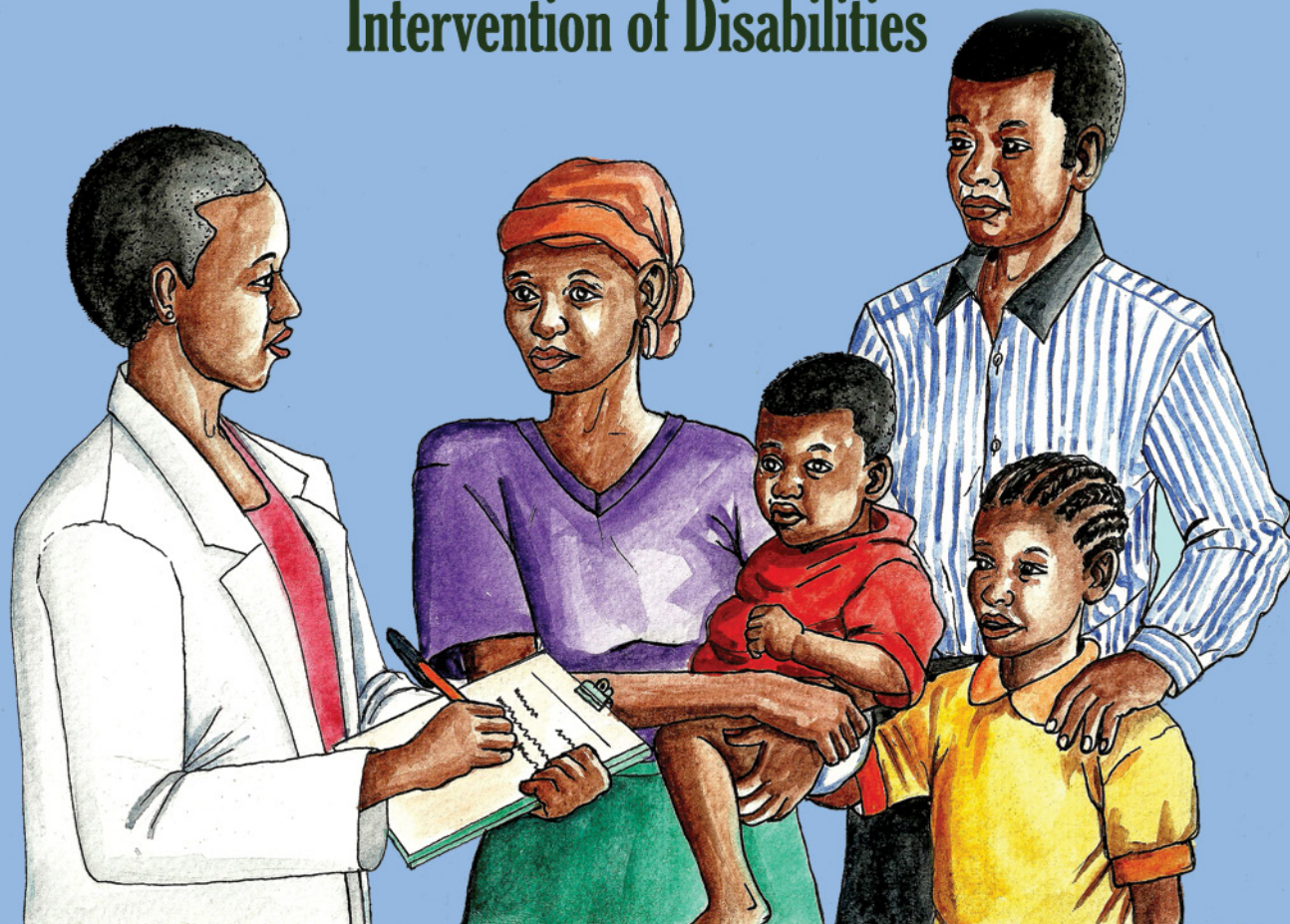




Republic of Kenya

Ministry of Public Health and Sanitation
Ministry of Medical Services

TRAINING MANUAL FOR HEALTH WORKERS ON Prevention, Early Identification and Intervention of Disabilities



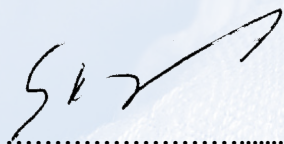
FOREWARD

Disability is a cross cutting issue in both health and social aspects of individuals. The disease burden is one of the major causes of disabilities in Sub-Saharan African region. Many disabling conditions and diseases can be prevented or managed if detected early and treatment availed in good time. Majority of health workers do not have the skills to link disease burden and disability. Good disease surveillance, proper diagnosis, availability of drugs and trained health personnel are imperative. Effective immunization against childhood diseases can minimize disabilities. In addition, improved maternal and child health care services can eradicate disabling conditions while better hygiene and sanitation can rid the environment of disability causing ailments.

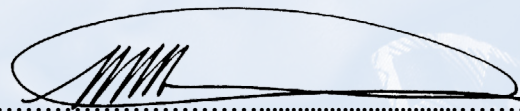
Many Persons with Disabilities (PWDs) are unable to meet the cost of basic health care services including disability rehabilitation interventions. According to the Kenya National Survey for Persons with Disability (KNSPWDs) 2007, 69.1 percent of PWDs have a big problem accessing health care in health facilities.

