



**Western Cape
Government**

Health

**REPORT ON THE FIRST ROUND OF THE FIRST 1000 DAYS
ROADSHOWS CONDUCTED IN THE CAPE TOWN METRO
BETWEEN
APRIL – SEPTEMBER 2016**

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The UCT Knowledge Co-op facilitated this collaborative project.

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INTRODUCTION

This report presents an overview of the first round of the “First 1000 Days Roadshows” held in 2016. An Anthropology Honours student was requested to report on a series of Cape Town Metro First 1000 Days Roadshows held in 2016, as part of a collaboration between the Anthropology Department at the University of Cape Town (UCT) and the Western Cape Department of Health (WC DoH). The report contains background information regarding the First Thousand Days (FTD), a description of the roadshows including feedback from participants on what they learnt and recommendations. This is not a formal evaluation, but a descriptive, explorative report on an educational, awareness and knowledge promotion intervention that was implemented.

BACKGROUND TO THE FIRST 1000 DAYS

‘The First Thousand Days of Life’ (FTD) - measured from conception to approximately two years of age - has become a growing concern with direct implications for policy at all levels from global policy making to local governments (Majombozi, 2013:4). Findings in neurosciences and epigenetics indicate that the physical and emotional contexts of these early days are crucial in establishing the child’s long term mental and physical well-being. Brain development occurs more rapidly during the first thousand days of life than at any other time. Sufficient nutritional, emotional and support from caregivers in this period of a child’s life is crucial to the child’s ability to reach their full potential (South African Child Gauge, 2013:44).

The First 1000 Days is therefore becoming a field of inquiry with direct implications for policy. The emergent field both synergises a range of disciplines in both bio- and social sciences and develops new sites of humanitarian intervention, re-framing current debates about population, well-being and ‘the best interests of the child’ in newly biological ways. Therefore, interventions in the First 1000 Days could have long term benefits for individuals as well as the population who receive maternal and child health services.

Internationally, recommendations to improve the quality of the First 1000 Days window are now known and governments in certain parts of the world have engaged with some of these (Majombozi, 2013:4). These include promoting good nutritional practices for mothers and young children (such as breastfeeding), providing psychosocial support in maternal and child health services and a focus on early childhood development.

HISTORY OF THE FIRST 1000 DAYS IN THE WESTERN CAPE

National policy aims to improve the lives of South Africans who are vulnerable, and it has trickled down into provincial strategic goals and objectives. While policy changes such as the Tshwane Declaration (2011) have re-established a firmer foundation of support for breastfeeding, South Africa as a country still has many challenges in optimizing maternal and child state health services during the First 1000 Days.

The Western Cape government (WESTERN CAPE GOVERNMENT) noted that the evidence of scientific based research in other parts of the globe (1000 Days Life.org, 2016) resulted in changes for state policies related to the First 1000 Days, and is therefore embarking on this initiative in the Western Cape, with the goal of improving maternal and child healthcare services. A number of different themes have been embedded in the WESTERN CAPE GOVERNMENT’s strategic plan, including the

First 1000 Days, which is noted as a key period in which to try to improve the lives of children in underprivileged areas in the Western Cape. The strategic plan states the following:

“Children demand and deserve special attention. Their earliest experience has the potential to influence them positively or negatively as future active citizens in their communities later in life. To achieve this outcome, we will strengthen very early childhood development by providing holistic social and health services in the first 1000 days of life, from conception to 2 years old, to prepare children for pre-schooling and education. We will also ensure access to capacitated and quality partial care (including ECD and Aftercare), and access to education for all children with disabilities.” (Western Cape Government Provincial Strategic Plan 2014-2019)

This initiative has been built on an earlier decision: In 2011, at a Provincial summit a decision was made to include Wellness in health campaigns. This led to the provincial “Wellness 2030” plan. (Healthcare 2030 the Road to Wellness, Western Cape Government Health, March 2014).

The first specific input regarding the First 1000 Days at a provincial level occurred in May 2013, when a senior dietician at Stellenbosch University presented this topic to Western Cape Department of Health (WC DoH) and City of Cape Town (CoCT) colleagues at the Parent Infant & Child Health (PICH) provincial meeting. The PICH chairperson also tapped into the growing international focus on the First 1000 Days when she attended a conference in Edinburg, and disseminated what she learned to the PICH committee amongst other fora.

