

HAND IN HAND, A FRIEND FOR LIFE, SIDE BY SIDE.

The African Alliance market study of Side-by-Side

A national behaviour-change campaign, initiated by the South African National Department of Health with the technical support of Ilifa Labantwana (Ilifa) to ensure that children under 5 receive nurturing care and protection to reach their full potential.



Side-by-Side





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Mpho Kibe, Motshedisi Likate, Pinkie Malepe, Nosipho Vidima, Nokwanda Gambushe, Mbalehle Ngcamu, Marcia Nonyane, Naomi Bopape, Conny Ramabulana, Nontobeko Nkosi, Sibusiso Madonsela, Nelly Matebele, Veronica Mookane, Gomolemo Lucia, Thapelo Mookwa, Michelle Fourie, Gugu Dlamini, Nomsa Mercy Remba, Nomacebo Mbayo Sithole.

The information and opinions contained in it do not necessarily reflect the views or policy of the African Alliance, Ilifa Labantwana, the South African National Department of Health or UNICEF.

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The African Alliance (2023) Side-by-Side Campaign Analysis, South Africa

Contact

The African Alliance
Postnet Suite 172
Private Bag X9 Melville
Johannesburg 2109
Gauteng
South Africa
www.africanalliance.org.za



Acronyms and abbreviations

ATL	Above the line
BTL	Below the line
CAPI	Computer-Aided Personal Interviews
CHW	Community Healthcare worker
CSO	Civil society organisation
CYSH	Child, Youth and School Health Cluster
DoH	Department of Health
ECCE	Early childhood care and education
ECD	Early childhood development
FGDs	Focus group discussions
HCW	Healthcare workers
IDIs	In-depth Interviews
IQS	Intercept Quantitative Surveys
NDoH	National Department of Health
NGO	Non-Government Organisation
NHI	National Health Insurance
NIECD	National Integrated Early Childhood Development Policy
PMTCT	Prevention of Mother-to-Child Transmission
RTHB	Road To Health Book
SABC	South African Broadcasting Corporation
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, sanitation, and hygiene



List of Figures

- Figure 1: Campaign theory of change
- Figure 2: Impact model
- Figure 3: Educational messages
- Figure 4: Data collection process overview
- Figure 5: Thematic analysis process overview
- Figure 6: Age range of parents and caregivers (IQS)
- Figure 7: Parent and caregiver home languages (IQS)
- Figure 8: Parent and caregiver and healthcare worker home languages (IDI)
- Figure 9: Race (n)
- Figure 10: Relationship to the child
- Figure 11: Highest education level (IQS)
- Figure 12: Employment status (IQS)
- Figure 13: Social grants status (IQS)
- Figure 14: Smartphone access (%)
- Figure 15: General awareness of the Side-by-Side campaign content
- Figure 16: Awareness of Side-by-Side key messages
- Figure 17: Campaign usefulness
- Figure 18: Campaign relevance
- Figure 19: Sources of information about the campaign
- Figure 20: Breakdown of radio show visibility
- Figure 21: Healthcare workers as a critical source of information
- Figure 22: Overall impact of the campaign on motivation to change
- Figure 23: Increase knowledge linked to key messages
- Figure 24: Examples of behaviour change
- Figure 25: Reasons for no behaviour change
- Figure 26: Site map for the campaign website
- Figure 27: The radio drama series family
- Figure 28: Keywords by pillar (2023)
- Figure 29: Hashtag analysis (2023)

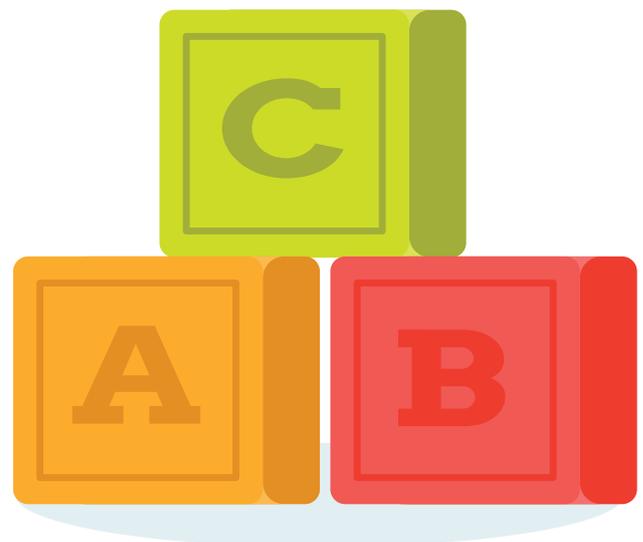
List of Tables

Table 1: Summary of the review sample

Table 2: Radio station sample (location and language)

Table 3: Communication channels and materials with target audience

Table 4: Radio station coverage and listenership



Contents

Acknowledgements	ii
Acronyms and abbreviations	iii
List of Figures	iv
List of Tables	v
Executive summary	7
Introduction	10
South African context	10
Side-by-Side Campaign origins	12
Methodology and approach	15
Limitations	19
Respondent demographics	20
Findings	25
Audience reception of Side-by-Side’s communication tools	25
Visibility and use of the campaign materials	29
Impact on understandings and practice of ECD	36
Media analysis	40
Side-by-Side campaign materials and channels	40
Traditional media	44
Digital media analysis	51
Media scan	65
Summary	66
Progress in meeting campaign objectives	66
How Side-by-Side’s value and impact can be better understood and assessed by key stakeholders	69
Recommendations	74
Conclusion	79
References	80
Annex 1: Data collection tools	82
IQS Questionnaire for Primary Caregivers	82
Discussion guide for Primary Caregivers – IDI’s	94
Discussion guide for Community Healthcare Workers	97
Discussion guide for Radio presenters/ Content Experts	99
Discussion guide for Primary Caregivers – Focus Groups	101



Executive summary

At the end of 2021, the National Department of Health (NDoH), supported by Ilifa Labantwana and UNICEF, commissioned the African Alliance to review the Side-by-Side Early Childhood Development (ECD) campaign to learn from implementation since 2018 towards creating a more effective and relevant campaign in the future. The key objectives of this process were to:

1. understand audience reception of Side-by-Side's communication tools, including accessibility, usability, trust, brand recognition and effectiveness.
2. examine Side-by-Side's progress in meeting its six campaign objectives, and propose updated campaign objectives based on findings.
3. explore the impact of Side-by-Side Campaign on how ECD is understood and practised, in both homes and clinics in at least four provinces and four languages (Nguni, Sesotho, English and Afrikaans).
4. reach a collaborative understanding of how Side-by-Side's value and impact is understood and assessed.
5. provide clear, actionable and feasible recommendations and priorities to improve effectiveness of the campaign.

The process commenced in the latter half of 2022 and consisted of mixed methods data collection targeting rural communities (typically unreached) in all nine provinces. The process was undertaken in all nine languages of South Africa, and elicited significant data and feedback for the Side-by-Side campaign.

The data found that, of the participants engaged, 71% were aware of ECD-related campaigns, mentioning the Road to Health Booklet (63%), MomConnect (55%) and Side-by-Side (30%). When asked about Side-by-Side specifically, 32% recognised the campaign branding, while 95% recognised the Road to Health Booklet. Key associated channels include Healthcare Workers/Clinics (64%), Facebook (24%) and MomConnect (What's App - 20%).

Recognised campaign content related to breastfeeding (55%); good nutrition (51%); immunisation (50%); the need for care when a child is sick or injured (44%); protection (39%); extra or special care (38%); getting support from healthcare workers (38%); love and care for your child (37%); and parental actions and their impact on children (36%). Some mentioned seeing signs or logos associated with Side-by-Side, but said they did not understand its goals and objectives, while others had a partial understanding of the campaign's purpose and goals, associating it with topics such as child development, care, and health. That said, many had received information and educational materials about pregnancy and childcare through sources such as MomConnect and radio. However, the link to the Side-by-Side campaign was not made, indicating potentially limited exposure or promotion of the campaign through these channels. Still, the fundamental message of the campaign remains unchanged: it is all about raising healthy children to thrive, and ultimately, most respondents demonstrate good awareness of what the campaign is about.

The overall feedback on the campaign messaging and its usefulness was very positive, with a high level of agreement with and support for the campaign's objectives. The statement that resonated the most

positively with respondents was "This type of campaign helped me broaden my knowledge of how to care for my children." It is worth noting that only a small minority of caregivers rated these statements negatively, suggesting that the overall reception of the campaign messages is highly favourable. Respondents shared that their perception of the usefulness of the information came from a sense of trust - they either experienced positive outcomes when following the information provided, or, when comparing it with Google search results, they found the information to be accurate. They also indicated that they trust it because it comes from the Government (i.e., NDoH), and it has markedly improved from previous sources of information.

In terms of the relevance of the campaign (educational value and helpfulness of the campaign messages), most caregivers expressed agreement, with many indicating complete agreement. Respondents found the messages to be relevant and expressed a strong willingness to implement the recommendations provided in the Side-by-Side campaign.

Visibility of campaign materials: When asked where they access or see the campaign information and materials, most respondents encountered these through in-person interactions with healthcare workers (64%). Presumably, this is when they are given the Road to Health Booklet when their child is born, and the birth information is recorded. However, this is not necessarily an in-depth interaction, with one IDI respondent indicating that healthcare workers do not always go through the booklet with them, instead they just point to where they need to write and send them home to go through it themselves. Many of parents and caregivers who were engaged in this process found the Road to Health booklet easy to access and understand and appreciated the information about the child's development and possible health concerns. Inclusion of illustrations and signs in the booklet allows for easy comprehension and following of instructions. It provides valuable information on child growth, signs of cholera, stages of sickness, and home remedies for different illnesses. Some caregivers rely on healthcare providers or creative space workshops for additional information. However, despite the illustrations, some mentioned that the language barrier still hinders the accessibility of the information, where it is only distributed in English. Users who do not understand the language find it challenging to access the information effectively. Regardless of the usability, there was general understanding by parents and caregivers of the importance of keeping Road to Health booklet and immunisation cards with them. Regarding posters and pamphlets (i.e., the other information booklets), these were each rated at 16% by respondents, suggesting these are less visible in clinics or that people are unaware of their availability on the website.

The other significant source of interaction for respondents was through media platforms, with Facebook (24%) and WhatsApp, i.e., MomConnect (20%) emerging as the most prevalent digital engagement channels. Less respondents engaged with MomConnect via SMS (8%). Some were completely unaware, while for others it was more of an access issue related to using digital or internet-based information communication technologies, with many showing interesting but not having a smartphone. Others relied on alternative resources for tracking pregnancy and baby-related information, or just a personal preference not to use it. For those who responded positively, they found it helpful for reminders, clinic visits, and baby development, as well as the educational content and guidance provided.

Interestingly, radio rated quite low, with only 9% of respondents accessing the campaign through this channel. Of those that accessed information via radio, most listened to either Ligwalagwala or Ukhozi FM.



This was not a focus of the review process, yet no one really mentioned radio unprompted, despite the radio producers citing very positive examples of its usefulness in terms of engagement from their listeners and high praise for the radio show content on the campaign's Facebook page. It may simply be that while these respondents do listen to radio,, they don't make the association with the campaign from a branding association perspective.

Healthcare worker engagement: When parents and caregivers were asked about the performance of healthcare workers in relation to the Side-by-Side campaign, seven out of eight statements received ratings above 90%. This demonstrates the critical role of healthcare workers in effectively conveying the campaign messages and engaging parents and caregivers in a meaningful way. Respondents provided a range of perspectives on their experiences with healthcare workers and their knowledge of the Side-by-Side campaign. Of those who had a positive experience, the support and education was appreciated. They found the materials provided, such as the Road to Health booklet, easy to understand, especially due to the use of pictures. They appreciated the educational information provided, such as guidance on breastfeeding and child development milestones. Others had mixed experiences, citing rudeness and a lack of time or willingness to explain things to caregivers.

Impact on understanding ECD: The campaign's theory of change is based on the idea that if you create awareness through the provision of information in a range of formats and languages around not just the child's development but the critical role of the parent and caregiver in that, you shift behaviour, i.e., a caregiver is moved to take conscious action to support their child's development. The responses from parents and caregivers regarding the overall educational value and helpfulness of the campaign messages were overwhelmingly positive. Notably, some parents and caregivers expressed a strong desire to change their parenting behaviours based on the campaign's ideas and recommendations. As shared by respondents, the campaign introduced caregivers to best practices in child healthcare, nutrition, and development. The information has also enabled them to recognise early signs of illness or developmental issues in their children. This early detection allows them to seek medical assistance or intervention at the right time, promoting their child's health and well-being. It has helped them understand the importance of breastfeeding, appropriate feeding schedules, hygiene practices, and the significance of immunisations. Some caregivers mentioned that the information has not only benefited them but also empowered them to share their knowledge with other parents or caregivers. This helps create a supportive community and promotes the well-being of other children as well. This indicates that the campaign has imparted knowledge and influenced parents and caregivers to adjust their parenting practices.

The Side-by-Side campaign has seen many successes in its implementation since 2018 – not least that it managed to survive and support parents and caregivers through a global pandemic from 2020-2023 that turned many worlds upside down and that communities are still recovering from in terms of livelihoods and accessing healthcare services. It has been a critical source of information for some through its digital platforms, and its support of the use of the Road to Health booklet has ensured that the information shared on its platforms is trusted whereby there is a strong association with the Road to Health booklet, and the Department of Health. With some streamlining and renewed focus, the Side-by-Side campaign can only build on its successes, learn from the implementation to date, and continue towards its goal of supporting parents, caregivers and healthcare workers.



Introduction

South African context

“All children in South Africa have rights to health, protection, survival and development. Early childhood care and education (ECCE) services are a critical resource that is needed to realise these rights.” (Moses, 2021, p. 2.)

In South Africa, six out of ten children, or 62.1%, are ‘multidimensionally’ poor¹. This means they suffer on average 4 out of 7 deprivations across access to water, sanitation and hygiene (WASH), housing, nutrition, protection, health, child development and information. Multidimensionally poor children are overwhelmingly located in rural areas, live in the traditionally poor provinces of Eastern Cape, KwaZulu-Natal and Limpopo, have a household head that is female and Black African, and live in households where few adults are gainfully employed (UNICEF, 2020, p.2).

The consequence is the rise in potential risk factors that may impact the quality of the child’s biological, social and economic environment (Republic of South Africa, 2015, pp. 19-20):

- **Poverty:** Persistent, cumulative poverty and exposure to hardship in the first year of life have a detrimental effect on cognitive functioning, with the impact being stronger on verbal, compared to non-verbal, skills.
- **Malnutrition:** Poor infant and child nutrition, especially between conception and the age of 2 years, can lead to irreversible developmental stunting and delays, poor cognitive development, and ultimately lower educational and labour market performance. Poor maternal nutrition, such as lack of folic acid, can cause significant structural damage to the foetus.
- **Stunting:** (low height-for-age) is a form of chronic malnutrition that is predictive of poor cognitive and language development. This is particularly pronounced in the first two years of life.
- **Low birthweight:** (<2500 grams) increases lifetime risk for cardiovascular disease, diabetes and learning difficulties.
- **Infectious diseases:** Antenatal infections in pregnant women, such as syphilis and rubella, or diseases in infants and young children, such as measles, meningitis, middle ear infection, diarrhoea, parasitic infections, and HIV, may negatively affect a child’s physical and cognitive development.
- **Environmental toxins:** Pre- and post-natal exposure to alcohol, drugs, chemicals, and pesticides can cause significant irreversible damage to the developing brain and resultant cognitive, physical, emotional, and social development of the embryo (first trimester), fetuses (second and third trimester) and the child.
- **Stress:** The lack of a supportive caregiver to buffer children against stress from factors such as abuse and neglect, severe maternal depression, parental substance abuse, family violence and

¹ Multidimensional poverty encompasses the various deprivations experienced by poor people in their daily lives – such as poor health, lack of education, inadequate living standards, disempowerment, poor quality of work, the threat of violence, and living in areas that are environmentally hazardous, among others. (Source: Oxford and Human Development Initiative (nd) <https://ophi.org.uk/policy/multidimensional-poverty-index/>)

extreme poverty, means that what may be ‘tolerable stress’ becomes ‘toxic’, and can lead to cognitive damage, health-damaging behaviours and harmful adult lifestyles, as well as greater susceptibility throughout childhood and in later adult life to physical illnesses, such as cardiovascular diseases, obesity, diabetes and others, as well as mental health problems like depression, anxiety disorders, and substance abuse.

- **Exposure to violence:** This can impact the social and emotional development of infants and young children where the absence of protective buffering from strong and supportive caregiving may result in greater risk of insecure attachments and behaviour problems, reduced levels of pro-social behaviour, increased aggressive behaviour, and an inability to regulate emotions.
- **Psychosocial risks:** Maternal depression presents a significant risk to the cognitive, physical, social, and emotional development of infants and young children as it may lead to unresponsive caregiving. It is important to note though, that the relationship between maternal depression and compromised ECD is multilevel and cumulative because poverty, low education, high stress, lack of empowerment and poor social support are also risk factors for poor child development.
- **Disrupted caregiving:** Whether through illness or death of the caregiver, or abandonment and the assumption of the caregiving role by a non-parent caregiver, the risk of bullying, mental health problems, abuse and emotional and behavioural problems is increased for infants and young children. There is an additional risk of being denied the care necessary for their physical and psychosocial well-being without the presence of their biological parents.
- **Disabilities:** Children with disabilities are at risk of low access to ECD services and increased risk of poor-quality care.

In response to these challenges, the South African Government’s commitment to provide universal access to comprehensive early childhood care and education by 2030 is framed in the National Development Plan: Our future - make it work (National Planning Commission, 2011) and realised through the National Integrated Early Childhood Development (NIECD) Policy, which was ratified in December 2015. As stated in the Introduction (Republic of South Africa, 2015, p. 18), its purpose is to:

“ensure the universal availability of, and equitable access to, early childhood development services through a national integrated system which is embedded within a coherent legal framework that identifies, enables and compels the fulfilment of early childhood development roles and responsibilities of relevant role players;

establish the organisational and institutional arrangements necessary to lead, plan for, implement, coordinate and monitor the provision of early childhood development services and support;

ensure the provision of adequate public funding and infrastructure for sustainable universal availability of, and equitable access to, quality comprehensive early childhood development services;

and establish appropriate monitoring, quality assurance and improvement systems to secure the provision of quality early childhood development services and outcomes for young children in South Africa. “

The policy recognises both legal² and scientific foundations for the public provision of early childhood development (ECD) services:

² The South African Government has ratified and/or endorsed a number of international and regional rights and development instruments, including, but not limited to, the following: the United Nations (UN) Convention on the Rights of the Child (CRC)

“The realisation of these rights is dependent on the quality of the biological, social and economic environment in which the foetus, infant and young child develops, especially whilst in utero and in the first two years after birth – a period commonly referred to as the ‘first 1000 days’. If the foundational development of the brain and skills is flawed in these earliest days, later developments that build on earlier circuits and skills will be inherently limited. The first 1000 days thus offer a unique and invaluable window of opportunity to secure the optimal development of the child, and by extension, the positive developmental trajectory of a country.” (Republic of South Africa, 2015, p. 19)

It assigns responsibility for providing a comprehensive package of Early Childhood Development (ECD) services for children aged 0-2 years to the national and provincial Departments of Health (DoH). It also highlights linkages between the well-being of mothers and that of their infants, and the importance for young children of establishing secure and loving relationships with parents and other caregivers.

Side-by-Side Campaign origins

Building on the success of various ECD initiatives like MomConnect³, #LovePlayTalk⁴, and the redesign of the Road to Health Booklet (RTHB),⁵ the National Department of Health’s Child, Youth and School Health (CYSH) cluster worked with private partners such as Ilifa Labantwana, to launch a multi-channel ECD campaign, Side-by-Side in 2018 to support parents, caregivers and healthcare workers. The campaign’s design incorporates behaviour change theory with communication best practice, while promoting systemic change in public health system thinking and practice, from a ‘survive’ approach, to survive AND thrive’. The specific objectives of the campaign are to:

1. Improve primary caregiver’s understanding of the full scope of care required for ECD.
2. Improve primary caregiver’s understanding of their role in early childhood development care and education.
3. Shift healthcare workers focus from survive to thrive.
4. Increase utilisation of the new Road to health Booklet among primary caregivers and healthcare workers (HCWs).
5. Increase conversation and collaboration among HCWs and primary caregivers.
6. Mobilise communities to identify, support and demand quality ECD

By targeting pregnant women, parents, and caregivers of young children who occupy the lower income segments of society, as well as the healthcare workers who support them, the campaign hopes.

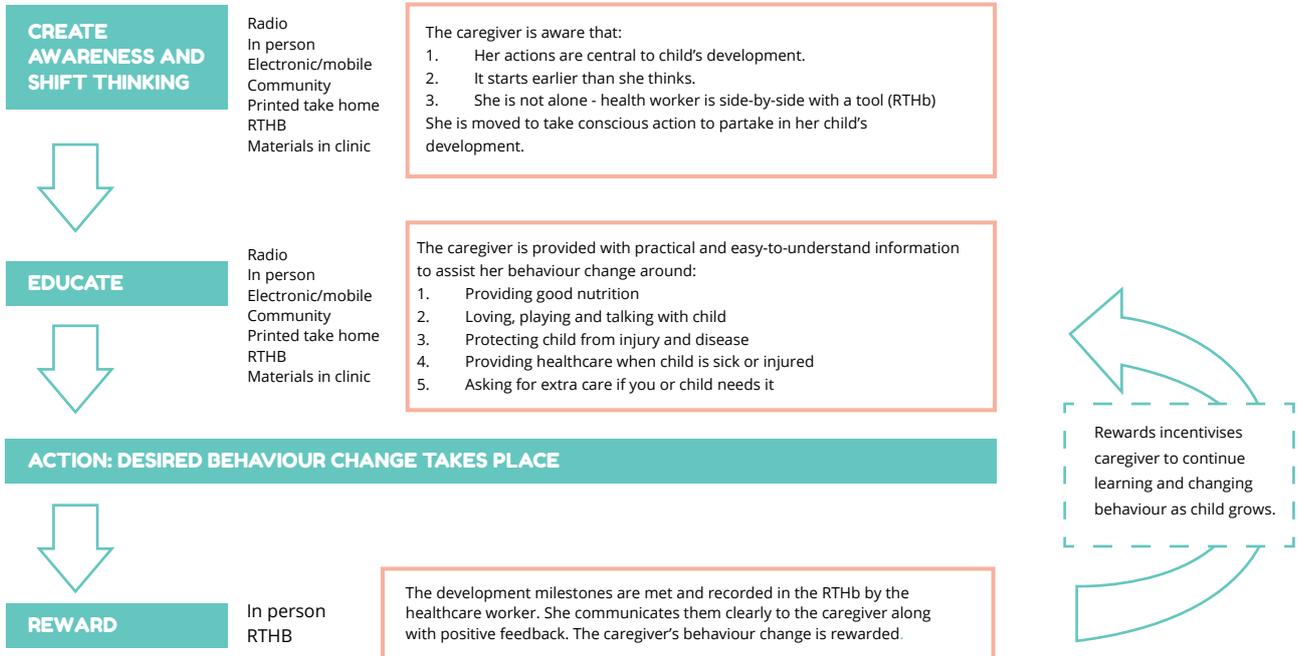
(ratified in 1995); the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (ratified in 1995); the African Charter on the Rights and Welfare of the Child (ACRWC) (ratified in 2000); the UN Convention on the Rights of Persons with Disabilities (CRPD) (ratified in 2006); the UN Millennium Development Goals (MDGs) (adopted in 2000); the UN Sustainable Development Goals (SDGs) (adopted 2015); UNESCO Dakar Framework of Action for Attaining Education for All (EFA) (adopted in 2000); The UN World Fit for Children (adopted in 2002); UNESCO Moscow Framework of Action and Cooperation: Harnessing the Wealth of Nations (2010); and the Paris Declaration on Food Security and the Rome Declaration on Nutrition (November 2014).

³ See: <https://www.health.gov.za/momconnect/>

⁴ See: <https://dgmt.co.za/tag/loveplaytalk/>

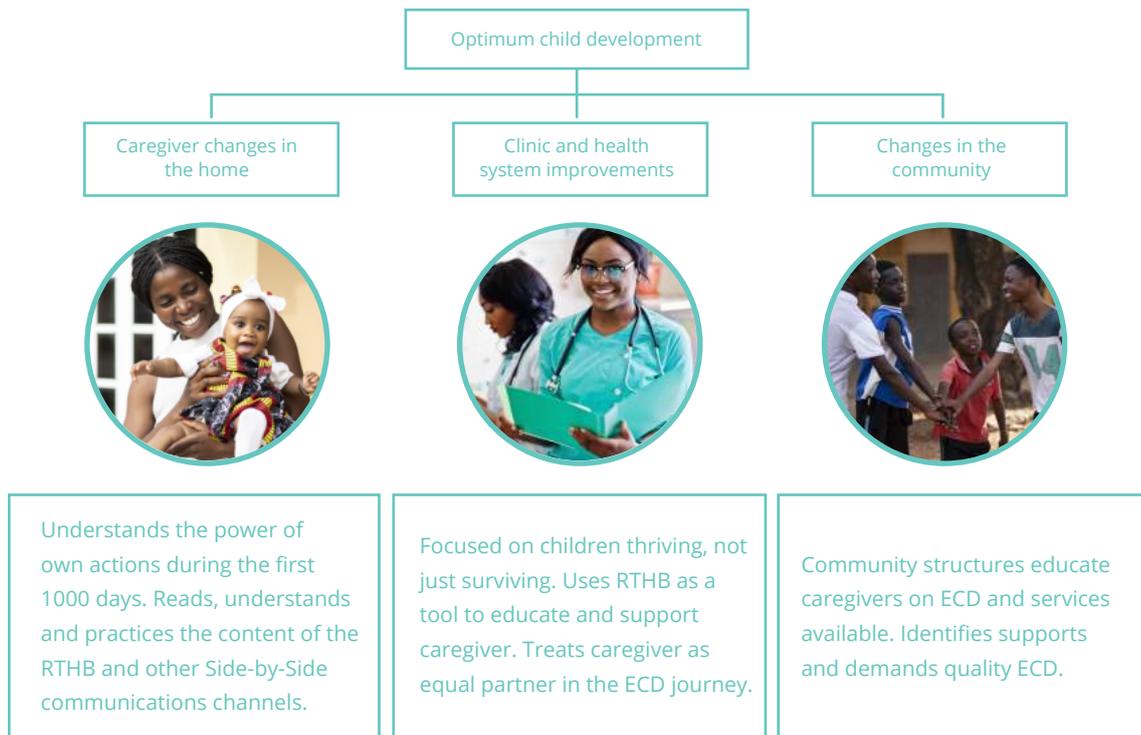
⁵ See: <http://www.sajch.org.za/index.php/SAJCH/article/view/1458/914>

to convey the concept of partnership and togetherness, speaking to the supportive and shared child rearing journey that parents and caregivers embark on with their children, as well as the relationship between healthcare workers and practitioners who support and advise the caregiver. Side-by-Side recognises that by taking an active role in the ECD process, parents and caregivers can ensure their children have all the support they need to develop to their full potential. This approach is illustrated in the Figure 1, which depicts the theory of change for the campaign in terms of how the different communication channels create awareness and work together to shift thinking through education, and by encouraging action (the desired behaviour change).