Early identification and intervention forestalls disabilities later in life while management reduces its impact in adulthood. Unfortunately, only a negligible percentage of children with disabilities are detected early in life. The use of the Mother and Child booklet also facilitates growth and development monitoring in the under fives. Persons with disabilities are a distinct group whose needs, capacities and aspirations require special attention.

It is for this reason that the Ministries of Health and partners developed this manual. The manual shall ensure that health workers and stakeholders participate in prevention, early identification and intervention processes of impairments and disabilities.



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We wish to acknowledge that material from the following sources was helpful in the development of the manual.

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ABBREVIATIONS AND ACRONYMS

ADLs	Activities of Daily Living	HIV	Human Immuno Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome	KDHS	Kenya Demographic Health Survey
APDK	Association for the Physically Disabled of Kenya	KMTC	Kenya Medical Training College
ATR	Asymmetrical Tonic Reflex	KNSPWDs	Kenya National Survey for Persons with Disabilities
BCC	Behaviour Change Communication	LLITNs	Long Lasting Insecticide Treated Nets
BCG	Bacille Calmette-Guerin	MDGs	Millennium Development Goals
CCBRT	Comprehensive Community based Rehabilitation Tanzania	MOMS	Ministry of Medical Services
CBMI	Christian Blind Mission International	MOPHS	Ministry of Public Health and Sanitation
CBR	Community Based Rehabilitation	MSA	Mental Status Assessment
CNS	Central Nervous System	NBU	New born Unit
CSHP	Comprehensive School Health Programme	NCDs	Non Communicable Diseases
CWDs	Children with Disabilities	OE	Obstetric Emergencies
DCAH	Division of Child and Adolescent Health	OPV	Oral Polio Vaccine
EMTC	Elimination of Mother to Child Transmission	PCV10	Pneumococcal Conjugate Vaccine
ENT	Ear, Nose and Throat	PWDs	Persons with disabilities
EU	European Union	RH	Reproductive Health
FANC	Focused Antenatal Care	RTCs	Road Traffic Crashes
FGM	Female Genital Mutilation	STIs	Sexually Transmitted Infections
FP	Family Planning	TB	Tuberculosis
HB	Haemoglobin	T.T.	Tetanus Toxoid Vaccine
IBP	Individual Birth Plans	U.O.N.	University of Nairobi
IGAs	Income Generating Activities	VDRL	Venereal Disease Research Laboratories
		WHO	World Health Organization

Background

The right to health is universally and comprehensively understood as the “right to the highest attainable standard of health”. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. According to the Kenya National Disability Act 2003 - disability” means a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation. It follows therefore that the right to health is dependent on the extent to which the determinants of primary health is offered in the community. The guaranteeing of the right to health, is thus a core function of the government, and has put in place policies, laws and programmes in place for implementation. This evaluation is based on the basis of availability, accessibility, acceptability, affordability and the promotion of quality health services offered at all levels of health care provision. (National Health Strategic Plan II 2005 - 2010).

Proper medical attention and hygienic conditions during pregnancy and delivery can reduce the risk of serious illness and disability among mothers and their babies. The 2008-09 KDHS found that two out of five births (43 %) are delivered in a health facility, while 56 percent are delivered at home. Under-five mortality stands at 74 deaths per 1,000 live births, while infant mortality is at 52 deaths per 1,000 live births. Therefore, the 56 percent deliveries conducted by unskilled persons may result into complication associated with different disabilities.

The Kenya National survey for Persons with Disabilities (KNSPWDs 2007) established that the prevalence of disability is at 4.6 percent. Diseases were found to be the leading causes of disabilities (19%), followed by congenital (14%) and accidents at (12%) and “other causes”.

Disability:

The WHO describes disability as: “any restriction or lack (resulting from impairment) of ability to perform an activity in a manner or range that is considered normal for a human being.” (WHO 1994).

People intending to measure the extent and nature of a disability are normally faced with two major problems.

That is:

- Coming up with a reliable definition of disability.
- The choice of “instrument” used to measure the different aspects of disability

Most causes of disability are preventable through; poverty alleviation, conflict prevention, early detection and intervention, safety at home, work place and in learning institutions.

Disability is both a cause and a consequence of poverty. The economic burden of disability also affects family members and care givers as they miss out to contribute to the family income and face high medical and other related costs. Disability is recognized as a cross-cutting issue by all sectors and should be an integral part of the National planning process. In this regard there is need to mainstream disability in inclusive development.

Constitution

The constitution of Kenya Chapter 54 section 2a” and 2e” states that a person with any disability is entitled to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning. PWDs are also supposed to access assistive and supportive devices to overcome constraints arising from disability (Kenya Constitution, 2010).

Disability Act

The Kenya National Disability Act 2003 provides for the rights and rehabilitation of persons with disabilities; their achievement and equalization of opportunities.

The Act emphasizes “prevention of disability; early identification of disability; early rehabilitation of persons with disabilities; enabling persons with disabilities to receive free rehabilitation and medical services in public and privately owned health institutions; availing essential health services to persons with disabilities at an affordable cost; availing field medical personnel to local health institutions for the benefit of persons with disabilities; and prompt attendance by medical personnel to persons with disabilities”.