In response to key stakeholders raising awareness around the First 1000 Days, the Western Cape Government launched an official First 1000 Days campaign in February 2016. This was intended to be an inter-sectoral campaign (“Working better together”) as articulated by the Western Cape Minister of Health at the official launch:

“We realise that health and wellness requires a wider response than any one department can deliver, and that’s why the Department of Health and Department of Social Development (DSD) have joined together on the First 1000 Days initiative”
(<https://www.westerncape.gov.za/general-publication/first-1-000-days-campaign>)

HISTORY OF THE CAPE TOWN METRO ROADSHOWS

The Director of Health Programmes in the Western Cape Department of Health facilitated various meetings to strategize how to create a First 1000 Days campaign. The value of an inter-sectoral approach was recognized and links were established with the Department of Health, Social Development and Education. The Department of Health took the lead on this transversal initiative.

After a series of planning meetings, led by a team of five people comprising representatives from the Western Cape Department of Health and the City of Cape Town (CoCT), developed a carefully structured workshop. The aim of this internal educational campaign was to raise awareness among a broad cross section of health workers to complement an external campaign to inform the general public, via various media (radio talks, magazines). The intention was that by sharing about this new

field of knowledge, perceptions of health workers would be shifted and consequently their practice would improve.

The workshops were considered to be one of the steps to achieve the goals of the Western Cape Government to create a better and “open opportunity society” whereby poverty is eradicated and individuals have sufficient and efficient resources to reach their full potential (as stated in the Western Cape Government’s Strategic Plan for 2014-2019). It was also decided to make the workshops as participatory as possible.

There was a lot of enthusiasm and energy around communicating a more passionate engagement with the deeper message of the First 1000 Days; therefore it was decided to use videos and documentaries to elicit a more emotional engagement with the issues. The videos used were selected from a variety sourced by the First 1000 Days planning team. The final five were:

1. The “Cape Town Embrace” video provided a broad overview of the importance of the First 1000 Days, including the new neuroscience findings (D
2. The Perinatal Mental Health Programme (PMHP) video focussed on maternal mental health using as a case study a woman from Khayelitsha’s experience of how the PMHP service improved her mental health and enabled her to bond with her baby.
3. A video of a doctor from India talking about the effect of stress in pregnant women on the long term well-being of a child, wove together the themes of maternal mental health and neuroscience.
4. “Together from the beginning” made by Dr Astrid Berg (Child Psychiatrist) to illustrate through using examples of three children and their families, the importance of being aware of a child’s perspective.
5. “Birth” - A very short but evocative clip of an American celebrity showing that a new-born baby recognizes her father’s voice at birth.

This project from the planning stages to the final execution and this descriptive report was an engaged and collaborative partnership between City of Cape Town and Provincial Health Department.

After the initial six workshops were held in May and July, there was a request for more roadshows from various staff members across the Metro. The initial small planning team was enlarged to include more trainers and a second series of workshops were conducted in the latter part of the year, including one in a rural district, Drakenstein. *These are not included in this report.*

METHODOLOGY

Interviews with participants and planners as well as analysis of the roadshow attendance registers, pre and post-test questionnaires, evaluation forms and feedback from workshop group activities were used as data sources.

The initial six workshops and five planning meetings were attended by the researcher. Interviews were conducted with six workshop participants in whom they were asked about their experiences of attending the workshops. Sampling for these interviewees was done conveniently, on the basis of permission given on the workshop registration forms and those who responded to the researcher

stating their interest and willingness to be interviewed. Four members of the team who developed and conducted the workshops were interviewed for background information on the implementation of the workshops. All interviews were recorded and transcribed, and thematically analysed. The analysis was done collaboratively by the researcher and one of the Western Cape Department of Health First 1000 Days team members. Consent for interviews was given from the City of Cape Town after an online application was sent in and approved for research permission. The researcher also attended a few general maternal and child health Department of Health meetings to learn about the process of public health planning and strategizing.

FINDINGS

Roadshow Format

The roadshows had a structured format and each was facilitated by two to four trainers. They started with a pre-test questionnaire to establish baseline knowledge. This was followed by an introduction and overview of the workshop, and a “Disclaimer” regarding the emotional content of the workshop.

The content which followed was divided into four themes: new neuroscience, pregnancy and maternal care, child health and lastly, implications of the First 1000 Days for services. The first three themes each used video footage to introduce them, followed by a summary of the main points in a power point presentation. The participants then discussed in small groups what they had learned as well the implications for service provision and made suggestion for improvements. After giving feedback of the group discussions, the workshop finished with a summary presentation of service implications. Participants were asked to complete the post-test questionnaire and an evaluation form (in which they noted their main learnings) at the conclusion of the workshop.

