



OPPORTUNITY

5

Keep all children on track by Grade 4

STOP DEPRIVING OUR CHILDREN OF THEIR FUTURE: End Stunting

Stunting is a silent epidemic that affects a quarter of South African children under the age of five¹. Caused by persistent under-nutrition, it hampers children’s cognitive and physical development, preventing them from reaching their full potential. A national campaign called Grow Great hopes to significantly reduce the occurrence of this preventable condition. This learning brief explores the challenges involved and lessons learned through the campaign’s effort to bring South Africa closer to a stunting-free future.

The World Bank’s Human Capital Index estimates how economically productive a child can expect to be by age 18 based on the health and education context of the country in which she grows up². For example, a child born in Chile today will be 67% productive compared to if she received full health and education. The percentage for Kenya is 52%. And for a child born in South Africa, she will only be 41% productive as an adult, less than half as much as she would be if she completed her education and had full health, and placing us 126th out of 157 countries. So while we do well on child survival and access to schooling, we remain locked in a vicious cycle of poor nutrition and poor learning outcomes that drag down our human capital ratings.

In South Africa, just over a one-quarter (27%) of children under five are stunted or too short for their age, yet stunting is not widely recognised as a national issue. Perhaps because, unlike wasting or starvation, which present the obvious

physical signifiers of thinness, stunting does not have easily identifiable characteristics. We cannot afford to remain blind to this preventable condition, particularly because stunting can negatively affect a child’s brain and organ development and immune system, leading to poor achievement at school, decreased productivity and earnings in adult life, greater risk of developing obesity and diabetes, and ultimately, less chance of escaping the cycle of poverty³. Nutritional stunting is, therefore, a problem that affects us all.

Stunting is defined as shortness in height for age as compared to standardised growth charts. These charts can be found in the Department of Health’s Road to Health booklet, which is given to moms when their babies are born in state health facilities.

¹ The South Africa Demographic and Health Survey (SADHS) 2016 measures children’s nutritional status by comparing height and weight measurements against an international reference standard. Just over one-quarter (27%) of children under five are stunted, or too short for their age. Stunting is an indication of chronic undernutrition (Stats SA. 2017. South Africa Demographic and Health Survey 2016: Key Indicator Report. Available at: <https://www.statssa.gov.za/publications/Report%2003-00-09/Report%2003-00-092016.pdf>).

² The Human Capital Index is made up of five indicators: the probability of survival to age five, a child’s expected years of schooling, harmonised test scores as a measure of quality of learning, adult survival rate (fraction of 15-year olds that will survive to age 60), and the proportion of children who are not stunted.

³ Mqadi, S. 2017. Stunting – the silent killer of South Africa’s potential. *The Star and The Mercury*, 20 November 2017. Available at: <https://dgmt.co.za/stunting-the-silent-killer-of-south-africas-potential/>



“If a quarter of our children are stunted, we are really failing the next generation of South Africans and that is something that needs to be alarming more people.”

Dr Kopano Matlwa Mabaso,
executive director of Grow Great

Because stunting has not been recognised as a national issue, very little has been done to address the problem in South Africa, which is why the DG Murray Trust, together with other funders⁴, launched the Grow Great (GG) campaign in October 2018. Its objective is to reach a third of pregnant mothers and children under two, affordably and at scale. GG is unique because it is the first and only campaign in South Africa that aims to:

- > galvanise a national commitment to zero stunting;
- > place community health workers (CHWs) at the centre of its response; and
- > make high-quality and affordable ante- and postnatal classes available to all.

Stunting is not just about nutritious food for baby; it is a multi-faceted problem with social, cultural and economic dimensions that need to be addressed. Consequently, prior to GG’s launch, much time was spent trying to understand the stunting landscape, both nationally and abroad, as an important foundational step. It looked at existing programmes and research; reviewed international projects and considered the South African context; met with various policymakers and civil society leaders to try and understand why various child health and nutrition programmes are not having the desired impact.

WHAT WILL REDUCE STUNTING IN SOUTH AFRICA?

Many factors contribute to stunting, but there are a few critical interventions that could make a big difference over the next five years:

- > Ensure that pregnant mothers receive both nutritional and psychological support when needed.
- > Identify babies at risk (especially low birth weight babies and respond immediately with nutritional support to the mother, and baby when required).

- > Encourage breastfeeding, while recognising that it is not always easy or possible for women to sustain it for six months.
- > Ensure that complementary (weaning foods) are protein-rich. Eggs are a very nutritious food for young children and should be promoted as part of a balanced diet.
- > Monitor child growth and ensure effective responses when they fail to thrive. These may include micronutrient or food supplementation, and intensive and responsive management of acute respiratory and intestinal infections.

