

Improving the early development of children through quality health care

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Ensuring that the package of services provided during the first 1 000 days is more comprehensive, and includes the services envisaged in the Nurturing Care Framework and the ECD Policy, will require substantial changes in how services are organised, delivered and monitored.

Global initiatives and commitments increasingly emphasise the importance of Early Childhood Development, and its role in ensuring that young children not only survive, but also thrive. Globally, 2017 and 2018 saw several important commitments to increased investment in Early Childhood Development, while the Nurturing Care Framework (launched during the 71st World Health Assembly) provides a multi-sectoral action framework for improving delivery of services to young children and their families. In South Africa, the National Integrated Early Childhood Development Policy, adopted by Cabinet in 2015, lays out a multi-sectoral approach to promoting the health, nutrition, development and well-being of young children.

These commitments recognise the critical role played by the health sector and assign specific responsibilities to the sector, especially with respect to the first 1 000 days of life, starting from conception. This expanded mandate is challenging for the health sector, which has historically focused on providing a package of child survival services, frequently delivered as vertical programmes.

As a first step, the National Department of Health has redesigned the Road to Health Booklet and placed it at the centre of a campaign that aims to promote and support nurturing care. Known as Side-by-Side, the campaign supports parents, caregivers and healthcare workers to provide holistic care to young children and their families. While currently focused primarily on behaviour-change communication, the Side-by-Side initiative also provides a structure for mobilising health workers (especially community health workers) to promote and support a more comprehensive approach to child health and well-being.

In this chapter, relevant global strategies are reviewed, including the Global Strategy for Women's, Children's and Adolescents' Health, the Nurturing Care Framework, and the South African Integrated Early Childhood Development Policy. The chapter reveals how the health system is responding to local and global scientific evidence and policy through the Side-by-Side Campaign. Lastly, an outline is given of the health-system strengthening efforts required to enable the health sector to fulfil the 'survive and thrive' agenda for young children.

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Introduction

Child survival, growth, health and development are inextricably linked. Children whose mothers are healthy and well-nourished, and who are provided with nurturing care, are more likely to reach their full developmental potential and to lead healthy, productive lives.¹ The period from conception to age 2 - 3 years is a particularly critical and sensitive period in child development, particularly development of the brain, with consequences for adult health and well-being. This period of heightened receptivity and plasticity of the brain is when interventions to promote optimal health and development have the most benefit, when adverse experiences and exposures can exert the most harm, and when early intervention to reduce risks to poor health, growth and development are the most cost-effective.²

Recognition of the importance of the first 1 000 days has coincided with substantial improvements in child survival. Globally, between the years 2000 and 2018 the number of under-five deaths fell from 9.8 million to 5.3 million (and from 77 to 39 deaths per 1 000 live births).³ Improved coverage of maternal and child survival interventions, often provided as vertical programmes, has played an important role in this reduction. However, it is estimated that 43% of children under five years of age (an estimated 250 million children) living in low- and middle-income countries remain at risk of suboptimal development due to poverty and stunting, both established risks to child development.^{2,4,5} A similar situation pertains in South Africa, where under-five mortality fell from 77 per 1 000 live births in 2000 to 37 per 1 000 live births in 2017.³ However, many children fail to reach their full potential, as evidenced by high levels of stunting⁶ and suboptimal educational outcomes.⁷ Recent estimates show that 38% of South African children under the age of five years are at risk of poor development based on their exposure to stunting or extreme poverty.⁸

Improved scientific understanding of the long-term implications of poor growth, adversity and poor nurturing during the first 1 000 days and the context of declining child mortality combine to challenge the health sector to work towards not only ensuring that children survive, but that factors that limit their long-term health and development are addressed. While some of the interventions are not traditionally 'health interventions', the health sector, working in collaboration with other sectors, is best placed to deliver services to pregnant women and young children, especially during the first 1 000 days,^{9,10} and increasingly the expanded mandate of the health sector is being articulated in policy documents and commitments on a global and national level.

This chapter starts by outlining some of the important commitments and initiatives that promote the importance of Early Childhood Development (ECD) for the health sector. These are summarised in Table 1. This provides the background, demonstrating how the South African health

system is responding to local and global scientific evidence and policy through the Side-by-Side Campaign and related efforts. Lastly, an outline is given of some of the health-system-strengthening efforts required to enable the health sector to fulfil the 'survive and thrive' agenda for young children.