The workshops, duration of 3-4 hours, were all held on Friday afternoons, in a variety of venues in the metro. Refreshments were provided.

Number of participants

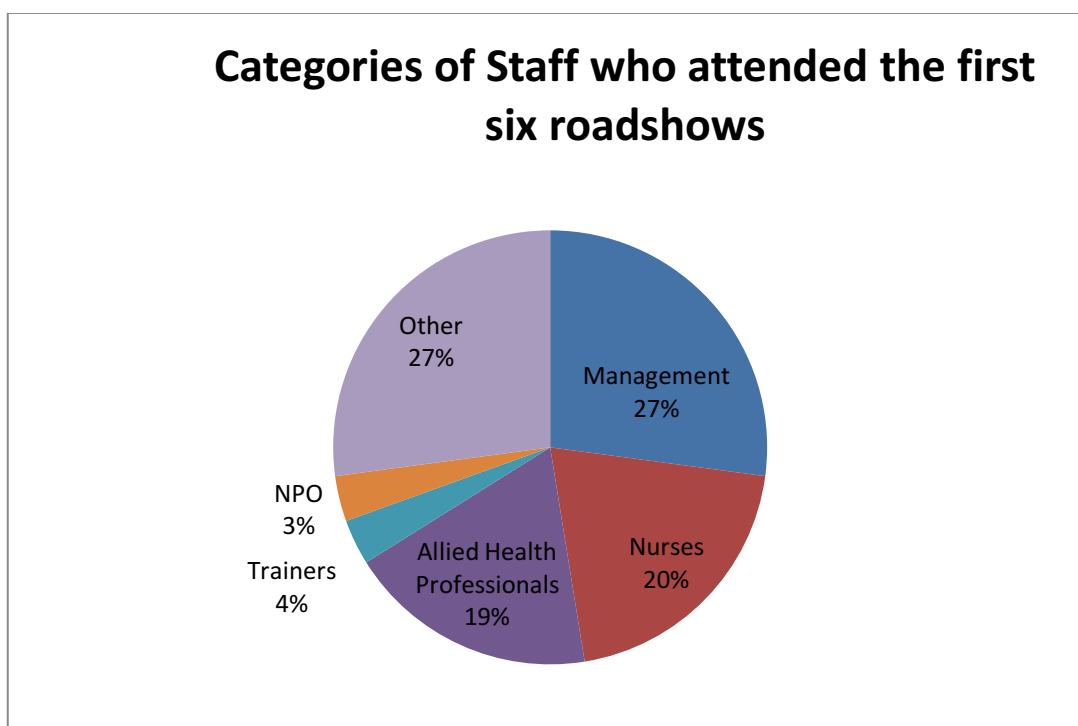
Date of roadshow	Number of Participants
15 April (“Practice run”)	25
06 May 2016	49
13 May 2016	76
20 May 2016	73
29 May 2016	80
22 July 2016	47
29 July 2016	82
12 Aug 2016	89
19 Aug 2016	89
02 Sept 2016	57
02 Sept 2016	89
Total	667

Profile of participants

Participants included a variety of healthcare providers employed both by the Western Cape Department of Health and City of Cape Town as well as other provincial departments such as Social Work, Education and Non-Governmental partners.

The categories of Health Department participants included:

- Management: including sub-district and sub-structure staff, facility and operational managers, and clinical facilitators
- Nurses: professional nurses, enrolled nurses and enrolled nursing assistants
- Doctors and some dentists
- Allied Health Professionals: dietitians, physiotherapists, occupational therapists, counsellors
- administrative staff
- NPO staff
- social workers
- Other: cleaning staff, environmental health officers



Note: Data for the last five workshops is not included in the above graph.

Organisations represented at the roadshows

Organisation	Total	% of total
Metro District Health Services	79	39%
City of Cape Town	75	37%
Non-Governmental Organisation	24	12%
Department of Social Development	19	9%
Other	7	3%
Total	204	100%

Note: not all participants documented the organisation they represented

What was learned by the participants / feedback on the value of the roadshows

Data sources eliciting what participants learned include:

1. Pre- and post-test questionnaires surveying participants' knowledge of the First 1000 Days.
2. Evaluation forms eliciting participants learnings at the roadshows.
3. Groups discussions at the Roadshows on (1) maternal health, (2) child health, (3) inter-sectoral collaboration using the following questions for each topic:
 - What was learned that was new?
 - What are we already doing but needs to be enhanced and how can that be done?
4. Anecdotal feedback from six participants following the roadshows. Participants were asked about their experiences of the workshop and integrating what was learned into their work.

