



**USAID**  
FROM THE AMERICAN PEOPLE



## Facts/Misconceptions

Statement	Check if True	Check if False
1. A mother does a better job when she feels confident about her abilities to provide care.		
2. The brain develops more rapidly when the child first enters school than at any other age.		
3. Young children learn more by trying things out and copying others than by being told what to do.		
4. A father should talk to his child, even before the child can speak.		
5. Before a child speaks, the only way the child communicates is by crying.		
6. A baby can hear at birth.		
7. A baby cannot see at birth.		
8. Physical punishment is good for babies' learning and development.		
9. A child drops things just to annoy the father and mother.		
10. A child begins to play when she or he is old enough to play with other children.		
11. Children can learn by playing with pots and pans, cups, and spoons.		
12. Talk to your child, but do not talk to the child while breastfeeding. It will distract the child from eating.		



## Milestones

Developmental Milestones Reached by Year 1			
Social/Emotional	Language/Communication	Cognitive	Motor/Physical
Has favorite people (like caregivers, siblings, friends).	Responds to simple requests.	Follows simple directions (like "Drink your water").	Can sit up without help.
Cries when caregivers leave.	Uses simple gestures (like shaking head no).	Explores things in different ways, like shaking, banging, and throwing.	Pulls up to stand and walks by holding onto furniture.
Has favorite objects (like a ball or a stick).	Tries to say words caregivers say.	Finds hidden things easily.	May take a few steps without holding on.
Shows fear in some situations.	Has names for caregivers (like "mama").	Copies gestures (like clapping).	May stand alone.

Developmental Milestones Reached by Year 2			
Social/Emotional	Language/Communication	Cognitive	Motor/Physical
Plays mainly beside other children.	Says sentences with two to four words.	Plays simple make-believe games.	Stands on tiptoe.
Shows defiant behavior.	Follows simple instructions.	Might use one hand more than the other.	Begins to run.
Shows more and more independence.	Points to things or pictures when they are named.	Completes sentences and rhymes in familiar stories/songs.	Climbs onto and down from furniture without help.
Copies others, especially adults and older children.	Knows names of familiar people and body parts.	Finds things even when hidden under two or three covers.	Can kick items such as balls or sticks.

Developmental Milestones Reached by Year 3			
Social/Emotional	Language/Communication	Cognitive	Motor/Physical
Copies adults and friends.	Can name most familiar things.	Engages in pretend play.	Climbs well.
Shows a wide range of emotions.	Follows instructions with two or three steps.	Copies a circle (on paper or in dirt).	Runs easily.
Can be apart from caregivers more easily.	Talks well enough for strangers to understand most of the time.	Understands what "two" means.	Walks up and down stairs, one foot on each step.
Can take turns.	Can talk using two to three sentences.	Turns book pages one at a time.	

Source: Division of Birth Defects, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention



**USAID**  
FROM THE AMERICAN PEOPLE



## Disability Categories

Intellectual Disability	Physical Disability	Sensory Disability
This disability refers to limits in cognitive function.	This disability refers to limits in motor function.	This disability refers to limits or dysfunction in the five senses, with vision and hearing loss being main concerns.
Examples include Down syndrome and some autism spectrum disorders.	Examples of this disability include paralysis and loss of limbs.	Examples include blindness and deafness.
Six-month-old Jacob has this disability and does not show affection to his parents (he does not smile or cuddle them).	Ten-month-old Esther cannot sit up, even with the help of her dad. She does not have enough strength or balance.	Eighteen-month-old Charlie does not seem to notice when his mom leaves or enters the room. He also does not respond to sounds or noises around him.



**USAID**  
FROM THE AMERICAN PEOPLE



## Early Warning Signs

Intellectual Disability	Physical Disability	Sensory Disability
Disordered sleep (sleeping too much, sleeping too little)	Extremely tight muscles in some areas	Indifference or inattention to loud noises
Extreme aggression	Extremely weak or floppy muscles	Unable to follow object with eyes
Talking late or having trouble with talking	Poor balance	Frequent eye squinting or rubbing



