

# Ensuring that mothers and young children survive and thrive: The role of the health sector

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The National Integrated Early Childhood Development Policy highlights the important role of the health sector in ensuring the well-being of mothers and the optimal development of children, especially during the first 1,000 days of life (from conception until a child's second birthday). The Policy, which was approved by Cabinet in 2015, envisages an expanded role for the health sector, with the sector expected to contribute to early childhood development not only through improving the coverage and quality of existing health and nutrition services and interventions, but also through introduction of additional interventions to ensure the current and future well-being of mothers and children.<sup>1</sup>

The health sector has significant experience in provision of vertical, survival-focused services, and because of the overlap of risk factors for child survival and development, many of these traditional health sector interventions already contribute towards ensuring that mothers and children thrive. Nevertheless, this expanded role in promoting the well-being of mothers and nurturing care of young children, requires a paradigm shift to re-imagine and restructure health services at hospital, clinic and community levels.<sup>2</sup> Areas which require greater emphasis include maternal mental health, nutrition, child development and the provision of more comprehensive services for children with physical and learning disabilities.

This chapter reflects on what has changed with regards to the health and nutrition of women and children since the launch of the National Integrated Early Childhood Development Policy (NIECD Policy) in 2015. The first part of the chapter considers the policy arena with a focus on the evolution of the global policy discourse around the need to ensure that mothers and young children thrive, and how this is then reflected in global and national commitments and frameworks which inform South Africa's maternal and child health policies, strategies and interventions.

The second part of the chapter reflects on current health and nutrition outcomes, as well as recent progress in extending provision of an essential package of health and nutrition services for mothers and children. It then considers how the

South African health sector has introduced new initiatives to respond to its expanded mandate and the thrive agenda.

The third part of the chapter identifies key gaps and recommends how to strengthen services to enhance the survival, health and development of mothers and young children.

## What is the latest global guidance on maternal and child survival and well-being?

Over the past 10 years a number of global commitments, frameworks and guidelines have been developed that have the potential to enhance the survival and well-being of mothers and children.

### The Sustainable Development Goals

The adoption of the NIECD Policy coincided with the declaration of the Sustainable Development Goals (SDGs), which define global priorities and aspirations for 2030, and provide a basis for achieving equity, prosperity and sustainable growth. As such, the SDG goals and targets aim to create an environment and services that enable young children to reach their full potential, and ensure that "no child is left behind". As a whole, the goals focus on broad socio-economic transformation<sup>3</sup> with an emphasis on a whole-of-society and whole-of-government approach and closer intersectoral linkages to build human capital and address the social determinants of health. This approach dovetails with evidence that approximately 50% of gains in women's and children's health in low- and middle-income countries since 1990 has resulted from progress in non-health sectors.<sup>4</sup>

### The Global Strategy for Women's, Children's and Adolescents' Health

The importance of ensuring both survival and well-being is also reflected in the Global Strategy for Women's, Children's and Adolescents' Health 2016 – 2030,<sup>5</sup> which aims to provide a roadmap for achieving the SDGs related to the health of women, children and adolescents. The strategy focuses on three main

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objectives: (1) Survive: Ending preventable deaths in mothers, newborns and children; (2) Thrive: Ensuring health and well-being; and (3) Transform: Expanding enabling environments. While the survive and thrive agendas have been incorporated into health policy discourse both globally and in South Africa, less attention has been paid to the transform pillar – which includes efforts to eradicate extreme poverty, violence and discrimination, and enhance access to water, sanitation and education – within mainstream health policy discourse.

### The Nurturing Care Framework

While the global health community recognises that its role in ensuring that mothers and children both survive and thrive is key to building human capital and achieving the SDGs,<sup>6</sup> translating this paradigm shift into the design and delivery of frontline health services requires deliberate and systematic attention and action.

The Nurturing Care Framework (NCF), which was launched at the 71st World Health Assembly in 2018, aims to assist countries in translating the vision of nurturing care into action, and re-orientating their health systems to provide a more comprehensive approach to early childhood development.<sup>7</sup> The framework identifies five key components that young children require to thrive: good health, adequate nutrition, to be safe and secure, to be cared for responsively and with love, and to be given opportunities to satisfy their innate capacity to learn (see

Figure 9: Components of nurturing care



Source: World Health Organization, United Nations Children's Fund, World Bank Group. *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO; 2018.

### Box 2: Role of the health sector in nurturing care

- Ensure women and young children have access to good-quality health and nutrition services.
- Make health and nutrition services more 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.

Figure 9). Nurturing care is provided by parents and caregivers who, in turn, require an enabling environment of supportive policies and services.

