



OPPORTUNITY

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Give every child the benefit of early childhood development

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Stop nutritional stunting among children under two years

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Build simple, loving connections for every child

MESSAGES FOR MOTHERS: CUTTING THROUGH THE RED TAPE TO HELP MOMS DURING COVID-19

In a unique response to the COVID-19 pandemic in South Africa, Messages for Mothers (M4M) was conceived to provide answers to mothers’ pressing questions about coronavirus – and its impact on their families. In this learning brief, we look at the factors that contributed to M4M’s rapid formation, as well as the lessons learnt when a crisis prompts mission-aligned organisations to come together to keep moms informed, connected and encouraged.

In early March 2020, as COVID-19 emerged in South Africa, Julie Mentor, leader of Embrace, a national movement for supported and celebrated motherhood, recognised a dearth of reliable information for worried mothers. She shares: “We started getting messages on our different platforms, asking: ‘Does Embrace know anything about COVID-19 and babies? I am pregnant, will my partner be allowed into the delivery room?’ And we didn’t have the answers to these questions.” Mentor was eager to confront the pandemic and continue supporting moms at the same time; she was, however, not sure what form this should take.

About a week before the country’s nationwide lockdown began on 27 March 2020, during a scheduled meeting with Dr Simone Honikman, director of the Perinatal Mental Health Project

(PMHP)¹, Mentor asked what could be done. From this single conversation evolved a series of conversations, with Mentor roping in Dr Kopano Matlwa Mabaso, Executive Director of Grow Great, a campaign that aims to galvanize South Africa towards a national commitment to zero stunting by 2030², as well as Buhle Mabaso, campaign manager for Side-by-Side³, a National Department of Health (NDOH) campaign for pregnant women and caregivers aimed at ensuring children under five receive nurturing care. All agreed there was an urgent need for a dedicated maternal response and so Messages for Mothers was born. The four women became the executive team, giving strategic direction to the initiative and pouring their complementary skills, available capacity and resources into the project.

¹ The Perinatal Mental Health Project (PMHP) is an independent, non-profit initiative based at the University of Cape Town. It has been operating since 2002 and partners with the Departments of Health and Social Development, providing mental health services to pregnant and postnatal women, training those who work with mothers to improve the quality of their care, forming partnerships to promote the scale-up of services and informing global interventions through robust research and advocacy.

² Stunting is caused by prolonged under-nutrition. The preventable condition hampers cognitive and physical development, stops children from reaching their full potential and, as a result, starves economic growth.

³ Ilifa Labantwana, a DGMT early childhood development initiative, supports the National Department of Health in the design and implementation of the Side-by-Side programme.



“It was very interesting in the beginning to see how quickly we got going. At times it was destabilising with us working from the office for the first two days and then moving home and adapting to that. We were working 16-hour days. It was bananas! But there was a lot of fake news about how the virus impacted people, no dedicated maternal health response yet, and nothing from Government either. We knew straight away that we wanted to create content that was factual and that moms could trust.”

Julie Mentor,
Embrace Movement Leader

The speed at which M4M started acting is unprecedented in the development sector. Usually, coalitions take months to set up, with multiple meetings, the taking of minutes and the drawing up of a Memorandum of Understanding (MoU) to assign responsibilities, resources and accountability, etc. The pressing nature of the pandemic meant this did not happen. In April 2020, less than two weeks after Mentor’s conversation with Dr Honikman, M4M hit the ground running. This was largely due to the high level of trust and adaptability demonstrated by the partners, who bypassed time-consuming administrative tasks and worked remotely to keep the momentum going once lockdown came into effect. Mentor says the fact that it was NOT business as usual was an incredible opportunity, giving M4M the space to operate in an atypical fashion.

M4M’S RAPID START WAS FIRED BY THE NEED TO URGENTLY ADDRESS THREE MAIN ISSUES:

1 The lack of accurate and helpful information

The executive team’s experience recognised that moms have particular messaging needs, and that these would not be adequately met by the generic, sometimes contradictory⁴ COVID-19 information available to the public at the time. At the early stages of the pandemic, there was also limited information as to whether or not mothers, children and pregnant women would be at increased risk physically.

⁴ There was mixed advice on various subjects, such as whether to wear masks or not, as described in this article: <https://www.dailymaverick.co.za/article/2020-04-01-the-great-mask-debate-policy-shifts-towards-masks-in-sa-and-elsewhere/#gsc.tab=0>

2 Dire economic and social consequences

In South Africa, many women and children were vulnerable in terms of income, food security and health even before COVID-19. The consequences of the pandemic have exacerbated these issues, with pregnant and postnatal women particularly at risk⁵. There are also inter-generational consequences because the health of the mother affects that of her children. “It becomes really important, both from a health and ethics point of view, but also from an economic point of view to protect these subsequent generations. The cost of inaction is high,” explains Dr Matlwa Mabaso of Grow Great.

A household survey released on 15 July 2020 revealed there was an almost immediate net loss of three million jobs between February and April 2020; women accounted for two million of the people who lost their livelihoods as the economy was shut down⁶.