## Therapy Cheat Sheet

Occupational	Physical	Speech/Language	Orientation and Mobility
<p><b>Goal:</b> Participate in everyday activities.</p>	<p><b>Goal:</b> Reduce pain, restore function, and prevent further disability.</p>	<p><b>Goal:</b> Improve communication and swallowing.</p>	<p><b>Goal:</b> Travel through environments safely and as independently as possible.</p>
<p><b>Concern:</b> Baby drops most items after a few seconds.</p> <p><b>Exercise:</b> Squeeze balls for hand strength.</p>	<p><b>Concern:</b> Baby is very weak and floppy and cannot sit up while supported.</p> <p><b>Exercise:</b> Use tummy time on towels to increase strength. Dangle toys to encourage baby's movement.</p>	<p><b>Concern:</b> Baby will only eat very soft foods, such as boiled yams or pureed beans.</p> <p><b>Exercise:</b> Safely place foods with different textures in baby's mouth for oral stimulation.</p>	<p><b>Concern:</b> Child who is blind often bumps into objects when walking.</p> <p><b>Exercise:</b> Practice in home with bright lights and in the darkness.</p>
<p><b>Concern:</b> Baby always cries when being swung side to side.</p> <p><b>Exercise:</b> Move a child gently back and forth for sensory processing.</p>	<p><b>Concern:</b> Baby's muscles are very tight and appear to be curling in.</p> <p><b>Exercise:</b> Use stretching and massage to increase mobility and reduce pain.</p>	<p><b>Concern:</b> Baby does not respond to loud noises; hearing loss is suspected.</p> <p><b>Exercise:</b> Teach baby simple sign language to communicate.</p>	<p><b>Concern:</b> Child who is blind only wants to be carried in his parents' arms and does not want to walk on his own.</p> <p><b>Exercise:</b> Safely touch everyday items to understand surroundings.</p>
<p><b>Concern:</b> Baby becomes extremely upset during diaper changes.</p> <p><b>Exercise:</b> Gently and slowly rub different textures on the baby's hands, feet, legs, tummy, arms, and cheek.</p>	<p><b>Concern:</b> Baby can only walk on balls of feet (tiptoe walk).</p> <p><b>Exercise:</b> Gently flex baby's toes toward head to provide a leg stretch.</p>	<p><b>Concern:</b> Baby does not babble at 9 months.</p> <p><b>Exercise:</b> Play games that involve eye contact and turn taking with highly motivating toys.</p>	<p><b>Concern:</b> Child who is blind does not follow directions (such as slow down, turn right, etc.).</p> <p><b>Exercise:</b> Play games that involve following directions, such as left, right, forward, and backward, for spatial awareness.</p>



## Therapy Role Play

- **Physical Therapy:** Practice side-lying play. The child is positioned to lay on his or her side, and the parent introduces different toys to play in this position (the parent can be seated). Help the child turn to the other side. Side-lying play helps with strength and body awareness (specifically midline awareness).
- **Orientation and Mobility:** Blindfold the child to simulate vision loss. As the child holds the parent's elbow, guide the child around the room and help him/her feel different objects in his/her path. Describe it to him/her in detail. This activity helps the child become aware of his/her surroundings to encourage safe and independent travel.
- **Occupational Therapy:** Gently grab slightly above and slightly below the child's ankle. Gently push into the joint and back out. Practice this with the wrists and elbows. This helps the child with body awareness. Joint compressions are also known to have a calming, soothing effect.
- **Speech/Language Therapy:** Memory boxes are filled with items that represent activities of the day. For instance, if the child and parent went to the grocery store, they may include a bus ticket, a grocery bag, and a juice box. Using the memory box, recount the events of the day. Allow the child to explore each object as you describe it. Gently brush the object on the child's hands and arms. This activity help with memory, building vocabulary, and tactile stimulation.



**USAID**  
FROM THE AMERICAN PEOPLE



## A Spectrum of Abilities and Levels

Severe Disabilities		
Intensive dosage and frequency	Children may progress through developmental stages very slowly,	May not achieve all milestones.
Moderate Disabilities		
Dosage and frequency are high	Children slowly progress through stages.	May not achieve all milestones.
Mild Disabilities		
Dosage and frequency slightly higher than typical	Children progress through stages within a slightly longer than typical range of several months.	Will likely achieve all milestones.
Typical Development		
Activities integrated into daily routines	Children progress through appropriate stages within the typical range of a few months.	Achieve all milestones.



## Coaching Guidelines

These guidelines help frontline workers support parents and families implementing the home activities with their children. Health workers should take no more than 5–10 minutes on this part of the visit.

1. **Open:** Explain that you are conducting a home visit to follow up on support for the young child with disabilities.
2. **Joint review and planning:** Review the activity and ask how the parents will carry out the activity step-by-step.
3. **Observe:** Ask the parents to show you the activity.
4. **Sandwich feedback:** Praise the parents, expand on the activity (demonstrate again if needed) and explain the benefits of the therapeutic early stimulation.
5. **Counseling to solve problems:** Address the parents' questions or issues.
6. **Close:** Schedule the next visits. Thank the parents and the family. Encourage the parents to go to the clinic if needed and practice the activities at least once a day, but preferably several times a day. All children learn from and like repetition.