

What is child health?

Child health encompasses physical, mental and social well-being of children under the age of five. The leading causes of under-five deaths are pre-term birth complications, pneumonia, birth asphyxia, diarrhoea and malaria. Malnutrition contributes to nearly half of all under-five deaths. All these conditions contribute hugely to child impairments too and have a disproportionate impact on children who do survive, however there have been relatively few initiatives that target child morbidity.

In the SDGs era child health is covered in a comprehensive way and it is part of a wider initiative called the Global Strategy for Woman, children and adolescent health.

QUICK FACTS

- The global under-5 mortality rate dropped from 91 deaths per 1000 live births in 1990 to 43 in 2015.
- There are at least 93 million children with disabilities in the world.
- 3.2 million children develop disabilities related to birth defects every year.
- Cerebral Palsy is the most common motor disability in childhood.

Who are the main stakeholders?

Families and children | **Service providers:** Rehabilitation centers & related structures managed by NGO, international NGO, child health public services | **Ministries:** Health, Social Affairs, Education | **National professional organisations** of rehabilitation specialists | **International professional organisations** such as the International Association of Pediatrics | **International bodies:** the World Health Organization, the UNICEF, international NGOs.

Common impairments and activity limitations related to child health?

Birth defects, left untreated, can be significantly disabling. Injuries, including falls, drowning, burns and road traffic injuries, are the third cause of death and lifelong disability among children aged 5-15. Children might be affected by conflict related injuries such as amputation and sensory impairments following mine explosion, severe fractures caused by shrapnel and bullets or environmental destruction (houses, schools, roads...).

- **Birth defects** range from bone, joint and soft tissue abnormalities such as club foot, developmental dislocation of the hip or cleft lip/palate or brachial plexus paralysis; congenital limb deficiencies; neurological disorders such as hydrocephalus, spina bifida; or sensory impairments such as congenital cataracts and genetic deafness.
- **Cerebral palsy** may arise as a result of intrauterine brain damage or as a consequence of a hemorrhage during

childbirth. It affects a child's abilities according to the different brain areas affected (fine and gross motor ability, speech and cognitive, etc).

- **Developmental delays** can also result from premature birth, impairments, malnutrition, physical illness, and the living conditions of the child (abuse, lack of stimulation).
- **Burns, falls and injuries: Non-fatal falls** result in significant Disability Adjusted Life Years (DALYs) lost. **Road traffic injuries** are a leading cause of disability for children aged 10-19. Non-fatally injured children may live with a disability that affects their social development, their education, and/or their ability to participate to community life.

★ What can rehabilitation do?

The main focus of rehabilitation approaches for child health is to ensure that activity limitations are minimised and child development optimised. It involves many rehabilitation professionals: nurses, midwives, OT, PT, orthotist and prosthetist, speech therapist, orthoptists, psychologist, physicians, CBR workers, social workers... Some problems like congenital limb deficiencies or other congenital problems may require highly specialised services.

Different examples of rehabilitation across the care cycle

Prevention

- Family education on risks related to at risk pregnancies and delivery, lack of vaccinations, non-adapted nutrition, lack of hygiene, exposure to toxics...
- Prevention of the onset of complications directly linked to the impairment, or secondary to the lack of relevant care (providing good seating support and postural management in order to prevent permanent contractures that would further hinder movement and function).
- Timely identification of atypical or delayed development so intervention can start early, taking advantage of increased neuroplasticity during the first years of life.
- Education on child development for health staff, community workers and families, namely on stimulation of malnourished children after the recovery, as malnutrition is the cause of more than half of the cognitive delays.

Diagnosis

- Child development milestones monitoring, referral to specialized rehabilitation services for case management, audiometry and vision screening, genetic diagnostic...

Treatment

- Different range of interventions according to the various impairments detected: correction of club foot, training of age-appropriate functional activities for a child with a neurological impairment, mobility, functional and physical activity interventions, prosthetic and orthotic services, providing mobility aids for a child with motor impairment, speech therapy, support for communication and language development for children with cleft lip and palate...
- Involvement with families, teachers and other care givers to enable coordinated goals and collaborative relationships.

Care and support

- Continuous psychosocial support and counselling for children, families and community, towards social participation (family, education, sport and leisure...).
- Parents' and children's groups to support child development and share of experience among parents and care taker.
- Information about possible medical and rehabilitation treatment for neuro-motor and sensory impairments.

Data collection

Appropriate data collection related to child health in order to:

- Give more visibility to the rehabilitation needs and also the consequences on quality of life and economic impact,
- Lobby the responsible duty bearers.



Case study: cerebral palsy in Haiti



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Humanity & Inclusion offers services to children with cerebral palsy in Port-au-Prince. A pediatric physiotherapist and an orthotic technician provide consultations for children with cerebral palsy and their parents. The same team delivers adapted chairs that encourage their development and improve their function, and visits the families at home to ensure the chair is being used correctly and advice/exercises used accordingly to child and family situation.

Mella is a very lively little girl of 18 months, she was born with cerebral palsy and requires constant care and attention. Her mother spends nearly every waking moment with her helping her to develop and interact.

"I can't work because I have to be with my daughter all the time, she cannot be left alone," she explained.

In June 2014, after having carried out a series of costly tests to find a solution to her daughter's disability, Mella's mother found her way to the centre run by Healing Hand, one of Humanity & Inclusion's partners. Humanity & Inclusion's team provided Mella with an adapted chair so she would no longer live constantly lying down on the floor, but would be able to sit up encouraging her to interact with the people and things around her. They also trained the mother to use games and routine activities to help Mella learn and develop. A community worker is regularly visiting the family to check on the child and the family, and identify potential needs for referral (assistive devices, pain...).



Global policy and guidance for child health and rehabilitation

Sustainable Development Goal SDG 3 (2015) - target 3.2 and target 2.2 | Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 | The United Nations Decade of Action on Nutrition 2016-2025.