

The new Road to Health Booklet demands a paradigm shift

Although under-5 mortality rates continue to fall in South Africa (SA),^[1] many children fail to reach their full potential, as evidenced by high levels of stunting^[2] and sub-optimal educational outcomes.^[3] Recent estimates show that 38% of SA children under the age of 5 are at risk of poor development based on their exposure to stunting or extreme poverty, which are both established risks to child development.^[4,5]

In line with the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health, there is a need to shift from focusing on ensuring that children *survive* to ensuring that they also *thrive*.^[6]

At a national level, the National Integrated Early Childhood Development (ECD) Policy of 2015 assigns responsibility for the provision of a comprehensive package of ECD services for children aged 0 - 2 years to the National Department of Health (NDoH).^[7] This calls for a fundamental paradigm shift from the historical focus on vertical, child-survival-focused services. A well-defined and co-ordinated approach to providing integrated services that promote survival as well as nurturing care of young children through the health system has been lacking. Nurturing care embodies the provisions outlined in the ECD Policy, and comprises five essential elements, i.e. health, nutrition, early learning, safety and security and responsive caregiving.^[8]

To address this, the Road to Health Booklet (RtHB) has been redesigned (Fig. 1). The process was led by the Child, Youth and School Health directorate within the NDoH, with support from partners who have experience in ECD, child health and communication. The partners included the South African Civil Society for Women's, Children's and Adolescents' Health (SACSoWACH), as well as academic, multilateral and private foundation partners.

The RtHB is at the centre of the U5 child health campaign, known as the Side-by-Side campaign, which aims to ensure that young children have access to the full range of nurturing care services at health facility and household levels. Side-by-Side describes the supportive relationship between a child and their caregiver, as well as the relationship between healthcare workers and practitioners who support and advise the caregiver. 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 demand side of the campaign speaks to caregivers with its central message that *'You are central to your child's nurturing, care and protection – and their lifelong health outcomes. Your health worker is there to support you.'* Each theme (also known as pillars) has a set of messages (Fig. 2).

RtHB health-promotion messages are aligned with those received by mothers/caregivers registered on MomConnect, a mobile phone service through which women receive messages during pregnancy and until the child is 1 year old.^[9] Plans are underway to extend the messaging to when the child is 5 years old, and will be provided to caregivers through a RtHB App. The RtHB health-promotion messages are available in all official languages, and supportive materials for health workers are being developed. To promote societal awareness, the rollout of the RtHB and Side-by-Side campaign will be supported by a radio drama, which will be broadcast each week from September on eleven regional radio stations in nine official languages.

Ensuring optimal use of the RtHB remains an important and ongoing challenge, particularly for services and interventions that are not currently provided at scale, such as developmental monitoring.

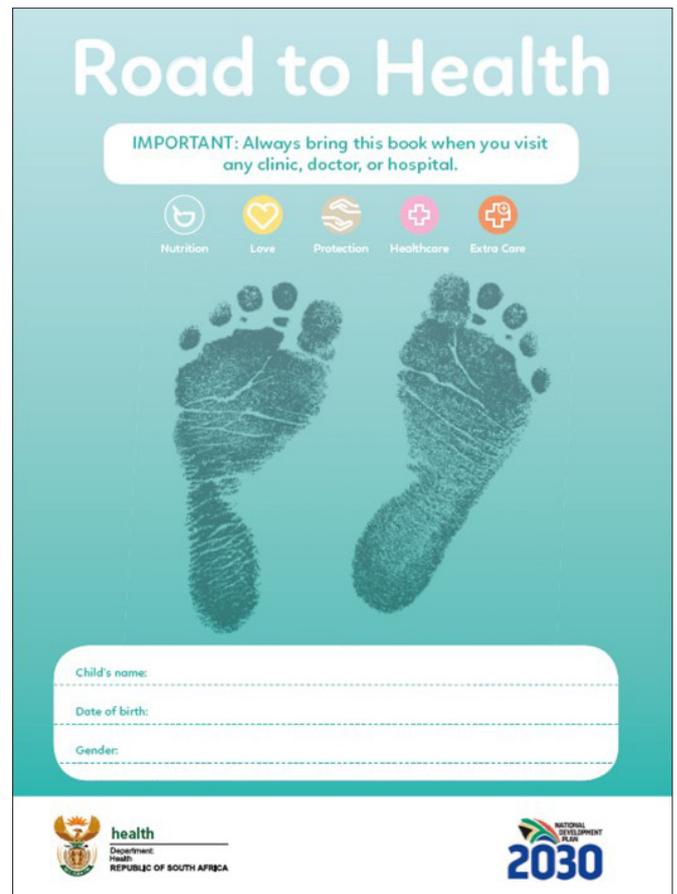


Fig. 1. The new Road to Health Booklet.

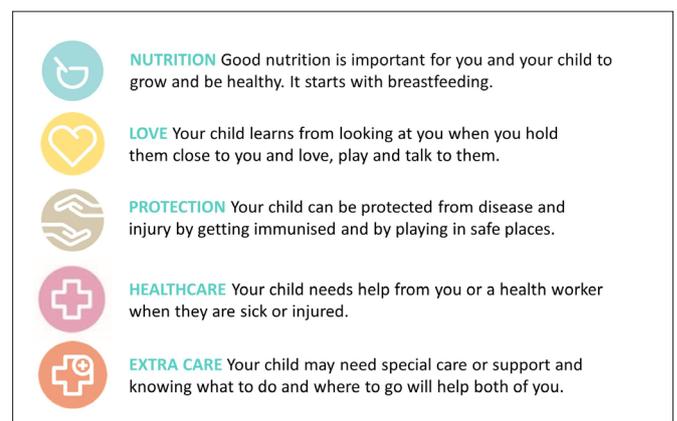


Fig. 2. Five themes of the Road to Health Booklet.

Including these interventions in the RtHB and creating societal awareness of the five pillars will drive demand for currently under-prioritised services. All child health consultations (both at primary level facilities as well as community health worker visits to households) should be structured around the five themes, and health workers are expected to address each of these pillars at every contact.

The majority of SA children grow up in adversity, and unless we ensure that they overcome these challenges and maintain a positive

developmental (as well as health) trajectory, we are likely to perpetuate the cycle of poverty, inequality and poor developmental outcomes. The first years of a child's life, when the effects of risk and plasticity are most profound, are a critical window for early intervention, but also for promotive interventions that can benefit all children.

There will be ongoing efforts, over the next 3 - 5 years, for the RtHB and Side-by-Side campaign to provide a platform for implementing nurturing care, and expanding and strengthening the package of services provided to young children through the health system in SA.

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