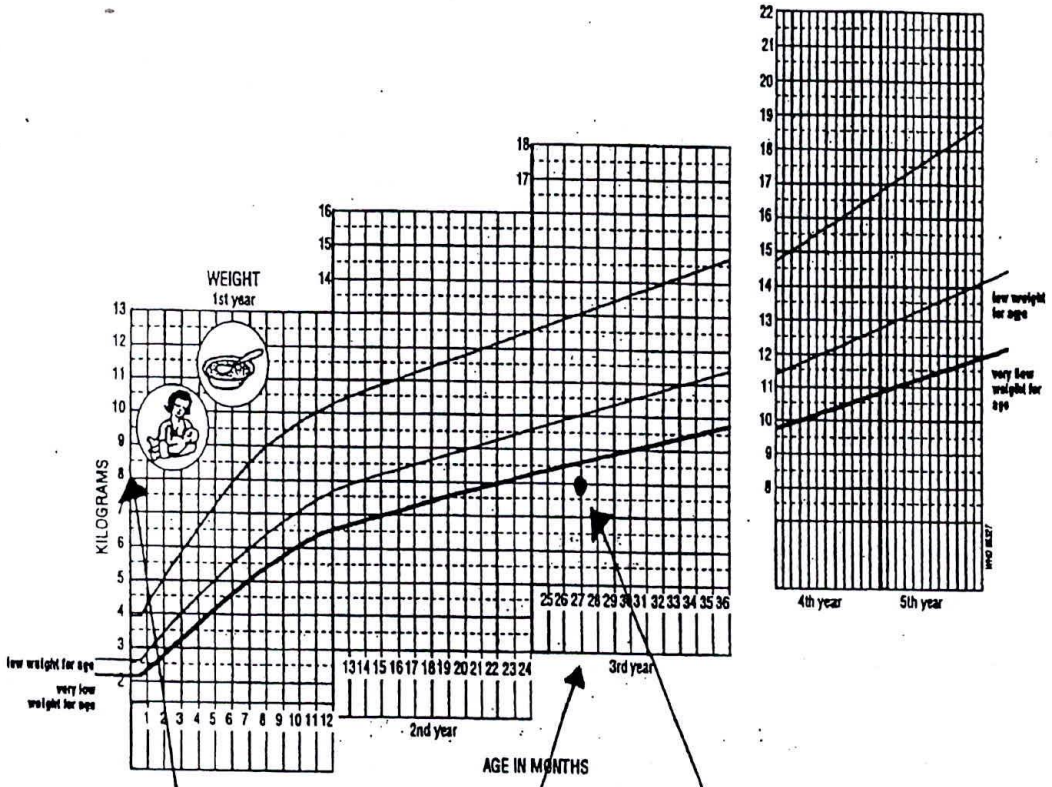
What to Do Next

If these cards, or similar, are used and a child seems slow to develop, the non-specialist health professional should check the child using the Development Charts (pages 18-20) and the other tests in this manual. Choose the test which suits the age of the child.

How the Use the Weight for Age Chart

Example: A child is 27 months old and weighs 8.0 kilograms. Here is how the health worker determined the child's weight for age.

From: WHO and UNICEF (1997) Integrated Management of Childhood Illness.



1
This line shows the child's weight:
8.0 kg

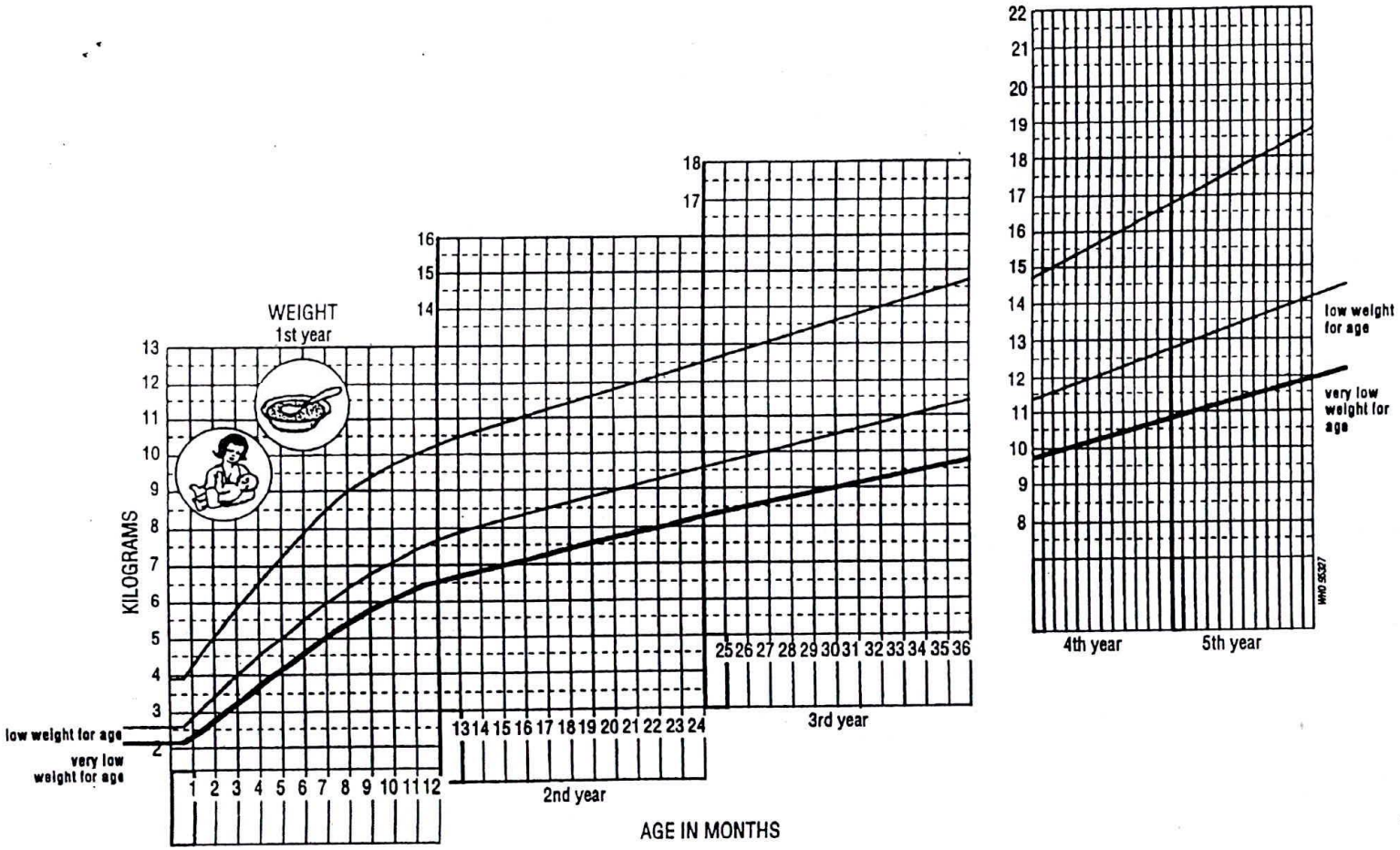
2
This line shows the child's age:
27 months

3
This is the point where the lines for age and weight meet. Because the point is below the bottom curve, the child is very low weight for age.

7 x 2 + 5
14 + 19

10 x 2 + 5

WEIGHT FOR AGE CHART



3. Normal Development Charts

(From Promoting the Development of Children with Cerebral Palsy WHO 1993)

Introduction
An understanding of child development helps to identify children who are not developing as expected, to plan training and to check on progress. Developmental stages are reached in a particular order.

The various stages in development, like sitting and standing are reached at roughly the same age in all children. To decide how well a child is developing, compare his or her development with other children of the same age. Progress that is slower than expected is called **developmental delay** (see page 32).

Normal Variations in Development
Most children will crawl before they stand and walk. Some children do not crawl but move around by sitting on the floor and **shuffling on their butts (bottoms)**. If the mother says the child is slow to walk, check this list. These children:

- Prefer to sit, rather than to try and stand
- Lift their feet off the ground, or sit down, when held in a standing position
- Are slow to walk compared with other children
- Have family members who also developed in this way

They gradually catch up with other children of the same age and walk.

Standing or **walking on tiptoe with both feet** is common in young children who are learning to move and balance in an upright position. It will gradually stop. Watch the child moving. The child should also stand and walk easily with the heels touching the ground. Check that the ankles do not feel stiff (see page 29). Reassure the mother and check the child at the next visit.

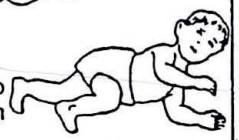
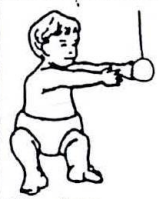
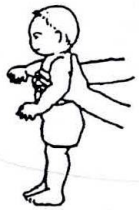
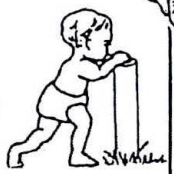
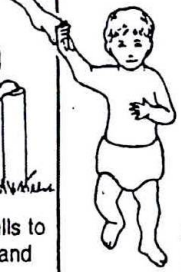
Any child who is not developing as expected should be considered 'at risk' and referred to a specialist if possible.

How to Use the Development Charts
These charts show the order in which some abilities develop and the age at which most children learn them. They are divided by age into three stages. As they look in more detail at movement, they are useful for children whose families are worried about this area of development.

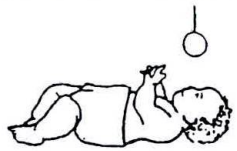
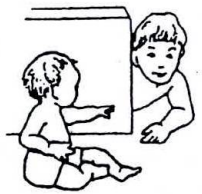
To use the charts:
- Record the date and the age of the child if known
- Watch what s/he can do
- Tick or circle the things s/he can do on the charts

This will identify what the child can do, what the child cannot do and what the child needs to be trained to do next. A child may have abilities spread over two or more stages. For example a child may be in Stage 3 for sitting, Stage 2 for getting to sitting, and Stage 1 for standing. This will mean that training advice will have to come from all three stages. See the WHO Play Activities Charts on page 42.