Global commitments

The SDGs and global strategy

The Sustainable Development Goals (SDGs) build on the Millennium Development Goals (MDGs) in a changed and more complex world.¹¹ Now, in the digital era, everything is interconnected, including new health threats to humans and the environment, and there is growing inequality. In September 2015, 193 countries agreed to a set of development goals that are bolder and more ambitious than the MDGs. The underlying theme of the 17 SDGs and their 169 associated targets is the commitment to ending poverty, and to leaving no one behind.¹¹ Target 4.2 seeks to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education; however, childhood development is intrinsic to many of the other goals, most pertinently expressed in SDG 1 (No Poverty), 2 (Zero Hunger), 3 (Good Health and Wellbeing), 5 (Gender Equality), 6 (Clean Water and Sanitation), 10 (Reduced Inequalities) and 16 (Peace, Justice and Strong Institutions).^{11,12}

The goals and targets of the Global Strategy for Women's, Children's and Adolescents' Health 2016 - 2030 (namely to 'Survive, Thrive and Transform') are aligned with the SDGs and designed to emphasise how, if achieved, they will enable SDG commitments.¹³

The Nurturing Care Framework

The Nurturing Care Framework was launched at the 71st World Health Assembly in 2018.¹⁴ It situates ECD in the context of both the SDGs and the Global Strategy and articulates the addition of the 'thrive' and 'transform' dimensions to the 'survive' dimension, as these pertain to young children. Building on the 2017 Lancet Series 'Advancing Early Childhood Development: From Science to Scale',¹⁵ the Framework advances the notion of nurturing care^{2,16,17} to describe what young children need to enable them to survive and thrive, and for their environment to be transformed.

The Framework is based on the five components of nurturing care, namely good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for children to satisfy their innate capacity to learn. For the youngest children, nurturing care is provided by parents and caregivers. However, parents and caregivers need a facilitating and enabling environment of community support, and supportive services and policies to enable them to provide for young children.¹⁴

The Framework advocates for five strategic actions, namely leadership and investment; a focus on families and communities; strengthening of services; monitoring of progress; and improved data and innovation.¹⁷ It also emphasises that the health sector has the greatest reach among parents and young children; that many existing health interventions (e.g. nutritional supplements and Kangaroo Mother Care) have proven benefits for childhood development; and that several examples show that additional interventions, including those that specifically promote ECD, can feasibly and affordably be integrated into or delivered alongside reproductive, maternal, newborn, child and adolescent health services.¹⁶ The health sector should, therefore, not only ensure that women and young children have access to good-quality health and nutrition services, it should also ensure that services are supportive of nurturing care. Services should prioritise families and children at greatest risk of suboptimal outcomes and ensure that children with developmental difficulties and disabilities receive specialised services (Box 1).

The Nurturing Care Framework, together with a progress report on ECD as part of the Global Strategy, and the ECD Countdown Country Profiles,⁷ enable countries to take action in accordance with their priorities, resources and what is feasible. Globally, both ECD and the Nurturing Care Framework have found resonance. At its Argentina meeting, the Group of Twenty (G20) adopted an Initiative for Early Childhood Development.¹⁸ The initiative is convinced that early childhood is one of the most significant and influential phases of life, especially the first 1 000 days, and it underscores the importance of responsive care and early learning and stimulation in the family as the natural and best environment for the growth, development and well-being of children. Further, the G20 calls for increased investment, leadership, monitoring and accountability, and international co-operation and data sharing. In support of the initiative, a recommendation has been made for 1% of gross domestic product (GDP) investment in ECD, with assistance from donors for countries that cannot afford it.¹⁹