The NCF also identifies the role of different sectors in providing nurturing care (see Box 2) and several key strategies or requirements for successful implementation. These include leadership and investment, a focus on families and communities, strengthening of services, monitoring progress, and using data to innovate.

Following the launch of the NCF, a number of documents and tools aimed at further operationalising the framework have been developed.

### Evidence-based guidelines

In 2020, the World Health Organization (WHO) published guidelines which provide global, evidence-informed recommendations on improving early childhood development with the objective of identifying interventions that are feasible and effective in improving developmental outcomes in young children.<sup>8</sup> The key recommendations (together with their associated level and strength of evidence) are shown in Table 19. For example, nutrition interventions on their own do not appear to have an impact on early childhood development. Yet, interventions that combine nutrition and responsive caregiving were found to benefit children's cognitive, language and motor development, and the impacts were greater when interventions targeted malnourished children.

### Re-organising how services are delivered

As noted above, implementation of nurturing care requires significant changes to how services for mothers and young children are planned and delivered. The Nurturing Care Practice Guide aims to inspire action and serves as a basis for organising health services, health facilities, building the capacity of the health work force, and strengthening systems to meet

the needs of all children, including those with developmental delays or disabilities, chronic health conditions or living in fragile humanitarian settings.<sup>9</sup> The guide sets out three levels of support, depending on caregivers' and communities' needs (see Table 20).

The practice guide also describes what managers can do to prepare services and better equip service providers; and includes practical suggestions for what service providers can do as part of their ongoing contacts with families. It also provides guidance on how to adapt health and nutrition services so that they support nurturing care and strengthen caregivers' capacity to provide it.

### Applying the principles of the nurturing care across the life-course

More recently, the NCF has been extended to cover preconception through adolescence (0 – 20 years).<sup>6, 10</sup> A package of services associated with ensuring maternal well-being is also emerging – while addressing maternal mental health is a key element of improving responsive caregiving (and therefore both maternal and infant well-being), maternal well-being also requires that women are empowered with information, and that they are treated with respect during pregnancy and especially during the intrapartum period.

### Are South African mothers and young children surviving and thriving?

Mortality rates and nutrition outcomes provide a measure of the extent to which mothers and young children are surviving and thriving in South Africa.

### Mortality

Maternal and child mortality rates have declined in recent decades, although these rates remain significantly higher than those of equivalent upper middle-income countries (see Table 21).<sup>11</sup> The Maternal Mortality Ratio increased during the COVID-19 pandemic and unpublished data suggest that the under-five mortality rate has also increased following the pandemic. It will be important to track these rates and ensure that they continue to decline.

South Africa's persistently high mortality rates are assumed to reflect high levels of inequality, with a high proportion of South Africans living below the poverty line despite the country's overall status as an upper middle-income country. The high HIV prevalence and high levels of homicide also contribute to high mortality rates.

### Nutrition

Nutrition outcomes for young children also show a mixed picture. The prevalence of wasting among young children is generally low (estimated at 3.8% in 2023).<sup>12</sup> However, stunting which reflects chronic malnutrition remains persistently high with the most recent representative data showing 28.8% of children younger than five years to be stunted.<sup>13</sup> This is of particular concern given that stunting may impair children's cognitive development and ability to learn. At the same time, overweight and obesity are increasing in young children with 22.6% of children under five being affected<sup>14</sup> (which is four times the global prevalence of 5.6%).<sup>15</sup> This double burden of malnutrition places children at greater risk of growth faltering

Table 19: WHO recommendations for improving early childhood development

Recommendation		Strength of recommendation	Quality of evidence
<b>Responsive care</b>	<ul style="list-style-type: none"> <li>All infants and children should receive responsive care during the first three years of life.</li> <li>Parents and other caregivers should be supported to provide responsive care.</li> </ul>	Strong	Moderate (for responsive care)
<b>Promote early learning</b>	<ul style="list-style-type: none"> <li>All infants and children should have early learning activities with their parents and other caregivers during the first three years of life.</li> <li>Parents and other caregivers should be supported to engage in early learning with their infants and children.</li> </ul>	Strong	Moderate (for early learning)
<b>Integrate caregiving and nutrition interventions</b>	<ul style="list-style-type: none"> <li>Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.</li> </ul>	Strong	Moderate
<b>Support maternal mental health</b>	<ul style="list-style-type: none"> <li>Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.</li> </ul>	Strong	Moderate

Sources: World Health Organization. *Improving Early Childhood Development: WHO guideline*. Geneva: WHO, 2020.