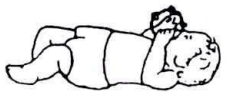
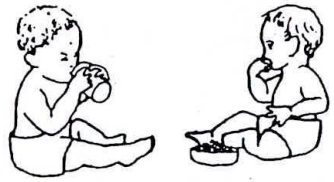
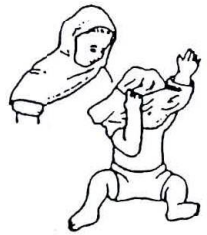
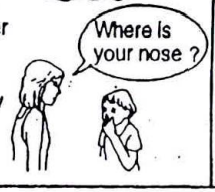
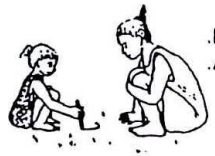
DEVELOPMENT CHART: Movement

	Stage 1: Birth to 6 months	Stage 2: 6 to 12 months	Stage 3: 12 to 24 months	Stage 4: 2 to 3 years
Head and Body Control	 .Lies on stomach and holds head up .Pushes up on hands  .Rolls from stomach to back	 .Rolls from back to stomach .Rolls to side and gets into sitting		
Sitting	 .Sits only with support  .Sits leaning on hands	 .Sits alone .Twists and reaches  .Catches self if pushed	 .Moves into and out of sitting  .Balances self if tilted	
Moving from Place to Place	 .Stands with support	  .May crawl or shuffle on bottom  .Pulls to stand	  .Squats to play .Walks alone or with one hand held	 .Kicks a ball  .Balances on one foot .Jumps

DEVELOPMENT CHART: Communication and Behaviour

	Stage 1: Birth to 6 months	Stage 2: 6 to 12 months	Stage 3: 12 to 24 months	Stage 4: 2 to 3 years
Using Hands	 .Holds small object briefly  .Holds with whole hand	 .Can hold one object in each hand	 .Holds between thumb and finger	
Playing and Social Development	 .Looks at object .Brings hands together  .Plays with body  .Hits object with whole arm	 .Passes object from hand to hand .Bangs two objects together .Plays social games like peek-a-boo 	 .Puts objects into container and takes them out  .Enjoys building	 .Throws a ball  .Sorts different objects

DEVELOPMENT CHART: Communication and Behaviour

	Stage 1: Birth to 6 months	Stage 2: 6 to 12 months	Stage 3: 12 to 24 months	Stage 4: 2 to 3 years
Self-Care	 .Sucks breast .Takes object to mouth 	 .Chews solid food .Feeds self biscuit	 .Drinks from a cup and feeds self most foods without help  .Helps with undressing .Indicates toilet needs	 .Dresses with help .Uses the latrine without help 
Communication	.Responds to noises 	.Likes being talked and sung to.  .Repeats gestures .Repeats sounds made by others  .Responds to simple commands .Says a few words "Ma ma", "Da da", "Ba ba"	.Calls self by name .Names familiar things like dog, bird .Uses a lot of nonsense talk  .Asks for things with words and gestures .Begins to put words together  .Points to body parts when asked	.Talks about what she does  .Begins to draw .Asks questions  .Helps family members with their work

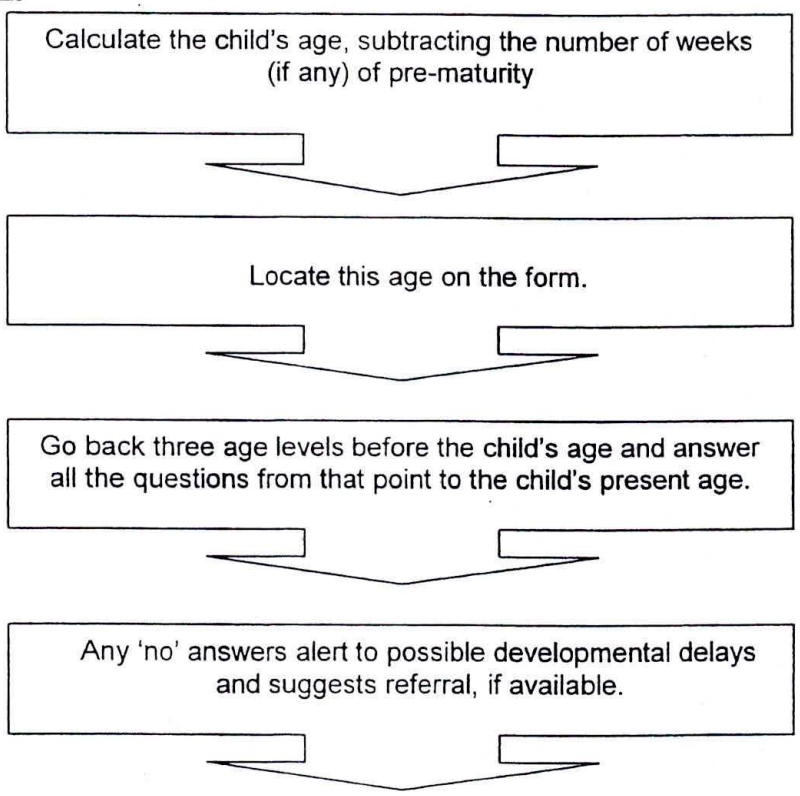
4. Developmental Screening Checklist

(Jamaican Adaptation of the Denver Developmental Screening Test. After Molly Thorburn, Kingston,Jamaica.)

1. **INTRODUCTION:** this Checklist is a modified form of the Jamaican adaptation of the Denver Developmental Screening Checklist. The checklist assesses the skills a child may be expected to have learnt in the first 6 years of life. **For the purpose of this manual only material concerning 0-3 years is relevant and may be used**. A Sample of the Jamaican Screen is reproduced here.

2. **MATERIALS:** the following materials are needed for the Checklist: shaker, paper, pencil, ball.

PROCEDURE:



What to do next:

Any 'no' answers mean that the child may be delayed so use the Guide for Identifying Disabilities on page 26. Refer to a specialist if available.

Jamaican Adaptation of the Denver Developmental Screening Checklist

NAME DATE OF BIRTH DATE OF TEST			
AGE ADAPTED TO CONCENTRATE MAINLY ON 2-3 YEARS		YES	NO
9 months	Does s/he turn to a whispered voice? Will s/he make an effort to get something out of reach? Will s/he feed herself / himself with a cracker of bread?		
15 months	Can s/he walk without help? Can s/he show what s/he wants without crying?		
18 months	Can s/he drink from a cup, holding it herself / himself?		
21 months	Does s/he imitate household tasks? Can s/he say three words other than "mama" and "dada"?		
24 months	Can s/he feed herself / himself with a spoon? Can s/he remove some of her/his clothes? Can s/he point to a named part of her/his body?		
2yrs.3 months	Can s/he kick a ball? Can s/he scribble with a pencil or crayon?		
2yrs 6 months	Can s/he put two words together? Can s/he fling a ball over-hand?		
3 yrs	Can s/he jump with both feet over the ground? Can s/he put on any of her/his clothes?		
3yrs 3 months	Can s/he wash and dry her/his hands alone?		
3yrs 6 months	Can s/he copy an"O"?		
3yrs 9 months	Does s/he take turns or role-play in games?		
4yrs	Can s/he put on all her/his clothes with supervision?		
	Can s/he give her/his first and last name?		
4yrs 6 months	Can s/he button/zip her/his shirt?		
	Does s/he understand "hungry", "tired" and "cold"?		
4yrs 8 months	Can s/he stand on one foot for five seconds?		
	Does s/he understand "under", "on" and "behind"?		
	Can s/he be left with a friend without crying?		

5. Ten Question Screen

Zaman S. et al (1990) Validity of the 'Ten Questions' for Screening Serious Childhood Disability: Results from Urban Bangladesh. International Journal of Epidemiology, Vol 19, No 3, 1990.

Project identity number of child: _____

Name of fieldworker: _____

Relationship of interviewee to child:

_____

Date of interview: _____

(The interviewer should introduce themselves, who they work with, and why they are doing the questionnaire)

---

1. Compared with other children, did the child have any serious delays in sitting, standing or walking? YES □* NO □

   If NO, skip to Question 2

   If YES, probe: "Did the child walk by the age of 2 years?" YES □ NO □

---

2. Compared with other children does the child have any difficulty seeing, either in the daytime or at night? YES □* NO □

   If NO, skip to Question 3

   If YES, probe: "Is the difficulty only at night?" YES □ NO □

   "Can s/he see that?" (point to a small object) YES □ NO □

   "Does s/he have some other eye problem?" YES □ NO □

   (If YES to this probe, write down what the mother says:)

---

3. Does the child appear to have difficulty hearing? YES □* NO □

   If NO, skip to Question 4

   If YES, probe: "Can the child hear at all?" YES □ NO □

   "Does s/he have some other problems with her/his ears?" YES □ NO □

   (If YES to this probe, write down what the mother says:)

Ten Question Screen (continued)

4. When you tell the child to do something does s/he seem to understand what you are saying? YES ☐ NO ☐*

   If YES, skip to Question 5

   If NO, probe: "If you ask her/him to bring you a cup, (but you do not point), is s/he able to do it?" YES ☐ NO ☐

---

5. Does the child have difficulty in walking or moving her/his arms or does s/he have weakness and/or stiffness in the arms or legs? YES ☐* NO ☐

   If NO, skip to Question 6

   If YES, ask all of these questions: "Does s/he need help in walking?" YES ☐ NO ☐

   "Do they use their hands to pick things up?" YES ☐ NO ☐

   "Does s/he have stiffness?" YES ☐ NO ☐

   "Does s/he have weakness?" YES ☐ NO ☐

---

6. Does the child sometimes have fits, become rigid, or lose consciousness? YES ☐* NO ☐

   If NO, skip to Question 7

   If YES, probe: "Has s/he had a fit in the last year?" YES ☐ NO ☐

   "Do the fits interfere with her/his usual activities (like doing chores or going to school, if old enough)?" YES ☐ NO ☐

   "Do they occur only with fever?" YES ☐ NO ☐

---

7. Does the child learn to do things like other children her/his age? YES ☐ NO ☐*

   If YES, skip to Question 8

   If NO, probe: "Can you tell me about something s/he seemed to have difficulty learning?" YES ☐ NO ☐

   "Does the informant give an example?" YES ☐ NO ☐

   (If YES, write down the example:)

Ten Question Screen (continued)

8a) Does the child speak at all (can s/he make her/himself understood in words; can s/he say any recognisable words)? YES ☐ NO ☐*

8b) For children over 3 years ask: is the child's speech in any way different from normal (not clear enough to be understood by people other than her/his immediate family)? YES ☐* NO ☐

If the parent responds YES check YES. If the parent responds YES or NO because the child cannot speak at all, leave question 9 blank and skip to question 10.

