



SUPPORTING THE EARLY
CHILDHOOD WORKFORCE AT SCALE

Community Health Workers and
the Expansion of First 1000 Days
Services in South Africa

EARLY CHILDHOOD WORKFORCE INITIATIVE

The Early Childhood Workforce Initiative (ECWI) is a global, multi-sectoral effort to mobilize countries and international partners to support and empower those who work with families and children under age 8. This initiative is jointly led by Results for Development (R4D) and the International Step by Step Association (ISSA), and supported by a consortium of funders including Bernard van Leer Foundation, Open Society Foundations, ELMA Foundation, and Jacobs Foundation.



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Executive Summary

INTRODUCTION

There is increasing awareness of the environment and suite of services that young children need for an optimal start in life, and many of these services support the mother and family before the child is born. Early nutrition, care, and stimulation can significantly impact children's lifelong development.¹ All parents and caregivers, especially the most vulnerable, can benefit from additional information and support to enhance their capacity to provide responsive care. Increasing access to a variety of integrated services spanning health, social development, and education that are delivered by a qualified and supported early childhood workforce are necessary to empower and enable parents to support the optimal development of their children.

It is with this holistic and multi-sectoral lens that The Early Childhood Workforce Initiative (ECWI), led by the International Step by Step Association (ISSA) and Results for Development (R4D), aims to support and empower those working with young children and their families. Through ECWI, R4D is carrying out a series of country studies focused on the experiences of a particular workforce role and ways to support and strengthen that role at the policy level. This study, the third in the series, looks primarily at the role of the Community Health Worker in providing supportive health, nutrition, parenting, and stimulation services to young children and their families in South Africa.

The National Integrated Early Childhood Development Policy (NIECDP) (2015) is an important step in South Africa's shift from a health system focused on curative, disease-based services to one based on prevention and health promotion. The NIECDP identifies a comprehensive vision of early childhood development (ECD) services to be delivered by 2030, seeking to strengthen and integrate these services across all government departments. While recognizing the

Department of Health's Community Health Workers (CHWs) present role in providing supportive health and nutrition services, the NIECDP envisages these CHWs playing a significant, and expanded, role in strengthening overall maternal and child developmental outcomes by providing parenting support and opportunities for early learning and stimulation through additional home visits and community-based activities for families and young children through the age of two, commonly defined as part of first 1000 days services. The evolving role of the CHW in ECD services is set against the backdrop of continued Primary Health Care Re-engineering efforts.

South Africa's CHWs are increasingly providing first 1000 days services, yet the road to implementation varies by province.

RESEARCH AIMS AND METHODOLOGY

This study is intended to provide insight into how the Department of Health is endeavoring to implement the NIECDP, with particular focus on the role of CHW. It examines the experience of two provinces and aims to consider the implications for service delivery across the country, as well as provide recommendations to enable, prepare and support the CHW workforce to deliver on this expanded suite of early childhood services. Given that many countries are considering

¹ Yoshikawa, H., & Kabay, S.B. (2015). *The evidence base on early childhood care and education in global contexts* (background paper for the Education for All Global Monitoring Report 2015). Paris: UNESCO.

expanded roles of para-professionals such as CHWs, it is also hoped that this study will contribute further to the knowledge base around delivering integrated health and development services for young children across a range of contexts.

The team employed a mixed-methods approach including a review of the literature, followed by in-depth interviews and focus group discussions with key stakeholders at the national, provincial, and local levels to address three primary research questions:

1. What is the status of implementation of the first 1000 days services in the NIECDP by the Department of Health?
2. What are the barriers and opportunities for the Community Health Worker to deliver the first 1000 days services outlined in the NIECDP?
3. What lessons can be drawn from their experience?

PARA-PROFESSIONALS IN EARLY SERVICES

Especially in the first 1000 days, there is an opportunity for health departments, as the primary point of contact for families and very young children experiencing change and growth, to take the lead in ensuring comprehensive interventions that support the five critical domains of nurturing care.² As global focus shifts towards the potential of community-based caregivers to address inequitable health systems and aid countries' drive towards universal health coverage (UHC),³ there is increasing belief, and evidence that, well-supported para-professionals, including CHWs and other home visitors, can be effective partners in delivering these services.