Pre-and post-test questionnaire analysis

Method: From each workshop, 10 questionnaires were randomly selected and reviewed for correct answers. Results are shown in the table below:

Workshop	Average PRE	Average POST
# 1	75%	76%
# 2	80%	81%
# 3	71%	83%
# 4	78%	89%
# 5	61%	71%
# 6	84%	91%

The scores from the pre-and post-tests suggested that most people knew some of the basic concepts, but did not realise the full importance of the first thousand days prior to the roadshows. Post test score improvement indicating that participants gained some knowledge about the FTD.

Overall learnings

In terms of the overall take home message of what was learned, two main themes emerged:

1. **The timing of the First 1000 Days:** The critical significance of the time of the First 1000 days for the mother and child. Many participants had not realised the importance of healthcare services delivered in this time, and how they can have such a significant effect on the optimal development of a child's brain as well as overall health.
2. **Maternal mental health:** Many participants said they did not realise the importance of doing a mental health screening and how the mother's mental health and stress affect the development of the child's brain during the first 1000 days of life.

Feedback on the three main themes

Note: this summary includes services currently provided (including concerns and challenges) and recommendations:

Maternal Health

A: Current situation:

- Pregnant women are encouraged to book early (less than 20 weeks gestation) to improve maternal care, and the trend over the last 5 years has shown an increase in early booking.
- There are not enough resources to deliver adequate services, facilities are overcrowded and there are time constraints.
- Mental health screening in pregnant women is not commonly done.
- The role of fathers is neglected - they should not be excluded from antenatal clinics and labour wards.

B: Recommendations

- Integrated clinical stationery would improve the quality of care and make it possible to audit the care provided.
- Adolescent support, empathy and compassion by clinic staff could reduce depression.
- Health Services need to provide antenatal classes in which parenting and care of children is discussed.
- Breastfeeding counsellors could be trained to add more to their health education talks than only focusing on feeding options.
- BANC breastfeeding support groups should be established.
- There is a need to provide counselling and referral and support services for psychosocial problems identified.
- Health Services need to improve links with CBS and provide same day referral if risk is identified.

Child Health

A: Current situation:

- Well child care includes weight monitoring and referral to the NTP Programme if necessary
- Clinics all use the Road to health care card (includes a UNICEF-stimulation chart)
- Shortages of staff results in developmental screening not being well done because clinicians don't have time. Also, need better referral systems if development delays are identified.

B: Recommendations

- Need play areas at clinics available to stimulate children
- Need more health information / education re need for stimulation of children (Pamphlets, posters)
- Mothers and babies must be seen together post-natally (especially if HIV infected)
- There is a shortage of staff to implement exclusive breastfeeding by supporting mothers. Volunteers to assist new breastfeeding mothers would be helpful.

Inter-sectoral collaboration and the broader context**A: Current situation**

- There are a variety of NGO's to whom referrals can be made.
- There is good outreach to ECD's for immunisation catch up.
- Resources currently available in many facilities: Dietician, oral health, CHW/Counsellors, psychologists and health educators. Need to improve the health education they give.

B: Recommendations

- Improve referral pathways and tool for referrals inter and intra department: Need better and more efficient referrals.
- Need a comprehensive resource list of NGO's and departmental resources to be drawn up
- NGOs dealing with life skills can hold educational sessions on the First 1000 days – provide talks at libraries, crèches and workplaces via existing networks,
- Need to link with environmental health, municipal services, water sanitation and refuse removal
- Maternal rights at workplace - breastfeeding needs more support.
- Educare day mothers need to be educated regarding the importance of gradual bonding with a new carer.
- Develop multi-sector, multi-disciplinary partnerships as this would improve referral opportunities.
- Department of Education and Social Development need to be more involved with Department of Health.
- The South African socio-economic context needs to be acknowledged in the workshops, to keep them aligned with reality.
- Recommend conducting more formative research amongst patients to understand the root causes of health problems. Many of these are socio-economic, and need to be integrated into the content of the campaign.
- Workshops also need to be held for mothers, and not only health care service providers.

Participants views on integrating these issues in “real life”

In the follow up telephonic interviews, participants complained that it was difficult to apply the concept of a holistic maternal and child health approach in their everyday working practise. This is mainly due to a lack of resources, and the conditions in which they work. Each participant interviewed played a different role in the health sector, and most of them were not positive in their comments regarding state resources and how the health services are delivered with regard to maternal and child health care. In their varied jobs, working in the state requires them to play many different roles, many of which are not part of their job description. The idea of delivering maternal and child health care on a level of the First 1000 days campaign would be nice in a perfect world, but in reality, South Africa is far from it.