**Table 20: Three levels of support**

Type of service	Target group	Aim
<b>Universal interventions</b>	All families, caregivers and children.	Should be provided through the services that families of young children use most. Should include care for caregivers.
<b>Targeted interventions</b>	Additional interventions for those at risk such as individuals or communities who are affected by poverty, undernutrition, adolescent pregnancy, HIV, violence, displacement and humanitarian emergencies.	Aim to reduce the damaging effects of stress and deprivation and strengthen individuals' capacity to cope.
<b>Indicated services</b>	Specialised services for families or children with identified needs, including: <ul style="list-style-type: none"> <li>• Young children without caregivers;</li> <li>• Children living with depressed mothers or in violent homes;</li> <li>• Children with very low birthweight;</li> <li>• Children who have disabilities, developmental difficulties; and</li> <li>• Children with severe malnutrition.</li> </ul>	Includes a range of auxiliary and specialist services such as physical, speech and occupational therapy; mental health services; chronic care and rehabilitation services.

Source: World Health Organization, United Nations Children's Fund. *Nurturing Care Practice Guide: Strengthening nurturing care through health and nutrition services*. Geneva: WHO, UNICEF. 2022.

and communicable diseases, and simultaneously puts them at risk of developing nutrition-related non-communicable diseases (NCDs) as they reach adulthood, including type 2 diabetes, hypertension, and several cancers.<sup>16</sup> There is therefore an urgent need to address the double burden of malnutrition, both within and outside the health sector.

### What are South Africa's national commitments?

The National Development Plan 2030 calls for implementation of a comprehensive approach to early childhood development by developing and expanding existing child survival programmes with reductions in maternal, infant and child mortality as important outcomes.

The NIECD Policy builds on this foundation and lays out a multisectoral approach to promoting the health, nutrition, development and well-being of mothers and young children.<sup>1</sup> The Policy recognises the health sector's role in reaching pregnant mothers and young children, and assigns key responsibility for the provision of service to children 0 – 2 years to the health sector. This includes the health sector's traditional role of providing health and nutrition programmes for pregnant women, infants and children, and additional responsibilities including the provision of parenting support programmes and increasing opportunities for learning and play through health facilities and home visits by community health workers for children at risk of poor development outcomes.

While the health sector provides a well-defined package of preventive and curative services that address the leading

causes of child mortality, it has not historically provided several of the services envisaged in the NIECD Policy and/or NCF at scale. There are important gaps, notably: support for parenting, prevention of stunting and overnutrition among young children, and provision of home and community-based services to those families most in need, including children with disabilities.<sup>17</sup>

In addition, the term 'early childhood development' is often narrowly understood as the provision of childcare and education to children aged three to five through ECD centres. Responsibility for the care of younger children (0 – 2 years) is largely assigned to families. Support from health services is primarily focused on children's health, growth and survival, with little emphasis on care, development or early learning. Health sector policy makers and frontline workers, who have historically focused on provision of routine health services, are therefore challenged to review their approaches and roles considering these broader goals.

### Has there been progress in the coverage of essential health services?

While the health sector needs to expand its vision and approach to service delivery, it also needs to ensure that all pregnant mothers and young children have access to a package of essential health and nutrition services, across the continuum of care as shown in Table 22. It is encouraging to note that coverage of most of these interventions increased between 2016/17 and 2022/23, although access to HIV treatment (as measured by antiretroviral therapy coverage) and exclusive breastfeeding rates remain low.

Table 21: Maternal and child mortality rates of South Africa and other middle-income countries

Rate	Unit of measurement	South Africa	India	Brazil	Mexico	China
Maternal Mortality Ratio <sup>1</sup>	Deaths per 100,000 deliveries	127	103	70	59	23
Under-five Mortality Rate <sup>2</sup>	Deaths per 1,000 live births	33	31	8	13	7
Infant Mortality Rate <sup>2</sup>	Deaths per 1,000 live births	26	25	13	11	5
Neonatal Mortality Rate <sup>2</sup>	Deaths per 1,000 live births	11	19	14	8	3

Sources: 1: Trends in maternal mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization. 2023.

2: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), *Levels & Trends in Child Mortality: Report 2022, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation*, New York: UNICEF. 2023.

Increased coverage underscores the potential of the health sector to provide additional services to mothers and children. Yet, the ongoing emphasis on measuring vertical interventions (e.g. immunisation) is likely to lead healthcare workers to maintain their primary focus on 'survival' interventions. Therefore, increased attention to measuring 'thrive' interventions (e.g. early identification and response to developmental delays) is needed to facilitate the adoption of a more comprehensive approach to maternal and child health and well-being.