HEALTH SYSTEM CONTEXT

In 2011, the Government of South Africa initiated Primary Health Care (PHC) Re-engineering, an overhaul of the health system meant to be a step towards improving health outcomes, including poor infant mortality rates and child health indicators, and towards realizing the MDGs. Services would be strengthened through the provision of a population-based approach rooted in the electoral wards, rather than a more vertical approach.

Each Ward-based Primary Healthcare Outreach Team (WBOT) should be linked with the local health facility and include six to ten Community Health Workers (CHWs) under the leadership of an enrolled nurse⁴ who manages and supervises the services. CHWs serve as the primary point of contact for the population, tracking and addressing basic health concerns and making referrals to facility-based services.

CHWs provide a broad range of services in the home and community setting, including health promotion and prevention information on maternal and child health (immunization and vitamin supplementation), HIV, TB, and chronic diseases. They also provide treatment adherence support, general counselling, and basic first aid, and make health referrals for additional services. Each CHW is assigned approximately 250 households (varies based on geography, density, and burden of disease) per annum;⁵ however, there is limited information about the specific set of services CHWs provide, the time each service takes, and the relative quality of service provided.⁶ While as many as 72,000 community-based workers have been identified in South Africa, their training, skills, and functions vary considerably, resulting from their experience as predominately auxiliary workers trained and employed in vertical programs (e.g. TB, HIV/AIDS, etc.) to provide home-based care to the ill or infirm.⁷

In the ensuing years, the nine provinces have made considerable progress towards establishing WBOTs and community-based services in line with PHC

² Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... & MacMillan, H. (2017). Nurturing care: promoting early childhood development. *The Lancet*, 389(10064), 91-102.

³ Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low-, middle-, and high-income countries: an overview of their history, recent evolution, and current effectiveness. *Annual review of public health*, 35, 399-421.

⁴ In the 2018 Policy Framework and Strategy for Ward Based Primary Healthcare Outreach Teams (WBOT Policy Framework), the Outreach Team Leader (OTL) was changed from Professional Nurses to Enrolled Nurses who have been oriented to community health nursing. However, there are insufficient numbers of trained Enrolled Nurses, and teams are commonly led by un-trained Enrolled Nurses. The team is to consist of one OTL, 6-10 CHWs, and one data capturer.

⁵ National Department of Health (2018). Policy Framework and Strategy for Ward-based Primary Healthcare Outreach Teams 2018/19 - 2023/24. Pretoria.

⁶ Daviaud, E. & Besada, D. (2017a). Resource Requirements for Community-Based Care in Rural, Deep-rural and Peri-urban Sub-districts: A comparative analysis in 2 districts In Gauteng and KwaZulu-Natal. Medical Research Council, South Africa.

⁷ National Department of Health, 2012. Annexure B1. Human resource requirements for re-engineering primary health care in South Africa.

Re-engineering. In particular, the CHW home visits have extended care to rural, remote, and otherwise marginalized populations while alleviating pressure on the formal health facilities, and increasing focus on social determinants of health.⁸ However, a series of recent evaluations,⁹ including a rapid appraisal of the WBOT model in National Health Insurance (NHI) pilot sites across seven provinces,¹⁰ found full implementation to be hampered by significant challenges integrating the WBOTs into the formal health system and identifying appropriately qualified and trained staff, as well as other financial and operational issues that should be considered in light of the NIECDP and evolving role of the CHW.

THE NATIONAL INTEGRATED EARLY CHILDHOOD DEVELOPMENT POLICY (NIECDP)

The 2015 National Integrated Early Childhood Development Policy (NIECDP) established a multi-sectoral framework for ECD services, defined a comprehensive national program with essential components, identified responsible government departments and partners, and sought to create a national office and coordination structure for ECD.