If NO, skip to Question 10

If YES, probe: "Does s/he stammer or stutter?" YES ☐ NO ☐

"Does s/he have some other problem with her/his speech?" YES ☐ NO ☐

(If YES to this probe, write down what the parent says:)

---

9. For a 2 year old child ask: can he/she name at least one object (for example, an animal, a toy, a cup, a spoon)? YES ☐ NO ☐*

If YES, skip to Question 10

If NO, probe: "Do they use their own words for things, like bow-wow for dog? "YES ☐ NO ☐

---

10. Compared with other children of her/his age, does the child appear in any way mentally backwards, dull or slow? YES ☐* NO ☐

If YES, probe: "Would you say that s/he is much behind other children her/his age, that s/he acts like a much younger child?" YES ☐ NO ☐

Does the child have any serious health problems not yet mentioned? YES ☐ NO ☐

Is there a disability? YES ☐ NO ☐ (If YES, state the disability:)

Note: The questionnaire result is positive if the response to one or more of the ten questions has an asterisk (*) next to it. If no response has an asterisk (*) next to it, then the result is negative. "Check" means tick the box.

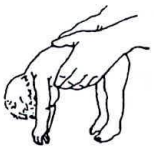
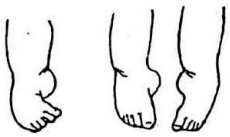
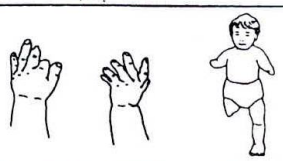
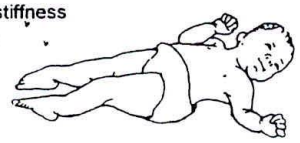
What to do Next

Use the Guide for Identifying Disabilities on page 26 with all children that screen positive.

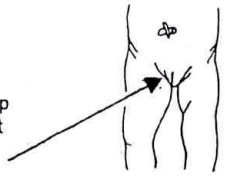
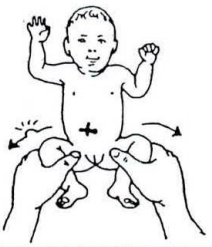
6. Guide for Identifying Disabilities

(Adapted from David Werner 1988 for children up to the age of three years)

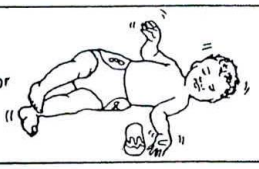
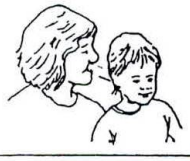
SIGNS PRESENT AT OR SOON AFTER BIRTH

IF THE CHILD HAS THIS	AND ALSO THIS – REFER TO A SPECIALIST
born weak or 'floppy' 	• often a difficult birth • delayed breathing • born blue and limp • or born before 9 months and very small
slow to begin to lift head or move arms 	• round face • slant eyes • thick tongue  small head or small top part of head  none of the above
does not suck well or chokes on food 	• pushes milk back out with tongue • or will not suck • cannot suck well • chokes or milk comes out of nose
one or both feet turned in or back 	no other signs • hands weak, stiff or clubbed • some joints stiff, in bent or straight positions  dark lump on back
'bag' or dark lump on back 	• clubbed feet • or feet bend up too far • or feet lack movement and feeling 
head too big; keeps growing 	may develop: • eyes like 'setting sun'  • increasing mental and/or physical disability • blindness
upper lip and/or roof of mouth incomplete 	• difficulty feeding • later speech difficulties 
birth deformities, defects, or missing parts 	(may or may not be associated with other problems)
abnormal stiffness or position 	• from birth • some muscles weak • some joints stiff • head control and mind normal • muscles tighten more in certain positions  • may grip thumb tightly

DISABILITY GUIDE CONTINUED

IF THE CHILD HAS THIS	AND ALSO THIS – REFER TO A SPECIALST
one arm weak or in strange position 	does not use the arm much holds it like this  leg on the same side often affected
dislocated hip at birth leg held differently shorter; flap covers part of vulva  	on opening legs like this, leg 'pops' into place or does not open as far 
slow to respond to sound or to look at things 	may be due to one or a combination of problems

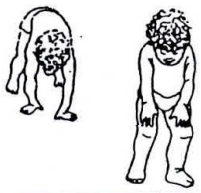
SIGNS IN CHILDREN

slower than other children to do things (roll, sit, use hands, show interest, walk, talk) 	slow in most or all areas: • round face • slant eyes • single deep crease in hand   • movements and responses slow • skin dry and cool • hair often low on forehead • puffy eyelids  has continuous strange movements or positions, and/or stiffness 
does not respond to sounds, does not begin to speak by age 3 	may respond to some sounds but not others check for ear infection (pus)
does not turn head to look at things, or reach for things until they touch her 	eyes may or may not look normal
eyelids or eyes make quick, jerky or strange movements 	

DISABILITY GUIDE CONTINUED

IF THE CHILD HAS THIS	AND ALSO THIS – REFER TO A SPECIALIST
all or part of the body makes strange uncontrolled movements 	• begins suddenly, child may fall or lose consciousness • child is normal (or more normal) between 'fits'
	slow, sudden or rhythmic movements: fairly continuous (except in sleep); no loss of consciousnes 
body, or parts of it, stiffens when in certain positions: poor control of some or all movements	• different positions in different children • body may stiffen backward and legs cross 

PARTS OF BODY WEAK OR PARALYSED

floppy or limp weakness in parts or all of body no loss of feeling in affected parts no spasticity (muscles that tighten without control) normal at birth	• usually began with a 'bad cold' and fever before age 2  • irregular pattern of parts weakened: often one or both legs – sometimes arm, shoulder, hand etc.
	• begins little by little and steadily gets worse • about the same on both sides of body • often others in the family also have it 
	• paralysis starts in legs and moves up; may affect whole body • or pattern of paralysis variable
	lump on back (see page 31)
floppy or limp weakness usually some loss of feeling	• one or both hands or feet • develops slowly in older child – gets worse and worse 
	• born with bag on back (look for scar) • feet weak, often without feeling 
	• usually from back or neck injury • weakness, loss of feeling below level of injury • may or may not have muscle spasms • loss of bladder and bowel control
	injury to nerves going to one part of body

DISABILITY GUIDE CONTINUED

IF THE CHILD HAS THIS	AND ALSO THIS – REFER TO A SPECIALIST
weakness usually with stiffness or spasticity of muscles no loss of feeling	usually affects body in one of these patterns 1. one side  2. both legs  3. whole body  muscles tighten and resist movement because of joint pain

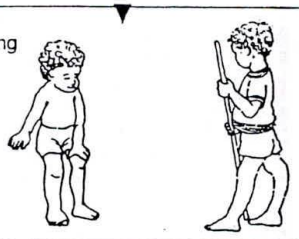
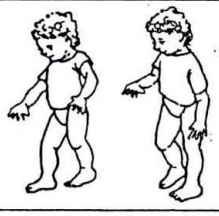
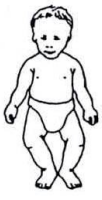
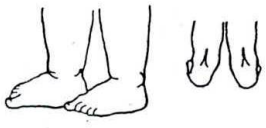
JOINT PAIN

one or more painful joints	• begins with or without fever • gradually gets worse, but there are better and worse periods 

WALKS WITH DIFFICULTY OR LIMPS

dips to one side with each step		one leg often weaker and shorter • usually begins age 4 (to 8) • may complain of knee pain
walks with knees pressed together		• muscle spasm and tightness • upper body little affected
stands and walks with knees together and feet apart no other problems		 feet less than 3" apart* (7.5 cm) at age 3  Feet more than 3" apart* (7.5cm) at age 3
walks awkwardly with one foot tiptoe		muscle spasms and poor control on that side; hand on that side often affected
walks awkwardly with knees bent and legs usually separated		• jerky steps, poor balance • sudden uncontrolled movements that may cause falling • slow 'drunken' way of walking • learns to walk late and falls often
walks with both feet tiptoe		• weakness, especially in legs and feet • gradually gets worse and worse • legs and feet stiffen (spasticity of muscle) no other problems

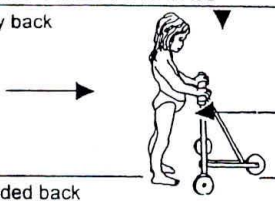
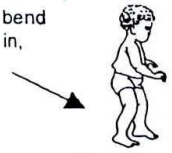
DISABILITY GUIDE CONTINUED

IF CHILD HAS THIS	AND ALSO THIS – REFER TO A SPECIALIST
walks with hands pushing thigh(s) or with knee(s) bent back 	weak thigh muscle difficulty lifting leg 
foot hangs down weakly (foot drop) 	child lifts foot high with each step so that it will not drag 
dips from side to side with each step 	due to muscle weakness at side of hips, or double dislocated hips, or both
walks with one (or both) hip, knee, or ankle that stays bent 	joints *cannot* be slowly straightened when child relaxes joints *can* gradually be straightened when child relaxes
knees wide apart when feet together (bow legs) - waddles or dips from side to side (if s/he walks) 	under 18 months old any combination of these: • joints look big or thick • child is short for age • bones weak, bent, or break easily • arms and legs may seem too short for body, or 'out of proportion' • belly and butt stick out a lot 
flat feet 	no pain or other problems • pain may occur in arch of foot • deformity may get worse

