

The Western Cape Screening Programme For Developmental Disabilities In Pre-School Children: Results of an Evaluation

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The Children's Institute (CI) spans in its work the research, policy and advocacy environments. The CI's Child Health Services Programme has contributed to numerous national and provincial policy development processes over the years. The programme has engaged with all phases of the policy development cycle by identifying relevant issues/problem areas, researching the area, hosting policy roundtables and then following up with further research, policy development, policy implementation and evaluation. One such policy process is the Developmental Screening Programme, discussed here.

Background

In December 1999, the Western Cape Province (Maternal, Child and Woman's Health Sub-directorate, MCWH) adopted the Developmental Screening Programme (DSP) as formal policy within the province. Being the only 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 have delivered developmental screening, which involves the use of standardised screening tools to screen children for moderate and severe disability when they visit health facilities for their immunisations at 6 weeks, 9 months and 18 months.

Much interest has now been expressed in the development of a further tool for the 2 - 5 year age group. But before initiating this process and before responding to other provinces' requests for access to the Western Cape DSP, the Provincial Reference Group (MCWH Sub-directorate) behind the development and implementation of the programme decided to evaluate the status of the delivery of the existing tools. In 2001, the Children's Institute, University of Cape Town, was commissioned by the MCWH Sub-directorate to evaluate the implementation of the DSP in the Western Cape.

The Evaluation Process

The evaluation was aimed at documenting the background to, as well as the development and implementation, of the DSP. It further intended to describe the current delivery of the programme, and to determine barriers and success factors within the implementation process. Finally, it also focused on making recommendations on the DSP to the Western Cape Province 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 a provincial and regional level, and by means of a rapid facility survey and facility-based assessments. Furthermore, data collection at health facilities included structured interviews with nurse managers to obtain a profile of the facility, clinical observations of developmental screening, focus groups with health workers, exit interviews with caregivers, and record reviews. Information gathered from interviews and focus groups was analysed thematically, while rapid facility survey results were analysed via the computer programme EpiInfo.

The Evaluation Results

Successes in the current delivery of the programme

Successful development and the key role of the Provincial Reference Group

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. Furthermore, the dedication and commitment of the chairperson of the PRG (Deputy Director of MCWH) 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 a general awareness regarding the DSP exists across health facilities. These impressions 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. Furthermore, all nine facilities visited for in-depth assessment indicated

an awareness of the programme, 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 amongst service

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managers and providers alike. This is despite the fact that developmental screening does not enjoy national,

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provincial or local priority, as curative services are taking precedent over preventive and promotive services, including developmental screening.

Health workers throughout the province who 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 may not know. It can be one in 100 but it will be good to pick up that one. You are helping that person to be able to be an abled person."

Challenges in the current delivery of the programme

Despite the great need for developmental screening and the overall awareness of the DSP in the WC, developmental screening is still not uniformly implemented across the province. The evaluation revealed that:

- Almost a quarter of facilities do not deliver any developmental screening.
- Only 11% of facilities conduct developmental screening according to protocol.

Programme-specific issues hindering delivery

- **Training:** Only half of the staff delivering developmental screening have received formal training, much of which was provided initially by the Provincial Training Task Team (MCWH & Reference Group Members).
- **Recording of developmental screening results** is not always done according to protocol, i.e. on the Road-to-Health Card and in the patient records.
- **Referrals** are often not according to protocol. For example, 30% of children are still referred directly to tertiary level. Standard referral forms are often not used.
- **Identification and intervention:** Few children have been identified with developmental disability and accessible intervention (rehabilitation services) remains a great problem.

The majority of constraints in the delivery of the DSP were found to be systemic rather than programme-specific in nature

- **Monitoring and evaluation** is problematic because children are not referred on standard referral forms, no register of children who have failed developmental screening is available, and Provincial Routine Monthly Report (RMR) data lacks value and meaning.

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. Delivery is not taking place – 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 have all been 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 provisions.
- **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 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.

Conclusion

The DSP is an example of a strong, well-developed and much-needed programme where delivery has been hindered by numerous challenges within the broader health system. Amongst the research, policy and service implications which have emerged from this study, it has been recommended to the Western Cape Department of Health that major health system reform take place before the DSP can be further expanded.

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