3 A looming mental health crisis

The executive team of M4M anticipated a large mental health crisis not only in response to the pandemic itself, but also in response to the social and economic fallout. The hypothesis was that if M4M could connect with mothers and support their mental health, they would be more likely to better navigate the difficulties of the pandemic and lockdown.



“Social and economic adversity is so intimately linked to mental health status that we realised we needed to step up. We thought that if we could support the mental health of women and mothers at this time, we may also have a better chance of them using health services and negotiating the difficulties of lockdown more effectively. When someone is well mentally and able to tap into their own resilience and resources, they are more likely to make a plan to go to the ante-natal clinic to get their kids immunised. They are more likely to be assertive in a very overwhelming clinic situation and articulate their needs.”

Dr Simone Honikman,
Director, Perinatal Mental Health Project

⁵ Dr Honikman says women in the perinatal period are at a higher risk for experiencing poor mental health than the general population. This is due, in part, to escalation of social determinants that typically occur at this time in low-resource settings, e.g. increased food insecurity, loss of income generating potential and increased domestic violence. The socio-economic consequences of the pandemic have further increased these social adversities and thus it follows that women, especially women in the perinatal period, are disproportionately affected.

⁶ New data from the NIDS-CRAM report indicate that the socio-economic impact on women has been high. To read the full survey visit: https://cramsurvey.org/reports/?fbclid=IwAR0tsIcZfkGoUVx0rUuub_T5jVEDFm49kn2NgmFE5d_QNw3355rzd1DBj

WHAT WE CAN LEARN FROM ACTING IN A CRISIS:

Four months on since its rapid inception, the M4M founding team has had some time to reflect on the key lessons learned from acting in a crisis:

1. **Identify a need and act on it.**
2. **Let go of ‘perfect’.**
3. **It is possible to speedily leverage existing resources and relationships.**
4. **Acting NOW makes a difference.**



As of the end of July 2020, M4M content was being distributed across the following channels:

- › M4M messages can be found on various NDOH platforms, including the COVID-19 WhatsApp line⁷.
- › Community Health Workers and Flourish⁸ antenatal and postnatal class hosts are using specially adapted M4M messaging so they are equipped with the right information to share with their clients.
- › The M4M newsletter is being sent to 2 700 organisations working with caregivers and mothers.
- › M4M provides content to the radio show Sikhaba iCovid-19⁹, which began broadcasting on 23 April 2020 on 15 SABC radio stations. Through Grow Great, messages were also shared on community radio stations.
- › The M4M website acts as a repository of information¹⁰. Each of the four coalition partners has backlinks to this from their respective websites.
- › M4M mental health messages have been translated into English, Afrikaans and IsiXhosa and printed in brochures. These were distributed in Cape Town through Ikamva Labantu, a non-governmental organisation empowering impoverished communities.

1 Identify a need and act on it

M4M saw an urgent need to provide moms with information they could use to empower themselves. They acted on this need by providing messaging that was highly accessible, adaptable and as comprehensive as possible, given the time constraints. The content was developed under four pillars: physical health, mental health, mindfulness (relaxation techniques) and parenting in the pandemic. The information was adapted to the local setting in language designed to be factual, kind and supportive, not didactic or preachy in tone.

M4M’s strategy is to disseminate the information as widely as possible across a variety of channels. Thus, content is open-source and available in printables and plain text, free for any individual or organisation to use with their own branding. The coalition is highly aware of South Africa’s digital divide and so concentrated on creating messages that could also be taken up on radio and zero-rated websites as well as on mobile platforms such as WhatsApp.



“We established very quickly that it did not have to have the M4M brand on it, so long as the right message was going out. It has helped us to move really easily. We have shared this information with others very widely. We have social media influencers who are sharing the content on their platforms – not necessarily crediting it, but at least we know they have an audience of millions getting the right information... That is what is most important to us.”

Dr Kopano Matlwa Mabaso,
Executive Director, Grow Great

2 Let go of ‘perfect’

M4M had to rapidly adapt and respond to an ever-changing situation. There was no time for developing a perfect plan. Each partner contributed what they could, when they could, while working from home. The team recognised the stress this placed on personal lives. Mentor explains: “We had to move quickly and trust each other. There was empathy and understanding with regards to childcare and the demand of work-life balance. A lot of initial decisions were made during WhatsApp conversations.”

⁷ Users can access this line by sending HI to 0600 123 456 on WhatsApp.

⁸ Flourish is a social franchise that offers universal access to mom and baby groups that support, celebrate and empower pregnant and new moms through the critical first 1000 days of their child’s life.

⁹ Together with Innovation Edge, DGMT supported the National Department of Health and SABC Education to produce an 8-10 minute radio insert around COVID-19 that is being broadcast every day during prime time on all SABC radio stations.

¹⁰ This is a holding space mainly for other organisations to access information rather than for individual users given the data needed to access websites.

The evolving landscape demanded a fluid response. As new evidence came to light, the team had to be quick on their feet, constantly update messaging – sometimes there were several revisions a day. Another example of adaptability came to translations. The original plan was to translate information into all 11 official languages, but cost proved to be a significant barrier. The information is currently available in several of South Africa’s most commonly used languages, and while translations are now being outsourced, the partners initially carried out translations on their own to expedite the distribution of content in languages other than English.