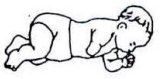
BACK CURVES AND DEFORMITIES

sideways curve of backbone 	when child bends over, look for a lump on one side 

DISABILITY GUIDE CONTINUED

IF THE CHILD HAS THIS	AND ALSO THIS – REFER TO A SPECIALIST
sway back 	belly often sticks out may be due to contractures here, or weak stomach muscles
rounded back 	
hard, sharp bend of, or bump in, backbone 	starts slowly and without pain • often family history of tuberculosis • may lead to paralysis of lower body
dark soft lump over backbone 	• present at birth • sometimes only a soft or slightly swollen area over spine • weakness and loss of feeling in feet and lower body

OTHER DEFORMITIES

missing body parts	born that way  
	accidental or surgical loss of limbs (amputation)
	gradual loss of fingers, toes, hands, or feet, often in persons who lack feeling 
hand problems	• floppy paralysis (no spasticity) • without care may lead to contractures so that fingers cannot be opened 
	• uncontrolled muscle tightness (spasticity) • strange movements • or hand in tight fist 
	burn scars or deformities 
clubbing or bending of feet 	may begin as a floppy weakness and become stiff from contractures if not prevented

DISABILITY GUIDE CONTINUED

DISABILITIES THAT OFTEN OCCUR WITH, OR ARE SECONDARY TO, OTHER DISABILITIES

developmental delay:

child slow
to learn to
use his/her body
or develop
basic skills

caused by slow or
incomplete brain function
or by severe physical
disability, or both

caused by overprotection:
treating children like
babies when they could do
more for themselves

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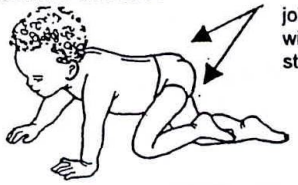
contractures

joints that no longer
straighten because
muscles have shortened



- usually due to muscle weakness or spasticity
- often, muscles that pull a joint one way are much weaker that those that pull it the other way (muscle imbalance)

sometimes due to scarring
from burns and injuries

---

behaviour problems

may come from:

- brain damage
- difficulty understanding things
- overprotection
- difficult home situation

(some children with epilepsy
from brain damage may pull out
hair, bite themselves, etc.)

---

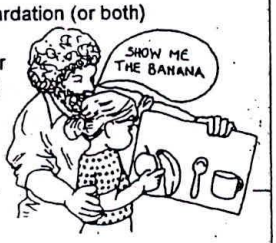
slow to learn certain
things only: otherwise
intelligent

- often over-active or nervous
- sometimes behaviour problems

---

speech and
communication problems

- often, but not always,
due to deafness or retardation (or both)
- some children can hear
well and are *intelligent,*
but still cannot speak



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other problems that
sometimes occur *secondary*
to other disabilities

(some of these we have
already included in this chart)

main disability

- cerebral palsy

- many disabilities with paralysis

---

children who have lost
feeling: leprosy, spinal cord injury,
spina bifida.

Introduction

Stage three contains advice for families, other carers and the community, to help children identified as having an impairment and a disability. There are messages about including children with disabilities in family life and in society. There are also suggestions for activities to help promote the development of the child. The advice materials in this section are designed to suit children of different ages and the different types of professional staff available (see page 5, and Table 4 page 10). Materials which are also suitable for Community 3 Settings, are clearly indicated. →  (See page 34.)

In communities where professional staff work, or where they are easy to employ, there are other manuals that can be used to give advice to parents, family members and other carers. A list of these manuals is on page 61 and in the reading list on page 63.

What all young children need to learn
During the first three years of life children learn to:

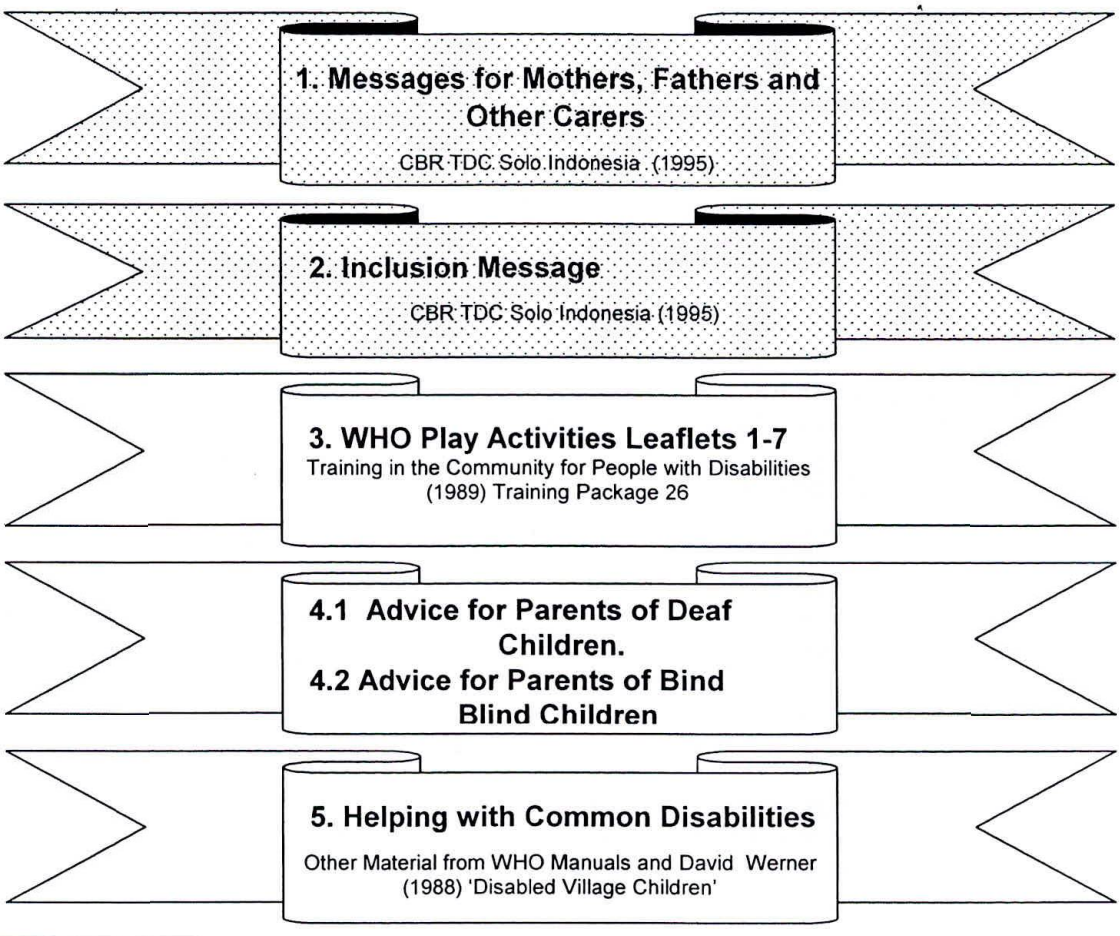
- Look and listen
- Eat and drink
- Use the latrine
- Help with washing and dressing
- Help with cleaning teeth
- Play and move around inside and outside the home
- Understand what other people say
- Learn to express thoughts, needs, and feelings
- Contribute to family and community activities.

With training, most children with impairments can learn to do all or most of these activities. When children with impairments have been identified, families need the right advice from non-specialist health professionals.

Please note that all the materials on the pages that follow can be photocopied and given to the staff who will use them.

List of Advice Materials

These materials include basic **advice for delivery by PHC workers in Community 2 Settings. Materials also suitable for use by Community Level 1 workers in Community 3 Settings** are shown.



Where to Go

Good communication is needed to make advice effective, within Community 2 and Community 3 Settings. Some messages may differ, but the way messages are spread will be similar in both settings. When messages are given out about screening, an announcement should also be made about where families can go for more information and advice. This could be spoken or written information given out through any of the following:

- local/national radio
- national TV
- women's cooperatives
- mosques/churches/other religious or social gatherings
- schools ('child-to-child' approach whether established or not - see page 66)
- traditional/trained birth attendants and vaccinator

For any child that is 'causing their mother concern', and/or screens positively using any identification test in this manual, the mother should know where to go next for the right advice. The child should be referred to a specialist for advice where possible. (In Community 3 Settings, refer to a non-specialist health professional if possible.)

1. Messages for Mothers Fathers and Other Carers

(Adapted from 'Preventing Disability', CBR Development and Training Center, Solo, Indonesia, 1995.)

Also suitable for use in Community 3 Settings by Community workers.

1. Breastfeeding

All babies fed on breast milk are more likely to be **healthy and strong**. Start feeding your baby as soon as possible after birth and continue as long as possible up to the age of two. Babies need other foods following your breast milk from the age of 4-6 months.

2. Vaccinations

Immunization can **protect all children** against many kinds of dangerous diseases. To protect your child be sure that they attend for vaccination five times in their first year. Remember that not all vaccinations are given by injection (the polio vaccine is give by drops).

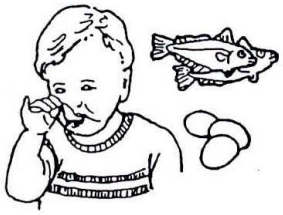
3. High Fever

One of the **major causes of mental and physical handicap** is high fever that is not treated. Therefore when your child has a high fever, bathe him/her in cool water at least every hour. Do not put too many extra clothes or blankets on the child. If the fever remains high seek medical help.

It is not relevant if the program tries to focus as ~~only~~ only on families have disabled children from 0-3 years

4. Vitamin A

Vitamin A is essential **for good eyesight in all children**. Ensure that your child gets vitamin A through a varied diet. Dark green leafy vegetables, liver, fish, milk and eggs are all good sources of vitamin A. Some local health services provide vitamin A in capsule form (two each year).