The intended impact then, is shown in Figure 2.

Figure 2: Impact model



The campaign is underpinned by five main educational messages designed to prompt the parent/caregiver to act, shown in Figure 3.

Figure 3: Educational messages



The communication channels used for the campaign consider the demographic, economic, and cultural landscape specific to the target audience and are a mix of 'below the line' (BTL) channels such as printed posters and booklets and 'above the line' (ATL) channels including local radio and social media platforms (primarily Facebook, and more recently, Instagram). A website with a range of campaign materials, links to ATL channels and the source of the downloadable BTL resources underpins these.

The campaign has been implemented since 2018. At the end of 2021, the National DoH, supported by Ilifa Labantwana, commissioned the African Alliance to review the campaign to learn from the implementation experience towards creating a more effective and relevant campaign in the future. The key objectives of this process were to:

1. understand audience reception of Side-by-Side's communication tools, including accessibility, usability, trust, brand recognition and effectiveness.
2. examine Side-by-Side's progress in meeting its six campaign objectives, and propose updated campaign objectives based on findings.
3. explore the impact of Side-by-Side Campaign on how ECD is understood and practised, in both homes and clinics in at least four provinces and four languages (Nguni, Sesotho, English and Afrikaans).
4. reach a collaborative understanding of how Side-by-Side's value and impact is understood and assessed.
5. provide clear, actionable and feasible recommendations and priorities to improve effectiveness of the campaign. The process commenced in the latter half of 2022, with the methodology and approach discussed in this report's next section.



Methodology and approach

The review process employed a mixed methods approach to understand better how stakeholders (parents and caregivers, healthcare workers and radio content producers) have engaged with and benefited from the Side-by-Side campaign. The combination of quantitative and qualitative data is known for its ability to provide a fuller picture that can enhance both the description of the campaign, how it is understood and utilised by the key stakeholders, and what the inferred progress and impact of the campaign has been. Mixed methods also ensure rigour, where the quantitative data can be triangulated with the qualitative narrative, and the social media and radio analysis. The qualitative datasets also sought to bring a human face to the quantitative data, allowing the African Alliance team to gain deeper insights which informed our recommendations to enhance the campaign's effectiveness towards influencing changes in behaviour. All tools were designed with the participation of Ilifa Labantwana and the Department of Health.

Ethics

As this review is a campaign review, relying on market feedback from the targeted users of the campaign materials (parents and caregivers, and healthcare workers), and no individual identifying or health data is being collected, this process was deemed to have negligible risk, i.e., no foreseeable risk of harm or discomfort; and any foreseeable risk is not more than inconvenience (which was mitigated by compensation for all respondents). Therefore, as is common for such review processes, ethics clearance was not necessary for this process. The African Alliance team members leading the project, in addition to having extensive research and community engagement experience, all completed Ethics Training in June 2022.⁶ All partners engaged in the research are members of the European Society for Opinion and Marketing Research, the Pan African Media Research Organisation, and the Southern African Marketing Research Association.

Data collector recruitment process

The initial induction process took place in early 2022. The key selection criteria was:

1. Access to a smartphone and ability to download the SurveyToGo App on their phone
2. Ability to speak the local language of the area
3. Knowledge of where to find respondents
4. Working in the community was an added advantage.

At that time 2-3 data collectors were inducted per province to ensure access to respondents in different districts to add to the richness of experiences. Based on its previous community-based research and engagement activities, the African Alliance approached additional data collectors with a past track record of both accessing a good sample of respondents and conducting qualitative research.

⁶ See: <https://elearning.trree.org/>

Training and support

Data collectors were asked to download the SurveyToGo App onto their phones in preparation for the tool training. Data collectors were assigned a unique log in to use when they entered data to track their work.

An initial training was held and recorded for both attendees to refer to, and for those who could not make it. An additional training was also held for those who couldn't attend the first session. In addition, data collectors were supported via WhatsApp – group and individual - for the duration of data collection. Once downloaded the tool was very easy to utilise and data collectors could enter even when the system is offline and it would synch when they connected to Wi-Fi. The tool was designed in such a way that data collectors could not skip any of the key questions as the system would not allow them to move on. The interviews needed to be recorded for accuracy. Data collectors used their phones as recording devices.

Data collection

The quantitative data collection process consisted of intercept quantitative surveys (IQS) with parents and caregivers using a Computer-Aided Personal Interviews (CAPI) method, via the SurveyToGo App. This involved the interviewer going to the respondent's location/office/place of business and completing the pre-screening (see criteria below) completing the interview in their company. The CAPI technology provides an electronic and automated way of capturing and loading the discussion to the internal data-capturing and analysis feature. The data collection application utilised GPS location features to ensure that the data was being collected in the designated province allocated.

The qualitative data collection methods consisted of:

- 1. In-depth interviews (IDI):** These were conducted with three key stakeholder groups, parents and primary caregivers, healthcare workers and radio show producers. This format allowed us to triangulate the data collected from the IQS process from parents and caregivers, as well as taking a deeper dive into all three stakeholders' perceptions of the campaign. This process also used the SurveyToGo App.
- 2. Focus group (FG) discussions:** These were conducted with parents and primary caregivers to further interrogate the issues raised through the IQS and IDI processes. It is easier to get suggestions, ideas, opinions, and reactions when there is a group of people together than individually who share the same concerns and grievances.

All participants were prescreened before engaging in any of the data collection methods using the following criteria:

1. Parents and primary caregivers (IQS, IDI, FG)

- Parent or primary caregiver of a child under 3 years
People were approached within their communities as well as in clinics such as the dedicated 'under 5' clinics. Networks such as churches and ECD centres were also used as a way to try and access parents and caregivers.

2. Healthcare workers – home-based (IDI)

- Need to work directly with new mothers and children under 3
- Have engaged with / used the new Road To Health booklet

3. Healthcare workers – clinics (IDI)

- Need to work in maternal or children's clinics
- Have engaged with / used the new RTH booklet

NDoH provided a letter to facilitate healthcare worker engagement; in some instances, provincial healthcare facilities granted access based on this letter. In other instances, facilities wanted letters from their District, and the District wanted a specific letter from the National DoH before granting access. There was also a concerted effort to try and get a balance between nurses who were facility-based and community healthcare workers who were community-based.

The SurveyToGo tool was designed so that data collectors could not skip any of the key questions as the system would not allow them to move on. Data could be entered even when there was no internet connection, and then it would sync when connected to Wi-Fi.

Interviews were also recorded for accuracy on a separate device or on their phone, and then manually transcribed, translated and uploaded to the system.

Sample

The final target sample consisted of the following breakdown by stakeholder group, type of data collection process, and province.

Table 1: Summary of the review sample

Stakeholders groups	Province									
	GP	MP	LP	NW	WC	EC	NC	KZN	FS	
Primary caregivers										
IQS	25	25	25	0	25	0	0	25	0	
In-depth Interviews	25	25	25	25	25	25	25	25	25	
Focus Groups	20	0	20	0	20	0	0	20	0	
Community healthcare workers										
In-depth Interviews	5	5	5	5	5	5	5	5	5	
Radio show producers (presenters and content developers)										
In-depth Interviews	5									

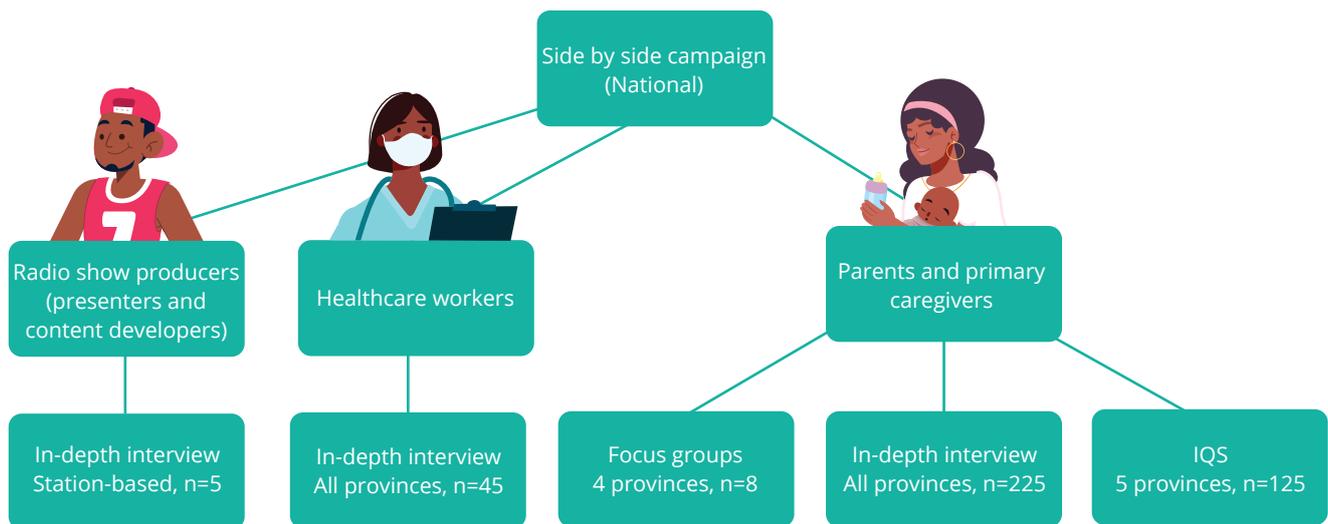
Ilifa Labantwana referred the African Alliance to radio show producers to interview, and their participation was based on availability. The final sample is shown in Table 2.

Table 2: Radio station sample (location and language)

Radio station	Province	Languages
XK FM	Northern Cape	Xhu
Motsweding FM	North-west, Gauteng	Tswana
Tru FM	Western Cape	Xhosa
Munghana Lonene FM	Limpopo	Tsonga
Thobela FM	Limpopo, Mpumalanga, Gauteng	Pedi

An overview of the final data collection process and sample is depicted in Figure 4.

Figure 4: Data collection process overview



Data analysis

The aim of the data analysis process is to obtain a complete and detailed description of the experiences and opinions of the respondents. The main themes or codes emerging from the data can be unpacked and explored through content or thematic analysis. This form of analysis allows for identifying codes, and main and sub-themes that emerge from the data. This technique does not involve statistical analysis, but focuses on the linguistic features of the data.

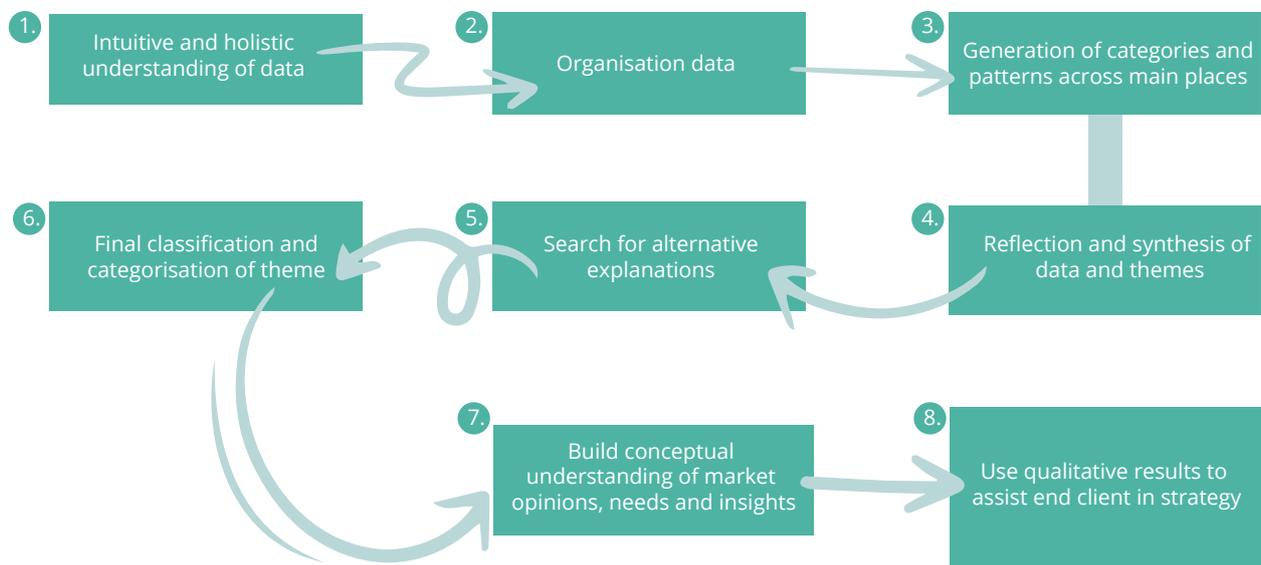
Both the rare and frequent phenomenon is emphasised and drawn on for analysis. The main aspect of the analysis falls on the ability of the researcher to construct meaning from raw data in the form of transcripts, recordings and other relevant materials. Qualitative data analysis and especially thematic analysis rests on the researcher's ability to interpret and understand the content extracted during qualitative data collection.

Although various software packages such as Atlas.ti and Ravens-Eye provide easy to use platforms, the power of interpretation and data linking cannot fully be completed by software. Thematic analysis included the following aspects and it is important to understand the process fully:

- An intuitive and holistic understanding of the data that is collected
- Organisation of the data
- The generation of categories, themes, and patterns
- Reflection and synthesis of data and themes
- A search for alternative explanations
- Final classification and categorisation of themes
- The writing of the research report, and recommendations.

This process is depicted in Figure 5.

Figure 5: Thematic analysis process overview



Limitations

The impact of COVID-19, a global pandemic that commenced in March 2020 has meant that most people might have been preoccupied with the effects of prolonged lockdowns, including loss of livelihoods and income, delays in childhood immunisation, gaps in education at all levels, increased gender-based violence, among others, as well as a proliferation of public health messaging that may have overridden the visibility of the Side-by-Side campaign messages.

- Due to budget constraints, a smaller sample from what was originally proposed was engaged in the final set of feedback processes.
- This review focuses solely on the following groups: parents and caregivers, healthcare workers, and radio show producers (a combination of presenters and content developers), reflecting the review's focus on the end-users (beneficiaries) as an indicator of progress and impact.
- The digital media analysis was limited to available data on each platform under privacy laws: Facebook and Instagram only allow 90-day archive access, Twitter/X and blogs 15 months, and 20 online news has a nine-year limitation. This impacted the media analysis where the tool could pull some data from the past 12 months, but not from the earlier years of the campaign.

Respondent demographics

Location

The in-depth interviews with both parents and caregivers and healthcare workers were evenly dispersed across all nine provinces, while the IQS was only administered in five provinces (see Table 1) that corresponded with where the radio shows are broadcast. Focus groups also only took place in four provinces (see Table 1).

Gender

Parent and caregiver respondents were predominantly female: 82% for the IQS process, and 96% for the in-depth interviews and focus groups.

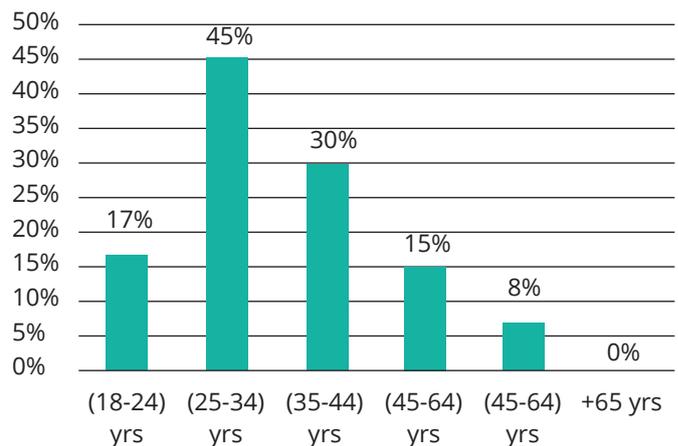
Age range.

Most parents and caregivers surveyed through the IQS process were aged 25-34 and 35-44.

The age range for the in-depth interviews and focus groups was 18yrs – 50+.

Healthcare workers were aged between 25yrs – 50+.

Figure 6: Age range of parents and caregivers (IQS)



Home language

Of those parents and caregivers engaged in the IQS, Sepedi, Afrikaans, English and Isizulu were the predominant languages spoken at home.

The spread was more diverse for those parents and caregivers engaged via in-depth interview, with isiXhosa (22%) being the most prominent, followed by IsiZulu (15%), Setswana (14%), Sesotho (13%), and English (13%).

Figure 7: Parent and caregiver home languages (IQS)

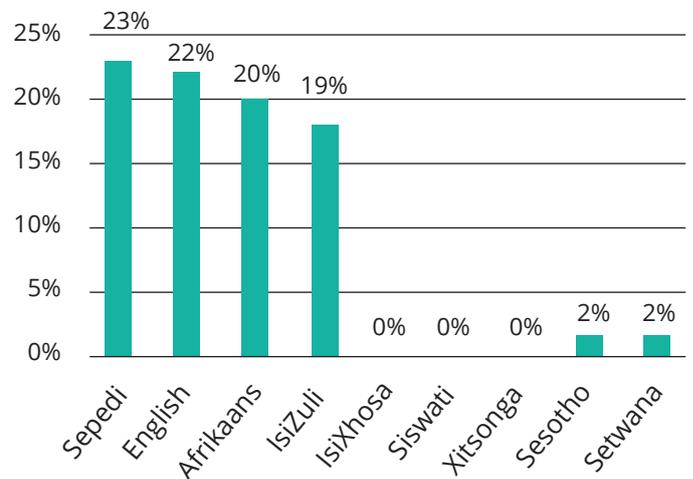
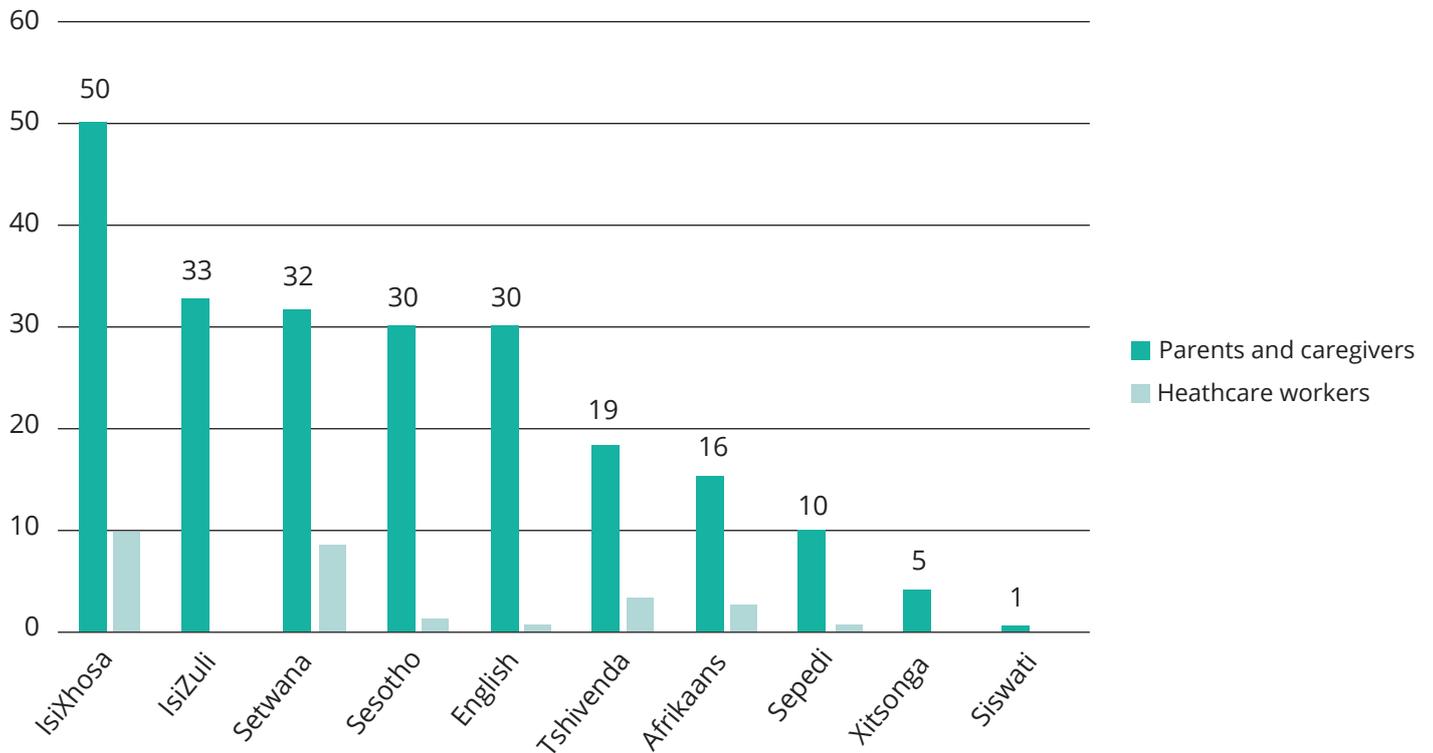


Figure 8: Parent and caregiver home languages (IDI)

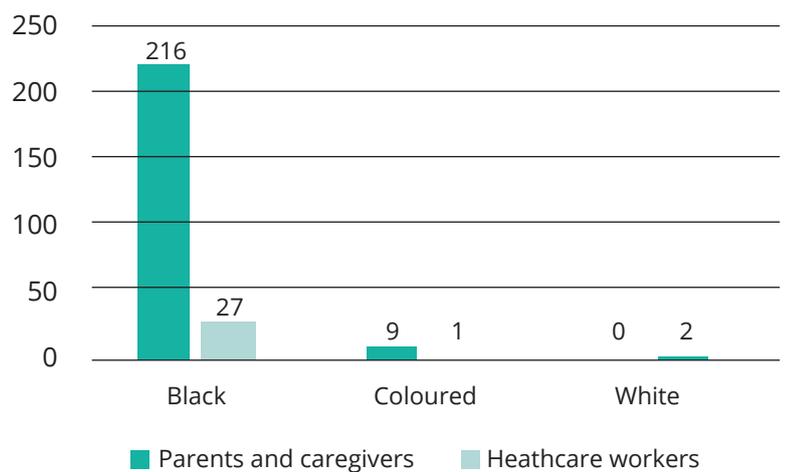


Of the healthcare workers in-depth interviewees, a third spoke IsiXhosa (34%) or Setswana (30%) followed by Tshivenda (13%) or Afrikaans (10%).

Race

Most respondents from both the parent and caregiver, and healthcare worker groups were black, with a nominal number of coloured respondents, and two white healthcare worker respondents.

Figure 9: Race (n)



Relationship with the child

Most respondents (86%) were the child's mother, followed by their grandmother (&%) with a low but even spread amongst other relative types. This is depicted in Figure 10.

Figure 10: Relationship to the child

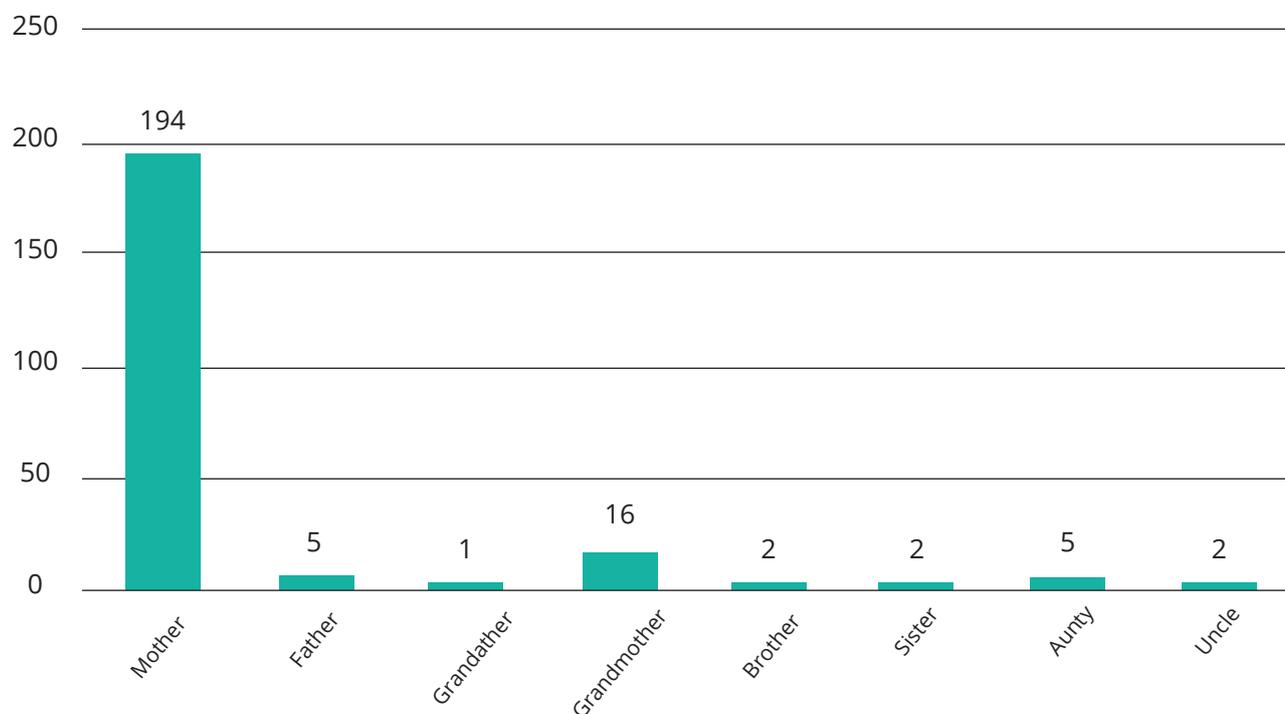
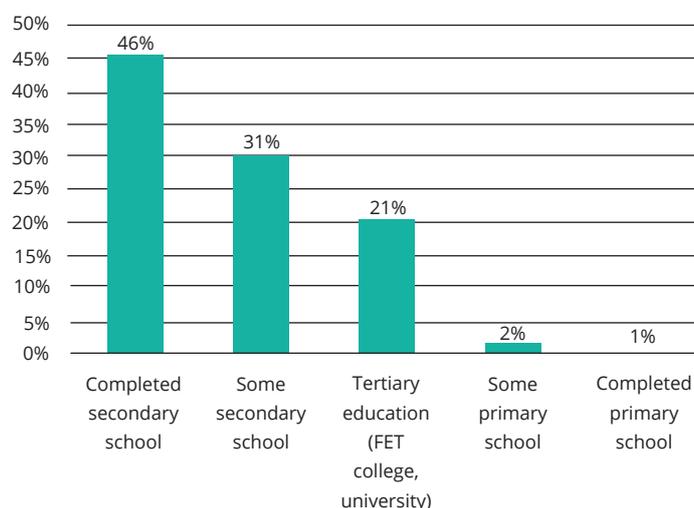


Figure 11: Highest education level (IQS)



Highest education level

Of those who engaged in the IQS, the majority had some or all secondary school, which is commensurate with national levels of educational achievement.