The Department of Health (DoH), with its existing ward-based and CHW footprint in the community, serves as the primary support and health and nutrition service provider for pregnant women, new parents, and children under age two. Under the NIECDP, the DoH is now responsible for new core services for the first 1000 days, such as providing parenting support programs and opportunities for learning and play for very young children in the home and community or group setting. The NIECDP stipulates that these services are to be provided by the CHWs and Health Promoters within the WBOTs. While the NIECDP describes the overall domains of care that can support families and young children, it does not define specifics related to the services CHWs are to provide, frequency, topic areas.

PROVINCIAL CASE STUDIES

The two provincial case studies focused on the experience of the Western Cape (WC) and KwaZulu-Natal. The provinces not only have differing contexts and organizational models for their community health services, they are also at differing points along the implementation pathway; this diversity was intentional as it allows for the documentation of valuable lessons that may be more broadly applicable to the National government and other provinces.

WESTERN CAPE OVERVIEW

The Western Cape Government Department of Health (WCG DoH) has a long-established model of contracting with non-governmental organizations (NGOs) to deliver health and wellness services, including CHW services. The Western Cape has made significant progress laying the groundwork that will enable it to implement an expanded service package through CHWs focused on the first 1000 days and consistent with the NIECDP. Notably, the province has established a widespread campaign, the First 1000 Days Initiative and started to align their 2017/18 Service Packages for NGO Funding with the Initiative.

KWAZULU-NATAL OVERVIEW

CHWs in KZN are known as Community Care Givers (CCGs) and form the backbone of the community and household level services in the KZN Department of Health (KZN DoH); KZN is also one of the few provinces that employs the CCGs through the DoH (although they remain short-term contractors). As in other provinces, CCGs form a key part of the Ward Based Outreach teams (WBOT); however, while each CCG is responsible for fewer households (60), there are more CCGs per team (15) and teams are led by both a Professional Nurse (PN) and an Enrolled Nurse (EN) based at a health facility.

To date, KwaZulu-Natal has primarily focused on improving child survival. But, while many of KZN's initiatives focus on health and nutrition, the province is starting to take a more holistic view of children's health

⁸ Jinabhai, C. C., Marcus, T. S., & Chapona, A. (2015). Rapid appraisal of ward based outreach teams.; Marcus, T. S., Hugo, J., & Jinabhai, C. C. (2017). Which primary care model? A qualitative analysis of ward-based outreach teams in South Africa. *African journal of primary health care & family medicine*, 9(1), 1-8.; Sodo, P., & Bosman, A. (2017). Progress of the municipal ward-based primary healthcare outreach teams in Vhembe, Limpopo Province. *Strengthening Health Systems*, 2(1), 18-22.; Austin-Evelyn K, Rabkin M, Macheke T, Mutiti A, Mwansa-Kambafwile J, Dlamini T, et al. (2017) Community health worker perspectives on a new primary health care initiative in the Eastern Cape of South Africa.; Schneider, H., Schaay, N., Dudley, L., Goliath, C., & Qukula, T. (2015). The challenges of reshaping disease specific and care oriented community based services towards comprehensive goals: a situation appraisal in the Western Cape Province, South Africa. *BMC health services research*, 15(1), 436.

⁹ Marcus et. al. (2017); Sodo and Bosman, (2017); Austin-Evelyn et. al. (2017); Schneider et. al. (2015).

¹⁰Jinabhai et. al. (2015).

Lessons drawn from the Provincial implementation experience

Western Cape	KwaZulu-Natal
<ol style="list-style-type: none"> 1. There is broad support for expanding first 1000 days services, but additional policy clarity is needed from NDoH to begin meaningful implementation. 2. Management capacity and monitoring and evaluation systems are essential to NGO service delivery models 3. System strengthening can be achieved by leveraging high-performing NGOs to support weaker ones or contracting NGOs to delivery specialized services. 4. Training and supervision remain central to the ability to provide comprehensive, high-quality services and should be enhanced. 5. A broad-based initiative such as the First 1000 Days Initiative in the Western Cape can help establish a multi-sectoral platform for services and enhance visibility of key topics. 	<ol style="list-style-type: none"> 1. Integrating CHWs (CCGs) into the formal health system facilitates training, communication, and service targeting. 2. Ensuring clear career pathways can facilitate service delivery and improve overall system functioning. 3. Providing additional training on reflective supervision will enhance the capacity the of the CCG supervisor and support the delivery of first 1000 days services 4. KwaZulu-Natal can further leverage War Rooms and maternal and child health initiatives already in place to strengthen first 1000 days services. 5. The lower number of households served per CCG may allow for more intensive and additional forms of support to families and children in the first 1000 days.