5. Iodine

Iodine is **important for the physical and mental growth of all children.** Without it young children will not grow properly and may become mentally handicapped. Therefore always try to use salt that has iodine added.

6. Pregnancy

The **development of healthy children starts** when the mother is pregnant. For the good welfare of both mother and child all pregnant women should eat at least as much food as usual, if not a little more and make an extra effort to eat a varied diet, including iodised salt. They should also take more rest.

7. Child Birth

A **difficult childbirth can endanger both mother and child**. If a trained birth attendant is available locally they should be present at the birth of your children.

2. Inclusion Message

(From CBR Development and Training Centre, Solo, Indonesia 1995)

Also suitable for use in Community 3 Settings by Community Level 1 workers

1. Inclusion in Society

Disabled children should be included in everything that other children are involved in. As a disabled child grows up s/he has the same needs as other children.

2. Family Life

Disabled children need to be included in all of the usual activities of family life. The child should not be over protected, with the family doing almost everything for their child, as this will hold him/her back from developing skills and learning to care for him/herself. Neither should the child be 'put to one side' and ignored.

3. Public Health Programmes

Disabled children should be included in any special public health programmes that take place in the community, such as micro-nutrient supplements or de-worming programmes. These help all children to live healthier lives.

4. Primary Health Care

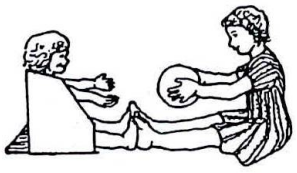
Disabled children should have access to the local primary health care provision, such as vaccination programmes. These can prevent further disabilities and help all children to live healthier lives.

5. Love and Respect

Like all children, disabled children need friendship and to be loved and respected. They need to feel welcome and appreciated by their family and in their community.

6. Play

As with other children, disabled children should be encouraged to play alone and with others. Play is one way that children explore their world and test limits and it stimulates their development.

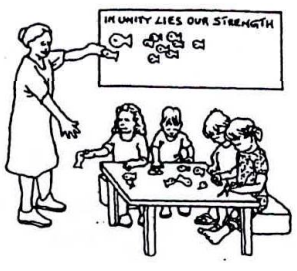


7. Helping

All children learn by joining in the household tasks. Disabled children too need these opportunities to develop and use their bodies and minds to their fullest ability, whatever that may be.

8. Education

Disabled children need the same educational opportunities as other children. If children locally go to pre-schools (such as nurseries or traditional schools like Koranic schools) then disabled children should go too. At the appropriate age disabled children will need access to primary school education.



3. WHO Play Activities Charts and Leaflets 1-7

WHO Manual (1989). Training in the Community for People with Disabilities. Training package 26 for a family member of a child with a disability – Play Activities.

Introduction

The advice on pages 40 to 58 is adapted from the above manual for children up to the age of three. Only material for children up to the age of three years has been used. The final eighth chart and leaflet of Training Package 26 is not in this manual. – this sentence may not be necessary

There are three sections:

'Play Activities Charts 1-7'

- These can be used to find out how far a child has developed. The picture charts show activities that children do as they grow and develop.

- **'What to do About Different Disabilities'**

This section gives advice to families about how different disabilities might affect the way their child develops.

- **'Play Activities Leaflets 1-7'.**

These show the sort of play activities which mothers, fathers, family members and other carers can do to **help** their child to develop.

Material from all three sections can be photocopied and given to families.

How to Use the WHO Play Activities Leaflets

- WHO Training Package 26 has seven leaflets, one for each of the seven groups of activities shown on the identification charts. The leaflets give you examples of how to use play to encourage your child to do the activities on the charts.

- The leaflets have activities for communication and behaviour, and activities for movement and self care.

- Use the charts 1 to 7 to see what activities your child can do. First find the chart where your child does some or none of the activities. Begin by training your child with the leaflet which has the same number as that chart.

- Often a child will show the same result for 'Communication and Behaviour' as for 'Movement and Self Care'.

  With such a child you will begin with only one leaflet.

  For example, if the child can do all of the activities in Chart 1, but only some of the communication and behaviour activities, and some of the movement and self care activities in Chart 2, begin by using Leaflet 2.

- Sometimes a child will be able to do better in 'Communication and Behaviour' than in 'Movement and Self Care'. Or the reverse will happen.

  Then you will start with one leaflet for communication and behaviour activities and another leaflet for movement and self care activities.

  For example, the child may be able to do only some of the communication and behaviour activities and all of the movement and self care activities in Chart 2. But only some of the movement and self care activities in Chart 3. If that happens, use Leaflet 2 for communication and behavior activities and Leaflet 3 for movement and self care activities.

- When your child is able to do the communication and behaviour activities in one leaflet, go to the next leaflet for communication and behaviour activities.

  Do the same for movement and self care activities

- You should continue with the play activities until the child goes to school.

What to do about different kinds of disabilities

- Most children who have **fits** will be able to do all the activities described in the leaflets.

- Most children with **difficulty learning** will also be able to follow the activities. However, these children will be slower than others to learn new activities. If so, you may have to continue using the play activities even after other children of the same age have started school.

- A child who has **difficulty seeing** may not be able to follow the charts and activity suggestions in the same way as children who can see.

  The child who does not see at all will not be able to do some of the activities. For example, the child will not be able to look at or pick up small objects, catch a ball, name colours, and so on.

  The child who can see a little may be able to do more of these play activities, but not all of them.

- The child with **difficulty hearing or speaking** may not be able to repeat sounds made by others, understand questions, talk about what he or she does, and so on.

  The child who can hear a little may be able to do more of these play activities, but not all of them.

- The child who has **difficulty moving the arms** may not be able to push up on the hands, to play with objects, drink from a cup, and so on. The child who has **difficulty moving the legs** may not be able to walk, go up and down steps, to run and so on.

- Some children have **more than one difficulty**. For example, a child may have difficulty with both moving and seeing. This child may be able to do only some of the activities in the leaflets.The child may be able to do some activities in several leaflets, but may not be able to do all of the activities in any leaflet.

- You and your Local Supervisor should decide which play activities your child may be able to do. Then, you can decide which parts of the leaflets your child will use.

- In order to go on with the activities, you will, in each chart, write the answer "All" when the child is doing all the activities which he or she **can possibly do**. When your child is able to do all the activities in one chart, you can go on to the next chart and leaflet.

Play Activities – Chart 1

- Look at the two groups of pictures. See if the child does the activities in each group
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of the activities. Mark 'Some' if your child does one or more activities, but does not do all the activities. Mark 'All' if your child does all the activities in the pictures.
- Then do the same for 'Movement'

Communication and Behaviour

None	Some	All

Makes sounds when talked to

Turns in response to sounds

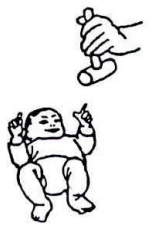
Looks at objects

Smiles when talked to

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 1.
- If the child does all of these activities, see if the child can do the communication and behaviour activities in Chart 2.

Movement

None	Some	All



Lies on back and reaches arms up

Holds small object briefly

Lies on stomach and holds head up

Play Activities – Chart 2

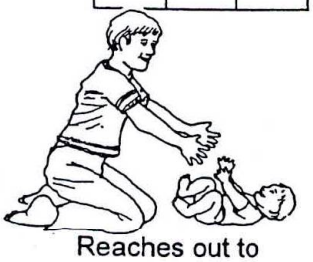
- Look at the two groups of pictures. See if the child does the activities in each group.
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of the activities. Mark 'Some' if your child does one or more of the activities. Mark 'All' if your child does all the activities in the pictures.
- Then do the same for 'Movement and Self Care'.

Communication and Behaviour

None	Some	All

Makes specific sounds

Laughs at a person's actions



Reaches out to be picked up

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 2
- If the child does all of these activities, see if the child can do the communication and behaviour activities in Chart 3

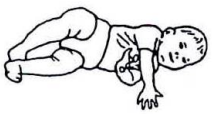
Movement and Self-Care

None	Some	All

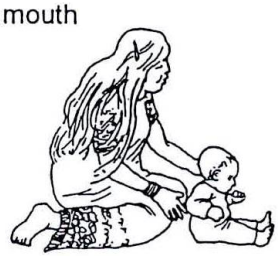
Plays with objects using both hands

Takes objects to the mouth

Lies on stomach Pushes up on hands



Rolls from stomach to back



Sits briefly

Drinks from cup held by another

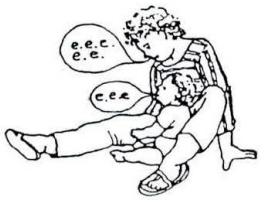
- If the child does none or some of these activities, try the movement and self care activities in Leaflet 2
- If the child does all of these activities, see if the child can do the movement and self care activities in Chart 3

Play Activities – Chart 3

- Look at the two groups of pictures. See if the child does the activities in each group
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of the activities. Mark 'Some' if your child does one or more of the activities, but does not do all the activities. Mark 'All' if your child does all the activities in the pictures.
- Then do the same for 'Movement and Self Care'

Communication and Behaviour

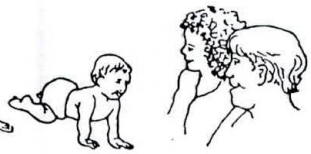
None	Some	All



Repeats sounds made by others

Responds to name

Stops when hears "No"



Recognizes family members

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 3
- If the child does all of these activities, see if the child can do the communication and behaviour activities in Chart 4

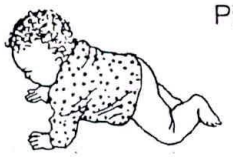
Movement and Self care

None	Some	All

Sits without falling

Picks up small objects

Rolls from back to stomach



Crawls

Feeds himself or herself biscuit

- If the child does none or some of these activities, try the movement and self care Activities in Leaflet 3
- If the child does all of these activities, see if the child can do the movement and self care activities in Chart 4