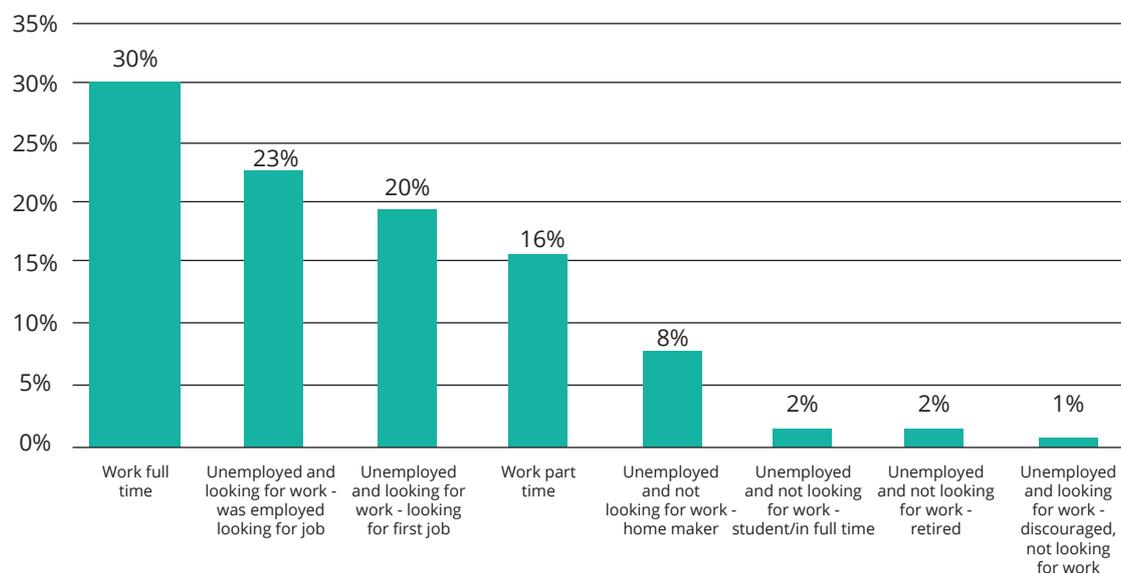
Household profile

This relates to the number of children under 18 in the household. Most participating households consisted of one (32%), two (30%) or three (22%) children, with only 9% of respondents having one child in the household.

Employment status

Consistent with national statistics in South Africa, a substantial percentage of the sample population was unemployed, with only one in three participants being employed full-time. This is depicted in Figure 12.

Figure 12: Employment status (IQS)



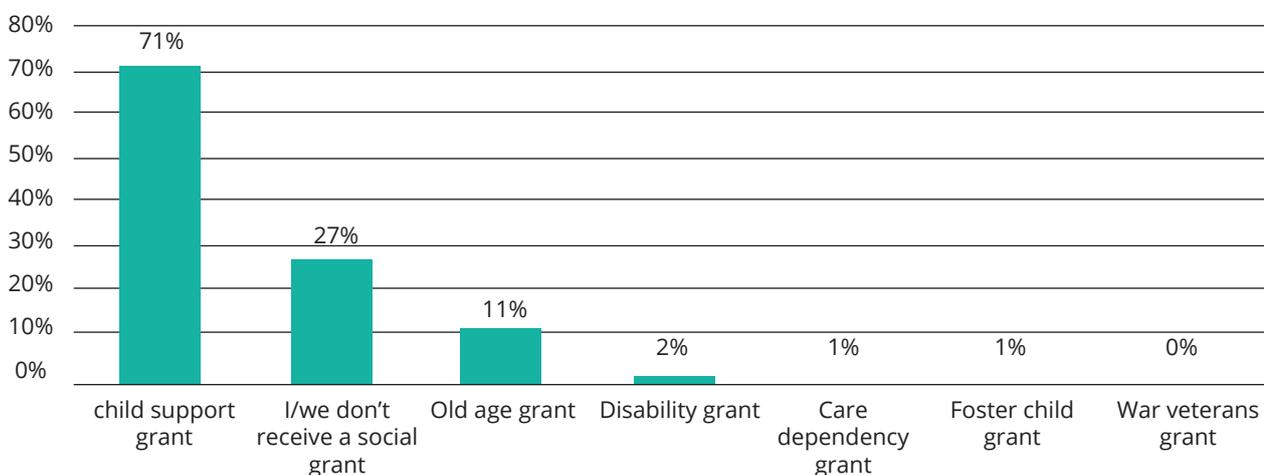
Healthcare worker occupation

Of those interviewed, 1 was a clinical nurse, 19 were community healthcare workers, and 30 were nurses.

Social grants status

The majority (71%) of respondents received a child support grant, which is unsurprising given the context of the survey. What is more surprising is that almost a third don't receive any kind of social grant while they have children in their care.

Figure 13: Social grants status (IQS)



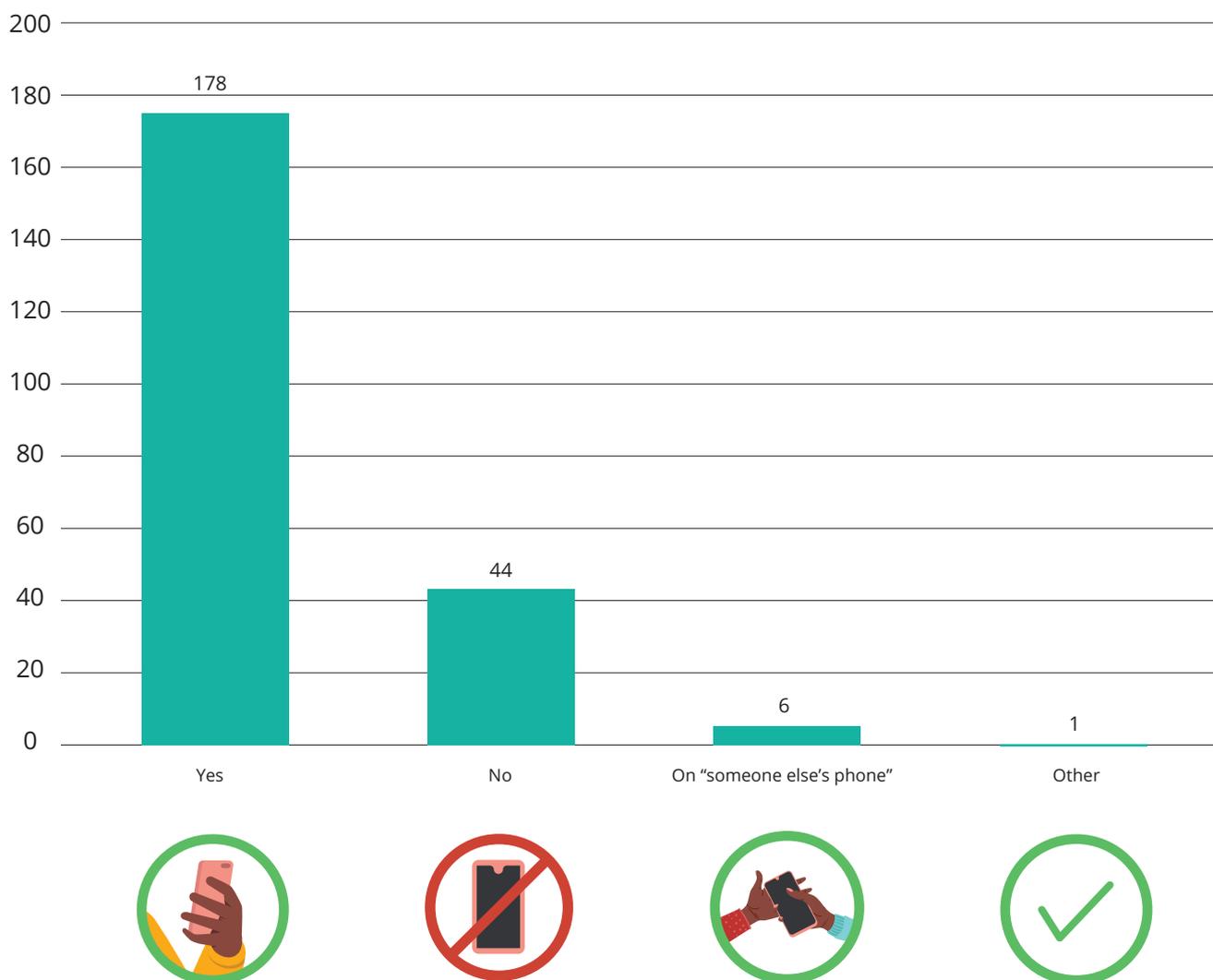
Average monthly income

The average monthly personal income was 6,136.00, ZAR while the average monthly household income was 13,591.00 ZAR

Access to a smartphone

Given the campaign has a significant digital component, it is important to understand access. Of those parents and caregivers who participated in the in-depth interviews, the majority (78%) have access to a smartphone, with a small number using someone else's phone (3%), as depicted in Figure 14.

Figure 14: Smartphone access





Findings

This section focuses on the specific findings from the data collection process, documenting:

- Audience reception of the campaign's communication tools
- Visibility and use of campaign materials
- Impact on understanding and practice of ECD

The next section presents the media analysis, followed by a discussion of the campaign's progress in meeting its objectives and how key stakeholders might better understand and assess its value and impact. Finally, based on these findings and the discussion, recommendations for future campaign iterations are shared for consideration.

Audience reception of Side-by-Side's communication tools

To understand audience reception of Side-by-Side's communication tools, the data collection process focused on questions of overall awareness of the campaign, visibility of the brand (available communication channels and key messages) and how effective these have been in influencing behaviour change. Both parents and caregivers, and healthcare workers were asked for their impressions.

Overall awareness of campaign tools

IQS respondents were asked about their level of knowledge or recognition of campaign, materials, or Apps giving information on parenting practices and early childhood development in general. Of those who participated in the IQS, 71% were aware of campaigns, materials and Apps that give information about parenting practices and ECD. At surface level, i.e., without prompting, 63% had heard of the Road to Health Booklet, 55% had heard of the MomConnect App, and 30% had heard of the Side-by-Side campaign.

Conversely, many parents and caregivers who were engaged in the IDIs explicitly stated they had never heard of the campaign or had limited information about it,



"I do not know anything about the campaign." (IDI respondent, Western Cape).

Some mentioned seeing signs or logos associated with Side-by-Side, but said they did not understand its goals and objectives, while others had a partial understanding of the campaign's purpose and goals, associating it with topics such as child development, care, and health. That said, many had received information and educational materials about pregnancy and childcare through sources such as MomConnect and radio. However, the link to the Side-by-Side campaign was not made, indicating potentially limited exposure or promotion of the campaign through these channels:



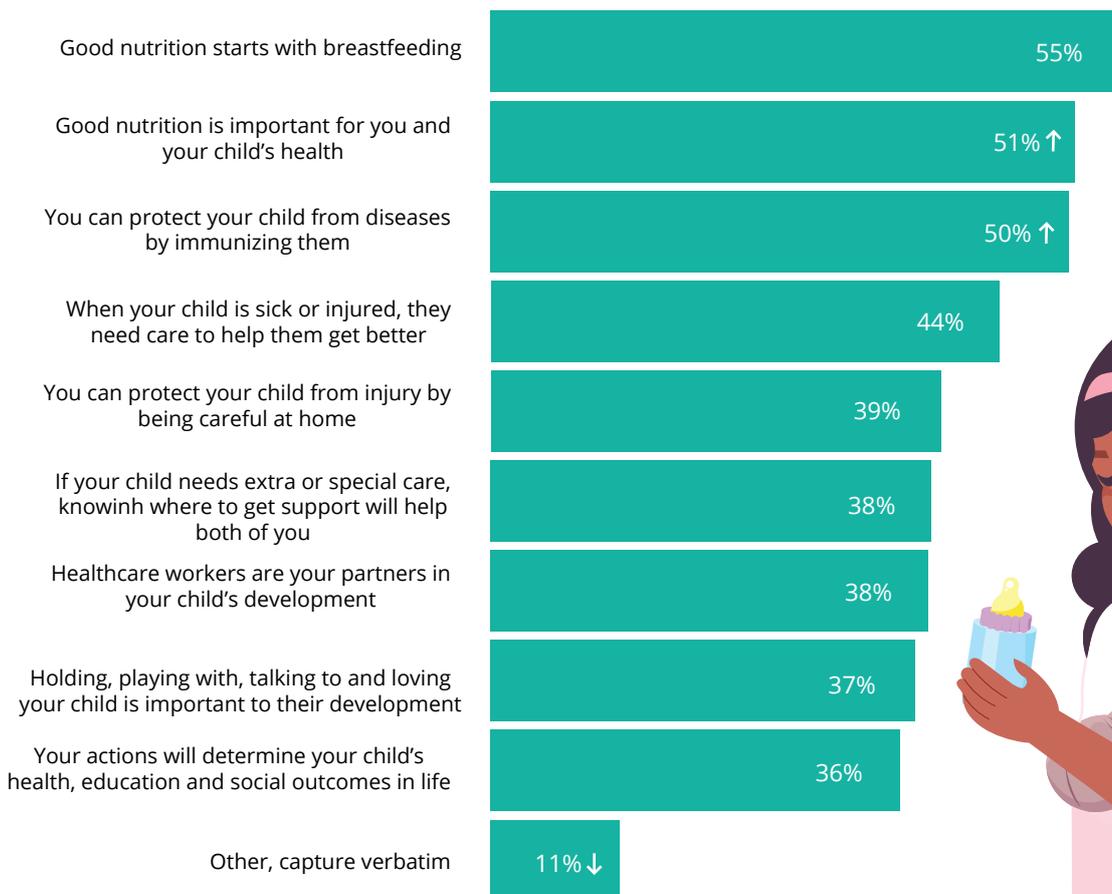
“It helped me, the MomConnect helped me a lot, it was extremely useful with follow up dates and reminder to test for HIV. The Sister helped to download at the clinic” (IDI respondent, Northern Cape).

With prompting, i.e., showing the respondents the branding and logos from the Side-by-Side campaign, the Road to Health Booklet, and the MomConnect App, 68% of IQS respondents had heard of the Side-by-Side campaign. Within this group, the majority fall into the age range of 25-34 years and were predominantly spoke English, Afrikaans, and Isizulu speakers. Significantly, 95% had heard of Road to Health, while only 45% had heard of MomConnect.

Overall awareness of campaign messaging

In general terms, approximately half of the IQS respondents knew what the Side-by-Side campaign was about, with awareness of campaign messaging around breastfeeding (55%), nutrition (51%), and immunisation (50%) rated highly, followed by the need for care when a child is sick or injured (44%).

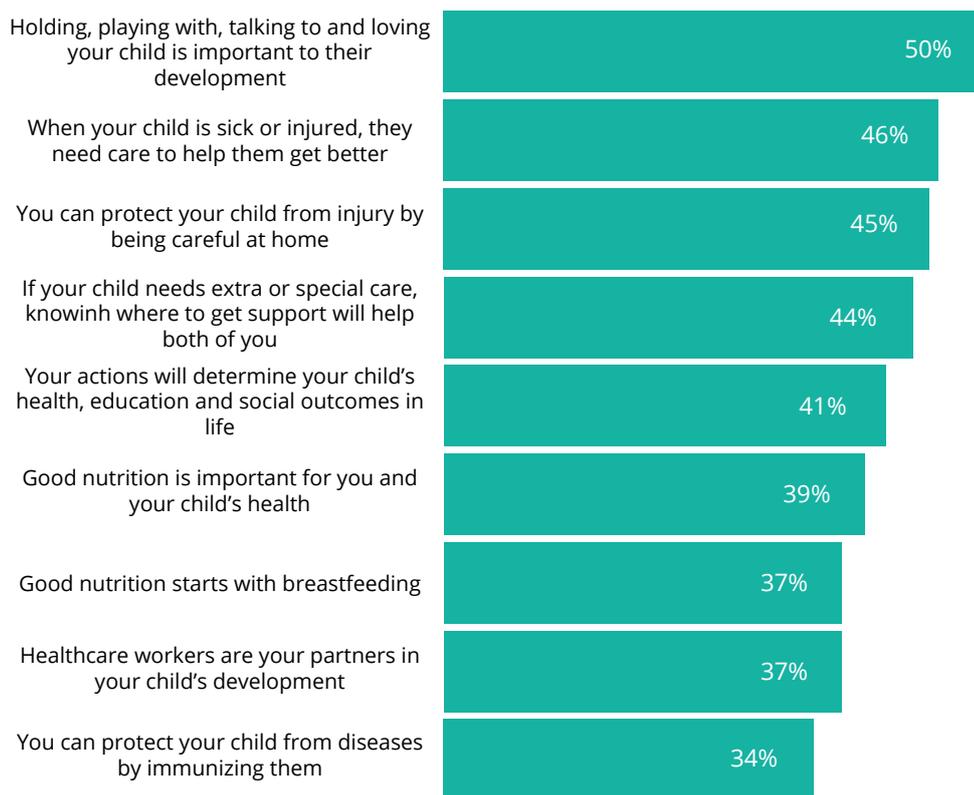
Figure 15: General awareness of the Side-by-Side campaign content



Of those who selected 'other', respondents described the campaign as teaching them to be mindful of their children's growth and health, while also perceiving it as a useful "reference guide." This variance in perception could be attributed to differences in understanding or values. Still, the fundamental message of the campaign remains unchanged: it is all about raising healthy children to thrive, and ultimately, most respondents demonstrate good awareness of what the campaign is about.

In terms of the specific key messages, which are based around the 5 pillars of the campaign, when prompted, respondents were able to recall the campaign messages, indicating a satisfactory level of message retention. However, it is concerning that only 34% of them specifically remembered the importance of immunisations given the impact COVID-19 has had on childhood immunisations globally, with 67 million children having missed out on one or more vaccinations in the past three years, and 1 in 5 children in South Africa under-immunised amid heightened vaccine skepticism during the COVID-19 pandemic.⁷

Figure 16: Awareness of Side-by-Side key messages



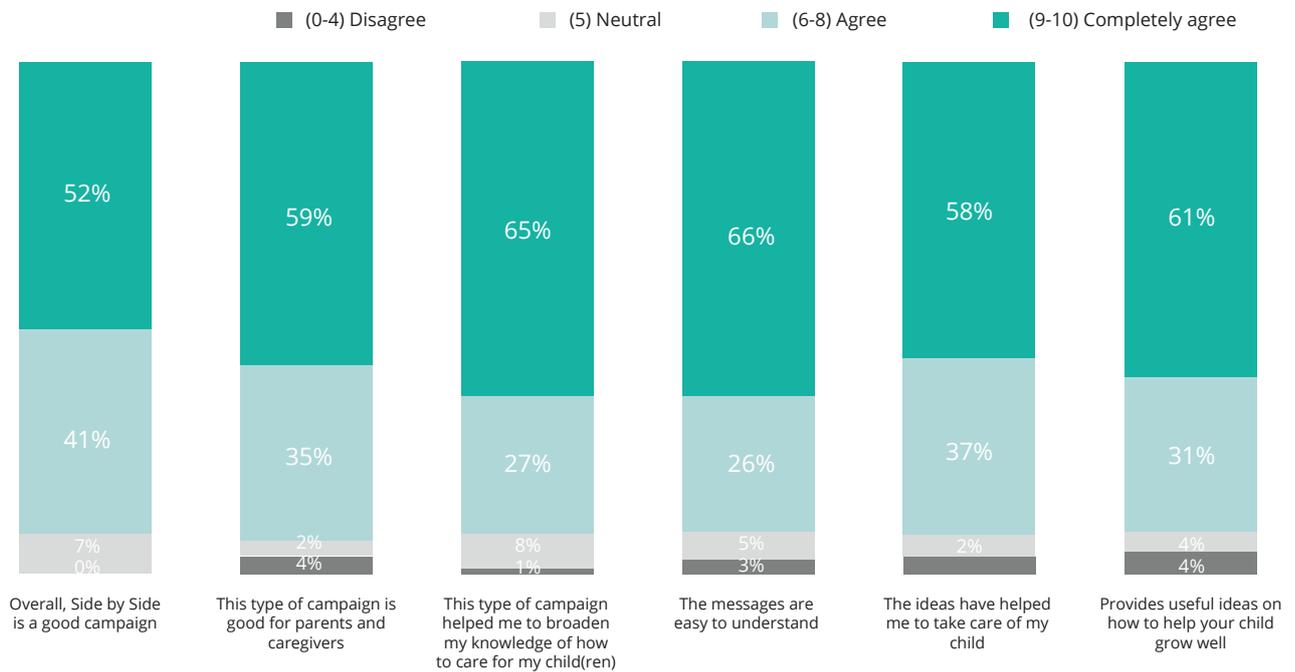
⁷ UNICEF (2023).

Feedback on the campaign's usefulness

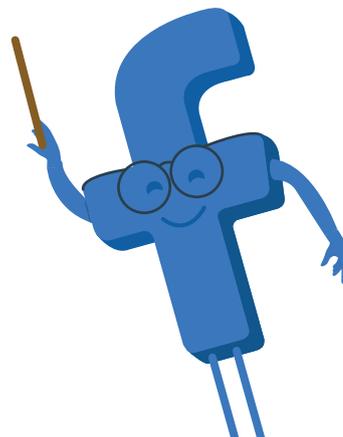
The overall feedback on the campaign messaging and its usefulness was very positive, with a high level of agreement with and support for the campaign's objectives. The second statement in the graph below, "This type of campaign helped me broaden my knowledge of how to care for my children", resonated the most positively with respondents. It is worth noting that only a small minority of caregivers rated these statements negatively, suggesting that the overall reception of the campaign messages is highly favourable. This is depicted in Figure 17.

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Figure 17: Campaign usefulness



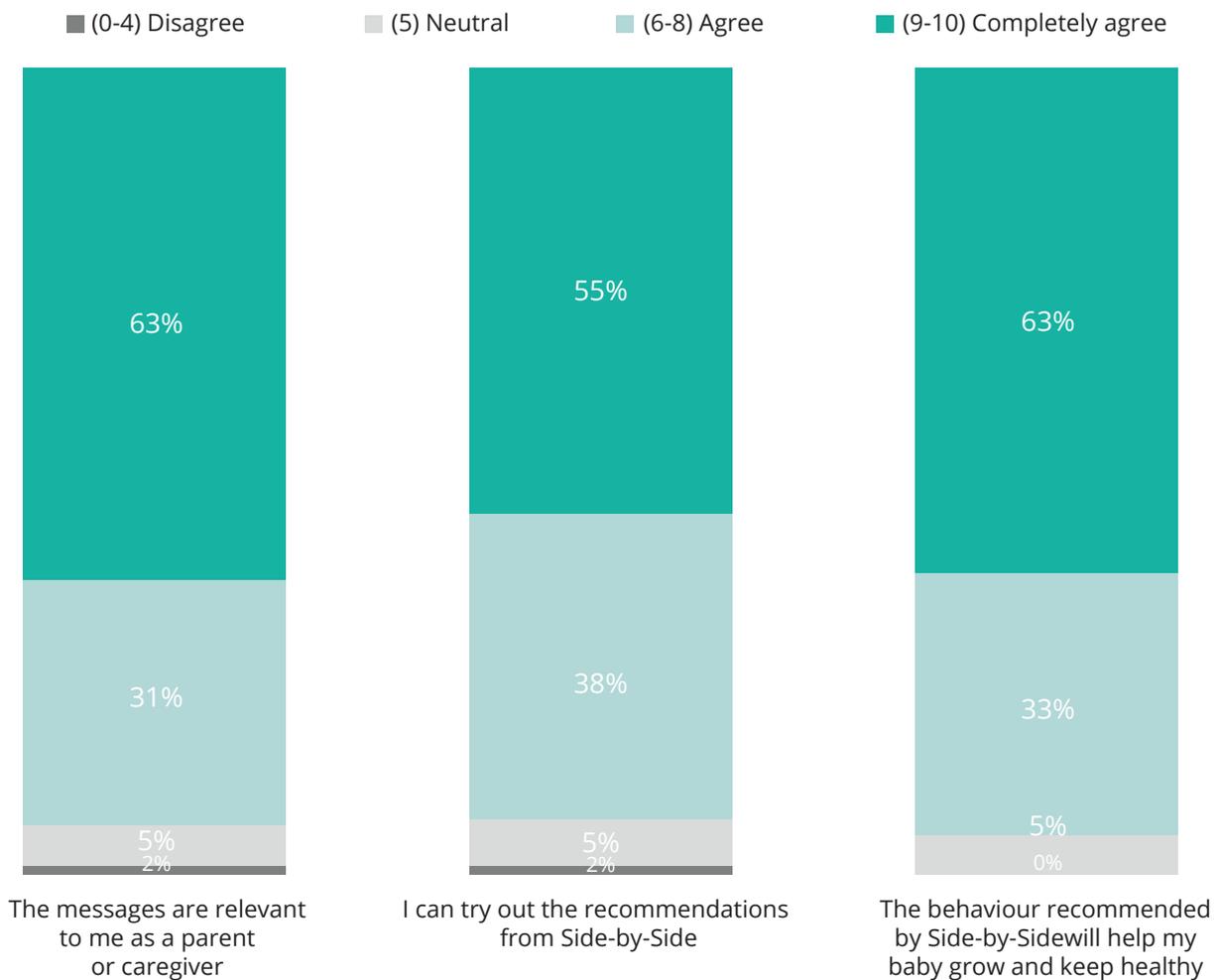
The FGD respondents shared that their perception of the usefulness of the information came from a sense of trust - they either experienced positive outcomes when following the information provided, or, when comparing it with Google search results, they found the information to be accurate. They also indicated that they trust it because it comes from the Government (i.e., NDoH), and it has markedly improved from previous sources of information.