Table 1: Key global and national ECD policies and commitments

Global policies and commitments	
Global Strategy for Women's, Children's and Adolescents' Health (2016 - 2030) ¹³	<ul style="list-style-type: none"> • Provides a roadmap to achieve the right to the highest attainable standard of health for all women, children and adolescents in line with the commitments in the SDGs • Aims to transform the future and ensure that every newborn, mother and child not only survives, but thrives
Nurturing Care Framework ¹⁴	<ul style="list-style-type: none"> • Articulates the <i>Thrive</i> and <i>Transform</i> dimensions as they pertain to young children • Outlines the five dimensions of nurturing care, namely: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities to learn • Identifies the key components of an environment that enables nurturing care focusing on families, communities, services and policy
G20 Initiative ^{18,19}	<ul style="list-style-type: none"> • Calls for increased investment, leadership, monitoring and accountability, and international co-operation and data sharing • Recommends that 1% of GDP be invested in ECD
National policies and commitments	
National Development Plan ²⁰	<ul style="list-style-type: none"> • Prioritises the provision of ECD services to vulnerable families as a key means for equalising opportunities and building human capital • Calls for improved access to quality early learning services (including introduction of two years of universal pre-school learning) • Recognises that benefits from pre-primary interventions will be constrained without support for ECD during the first 1 000 days
National Integrated Childhood Development Policy ²²	<ul style="list-style-type: none"> • Sets out clearly defined national commitment and allocation of associated departmental responsibilities • Assigns responsibility for provision of services for children 0 - 2 years to the DoH; these services include healthcare and nutrition programmes; prevention; early detection, intervention and rehabilitation; parenting support; opportunities for learning; and social welfare and protection services
State of the Nation address 2019 ²³	<ul style="list-style-type: none"> • President Cyril Ramaphosa announced the introduction of a second year of early childhood development for all children before they enter Grade 1, and the migration of responsibility for ECD centres from the Department of Social Development to the Department of Basic Education

ECD commitments in South Africa

The importance placed on early childhood is reflected in a number of key national plans and policies in South Africa.

National Development Plan

South Africa's National Development Plan (NDP) 2030 commits to allocating public resources to advance an inclusive development agenda.²⁰ It aims to reduce both poverty and inequality through development of the country's human capital, with a focus on equal opportunities, and the social and economic inclusion of historically marginalised people. The NDP identifies quality ECD as a fundamental building block in its vision. The provision of ECD services to vulnerable families is prioritised to improve possibilities for children trapped in inter-generational cycles of poverty and inequality so that they can develop to their full potential, and in so doing, drive inclusive and sustainable development of the country.

In prioritising ECD in national development, the NDP aligned itself with the Apex priorities articulated during the 2008 State of the Nation Address.²¹ However, the Apex priorities equated ECD with early learning services, leading to an emphasis on increased access to ECD centres to benefit children primarily three years and older, with the Department of Social Development taking the lead.

In contrast, the NDP adopts a wider, developmentally supportive understanding of ECD. It prioritises the provision of a comprehensive suite of ECD services, with particular emphasis on ECD services with the greatest potential to equalise opportunities. These include services in the first 1 000 days, notably maternal health and nutrition, infant health and nutrition, early development screening, family support, and support for early learning from birth. While the NDP recognises the value of improved access to and quality of early learning

services (and indeed calls for the introduction of two years of universal pre-school learning), it recognises that benefits from interventions aimed at supporting pre-primary learning (in ECD centres or other settings) will be constrained in the absence of support for ECD during the first 1 000 days. Although various government departments are accorded responsibilities for the early childhood period (0 - 2 years), the Department of Health is accorded a co-ordinating role.

Integrated ECD policy

The NDP's ECD vision has been translated into a clearly defined national commitment, and associated departmental responsibilities have been allocated through the National Integrated Early Childhood Development Policy.²²

The Policy acknowledges that it is the responsibility of Government to provide comprehensive ECD services to ensure that all children survive and develop to their full potential. It commits to providing a comprehensive age- and developmental stage-appropriate quality ECD programme for all young children and their caregivers by 2030. It commits to the universal provision of key services identified as most effective in equalising historical developmental disadvantages, with priority given to historically disadvantaged young children.²²

The Policy prioritises the provision of equalising and developmentally supportive ECD programmes that have "not been universally available and are not accessed by especially vulnerable children", especially in the first 1 000 days.²² These include food and nutritional support; parenting support; early care, early learning and development, especially for the youngest children, and for children living in poverty and in under-served areas; inclusive and specialised ECD services for children with disabilities; and information and education on ECD.