Ultimately, GG has focused its approach on four priority areas, known as the four Ps: Parents, the Public, Practitioners (CHWs) and Policymakers.

PARENTS

Flourish is an ante- and post-natal social franchise aimed at educating and supporting parents. This network of mom-and-baby groups is run by franchisees, trained to deliver a curriculum to inspire, encourage and support pregnant and new mothers in their communities through the critical first 1 000 days of life⁵. Its curriculum takes into account various cultural contexts, while aiming to be universally available and affordable. To date, Flourish has trained over 100 franchisees who have collectively reached over 3 500 new and expectant moms across six of South Africa’s provinces.

Are you pregnant and want to join an antenatal class?

Join today!

Attend Flourish antenatal classes from as little as R100 for a 10-week course.

Join a Flourish antenatal class close to you and share your magical journey with fellow mums-to-be. Flourish is a national network of antenatal and postnatal classes hosted by licensed Flourish franchisees that support, celebrate and empower mothers through the critical first 1000 days of a child's life.

Contact us on 083 789 5925 to find your closest antenatal class.

flourish

⁴ The other funders are: Allan & Gill Gray Philanthropy Africa, ELMA Philanthropies Services (Africa), First Rand Foundation.

⁵ The first 1 000 days – from conception until a child is two years old – offers a unique and invaluable window of opportunity to secure the optimal development of the child, and by extension, the positive development trajectory of a country.

PUBLIC

Grow Great has also introduced a mass media campaign to challenge social norms and change early childhood feeding practices. One of its key messages is that the public should help the next generation ‘grow great’ by supporting moms to exclusively breastfeed their children up to the age of six months (or as long as possible). GG has over 300 billboards around the country and a formal agreement with the City of Johannesburg to market Flourish through posters in health facilities. Dr Kopano Matlwa Mabaso, executive director of GG, shares: “People are engaging, people are talking, people are tweeting. And this may be the first step towards behaviour change, altering early childhood feeding practices and achieving zero stunting.”

PRACTITIONERS

If moms are at the forefront of the battle against stunting, CHWs provide them with essential weaponry. The Champions for Children programme seeks to affirm, support and celebrate CHWs for being community leaders and for the important work they do in homes. It is a network of learning clubs, providing a community of practice and access to mentorship, incentives and resources to empower CHWs and help them to provide ongoing family support. About 400 CHWs in Limpopo and Mpumalanga are currently participating in the programme. Previously the height of children was only monitored at clinics, but now Champions for Children support CHWs to check on children at home. Collectively they have been routinely growth monitoring over 13 500 children under the age of two.



“Many CHWs are poor black women themselves, grappling with the same challenges that their clients face. We started with a sensitivity to those real-life issues and to first see them as people – as the courageous community heroes that they are, not just a means to our own ends.”

Dr Mabaso



POLICYMAKERS

Countries that have demonstrated significant reductions in stunting have done so by prioritising interventions targeting women of reproductive age and children under five; adopting a multi-sector approach; garnering high-level government prioritisation of stunting; and driving community-level interventions based on quality data.

Crucially, Grow Great engaged with the national Department of Health (NDoH) from the conceptualisation of the campaign, as they are a critical stakeholder. Dr Mabaso explains: “We asked them for their support of Flourish to enable our Flourish hosts to recruit moms from their health facilities. They agreed and sent letters of support to HODs in all provinces where Flourish has a presence.”

The Grow Great campaign is little over a year old now, and during this time, it has faced tough challenges and learned powerful lessons. These are identified below:

CHALLENGES

1 MANY PEOPLE CAN'T AFFORD NUTRITIOUS FOOD

The affordability of nutritious food is a major hurdle. Dr Mabaso points out that the Child Support Grant (CSG), South Africa's nutrition intervention, is not set at the actual level of income needed to purchase nutritious food. In addition, South Africa does not make provision for any form of income support for poor women in pregnancy, a time of increased financial vulnerability. GG advocates extending the CSG into pregnancy as this would help reduce the risk of stunting by enabling women to access the right nutrition.

2 WEAK FOOD VALUE CHAINS FOR CHILDREN

The problem is not only one of affordability, it is also one of weak demand and supply chains for nutritional food for children. Visit a spaza shop and witness the demand for cold-drinks and empty calorie foods, ahead of protein- and micronutrient-rich foods like eggs and vegetables.

