

Unique Developmental Screening Programme



National Children's Day is celebrated on 1 November. **Lori Michelson**, Colleen Adnams and **Maylene Shung 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. The benefits of early identification and the management of children with developmental delay or disability are well documented.

However, standardised programmes for the early detection of developmental disability are uncommon in the developing world, where 10 to 12% of children are disabled. In these countries, child development and disability often take a backseat to the treatment of leading causes of childhood mortality and morbidity.

In December 1999 the Western Cape Province (Maternal, Child and Woman's Health Sub-directorate (MCWH)) adopted the Developmental Screening Programme (DSP) as a formal policy within the province. Being the only one of its kind in South Africa, the programme comprises a

standardised screening system to identify undiagnosed or unsuspected developmental problems in pre-school children. Since its introduction, health workers throughout the province apply standardised screening tools to screen children for moderate and severe disabilities when they visit health facilities for their immunisations at 6 weeks, 9 months and 18 months.

Much interest has been expressed in the development of a further tool for the 2 to 5 year age group. But, before initiating this process and before responding to other provinces' requests for access to the Western Cape's DSP, the Provincial Reference Group (MCWH Sub-directorate) behind the development and implementation of the programme decided to evaluate the status of the application of the existing screening tools.

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

The Evaluation Process

The evaluation was aimed at documenting the background, the development and the implementation of the DSP. It further intended to describe the current delivery of the programme, and determine barriers and success factors within the implementation process. It also focused on submitting recommendations on the DSP to the Western Cape Department of Health.

A combination of quantitative and qualitative data was gathered in stages from 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 structured interviews with nurse managers, attending focus groups with health workers, conducting exit interviews with caregivers and recording reviews.

The Evaluation Results

● The programme's successful development

In taking developmental screening forward in the Western Cape, the MCWH Sub-directorate in the Provincial Department of Health set up a multidisciplinary and inter-departmental Provincial Reference Group (PRG) for Developmental Screening in 1996. The study found that the rapid and smooth implementation of the programme could be attributed to the multidisciplinary and inclusive nature of the PRG, the high level of input from health workers "on the ground" and the input from professionals from academic institutions. In addition, the dedication and commitment of the PRG (Deputy Director of MCWH) chairperson and the core training task team also deserve credit for the successful implementation of the programme.

● Overall awareness of the DSP
Provincial and regional health managers interviewed for this study felt that there was a general awareness about DSP at all health facilities. These were confirmed by both the rapid facility survey and the in-depth health facility visits. The telephonic survey revealed that 100% of the 44 health facilities interviewed were indeed aware of the DSP, with the extent of awareness varying from facility to facility.

● Value of developmental screening and the DSP
The evaluation showed that the introduction of the DSP in the Western Cape received strong support from service managers and providers alike, despite the fact that developmental screening does not enjoy national, provincial or local priority. Curative services are taking precedence over preventive and promotive services, including developmental screening.

Health workers throughout the province that participated in this study unanimously voiced the need to conduct developmental screening, citing early detection as a strong

motivation for this activity. Health workers expressed their gratitude for the development of standardised screening methods and lauded the DSP and its component tools and guidelines for their simplicity, ease of use, time-effectiveness and comprehensive content. Despite various constraints in delivering developmental screening, health workers insisted that it must continue. As one health worker put it, "It is necessary because you never know. Problems may be found in one of 100 but it will be good to pick up that one. You are helping that person to be an abled person."

Challenges in the Current Delivery of the Programme

Despite the great need for developmental screening and overall awareness, developmental screening is still not

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implemented uniformly across the province. The evaluation revealed that almost a quarter of facilities do not deliver any developmental screening and only 11% of facilities conduct developmental screening according to protocol. Programme-specific issues hindering delivery are:

● Only half of the staff delivering developmental screening has formal

Impact of the Health System on the Delivery of the DSP

The majority of constraints in the delivery of the DSP were found to be systemic rather than programme-specific in nature. Where delivery is not taking place, it is not because of problems with the programme itself, but predominantly because of multiple challenges and barriers within broader health care provision. These findings are not unique to this particular evaluation. Recent studies evaluating other maternal and child health programmes within the province reached similar conclusions. Various systemic factors were cited as constraints in the delivery of such programmes:

■ Transformation of health services: Smooth implementation of the DSP has been marred by years of restructuring. The delivery of comprehensive Primary Health Care (PHC) has deteriorated with the focus of service delivery currently on curative services to the detriment of preventive/promotive services.

■ Organisation of service delivery at PHC facilities: Contrary to the "one-stop shop"

philosophy, the DSP is more effectively delivered by dedicated staff at set times.

■ Staff and staff capacity: Low staff levels and consequent work pressures in health facilities impact negatively on staff morale and the quality of service delivery.

■ Training: Major gaps and inequities in training departments/authorities exist, resulting in little ongoing support for staff.

■ Referral system: Problems with the overall referral system (on all levels of care) exist, including lack of standardised protocols and feedback between levels of care.

■ Intervention/response to developmental screening: Despite Government commitment to the realisation of the rights of disabled children and the delivery of rehabilitation services, these services are still not largely in place.

■ Monitoring and evaluation: There is an overall lack of structures for monitoring and evaluating programmes and weaknesses in health information.

■ Monitoring and evaluation is problematic because children are not referred according to standard referral forms, no register is available of children with identified problems in terms of developmental screening and

Provincial Routine Monthly Report (RMR) data lacks value and meaning.

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