### What new initiatives have been put in place to help mothers and young children thrive?

This section reviews progress in implementing more comprehensive approaches to mother and child well-being through several initiatives within the health sector which have specifically focused on empowering mothers and ensuring the well-being of their young children. While the initiatives described are by no means exhaustive, they include the key interventions provided at scale within the health sector.

### Respectful Maternity Care

Respectful Maternity Care aims to support the humane and dignified treatment of a childbearing woman throughout her pregnancy, birth, and the period following childbirth. This includes respecting a mother's rights and choices through supportive communication, actions, and attitudes.<sup>18</sup> Although outcomes may not be objectively measured, respectful care as a quality component has been globally benchmarked as a key performance measure for maternal and newborn programmes with a synthesis of evidence recommending that better outcomes are anchored in maintaining standards for respectful maternity care.<sup>19</sup>

### The Road to Health Book and the Side-by-Side campaign

The Road to Health Book (RTHB) is a widely accepted and used tool to improve child health and nutrition with more than one million of these books entering households each year, and more than 98% of caregivers of young children reporting having received a book or similar record.<sup>13</sup> In 2019, the National

Figure 10: The five pillars and key messages from the Road to Health Book

	<b>NUTRITION</b> Good nutrition is important for you and your child to grow healthy. It starts with breastfeeding.
	<b>LOVE</b> Your child learns from looking at you when you hold them close to you and love, play and talk to them.
	<b>PROTECTION</b> Your child can be protected from disease and injury by getting immunised and by playing in safe places.
	<b>HEALTHCARE</b> Your child needs help from you or a health worker when they are sick or injured.
	<b>EXTRA CARE</b> Your child may need special care or support and knowing what to do and where to go will help both of you.

Table 22: Coverage of essential maternal and child health and nutrition services

	Key indicators			Progress and achievements	Gaps/challenges/threats
	Indicator	Baseline (2016/17)	Current (2022/23 unless other stated)		
Maternal care	Proportion of women who attend antenatal care before 20 weeks <sup>1</sup>	65.2%	70.1%	<ul style="list-style-type: none"> <li>Significant improvements in antenatal and postnatal coverage.</li> <li>Pregnant women and mothers provided with information through MomConnect (more than 4.5 million beneficiaries).</li> </ul>	<ul style="list-style-type: none"> <li>Poor quality of care and poor healthcare workers skills continue to contribute to maternal deaths.</li> <li>Focus remains on maternal survival with limited attention being paid to maternal well-being including maternal mental health.</li> </ul>
	Proportion of mothers and newborns receiving postnatal care within six days of birth <sup>1</sup>	70.5%	80.0%		
Newborn care	Early neonatal mortality rate <sup>1</sup>	9.9 per 1,000 live births	9.6 per 1,000 live births	<ul style="list-style-type: none"> <li>Maternal, Perinatal and Newborn Policy has been developed, and guidelines are currently being finalised.</li> <li>Systems for auditing of perinatal deaths (stillbirths and newborn deaths) are in place.</li> </ul>	<ul style="list-style-type: none"> <li>Packages of care are not fully implemented.</li> <li>High incidence of perinatal asphyxia due to sub-optimal maternal care.</li> <li>Mortality audits are not conducted in all facilities, and/or data are not used to improve the quality of care.</li> </ul>
Prevention and management of leading causes of child mortality (pneumonia, diarrhoea, HIV, malnutrition)	Pneumonia deaths in children under-5 years <sup>1</sup>	1,003	939	<ul style="list-style-type: none"> <li>Significant declines in child deaths associated with pneumonia and diarrhoea.</li> <li>Integrated Management of Childhood Illness case management is institutionalised as the standard of care at PHC facilities.</li> <li>Significant decline in the number of HIV-infected infants due to a successful PMTCT programme.</li> </ul>	<ul style="list-style-type: none"> <li>A significant proportion of child deaths (up to 50% of deaths in children one month to five years) occur outside of health facilities, and these are not captured through routine data systems.</li> <li>Despite reductions, HIV and poor nutrition continue to underlie many child deaths.</li> <li>Despite improvements, ART coverage in children lags far behind adult coverage.</li> <li>Compliance with IMCI and other guidelines, as well as impact, is difficult to monitor.</li> <li>While ongoing efforts are required to address child mortality, interventions which focus on enhancing child well-being and incorporate assessment and management of other childhood illnesses (including long term health conditions) are also required.</li> </ul>
	Pneumonia Case Fatality Rate <sup>1</sup>	2.0%	1.5%		
	Diarrhoea deaths in children under-5 years <sup>1</sup>	886	723		
	Diarrhoea Case Fatality Rate <sup>1</sup>	2.1%	1.7%		
	Severe Acute Malnutrition (SAM) deaths in children under-5 years <sup>1</sup>	1,188	836		
	Severe Acute Malnutrition (SAM) Case Fatality Rate <sup>1</sup>	8.0%	7.2%		
	PMTCT transmission rate <sup>2</sup>	3.5%	2.45%		
	ART coverage in children <sup>2</sup>	52.3%	60%		
Ensuring that all children are fully immunised	Fully immunised under one year of age <sup>1</sup>	70.1%	82.2%	<ul style="list-style-type: none"> <li>SA is self-financing spending approximately R3.5 billion per annum on childhood vaccines.</li> <li>Improved coverage (remains sub-optimal).</li> <li>Reduction in cases of some vaccine-preventable diseases.</li> <li>Ongoing introduction of additional vaccines: rubella vaccination as well as vaccination of pregnant women against pertussis will be introduced in 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Coverage remains sub-optimal with resultant outbreaks of VPDs (e.g. measles in 2022), and risk of re-emergence of others (e.g. diphtheria, polio).</li> <li>Surveillance of vaccine-preventable diseases is sub-optimal – may lead to late detection of outbreaks.</li> <li>Spill-over of vaccine hesitancy associated with COVID-19 vaccination into EPI programme.</li> </ul>
	Measles 2 <sup>nd</sup> dose coverage <sup>1</sup>	85%	84.8%		