3 THE VULNERABILITY OF PREGNANT MOTHERS

Moms are at the forefront of the battle against stunting as the greatest risk happens in pregnancy and the first two years of life. The health of the mother is a major indicator both before and during pregnancy: if she receives inadequate nutrition, this could lead to stunting in the baby.

Grow Great acknowledges that moms have a lot to deal with and that they may experience ante- and postnatal depression, which in turn means they may struggle with breastfeeding, bonding and attachment. "Even if they do have food, the better the love and connection the babies feel, the better they grow," explains Dr Mabaso. Flourish and Champions for Children seek to provide a network of care and support for moms. Both antenatal and postnatal depression, as well as anxiety, are very common in South Africa, affecting about one-third of mothers⁶.

The importance of mental health

Opening up about one's mental health challenges can be among one of the hardest things to do in life, but Sarah Mashaba (34), a CHW based at Thomo Clinic in Giyani, Limpopo, believes that the simple act of talking can not only improve one's mental health, but can save lives.

She is proud of the fact that discussing mental health is not taboo where she lives. "The people in my community discuss their mental health problems freely. This is because we teach them about mental health whenever we visit them in their homes. We tell them that not speaking about things can result in depression and, ultimately,

death. So people here understand the importance of speaking about their mental health. Our [Champions for Children] clubs at the clinics also discuss mental health regularly," says Mashaba.

The advice is not reserved for her clients only; Mashaba lives by her words. Getting things off her chest has always been her preferred way of dealing with work stress or problems at home. "Whenever I'm stressed about something, I share it with my colleagues. I often feel stress-free after doing that.

"I do the same at home with my husband and children. Talking helps, we need to tell our partners and children about the problems we have," says the mother of a girl and two boys.

Extract from C4C magazine, Issue 2

4 SOCIAL NORMS & CULTURAL PRACTICES

Across the country, there is a dearth of knowledge about stunting. GG seeks to change this, but social norms and cultural practices need to be considered, too. In many South African cultures, mothers and babies are discouraged from leaving the home before the child is three months old. At this time moms may still be breastfeeding and/or struggling with postnatal depression; they need support. A postnatal programme could help, but can we design programmes that align with people's cultures and belief systems? And will there be sufficient demand? Another challenge is the affordability of a postnatal programme. Dr Mabaso admits that this is still a learning curve.

There is no doubt that structural systems have contributed to the prevalence of stunting in South Africa. For example, in many spaces, public breastfeeding is still not considered socially acceptable. As such, GG aims to educate the public on the importance of breastfeeding. One such route is to show that breastfeeding in the workplace is not just good for mom and baby, it is good for business too. In fact, employees who breastfeed miss work less often because their babies are healthier. They are also more productive because they feel more supported⁷.

5 WE DON'T KNOW WHAT DRIVES STUNTING IN DIFFERENT COMMUNITIES

South Africa has good data at the national level – we know that one in four children is stunted. But we do not know why. Different communities experience malnutrition for various reasons. For example, a child may qualify for a CSG, but the caregiver may not have all the necessary documentation to access it. Or the region grows sufficient food, but there are inadequate hygiene and sanitation. Currently, we do not have adequately detailed and disaggregated data to help us understand what is driving stunting in different communities.

With these challenges in mind, let's focus on the important lessons that GG has learned so far.

⁶ Hall, K., Richter, L. Mokomane, Z. & Lake, L. (eds). 2018. South African Child Gauge 2018. Cape Town: Children's Institute, University of Cape Town.

⁷ Many employers do not realise that breastfeeding can save them money. Read more at: <http://www.usbreastfeeding.org/p/cm/ld/fid=234>

LESSONS

1 BUILD PARTNERSHIPS

Grow Great did not want to parachute into the stunting space without learning from others. Partnerships have been an important contributor to how far the campaign has come. GG looked at existing actors in government, civil society and academia working towards the same goal and tried to learn from and support them.

The campaign has established a strong partnership with the Limpopo Provincial Department of Health, which helped it build relationships with the community, provided introductions to traditional leaders and local NGOs and supported Grow Great in recruiting CHWs into the Champions for Children clubs. In Mpumalanga, it has partnered with the **Leave No Young Child Behind** initiative, which aims to drive a significant improvement in the wellbeing of young children in Nkomazi.

In terms of providing emotional and mental support for mothers, Grow Great has tapped into **Embrace**, a national support network for moms. This is a safe space, where moms are not didactically told what they should and shouldn't do. Embrace organises events to celebrate moms, such as Mother's Day Connect, with some of the Flourish franchisees active in the Embrace community.