Some participants said they felt it was a good workshop but without the resources it is difficult to try and spread the idea of the campaign on top of all the other difficulties such as the current stress which they face in their jobs.

One participant said that the workshops sensitized one to have more sympathy and be more compassionate. However, for nurses the implications are challenging as taking care of social issues and the associated complications is not easy and there are time constraints. The workshops have capacity to make some, not all, more compassionate within their job. However, she concluded:

“Often staffs don’t think to go the extra mile for patients. This is why the 1000 day for life is important to me”.

A participant working for an NGO noted that her NGO is already doing their own First 1000 days training. Their campaign included much of what the First 1000 days campaign was trying to do, which was to improve maternal and child health care, through educational programmes and home visits. Their participants are given a certificate after their training. These roadshow workshops fit in perfectly with their timing, and she noted that they were in fact doing the work on the ground level. She felt strongly that there was capacity for more to be done.

Her recommendation was that the Western Cape Department of Health should set targets and ask for statistics on their programmes. She asked for recognition for the work the NGO was doing:

“DoH says we must do it, we will do it, and we are doing it, but some support would be great as it takes our resources to develop this, so we desperately need more resource’s and support to carry this out”.

A final recommendation was that these types of workshops should definitely be included in the standard orientation for nurses.

Feedback on the process and logistics

Participants gave feedback on the process and logistics of roadshows. Most participants were positive about the experience. The following specific feedback was noted:

Logistics

- Maps or directions to the venue would have been appreciated as some struggled to find unfamiliar venues.
- The Lentegeur venue was considered by some as too small and therefore not appropriate for a participatory workshop (Note: some roadshows had more people attend than were expected and nobody was turned away)

Time

- Friday afternoons did not suit some, who complained of traffic getting home.
- There were IT problems at two sessions resulting in the roadshows starting late, and being rushed. The feedback was that the last session on the implications for service delivery did not get adequate time, which was regretted.
- Some would have preferred the Roadshow to be conducted over a full day as “the workshop is dense with important and interesting information that needs breaks, space and time to process it”. Note: others complained that four hours was too long and it could have been done in one and a half or two 2 hours).

CONCLUSION

The First 1000 Days Roadshow was an excellent awareness raising initiative. It is recommended that the roadshows should be conducted in other communities and local clinics. The input was well received despite some participants struggling with the idea of how to apply the principles in their everyday work lives. There have been requests for repeat roadshows by staff who were not able to attend.

This was a successful collaborative project between the City of Cape Town and the Western Cape Department of Health colleagues and potentially can be seen as a start to the “provincialization” process, which would save state money and improve service delivery. The working relations between the planning and facilitation team can be seen as an example of results stemming from productive team work as a result of a shared passion for health care.

LIMITATIONS

This was not a formal evaluation, rather a description of a process and an educational intervention. The primary researcher was an Anthropology Honours student, without formal Public Health training or experience. Her WC DoH mentor formed part of the roadshow team and assisted with the writing of this report.

RECOMMENDATIONS

The Roadshows have started discussions, created awareness and received positive responses from a cross section of health care workers. The number of staff who have attended is a small fraction of all those who could or should be exposed in the Metro. More roadshows are needed. It is also noted that this is currently a Metro initiative, except for one workshop which was conducted in Drakenstein in collaboration with a local paediatrician from that district. These roadshows should also be rolled out in rural areas and ultimately at a national level.

AUTHORSHIP

The main author of the report is Shari Thanjan (Anthropology Honours student). This report was not a formal academic requirement, but was her contribution to the First Thousand Days Campaign. She was assisted in the writing by Janet Giddy (Maternal & Child Health Programmes, Khayelitsha & Eastern Sub-Structure) and Barbara Schmid (UCT Knowledge Co-op).

The Programme Impact Evaluation unit provided comments on the draft report and assisted with editing and layout of the final report.

ACKNOWLEDGEMENTS

The team which created the original Roadshow format consisted of:

- Dr Virginia de Azevedo (City of Cape Town Health Director, Khayelitsha)
- Dr Elmarie Malek (Metro East Paediatrician)
- Dr Michael Hendricks (Metro West Paediatrician)
- Dr Janet Giddy (MCH programmes KESS)
- Dr Thandi Wessels (Metro East Paediatrician)

This team was later enlarged as we included more trainers and modified the format of the Roadshows.

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