National Guidelines and Manual on identifications and referral

Disabilities impact negatively on the lives of both children and adults with disabilities, hence the need for early identification and intervention strategies (MOPHS April, 2010). In order to bridge the service provision gap, the disability guidelines and manual on identification and referral of children with disabilities provides the basis for interventions.

The Mother and Child Health booklet

It is a comprehensive tool that interfaces the Antenatal, perinatal and postnatal periods with the infant and early childhood period, maintaining continuity and information integration on both the mother and the child. It provides for the monitoring of developmental milestones and identification of early childhood ailments. It separates growth monitoring of boys and girls since they grow and develop differently. It boosts knowledge as an information source for health workers, mothers and their families since it gives health information and feeding recommendations during sickness and care for development.

National School health policy and guidelines

Disability and special needs are major impediments to effective learning, social inclusion and integration. Children with disabilities and those with special needs tend to remain in the lower social stratum of communities. All children with disabilities and special needs should undergo an integrated assessment and screening process to facilitate their inclusion in a school environment. The programme provides for the mental and psychological health of all children with emphasis also on the vulnerable group especially those with disabilities.

Community Based Rehabilitation (CBR)

CBR provides an important intervention strategy for the rehabilitation and management of disabilities at all levels of service provision through the involvement of PWDs themselves, their families and existing community structures. It is in this regard that WHO developed CBR guidelines to implement the inclusive development strategy for PWDs focusing on Health, Education, livelihood, social and empowerment issues.

Conclusion

Many disabling conditions and diseases can be prevented or managed if detected early and treatment availed in good time. Good disease surveillance, proper diagnosis, availability of drugs, commodities and trained health care personnel are imperative. Improved maternal and child health care services can minimize disabilities in the community.

Public health programmes must emphasize the importance of disease prevention and education in environment management and nutrition. Injuries, trauma and violence and armed conflicts are avoidable. Prudent conflict resolution strategies and appropriate safety measures at home, work place, on the roads and institutions should be observed.

Effective early identification and intervention strategies should be based on multidisciplinary teams of professionals, accurate assessment of disabilities and clear referral systems. Such strategies should ensure full participation of persons with disabilities and their families.

The training of health workers and stakeholders will promote Rehabilitation programmes, quality services delivery and strategies. This will in turn accommodate the needs of all children and adults with disabilities to enable them achieve and maintain their optimum equal opportunity.



CHAPTER 1

Pre-Conception, Pregnancy, Newborn and Early Childhood

Preconception

This is the health of a woman before she becomes pregnant. It is important to know the health of a woman and the risk factors that can affect the woman and the unborn baby when she becomes pregnant. By taking action on health issues and risk factors before pregnancy, you can prevent complication that might affect the mother and the baby later .

Pregnancy

This is the fertilization and development of one or more offspring known as embryo or fetus in a woman's uterus. During pregnancy safe motherhood is advocated so that the mother receives high quality gynaecological care, family planning, counselling, prenatal care, delivery and postpartum care. In order to achieve optimal health for the mother, fetus and the new born.

Delivery

This is the process where the products of conception are expelled from the uterine cavity after 28 weeks gestation.

Postnatal

This is also known as puerperium. It is the period beginning one hour after delivery of the placenta up to six weeks. Post natal care focuses on the mental and physical health of the mother and the infant. The care includes counselling advice on breastfeeding, family planning, immunization, nutrition and the general health and care of the mother and the new born.

Early Child Hood

Early child hood is a remarkable period of physical, cognitive, social and emotional development in a child.

DEVELOPMENTAL MILESTONES

AGE	CARDINAL MILESTONES	OTHER MILESTONES
0 - 4 Weeks	Crying immediately after birth Able to breastfeed appropriately	
4 - 6 weeks	Social smile	
1- 3 Months	Head holding/ control	• Following object with eyes
2 - 4 Months	Extends hand to grasp toy/ objects	• Can turn from back to front • Turns towards the origin of sound • Tosses about hand & feet while lying on back
5 - 9 Months	Sitting	• Starts crawling • Starts laughing
7 - 13 Months	Standing	• Says b-ba, m-ma • Understands being cautioned or refused something • Can recognize anger or happiness
12 - 18 Months	Walking	• Says baba, mama • Begins to differentiate dangerous and friendly environments • Can identify different family members
9 - 24 Months	Talking	• Plays with other children • Can speak one word or more • Repeats what people say • Feeds self
24 - 60 Months	Feeds self using spoon, plate or cup	• Comfortably repeats what people say • Has feeling for self and others • Communicates needs not crying • Tries to help in household activity
6 - 12 Years	Able to communicate appropriately	• Reasoning power more advanced • Ready to learn other languages • Can perform more complex arithmetic • Can identify self with different people depending on interest

NB : Refer for assesement and intervention if a milestone delays beyond the average (normal) age limit

