Unique Developmental Screening Programme

National Children's Day is celebrated on 1 November. Lori Michelson, Colleen Adams and Maylene Shing King from the Children's Institute, University of Cape Town, examine an evaluation of the Developmental Screening Programme (DSP), unique to the Western Cape.

The early years of life constitute a unique period for influencing children's development. This benefit of early identification and the management of children with development of delay or disability is well documented. However, decentralized programmes for the early detection of developmental disabilities are uncommon in the developing world. In South Africa, child development and disability often take a backseat to the treatment of leading causes of childhood morbidity and mortality.

In December 1999 the Western Cape Province (Minister of Child and Women's Health sub-department) launched the Developmental Screening Programme (DSP) as a formal policy within the province. During the only one of its kind in South Africa, the programme comprises a standardized screening system to identify undiagnosed or unexpected developmental problems in pre-school children. Since their introduction, health services throughout the province have adopted a number of different methods, including diagnostic tests, developmental screening and questionnaires, to evaluate the status of the application of the existing screening tools.

The Children's Institute, University of Cape Town, commissioned the evaluation.

The Evaluation Process

The intention of the evaluation was to document the background, the development and the implementation of the DSP in the Western Cape Department of Health. A combination of quantitative and qualitative data was gathered in players at all levels of the health system (provincial, regional and district levels), using a number of different methods. In addition to documentary and literature reviews, information was gathered via structured interviews with key health managers at provincial and regional levels, and by means of rapid facility surveys and facility-based assessments.

Data collection at health facilities included interviews with nurses and managers to obtain a profile of the facility, clinical observations of developmental screening, interviews with groups of health workers, conducting exit interviews with caregivers and accounting recorders.

National Children's Day

The Evaluation Results

The programme's successful development

In taking developmental screening to the Western Cape, the MOH (Western Cape) and the Provincial Department of Health set up a multipurpose, multi-provincial and inter-departmental team to develop a DSP for the Western Cape. In 1999, the team successfully launched its development, and the first phase of implementation was completed. The team addressed a number of key issues in the development of the DSP:

- The team identified the importance of training health workers in the management of developmental screening.
- The team identified the need for ongoing support to health workers.
- The team addressed the need for ongoing support to families.
- The team identified the need for ongoing support to facility-based workers.
- The team identified the need for ongoing support to management.
- The team identified the need for ongoing support to programme managers.

Challenges in the Current Delivery of the Programme

The great need for developmental screening and overall awareness of developmental screening is still not implemented, uniformly across the province. The evaluation revealed that almost a quarter of health facilities are not conducting any developmental screening and only 11% of facilities conduct developmental screening according to protocol. Programme-specific issues include:

- Only half of the facilities conducting developmental screening have formal training. Much of the training was provided initially by the Provincial Training Task Team (PMTT), headlined by the provincial director.
- Recording of developmental screening results is not always according to protocol. For example, 30% of children are still referred by primary care. Standardized forms are not always used.
- Few children have been identified with developmental disabilities and accessible information for health professionals remains a problem.
- Monitoring and evaluation is problematic because children are not referred according to standard referral forms. For example, 30% of children are still referred by primary care. Standardized forms are not always used.
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In conclusion

The DSP is an example of a strong, well-developed and much-needed programme whose delivery has been hindered by numerous challenges within the broader health system. Among the research, policy and administrative implications that emerged from this study, the following recommendations are made.

1. More training is needed for health workers on the delivery of the DSP. The training is effective delivered but needs to be more individualized. Staff should be given case studies and real-life examples of situations where the programme is being conducted.
2. More support is needed for health workers. This includes ongoing support from management, ongoing support from colleagues and ongoing support from families.
3. More support is needed for families. This includes ongoing support from management, ongoing support from colleagues and ongoing support from families.
4. More support is needed for facility-based workers. This includes ongoing support from management, ongoing support from colleagues and ongoing support from families.
5. More support is needed for programme managers. This includes ongoing support from management, ongoing support from colleagues and ongoing support from families.

Impact of the Health System on the Delivery of the DSP

The impact of the Health System on the delivery of the DSP has been found to be systematic. In some cases, where the delivery of the DSP is not being done, it has been the result of a lack of facilities with the programme. In other cases, the delivery of the DSP has been hindered by a lack of support for families. This has resulted in the delivery of the DSP being done by health workers who are not well trained in the delivery of the DSP. This has resulted in the delivery of the DSP being done by health workers who are not well trained in the delivery of the DSP.

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