

Wezesha Watoto: Implementation of Clinic-Based Developmental Screening in Kenya

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Background: The importance of child developmental screening is gaining increased traction within low-resourced settings, but little is known about the implementation of screening programs within clinical systems. This study aimed to evaluate the acceptability, feasibility, fidelity, and sustainability of integrating a child developmental screening tool in a maternal and child health (MCH) clinic in western Kenya.

Methods: This implementation study takes place within infrastructure of Academic Model Providing Access to Healthcare (AMPATH). Developmental screening was integrated into MCH care in September 2021 and is ongoing for children ages 18-36 months with perinatal HIV exposure. Feasibility, sustainability, and fidelity are measured with weekly time-motion analysis of clinic flow and daily clinic record review. Acceptability, feasibility, and sustainability were evaluated using semi-structured interviews of caregivers and clinic staff, completed at baseline and 6 months post-implementation. Mixed methods data were analyzed using descriptive statistics, thematic coding, and triangulation.

Results: Since onset, 187 children were screened (69.8% of eligible children), with rate of screening consistent over time. Average time to complete screening is 5.4 minutes and decreasing over time. Perceived time of screening was inflated at baseline (≈ 16 min) and 6 months (≈ 20 min). Facilitators to screening included staff teamwork and caregiver cooperation. Lack of time and child's mood were barriers. Caregivers appreciated others' concern for their child's development and noted ease in answering questions. Staff's remarks were congruent, while emphasizing the need for motivating incentives for children and staff. At 6 months, staff noted screening had become routine. They desired feedback on performance and provided ideas for improvement. Caregivers frequently asked about availability of assistance if potential delays are identified during screening.

Conclusion: The integration of developmental screening is aided by positive perceptions from both clinic staff and caregivers. Regular retraining, staff feedback, and referral resources may optimize integration. Research evaluating cost effectiveness is needed.]