Campaign relevance

In terms of relevance of the campaign (educational value and helpfulness of the campaign messages), most caregivers expressed agreement, with many indicating complete agreement. Respondents found the messages to be relevant and expressed a strong willingness to implement the recommendations provided in the Side-by-Side campaign. This is depicted in Figure 18.

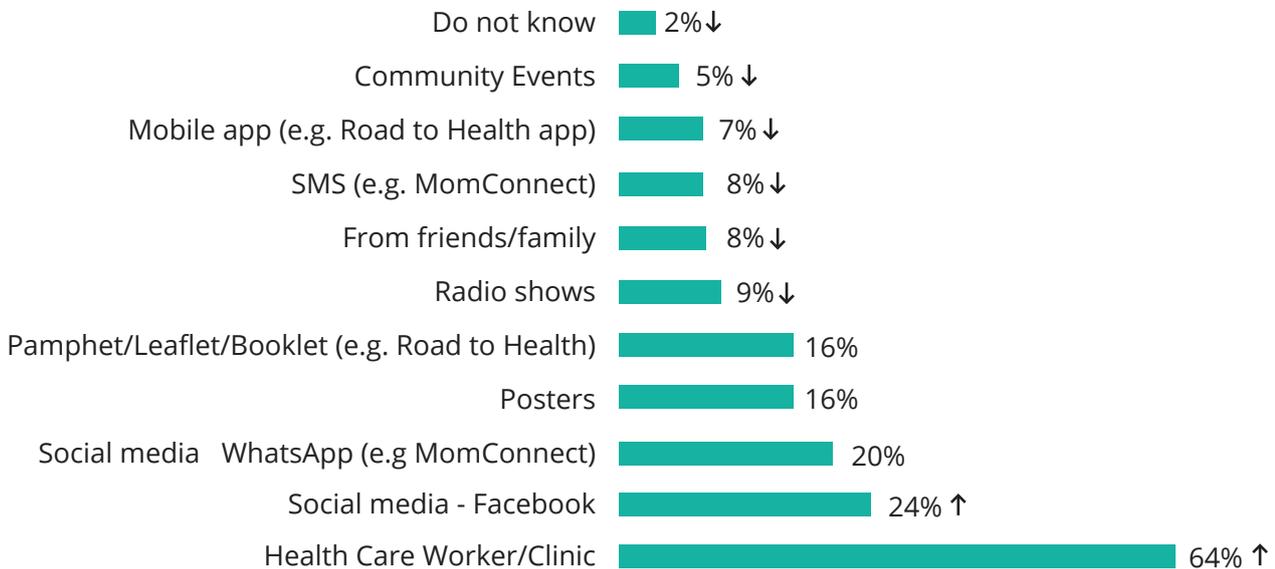
Figure 18: Campaign relevance



Visibility and use of the campaign materials

An overview of how respondents accessed the campaign is shared in Figure 19, followed by a discussion of each channel.

Figure 19: Sources of information about the campaign



Print

When asked where they access or see the campaign information and materials, most of the IDI respondents encountered these through in-person interactions with healthcare workers (64%). Presumably, this is when they are given the Road to Health Booklet when their child is born, and the birth information is recorded. However, this is not necessarily an in-depth interaction, with one IDI respondent indicating that healthcare workers do not always go through the booklet with them, instead they just point to where they need to write and send them home to go through it themselves,



"She only opened the book to write what she needed to fill in and check date correspondence. There were no other materials discussed or issued" (IDI respondent, Mpumalanga)

While others were more instructive,

"The community Healthcare worker uses this book. For instance, when I was taking my child to the clinic when I was not holding my child correctly, the nurse would just tell me, 'go to this page and see how the child is held.'" (IDI respondent, Northern Cape)



However, many of the parents and caregivers who were engaged in the IDIs and FGDs found the Road to Health booklet easy to access and understand,



"The booklet is very user friendly, and anyone can use and understand the material without struggle" (IDI respondent, Mpumalanga)

They appreciated the information about the child's development and possible health concerns,



"It is very accessible, and provides a lot of information on the child." (IDI respondent, Northern Cape)



"I think it's important because it gives guidance on how children should grow." (IDI respondent, Gauteng)



"It helps other family members to be able to properly take care of the children after they read it, it helps family members to feed children with healthy food when we leave them in their care, It provides the phone numbers for ambulance services in case someone falls ill". (FGD respondent, Western Cape)

As indicated through the conversations, the inclusion of illustrations and signs in the booklet allows for easy comprehension and following of instructions. It provides valuable information on child growth, signs of cholera, stages of sickness, and home remedies for different illnesses. Some caregivers rely on healthcare providers or creative space workshops for additional information

However, despite the illustrations, some mentioned that the language barrier still hinders the accessibility of the information, where it is only distributed in English. Users who do not understand the language find it challenging to access the information effectively,



"The booklet unfortunately it is in English... so if you do not know how to read it is a challenge." (IDI respondent, Gauteng)



"it's a bit complicated, if you haven't been helped in understanding the material it won't be easy, the fact that it's only written in English, if it was in our mother tongue it might be simpler." (IDI respondent, Mpumalanga)

Regardless of the usability, there was general understanding by parents and caregivers of the importance of keeping Road to Health booklet and immunisation cards with them,



"It's relevant [the RTHB] especially the card because I know I have to guard it with my life, because it will be needed when the child goes to school" (IDI respondent, Gauteng).

And parents and caregivers who participated in the IDIs generally appear to be very interested in the information about the development of their children,



"I am very interested as someone who is interested in the child development of infants and the psychology of infants and their different developmental stages of a child." (IDI respondent, Northern Cape).



"I am very much interested on getting materials about development of the child. having a child is every day's work so it is interesting when there is a place where you can refer to when raising your child. The materials help to monitor the development of the baby." (IDI respondent, Eastern Cape).

They want to know about immunisation, child growth, milestones, and how to care for their child's health. They see these materials as essential for supporting their child's growth, learning, and overall well-being. Parents and caregivers also desire to learn and share this knowledge with others to impact their families and communities positively. Users value the information and recognise its importance in raising their children effectively.

Regarding posters and pamphlets (i.e., the other information booklets), these were each rated at 16% by IQS respondents when asked where they had seen mention of the campaign, suggesting these are less visible in clinics or that people are unaware of their availability on the website. Similarly, those who engaged in the IDIs or FGDs shared that they had never seen additional booklets or pamphlets.

Social media

The other significant source of interaction for IQS respondents was through media platforms, with Facebook (24%) and WhatsApp, i.e., MomConnect (20%) emerging as the most prevalent digital engagement channels. Less respondents engaged with MomConnect via SMS (8%).

Responses from those engaged in the IDIs and FGDs were mixed, with some completely unaware,



"No, am not aware of it, I have never heard anything about such". (IDI respondent, Northern Cape)

While for others it was more of an access issue related to using digital or internet-based information communication technologies, with many showing interesting but not having a smartphone,

"Yes, they sent me SMS'. I am aware that there is a WhatsApp service, and I don't use it because I don't have a smartphone." (IDI respondent, Limpopo).



Others relied on alternative resources for tracking pregnancy and baby-related information, or just a personal preference not to use it,



"I am aware but I was not interested in using it" (IDI respondent, North-West).

For those who responded positively, they found it helpful for reminders, clinic visits, and baby development, as well as the educational content and guidance provided:

"It is good, it sends messages to remind you to go to the clinic" (FGD respondent, Western Cape).



"MomConnect is the App to encourage and remind mother and also educate mothers. It used to help me a lot" (IDI respondent, Gauteng).

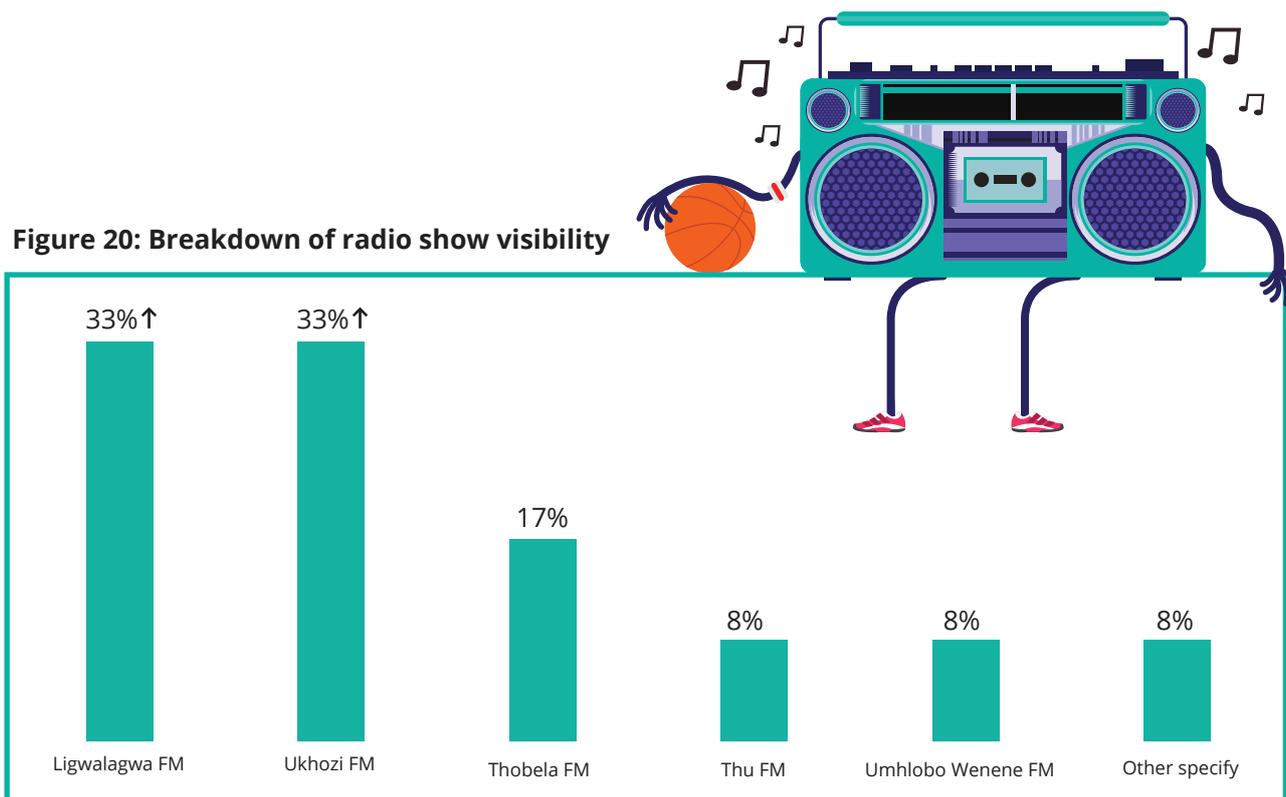
"It used to give me notifications about clinic dates and my child's development" (IDI respondent, Gauteng).



"I felt that the messages were teaching me to love my unborn baby. I used to brush and hug my stomach giving love to the child. I also felt love as well so that I can be able to love my child. There was so much support for me" (IDI respondent, Eastern Cape).

Radio

Interestingly, radio rated quite low regarding its association with the campaign, with only 9% of IQS respondents linking the campaign through this medium. Most of those who accessed information via radio listened to either Ligwalagwala or Ukhozi FM. The full breakdown of visibility by radio station is depicted in Figure 20.



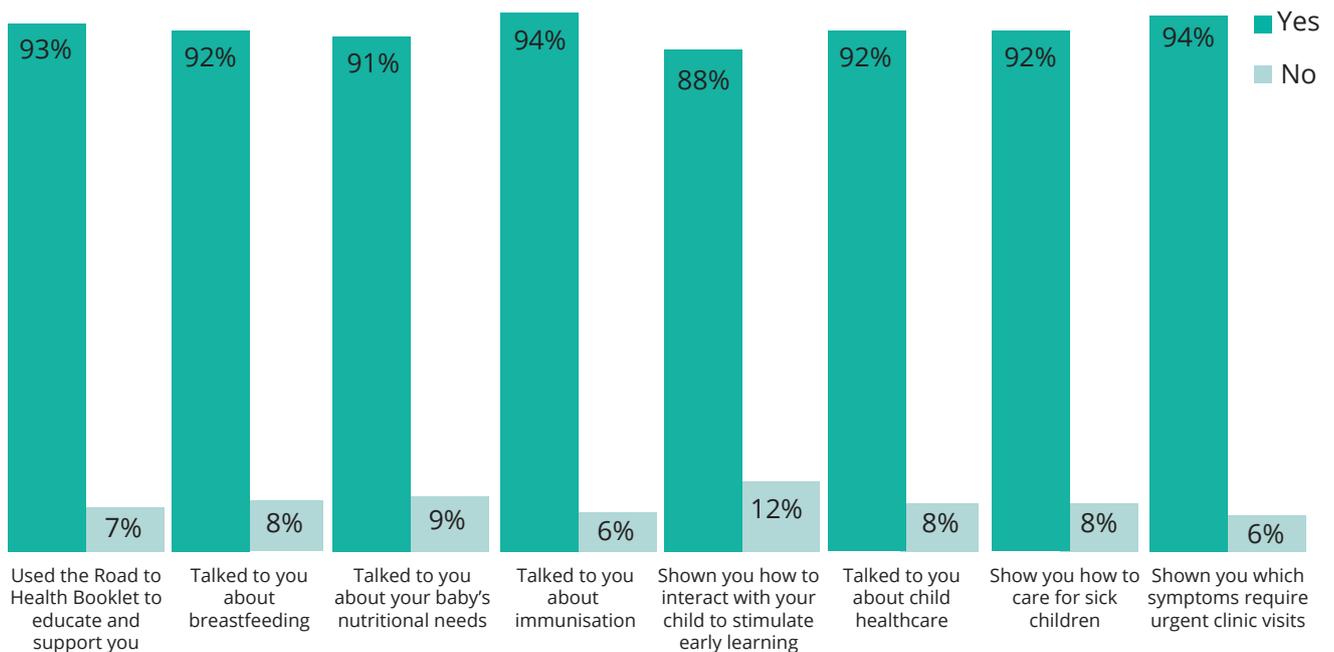
The impact of the radio shows is discussed further in the media analysis section of the findings.



Healthcare workers as a critical contact point for the campaign

Given the prevalence of IQS respondents who accessed the campaign through a healthcare worker (at a clinic or hospital), it was useful to probe how useful this modality is. This is depicted in Figure 21, which shows how healthcare workers engaged with respondents on key topics related to the campaign. When parents and caregivers were asked about the performance of healthcare workers in relation to the Side-by-Side campaign, seven out of eight statements received ratings above 90%. This demonstrates the critical role of healthcare workers in effectively conveying the campaign messages and engaging parents and caregivers meaningfully.

Figure 21: Healthcare workers as a critical source of information



IDI and FGD respondents provided a range of perspectives on their experiences with healthcare workers and their knowledge of the Side-by-Side campaign. Of those who had a positive experience, the support and education was appreciated,



"I have a very good experience with the Healthcare worker. The Healthcare worker was very friendly she was treating me with respect and she was very professional." (IDI respondent, Northern Cape).

They found the materials provided, such as the Road to Health booklet, easy to understand, especially due to the use of pictures. They appreciated the educational information provided, such as guidance on breastfeeding and child development milestones.

Others had mixed experiences, citing rudeness and a lack of time or willingness to explain things to caregivers,

"Sometimes we meet good HCWs and sometimes our experience with them is not so good" (IDI respondent, Limpopo)



"... sometimes they take the child for immunisation, and they are told it is not available on that day and they will only give the child drops which somehow makes child to have rash and other issues" (FGD respondent, KwaZulu Natal)

It is important to note though, that these challenges may not reflect so much on the campaign as on broader challenges within the healthcare system regarding adequate resourcing of clinics and facilities to ensure that healthcare workers have the training and time to explain issues and procedures to parents and caregivers to their satisfaction.

From the healthcare worker perspective, the Side-by-Side campaign is regarded as a source of clear and understandable information on child growth and development, particularly in community nursing.



"For me it's a guide that I use for me and the mother to work together and helps to fill gaps. Sometimes mother forget so it helps" (Healthcare worker, Gauteng)

"We use it to check the child development" (Healthcare worker, North West)



"I use it because I saw that it has important information on it. It also has pictures which relate to what is written on it." (Healthcare worker, Eastern Cape)

It is a valuable resource for healthcare workers, providing information that may not be covered extensively in their general nursing training. In general, the campaign is praised for improving the health and knowledge of youth, young mothers, and the community.

The materials provided by the Side-by-Side campaign, such as pamphlets and booklets, are highly beneficial and impactful. These materials provide comprehensive information on nutrition, child development, and various health topics and make the work of healthcare workers easier in terms of assisting in educating parents and caregivers, including teenage mothers and those with limited knowledge about child health.

The materials also help reduce the number of defaulters for immunisation and ensure that children receive necessary vaccinations and vitamins.

"We use it because we have to follow to see if the parent is following the immunisation dates for the child to be immunised, to see if the child is growing or is malnourished" (Healthcare worker, Cape Town)



"It gives us the assurance that children are being taken care of when the parents also keeps track of what is recorded. It helps us to be able to explain to parents their children's needs." (Healthcare worker, Cape Town)

Healthcare workers did however express the need for pamphlets in other languages to enhance their work with diverse communities.

In terms of the Road to Health booklet, this was seen as very important, allowing them to easily track a child's vaccinations and provides guidance on caring for a child at different stages of development. The booklet is seen as making their job easier and helping educate and guide caregivers in their child's growth. It is regarded as particularly relevant to mothers, as it is given to them after the birth of their child and helps them learn about their child's well-being and growth. At the same time, there are challenges in properly disseminating information about the booklet, such as lack of explanation or guidance from healthcare providers, overwhelming discharge paperwork, and limited awareness among caregivers.

However, they also noted that not all caregivers find the booklet relevant or have an interest in reading it. Some caregivers, such as the elderly, may have difficulty understanding the materials or may not read it unless it is explained to them. While the visual aids (pictures and diagrams) were highlighted as helpful tools in improving caregivers' understanding, language barriers were identified as a challenge, though some healthcare workers mentioned using translation or interpreters when necessary.

The use of simple language and clear communication was mentioned as a facilitator for understanding the materials. It was important for healthcare workers to be familiar with the language used and able to translate the information effectively to the caregivers. Many healthcare workers attributed their ability to understand the materials to their training and education in nursing or healthcare. They were taught how to read and interpret the information and had received specific training on the content of the materials. A few health care workers noted that their personal experience and fluency in multiple languages contributed to their ease in understanding and then communicating the materials.

In addition, a lack of parent and caregiver access to the internet or smartphones was raised as a challenge that can hinder caregivers from obtaining necessary healthcare information for their children.

In addition, the space within which the information was received can impact the extent to which it is used. Parents and caregivers who may have had negative experiences or perceptions about a clinic, such as long waiting times, can make them resistant to accessing and using the provided materials. Building trust and addressing these negative perceptions is essential in overcoming resistance. Overall, healthcare workers believe that the campaign materials are effective, having seen positive results when implementing the strategies and guidelines provided. The fact that professionals in the field approve the materials further strengthens their trust in the information provided. They also appreciate that the materials are consistent with other established guidelines and sources of information.

Impact on understandings and practice of ECD

This sub-section of the findings discusses the impact the campaign has had on how respondents understand and practice ECD in both homes and clinics. The campaign's theory of change is based on the idea that if you create awareness through the provision of information in a range of formats and languages around not just the child's development but the critical role of the parent and caregiver in that, you shift behaviour, i.e., a caregiver is moved to take conscious action to support their child's development.

The responses from parents and caregivers regarding the overall educational value and helpfulness of the campaign messages were overwhelmingly positive. Notably, some parents and caregivers expressed a strong desire to change their parenting behaviours based on the campaign's ideas and recommendations. As shared by the IDI and FGD respondents, the campaign introduced caregivers to best practices in child healthcare, nutrition, and development. The information has also enabled them to recognise early signs of illness or developmental issues in their children. This early detection allows them to seek medical assistance or intervention at the right time, promoting their child's health and well-being,



"It helps with how I can care for the child before I can take the child to the clinic, what help can I offer to safeguard the child's health." (IDI respondent, Mpumalanga).

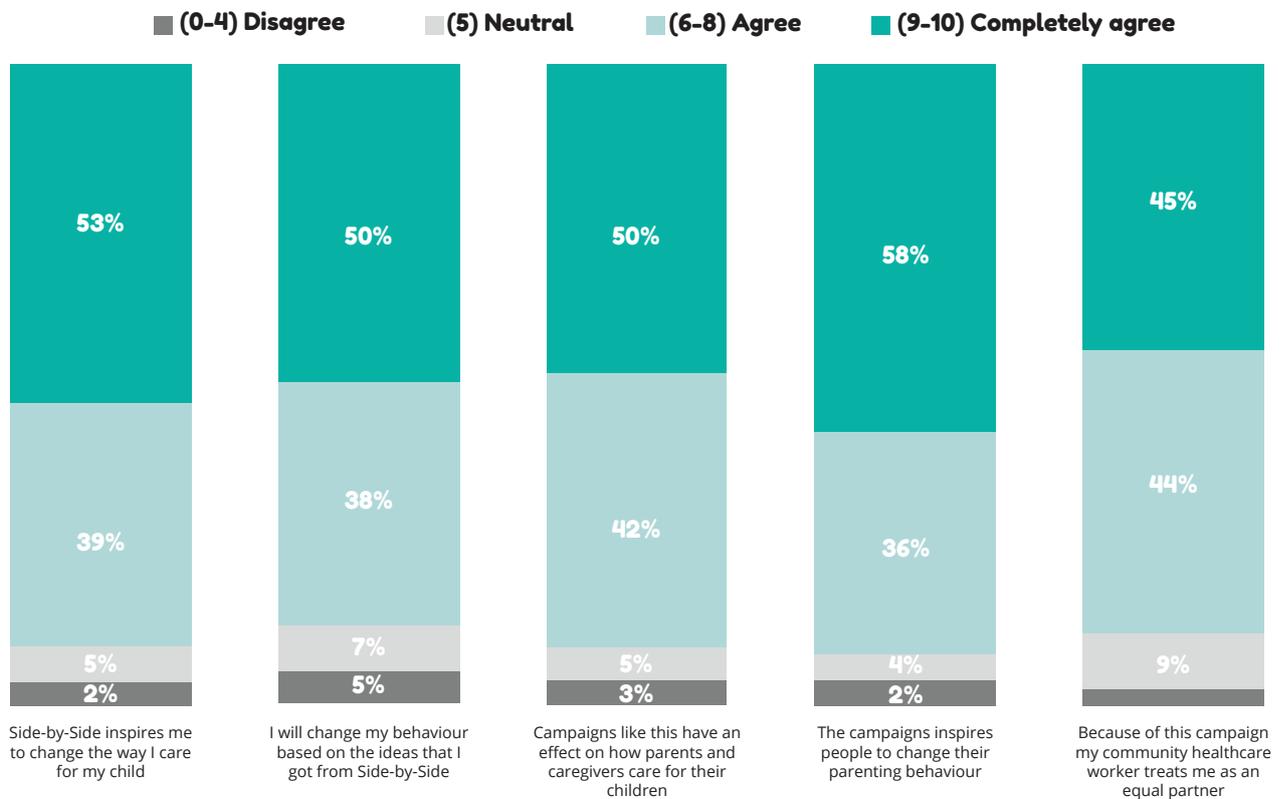
It has helped them understand the importance of breastfeeding, appropriate feeding schedules, hygiene practices, and the significance of immunisations. Some caregivers mentioned that the information has benefited and empowered them to share their knowledge with other parents or caregivers. This helps create a supportive community and promotes the well-being of other children as well,

"It helps me as the mother of the child when I see another mother with a small baby not taking the child to the clinic, I show them the book and share the information with them." (IDI respondent, Eastern Cape)



This indicates that the campaign has imparted knowledge and influenced parents and caregivers to adjust their parenting practices. This is depicted in more detail in Figure 22.