and well-being, as evidenced by the Ibhayi Lengane pilot in association with Ilifa Labantwana, which is a relationship-based support tool specifically for the first 1000 days that emphasizes the love, play, and support. The lessons above highlight the Province's progress and how they can continue to drive towards more comprehensive first 1000 days services and positive outcomes for families and young children.

FINDINGS

Based on data collected during interviews and focus group discussions at the provincial and national levels, including a consultation with five provincial CHW coordinators, the following key findings were identified:

1. There is broad support for strengthening first 1000 days services, but limited awareness of the NIECDP

Across stakeholders, there was strong support for further strengthening first 1000 days services and widespread recognition that interventions for children under age two have can have a significant impact on persistent challenges such as infant mortality, malnutrition, and stunting. These services were also seen to be in line with the health system's broader shift towards a life-course approach in the health system.

Awareness and understanding of the NIECDP varied significantly. At the national level, all interviewed stakeholders were familiar with the NIECDP and the role of the DoH, and perceived the Policy as strengthening their existing package of services, rather than a new set of responsibilities and services. This, in part, sheds light on why any implementation has

been quite tightly bound to the existing health and nutrition services, rather than focused on incorporating comprehensive caregiver support, improving parent-child attachment, or opportunities for play and stimulation.

At the provincial and sub-national levels, awareness of the NIECDP is somewhat limited. Provincial leads expressed knowledge of the policy, but during a consultation with CHW Coordinators of five provinces, including representatives from the Western Cape and KwaZulu-Natal, no-one reported being aware of the policy, despite its impact on their services and the workforce for which they are responsible.

2. There is no standard service package for the first 1000 days and limited technical capacity has led to continued reliance on health, nutrition, and growth monitoring services.

The effectiveness of first 1000 days service implementation is contingent upon a shared understanding and further elucidation of the services noted in the NIECDP and the resulting expectations for CHWs. According to nearly all stakeholders interviewed, there is clear need to further define not only the package of services and their priority level, but also for NDoH to provide additional guidance as to how progress by provinces will be assessed, including frequency and quality of services and outcomes will be measured.

However, there was some recognition that the DoH (across levels) lacked technical capacity and resources to translate the NIECDP into a defined package of services that could be widely implemented. For instance, there was support for the concept of providing caregiver support to vulnerable populations

like teenage mothers, but less discussion about what that support entailed, what the key messages were, or how to engage with parents and empower them to provide responsive care for their children. Without a better understanding of how holistic child development can be supported and the relationship-based techniques underpinning these services, guidance from NDoH is likely to remain centered on health and nutrition.

Moreover, there are inherent challenges to designing an implementable service package when the Maternal, Women's and Child Health division is responsible for ECD (and the Road to Health Booklet), but the Primary Health Care division is responsible for the CHWs. Stakeholders noted that there were competing interests and service objectives as a result of this structure. Defining a comprehensive service package will require additional coordination and alignment between these divisions, as well as consultation with and support from the Department of Social Development, NGOs and experts in the field.

3. Tension between expanding CHW roles and simplifying them presents a significant challenge to implementation.

Despite recognizing the value in an expanded set of first 1000 days services, CHW Coordinators noted that the expanded parental support and stimulation tasks outlined in the NIECDP may extend beyond the scope of the CHW role and run counter to the prevailing aim to simplify the CHW role. Furthermore, as the NIECDP implementation is unfunded, the very practical challenge of adding new services without new resources or significant guidance on resource re-allocation, remains.