Optimal infant and child feeding	Vitamin A coverage (children 12 – 59 months) <sup>1</sup>	52.5%	70.8%	<ul style="list-style-type: none"> <li>Tshwane Declaration of 2011 signals South Africa's commitment to promote, support and protect breastfeeding.</li> <li>Fortification of food successfully implemented since 2003.</li> </ul>	<ul style="list-style-type: none"> <li>Food insecurity and hunger are not addressed in a systematic way.</li> <li>Stunting rates remain stubbornly high, and the prevalence of overweight and obesity has increased dramatically.</li> <li>Exclusive breastfeeding rates remain low.</li> <li>Dietary diversity is poor, especially in children 12 – 24 months.</li> </ul>
	Exclusive Breastfeeding Rate (measured at 14 weeks) <sup>1</sup>	41.6%	44.7%		
	Proportion of children who receive an adequate diet <sup>3</sup>	22.9% (2016)			

Sources:

- District Health Information System data. Available at [www.hst.org.za](http://www.hst.org.za).
- Thembisa Model Version 4.7 data. <https://www.thembisa.org/downloads>. Extracted 17th July 2024.
- National Department of Health, Statistics South Africa, South African Medical Research Council, ICF. *South Africa Demographic and Health Survey 2016* Pre-toria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF. 2019.

Notes: PHC: primary health care; EPI: Expanded programme on immunisation; IMCI: Integrated Management of Childhood Illness Strategy; PMTCT: preventing mother to child transmission of HIV+; VPD: vaccine preventable disease.

Department of Health (DoH) launched the revised RTHB which aims to provide parents and caregivers with information to support the optimal development of their child. The information is arranged around five pillars as shown in Figure 10.

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 their 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 Side-by-Side Campaign includes demand and supply side interventions. A recent evaluation of the campaign reported high recognition and trust among the women with young children with 87% of respondents indicating that they had changed their behaviour as a result of the RTHB messaging (unpublished report).

### The Thrive-by-Five Index

The NIECD Policy envisages not only a more comprehensive approach to early childhood development within each sector, but also a more integrated approach across sectors. The Thrive-by-Five index was launched in 2021, with the aim of monitoring trends over time in the proportion of four- to five-year-old children attending early learning programmes who are on track for their age in key areas of development – including physical growth, early learning, and social-emotional functioning. The index highlights the relationship between physical growth,

learning and preparation for success during formal schooling, and highlights the overlapping responsibilities of implementing departments.<sup>20</sup>

### The National Food Security and Nutrition Plan

In 2017, the South African Presidency released South Africa's first major plan to align work on food and nutrition security across the various sectors. The National Food and Nutrition Security Plan for South Africa: 2018 – 2023<sup>21</sup> aimed to:

- Establish a multisectoral Food and Nutrition Security Council to oversee alignment of policies, coordination and implementation of programmes and services which address food and nutrition security.
- Establish inclusive local food value chains to support access to nutritious and affordable food.
- Expand targeted social protection measures and sustainable livelihood programmes.
- Scale up high impact nutrition interventions targeting women, infants and children (improve nutrition training and focus of community health workers and food handlers in community nutrition centres, early learning programmes, schools and community nutrition distribution centres); increase availability of micronutrient supplements, deworming tablets and fortified porridge; improve advocacy around exclusive breastfeeding; and improve the ability of early learning programmes to address nutrition issues.
- Influence people across the life cycle to make informed food and nutrition decisions through an integrated communication strategy.
- Develop a monitoring and evaluation system for food and nutrition security, including an integrated risk-management system.