Figure 22: Overall impact of the campaign on motivation to change

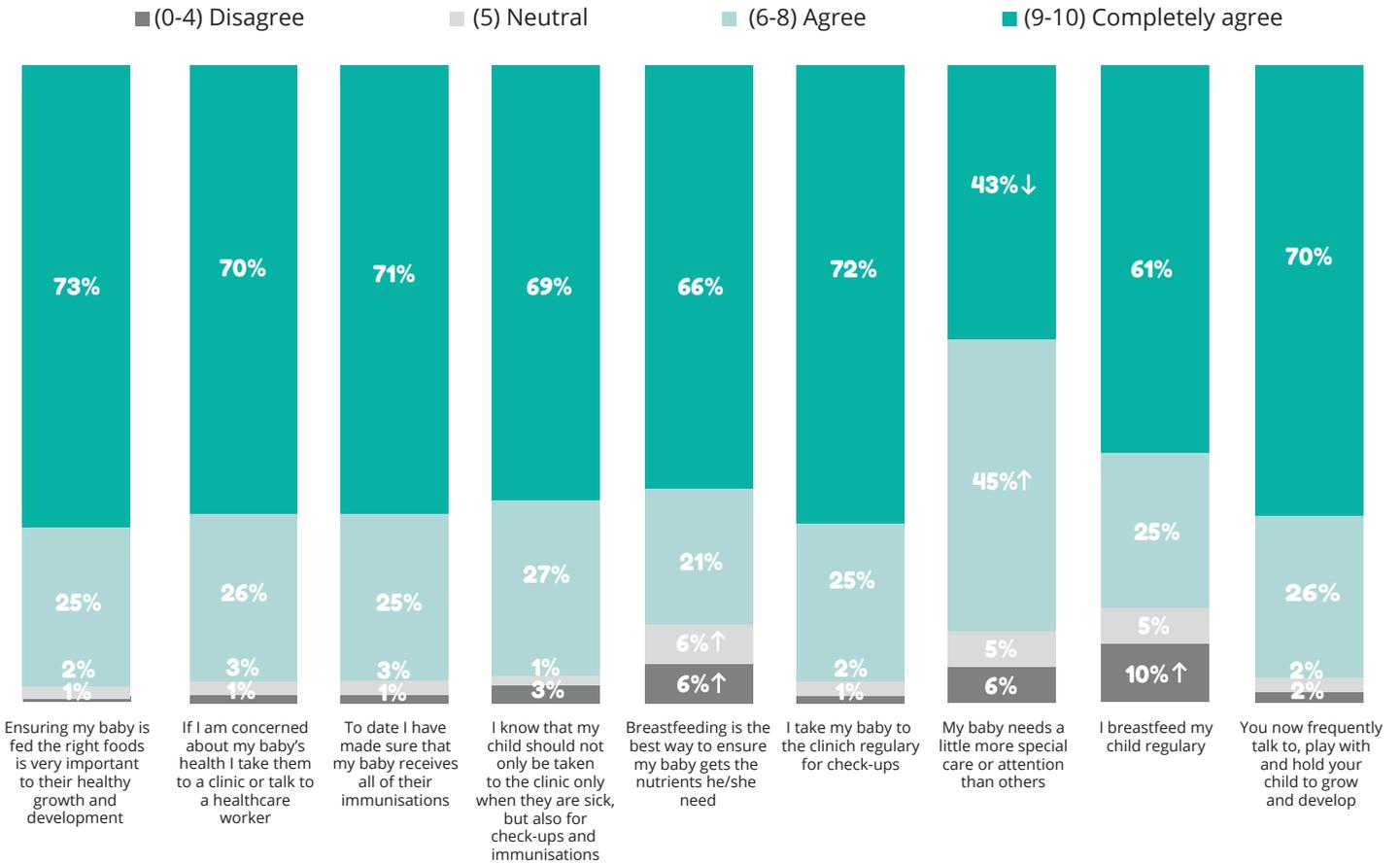


In terms of the specific campaign messages, the impact these have had on respondents' knowledge has been significant, with the majority in the IQS indicating improved knowledge around the 5 pillars below:



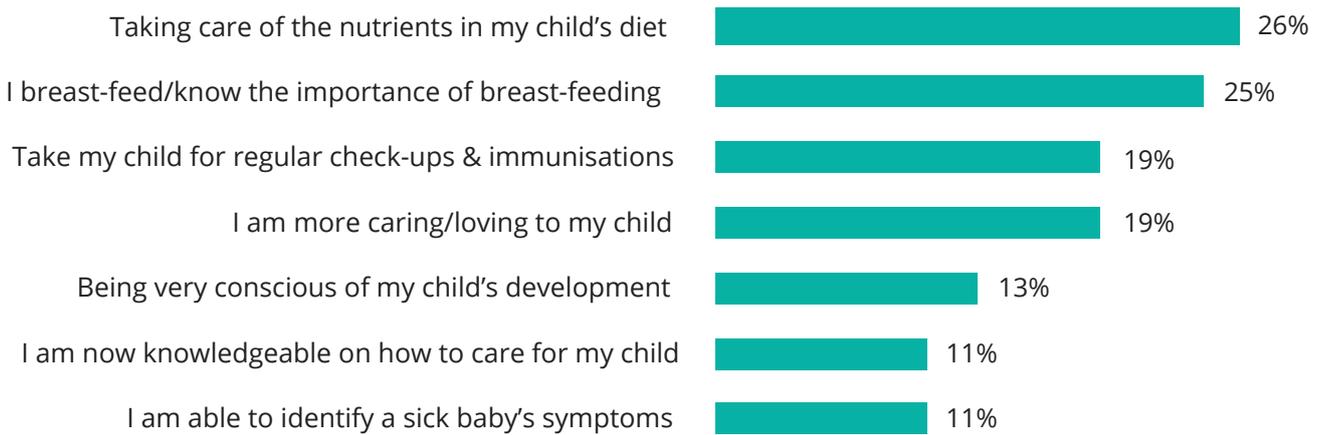
This is depicted in Figure 23.

Figure 23: Increased knowledge linked to key messages



Probing deeper regarding the specific influence the campaign has had, 87% of IQS respondents indicated that the campaign had changed the way they look after their baby. The specific things they were doing differently are highlighted in Figure 24, and include a more nutritious diet (26%), breastfeeding (25%), taking their child for regular checkups (19%) and generally being more loving and caring towards their child (19%).

Figure 24: Examples of behaviour change



This was also indicated in the IDI and FGD responses, with many parents and caregivers mentioning the importance of breastfeeding their children. They express a commitment to breastfeeding for an extended period, following guidelines, and introducing solids at the appropriate age,

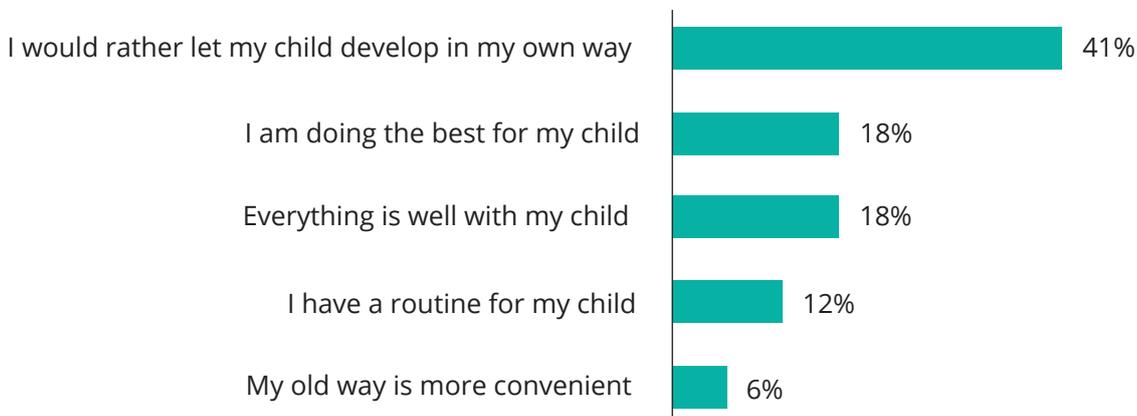


“As a new mother I did not know how to breastfeed my child. Therefore, from the help of the nurse and the Road-to-Health Booklet I learnt the proper way to feed my child.”
(IDI respondent, Northern Cape).

IDI respondents also mentioned going to the clinic immediately when the child is sick or injured, reading about preventing injuries and understanding their child's health and shared that they now understand the significance of spending more time playing and interacting with their child. They talk about engaging in activities like playing games, watching videos, exploring with their child, and singing to them. Some also highlighted the importance of communicating and conversing with their child to develop language skills. Respondents indicated they are more comfortable with different approaches to disciplining and guiding the child when they do something wrong, mentioning strategies such as communicating with the child, discussing the consequences of their actions, and providing guidance.

For those who indicated in the IQS that the campaign has not changed how they look after their baby (13%), most felt they would rather let their child develop in their own way (41%). In contrast, others indicated that they are doing the best for their child or everything is well with their child (both 18%).

Figure 25: Reasons for no behaviour change



Media analysis

This section discusses and analyses the campaign’s media presence, on traditional platforms (newspapers, TV and radio) and digital platforms (website, social media, i.e. Facebook, Instagram and Twitter/X). It starts with the overview of the campaign’s media presence, then presents an analysis of the traditional media and digital media modalities. Each section discusses the media landscape in South Africa, presents the current campaign collateral, and then analyses each channel. Recommendations are shared in the specific Recommendations section for consideration.

Side-by-Side campaign materials and channels

The main communication channels and related materials, and their target audience are:

Table 3: Communication channels and materials with target audience

Channel	Collateral	Target audience
Website	See the site map below. This is the main ‘hub’ of general campaign information, partner information, all printable materials, videos, links to the social media platforms and a mailing list ⁸ , radio shows and content, COVID-19-specific resources, and other campaign information. https://sidebyside.co.za/	Parents, caregivers, healthcare workers, general public
'Print' and e-publications	General campaign toolkit for implementers: For those interested in getting involved in Side-by-Side but are not sure where to start. It explains the campaign’s design and it equips would-be implementers with the knowledge and tools to act.	Parents, caregivers, healthcare workers, government, NGOs, CSOs, general public
	Booklets: • Road to Health Booklet	Distributed to parents at time of birth (RTHB)
	• How to Raise a Happy and Healthy Child Book • Supporting Breastfeeding in the Workplace • What You Should Know About Breastfeeding • What you need to know about breastfeeding and COVID -19	Parents, caregivers, healthcare workers
	• RTHB guide for ECD practitioners	ECD practitioners
	Posters: • Expanded programme on immunisation • Catch up for children who missed scheduled doses	Parents, caregivers, healthcare workers

⁸ Note: the link to join the mailing list is not working.

	<ul style="list-style-type: none"> • Icons – the 5 pillars • Danger signs • Immunisation • General breastfeeding • HIV and breastfeeding • Breastfeeding (sticker) 	
Videos	Videos for parents and caregivers <ul style="list-style-type: none"> • Introduction to RTH Booklet • Nutrition the importance of breastfeeding • Responsive caregiving and its importance • Protection to keep children healthy and happy • Healthcare when children are sick • Extra care for children needing more help 	Parents and caregivers
	Videos for healthcare workers <ul style="list-style-type: none"> • Danger signs • Introduction to RTH Booklet • Responsive caregiving 	Healthcare workers
Radio	Pre-recorded drama series (7-10 minutes) and live Q&A format (7-10 minutes):⁹ <ul style="list-style-type: none"> • The drama series is about a young mother and her parenting journey and each episode contains ECD and/or health messages. • The Q&A format enables the ECD and/or health messages from the drama episode to be unpacked with an expert guest. • Listeners can also call in with questions and there is an opportunity to win cash prizes by participating in knowledge test quizzes based on the drama show. <p>Note: this page on the website has a section with an option to download information about the 5 pillars and associated messages that has no content.)</p>	Community members, service providers – available on 11 public radio stations
Social media	Facebook page: https://www.facebook.com/SidebySideSA/ This page was created in 2017. As at September 2023, this profile had 39,000 ‘likes’ and 41,000 ‘followers’. Posts include the following: <ul style="list-style-type: none"> • Themed messaging throughout the week (since July 2023): o Mondays – nutrition #nutritionmondays 	Community members, service providers, government, civil society, general public

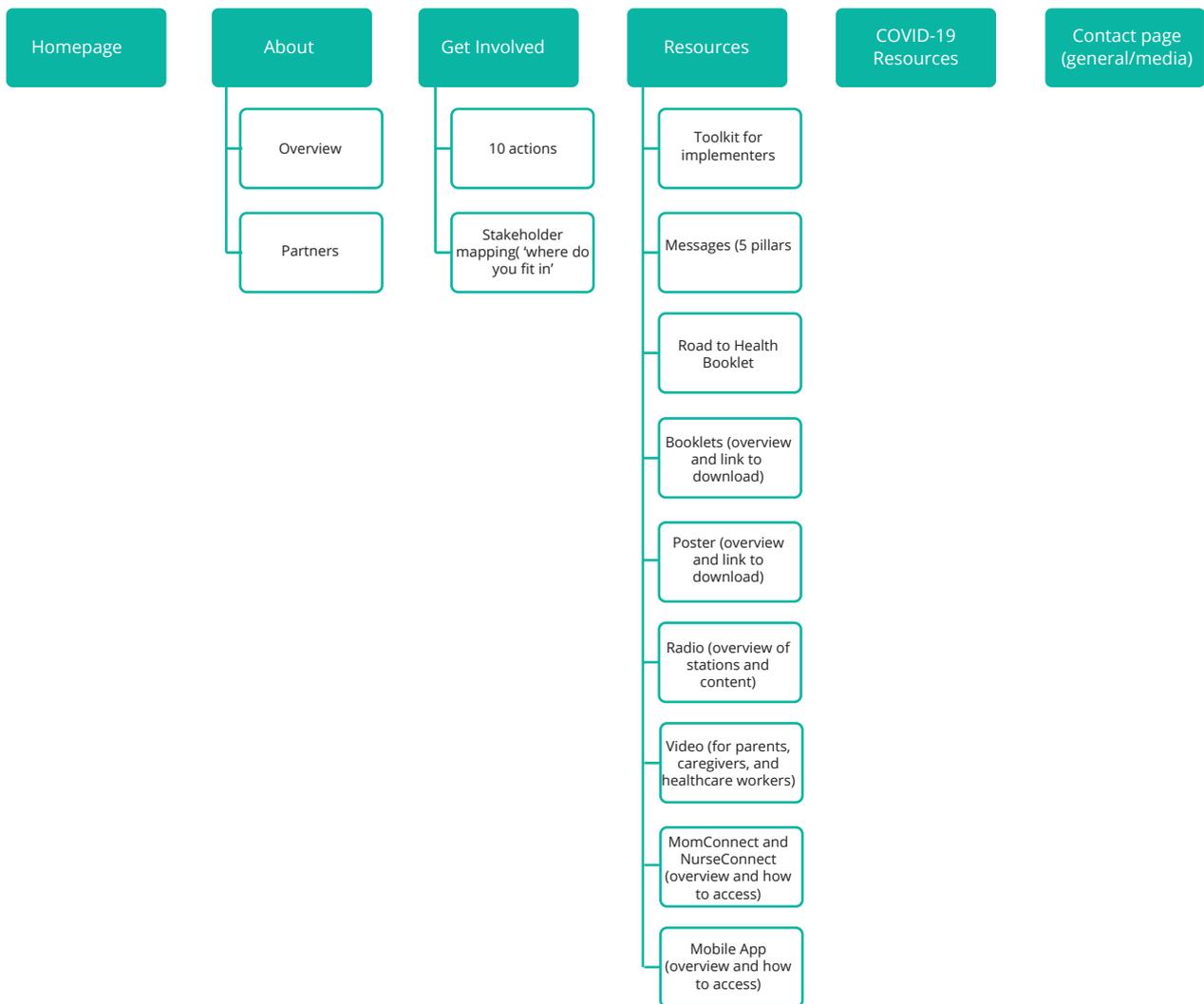
⁹ The links to Season 1 on the website’s Radio page no longer work.

	<ul style="list-style-type: none"> o Tuesdays - love, play, and talk in ECD #loveplaytalktuesdays o Wednesdays - protection and immunisation #protectionwednesday o Thursdays - overall healthcare for mothers and children #healthcarethursdays o Fridays - extra-care topics such as mental health wellness #engagementfriday • Information linked to key health campaigns, such as Breastfeeding Week and Women’s Day • Key topics linked to ECD that reflect those in the RTH Booklet e.g. different milestones for the child, and questions mothers may have during and post-pregnancy • Radio show announcements • Lives with key topics and expert speakers, e.g. the National Health Hotline, Oral Health, and Breastfeeding and Nutrition. 	
	<p>Instagram page: https://www.instagram.com/sidebyside_za/ This page was created in 2022 but is not linked on the website and only mentioned in one post that has not been repeated on Facebook in July 2022. As at September 2023, this page had 243 followers.</p>	<p>Community members, service providers, government, civil society, general public</p>
	<p>Twitter/X: while there is no dedicated profile, the campaign still has a presence through its partners’ (mainly @growgreatza) use of hashtags such as #sidebyside and #zerostunting, among others. This presents an opportunity to a) create a profile to capture interest via this platform, and b) re-socialise an updated South African hashtag for the campaign given the hashtag #sidebyside itself is also used by the automotive and building industries, among others. A revived hashtag could be #sidebysideza or #sidebysideecd or #sidebysidecampaign to capture audiences there and bring them to the main information source of the website, Facebook and/or Instagram.</p>	<p>Community members, service providers, government, civil society, general public</p>
<p>Apps</p>	<p>RTHB App: https://sidebyside.co.za/resources/mobile-app/ This App allows parents and caregivers to read the content of the Road to Health book, as well as get MomConnect informational messaging.¹⁰</p>	<p>Parents and caregivers</p>
	<p>MomConnect: Pregnant women can register by dialling *134*550# from their cellphone. They will be asked a few</p>	<p>Pregnant women</p>

¹⁰ Note: the App is no longer available on the Google Playstore.

	<p>simple questions about their pregnancy, after which they will be registered and will start receiving stage based messages. They will receive a limited set of 6 messages that invites them to go to the clinic to register for the full set of MomConnect messages.</p>	
	<p>NurseConnect: Nurses and midwives can register to receive NurseConnect messages by dialing *134*550*5# from their cellphone. There is also a companion mobisite that nurses can join.¹¹</p>	<p>Healthcare workers (nurses and midwives) based in clinics and hospitals</p>

Figure 26: Site map for the campaign website



¹¹ Note: there is a reference to a link on the website, but it is not actually hyperlinked on the Side-by-Side campaign website.

Traditional media

In South Africa, while the public broadcaster, South African Broadcasting Corporation (SABC), still has no match as a multi-platform, free-to-air news provider across TV and radio, the institution has struggled with governance issues in terms of its ability to maintain independence from political interference and the subsequent perception that has on the validity of the information it shares. This decline in audience has affected its ability to commission content, which generally has long-term implications for the sustainability of the broadcast media sector. Despite this, public radio thrives in South Africa, with listenership consistently higher than the global average. This increased during the COVID-19 lockdowns of the past two years (Media Mark, 2020), with radio bringing, for example, educational broadcasts to youth who did not have access to the internet (Biz Community, 2021). People also listened to radio station podcasts during lockdown, and podcast listenership in South Africa is higher than the global average. Despite SABC's funding and independence challenges, radio in South Africa remains a universal mass medium with approximately 80% of South Africans (Maggs, 2021) tuning into a radio station within the past week in 2021 using traditional radio sets. There are 40 commercial and public broadcast stations and 284 community stations in South Africa, including radio stations in all 11 official languages available via SABC (Bosch, 2022).

While overall the media sector has emerged weaker post-pandemic, there have been some positives, with a surge in audiences in the online space and traditional broadcast audiences like radio as people went in search of information and connection. Of note is the high-quality health-related reporting; new partnerships between diverse media outlets, particularly on health issues; increased use of technology; the rise and consolidation of data journalism and; improved media coverage with a focus on women.

Radio presence

The table below summarises the stations, their provincial coverage and languages, with an overview of their listenership drawing from the Broadcast Research Council of South Africa datasets. Note that their reporting dates are inconsistent, but the information should show both growth, overtime, and reach.



Table 4: Radio station coverage and listenership

Radio Station	Provincial coverage	Languages	Current timeslot (2022-23) ¹²	Listenership – sample data ¹³			
				Jan-Dec 2019 ¹⁴	Apr 2019-Mar 2020 ¹⁵	Apr-Oct 2021 ¹⁶	Sep 2021-Aug 2022 ¹⁷
<u>Thobela FM</u>	Limpopo, Gauteng, Mpumalanga and North West	N.Sotho includes all dialects	Mon 14:30 - 15:00	2,963,000	2,925,000	2,942,000	2,630,000
<u>Munghana Lonene FM</u>	Limpopo, Gauteng, Mpumalanga and North West + spillage in Zimbabwe and Mozambique	Xitsonga	Mon 14:30 - 15:00	1,177,000	1,208,000	1,368,000	1,427,000
<u>Ligwalagwala FM</u>	Mpumalanga, Limpopo, Gauteng	Swati	Fri 09:30 - 09:45	1,066,000	1,090,000	1,329,000	1,261,000
<u>Lesedi FM</u>	Free State, Gauteng, North West, Northern Cape	Sotho	Tue 11:30 - 11:55	3,317,000	3,346,000	4,022,000	3,776,000
<u>Phalaphala FM</u>	Limpopo	Venda	Tue 09:30 - 10:00	706,000	804,000	1,134,000	1,096,000
<u>Ukhozi FM</u>	KZN, Eastern Cape, Gauteng, Mpumalanga	Zulu	Sat 08:10 - 09:40	7,661,000	7,607,000	7,925,000	7,666,000

¹² According to the schedule shared as on 24 January 2023:

<https://www.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/3359088937669674/?type=3>

Note that the website still refers to Season 1.

¹³ This tracks the average across 7 days.

¹⁴ Broadcast Research Council of South Africa (2022).

¹⁵ Broadcast Research Council of South Africa (2020).

¹⁶ Broadcast Research Council of South Africa (2021).

¹⁷ Broadcast Research Council of South Africa (2022a).

<u>Ikwewezi FM</u>	Mpumalanga, Limpopo, Gauteng	Ndebele	Wed 09:35 - 10:00	1,085,000	109,000	1,369,000	1,202,000
<u>Umhlobo Wenene FM</u>	Eastern Cape, Western Cape ¹⁸	Xhosa	Tue 20:30 - 21:00	5,861,000	5,850,000	4,599,000	4,336,000
<u>Tru FM</u>	Eastern Cape	Xhosa, English	Mon 10:10 - 10:30	203,000	187,000	261,000	259,000
<u>Motsweding FM</u>	North West, Northern Cape, Gauteng, Free State, Limpopo, Mpumalanga	Tswana	Tue 10:30 - 11:00	2,624,000	2,755,000	3,388,000	3,122,000
<u>X-K FM</u>	Northern Cape	Xhu	Thu 10:05 - 10:35	3,000	3,000	6,000	1,000

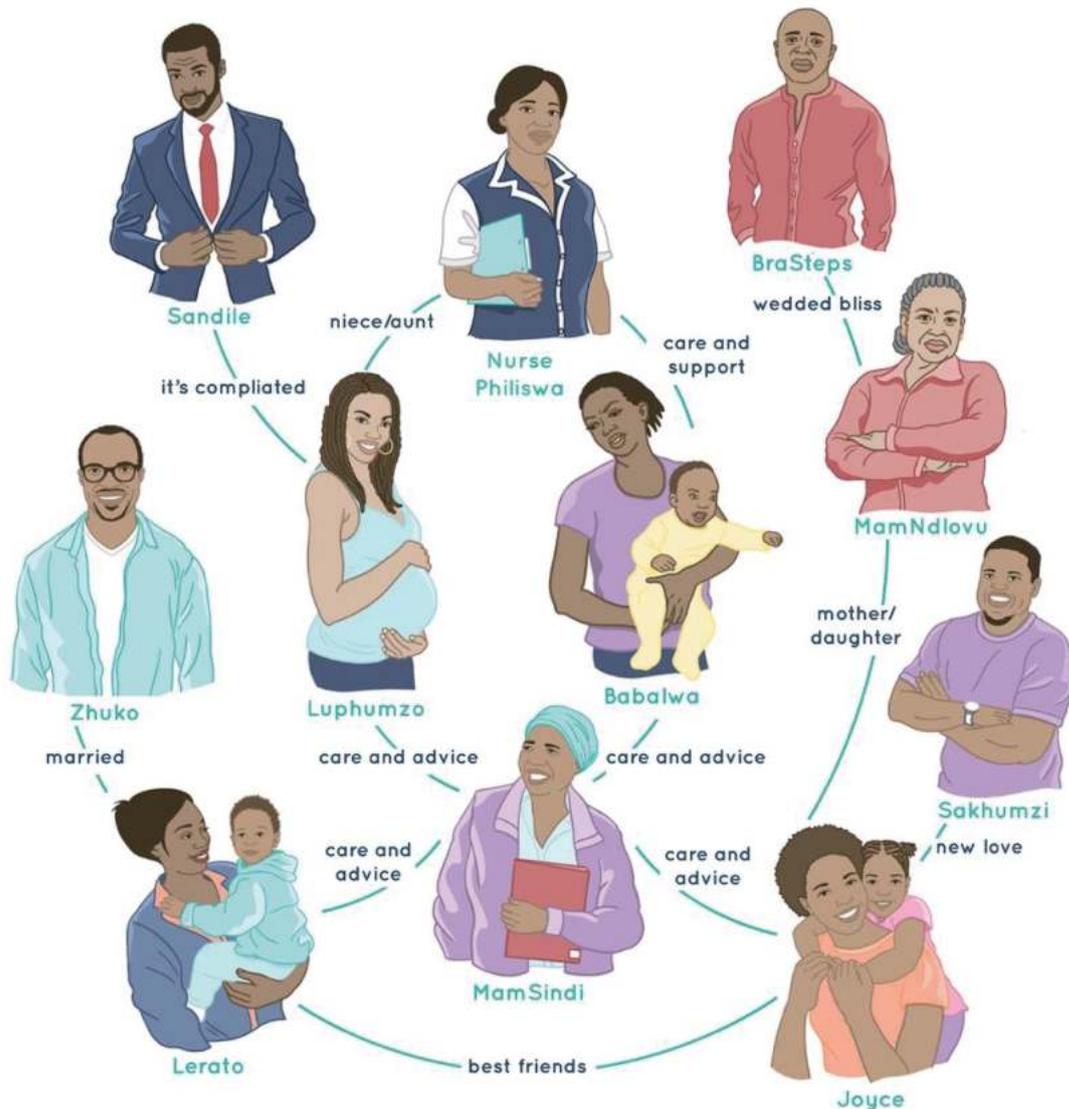
¹⁸ Website says 7 or 9 provinces but doesn't specify which ones.



Radio show content

This element of the campaign has two components: 1) a serialised drama – now in its fourth season - for 8 minutes about Joyce Ndlovu, a 23-year-old single mother living in a South African township and facing everyday parenting challenges. Every episode has a health education topic; and 2) a Question & Answer discussion for 7 minutes between the radio host and an expert guest from the Department of Health, to expand on the educational message and to take questions from listeners.

Figure 27: The radio drama series family



The campaign analysis spoke to representatives from five radio stations (see Table 2 in the Methodology section) to better understand the extent to which the campaign supported the broadcasting of the content, and how it was received by audiences in terms of engagement. Interviewees were a combination of radio show producers and presenters (some were both).

Overall perception of the Side-by-Side campaign

Overall, those engaged with developing content for the radio shows had a positive impression of the campaign, describing it as providing highly organised, professional, and characterised by information-rich content that was easily comprehensible. They found the campaign materials relatable to themselves and the broader target audience, reflecting the campaign's effectiveness in delivering impactful and accessible information. The senior producer at Thobela FM described the whole programme and its commitment to guiding children and caregivers as “out of this world”, while the senior producer at Motswedeng FM said,



“I've been on radio for 11 years, but this is absolutely new...this was actually the first of its kind...we've never ever had anything that's equal to this content.”