Currently, there are no defined parent support or early learning responsibilities in the draft 2016 WBOT CHW scope of work, only a generic provision to "provide extra support for healthy behaviors during early childhood, including exclusive breastfeeding," which has been interpreted to be more connected to child health than to development support. One NDoH stakeholder noted that the CHW scope of work will remain broad, and once the training is developed, competencies related to maternal and child health, parental support, and child development to guide practice will follow.

4. Ongoing implementation challenges of primary health care reforms stunts the implementation of first 1000 days services.

Despite progress, implementation of PHC Re-engineering has been hampered by human and financial resource constraints that negatively impacts the provinces' ability to extend first 1000 days services.

Many provinces have had trouble adequately staffing the WBOT model, resulting in service gaps or providers without appropriate training. This includes at the team leadership level where enrolled nurses were often substituted for professional nurses, but not provided the specific training to supervise or manage CHWs (who are often employed by external NGOs). Low pay, and in some cases, high education expectations, further narrows the CHW candidate pool and results in high turnover.

The conceptualization of the WBOTs as outreach services, separate from the formal health system and without dedicated funding presents an on-going challenge. The NDoH-commissioned Investment Case¹¹ and the 2018 WBOT Policy Framework are intended to assist Provinces in their discussions with the Treasury and to secure needed funding for the WBOT platform rather than solely in vertical health programs (e.g. HIV/AIDS care). However, the fact that resources are needed to provide *existing services* makes it that much more difficult to envision that any *additional* funding, above and beyond the current needs, will be allocated for CHWs to deliver expanded first 1000 days services.

5. Enhanced, aligned, and on-going training and supervision at all levels, with a focus on developing supportive relationships and understanding child development, is still needed.

Stakeholders need additional training once the package of first 1000 days services is defined, recognizing that training is needed at all levels of the health system to ensure continuity of care and to provide support and increase understanding of the CHW role. On-going training would allow for skill-building over time,¹² which would also mitigate the risk that services would be "checked-off" for the sake of compliance. Commendably, there are currently efforts to streamline and revise the CHW training content and process, alongside the NDoH 2018 WBOT Policy Framework.

¹¹ Daviaud & Besada (2017b). Saving lives, saving costs: Investment Case for Community Health Workers In South Africa. What costs and what benefits For the health sector, for the economy and For society. Prepared for the National Department of Health. Medical Research Council, South Africa.

¹² Putcha and Mitter (2017).

However, there are concerns that the training review is being conducted without the full participation of the Maternal, Child and School Health Directorate, which may result in less emphasis on ECD messaging and services that would be critical to the implementation of first 1000 days services. The development of a comprehensive, core curriculum would be beneficial to further align training across the provinces, regardless of how they provide community-based services.

While supervision plays a key role in ensuring sustainable and quality services, especially when expanding services, it has not been adequately addressed across the provinces. Excessive supervision responsibilities, staffing challenges, and non-existent reflective or supportive supervision training for CHW supervisors often results in supervision that is overly compliance-based and focused on service planning. Furthermore, there is limited practical managerial training for CHW supervisors, or peer development practices and mentorship opportunities for CHWs.

6. Coordination within and across sectors is an essential element in raising awareness of and expanding FTD services

Regardless of variation in models and status of implementation, there is a need for strong multi-sectoral coordination in order to expand first 1000 days services. The efforts of the two examined provinces, which have pursued different implementation and contracting modes, highlight the need for intentional collaboration across sectors, particularly across the Departments of Health, Social Development, Education, and Home Affairs. While both provinces have platforms for inter-sectoral coordination, and stakeholders recognize the need to work more closely with other departments, the next step will be to effectively leverage – and likely adjust and improve their respective platforms – to provide comprehensive services in the first 1000 days.

RECOMMENDATIONS

The following recommendations are intended to support the expansion of the first 1000 days services; however, implementation relies on a strong community-based system. Other efforts to address several WBOT implementation challenges will provide the conditions for an integrated first 1000 days program with far-reaching impact. However, for this to occur, the National Treasury will very likely need to allocate additional resources. The NDOH and

investment cases in development should inform this disbursement.