PRE-CONCEPTION

Anaemia	Prevention	Screening for Haemoglobin (HB) and calcium levels
	Early Identification	Screening for sickle cell disease
	Intervention	Genetic counselling
Congenital abnormalities	Prevention	Genetic make ups-screening for sicklecell, albinism, Retinoblastoma, Down's Syndrome
	Early Identification	Screening
	Intervention	Advocate for male involvement in Focussed Antenatal Care (FANC) from pre-conception
Rubella congenital syndrome	Prevention	- Rubella vaccination to the mother - Birth spacing with 2 years intervals
	Early Identification	Screening
	Intervention	Manage rubella and counsel on delay of conception
Maternal related deformities during delivery	Prevention	Advocate for safe motherhood between ages of (15-35 years). Healthy timing and spacing of pregnancy
	Early Identification	Screening
	Intervention	- Counselling - Focussed Antenatal Care - Skilled Delivery - Family Planning
Neuro tubal defects e.g. Spinabifida, hydrocephalus	Prevention	Supplements for folic acid
	Early Identification	Screening
	Intervention	Food fortification
Low birth weight	Prevention	Counselling on dangers of drugs and substance abuse
	Early Identification	Screening, Counselling and regular FANC visits
	Intervention	Avoid passive smoking, drugs and substance abuse e.g smoking, alcohol consumption
Gene mutations	Prevention	Advice on dangers of exposure to radioactive rays e.g. x-rays

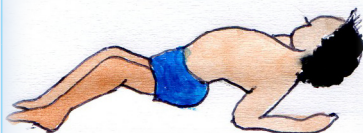
Teratogenesis (Congenital malformations)	Early Identification	• Screening
	Intervention	• Counselling
	Prevention	• Medication should be taken on prescription from qualified health worker
	Early Identification	• Screening
	Intervention	• Caution on use of medication without prescription from qualified health worker
PREGNANCY		
Congenital fetal malformations	Prevention	• FANC visit to be initiated immediately at 16 weeks from conception for early intervention and detection of any complications
	Early Identification	• Ultra sound
	Intervention	• Refer for further management
Premature Babies	Prevention	• Screening for Venereal Disease Research Laboratory (VDRL) and non-communicable diseases (NCDs) • Prevent traumas, injuries and domestic violence • Avoid substance and drug abuse • Avoid intensive psychological stress • Avoid strenuous activities • Counselling on Safe motherhood • Management of OE appropriately
	Early Identification	• FANC visits • Screening for non-communicable diseases
	Intervention	• Management of NCDs • Proper management of premature babies in newborn unit
Small for dates babies	Prevention	• Screening for VDRL • HIV testing • Prophylaxis fansidar • Use of long lasting insecticide treated nets (LLITNs) • Improve nutrition status of mother

	Early Identification	• Screen for malaria, ultra sounds and FANC visits
	Intervention	• Treat any ailments • Nutrition counselling • Counselling on right age to have babies • Enroll for Elimination of mother to child transmission (EMTCT) for HIV positive mothers. • Manage as per EMTCT guidelines
Neonatal tetanus	Prevention	• Immunization with the five scheduled Tetanus Toxoid Vaccine (T.T) to prevent neonatal tetanus • Monitor FANC visits • Delivery by skilled birth attendants
	Early Identification	• Check for signs and symptoms of tetanus immediately after delivery
	Intervention	• Management and Referral
Birth defect due to anaemia	Prevention	• Supplementation of iron and folate. • Nutritional counselling
	Early Identification	• Routinely check the Hb levels.
	Intervention	• Investigate the cause and manage as per guidelines. • Advice on proper nutrition
Osteogenesis imperfecta (brittle bones)	Prevention	• Food rich in calcium, iron and iodine. • Calcium and Iron supplementations
	Early Identification	• Routinely check Hb levels. • Full haemogram
	Intervention	• Investigate the cause and manage as per guidelines. • Training and counselling on how to handle the child
Birth trauma	Prevention	• Advocate for Individual Birth Plan (IBP) pg 40 community RH package for service providers) encourages individual to seek skilled attendance during delivery. • Avoid strenuous activities and injuries during pregnancies • FANC and Encourage simple exercises

	Early Identification	• Assessment
	Intervention	• Counselling • Referral

LABOUR AND DELIVERY

Foetal distress that causes Central Nervous System (CNS) damages.



Prevention	• Close monitoring of labour by proper use of a partograph. • Delivery by skilled birth attendant. • Ensure the newborn is kept warm (kangaroo) to prevent hypothermia. • In case of obstetric emergencies (OE) refer for appropriate management
Early Identification	• Proper use of partograph to identify and manage OE. • Failure to cry immediately after birth • Prolonged hoarse or high pitched cry • Inability to suckle • Body twitching
Intervention	• <i>Neonatal care and referral</i>

Birth traumas/Injuries

Prevention	• Proper history taking and close monitoring of labour • Delivery by skilled birth attendants
Early Identification	• Head to toe examination of the baby • Physical examination of mother
Intervention	• Management and Referrals

POST-NATAL

Maternal and Newborn Morbidity and Mortality

Prevention	• Early identification of disabilities and impairments • Assess and see how mother is breastfeeding the baby • Ensure the use of mother to child booklet • Give the birth dose of BCG and birth dose OPV (within two weeks of birth) if not given at birth and document.
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		• Advise mothers on importance of post-natal care in 2 weeks after delivery • Immunize the infant at 6 weeks with 1st dose of pentavalent, pneumococcal conjugate vaccine (PCV 10) and 1st dose of OPV. • Advise the mother on the importance of ensuring the child is fully immunized against vaccine preventable diseases before the child celebrates first birthday
	Early Identification	• Physical examination and assessment for any impairments that might not have been detected immediately after delivery • Check for BCG scar
	Intervention	• Vaccinate in absence of a BCG scar • Ensure the mother has received the mother and child health booklet and the vaccines given are documented. • Encourage immediate family planning within 4 weeks to allow for birth spacing to eliminate complications that can cause disabilities. • Appropriate referral in case of impairment and disability • Carry out a mental status assessment (MSA) on mother