Preparation

In terms of their ability to prepare content for the radio shows, most respondents described it as relatively easy and attributed this to workshops and briefings from the National Department of Health at the beginning of each Season, and access to relatable and comprehensible content, including a Season synopsis for each show and the key messages, alongside the guided scripts.



“The material is not difficult., [it] is clear, the scripts are clear and well prepared, so we never had a challenge with them... With the workshops that we had when we prepared for the campaign, it makes life easy for us... it's easy to work for this campaign!” (Munghana Lonene FM)

“I've never experienced any difficulties, maybe it's because I'm not doing this alone...it's a teamwork, which makes it very easy.” (Motswedeng FM)



For one participant, it was hard to choose just one thing:



“I will not say one thing was helpful, because I think a lot of them were helpful. A lot of them, because people are learning lots of things. And now they're taking action, the taking care of themselves and taking care of their babies.” (XK FM)

While most found the preparation process straightforward, one did face initial difficulties which they overcame with the assistance and guidance of their senior producer, while another felt that topics were becoming repetitive and suggested that the same topics could be spoken about from different angles in each new season:

“Well, the improvement could be revisiting on the topics - even having the same topics but having a different angle and avoid the what, who, where, when questions each time.” (Munghana Lonene FM)



Relevance of the content

All respondents felt that the Side-by-Side campaign and its materials were relevant, providing valuable guidance and information on various important aspects of childcare, child health, and child development to a wide range of caregivers. Content in the Road to Health booklet and the issues covered in the drama scripts were relatable and relevant to anyone who takes care of children in any capacity.



“The content was things that everyone could relate with...all those things that they were talking about in the Road to Health and in the scripts, it's something that everyone goes through, so it was very relatable.” (Tru FM)

One respondent felt there was scope to add more relevant content, for example, discussions on how young moms who have to leave their children with their grandmothers can still build a connection with them.

One reason for this was that it wasn't a one-sided communication with the DoH where they were simply sent information to use, they were invited to meetings to discuss the key messages and give suggestions - and their suggestions were incorporated:

"I trusted it because we were part of it. So, there's no 'Side-by-Side' actually, there's us!"
(Motswedding FM).



Audience reception

Regarding how listeners received the radio show content, respondents indicated a positive reception from a diverse audience, including individuals residing in rural areas, young people, high-level government officials, and even their own radio station staff. This was evident through anecdotes from the respondents of influxes of emails, social media messages, and calls from enthusiastic and engaged listeners, as well as listener's approaching presenters in public. These interactions demonstrated a strong desire for additional information and showcased listeners' genuine interest and appreciation for the campaign's content.

The wide range of questions asked by the public also indicated a genuine interest in the topics covered, and presenters found it manageable to answer these questions due to their familiarity with the campaign and its materials. Queries were mostly on the topics and content delivered in each show including clarification questions or advice on challenges they were experiencing on a particular issue. Expert guests also played a key role in responding to on-air questions.



"Yes, we had many queries...they used to send questions about alcohol and drugs – 'what can happen when a woman uses drugs when she is pregnant?'...'how is it possible to talk with someone who's still inside [the womb]? Can they hear me?'" (XK FM)

"We received a lot of engagement, like the calls, WhatsApp messages. We actually continue to - it's not something that happened and then stopped, no we continue to have it." (Motswedding FM)



"The experts were very relevant as you could tell that this is subject matter that they are familiar with and work with it on a daily basis. They were also able to answer questions that were posed by listeners and were not part of the script." (Tru FM)

If caregivers asked where to obtain more information about the Side-by-Side campaign and its materials, they were directed to the Side-by-Side website and Facebook page. Some radio stations also provided the toll-free number that the DoH provided.

The overwhelmingly positive response was so notable that producers received numerous requests to extend the show's duration and increase its frequency. A few participants reported receiving many calls requesting live broadcasting from their communities and a Side-by-Side TV show. However, the senior producer at Munghana Lonene FM reported that not all their shows had active participation, possibly related to the show's timing (during the day when a lot of people are at work).

They also received many requests for in-person events, as one respondent commented:

"It was well received. You know, listeners wanted us to come to them in person, and they wanted us to extend the hours because we are only doing 30 minutes – they said is too little, they want more than that." (Thobela FM)



In terms of the individual impact the campaign had on the radio station staff themselves (not just the presenters but the security staff and cleaners), at Motsweding FM, the senior producer shared that:



"Before we become producers, presenters, and senior producers or whatever, we are human beings, we are mothers. So, we are taking what we are having, and relaying it to our listeners. So, Side-by-Side is not only talking to people outside, it's also talking to us."

"The previous producer of Side-by-Side was male, and he said 'Yoh yoh yoh, I didn't know anything about kids but now I'm empowered, and I can actually relate to my aunties, to my friends'..."



Impact of the radio shows

All respondents believed that the radio shows improved listeners' knowledge and understanding of the importance of breastfeeding, providing correct nutrition, childhood immunisation and taking care of a child when they are ill or injured. They felt that the information provided was clear and rich because listeners asked questions and shared comments that revealed high engagement levels and an understanding of the topics covered.



"Yeah, it did help them because, you know, our people in the rural areas, they hardly get this kind of information. So, it really helped them." (Thobela FM)

Listeners themselves shared some of the impacts in a series of Facebook posts regarding the radio show-related content which were focused on understanding how audiences are finding the material and how engaged they are with content. This was incentivised by included a cash prize and posts about radio show competitions received several comments and engagements, for example:

"The depression episode it gave me the courage to stand up go look for help because I had already begun cutting my wrist to numb pain have been isolating myself struggling to do my day to day activities I though it's post natal depression I also feared for my sons life because I had stopped giving him attention and my temper was always short I'm now attending counselling feeling a lot better and I'm now able to interact with my baby."



"My favourite episode was about breastfeeding. I learnt so much. Breastfeeding how important it is to breast feed as the baby latches on u and the baby form a very strong bond between mother and baby..."

"I loved the breastfeeding episode. My girlfriend thought breastfeeding it's not okay, she would argue that she cannot take out her Breast in public, that she needs a bottle feeding after we listened to side by side on Thobela FM on Saturdays and this topic give us an advice that we really needed after she took breastfeeding seriously and she is still breastfeeding our child."



"Baby Health is my favourite episode ever .It gives me the how you must be before taking some food. Cleanliness is next to god ,your cleanliness makes parents know you have the gift .you are the key and the light to that baby . How you must feed or give a baby food when and which type food is more healthy to your baby ,the bath for the baby how many times a day and all body Lotions you must apply. I learned many things as I'm going to be a father next few years coming. I will be proud of my baby. I have everything, because I know the health and the safety which is how to take care to the baby for my coming child."

In another post, parents shared how informational, educational, powerful, and inspirational the radio show was and how it changed their lives:



"Very educational..i love it cause it imparts so much knowledge to me..."

"I don't have a child but the advices I always get on Ukhozi Fm makes me a mother to my Niblings as I always know what to do..."



"It's motivates me,it's powerful and has helped me because I'm a new mother of a Four month premature my baby who is doing well because of this show I even learnt a lot from it"

"Thank you Motswedding Fm#im always listening to itand also I'm a childhood development teacher so I'm shining - this show rocks"



"I listen on thobela fm..it is very helpful as I learn a lot every time I tune in.. it is doesn't matter if u are mom or dad is education to everyone, first time mom teen, Moms, new dad.. even moms who has no one to help them or teach them what to do, the wisdom .. the knowledge that is shared is very very helpful I learn a lot side to side.."

This feedback indicates a significant opportunity to align the social media and website content with the radio stations to share what days and times each show will air to boost listenership¹⁹, and perhaps also have post-show 'lives' or chats on the social media pages to see what listeners took from that week's episode. It would also be useful to see where people are getting information about broadcast shows from and targeting that with specific campaign messaging to align the radio show recognition with the campaign itself.

Digital media analysis

In 2022, the International Telecommunication Union (no date) estimated that 5.3 billion people - 66% of the world's population, are using the Internet. This trend has fundamentally changed how citizens operate socially, economically, and politically. At the start of 2022, it was estimated that South Africa's internet penetration rate stood at 68.2%, with approximately 43.19 million internet users in January 2022, an increase of 3 million (+12.0%) between 2021 and 2022 (Kemp, 2022). The reach social media potentially provides is unrivalled and, as seen during the height of the COVID-19 pandemic, has the potential for positive and negative outcomes. In addition to the positives of a more connected and potentially informed society, South Africa, like the rest of the world, continues grappling with social media's polarising effects and the continued distribution of misinformation and disinformation on these platforms.

Increasingly though, social media platforms are becoming the medium of choice for many, indicated by the shift in advertising revenue from more traditional forms of media to social media. For example, in 2023, Facebook had close to 22.15 million South African users in January 2023. Facebook's ads reach is equivalent to 36.8% of the total South African population, with an ad audience comprised of 50.8% females and 49.2% males. (CSA Sha Izwe, 2023)

Digital presence

This analysis focuses mainly on the Facebook page for the campaign, which, in terms of sources of information about the campaign, came in second highest (24%) after clinics (64%). While an Instagram page was set up in mid-2022, this is a new addition to the suite of digital tools and is not linked to the main campaign website as a source of information. That said, the media monitoring tool used to analyse the digital presence of the Side-by-Side campaign picked up both Instagram and Twitter/X posts in its content scan, with some of the Side-by-Side campaign partners, like Grow Great tagging the campaign in their posts/tweets.

¹⁹ This used to happen in earlier posts (in 2019) but is not evident in more recent radio drama posts – they only say what radio stations, not the day/time.

Platforms and reach

The Facebook page²⁰ was created in 2017. As at September 2023, this profile had 39,000 'likes' and 41,000 'followers'. Posts include the following:

- Themed messaging throughout the week (since July 2023):
 - Mondays - nutrition #nutritionmondays o
 - Tuesdays - love, play, and talk in ECD #loveplaytalktuesdays
 - Wednesdays - protection and immunisation #protectionwednesday
 - Thursdays - overall healthcare for mothers and children #healthcarethursdays
 - Fridays - extra-care topics such as mental health wellness #engagementfriday
- Information linked to key health campaigns, such as Breastfeeding Week and Women's Day
- Key topics linked to ECD that reflect those in the RTH Booklet e.g. different milestones for the child, and questions mothers may have during and post-pregnancy
- Radio show announcements
- Ask Dr Mommy posts
- Lives with key topics and expert speakers, e.g. the National Health Hotline, Oral Health, and Breastfeeding and Nutrition

The Instagram page²¹ was created in 2022 but is not linked on the website and only mentioned in one post that has not been repeated on Facebook in July 2022. As at September 2023, this page had 243 followers. The content posted here is generally replicated on Facebook and there is potential to streamline the links and posts between these two platforms.

Twitter/X: while there is no dedicated profile, the campaign still has a presence through its partners' (mainly @growgreatza) use of hashtags such as #sidebyside and #zerostunting, among others. One of the challenges in understanding the campaign's potential presence on this platform is that the hashtag #sidebyside is very generic and has been used in posts by car companies (e.g. Toyota), the building industries, and fitness influencers, among others. There is an opportunity here to a) create a profile to capture interest via this platform, and b) re-socialise an updated South African hashtag for the campaign. A revived hashtag could be #sidebysideza or #sidebysideecd or #sidebysidecampaign to capture audiences there and bring them to the main information source of the website, Facebook and/or Instagram.

Users across all these platforms are, unsurprisingly, mainly women

²⁰ See: <https://www.facebook.com/SidebySideSA/>

²¹ See: https://www.instagram.com/sidebyside_za/

Content analysis

There are some specific topics that generated more engagement on Facebook such as breastfeeding; detecting physical problems and taking care of children with disabilities; nutrition, i.e. introducing food, what to feed children at different ages, and when to introduce water; premature baby development, and child development. From mid-2023, a set of key message-related hashtags were

generated, which have also guided what content gets posted on what days. These are: #nutritionmonday, #loveplaytalktuesday, #protectionwednesday, #heathcarethursday, and #engagement Friday. This shift has made the content much easier to track regarding alignment and response to the key pillar messaging, though through this analysis, we observed that the most frequent posts still tend to be on nutrition-related topic and the 'loveplaytalk' topic, a trend that continues from the most engaged with posts since 2019. A snapshot of examples from these kinds of posts and the related discussions spanning 2019 to more recent posts in 2023 are shared, with some commentary on what has received more engagement than others.

Topics around Breastfeeding: these covered general guidance, breastfeeding for mothers living with HIV, and breastfeeding while sick with COVID-19 or after getting the COVID-19 vaccine, and is a very popular topic. The only negative feedback related to providing information for mothers who have to use formula. An example of the engagement on these kinds of posts can be found in a post²² in March 2019 on the need for babies to be only breastfed for the first six months. Some mothers were prompted to share that they enjoyed the breastfeeding experience and its positive impacts on their children, with one saying, "I'm enjoying breastfeeding my boy. EBF [exclusive breastfeeding] only, still waiting for six months to introduce solids. He's growing well, we are bonding when breastfeeding."



Other posts recommended breastfeeding for HIV-positive mothers so long as they take their antiretroviral (ARV) treatments. When one mother queried, "And how accurate or sure they won't infect their infant... when taking their daily ARV medication and breastfeeding," Side-by-Side responded, "very accurate. If you take your ARVs, as well as give your baby her Nevirapine, your viral load will be undetectable and both you and baby will be safe to enjoy breastfeeding up to 24 months."

²² See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2269921623253083/?type=3>

In another post, a mother shared that they were breastfeeding; however, their baby was not feeding properly: "I'm also breastfeeding my baby she's six months, the problem is that she doesn't like it when I'm breastfeeding her so can I ask is there any problem with my little one or she doesn't like the breast milk?". Side-by-Side advised this user to try the option of using a cup for expressed breastmilk, "congrats on your little one. have you perhaps tried feeding expressed breastmilk via a cup?" Another mother asked, "Am breastfeeding my 3 months baby and am enjoying it...the thing is my breasts are always full and she doesn't finish the milk and it spreads out on my clothes". Side-by-Side used this as an opportunity to explain the importance of trying to express feed between feeds.²³

On posts aimed at building an understanding of the general guidelines around breastfeeding, questions related to when to introduce solids to babies and give medicines such as Panado to babies, which Side-by-Side responded to, stating they can start feeding their babies solids after the first six months of breastmilk, and give their babies medication with the proper instruction on measurements from a pharmacist.

In terms of breastfeeding when you have or suspect COVID-19, a key post in August 2020 encouraged mothers to carry on breastfeeding. Many mothers mentioned that they were continuing breastfeeding, with one commenting, "Testimony- I tested positive for Covid19, had very mild symptoms and continued breastfeeding my 11m old boy. He is to this day 100% healthy with no symptoms. #breastfeedingisawesome"²⁴.

#WorldBreastfeedingWeek2020

**Carry on
breastfeeding if you
have Covid-19 or
suspect you have it.
Breastmilk protects
your baby.**



Another post on this topic encouraged mothers to vaccinate while pregnant and breastfeeding. When queried, Side-by-Side responded, "yes, it is allowed. It is recommended by the National Department of Health." Another comment showed their disinterest in vaccinating with the statement, "I'm currently

²³ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2434911110087466/?type=3>

²⁴ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2678079089103999/?type=3>

breastfeeding and I don't think I will get vaccinated. Its my choice and my right. To which Side-by-Side agreed" ²⁵.

Introducing water to kids (what age and how): This question came up a lot and was often linked to the breastfeeding posts. One example is a post in May 2019, which prompted engagement from nursing mothers who wanted answers to questions such as what they can do if they can't feed, what happens when they introduce water too quickly and why breast milk serves as both food and water for babies.

Introducing water to babies



You can give your baby safe water to drink from a cup, regularly, from 6 months.

If you are unsure if water is safe, boil it first.

Continue breastfeeding on demand.

 @SidebySideSA



One asked, "I'm not breastfeeding because I had mastitis when my baby was 1 month so I had to stop breastfeeding... now I'm giving my baby formula only. She's 3 months now... so even if I'm not breastfeeding I must not give her water?" To which Side-by-Side responded, "Your formula-fed baby may occasionally need extra water, especially if the weather is hot and she's thirstier than usual.

However, only give small amounts of water at a time. You don't want water to replace a feed and make your baby too full for her milk. Formula with too much powder in it can cause constipation. Consult with your healthcare provider so that she can advise you on how and when you should give your baby some water."

²⁵ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2678079089103999/?type=3>

While another posted, "Yooh I used to give water to my 2 months old baby.... what damage have i caused???" to which Side-by-Side explained, "breastfeeding is really the best possible food for babies in the first six months of life. Babies' tummies are not yet ready for foods, water or any other liquids. These could cause diarrhoea, constipation, infections and even allergies. If you cannot breastfeed your baby or are thinking of stopping breastfeeding because you are unable to, you should discuss this with a health worker at your local clinic who will be able to advise you on how to use formula safely"²⁶.

In May 2020, the same post was reshared, which again generated a lot of discussion, with one mother asking how many times they can give a 7-month-old baby water in a day. Side-by-Side shared a breakdown of recommended food intake per day. Another asked if they can give their baby water mixed with sugar, with Side-by-Side sharing guidance on why added sugar should be avoided before age 2. Another mother asked if they can give formula and breastfeed from 6 months upwards and Side-by-Side responded, "We strongly discourage the use of Formula to breastfed infants even after 6 months. Formula will in fact contribute to the mother having more problems with insufficient milk. Introduction of formula is also one the factors contributing to mother's stopping breastfeeding early, so even for mothers with perceived milk insufficiency. The correct recommendation is to continue breastfeeding up to 2 years while complementary feeds are introduced from 6 months. The general advice for not enough milk is to breastfeed as often as possible as the baby wants. This will increase your breastmilk. Remember, you can also pump and store your breastmilk so that your little one can enjoy the milk even when you are not home."²⁷

Content on child immunisation and vaccination: This content also appeared often with critical messages on the importance of child vaccinations and immunisation at clinics against illnesses such as measles, polio, and pneumonia. These posts were well received, with mothers engaging by asking questions such as what vaccines are made of, whether it can be taken before the vaccination schedule, if it is compulsory²⁸, and the importance of going for clinic visits with the Road to Health Booklet.

For example, one mother shared, "My son his three years now and he didn't get immunised since he was six months. Can I still go to the clinic and ask them to give them to him" to which Side by Side replied, "Certainly. Go to your local clinic with your son's card. The healthcare workers will assist you."²⁹

Another mother shared that her clinic was facing a shortage in vaccine, "When I took my baby for 6 weeks the facility had no vaccines so we had to return the following week when my baby was 7 weeks is the injection still effective even though a child had it a week later than the original date?" To which Side-by-Side responded, "It is possible for your baby to get his missed vaccination at a later date. However, it is strongly recommended to follow the proper time schedule suggested by the doctors. Immunization is done to protect your child against diseases and build up his immunity against them. Since the immunity for some diseases wears away with time, the vaccinations may need to be repeated."³⁰

²⁶ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2303511786560733/?type=3>

²⁷ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2613370265574882/?type=3>

²⁸ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2277594679152444/?type=3>

²⁹ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2277594679152444/?type=3>

³⁰ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2298993880345857/?type=3>

VACCINATE YOUR CHILD TODAY STOP MEASLES

FAQS

Q: Who is eligible for immunisation?

A: All children from 0-12 years.



Protection

 @SidebySideSA



In another post, a respondent wanted to find out the legal implication of untimely, delayed vaccination in children with the question, "And what if you have chosen not to vaccinate your children? Or have limited or delayed vaccinations? Vaccinations are a VERY controversial subject. What does the law have to say about it?" Side-by-Side answered by "talking about the limits to the child especially when they become of school going age, yes some parents choose not to vaccinate their children. Besides the health risks, when the child is of school-going age, they might encounter schools who are hesitant to accept children who are not vaccinated. The Department of Basic Education has made it mandatory for parents or guardians to provide proof of immunisation as part of the registration procedure to enrol children in schools."

In other posts in 2020 regarding vaccinations, mothers mentioned that they had missed their deadlines due to lockdown and restricted access to clinics, "My child missed 10 weeks and 14 weeks immunisation due to the fact that that the nurses at the clinic told me that they can't give her because of COVID-19. I don't even have a money to take her to a chemist, this doesn't sit well with me" to which Side-by-Side replied, "With the restrictions now being relaxed, you can take your little one to the clinic for catch-up dose."



These posts generated a lot of discussion, with another mother sharing that the clinics had turned her away when her baby was due for an immunisation, so she had to resort to private facilities like Dischem, which are more expensive. Another took their child to Clicks and had to pay R100. One simply said, “unfortunately, some of the clinics advice parents to return when the regulations have been relaxed cos they deem it not urgent, I cannot for the life of me understand how they got to that conclusion! Doing it privately is costly but I'd advice it if one can afford it cos it's important.”³¹

National Hotline: The posts on the national hotline encouraged expectant mothers and those who have recently had their baby to seek professional medical advice if they felt sad. These posts shared the normalcy of pregnant women being depressed and anxious during and after pregnancy, encouraging them to call the hotlines, speak to friends or a social worker, or visit local clinics for help. These generated a lot of interest, with one mother checking that language wasn't a barrier, “Can I speak Xhosa here because I don't understand English” to which Side by Side responded, Ewe ungathetha ngesiXhosa. Zive ukhululekile ukuthetha nantoni na engqondweni yakho” [Yes you can speak Xhosa. Feel free to say anything on your mind].³² Another shared that the feeling of being judged impacted pregnant women during their pregnancy, while another shared that they suffered postnatal depression after birth and sought help through the internet.³³ In a 2020 post, one mother shared, “I'm always feeling sad after my pregnancy please help I drink everyday I don't know what to do.” Another shared, “I never felt so alone in my life more than the time I was pregnant. I felt like no one has time for me I felt like I was just there in the corner n no one cared...I'd say those days I realised people who used to love me actually did not.”³⁴ Another said they had resorted to asking new moms about their experiences with the statement, “always reach out to new moms to tell them if they ever feel overwhelmed and need support.”³⁵ These posts show the focus of the campaign on not just caring for children, but their mothers as well, and are an important part of the campaign.



³² See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2277594679152444/?type=3>

³³ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2381557685422809/?type=3>

³⁴ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2460100974235146/?type=3>

³⁵ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/2460100974235146/?type=3>



Ask Dr Mommy: This is a more recent concept intended to get mothers to share what has been happening to them and to allow them to ask questions that they may have via the Facebook page. This concept allows mothers to ask questions concerning issues about their babies and how best they can resolve them. These questions cut across issues about relationships with family, stress, raising children, sex, education, and so on. These posts receive high engagement from mothers with questions spanning:

"Hello Dr mommy. If your child is having a diarrhoea while teething.. Wat medication can we stop the diarrhoea."

"Hello Dr Mommy, I have a 5 year old boy....he bleeds thick blood through his nose, I thought maybe that happens because it's hot but even if he's sleeping....he will start by rubbing his nose as if like it's itchy then the blood will come out, could u pls advise me? what could the cause of that be? or will he grow having sinuses? am worried."

*"Hey ,when at what age can we start reading stories to your babies mine is 8 months old now."*³⁶

"Hi I would like to ask it's still safe to breastfeeding my 14 days son. I stop 7 days ago to breastfeeding him because I was admitted to hospital now I am not sure that milk is still fresh."

*"Hi Doc do you think it's possible to get pregnant at the age of 44 and there won't be complications."*³⁷

³⁶ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/3131803557064881/?type=3>

³⁷ See: <https://web.facebook.com/SidebySideSA/photos/pb.100064626493731.-2207520000/3079591462286091/?type=3>



The most engaged topics (for 2023), includes the following posts on immunisation, visiting healthcare workers, and adding salt to babies food.



A topic analysis of all the Facebook posts indicates some of the keywords commonly used for each pillar (noting there is some replication across pillars):

Figure 28: Keywords by pillar (2023)



Nutrition



boneless fish
 breastfeeding benefits free number questions
 emphasis on breastfeeding baby and mom
 flourish postnatal classes key objective
 hands awareness babies demand
 event workplace
 member **baby** importance
 mothers health **childmoms**
 flourish team **positive change**
 breastfeeding
 relevant stakeholders information about breastfeeding
 risk of diseases **hotline** employees
 strong mother-child connection

Protection



healthy nourishment importance
 blindness brain infection course
 trusted healthcare representative clinics
 death
 best food **hotline** child country
 favourite station **baby** toll pregnancy
 disease children
 babies **free number** family
 whatsapp message questions
 antiviral treatment additional formulae
 immunisations ear infections dehydration

Extracare

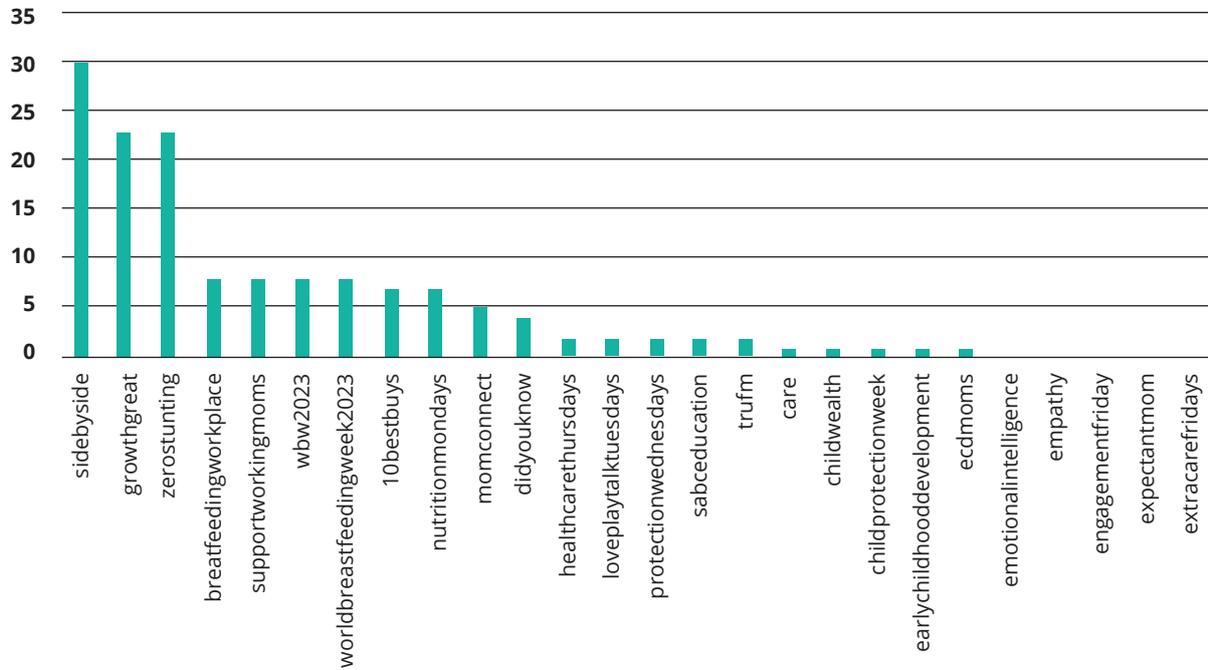


**risk of diseases
baby and mom
breastfeeding benefits
strong mother-child connection**



An analysis of the key hashtags used in 2023 include the following:

Figure 29: Hashtag analysis (2023)



This reflects the potential for using hashtags to track key messages where the themed days enable easier tracking of content. It also shows the popularity of the breastfeeding posts, as reflected in the earlier content analysis narrative.





