Cerebral Palsy

FACT SHEET

Part of the CBM Prevention Toolkit on Cerebral Palsy

April 2012
Cerebral palsy: Prevention and Early Intervention Program

Cerebral palsy is one of the most common causes of childhood physical impairment in the community setting. It affects 1/500 children, and it is thought there may be as many as 10 million children around the world affected by cerebral palsy.

What is Cerebral Palsy?
Cerebral palsy (CP) is caused by an injury to the young and immature brain, usually before, at, or just after birth. It results in a non-progressive disorder of movement and coordination, commonly associated with spasticity (abnormal tightness of muscles). It may result in cognitive impairment and seizures. It is not curable.

Cerebral Palsy affects different children in various degrees, from very mild and hardly noticeable, to severe involvement with associated cognitive impairment and seizures. With the best of care in the developed world, 25% of children with CP are not able to walk independently. This incidence will be much higher in the developing world.

What are the causes of Cerebral Palsy?
There are many causes of cerebral palsy including:
- Ante-natal unknown causes
- Difficult labour and delivery
- Prematurity
- Infections
- Genetic conditions
- Cerebral Malaria

In the context of CBM’s work in Africa, cerebral malaria in infants and toddlers is an important cause, one study in Uganda showing 60% of all surviving cases having been caused by cerebral malaria.

Surviving children with CP and their families often face serious challenges with mobility, activities of daily living, schooling and general health. Marginalization and stigma is common.

How can we prevent CP?
Prevention is through promoting primary health activities including:
- Family planning and timing of births
- Maternal prenatal care, nutrition, immunization and avoidance of toxic substances
- Encouragement of safe birthing
- Early intervention for neonatal infections, especially cerebral malaria
What is CBM’s strategy of prevention and early intervention for Cerebral Palsy?

CBM’s program of intervention for Cerebral Palsy consists of two “toolkit” strategies implemented through community based activities:

- Prevention through primary health promotion and education in the “How to improve the health & development of your child; Preventing Impairment and disability” flipchart.
- Early Intervention through the “How you can help your child with Cerebral Palsy” flipchart.

Each of these focuses on community education of caregivers and primary health personnel with an illustrated flipchart backed up by a text that is used for the training of community rehabilitation workers. Standardization of training through this curriculum within CBM partners is encouraged.

The flipchart “How you can help your child with Cerebral Palsy”:

This flipchart was developed by a task force of CBM coworkers with experience in cerebral palsy intervention in the community. It is felt that the best early intervention for cerebral palsy is in the home with caregivers and not in the medical institutional environment. The best improvement in quality of life for children and caregivers is by education in the basic procedures of care for children with cerebral palsy, introduced at the earliest possible age. The flipchart assists caregivers in understanding activities they can perform in the home that improves the function of their children. Subjects such as correct positioning, feeding, and toileting are presented. Inclusion in family, community, educational and social activities is encouraged.

The first two pages of the flipcharts explain about the damage to the affected brain and show some of the severe symptoms of CP. This can be quite overwhelming for the parents and caregivers. To avoid such an experience the fieldworker or facilitator could first highlight some of the topics shown later in the flipcharts (daily living, play) and emphasize that children with CP are “children first” who also need love and attention.

The manual “Helping Children Who Have Cerebral Palsy”

The manual backs up the flipchart with more detailed information. It is intended to be used by trainers of the community workers who will be implementing the flipcharts and forms the curriculum. The manual is chapter 9 from David Werner’s book, "Disabled Village Children", printed without edit and with the consent of the Hesperian Foundation who has the rights. Further information on specific techniques can be found in the latter chapters of "Disabled Village Children".
How to roll out the early intervention toolkit:

All CBM partner community based projects and programs should be presented with the toolkits and encouraged to implement them in their working areas.

The flipchart is designed to be printed in A1 or A4 format.

The larger A1 flipchart is intended for use in health centers and rehabilitation centers with caregiver groups.

The laminated A4 flipchart can be carried easily in a briefcase and is intended for use with a small intimate audience of caregivers in homes or smaller community settings.

The subject material of the A4 flipchart is simply and visually presented on the face page, suitable for audiences of limited literacy. The text to be given by the community rehabilitation worker is presented on the following page with recommended questions for the audience.

The manual is the curriculum used by trainers and facilitators. The flipchart follows the material in the manual faithfully.

The toolkits can also be used as advocacy material with appropriate governments and public health agencies.