EARLY CHILDHOOD (0-5 Years)

Childhood Impairments and Disabilities	Prevention	• Encourage exclusive breastfeeding for the first six months • Appropriate complimentary feeding • Continue breast feeding upto two years • Exposure to sunlight for Vitamin D • Encourage the mothers to avoid carrying babies from the back and instead carry from the front to reduce chances of acquired hip and leg deformities. • Ensure safe and child friendly home environment to stimulate cognitive development and safety
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		• Encourage socialization with other children, teachers and parents to observe for antisocial behaviours, hyperactivity and tantrums.
	Early Identification	• Test reflexes: Motor, Suckling, Auditory, Visual, Grasp, Startle, Babinski, Asymmetrical tonic reflex (ATR) and Rooting at birth. • Observe speech, hearing and visual difficulties • Observe for gross motor – head control and manipulation of objects (<i>Refer to developmental milestones as appropriate</i>)
	Intervention	• Assessment and Screening for disabilities and Referral as appropriate • Encourage exclusive breastfeeding for the first six months • Appropriate complimentary feeding • Exposure to sunlight for Vitamin D • Continue breast feeding upto two years • Encourage socialization with other children, teachers and parents to observe for antisocial behaviours, hyperactivity and tantrums. • Provide counselling services



CHAPTER 2

Late Childhood (6 -12 Years), Adolescents and Youth (13 – 24 Years)

Late childhood (6 -12 years)

The stages of development in this age group include; cognitive, moral, psychological and emotional traits, self concept, relationship to parents and other adults.

Cognitive Stage: Children in this developmental stage use logical thinking but with a very limited ability to extend logic to abstract concepts (e.g. the disdain for imaginative and illogical thinking of early childhood). At this point, they have accumulated a lot of general knowledge and have gradually developed the ability to apply learned concepts to new tasks. They also have a frequent interest in learning life skills from adults at home and elsewhere (e.g. cooking, fixing things, etc.).

Moral Development: Children in this developmental stage are predominantly focused in the needs and wants of themselves, although they have developed a conscience and move from thinking in terms of “What’s in it for me?” fairness (e.g. “If you did this for me, I would do that for you.”). They now want to gain social approval and live up to the expectations of people close to them. They tend to have a “Golden Rule” morality where they can take the perspective of others and may place the needs of others over their own self-interest. However, their moral thinking abilities are not always reflected in their behavior.

Psychological and Emotional Traits: Children in this developmental stage have a need to develop a sense of mastery and accomplishment with frequent interest in making plans and achieving goals. They learn from what parents and others do to make and fix things and have a tendency to be disorganized and forgetful. “Early onset of puberty is associated with lower self-control and emotional instability.”

Self-Concept: Influenced by relationships with family members, teachers, and increasingly by their peers, often relatively, children in this developmental stage have a low level of concern about their physical appearance (especially boys), although this is influenced by peers as well as the media. Many boys experience pressure to conform to “masculine” stereotype. Girls’ body image declines precipitously with puberty, especially with early onset puberty. Early onset puberty is also associated with lower self-control and emotional instability, especially for boys.

Relationship to Parents and Other Adults: Children in this developmental stage tend to be closely attached to parental figures. Parents increasingly need to involve these children in decision making while increasing responsibility with age. Most frequent conflicts occur over sibling quarrels and forgetfulness with respect to chores, schoolwork, and messiness, especially of their bedroom. A parental listening skill becomes increasingly important as the parent-child communication patterns can change with puberty. Many adolescents report that they cannot talk with parents about issues related to sexuality and they do not get needed information in sex education courses at school.

Adolescents and Youth (13-24 years)

Internationally, adolescents are broadly defined as young people between the ages of 10 and 24 years. Adolescents are a major demographic force. In Kenya it defines adolescents as young people between the ages of 13 and 24 years. Adolescent health could be defined as the optimal state of well being of the adolescents in all areas of human development, including physical, psychological, emotional, social and spiritual. Adolescence represents the period when young people attain puberty and experience the process of transformation into adulthood. At this stage, young people acquire new capacities, including sexuality and capacity to contribute to socio-economic development. These challenges are largely related to vulnerability to risks associated with behaviour change, which could have life-long implications on health, social and economic life of the adolescents. In this respect, it is generally recognised that appropriate planning and management of adolescent health has significant potential to contribute to overall socio-economic development at both country and global levels.

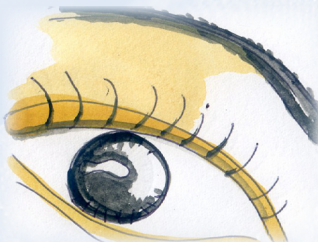
However, at the same time, they face new and peculiar challenges, which require appropriate support for them to survive and grow into healthy and responsible adults. They constitute a significant proportion of the sexually and economically active population, representing a major factor in the social, economic and human development agenda of the country. Largely due to the difficult socio-economic situation and the high disease burden, particularly the HIV&AIDS epidemic, adolescents are significantly exposed to various social, economic and health problems. Adolescents are also an important factor in the quest to achieve the Millennium Development Goals (MDGs), particularly those related to: the fight against malaria, HIV and AIDS, STIs and TB; reduction in child and maternal mortalities; improving nutrition; and education.