However, a 2022 review of public expenditure and institutional support for early childhood development concluded that “a key

feature of the plan was the creation of a multi-sectoral Food and Nutrition Security Council to oversee the alignment of policies, legislation and programmes; coordinate implementation of services to address food and nutrition security; and draft new policies and legislation. Despite the positive policy directive, the Council was not established, and the lack of a strong coordinating agency and accountability system means that nutrition interventions remain fragmented and uncoordinated across multiple departments, rather than being addressed holistically".<sup>22</sup>

### **What are the key gaps and what can and should be done to address them?**

As outlined above, progress has been made in expanding access to a package of essential services. While mothers and children continue to encounter barriers to health care, especially in underserved areas, most are able to access primary health care services. But ongoing improvements in the scope and quality of service provision will be required if South Africa is to bring its maternal and child mortality rates in line with its peers and ensure that children thrive and reach their full potential.

Important challenges remain and efforts to improve nutritional outcomes and support vulnerable families and children need to be intensified. Improved co-ordination between sectors is also required to ensure that mothers and children receive a full package of services, and that individual mothers, caregivers, families and children do not fall through the cracks.

### *Mobilising the health sector in support of maternal and child health well-being*

Although some progress has been made in ensuring that mothers and children not only survive, but thrive, greater investment is needed to ensure that the health sector fully embraces this expanded mandate. While some elements of the NCF have been incorporated into routine services without the need for additional resources, more resources will be required if services, especially more specialised services, are to be expanded.

Advocacy at all levels has an important role to play. While the National Development Plan 2030 implicitly supports a comprehensive approach to early childhood development, the health chapter focuses more selectively on childhood mortality and future versions of the plan should adopt a more holistic approach. This would increase the visibility of the health sector's role in early childhood development and elicit greater support from politicians and senior managers within the health sector.

The Department of Basic Education also has an important role to play given its new mandate as the lead department for early childhood development. The department has a responsibility to provide leadership and co-ordination, and to ensure that the critical importance of the first 1,000 days is promoted and reinforced.

### *Focusing on the continuum of care*

Early means early, in other words interventions aimed at ensuring that children reach their full developmental potential must start in pregnancy or even preconception. While providing a set of discrete interventions is important, better mechanisms need to be in place to provide the full continuum of care to both mothers and children especially during the first 1,000 days of life. This includes providing a seamless package of services across each level of care – from home and community-based outreach services to clinic and hospital-based care – that is tailored to meet mothers' and children's needs as they evolve across the life course, so that children and families receive the right care, at the right time, in the right place from the right service provider.

Systems need to be in place to provide socio-emotional support to all pregnant women and to identify women in need of extra care in order to support both their physical and mental health. The Side-by-Side Campaign has achieved some success in providing a comprehensive package which includes guidelines, resources and support materials across the full spectrum of care and consideration should be given to extending this approach to cover the antenatal and peripartum periods.