Media scan

While this is not a specific communication channel for the campaign, it is a modality that can be used to achieve the goal of community mobilisation around improved ECD service provision. Therefore a light scan was undertaken for media that specifically mentions the Side-by-Side campaign. This found that coverage is limited and largely restricted to organisational websites rather than mainstream news streams (online or otherwise). A summary of the found posts and their content is shared below.

- Nurturing Care (no date) South Africa: Campaigning Side-by-Side: <https://nurturing-care.org/resources/south-africa/> Overview of the NIECD Policy and introduction to the Side-by-Side campaign, with an image of the 5 pillars and their key messages and an overview of the new RTHB.
- Ilifa Labantwana (no date) Demand awareness: <https://ilifalabantwana.co.za/increasing-demand-and-awareness/> Overview of the radio shows launching in January 2019 with an image of the stations, timeslots and language.
- Jembi (no date) The Digital Road to Health Booklet: <https://www.jembi.org/Project/The-Digital-Road-to-Health-Project>

It is evident that this is an underutilised modality for communicating updates about the project and the impact it is having.



Summary

This section summarises the Side-by-Side campaign's progress in meeting its six campaign objectives, and how its key stakeholders can better understand its value and impact in future campaign iterations. It is organised by the key themes of Knowledge and Understanding; Behaviour Change; and Action to reflect the logic of the project's theory of change. A specific set of Recommendations follow and conclude the report.

Progress in meeting campaign objectives

Knowledge and understanding

- Improve primary caregiver's understanding of the full scope of care required for ECD

There has been good progress in this area, evident through the number of parents and caregivers who recognise and have engaged with the RTHB and who were also able to share tangible examples of their improved knowledge, indicating a strong correlation of the concept 'ECD' to not being just about survival, but also how to thrive. Practices of good nutrition, breastfeeding, love and care, protection, healthcare, and special needs were understood by many.



"I am very interested as someone who is interested in the child development of infants and the psychology of infants and their different developmental stages of a child." (IDI respondent, Northern Cape).

"I am very much interested on getting materials about development of the child. having a child is every day's work so it is interesting when there is a place where you can refer to when raising your child. The materials help to monitor the development of the baby." (IDI respondent, Eastern Cape).



- Shift HCWs focus from survive to thrive

The RTHB is undoubtedly a critical tool and provides useful additional training in ECD. HCWs found it useful and shared examples of using it and some of their challenges with caregiver engagement related to language, time and engagement.



"For me it's a guide that I use for me and the mother to work together and helps to fill gaps. Sometimes mother forget so it helps" (Healthcare worker, Gauteng)

"We use it because we have to follow to see if the parent is following the immunisation dates for the child to be immunised, to see if the child is growing or is malnourished" (Healthcare worker, Cape Town)



"It gives us the assurance that children are being taken care of when the parents also keeps track of what is recorded. It helps us to be able to explain to parents their children's needs." (Healthcare worker, Cape Town)

Behaviour change

- Increase utilisation of the new RTHB among primary caregivers and HCWs

The RTHB is seen as a critical health record by both groups with many citing its importance to track immunisations and milestones, as well as the fear of what happens if you lose it.



"The booklet is very user friendly, and anyone can use and understand the material without struggle" (IDI respondent, Mpumalanga)

"It is very accessible, and provides a lot of information on the child." (IDI respondent, Northern Cape)



"I think it's important because it gives guidance on how children should grow." (IDI respondent, Gauteng)

"It helps other family members to be able to properly take care of the children after they read it, it helps family members to feed children with healthy food when we leave them in their care, It provides the phone numbers for ambulance services in case someone falls ill". (FGD respondent, Western Cape)



Many also shared examples of individual level change in their own practice towards their children.



"As a new mother I did not know how to breastfeed my child. Therefore, from the help of the nurse and the Road-to-Health Booklet I learnt the proper way to feed my child." (IDI respondent, Northern Cape).

Others mentioned going to the clinic immediately when the child is sick or injured, reading about preventing injuries and understanding their child's health and shared that they now understand the significance of spending more time playing and interacting with their child. They talk about engaging in activities like playing games, watching videos, exploring with their child, and singing to them. Some also highlighted the importance of communicating and conversing with their child to develop language skills.

That said, the broader ECD content in the booklet was not always used and not always associated with the campaign, e.g., MomConnect and RTHB were found to be more recognised than the Side-by-Side campaign. Respondents also struggled with the Booklet only being provided in English.

"The booklet unfortunately it is in English... so if you do not know how to read it is a challenge." (IDI respondent, Gauteng)



"it's a bit complicated, if you haven't been helped in understanding the material it won't be easy, the fact that it's only written in English, if it was in our mother tongue it might be simpler." (IDI respondent, Mpumalanga)

- Increase conversation and collaboration among HCWs and primary caregivers



There were both positive and negative anecdotes of increased engagement between these two cohorts, and it is an area that needs more work. There is an opportunity to develop conversation guides and processes to support this better, for example on how to get the best from your HCW, how to engage disinterested caregivers, etc.



"I have a very good experience with the Healthcare worker. The Healthcare worker was very friendly she was treating me with respect, and she was very professional." (IDI respondent, Northern Cape)

"Sometimes we meet good HCWs and sometimes our experience with them is not so good" (IDI respondent, Limpopo)



"... sometimes they take the child for immunisation, and they are told it is not available on that day and they will only give the child drops which somehow makes child to have rash and other issues" (FGD respondent, KwaZulu Natal)

"She [the healthcare worker] only opened the book to write what she needed to fill in and check date correspondence. There were no other materials discussed or issued" (IDI respondent, Mpumalanga)



"The community Healthcare worker uses this book. For instance, when I was taking my child to the clinic when I was not holding my child correctly, the nurse would just tell me, 'go to this page and see how the child is held.'" (IDI respondent, Northern Cape)

Action

Mobilise communities to identify, support and demand quality ECD

At the individual level, there were many examples of change in parents and caregivers' own practice that encouraged them to share with or assist others who are struggling or unsure.

"It helps me as the mother of the child when I see another mother with a small baby not taking the child to the clinic, I show them the book and share the information with them." (IDI respondent, Eastern Cape)



The inherent power dynamic between caregivers and HCWs means that those who have a negative interaction may not feel able to advocate for better quality services, inhibiting the realisation of this objective.

In terms of this objective in general, the reality is that parenting a small child takes everything and may not allow space for mobilisation – this was evident in some of the stories where there was a very basic level of understanding about ECD, let alone these sorts of tools that might support mobilisation.

There is an opportunity for the campaign to link findings from this analysis to influencing policy and practice change activities in future – perhaps in partnership with one of the many ECD organisations in the sector.

How Side-by-Side's value and impact can be better understood and assessed by key stakeholders

While the value and impact of the campaign is very well understood at community level – by users of the materials (primarily the Road to Health booklet) and those who engage with content on the digital platforms and radio, it is important to look at the potential impact that ECD campaigns like Side-by-Side can have for government stakeholders, and the project implementer and partners, and how to present this in an accessible format.

Stories of change are a useful way to maintain engagement with campaign stakeholders and ensure that their voices are loud and their experience is visible. A storytelling approach is more flexible than a case study or report, in that it allows for any type of change - expected or unexpected, positive or negative – to be captured. This is a great addition to the set of resources already shared on the website and can be themed according to the daily post topics or in relation to a day/week of action, or other key campaign activity.

Stories of change can be drawn from the social media posts and experiences already shared, collated, anonymised, reviewed and edited by the communications coordination function of the campaign (mainly for a consistent approach and format than to change content substantively).

Sample framework to structure the story:

- What is the subject/title of the story?
- What is the change that is taking place because of the campaign?
- How did the change happen (steps or activities that led to this change)?
- How many people are experiencing this change?
- How did the campaign experience contribute to this change (if at all)?

Write up each story of change. Keep it brief e.g. ½ to 1 page. Make sure that the change is clear and the storytellers role and the role of others in bringing about the change is clear.

Sample stories can be found at <https://dgmt.co.za/embrace-telling-the-stories-of-motherhood-in-south-africa/>

The following snapshots highlight some of the latest approaches from ECD projects on the continent and worldwide to illustrate the value of ECD campaigns for different stakeholders and how some of the campaign's work could be showcased via a more streamlined communication strategy and content plan (discussed in the Recommendations section).

Same child, same time, same place

Babies need nutritious food to grow well. If they're exposed to repeated infections or insufficient food, their physical and intellectual development suffers. This problem causes hundreds of thousands of deaths each year.

It's now well established that one in five instances of stunting can be avoided if governments dramatically improve access to 10 crucial nutrients (such as zinc, iodine, folic acid, vitamin A and others)³⁸. Even better if those households could also give children either a healthy environment (clean drinking water), loving care or both.³⁹ But that's not an insignificant task. For all that to be in place, many government projects have to reach people all at once.

For all that to be in place, many government projects have to reach people all at once.

The United Nations' Children's Fund (UNICEF) 2023 report⁴⁰ on such policies explains it this way: governments should create policies that support early childhood development. Then, the state must also provide services that support ECD. And lastly, parents need support so that they can look after themselves and their little ones. That means the departments of health, sanitation, education, housing, and social welfare would all be involved to make sure these interventions reach the same child at the same time and place.

Welfare would all be involved to make sure these interventions reach the same child at the same time and place.

A research group in India, Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition (POSHAN) compiled a useful list of lessons to keep such a sprawling policy ticking over:

1. Keep nutrition on the policy agenda through consistent advocacy that lasts beyond
2. Make sure all the relevant departments have strong ECD champions in the national departments, provincial technical staff and middle management.
3. Collect lots of data to support the need for action and the efficacy of a multi-sectoral ECD approach.
4. Value partner organisations that share ECD goals. Don't side-line these relationships when bureaucratic procedures require changes to the way work is done. Rather negotiate with a valued partner than drop them to search for someone who will implement the changes without question.



³⁸ Bhutta, et al (2013).

³⁹ Garrett et. al (2014).

⁴⁰ UNICEF (2023a).

Money makes all the difference

In 2022, Western Cape researchers built a mathematical model to help them understand how the quality of ECD can impact the province's education system as a whole. The results of their findings were published in the International Journal of Child Care and Education Policy⁴¹.

They were trying to help the Western Cape's Basic Education Department decide what to focus on to get more children ready to start school by the age of 5. Children can only attend Grade R or Grade 1 if they meet a couple of key milestones.⁴² This includes being able to use the bathroom without help, being able to have a conversation in their home language, and being comfortable with basic physical activities such as running.

When the researchers looked at years of data collected from the annual National Income Dynamics Survey and the 2016 General Household Survey, they could see that fewer children from the poorest communities were ready for school by their fifth birthday when compared to children of the same age from the wealthiest families. But parents across the economic spectrum were sending their children to ECD programmes (although children from richer families were more likely to be enrolled in a formal project. So, the question they now wanted to answer was whether it would be better for the Western Cape government to:

1. help adults enrol their children into a programme they can afford
2. improve the quality of ECD projects
3. ease community poverty.

Their model showed that improving the quality of ECD projects would result in 70% of all Western Cape children being ready for school (regardless of their community's wealth). This is a big improvement for children from poorer settings, where just one in six kids are ready for school by age 5. Simply increasing the number of children enrolled in a formal programme didn't have much of an effect, but helping families out of poverty would make a bigger difference than the other two plans. Under this scenario, one in eight children would be ready for school. Practically, that means that making sure parents have jobs is the most powerful way to help children develop well enough to join the school system by age 5. The second best would be to make sure ECD practitioners are well trained and that facilities have enough money to run well.



⁴¹ Venter (2022)

⁴² Western Cape Government (2023).

Playtime can fuel prejudice

Children learn a lot through play. Research shows that playing with others or alone is a fun way for kids to learn about the outside world, and about their own inner world (say, how to control their emotions). Children who can control their emotions are also more likely to score good school marks than those who get swept away by their moods.

Playtime can also be a good opportunity to introduce children to ideas about the different people they may encounter in their lives. This could be about whether it's about sexuality, disability or even how they think about what their status is.

But a survey conducted in Nigeria by the Early Childhood Development Initiative⁴³ found that teachers and caregivers were introducing negative social norms during play sessions. The research was presented at the Southern African Regional Conference on Early Childhood Development held in Zambia in March 2023.⁴⁴

The researchers interviewed 960 specially trained ECD teachers and caregivers in Nigeria and asked them about how they structured their play time sessions. Another 160 people participated in discussion groups on this topic. The majority (88%) of respondents said they think children with disabilities can learn in the same class as other children, though 90% of them said they'd need extra training to support these children properly.

Teachers' ideas about gender also had leached into the sessions. Nine out of every ten respondents said they encourage types of play that they think is appropriate for girls and boys by for instance giving girls dolls to play with. More than half of teachers said they were more likely to send girls to do the logistical tasks around playtime such as fetching supplies and cleaning up. Only 50% of respondents agreed that girls and boys have an equal right to learn in the classroom. All this taken together shows the importance of designing ECD lessons that are inclusive of all children and ensuring caregivers and teachers are trained to understand the impact of their views on young children.



⁴⁴ Ojo et al. (2023).

⁴³ See: <https://www.ecdinitiative.org/our-work-in-africa/advocacy/>

How climate change impacts ECD

Like many other nations, eSwatini experiences extreme weather events such as floods, droughts and wildfires more often because of the changing climate. The impact on children in the country, who already face many obstacles such as poverty, will be devastating, according to research presented at the African Regional Conference on ECD in March 2023⁴⁵.

The effects of climate change will be especially hard on small children in eSwatini's rural areas, the study suggests. Destroyed roads and bridges will make it harder for kids to reach their ECD centres. If crops fail during a harsh summer, food prices will go up and impact the quality of food that parents can buy for their children. Processed food that's high in salt and sugar is often cheaper than nutritious food.

What can be done to help build resilience for early childhood development in eSwatini?

- Community gardens could help build resilience for families amid climate change-related extreme weather events.
- There should be enough money in the government's budgets to fix broken infrastructure.
- Feeding schemes at schools and ECD programmes need to be improved to help counteract the impact of food security on children.
- Heat-resilient crops in people's home gardens could help boost food security during droughts.
- Education and awareness programmes could help families prepare for extreme weather events to protect their children's development as these events inevitably become more frequent.



⁴⁵ Nkomo (March 2023).

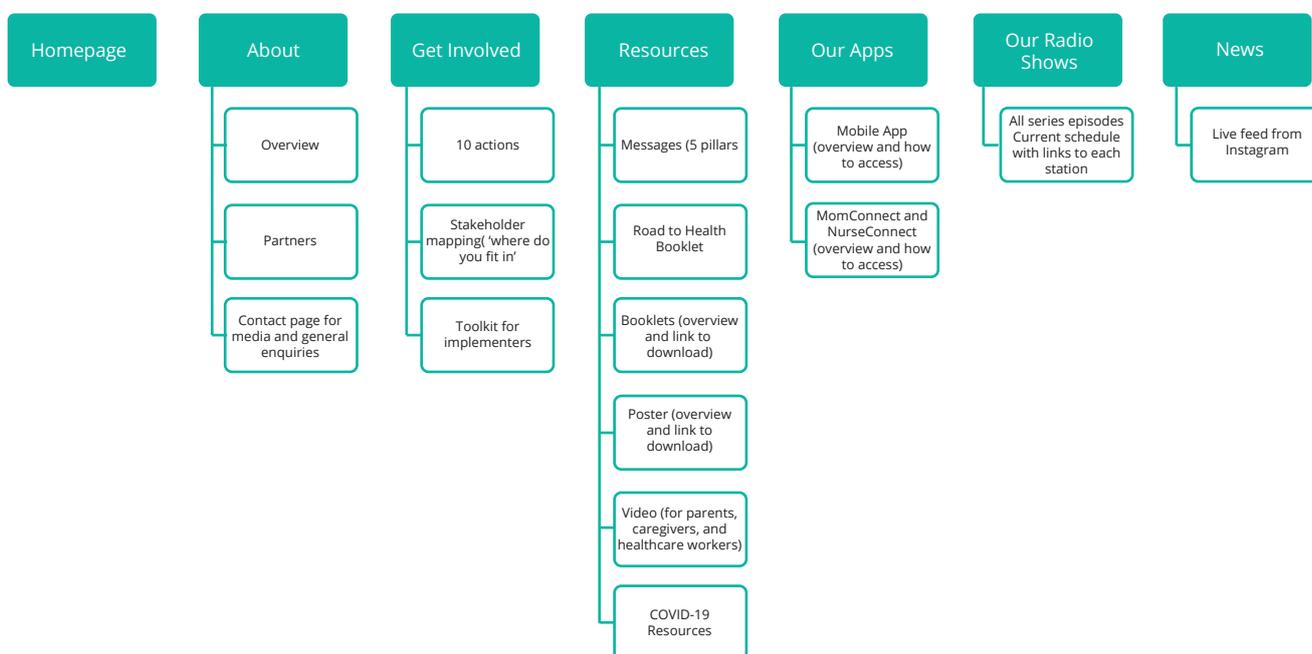
Respondent demographics

These recommendations draw from the data that illustrates the user experience: parents and caregivers, healthcare workers and radio show content producers. It also considers the media analysis to provide clear, actionable, and feasible recommendations and priorities to improve effectiveness of the campaign.

Update the website

The website is an amazing resource, but much of the best content is hidden. A proposed new structure would streamline content and give more visibility to the different elements of the campaign, as well as create space for new content.

Figure 29: Proposed new website structure



Update the communication strategy and content plan

Based on the findings of the review, the Side-by-Side's campaign's main communication channels encompass:

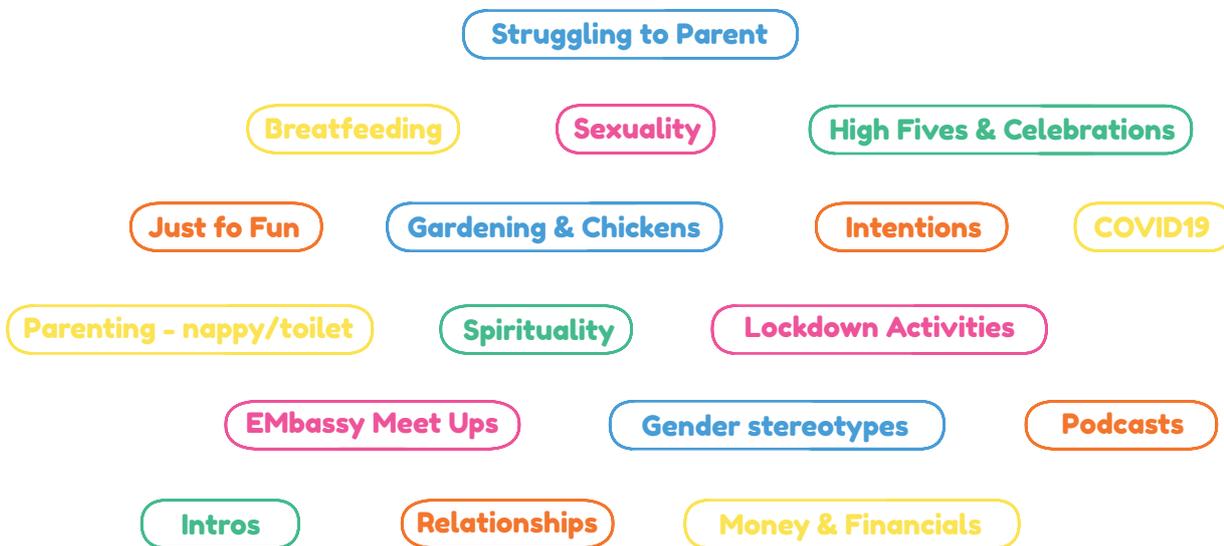
- social media (Facebook and Instagram, with a small presence on Twitter/X);
- documenting and widely sharing ECD content (toolkits, posters, videos and other information) on the website and Facebook;
- a radio show comprising a radio drama and Q and A session; and
- semi-regular online 'ask an expert' live webinars, and Dr Mommy, a static post – both of these are places where mothers can ask for advice

The key messages are still very valuable in the way they differentiate different types of content, and this has been reinforced with the dedicated daily topic hashtags, however some work to develop a toolkit of content per each key message to ensure that the posts are not just about nutrition or lovetaalkplay' will be invaluable to deepening the impact of the content shared via the campaign.

The use of hashtags supports campaign monitoring, where not all interactive digital tools are easily analysed, given their qualitative nature (text-based posts, comments or interactive polls and Q&As), however, hashtags provide some way of 'coding' posts to enable easier searching for themed conversations or types of discussions that had more traffic and engagement than others, or just to assess what the popular topics of discussion were over a set period.

Facebook analytics

Hashtags can be used to 'code' different kinds of posts, as depicted below



Predetermining some of these will help Side-by-Side analyse their social media pages in future impact analysis and campaign review processes to some extent, though there are limitations in the ability to track all activity in the group due to some of Facebook’s new privacy changes. However, pages also have a search tool you can use, whereby you enter a word and all posts that mention that word will appear in a list to be quantified and analysed.

Further guidance on managing engagement can be found here:
<https://www.facebook.com/formedia/blog/getting-the-most-from-page-insights#:~:text=Visit%20your%20Posts%20tab%20and%20click%20on%20Post%20Types.,by%20type%20for%20each%20post>

A revised communications strategy should ensure that communications are accessible to parents and caregivers across urban and rural South Africa, in all provinces, as well partners, donors, government and other stakeholders. What is shared and communicated should translate into better descriptions and understandings of the Side-by-Side campaign itself and all that offers and best practices in ECD.

This review has identified three key audience types:

1. Parents and caregivers: this is the primary audience, and communications will be primarily delivered via digital platforms (social media and website) and events (online via Zoom). This includes 'day-to-day' campaign-related communications, which include (but are not limited to): radio show scheduling (not just the episode topics but which stations, at what times and in what languages); relevant health campaigns (e.g. breastfeeding week, women's day, 16 days of activism, handwashing day, etc); scheduled posts (ie #nutritionmondays, #loveplaytalktuesday, etc); a regular 'Ask Dr Mommy' day; events – such as the online ask an expert Zoom calls or other relevant events.
2. Partners: there are a significant number of campaign partners, and this is an important audience in terms of their ability to engage with and support content (by reposting to boost content and drive followers to the social media pages and websites). Keeping connected with partner content on Facebook and Instagram in particular creates passive content, where relevant activities they are hosting or information can also be reposted on the Side-by-Side social media pages.
3. External stakeholders (e.g., donors, peer organisations, government departments, public, media): communication with this group will be primarily via the digital platforms with a focus on raising awareness of the campaign, its value and what it offers to both mothers and caregivers, as well as health care practitioners, and relevant government initiatives. This may include repackaging some content to target these external audiences (e.g. highlights of the campaign posted every 6 months or when there is a big achievement, or stories of change collated from the discussions on Facebook (with permission), and tagging relevant stakeholders to boost the content and promote engagement at this level). This involves some level of management of the public digital platforms to ensure they are well integrated and what is being shared is appropriate, i.e. that all website content is up-to-date and there are no broken links etc.

Primary responsibility for the strategy should sit within the Side-by-Side campaigns team and should be supported by a Social Media officer who monitors content and ensures that the right people are available to respond to queries and that regular content is posted and maintained. A Monitoring and Evaluation team member can support the strategy in terms of generating 'highlights' or stories of change and other content targeting partners and other external stakeholders.

In addition to implementing the content plan described in the next section in line with the strategic approach outlined above, the Side-by-Side team will also need to:

- Regularly review the Communications Strategy and Content Plan and ensure it is still relevant and responsive. Ideally, this would happen annually, with a mid-year 'check-in' depending on the activities for that year;
- Champion increased collaboration and sharing between partners, donors, government departments, community members, and parents and caregivers.
- Build the understanding of the value of communications as integral to the campaign's success, i.e. ensuring posts are responded to and maintaining the social media profiles and website regularly.

A content plan operationalises the strategy above and these recommendations, with the primary goal over the next 2 years to:

- Purpose: Building on the wins of the campaign to date (radio show and the interactive discussions on Facebook) and ensure the campaign engagements continue to encourage active participation from parents and caregivers.

- Value: Promote engagement that is beneficial to parents and caregivers' and their own goals, as well as demonstrates the value of the Side-by-Side in highlighting and supporting their role in ECD.
- Process: Ensure that the Side-by-Side campaign community (ie all target audience groups) are provided with clear and updated information on the campaign at key moments, as well as how they can better use the social media platforms to share information, learn and support each other.
- Engagement: Use approaches that evolve the campaign to something that may survive beyond the any funded contributions and management.

A sample content plan is shared below.