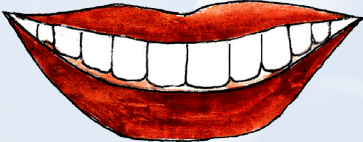
Even though adolescents have been mentioned in various National Policies and Strategies (e.g. *The Adolescent Sexual and Reproductive Health Policy*, *The National Youth Policy*, *The National Plan of Action*), issues of adolescent health and Youth with disability have not been adequately articulated and addressed. Further, there is little information on adolescent health with disability therefore, the basis for developing an appropriate training manual for health workers for national response.

LATE CHILDHOOD (6-12 Years)

Mental disability	Prevention	• Involve the parents/guardians in understanding their children's problems and how to cope with them through creating awareness • Encourage inclusive learning • Encourage them to socialize with other children • Be patient with them and utilize the five common senses that can be used for them to understand and internalize the issue
	Early Identification	Screen for ability to:- • Internalize things easily • Compare things, classifying or sorting items according to a specific criteria • Timely respond • Answer questions appropriately • Cope with different environments
	Intervention	• Provide tasks that they can deal with at a time. • Integrate sibling-parent group activities to improve knowledge and adjustment to mental disability • Ensure clarification and one to one support • Family counselling is effective and suitable for psychosocial rehabilitation in communities • Appropriate Referral • Seek clinical management and compliance • Community sensitization on mental health
Developmental delay	Prevention	• Immunization • Community sensitization on developmental milestones • Ensure proper Nutrition • Implement the School Health Programme • Family Counselling

	Early Identification	• Disease surveillance and control • Assessment of the developmental milestones
	Intervention	• Ensure Proper Nutrition • Provide assistive devices and support services as appropriate • Appropriate school placement, integration and inclusive environment • Intergrated management of childhood illnesses
Learning disability 	Prevention	• Enhance community awareness on proper nutrition • Community sensitization on learning disabilities • Avoid conflicts and trauma
	Early Identification	Assess for:- • Intellectual difficulties • Developmental delay • Sensory disorders • Limited creativity and imagination • Difficulty in managing school work
	Intervention	• Ensure Proper Nutrition • Appropriate school placement, integration and inclusive environment • One on one learning support
Intellectual disability	Prevention	• Ensure Proper Nutrition • Safe motherhood • Immunization • Proper hygiene • Proper management of childhood illnesses
	Early Identification	Assess for:- • Intellectual difficulties • Developmental delay • Motor and Sensory performance • Difficulty coping with social norms

	Intervention	• Ensure Proper Nutrition • Encourage early childhood education • Promote inclusive education • Promote adaptive skills in communicating with others, health and safety, and social skills • Encourage independence in the child • Encourage peer mentorship • Family support
Hearing Impairment 	Prevention	• Immunization • Proper management of childhood illnesses • Sensitizing the public on dangers of loud noise • Avoid injuries to the ear drum
	Early Identification	• Assess for difficulties in verbal communication • Failure to acquire speech • Capping the ear in the direction of sound • Stares at the speakers face seemingly reading the lips of the speaking person • Audiometric assessment
	Intervention	• Adhere to the National Immunization Schedule • Use of hearing devices or grommets • Teaching of sign language as means of communication. • Treatment in case of conductive hearing loss • Prompt treatment of ear infections
Visual Impairment 	Prevention	• Immunization • Regular eye check up for all children • Create awareness on side effects and exposure to electronic visual devices and bright light • Sensitize communities on substances that cause visual impairment • Provision of vitamin A supplementation and proper nutrition • Ensure handwashing and proper hygiene • Encourage the implementation of school health programmes

	Early Identification	• Screen for Squint eye, Cataract, Trachoma and other eye infections • Poor eye sight or complete blindness • Protecting eyes from excessive light • Withdrawal from peer group
	Intervention	• Provide corrective lenses and photo chrome lenses • Use of white cane and teaching of Braille in order to assist them in their learning. • Encourage the consumption of vitamin A fortified foods and proper nutrition • Training on orientation and mobility skills • Management and appropriate Referral
Speech Impairment 	Prevention	• Immunization • Oral health care • Disease control
	Early Identification	Assess for:- • Speech difficulties (Stutter, stammer, complete loss of oral communication) • Hearing impairment
	Intervention	• Speech therapy • Refer to Ear, Nose and Throat (ENT) Clinic or dental surgeon • Encourage and train on sign language • Encourage social integration
Non communicable Diseases	Prevention	• Create awareness on healthy lifestyle and proper nutrition. • Periodic screening for non-communicable diseases • Consumption of micro-nutrients rich fortified foods
	Early Identification	• Screening for non-communicable diseases
	Intervention	• Quality health education and service. • Growth monitoring, counselling and referral for school age children • Management and appropriate Referral

ADOLESCENTS AND YOUTH (13-24 Years)

Psychological disorders



Prevention

- Create awareness on coping mechanisms, decision making, effective communication, interpersonal and stress management skills
- Create awareness to the youth and community on the harmful effects of drug and substance abuse.
- Avoid physical and psychological exposure to harmful or potentially harmful circumstances/situations
- Encourage open communication between parents, children and others.
- Control and management of non-communicable and communicable diseases
- Promote social activities e.g. sports