Common Good, the NPO of Common Ground Church, is an example of Grow Great partnering with a faith-based organisation. A Common Good staff member has been trained to run Flourish groups and to activate Flourish in Christian communities. This provides important feedback as to how the ante-/postnatal programme functions in churches.

Grow Great is also active in the business environment. It is currently working with First Rand Group to roll out *Flourish* to the bank's call centre staff. The pilot will operate in five of the bank's Johannesburg branches. Offering Flourish as part of corporate wellness programmes is an exciting avenue for the franchisees to grow their business. The pilot is also advantageous for the brand as it allows for testing in a new setting.

2 USE DATA TO DRIVE POLICY CHANGE

The National Food and Nutrition Security task team has identified communities that are most vulnerable to nutrition insecurity. Building on the work of this inter-departmental task team, GG will draw up surveys aimed at finding out what is causing stunting in various communities across all nine provinces. To date, surveys have been carried out in Worcester and in Mqanduli in the Eastern Cape. An independent partner will conduct the remainder of the surveys, with the aim of having results available in April 2020.

The surveys will provide a map of the country and a dashboard of how different regions are faring. Results will enable GG to focus the programmatic response and advocacy appropriately. Grow Great aims to present the findings back to the communities so they can chart a way forward together.



“Being able to drill down to community-level drivers of stunting is important if we are going to shift the needle on stunting. We may not ourselves be able to deliver toilets, but we can at least share the data with the public and hold our leaders accountable.”

Dr Mabaso

3 EVALUATE IMPACT

An internal evaluation of the programme six months into implementation suggests that participation in the Champion for Children's learning clubs significantly improves CHWs confidence in their own understanding of issues related to maternal mental health, and in conducting screenings for perinatal depression. Grow Great also does baseline and endline surveys with their Flourish clients that assess whether Flourish has been effective in nudging the kind of behaviours they are promoting, and whether Flourish moms feel they have a community of support.



“My understanding has grown a lot. I have gained a lot of knowledge about raising a healthy newborn baby, or baby still yet to be born. For example, at 1 year 6 months, a child must get vitamin A.”

Sindi Nobuhle Mnisi, Champions for Children



“They [Flourish] more than met my expectations. I was very down when I started attend[ing] and Flourish lifted my spirits and gave me something to look forward to and made me accept what I was going through.”

A Flourish client

4 RECOGNISE EVERYDAY HEROES

From the start, Grow Great realised the important role of community health workers in impoverished communities and so commissioned a landscape review situation analysis of their activities. This gave an objective view of what they are struggling with and how stigmatising their work can be⁸. Their jobs are neither safe nor easy; as women, they often enter homes on their own and have the difficult role of trying to drive behaviour change.

Grow Great celebrated these women at the first CHW Day in April 2019 during CHW Week. Dr Mabaso explains: “This is the soft stuff that really helps to bring up the morale of a critical workforce that, for the longest time, hasn’t received the recognition they deserve.” The campaign has empowered CHWs to feel more confident, more resourced and able to monitor growth more effectively. As part of this objective, it now publishes a quarterly magazine called C4C (short for Champions for Children), aimed at motivating them by sharing inspiring stories and other useful information.



“Working with Champions for Children makes me feel proud because I see the work that Champions for Children is doing in the community in ensuring that the children grow well, without stunting.”

Grace Nomthandazo Gaza,
Champions for Children

⁸ In the early 1990s, in the pre-ARV era, CHWs were often responsible for home-based care for chronically ill patients, particularly those who were HIV positive. A CHW entering a home sometimes signalled that a person was infected with HIV/Aids. The person would then be rejected by the community, which led to negative associations with CHWs.

HOW YOU CAN BE PART OF THE GROW GREAT CAMPAIGN

- > Champion zero-stunting in your organisation and on public platforms.
- > Become a Flourish franchisee.
- > If your organisation provides care or support to young children, ensure that both their weight and height are measured. And have a clear plan when you detect that a child is failing to thrive.
- > Encourage breastfeeding for as long as possible – but understand the realities of women’s lives and ensure that you speak to their circumstances, and not what you think is universally ‘best for babies’.
- > Encourage parents to use the limited money they have on the most nutritious foods they can buy, or grow themselves.
- > Promote eggs as part of the diet of young children from six months of age.

This learning experience is shared by:



Brief was developed by **Daniella Horwitz** with **Grow Great**



WWW.DGMT.CO.ZA