1. Define the baseline package of first 1000 days services and clarify the role of the CHW.



► Target Audience: National Department of Health

The NDoH should provide additional policy and programmatic clarity on the package of services and the role of the CHW or other health worker in their delivery.

- Doing so should serve to highlight the focus is not just survival.
- Doing so will enable the provinces to assess their current service packages and workforces against the National standard, diagnose gaps, and make informed plans to invest in and strengthen services, thereby enhancing the likelihood that they meet the 2024 and 2030 targets laid out in the NIECDP.
- In the absence of a defined service package and role, guidance on the appropriate number, timing, content of the visits, or indicators used to measure service quality and outcomes, provinces cannot engage in functions critical to the success of NIECDP implementation, such as costing and human resource planning.

2. Develop competencies and training aligned to the first 1000 days service.



► Target Audience: National Department of Health, Provincial Departments of Health

Once a service package is defined, NDoH should develop corresponding core training modules, which allows for continuous skill development and competency attainment. Training should include all aspects of nurturing care – in addition to health and nutrition; help practitioners to support caregiver behavior change through reflection, modeling, and coaching; be offered regularly; and be defined for all members of the WBOT, especially supervisors.

There are three training opportunities in the near-term that should be considered:

- Immediate term: NDoH and the provinces should ensure that all WBOT and facility-based providers receive training on the revised Road to Health Booklet, while emphasizing the expanded child development and engagement messages.

- Short-term: Provinces should identify vulnerable populations and provide additional training to CHWs and supervisors on maternal and family support and child development in those identified areas.
 - Provinces could potentially leverage support from the Department of Social Development, or contract high-performing home visiting programs to provide additional training or supplemental services that expand WBOT and CHW capacity to provide comprehensive maternal and child services.
- Short-to-Mid-term: NDoH should continue efforts to simplify and standardize national training curricula and approaches to respond to discrepancies resulting from the current, more decentralized approach.

3. Provide appropriate supervisory and support mechanisms to enable CHWs to take on additional service responsibilities.



► **Target Audience: National Department of Health, Provincial Departments of Health**

Provinces should make a concerted effort to stabilize service ratios and commensurate with their responsibilities by providing additional training to those in supervisory positions.

- WBOTs need to be adequately staffed to ensure proper supervision ratios, and supervisors need to be adequately trained to lead, supervise, and develop their staff
- Supervisors need basic managerial and operational training, as well as training on content related to the first 1000 days.
- Supervisors also need to be trained to understand and address the complex and emotionally taxing situations that CHWs encounter and provide them supportive — and not just compliance-based — supervision.

4. Undertake a diagnostic of the CHW and first 1000 days services currently provided to inform expansion.



► **Target Audience: Provincial Departments of Health**

Provinces should conduct a diagnostic of their current service delivery, regardless of the delivery model.

- Such diagnostics should include more detailed information on which services CHWs currently provide, how long they take, their relative quality, and the extent to which the needs of vulnerable populations are met.
- This information would be critical to determining the capacity of CHWs to take on additional first 1000 days services, especially related to parenting support and early stimulation, and establishing guidance on dosage, service ratios which would allow provinces could cost, plan for, and make informed decisions about how to effectively serve their vulnerable populations.
- This information would also prove essential for additional collaboration and coordination with other sectors, such as DSD, and would ensure that services are aligned, and all vulnerable populations covered.

5. Strengthen multi-departmental and multi-sectoral collaboration and coordination and ensure alignment of objectives.



► **Target Audience: National Department of Health, Provincial Departments of Health**

National, provincial, and local stakeholders must improve collaboration and coordination to better deliver first 1000 days services and to ensure that resources are efficiently stewarded. Stakeholders must also consider the whether current Department of Health structure sufficiently allows the various divisions to align and pursue complementary objectives.