Play Activities – Chart 4

- Look at the two groups of pictures. See if the child does the activities in each group.
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of the activities. Mark 'Some' if your child does one or more activities, but does not do all the activities. Mark 'All' if your child does all the activities in the pictures.
- Then do the same for 'Movement and Self Care'

Communication and Behaviour

None	Some	All

Says a few words

Repeats gestures of other people

Understands simple questions

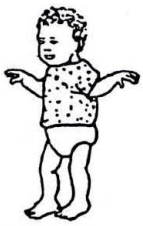
Responds to simple commands

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 4
- If the child does all of these activities, see if the child can do the communication activities in Chart 5

Movement and Self-Care

None	Some	All

Stands alone



Walks alone

Puts objects into box and takes them out

Feeds self most foods without help

Holds out arm or leg for dressing

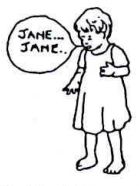
- If the child does none or some of these activities, try the movement and self care activities in Leaflet 4
- If the child does all of these activities, see if the child can do the movement and self care activities in Chart 5

Play Activities – Chart 5

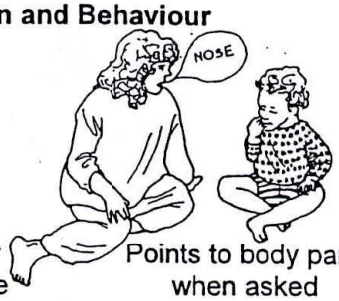
- Look at the two groups of pictures. See if the child does the activities in each group.
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of these activities. Mark 'Some' if your child does one or more activities, but does not do all the activities. Mark 'All' if your child does all the activities in the pictures.
- Then do the same for 'Movement and Self Care'.

Communication and Behaviour

None	Some	All



Calls himself or herself by name



Points to body parts when asked

Asks for things

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 5
- If the child does all of these activities, see if the child can do the communication and behaviour activities in Chart 6

Movement and Self-Care

None	Some	All

Puts things together and takes them apart

Runs

Walks up and down steps

Helps with undressing

Knows when to use the latrine

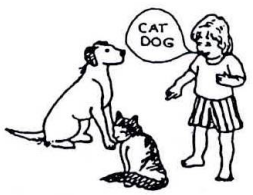
- If the child does none or some of these activities, try the movement and self-care activities in Leaflet 5
- If the child does all of these activities, see if the child can do the movement and self-care activities in Chart 6

Play Activities – Chart 6

- Look at the two groups of pictures. See if the child does the activities in each group.
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of the activities. Mark 'Some' if your child does one or more activities, but does not do all of the activities. Mark 'All' if your child does all the activities in the pictures.
- The do the same for 'Movement and Self Care'.

Communication and Behaviour

None	Some	All



Names things that are familiar

Plays with other children

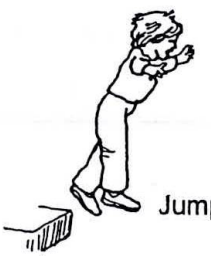
Tries to help parents

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 6
- If the child does all of these activities, see if the child can do the communication and behaviour activities in Chart 7

Movement and Self-Care

None	Some	All

Likes to climb



Jumps

Kicks ball

Undresses without help

Uses the latrine without help

- If the child does none or some of these activities, try the movement and self care activities in Leaflet 6
- If the child does all of these activities, see if the child can do the movement and self care activities in Chart 7

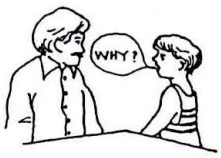
Play Activities – Chart 7

- Look at the two groups of pictures. See if the child does the activities in each group.
- Mark one of the boxes next to 'Communication and Behaviour'. Mark 'None' if your child does none of the activities. Mark 'Some' if your child does one or more activities, but does not do all of the activities. Mark 'All' if your child does all the activities in the pictures.
- Then do the same for 'Movement and Self Care'.

Communication and Behaviour

None	Some	All

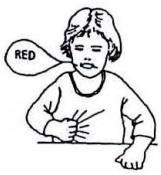
Talks about what he or she does



Asks questions

Matches shapes

Arranges objects according to size

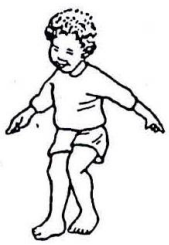


Names colours

- If the child does none or some of these activities, try the communication and behaviour activities in Leaflet 7
- If the child does all of these activities, you do not have to use any of the leaflets for communication and behaviour activities.

Movement and Self-Care

None	Some	All



Hops on one foot

Walks on tip-toe

Dresses without help

Bathes without help

- If the child does none or some of these activities, try the movement and self care activities in Leaflet 7
- If the child does all of these activities, you do not have to use any of the leaflets for movement and self care activities.

WHO Play Activities Leaflets

Communication and Behaviour - From Leaflet 1

Play Activities

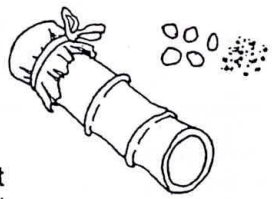
➢ Sing and talk to the child. Use the child's name and call to him or her. The child will listen to the sound of your voice and make sounds of his or her own.

Even if the child does not respond to you, continue singing and talking to the child. This will help to get a response from him or her.

➢ Hold the child in front of you so the child can see your face. Talk to the child and look at the child's eyes. Smile at the child. This will encourage the child to look at you and to smile.

➢ Let the child know you are pleased when he or she looks at you, smiles, or makes sounds. Do this by talking to the child and playing with his or her hands or feet.

➢ Make a rattle by putting a few pebbles into a tin or bamboo. The rattle will make sounds when you shake it.



Shake the rattle in front of the child. Get the child's attention so that he or she will listen, look, and turn to where the sound comes from. The child can also respond by making sounds of his or her own.

Shake the rattle on each side of the child. The child should turn and look for the rattle.

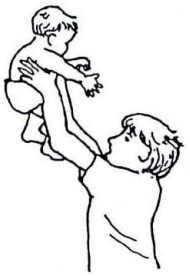
Make rattles that have different sounds. Put sand into one rattle, large pebbles into another and seeds and nuts into another. Then the child can hear different sounds when you shake each rattle.

Communication and Behaviour - From Leaflet 2

Play Activities

➢ Hold the child on your lap

Sing to the child. Rock and move the child about to the rhythm of the song.



➢ Your child may make some sounds, such as "ba ba" or "ma ma".

When your child makes these sounds you can also make the sounds. Then your child will know that you like to hear the sounds and he or she will repeat them.

➢ You can make your child laugh by making sounds and movements with your face and hands.

You can also move the child's arms and legs back and forth. Or move the child up and down on your knees. These movements will make the child laugh.

➢ Make sure that the other family members spend time with the child. Show them how to play with the child and to make the child laugh. Ask them to give the child love and security.

➢ Encourage the child to make sounds and to laugh by talking and making sounds to the child as often as possible.

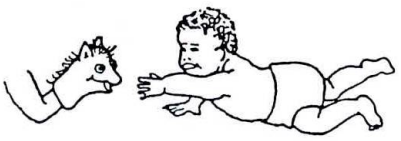
➢ Hold out your arms to the child and ask the child if he or she likes to come to you. Encourage the child to hold his or her arms out to you.

If the child does not hold his or her arms out, tell another family member to stand behind the child. When you hold your arms out to the child, the family member can hold the child's arms out to you.

Then take the child in your arms and talk to him or her to let the child know that you are pleased.

Moment and Self Care - From Leaflet 2

Play Activities



➢ When the child is lying on the stomach, hold a toy in front of the child. Get the child's attention and tell the child to touch the toy.

➢ As the child reaches for the toy, move it in such a way that he or she will try to turn and get it. In this way you will make the child roll over.

When the child rolls over, give him or her the toy. Speak to him or her in a voice that will tell the child that you are pleased. Then the child will repeat what he or she did to please you.

➢ Support your child in sitting. You can use pillows to support the child or support him or her against a wall or in a box. Place a pillow between the child's legs to keep them apart if necessary.

Let the child play whilst he or she sits in this position

➢ Then let your child sit without support.

At first he or she will sit briefly, then fall.

You can sit close to your child, or you can put pillows near him or her. This will protect the child when he or she falls.

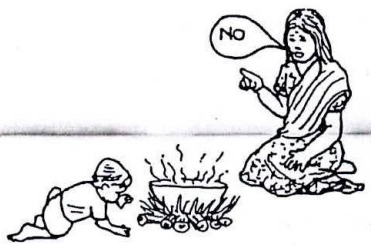
Communication and Behaviour - From Leaflet 3

Play Activities

➢ Sit in front of the child. Put a cloth over your head. Pull it off and laugh at the child. Encourage the child to pull the cloth. Then laugh with the child.

Point to the child and say the child's name. Take the child's hand and point it at the child and say his or her name.

Put a cloth over the child's head. Say the child's name pulling the cloth down so the child will look at you. Repeat this until the child will pull the cloth down when you say his or her name. Laugh with the child when he or she pulls the cloth down.



➢ When the child touches an object that he or she must not touch, say "No" very firmly.

The next time you see the child going near the object or trying to touch it again, say "No" to the child. Teach the child to repeat "No" after you. Move the child away from the object.

Do not give the child a lot of attention when he or she starts to do something you do not want the child to do. Say "No" and move the child away from what he or she is doing.

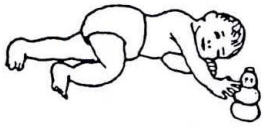
Later when the child does something you like him or her to do, show the child that you are pleased.

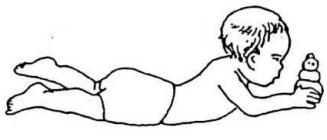
Movement and Self Care - From Leaflet 3

Play Activities

➢ When your child is lying on the back, he or she may play with the feet and toes. If the child does not do this, help him or her to bring the feet up to the hands. The child may put the toes in the mouth and play with the feet.

➢ Your child may roll from the back to the stomach. At first he or she may do this by turning to reach for an object.