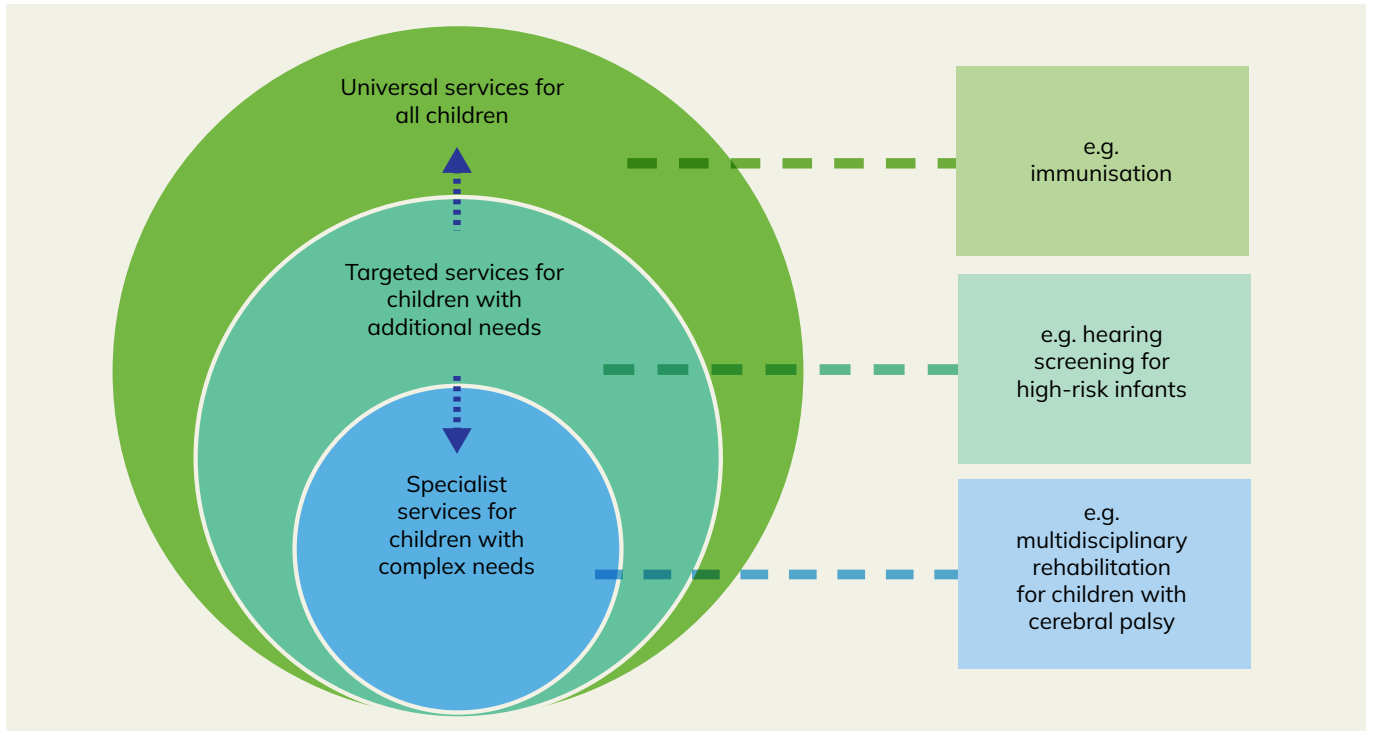
Better co-ordinating mechanisms (both formal and informal) need to be in place to ensure that care can be delivered across different settings and platforms by multi- and interdisciplinary teams. For example, formal procedures whereby children with developmental delays or other conditions (e.g. problems with hearing or vision) who are identified as requiring additional support are referred to and able to access such services need to be in place. Such referrals are facilitated by close working relationships between different disciplines and across sectors which are in turn facilitated by both structured co-ordination meetings and informal relationships developed over time through collaboration and common goals.

### *Expanding the scope of services provided*

The NCF and NIECD Policy require the establishment of services for families and children with additional needs, specifically those with developmental difficulties and disabilities. Access to these services remains limited and inequitable. While some



Figure 11: Progressive universalism in child health services



Source: Slemming W, Saloojee H. Beyond survival: The role of health care in promoting ECD. In: Berry L, Dawes A, Biersteker L, Lake L, Smith C, editors. *South African Child Gauge 2013*. Cape Town: Children's Institute, UCT. 2013.

gains can be made through improved quality and more efficient delivery of services, additional resources will be required if services are to be expanded to meet the need.

An improved cross-sectoral system for the early identification of children and families requiring additional care and support must be established, with the appropriate referral and care pathways to provide the necessary interventions, management and follow-up care. Parents and those working with children in health care, early learning and social services should be capacitated to identify children and families who require this support, and to be able to initiate referral to available local services.

Promoting early childhood development through the health system requires a progressive universal<sup>iii</sup> approach (Figure 11) that provides targeted support for children and families whose health and development are at risk and specialist services for those with complex needs (for example, children with disabilities or long term health conditions). It is also important to recognise that children and families' needs are not fixed and that they may move back and forth between different levels of care as their circumstances change.<sup>23</sup> An effective system of care should therefore be responsive to changing needs, and family-

centred<sup>iv</sup> in order to support and affirm caregivers' efforts to provide nurturing care. To date, this has not been realised within the South African health system and should be prioritised.

#### *Implementing a comprehensive nutrition programme*

As noted earlier, the package of nutrition interventions for pregnant women and young children does not adequately address the current double burden of malnutrition. The National Food Security and Nutrition Plan provides an excellent intersectoral blueprint for this but needs to be implemented as a matter of urgency and efforts to prevent and respond the double burden of child malnutrition need to be prioritised.