The ECD Policy places the primary responsibility for spearheading provision of services for young children (0 - 2 years) on the health sector. In terms of the Policy,

Box 1: Health sector actions and responsibilities as outlined in the Nurturing Care Framework

- Ensure that women and young children have access to good-quality health and nutrition services.
- Make health and nutrition services increasingly supportive of nurturing care.
- Increase outreach to families and children with the greatest risk of suboptimal outcomes.
- Establish specialised services for families and children with developmental difficulties and disabilities.
- Collaborate with other sectors to ensure a continuum of care.

Source: WHO, UNICEF, World Bank Group, 2018.¹⁴

the National Department of Health (NDoH) is responsible for “the provision of the health and nutrition programmes for pregnant women, infants and children; for parenting support programmes; and for increasing opportunities for learning and play for children from birth to two years, through health facilities and home visits by community health workers for children at risk of poor development outcomes”.²²

The responsibilities of the NDoH are spelt out in detail to include the duty to provide:²²

- Healthcare and nutrition programmes, notably free basic preventive, promotive and curative health care, and nutritional counselling, education, supplementation and support to secure the healthy mental and physical development of young children.
- Prevention and early detection, intervention and rehabilitation to ensure that children do not suffer from avoidable disabilities or developmental delays; to this end there must be routine maternal and young child screening at facility, community and home-based ante- and post-natal care visits.
- Parenting support to enable parents and caregivers to optimise the development of young children across all domains through the provision of education and information to improve parental knowledge; capacity and practices for development must include specialised support for children with developmental delays and disabilities.
- Opportunities for learning and play from birth to the age of two years through home visits by community health workers in the case of children at risk of poor development, and through routine visits to health facilities.
- Social welfare and protection services, including the provision of information; screening and referrals for birth registration; access to grants; and protection against family violence and/or child abuse, substance abuse, poverty and other developmental risk factors.

State of the Nation Address

In his 2019 State of the Nation Address, President Cyril Ramaphosa announced the introduction of a second year of ECD for all children before they enter Grade 1, and the migration of responsibility for ECD centres from the Department of Social Development to the Department of Basic Education.²³

While the focus on improving school readiness through better access to early learning programmes is to be welcomed, it must continue to be complemented by efforts to support caregivers, families and communities to promote early learning as part of nurturing care at household and community levels.

Child health services in South Africa

While the health sector provides a well-defined package of preventive and curative services that address the leading causes of child mortality,²⁴ it has not historically provided a number of the services envisaged in the ECD policy and/or Nurturing Care Framework at scale. In addition, ECD is still largely understood in the South African context to be about early child care and education delivered to children aged 3 - 5 through ECD centres. Responsibility for the care of young children (0 - 2 years) is largely assigned to families, with support from health services with regards to survival, growth and health, but not development or learning.¹⁰ Health sector policy makers and implementers within the health sector, who have historically focused on provision of routine health services, are challenged to review their approaches and roles in light of these broader goals.

The NDoH has begun the process of re-engineering child health service provision, with support from partners with experience in ECD, child health and communication. While currently focused primarily on behaviour change communication, the new Road to Health Booklet (RtHB) and Side-by-Side initiative also provide a structure for mobilising health workers (especially community health workers) to promote and support a more comprehensive approach to child health and well-being.

The new Road to Health booklet

The RtHB is a widely accepted and used tool to improve child health and nutrition. More than one million RtHBs enter households each year, and more than 98% of caregivers of young children report having received a booklet or similar record.²⁵ Although previous versions of the RtHB have included health-promotion messages and information on child development, the booklet has primarily been used as an immunisation record, with little attention being paid to other aspects of child growth and development.

The new RtHB positions itself as a key resource for caregivers and healthcare workers. It is designed around five pillars that are conceptualised and presented as the five things that children need to grow, to be healthy, and to reach their full developmental potential (Box 2). These themes are aligned with the five components of the Nurturing Care Framework; however, as the RtHB is an individual health record, more emphasis is placed on individual than on population or environmental factors. Each pillar contains information and key messages aimed at ensuring that young children have access to the full range of nurturing care services at both health facilities and in their homes. The RtHB also serves as a more detailed tool and guide for health workers on the goals of their work and how to structure their interactions with young children and their caregivers.