➢ When your child is able to roll from back to stomach, he or she will do this because it is easier for him or her to move on the stomach.

At first the child may move forward or backward with the stomach on the ground.

When your child is on the stomach, move a noisy toy in front of him or her. Let the child touch the toy.

Then move the toy away. Ask the child to come and get the toy.

➢ After the child learns to move on the stomach, he or she may try to move on the hands and knees. You can help the child learn to do this. Put your hands under the child's stomach and lift him or her up until the child is on the hands and knees. Then help the child to move and get the toy.

Communication and Behaviour - From Leaflet 4

Play Activities

➢ Your child should also learn to follow simple directions Play games with the child to help him or her learn.

For example, teach the child to follow directions, to sit down and stand up. Do this by sitting down and saying "Sit down". Then stand up and say "Stand up". Or ask another family member to follow your directions. Then ask the child to do the same.

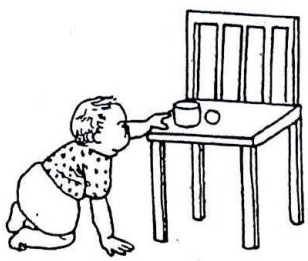
You can give your child other simple directions, such as "Give me the cup". If the child does not follow your directions, repeat what you said to him or her. Then help the child to follow the direction. Play a game passing the cup or other objects to each other.

Talk to the child and point to things you are talking about.

Results

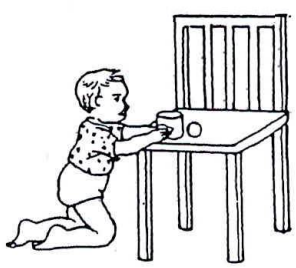
➢ If your child does these activities, try the communication and behaviour activities in the next leaflet of this package.

If your child does not do these activities, he or she may have difficulty hearing, seeing, or learning. Continue to try the activities. It may take your child a long time to learn them. Talk with your local supervisor.



Movement and Self Care - From Leaflet 4

Play Activities

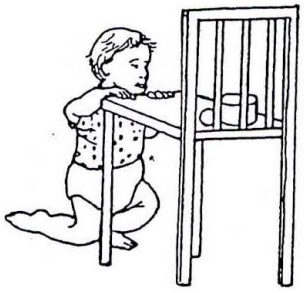


➢ Put your child on the ground in front of a box or chair. Put some of the toys on the chair. Encourage the child to pull himself or herself up next to the chair and get the toys.

At first you can put the toys on the edge of the chair so the child can reach the toys by kneeling beside the chair.

Movement and Self Care - From Leaflet 4 continued

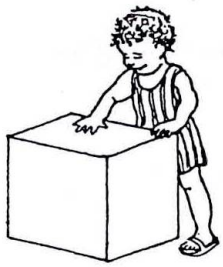
After the child can do this, put the toys in the centre of the chair or on a higher chair. Then encourage the child to move to standing and to play with the toys in the standing position.



If the child cannot pull up to kneeling or standing, you can help him or her.

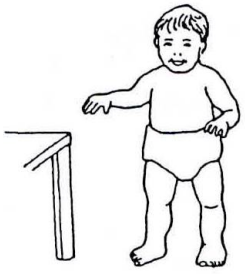
Then help the child to stand and play with the toys

➢ Your child may begin to walk holding on to boxes, chairs, tables or walls.



➢ Hold the child's hands to help him or her to walk

➢ After walking with help, your child may try to stand alone.



Movement and Self Care - from Leaflet 5

Play Activities

➢ Teach the child how to use the wood and boxes to build houses, schools, bridges, and so on.

➢ You can give your child objects to put on a string. Give the child a thick string and large beads or seeds with large holes in them. You can also use cloth to make small rings which can be put on a string.

Help the child to put the beads on the string and to take the beads off the string.

Then let the child put the beads on the string without help.

➢ Give the child a large bowl, tin or bucket of sand and a few small tins. Teach the child how to put sand into the tins.Teach the child to hold a tin in each hand and pour the sand from one tin to another.

Let the child play with the sand.

➢ Give the child a large bowl, tin or bucket filled with water. Let the child move his or her hands in the water and play.

Give the child small sticks, boxes, or boats made from paper or leaves. Show the child how these move on the water. Let the child feel the way they move on the water. Let the child play with them.

Movement and Self Care - From Leaflet 6

Play Activities

Each time you help the child to undress, ask him or her to do as much as possible without help.

As the child learns to undress, give less help until he or she can do it without help.

The child may continue to need help to put his or her clothes on.

➢ After your child has learned to use the latrine, he or she can learn to go to the latrine without help.

If the latrine that the adults use is too big for the child, train the child to use a pot or tin.

If the child has difficulty squatting over the latrine, you can put one or two poles beside the latrine for the child to hold.

Movement and Self Care - From Leaflet 7

Play Activities

➢ You can also teach your child to bathe without help.

Help the child first to pour water over himself or herself.

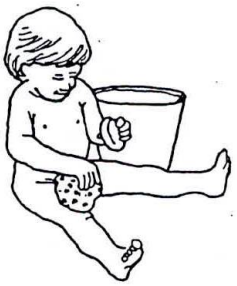
Next place your hand over the child's hands and pick up the soap. Help the child to rub the soap on his or her body.

Show the child how to wash the different parts of his or her body: face, hair, arms, legs, front, and back.

Talk with the child as you bathe him or her. Teach the child names of different parts of the body.

Then help the child to wash the soap away.

With your hands over the child's hands, help the child to dry himself or herself with a clean cloth.



As the child does more for himself or herself, give less help until the child can wash and bathe without help.

Each time the child does something without help or does something well, let the child know that you are pleased.

Results

➢ If your child does these activities, you and the child have done well.

If your child does not do these activities, he or she may have difficulty moving or learning. Continue to try the activities. Talk with your local supervisor.

4.1. Advice for Families of a Deaf Child

Activity Suggestions for Learning to Look, Listen and Communicate

Your deaf child can learn to communicate and do the same physical and daily living tasks as other children. **Your child may need some help** and may do these things in his or her own way. Many children called 'deaf' are not completely without hearing. It is important that they learn to listen and use whatever hearing they do have.

- Give your child the same experiences (play, conversation) as all children.
- Give your child a chance to communicate like other children and the time to do it.
- Take the first step to talk to your child.
- Talk to your child face to face, where you can look at one another as much as possible. Encourage him or her to watch your mouth when you talk. Do not cover your mouth.
- Try to communicate with your child in his or her own way. For example try to understand the pointing, gestures and signs he or she makes.
- If your child is very deaf, be careful about trying to force him or her to learn how to speak. It may be better to let him or her learn sign language. Deaf adults in the community may be able to help with this.

4.2. Advice for Families of a Blind Child

Activity Suggestions for Learning to Look, Listen, Touch and Feel

Your blind child can learn to communicate, and do the same physical and daily living tasks as other children. **Your child may need help** and may do some of these things in his or her own way. Many children called 'blind' are not completely without sight. It is important that they learn to look and use whatever sight they do have.

- If your child can see a little let him or her explore everyday objects like wooden bowls/cloths (things that he/she cannot break). Let your child explore the house to find out where everything is. Try to keep things in the same place to make this easier.

- If your child cannot see at all, he or she still needs to explore everyday objects but will need help. Talk about the objects as you explore them together.

- Encourage your child to wash and dress like other children.

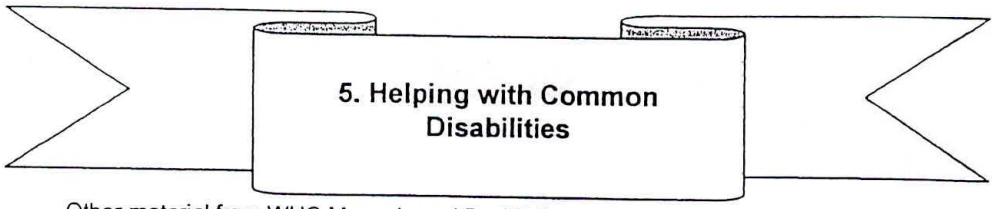
- Your child may see better in daylight. If so, when your child can do something in the daylight, then encourage him or her to do the same things when it is dark.

- Blind children will fall more often than other children. Teach your child to put out his or her hands to help check the fall. This should enhance your child's confidence when moving about and exploring things.

- Train your child to listen to sounds to help him or her know what is happening. Help your child to learn danger sounds such as fire burning, water boiling and traffic, for example.