The health sector has a central role to play and needs to intensify its efforts. This includes promoting maternal nutrition and exclusive breastfeeding, counselling mothers on how to safely introduce complementary foods, routinely monitoring children's growth to identify and proactively support children who are growth faltering, strengthening referral systems to ensure that malnourished children and food-insecure families are fast tracked for social assistance, and providing treatment – including community-based follow-up care – for children with severe acute malnutrition.

iii The concept of progressive universalism refers to the provision of support for all along a continuum, with more support for those who need it most.

iv Policies, procedures and practices tailored to focus on the needs, beliefs, and cultural values of children and their families. This approach means working with families and recognising and building on their strengths.

These health interventions need to be coupled with broader efforts to address the rise in child poverty as nearly 40% of children now live below the food poverty line.<sup>24</sup> This includes the restoration of the Child Support Grant to the food poverty line so that it covers children's nutritional needs. While the *Nutrition Guidelines for ECD Centres* provide practical guidelines on how to feed babies and young children – including menus, shopping lists, food safety and how to promote healthy eating, it is essential to remove administrative barriers to the registration of early learning programmes so that more children are able to benefit from the ECD subsidy (see page 115 to find out about other measures to strengthen social assistance).

At the same time, it is important to address the commercial drivers of child malnutrition and the ways in which the marketing, sale and consumption of cheap ultra-processed foods is driving a rapid increase in overweight and obesity. Government's efforts to strengthen the regulatory framework and protect children from the marketing of foods are therefore welcome (see page 22 to find out more about Regulation R3337).

### *Harness CHWs and other community structures*

South Africa has a large number of community health workers (CHWs) who visit households and provide services at household and community level, with a total of 46,172 CHWs as at end of March 2023.<sup>25</sup> Mothers and children are identified as a priority target group for this cadre, and their scope of work includes the provision of a basket of priority services for children that is fully aligned with the five pillars contained in the Road-to-Health Booklet and the Side-by-Side Campaign.

However, despite examples of effective localised programmes which have been shown to improve outcomes for mothers and children,<sup>26, 27</sup> the CHW programme has not been leveraged to provide services to vulnerable mothers and children at scale. Reasons for this include administrative and management issues which limit overall programme quality and efficiency, an overemphasis on provision of adult HIV and TB services, and unrealistic expectations being placed on CHWs which together limit their capacity to focus on priority interventions for children.

Addressing this situation will require leadership, advocacy and stronger articulation between MCWH managers and CHW programme managers at all levels of the health system. In addition, the training of CHWs (both preservice and in-service) needs to be fully aligned with the CHW scope of work and the package of care contained in the RTHB.

Improved intersectoral linkages at local level would also assist in ensuring that the most vulnerable children and

households are identified and prioritised to receive health and other services. The Sakuma Sakhe initiative implemented in KwaZulu-Natal successfully established ward-level 'war rooms' which focus on establishing such linkages. However, this approach is yet to be adopted in other provinces.

Based on global experiences, it is questionable whether using CHWs alone will achieve the coverage required to provide home-based services at the quality, intensity and scale required to adequately support the health and wellbeing of pregnant women, mothers, and young children. Learning from countries, such as Peru, that have expanded their recruitment for home visitors across sectors (such as health, education, social services) could inform local approaches to building a sustainable home visitation programme for mothers and young children at scale in South Africa.

### *Expanding communication using traditional and digital communication channels*

Access to information and opportunities for engagement are essential in supporting behaviour changes within the family to improve maternal and child well-being. The health sector has achieved some success, most notably, through the MomConnect Initiative which has reached more than 4.5 million pregnant women and through the Side-by-Side Campaign which has reached 3.7 million listeners during each week of its 36-week radio drama and information series. The COVID-19 pandemic underscored both the importance of public health communication, as well as the risks associated with information overload and misinformation.

### *Better information systems to track children's progress*

While progress has been made in measuring coverage of essential services, there is a need to incorporate measures of child and maternal well-being. Furthermore, the health sector lacks an information system that tracks individual children and makes it possible to follow up children who have missed critical interventions such as immunisation – this is particularly challenging when children move within or across provinces. Likewise, mothers and children are not adequately linked which means that follow-up of infants born to mothers with HIV infection is reliant on the mother being present and disclosing this at every engagement.

While linkages and referral systems need to be established at local level, linking of different information systems – across departments – and across facilities, districts and provinces – would also make it easier to identify and support children who are at risk or who face multiple adversities.

## Conclusion

The past decade has seen a shift from a focus on maternal and child survival to a more holistic approach aimed at ensuring that mothers and children not only survive, but thrive. While this shift has been incorporated into policy documents and commitments, a lot of work still needs to be done to ensure that

the approach is fully integrated into the design and delivery of health services. While promising practices have been identified, attention needs to be paid to ensuring that these practices are fully institutionalised and provided at scale. This applies especially to interventions aimed at improving nutrition outcomes for young children.

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