3 It is possible to speedily mobilise resources and relationships

To ensure information was up-to-date, relevant to the South African context and easy to understand, the partners harnessed their particular areas of expertise, relationships and resources. For instance, Dr Honikman was on the task team for the National Department of Health’s Framework and Guidelines for Maternal and Neonatal Care during a Crisis: COVID-19 response. The messages developed for this framework form the basis of the M4M physical and mental health content. Material was also drawn from evidenced-based portals such as the World Health Organisation (WHO). However, the evolution of the pandemic means that new information and misinformation is constantly flooding the media. Thus, M4M has a strict revision strategy; their messages are checked regularly against the latest evidence corroborated by a pool of experts aligned to the NDOH. Explains Dr Honikman: “It can sometimes get pretty intense to make sure that we are not disseminating outdated information – that key changes are ratified by experts and then that the process for translation, layout and dissemination happens as quickly as possible.”

Existing partnerships with government departments proved pivotal for the speed and scale at which M4M was able to galvanise. For example, M4M has a crucial relationship with the NDOH, facilitated by the role of Side-by-Side’s Campaign Manager, Buhle Mabaso. She explains: “I act as a link to the NDOH and ensure that the messages and content that come out from M4M are in line with the Department of Health’s Maternal and Child Health (MCH) interventions. I also ensure that the content that comes from M4M reaches mothers and caregivers through the various NDOH and Side-by-Side platforms.” Being aligned with the NDOH not only allows for consistency of messaging but also bolsters M4M’s efforts to gain credibility with mothers.

Finally, the alliance leveraged existing content and strategies, reshaping them where necessary to make them relevant to COVID-19. For example, Grow Great’s social media strategy, working with celebrity influencers and getting them to host

different online events around various maternal and child health topics, was adapted to using the same group of influencers, but to spread M4M messaging.

By combining the knowledge and networks of each of the collaborators, M4M has been able to reach a larger audience and support more caregivers and parents than if the individual partners had attempted to do so on their own. As Embrace’s Mentor states: “If Embrace had to attempt this type of initiative without partners, it would be a shell of what it is now... It is in the power of coming together that we are able to create content that really is world-class.”

4 Acting NOW makes a difference

M4M’s networks reveal there is a real hunger for messages with a human empathetic quality that engenders connection and care, rather than panic and fear. Nomalizo Jaxa, a mother from Dunoon in the Western Cape receives M4M messages through a WhatsApp support group. She says the messages have been “building her up” and helping her emotionally. The alliance has also contributed to numerous radio and TV interviews, newspaper articles and opinion pieces¹¹. In April, Dr Honikman was invited to present a talk on M4M in an international webinar focusing on the mental health response to COVID-19 in Africa¹².

Dr Matlwa Mabaso shares: “Something about M4M has appealed to moms of different races and lots of different economic backgrounds, which as a national programme, you always hope for, but don’t always get quite right.”

“*My sense is these messages offer emotional support for mothers and address some of their real concerns. They spark ideas and thinking about how things could be different. Hopefully they empower them to make decisions that are best for themselves.*”

Dr Simone Honikman,
Director, Perinatal Mental Health Project

¹¹ For a full list of radio and press interviews, visit: <https://messagesformothers.co.za/about-us/m4m-in-the-news/>
¹² Webinar available here: <http://www.cpmh.org.za/mental-health-aspects-of-the-covid-19-crisis-in-africa/>

THE WAY FORWARD

South Africa is currently in the midst of the COVID-19 pandemic (July 2020). Even if the pandemic starts to wind down from a biomedical point of view, from September as predicted, the knock-on social and economic consequences will be with us for a long time to come.

Thus, the alliance is now taking steps to sustain the project, by building structures to continue supporting moms post-lockdown. This includes hiring a coordinator tasked with ensuring the work doesn't stop when the coalition members' projects have adapted to operating in a C-19 world. A formal assessment of processes is also in the pipeline, in particular to evaluate if the messaging is reaching the right people in the right form so as to make it more effective.

M4M also has the challenge of anticipating what could happen in the next six months and what role the alliance can play in supporting mothers during that time. This nature of the pandemic means the long-term plan is likely to be developed in an organic fashion, similar to start of the initiative, with M4M responding to needs as they arise.

Unfortunately, at time of writing, none of the Messages for Mothers partner websites have been approved for zero-rating under the Disaster Management Act. Access to these websites will be crucial in providing support over the next year, and therefore their websites have been resubmitted to the National Department of Health for approval.

“We have learnt a lot – done some great things, fumbled a bit, and built some very valuable connections with our new coalition teammates. As a team solely comprised of women, most who have families, we’ve managed to juggle many balls in the air to get this special project up and running. As the executive team continues to meet each week, we are eager to reflect on the lessons learnt and plot a sustainable and helpful way forward for our coalition.”

Julie Mentor,
Embrace Movement Leader

Learning brief developed by Daniella Horwitz

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