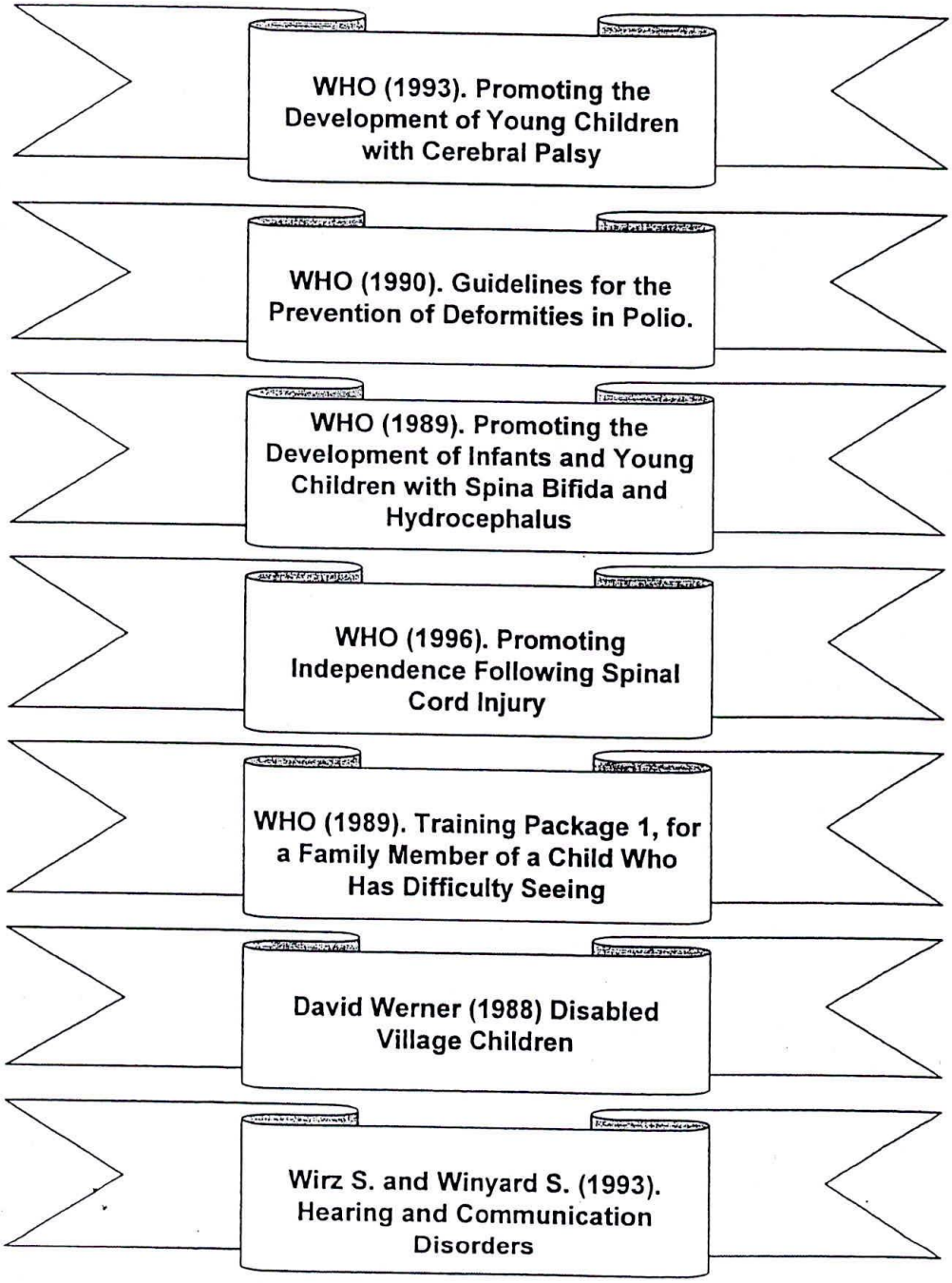
- Blind children need to be helped and encouraged to join in with other children's activities.

- When your child is old enough, encourage him or her to explore outside the house and compound. The child will need help to learn his or her way around.



Other material from WHO Manuals and David Werner (1988) 'Disabled Village Children'

In communities where **trained professionals are available** and/or easy to employ, the following WHO manuals can be used to provide further advice to families. Materials can be photocopied to give to family members.



SUMMARY OF STAGES

Stage 1 **Describe the community.** Stage 1 allows non-specialist health professionals to assess:

- What services (if any) already exist
- What kinds of workers are involved
- What level of skills and knowledge they might have for identifying children with impairments and advising parents.

Identification and advice materials from the manual are chosen to suit the setting. It is essential to find out what level of professional knowledge and skills are available in that community. Different materials are needed for different situations.

Stage 2 **Identify children with impairments.** Choose identification materials that suit the knowledge and skills of the professionals in that community. The main aim is to identify children early. Then the family can be offered the right advice to help the child develop.

A second important aim is to find out if links can be made with a specialist. Children should be **referred on** to a specialist if they show positive signs when tested. Where this is practical for the child and family (taking into account locally available services, cost and distance) it will lead to positive help.

Stage 3 **Advise families** and carers of children identified as having an impairment. Use the activity suggestions to help the child develop. Use messages that encourage their participation and inclusion in family and local community life. Work with families and the community to reduce disabling social barriers. The biggest challenge is to make sure children who are identified as having impairments get help. It may be harmful to families if they are led to expect help but do not get it.

READING LIST

- Dubowitz L. et al (1999) *The Neurological Assessment of the Pre-term and Full-term New Born Infant*, (2nd Ed). Clinics in Developmental Medicine No. 148. Mac Keith Press, London.
- Flower J. and Wirz S. (2000) 'Rhetoric or Reality? The participation of disabled people in NGO planning.' *Health Policy & Planning*, 15 (2).
- Levitt S. (1992) *We Can Play and Move*: A manual to help disabled children learn how to move by playing with others. Healthlink Worldwide, Cityside, 7 Adler Street, London E1 1EE.
- Soeharso (1995) Training Materials for Community Based Rehabilitation Workers. Community Based Rehabilitation and Development Training Centre, Solo, Indonesia
- Thorburn, M. (undated) *Jamaican Adaptation of the Denver Developmental Screening Test.* 3D Project, Kingston, Jamaica.
- Vazir S. et al (1994) 'Screening Test Battery for Assessment of Psychological Development'. *Indian Paediatrics*, 31, Dec, 1994.
- Werner D. (1988) *Disabled Village Children*. Hesperian Foundation, PO Box 1692, Palo Alto. California 94302, USA.
- WHO (1989) *Training in the Community for People with Disabilities-Training Package 1, for a Family Member of A Child Who Has Difficulty Seeing.* WHO, Geneva.
- WHO (1989) *Training in the Community for People with Disabilities-Training Package 26 for a Family Member of a Child with a Disability*. WHO, Geneva.
- WHO (1990) *Guidelines for the Prevention of Deformities in Polio*. WHO, Geneva.
- WHO (1993) *Promoting the Development of Infants and Young Children with Cerebral Palsy: A Guide for Mid-Level Rehabilitation Workers*. WHO, Geneva.
- WHO (1996) *Promoting the Development of Infants and Young Children with Spina Bifida and Hydrocephalus: A Guide for Mid-Level Rehabilitation Workers and Families.* WHO, Geneva
- WHO (1996) *Promoting Independence Following Spinal Cord Injury: A Guide for Mid-Level Rehabilitation Workers.* WHO, Geneva.
- WHO (1998) *Let's Communicate*. WHO, Geneva.
- Wirz S. and Winyard S. (1993) *Hearing and Communications Disorders: A Manual for CBR Workers*. Macmillan, London.
- Zaman S. et al (1990) 'The Validity of the "Ten Questions" for Screening Serious Childhood Disability: Results from Urban Bangladesh.' *International Journal of Epidemiology 19 (3).*

See the following United Nations' conventions and declarations:

- UNICEF (1995) The Convention on the Rights of the Child. London: UK Committee for UNICEF.
- United Nations (1994) The Standard Rules on the Equalization of Opportunities for Persons with Disabilities. UN, New York, USA. (see below)
- WHO (1978) Alma-Ata Declaration on Health for All: Primary Health Care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR 6-12 September 1978. WHO. Geneva.
- World Health Organisation (2001). International Classification of Functioning and Disability. Geneva: WHO.

Note on the Use of the Term 'Disability'

Extract from the Standard Rules on the Equalization of Opportunities for Persons with Disabilities page 9:

17. The term "disability" summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

18. The term "handicap" means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms.

INTERNATIONAL CLASSIFICATION OF FUNCTIONING AND DISABILITY - WHO 2001

WHO has worked with governments and disabled people's organisations to create an international system of classification for functioning and disability. In the older classification system explained below, disability was mainly seen as the result of a physical or mental condition. The new system looks at the medical, social and environmental reasons for a person's difficulties. It recognises that unjust and unfair social attitudes towards disabled people create barriers. These restrict their activity and participation in the community. Examples of the problems a child might experience are given below.

WHO International Classification of Impairment, Disability and Handicap 1980

Terms	Level of Difficulty	Example and *Possible Solution*
Impairment	Person affected by mental or physical condition or accident	Polio: muscles paralysed – *rehabilitation*
Disability	Function restricted	Unable to walk unaided beyond the home- *sometimes special school available*
Handicap	Social role restricted	Not accepted in regular school

Access to health and education is a basic **human right** for all children with impairments. Services, which take account of social barriers and try to change the environment, belong to the **social model.** The new WHO classification (see below) brings the medical and social aspects together.

Families need help to understand that with encouragement their child can learn and make progress. Teachers, community leaders and those in local government should be positive towards **including** children with disabilities into society. Services should help them participate in activities like everyone else, supported by the law.

WHO Classification of Functioning and Disability – May 2001

Terms	Level of Difficulty	Example-*Possible Solution*
Impairment	Person affected by mental or physical condition or accident	Polio: muscles paralysed – *rehabilitation*
Activity	Activity restriction	Unable to walk to school – *assess child's equipment needs (splints; wheelchair)*
Participation	Participation restriction	Not accepted at school - *change social attitudes; support teachers, change environment (ramp instead of steps into building), make laws, help enforce law*

Summary - Services which help disabled people best are those which:

- are designed with their help
- have a flexible inclusive approach – social, and medical as appropriate

It is important that the terms used to describe people with disabilities are ones, which they are happy to use.

THE CHILD-TO-CHILD PROGRAMME

(Adapted from Disabled Village Children, David Werner. 1998)

Introduction

CHILD-to-child is a non-formal education programme in which school children learn ways to protect the health and well-being of other children, especially those who are young or who have special needs because of an impairment or disability. The children learn simple preventive and curative ways of helping which suit their community setting. They pass on what they learn to other children and their families.

The CHILD-to-child programme began in 1979 as part of the International Year of the Child. Health workers and educators from many countries designed a series of activity sheets for use by teachers and health workers for children in different countries and community settings.

Starting Child-to-child Activities

Teachers, community health workers or people in the community, who wish to improve children's access to health messages and simple advice can start child-to-child activities. Some activities are about disability. The purpose of these activities is to help children to:

- Learn about different disabilities and what it might be like to be disabled
- Learn that although a disabled person may have difficulties doing some things, he or she may do other things better than other people
- Think of ways to welcome disabled children and include them in whatever the local children are doing, for example playing games and going to school.
- Become the friends and defenders of any child who is different or has special needs.

Refer to David Werner's book Disabled Village Children for more information.