Enhanced communication and coordination is recommended across multiple levels:

- National: Improve intra-departmental coordination, especially between the Primary Health Care division which oversees the CHWs and the Maternal and Child Health division responsible for ECD policy and the revised RtHB. NDoH should lead coordination efforts with the other lead departments, including the Departments of Social Development and Basic Education, as well as NGOs and experts, and define the package of services essential to the first 1000 days and develop the training curricula. NDoH should also ensure alignment with the investment case produced by DSD.
- Provincial: Improve coordination and planning across health and social development; coordinate to undertake diagnostic referenced above; define roles and responsibilities to reduce duplication

- Local (e.g. district, sub-district, ward): Improve communication and coordination to ensure that referrals are effectively addressed, and services delivered. Ensure that first 1000 days needs and services are addressed in the relevant multi-sectoral platforms (ex. War Room meetings)

Review the Department of Health structure to ensure alignment:

- Raise the profile of the NIECDP at the National level and address what system alignment is truly needed for implementation.
- Consider and address the challenges inherent in tasking the Maternal and Child Health division to be responsible for the ECD policy when the CHWs who are expected to deliver many of the services are part of the Primary Health Care division, which has little formal obligation to the policy.

6. Consider the creation of a new service role, the FTD Lead, situated between the CHW and Enrolled Nurse



► **Target Audience: National Department of Health, Provincial Departments of Health**

NDoH should consider formally creating a new role, the FTD Lead, within the WBOT.

- This would help with the implementation of first 1000 days services by creating a focal point for maternal and child health and early childhood development, embedded in the health system.
- In the short-term, FTD leads could be trained and deployed in high-needs areas and serving either a single WBOT or multiple, depending on service needs.
- This could establish a more formal career pathway for CHWs.

The FTD Lead could:

- coordinate and lead parent support groups and related early learning opportunities within the communities
- provide additional support to CHWs, including accompanying them on home visits to develop capacity
- support capacity-building and provide on-going training to CHWs

- ensure there are linkages between other community services and sectors

It is not recommended that this role be a formal supervisor for the CHWs, which would require additional training and lead to line management confusion.

7. Raise awareness of the NIECDP and the role of first 1000 days services



► **Target Audience: National Department of Health, Provincial Departments of Health**

NDoH and the provinces should establish or promote broad-based communications campaigns linked to NIECDP and the importance of the first 1000 days.

- Well-crafted public awareness campaigns would reinforce the need for integrated services and highlight that benefits to the child and family and health system savings are realized by investing in mutually-reinforcing services, (e.g. supporting “love” and “play” can also improve the care of the child and health/nutritional outcomes).
 - Communication campaigns and materials would further support alignment within the health platform. Materials should be made available from providers at all touchpoints (e.g. CHWs, health posts, clinics, facilities, and hospitals, etc.)
- Existing initiatives can be further adopted, scaled, or aligned in order to implement this recommendation,
 - Such resources include NDoH’s Side-by-Side campaign alongside the revised Road to Health Booklet, Western Cape’s First Thousand Days Initiative, or Ilifa Labantwana’s #LovePlayTalk, as well as materials emerging from WHO and UNICEF’s Nurturing Care Framework.

CONCLUSION

This study has shown that while the adoption of the NIECDP is commendable, multiple actions need to be taken to realize its potential and expand first 1000 days services to vulnerable populations. There is increasing awareness of the policy within the Department of Health and understanding of the critical importance of the first 1000 days. However, the default is to rely on the aspects of the policy which most closely mirror the Department’s experience and expertise, in this case,

the health and nutrition domains. To initiate meaningful implementation of the NIECDP, the NDoH needs to commit and orient itself towards the full policy, and address the areas where it lacks experience, which include providing more comprehensive psychosocial, parenting, and early stimulation support. To sustainably deliver these services in South Africa or any context, enhanced intersectoral coordination will be essential.

Finally, this study underscores the importance of considering the context in which the workforce

operates when assessing the viability and sustainability of expanding services. In South Africa, this means addressing the implementation gaps that limit the effectiveness of the CHWs and WBOTs, which includes a lack of dedicated funding, and challenges with staffing, training, caseload, and supervision. These systems-level gaps, if appropriately addressed, will strengthen the foundation on which first 1000 days services can be successfully implemented and improve the likelihood of durable positive outcomes for young children and families.

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