Side-by-Side Campaign

The Side-by-Side Campaign aims to ensure that the messages in the RtHB reach caregivers of young children and provide them with information and support to improve nurturing care. The central message of the campaign is: “You are central to your child’s nurturing, care and protection – and their lifelong health outcomes. Your health worker is there to support you.”

The name “Side-by-Side” describes the supportive relationship between a child and his or her caregiver, as well as the relationship between healthcare workers and other practitioners who support and advise caregivers. Side-by-Side aims to convey the concept of partnership and togetherness, and speaks to the shared child-rearing journey that caregivers embark on with their children and all those who help and support them.

The key components of the Side-by-Side Campaign are shown in Table 2. It should be noted that to date more emphasis has been placed on communication interventions than on all other components.

What still needs to be done?

Over the next three to five years, the new RtHB and Side-by-Side Campaign will provide a platform to improve nurturing care, and to expand and strengthen the package of services provided to young children and their families through the health system. However, for this to be realised, a number of issues will need to be addressed.

Shifting the paradigm: leadership and partnership

Despite the ECD Policy, ECD still tends to be understood as being about preschool and centre-based care, with less attention being paid to learning. At the same time, the child health agenda is still primarily led by the need to reduce

mortality, and it continues to focus on provision of vertical child survival interventions, with less attention paid to other mandates contained in the ECD policy. While this is to some extent related to the constrained fiscus that limits capacity to introduce additional services, it also reflects a failure to shift the service delivery paradigm from ‘survive’ to ‘survive and thrive’.

Progress made with the RtHB redesign and the Side-by-side Campaign have been successful through co-ordinated partnerships between the DoH, civil society, academia and implementation partners.²⁶ Further advancements in building a foundational system of support for health workers, parents/caregivers, civil society and the private sector to promote nurturing care, will require development of a shared vision, strategic leadership and visible commitments, including financial, across the health and other sectors.

Defining and providing a first 1 000-day service package

As previously noted, coverage has improved significantly for many key maternal and child survival interventions although further improvements are still required to ensure that all mothers and children receive the services. However, more attention needs to be paid to providing services that support caregivers who provide nurturing care, and it will be important to ensure that these form part of national health insurance service benefit packages.

Such services include provision of screening and mental health support for pregnant women and mothers; parenting support to promote nurturing care; strengthened childhood development screening and support services; and targeted and/or specialised support and care for young children at risk of poor development, or with developmental difficulties, disabilities and/or long-term health conditions, as well as support for their families.

Strengthening child development services is an important priority. Currently, child development is seldom assessed

Box 2: Five themes in South Africa's new Road to Health Booklet, 2018



Nutrition Good nutrition is important for you and your child to grow and be healthy. It starts with breastfeeding.



Love Your child learns by looking at you, and from being held close to you; it is important to love, play and talk with your child.



Protection Your child can be protected from disease and injury by being immunised and by playing in safe places.



Healthcare Your child needs help from you or a health worker when sick or injured.



Extra care Your child may need special care or support, and knowing what to do and where to go will help both of you.

at routine child health consultations or when children are hospitalised. Where child development screening occurs at PHC level, quality is variable and the response to detection of developmental concerns and referral is not consistent.

Where children are identified as having developmental difficulties or disabilities, responsive, high-quality, individualised and family-centred assessment and care are required, offered by trained health workers within and beyond health facilities. Rehabilitation services are thinly spread, with shortages of appropriately skilled staff and resources to conduct assessments and provide follow-up care.^{27,28}

Provision of the full package of services, as outlined in the ECD policy, will also require improved linkages and collaboration between different sectors. Social welfare and protection remain the responsibility of the Department of Social Development, although the health system has an important role to play in improving access to these services through early identification and referral of at-risk children and families. The most challenging services to provide are those that require collaboration from different sectors at an operational level, and more work needs to be done to better define the respective roles of different sectors and how these sectors should work together in providing an integrated service. For example, the health sector is well-placed to provide general information and support aimed at improving parenting skills; however, intervening to protect children from abusive parents remains the responsibility of social development services. Roles and responsibilities need to be defined both broadly, and at local levels, in order to ensure that the needs of vulnerable children and their families are met.

