

## Preventing Physical Impairment in Childhood

### CBM Prevention Strategy Overview

#### The Concept:

As much as 75% of disabling impairment in children in lower resource countries is preventable through awareness, primary health practice, early identification, and early intervention.

It is recognized that our best way to implement prevention strategies is through community-based programs and projects.

The focus is on prevention of **physical impairment** in children with components of prevention of childhood blindness, deafness, and intellectual impairment.

The CBM Prevention Strategy has 3 components, each with its own toolkit

#### The 3 components of the prevention strategy:

1. **Primary Health:** *How to improve the health and development of your child. Preventing Impairment and Disability*
2. **Structural Birth Defects:** *Recognising impairments at birth. Identification and early referral*
3. **Neuro-developmental Delay and Cerebral Palsy:** *How you can help your child with cerebral palsy. Home and community interventions*

#### 1. Primary Health:

- Our community work should line up and reinforce the importance of primary health care in accordance with the World Health Report of 2008, "Primary Health Care: Now More Than Ever".
- It is recognized that there are many pre-existing initiatives within the public and primary health domain and many good publications. We have tried to identify those components important in prevention of disability and simplify them for community use.
- This package integrates CBM prevention strategy with existing WHO – UNICEF policies and initiatives. We have desired not to "reinvent the wheel"! The UNICEF publication "*Facts for Life*", used extensively around the world is taken as the primary text.

- We have put the emphasis on prevention of disability, not just disease prevention strategy.

## **2. Neuro-developmental Delay and Cerebral Palsy: Home and community interventions**

- Conditions causing neuro-developmental delay, of which cerebral palsy is the most prevalent, constitute a very large burden of disabling impairment in children
- Early awareness and early intervention with stimulation programs forms the basis of care. Medical and surgical intervention plays only a small role and is seldom needed.
- Early intervention/stimulation programs are best applied in the home and community, not in health institutions.
- This toolkit focuses on parental and caregiver education as a basis for effective implementations in the home setting
- This module will be implemented by community rehabilitation workers and follows principles laid out in the Werner text, "*Disabled Village Children*", Chapter 9
- A very good training tool is the "Getting to Know Cerebral Palsy" resource for facilitators, parents, caregivers, and children with developmental disabilities. It is available on <https://www.ubuntu-hub.org/resources/working-together-with-families-and-children-with-developmental-disabilities/>

## **3. Structural Birth Defects: Identification and early referral**

- Many structural birth defects go unrecognized and untreated with subsequent disabling impairment
- This toolkit focuses on educating birth attendants and maternity units in early identification and referral
- Integrating this toolkit with maternal health programs is likely to be fruitful
- The laminated flip-chart contains photographs of specific structural defects
- The emphasis is on immediate referral since many structural defects can be cured or improved by early intervention, notably reconstructive surgery
- Community trainers and health workers are encouraged to identify appropriate referral pathways as part of the package

CBM has developed prevention “toolkits” intended for distribution and utilization in community programs.

### **The “Toolkits”:**

The toolkits seek to encompass the following:

- Advocacy and awareness for prevention and early intervention
- Integration with existing primary health care initiatives
- Parental support information, notably neuro-developmental delay, and cerebral palsy
- Encourage referral & treatment pathways

### **Each prevention toolkit has 3 tools:**

#### **1. Laminated flip charts**

- These are the main implementing tools in the prevention program, developed as A4 sized booklets which can be carried easily.
- They constitute the basic information a community rehabilitation worker needs to convey to caregivers, primary health providers and other appropriate user groups,
- They are primarily visually presented, taking into consideration audiences with limited literacy, with three or four bullet points per page for the community workers to reinforce.
- Larger A1 sized flip charts are also available

#### **2. A training manual**

- This is a more comprehensive document or booklet with background information on the impairments, prevention, and treatment strategies. Intended for trainers and leaders.
- This is quite detailed but practical. It forms the curriculum used by teachers in schools of health providers, public health, and community rehabilitation workers.
- May also be used as an advocacy document with ministries of health and other civic authorities.

#### **3. Individual fact sheets or pamphlets**

- These outline on one or two pages a specific impairment or strategy. They are intended for overview and quick reference by managers and others.

## **Translation**

- All documents are in PDF format.
- Originally the flipcharts have been developed in *InDesign*, a desktop publishing program that makes for easy substitution of text.
- All three Toolkits are available in English, French and Spanish. Some toolkits have also been translated in other languages. It is intended that the toolkits be translated and printed in locally appropriate languages. For more information please write to [contact@cbm.org](mailto:contact@cbm.org)
- Community projects and regional program officers are responsible for translating the text into the local language in a WORD document using appropriate fonts.

## **Printing**

In most instances it will be more cost-effective and practical to print and laminate the materials locally.

## **Standardization**

The toolkits seek to standardize prevention practices throughout the CBM family. They have been developed with great care by experienced professionals with a wealth of field experience. CBM partners are encouraged not to modify the factual information although it is understood that minor modifications for cultural sensitivity might be needed.

## **Distribution**

It is intended that:

- all Regional Offices, Country Offices, relevant CBID/CBR programs and appropriate CBM supported health facilities have easy access to a complete set of toolkits.
- the prevention toolkits be made available to any agency or organization whose activities might help promote prevention of disability.