Early Identification

Assess for:-

- Insomnia (loss of sleep)
- Denial
- Self negligence and low self esteem
- Anorexia (lack of appetite)
- Withdrawal
- Suicidal tendencies

Intervention

- Promote social activities e.g. sports and dialogue/debates.
- Create awareness on coping mechanisms, decision making, effective communication, interpersonal and stress management skills
- Comprehensive evaluation to identify physical and psychological complications for prompt care
- Refer for psychological assessment, counselling or medical care
- Create awareness among parents/ guardians/ community on understanding signs of psychological disorders

Drug induced psychosis	Prevention	• Link youth with 'youth friendly services' • Engage the youth in positive life skills behaviour • Encourage the formation of social support groups • Community sensitization on drug and substance abuse
	Early Identification	Assess for:- • Insomnia (loss of sleep) • Denial • Self negligence and low self esteem • Hostility and aggression • Withdrawal • Suicidal tendencies • Stupor • Grandeur • Kleptomaniac • Tendency for multiple sex partners
	Intervention	• Enforce laws that limit the production and distribution of substances of abuse • Psychosocial support from family and community • Refer to rehabilitation for care and management
Non- communicable diseases and Injuries	Prevention	• Improved hygiene and proper sanitation in the community • Routine screening for NCDs • Sensitize on the use of Healthy diet and positive healthy behavior. • Awareness and adherence to road safety rules • Avoid domestic violence and conflicts • Physical exercises
	Early Identification	• Screen for non-communicable diseases • Provide adequate diagnosis • Do physical examination for any injuries
	Intervention	• Periodic check up for NCDs • Provide initial treatment of the underlying conditions • Commence rehabilitation of the particular condition

		• Counseling sessions • Refer for further appropriate management. • Dietary counselling and nutritional education • Physical exercises • Timely and appropriate management of injuries
Reproductive Health Problems	Prevention	• Create awareness on reproductive health. • Screening for HIV, STIs and NCDs • Life skills education.
	Early Identification	• History of sexually transmitted infections and routine investigations • Physical examination
	Intervention	• Provide RH services - STI treatment, post abortion care and care after delivery. • Youth friendly services guidelines and life skills education.
Relationships	Prevention	• Information and counseling on psycho-social health problems • Involve the youth and adolescent on developmental issues and decision making in the community.
	Early Identification	• Psycho-social health screening and assessment
	Intervention	• Parents and teachers to involve children in open conversations with life skills counselling. • Involvement of youth, adolescents, parents and teachers in community development activities.



Harmful cultural practices	Prevention	• Sensitization on the effects of harmful cultural practices among parents, guardians and community. • Creation of awareness on family planning, safe sex and utilization of RH services. • Sensitization on Youth friendly clinics/services. • Open communication between parents, guardians and the youth • Information on retrogressive cultural practices that violate health rights • Community awareness on risks associated with Female Genital Mutilation (FGM) and unhygienic Male Circumcision
	Early identification	• Evidence of such harmful cultural practices e.g. FGM, Underage marriages • High prevalence of school drop outs • Forced/Early marriages • High prevalence of unwanted pregnancies, STIs and abortions
	Intervention	• Encourage social behaviour change communication to address retrogressive cultural practices • Enhance sex education in schools and community • Encourage the youth to access youth friendly clinics/services • Strengthen and encourage formation of peer counseling groups.



CHAPTER 3

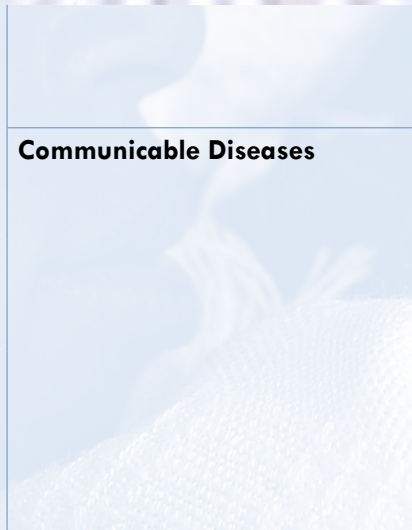
Disabilities in Adulthood (25 - 59 Years)

Background to Common disabilities within the cohort

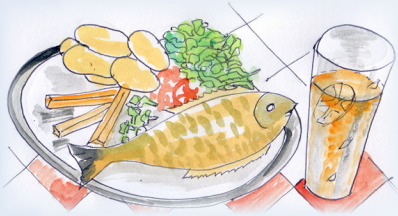
This is the most productive age group involved in various economic activities and includes the reproductive ages. Young adults require support to complete their education and develop work skills; Middle aged and other adults with disabilities including those with chronic NCDs and HIV/AIDS require information to prevent other disabilities, treatment and rehabilitation; Older persons with disabilities may want to continue working and therefore would require Support services, Treatment, Assistive devices, training and rehabilitation to enable them to maintain their daily quality of life.

According the KNSPWD'S, 2007, it was noted that 4.6 percent of the Kenyan population has some form of disability. Slightly more females (50.4%) than males (49.6%) had some form of disability. Diseases were found to be the leading causes of disabilities (19%), followed by congenital causes (14%) and accidents at (12%). The high disease burden in rural areas is a major cause of about a quarter of disabilities in those places. 25 percent of the people with disabilities experience moderate difficulties which results into restriction in Activities of Daily Living (ADL).