Reorganisation of health services

Moving from a 'survive' to 'survive and thrive' paradigm within the health sector, demands a significant shift in how services are organised and delivered. Ideally, mother and child services should be provided together rather than as separate services to facilitate more integrated consultations that include a focus on psycho-social aspects of care. The 'three-stream' concept introduced by the Ideal Clinic initiative provides an opportunity for this. Nevertheless, health facilities will have to be reorganised significantly to achieve this.

Strengthening the role of community health workers

Over the past two decades there has been an increasing focus on providing a continuum of care, from homes and communities to clinics and hospitals. Community healthcare workers already provide a range of services to mothers and children and are extremely well placed to expand these services to provide the full-range of ECD services, as outlined in the Nurturing Care Framework and ECD Policy. As noted above, the community health worker scope of work has been aligned with the RtHB pillars. However, community health workers will only be able to fulfil this role if maternal and child health are seen to be a core focus of their work, and appropriate support systems are put in place.

Reorientation of other health workers

Shifting from an emphasis on 'survive' to 'survive and thrive' will also require a shift in the way health workers interact with children and their parents during well- and sick-child consultations, with more emphasis on empowering mothers and other caregivers to provide the full range of nurturing care. It is imperative that parents/caregivers are recognised

Table 2: Components of the Side-by-Side Campaign, South Africa, 2019

Component	Intervention	Current progress and activities
Demand-side interventions	Mass communication	<ul style="list-style-type: none"> Radio drama and question-and-answer sessions broadcast on 11 SABC radio stations in 10 official languages. These shows reach an estimated 4.2 million listeners per week Booklets with the RtHB messages are available in all official languages Caregivers can download an electronic version of the RtHB (which also delivers postnatal MomConnect messages) Side-by-Side Facebook page and website
Supply-side interventions	Providing comprehensive ECD services at PHC facilities	<ul style="list-style-type: none"> RtHB support materials for healthcare workers are being developed An integrated mother-baby package of health care for the first 1 000 days will be defined Defining childhood development services in PHC facilities, as well as referral networks and co-ordination mechanisms
	Ensuring that community health workers play a key role in providing comprehensive ECD services	<ul style="list-style-type: none"> The scope of work for community health workers has been aligned with the five RtHB pillars

ECD = early childhood development; PHC = primary health care; RtHB = road to health booklet.

by health workers as key partners in this endeavour and that sufficient time is spent on health, nutrition and development counselling, collective problem solving and shared decision making around the care of their children.

Ongoing efforts and resource commitments are required to support health workers to promote comprehensive, integrated and nurturing care in all their interactions with children and their families. This requires better linkages with and influence on the curriculum and education of all health workers involved in the care of children. This learning must be reinforced with ongoing supervision and mentorship, through continuing professional development and the availability of appropriate support tools and materials.

Monitoring and evaluation

Public health efforts around child health remain primarily focused on mortality (and morbidity) reduction, and thus priority child health indicators are still linked to this agenda. In addition, current indicators of childhood development used in routine monitoring systems or national survey instruments are largely inappropriate to measure implementation and progress toward improving nurturing care through the health system. New indicators and audit instruments need to be developed. Routine monitoring and audits will ensure that newer additions to the child health package (delivered as envisaged through the RtHB) are implemented consistently.

Conclusions

Progress has been made in reducing mortality and in ensuring that South African children have access to key child survival interventions. Nevertheless, most South African children continue to face adversity, and many are at risk of poor health and human capital outcomes in childhood, adolescence and adulthood. This has significant immediate and long-term impacts on our society at an individual and population level.

As child mortality reduces, and consistent with the 'survive, thrive, transform' agenda, the health sector has both the obligation and the opportunity to develop and implement a more comprehensive understanding of and approach to child well-being.

Some progress has been made, as noted in the shift in communication, with more information being provided to caregivers regarding all aspects of the Nurturing Care Framework through the new RtHB and the Side-by-Side Campaign. Ensuring that the package of services provided during the first 1 000 days is more comprehensive and includes the services envisaged in the Nurturing Care Framework and the ECD Policy will require substantial changes in how services are organised, delivered and monitored. However, without this paradigm shift it will be

difficult to break the repeated cycles of adversity, and improve the health, nutrition and well-being of most of South Africa's children.

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