Violence, RTCs and Injuries	Prevention	• Raise Community awareness on RTCs, Violence, Falls and related incidences • Observe fire and road safety regulations • Create awareness about fire and associated dangers • Conduct regular emergency fire drills • Sensitize the workers on use of protective gear and encourage employers to provide conducive and appropriate working environment
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		• Counseling of Workers to adhere to Safety Precautions at Work Place • Adherence to road safety rules • Carry out regular assessment of the working environment to establish the level of safety and compliance • Enhance domestic and community dispute resolution.
	Early identification	• Gather available History to make correct diagnosis • Carry out assessment to establish level of injury • Routine Screening of workers to identify any form of postural impairment or disability and predisposing factors • Identify cause and classify the degree of burns
	Intervention	• Provide basic first aid and emergency trauma care • Provide initial treatment and aseptic techniques • Provide support in case of any fracture, spinal injury or damage to the skin • Appropriate Referral for further management
Communicable Diseases	Prevention	• Promote health education on communicable diseases. • Provide routine medical check ups
	Early identification	• Assess past medical history to establish any infections through specialised tests such as lab tests and x-rays and make diagnosis
	Intervention	• Break chain of infection through contact tracing • Put patient on appropriate treatment • Monitor patient progress through return visits • Provide continuous patient counselling • Management and appropriate referral

Lifestyle diseases 	Prevention	• Health education and promotion • Enhance moral values among the community. • Regular exercises
	Early identification	• Screening for health conditions relating to general lifestyles • Provide adequate diagnosis.
	Intervention	• Provide timely and appropriate treatment based on the diagnosis. • Provide counselling to clients on their lifestyle and effects on their health. • Dietary counselling and nutrition education
Stress 	Prevention	• Sensitize the community on income generating activities and other opportunities. • Encourage social integration activities in the community e.g. sports and leisure. • Community empowerment in stress management • Sensitization on drug and substance abuse • Family counselling
	Early identification	Assess for the following:- • Loss of self esteem due to lost employment, rejection by family and lost love. • Withdrawal • Lack of appetite and sleep • Denial • Self negligence e.g. not taking a bath • Use of drugs and substance abuse and anti social behaviors.
	Intervention	• Individual and Family counselling support services. • Refer to agencies dealing with employment, marriage and family life. • Provide linkages for support groups



CHAPTER 4

Disability in Elderly Persons (60 Years & Above)

Diseases of the elderly are broadly classified into four major categories. Middle age; 45 - 59 years, elderly 60 – 74 years old, 75- 90 years and very old over 90 years. This is in line with the World Health Organization (WHO). The common ailments in this cohort are mainly of degenerative origin, cardiovascular as well as muscular-skeletal. Other common conditions include trachoma, hearing impairment, poor oral hygiene, mental disabilities, communicable diseases and psycho-social disorders.

This chapter presents the health worker with information required for prevention, early identification and intervention of disabilities.

Non communicable diseases 	Prevention	• Health promotion and education • Dietary counselling and nutrition education • Routine exercises • Regular medical check ups
	Early identification	• Screening to identify any underlying degenerative disorders. • Specialized medical investigations e.g. X-rays and Lab investigations to make diagnosis
	Intervention	• Provide appropriate treatment and medical/social rehabilitation. • Provide assistive devices and supportive services • Initiate Home and community based care program. • Encourage home and community based socio-economic activities • Counseling services. • Refer for further management.

Common Complications



Prevention

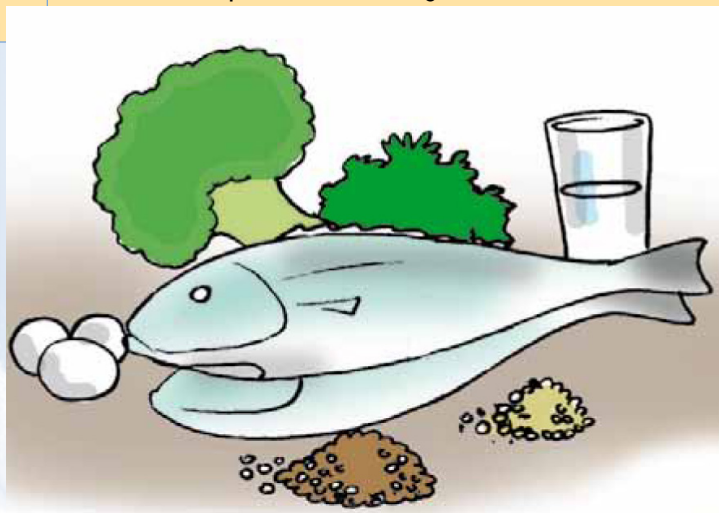
- Sensitize the community on complications experienced by the elderly and the need for regular screening.
- Encourage the Elderly and their Family members to seek medical intervention when they notice any complications.
- Improve environmental sanitation and safety, encourage personal hygiene and provide adequate nutrition.

Early identification

- Screening to identify the underlying health complications.
- Specialized medical investigations.
- Make proper diagnosis.

Intervention

- Provide appropriate treatment, medical and social rehabilitation.
- Encourage Home and community based care programs.
- Provide counselling support services.
- Refer for specialized management and nutritional



Reducing the prevalence of disabilities and mitigating the effects of impairments through improved maternal and newborn care, empowering health workers and greater community awareness.