Sample content plan: streamlining the campaign platform and setting up content

Activity	2024								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Planning									
Develop content plan of communications and online events for 2024 (see: https://www.un.org/en/observances/list-days-weeks to add in key days/weeks of action)	x	x							
Update the existing website with the proposed, streamlined structure. - Ensure that the broken links are all resolved (e.g. links to newsletter, radio show season 1) - Add a link to the Instagram page. - Update the radio pages - Remove the link to the newsletter or revive it - Remove the Apps info or ensure that they are functioning and available (i.e. RTHB App) - Add a 'news' page to link Instagram to the website and have a live feed of the posts from the social media platforms on the static website.	x	x							
Set up a Twitter/X profile • Set up the profile – ensure you follow all strategic partners and tag them in all posts. • Decide on a set of campaign hashtags to use on posts (these can also be used on Facebook and Instagram), for example: #sidebysideSA then the current hashtags for daily posts, plus #askdrmommySA – check who is using the same hashtags before finalising the list then make sure that when they are used the spelling is consistent.	x	x							
Streamline social media channels • Enable posting to Facebook from Instagram (see: https://help.instagram.com/169948159813228)	x	x							

Activity	2024								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Set up a news feed from the Instagram page on the website (see: https://www.juicer.io/blog/embed-instagram-feed-on-website)									
Social media									
Develop a content schedule and assign responsibilities to monitor the posts and answer any queries on the comments section. For example: #nutritionmonday, #loveplaytalktuesday, #protectionwednesday, #heathcarethursday, #engagement Friday Additional topics include the radio show episode announcements (#sidebysideradio), the Ask Dr Mommy posts (#AskDrMommySA), online event notifications, acknowledgement of World Days/Weeks of action etc. Impact-related content may include repackaging content from the campaign review as well as regular monitoring and reporting data to target key external audiences, e.g. highlights of the campaign posted every 6 months or when there is a big achievement, or stories of change collated from the discussions on Facebook (with permission – see Annex 1), and tagging relevant stakeholders to boost the content and promote engagement at this level. The pages moderator can also 'mine' campaign partners and donors' Facebook and Instagram pages for content and repost onto the public pages as appropriate, etc.	x	x	x	x	x	x	x	x	x

Strengthen the advocacy approach

The campaign has had great success in its goals related to sharing and building knowledge and behaviour change at an individual level, but has had less success in mobilising communities to identify, support and demand quality ECD.

Some specific recommendations focused on strengthening this goal could see a more responsive Side-by-Side campaign at the policy and practice level through the following key strategic approaches – these are linked to a strengthened monitoring, evaluation and most importantly – learning practice, that uses learning from campaign implementation in ‘real time’ to adjust activities and maintain a strong communications strategy (highlighted in more detail below).

A first key step is to hold an annual reflection and learning ‘reset’ to put the emergent putting campaign knowledge into action, i.e. what parents and caregivers and healthcare workers are sharing about their experiences through the various engagement mechanisms of the campaign and undertaking a light context analysis to position this intel within the broader policy and practice in the ECD sector. In addition to the regular scheduled posts, there could then be an annual focus of themes and pillars based on the emerging data that rotates each year or at a regular intervals.

A second step is to leverage off the success of the radio shows and establish Provincial Advocacy Platforms. These would see provincial structures set up to review data from the radio shows (the engagement) and use this to generate advocacy plans linked to the 5 main pillars of the campaign, as well as the focus pillar. These structures would consist of Provincial Advocates and healthcare workers and their focus could be on the following:

- Material development to respond to knowledge gaps identified through this review process
- Undertaking health site outreach to target the key audiences of the campaign
- Supporting the Stories of Change process (as discussed earlier)
- Supporting monthly data collection of digital platform and radio content and analytics and co-analysis process with community to identify advocacy goals.
- Supporting an ECD Community of Practice in each province to promote mothers helping mothers.

To ensure these provincial structures can influence effectively, a national advocacy and policy working group could be set up with a mandate to support the use of Side-by-Side data on the pathway to policy reform for ECD , including advancing it within National Health Insurance.

Finally, cyclical feedback loops into each successive year of the campaign means that the campaign is more responsive and accountable to the communities it aims to support.

These activities could be accompanied by a mobilisation toolkit for community members to use that is practical and takes into account the realities of parenting small children.

Understanding impact

Critical to campaign success is a strong monitoring, evaluation and learning practice. Being able to reflect on campaign progress and use that data to feedback to communities is a hallmark of a responsive, community-led campaign. Some suggestions to this end include:

1. Undertake annual user surveys across different platforms and publishing the data – using this to adjust the communications strategy and content plan, as well as advocacy activities.

2. Host a series of provincial reflections with the proposed provincial and national structures to bring in external feedback loops – engage key government department stakeholders in these processes to engage with the learning and what is happening at community level in relation to ECD.
3. Undertake more regular market survey processes– these could be lighter, more nimble reflective processes that draw on the digital engagement data and anecdotal evidence from interviews and focus groups with key stakeholders.

Conclusion

The Side-by-Side campaign has seen many successes in its implementation since 2018 – not least that it managed to survive and support parents and caregivers through a global pandemic from 2020-2023 that turned many worlds upside down and that communities are still recovering from in terms of livelihoods and accessing healthcare services.

It has been a critical source of information for some through its digital platforms, and its support of the use of the Road to Health booklet has ensured that the information shared on its platforms is trusted whereby there is a strong association with the Road to Health booklet, and the Department of Health.

With some streamlining and renewed focus, the Side-by-Side campaign can only build on its successes, learn from the implementation to date, and continue towards its goal of supporting parents, caregivers and healthcare workers.



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Annex 1: Data collection tools

IQS Questionnaire for Primary Caregivers

Project specifications	
Project name	African Alliance Side by Side Campaign Evaluation
Interviewing method	F2F intercepts
Target market	Primary Caregivers
Interview length	20 minutes
Sample size	n=125 n=25 per province including GT, MP, LP, WC and KZN Areas to align with radio reach
Quota	100% aware of the campaign

Introduction

Good day, my name is <Interviewer name>, and I am from the African Alliance. We would like to ask you a few questions about childcare. The interview will take approximately 20 minutes and all your responses will be treated confidentially. Please note that the interview will be recorded for quality purposes. Do you consent to the interview being recorded?

Yes	<input type="checkbox"/>	Continue
No	<input type="checkbox"/>	Thank respondent and terminate interview, capture reason

May I continue and ask you some questions?

NOTE: DO NOT SAY CAMPAIGN NAME, THIS WILL PROMPT AWARENESS.

IF YES: thank you, please note that the interview will be recorded and might be monitored for quality purposes.

Yes	<input type="checkbox"/>	Continue to Section A
No	<input type="checkbox"/>	Thank respondent and terminate interview, capture reason

Section A: Screener Questions

A1. Please can you tell me what your current age is?

Section trigger: None

Interviewer notes: If respondent refuses to give exact age, ask which age bracket they fall into

Younger than 18		Thank respondent and terminate interview
16-18 years		Proceed to the next question
18-24 years		Proceed to the next question
25-34 years		Proceed to the next question
35-49 years		Proceed to the next question
50-54 years		Proceed to the next question
55 -64 years		Proceed to the next question
Older than 65 years old		Proceed to the next question
Refused		Thank respondent and terminate interview

A2. Are you a parent or the primary caregiver of any children in the home?

Section trigger: Ask all

Interviewer notes: Single mention. Read out. Help text (By Primary Caregiver we mean the main person that looks after the child)

1	Yes the parents	Continue
2	Yes the primary caregiver	Continue
3	No	Terminate

A3. What is the age of the youngest child you are the parent of or primary caregiver to?

Section trigger: Ask if yes in A1. Single mention.

Interviewer notes: Single mention. Do not read out.

Numeric response	Continue if younger than 5 Terminate if older than 5
------------------	---

A4. Capture gender:

Section trigger: Ask all

Interviewer notes: Do not read out.

1	Female	Continue
2	Male	Terminate

Section B: Awareness and screener

B1. Have you ever heard, seen, read or used a campaign, materials or apps giving information on parenting practices and early childhood development?

Question trigger: Ask all, single mention

Interviewer notes: Spontaneous, single mention Objective: To assess spontaneous awareness	
Yes	Continue to B2
No	Skip to B3

<p>B2. What is the name of the campaign, materials or apps that you saw, read, heard or used?</p> <p>Question trigger: If yes in B1</p> <p>Interviewer notes: Spontaneous, multiple mention</p> <p>Objective: To assess spontaneous awareness</p>	
1. Side-by-Side Campaign	Skip to B6
2. Road to Health Booklet	Skip to B6
3. MomConnect App	Skip to B6
4. Other, please specify	Continue to B3

<p>B3. Have you ever heard of or seen information about the Side-by-Side campaign launched by the National Department of Health?</p> <p>Question trigger: If option 4 in B2</p> <p>Interviewer notes: Spontaneous, single mention. Show showcard 1 to prompt.</p> <p>Objective: To assess prompted awareness</p>	
Yes	Continue to B4
No	Continue to B4

Showcard 1



B4. And are you aware of the Road to Health booklet or app?

To Question trigger: If option 4 in B2

Interviewer notes: Spontaneous, single mention. Show showcard 2 to prompt.

Objective: To assess prompted awareness

Yes	Continue to B5
-----	----------------

No	Continue to B5
----	----------------

Showcard 2



B5. And are you aware of MomConnect?

Question trigger: If option 4 in B2

Interviewer notes: Spontaneous, single mention. Show showcard 3 to prompt

Objective: To assess prompted awareness

Yes	Continue to B5
-----	----------------

No	Terminate if no in either B3, B4 or B5
----	--

Showcard 3



B6. Where have you heard, seen, read or used the campaign, materials or apps?

Question trigger: Ask all.

Interviewer notes: Spontaneous, multiple mention

Objective: To assess spontaneous awareness

1.	Radio shows	Continue to B7
----	-------------	----------------

2.	Posters	Skip to 88
3.	Pamphlet/Leaflet/ Booklet (e.g. Road to Health book)	Skip to 88
4.	Social media - Facebook	Skip to 88
5.	Social media – WhatsApp (e.g. MomConnect)	Skip to 88
6.	Mobile app (e.g. Road to Health app)	Skip to 88
7.	SMS (e.g. MomConnect)	Skip to 88
8.	Health Care Worker/Clinic	Skip to 88
9.	Community Event	Skip to 88
10.	From friends/family	Skip to 88
11.	Other (specify)	Skip to 88
12.	Do not know	Skip to 88

B7. On which radio station did you hear about the Side-by-Side campaign, Road to Health or MomConnect?

Question trigger: If yes to option 1 in B6

Interviewer notes: Spontaneous, multiple mention

Objective: To assess spontaneous awareness

1.	Ikwewezi FM	
2.	Lesedi FM	
3.	Ligwalagwa FM	
4.	Motsweding FM	
5.	Munghana Lonene FM	
6.	PhalaPhala FM	
7.	Thobela FM	
8.	Tru FM	
9.	Ukhozi FM	
10.	Umhlobo Wenene FM	
11.	XK FM	
12.	Other specify	
13.	Don't know	

Section C: Knowledge

C1. What would you say the Side-by-Side campaign is about?

Question trigger: Ask all

Interviewer notes: Spontaneous, multiple mention

1.	Your actions will determine your child's health, education & social outcomes in life	
2.	Healthcare workers are your partners in your child's development	
3.	Good nutrition is important for you and your child's health	
4.	Good nutrition starts with breastfeeding	
5.	Holding, playing with, talking to and loving your child is important to their development	
6.	You can protect your child from diseases by immunizing them	
7.	You can protect your child from injury by being careful at home	
8.	When your child is sick or injured, they need care to help them get better	
9.	If your child needs extra or special care, knowing where to get support will help both of you	
10.	Other, capture verbatim	

C2. And are you aware of any of the following messages that form part of the Side-by-Side campaign?

Question trigger: Ask all, show options that were not selected in C1. I

Interviewer notes: Read out, multiple mention

1.	Your actions will determine your child's health, education and social outcomes in life	
2.	Healthcare workers are your partners in your child's development	
3.	Good nutrition is important for you and your child's health	
4.	Good nutrition starts with breastfeeding	
5.	Holding, playing with, talking to and loving your child is important to their development	
6.	You can protect your child from diseases by immunizing them	
7.	You can protect your child from injury by being careful at home	
8.	When your child is sick or injured, they need care to help them get better	
9.	If your child needs extra or special care, knowing where to get support will help both of you	

C3. Thinking of all the messages in the Side-by-Side campaign, please rate the statements on a scale from 0 to 10, where 0 means you completely disagree completely, and 10 means you completely agree.

Question trigger: Ask all.

Interviewer notes: Read out.

Question (Randomise items)	0-10	N/A	D/K
1. Overall, Side by Side is a good campaign			
2. This type of campaign is good for parents and caregivers			
3. This type of campaign helped me to broaden my knowledge of how to care for my child(ren)			
4. The messages are easy to understand			
5. The ideas have helped me to take care of my child			
6. Provides useful ideas on how to help your child grow well			

Section D: Relevance

Thinking of all the messages in the Side-by-Side campaign, please rate the statements on a scale from 0 to 10, where 0 means you disagree completely, and 10 means you agree completely.

Question trigger: Ask all

Interviewer notes: Read out.

Question (Randomise items)	0-10	N/A	D/K
1 The messages are relevant to me as a parent or caregiver			
2 I can try out the recommendations from Side-by-Side			
3 The behaviour recommended by Side-by-Side will help my baby grow and keep healthy			

Section E: Motivation

Thinking of all the messages in the Side-by-Side campaign, please rate the statements on a scale from 0 to 10, where 0 means you disagree completely, and 10 means you agree completely.

Question trigger: Ask all

Interviewer notes: Read out.

Question (Randomise items)	0-10	N/A	D/K
1 Side-by-Side inspires me to change the way I care for my child			
2 I will change my behaviour based on the ideas that I got from Side-by-Side			
3			
4 The campaign inspires people to change their parenting behaviour			
5 Because of this campaign, my community healthcare worker treats me as an equal partner			



E2. Would you say that you have changed the way you look after your baby, because of the Side-by-Side campaign? Question trigger: Ask all Interviewer notes: Spontaneous, single mention	
Yes	Continue to E3
No	Skip to E4

E3. What have you started doing differently because of the Side-by-Side campaign? Question trigger: Ask if yes in E2. Interviewer notes: Open ended response	
E5. Why have you not changed the way you look after your baby after engaging with the Side-by-Side campaign materials? Question trigger: Ask if no in E2. Interviewer notes: Open ended response	

Section F: Advocacy

Using a scale from 0-10, where 0 is would definitely not recommend, and 10 is would definitely recommend, how likely are you to recommend... Question trigger: Ask all. Trigger from B2, 3, 4 or 5 Interviewer notes: Read out.				
		0-10	N/A	D/K
1	The Side-by-Side campaign to friends and family			
2	The Road to Health Booklet			
3	MomConnect			

Section G: General attitude

I am going to read a few statements to you, and would like you to rate how much you agree with these using a scale from 0-10, where 0 is completely disagree and 10 is completely agree. Because of the Side-by-Side campaign...				
	Question (Randomise items)	0-10	N/A	D/K

1	You now frequently talk to, play with and hold your child to grow and develop	(Knowledge)			
2	I know the danger signs to look out for when my baby is sick	(Knowledge)			
3	I know that my child should not only be taken to the clinic only when they are sick, but also for check-ups and immunisations	(Knowledge)			
5	Breastfeeding is the best way to ensure my baby gets the only nutrients he/she need	(Knowledge)			
6	I want to spend time interacting with my child and helping them to learn	(Motivation)			
7	I want to make sure my baby is protected from disease	(Motivation)			
8	I want to be sure to meet my baby's special or different needs	(Motivation)			
9	My baby needs a little more special care or attention than others	(Motivation)			
10	I worry about my baby's health	(Relevance)			
11	Ensuring my baby is fed the right foods is very important to their healthy growth and development	(Relevance)			
12	I play, talk and interact with my baby every day	(Behaviour)			
13	If I am concerned about my baby's health I take them to a clinic or talk to a healthcare worker	(Behaviour)			
14	I take my baby to the clinic regularly for check-ups	(Behaviour)			
15	To date I have made sure that my baby receives all of their immunisations	(Behaviour)			
16	I breastfeed my child regularly	(Behaviour)			

G2. Has your community healthcare worker ...		
Question trigger: Ask all		
Interviewer notes: Spontaneous, single mention		
	Yes	No
1. Used the Road to Health Booklet to educate and support you?		
2. Talked to you about breastfeeding?		
3. Talked to you about your baby's nutritional needs?		
4. Talked to you about immunisation?		
5. Shown you how to interact with your child to stimulate early learning?		
6. Talked to you about child healthcare?		
7. Show you how to care for sick children?		
8. Shown you which symptoms require urgent clinic visits?		

Section H: Demographics

Lastly, we would like to ask you a few demographic questions for analyses purposes:

<p>H1. What language(s) do you speak at home? Question trigger: Ask all Interviewer notes: Spontaneous, multiple mention</p>	
1. Afrikaans	
2. English	
3. Isindebele	
4. Isixhosa	
5. Isixhosa	
6. Sepedi	
7. Sesotho	
8. Setswana	
9. Siswati	
10. Tshivenda	
11. Tshivenda	
12. Other specify	

<p>H2. What is your highest level of education? Question trigger: Ask all Interviewer notes: Spontaneous, single mention</p>	
1. No formal schoolingEnglish	
2. Some primary school	
3. Completed primary school	
4. Some secondary school	
5. Completed secondary school	
6. Tertiary education (FET college, university)	

<p>H3. How many people live in your household? Question trigger: Ask all Interviewer notes: Spontaneous, single mention</p>	
Numeric response	
<p>H4. And how many children under the age of 18 live in the household? Question trigger: Ask all Interviewer notes: Spontaneous, single mention</p>	
Numeric response	

<p>H5. Which of the following best describes your situation?</p> <p>Question trigger: Ask all</p> <p>Interviewer notes: Spontaneous, single mention</p>	
1. I am parenting with the support from my partner in the home (mother or father)	Ask if parent in A2
2. I am parenting without the support of a partner in the home, although he/she lives elsewhere	Ask if parent in A2
3. I am parenting without the support of a partner in the home, he or she is completely uninvolved	Ask if parent in A2
4. I am parenting with the support from other family members in the home (i.e. my mother, grandmother, siblings etc.)	Ask if caregiver or parent in A2
5. I am parenting with the support from people outside of my household	Ask if caregiver or parent in A2
6. I am parenting without the support of any other person in the household	Ask if caregiver or parent in A2

<p>H5. What is your employment status?</p> <p>Question trigger: Ask all</p> <p>Interviewer notes: Spontaneous, single mention</p>	
1. Work full-time	
2. Work part-time	
3. Unemployed and looking for work – looking for first job	
4. Unemployed and looking for work – was employed, looking for work	
5. Unemployed and looking for work – discouraged, not looking for work	
6. Unemployed and not looking for work – home maker	
7. Unemployed and not looking for work – student/ in full time education	
8. Unemployed and not looking for work – retired	
9. Unemployed and not looking for work – long-term illness/disease	



<p>H6. Which social grants do you receive in the household, if any? Question trigger: Ask all Interviewer notes: Spontaneous, single mention</p>	
1. I/we don't receive a social grant	
2. Child support grant	
3. Old age grant	
4. Care dependency grant	
5. Foster child grant	
6. Disability grant	
7. War veterans grant	

<p>H7. What is your average personal monthly income? Question trigger: Ask all Interviewer notes: Spontaneous, single mention</p>		
1. Numeric value	Refuse	don't know
<p>H8. What is your average household monthly income? Question trigger: Ask all Interviewer notes: Spontaneous, single mention</p>		
1. Numeric value	Refuse	don't know

We have come to the end of the questionnaire.
 Thank you for participating; your input is valued. Enjoy the rest of your day!

Discussion guide for Primary Caregivers – IDI's

Project specifications

Project name	African Alliance Side by Side Campaign Evaluation
Interviewing method	In depth interviews
Target market	Primary Caregivers
Sample size	n=225 n=25 per province
Interview length	20-30 minutes

Project specifications

Thank you for agreeing to take part in this interview. As I mentioned, I am conducting this interview on behalf of African Alliance, and today we will be discussing your experiences and perceptions of the Side-by-Side campaign launched by the National Department of Health.

- Please note that there are no wrong or right answers to the questions.
- You don't have to answer anything you don't want to.
- I will be making an audio recording this conversation for analysis purposes, as the African Alliance team and

I won't be able to remember everything you have told me today, and your opinion is very important to us. Do you consent to a recording to be made and it to be used by African Alliance and myself for analysis purposes?
Moderator note: Please wait for person to respond.

Section A: Introduction 3 minutes

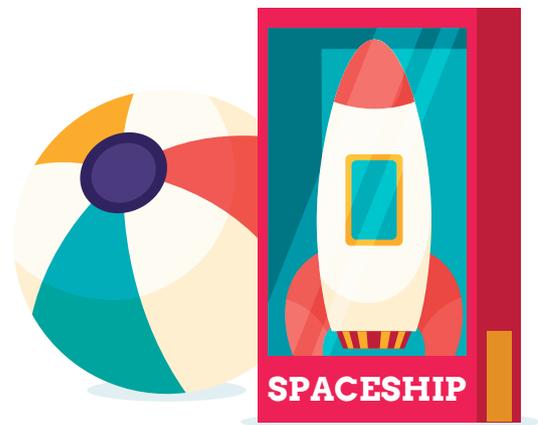
I want to get to know you all a bit better.

- What do you do for a living and what is your age?
- Who do you live with?
- Where are you from?
- How many children do you have and how old are they?
- How do you spend time with your children?

Section B: Awareness of the Side-by-Side campaign 5 minutes

1. Do you recognise this?

Moderator note: Show showcard 1



2. And are you aware of the Road to Health booklet and app?

Moderator note: Show showcard 2



3. Are you aware of the MomConnect SMS/ Whatsapp service?

Moderator note: Show showcard 3



4. And do you use it?

Section C: Knowledge and perception of the Side-by-Side campaign 10 minutes

1. What do you know about the Side-by-Side campaign?

Moderator note: The aim is to assess spontaneous recall, so don't introduce any materials yet. So we need to probe on what they can remember.

2. What do you think of the Side-by-Side campaign and its materials (including the Road to Health Booklet)?

Moderator note: Show/hand out showcards 4-9. Probe on how useful it is, what they like or dislike about it.

3. How accessible is the information?

4. Did your community healthcare worker use the Road-to-Health Booklet or pamphlets?

5. Did you get a copy to take home?

6. How easy is it to understand the materials?

Moderator note: Probe on whether there is anything they don't understand.

7. What is your experience of the momconnect app if you use it?

8. And if you don't use it, why don't you use it?

What is your experience of the momconnect app if you use it?

And if you don't use it, why don't you use it?

9. What is your experience like of the healthcare worker implementing the Side-by-Side campaign in your

Moderator note: Probe on possible issues, if there is anything they would like to change.

Section D: Relevance of the Side-by-Side campaign 5 minutes

1. How relevant is the Side-by-Side campaign and its materials to you and your family? And why?

2. Do you trust the materials provided? And why?

3. How interested are you in materials about the development of your child?

Section D: Relevance of the Side-by-Side campaign 5 minutes

1. How does the information provided by the Side-by-Side campaign (including the Road to Health Booklet and or pamphlets) help you?
2. Did the material help you to understand the following topics in more detail, and what is it that you want more information on?

Moderator note: Probe on:

- Feeding your child (including breastfeeding)
- The way you discipline your child
- How you seek medical advice when your child is sick or injured
- How you love, play and talk to your child

3. Have the materials from the Side-by-Side campaign motivated you to change the way you raise your child(ren)?
 - a) If yes, how has it changed your behaviour?

Moderator note: Probe on:

- Feeding your child (including breastfeeding)
- The way you discipline your child
- How you seek medical advice when your child is sick or injured
- How you love, play and talk to your child

- b) If no, why has it not motivated you to change the way you raise your child?
4. Do you feel that the community healthcare worker works with you, and treats you with respect?

Section G: Campaign changes 10 minutes

1. Which of the material provided was the most beneficial to you?
2. How can the information provided in the Side-by-Side campaign be improved for caregivers or parents like yourselves?
3. Is there anything in the Road to Health Booklet that you don't agree with? And why?
4. Is there anything in the Road to Health Booklet that you will not implement? If so, what is it and why?

Section E: Closing remarks 2 minutes

1. Is there anything you would like the developers and implementer of the Side-by-Side campaign to know?

Thank you for your time and participation.



Discussion guide for Community Healthcare Workers

Project specifications

Project name	African Alliance Side by Side Campaign Evaluation
Interviewing method	In depth interviews
Target market	Community Healthcare Workers
Sample size	n=45 n=5 per province
Interview length	45 minutes

Introduction

- Thank you for agreeing to take part in this interview. As I mentioned, I am conducting this interview on behalf of the African Alliance and today we will be discussing your experiences and perceptions of the Side-by-Side campaign launched by the National Department of Health.
 - Please note that there are no wrong or right answers to the questions.
 - You don't have to answer anything you don't want to.
 - The discussion will last approximately 20-30 minutes
 - I will be making an audio recording this conversation for analysis purposes, as the African Alliance team and I won't be able to remember everything you have told me today, and your opinion is very important to us. Do you consent to a recording to be made and it to be used by African Alliance and myself for analysis purposes?
- Moderator note: Please wait for person to respond.

Section A: Introduction 3 minutes

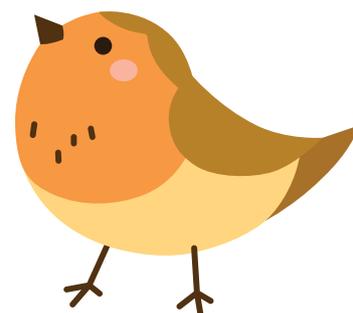
Tell me a bit about yourself.

- Where are you from?
- Why did you become a healthcare worker?
- How many caregivers and children under 5 do you typically see in a week?

Section B: Usage and Perception of the Side-by-Side campaign 10 minutes

1. What do you think of the Side-by-Side campaign and its materials (including the Road to Health Booklet)?
2. Do you use the Road-to-Health Booklet and pamphlets when consulting with caregivers?
 - If yes: Why do you use it?
 - If no: Why don't you use it?

Probe on whether they feel familiar enough the Road to Health Booklet to use as a tool, whether they have insufficient resources (time and materials) to engage and educate themselves, or that they are not incentivised to engage with the tools or educate themselves on it.



3. How do you use the materials?
4. Are there certain materials or messages you use more than others? i.e. breastfeeding, vaccination, symptoms requiring urgent attention, how to stimulate early childhood learning etc.?
 - If yes: Which ones do you use more and why?
5. How accessible is the information?
6. Do you give caregivers copies of the materials to take home?

Section D: Relevance of the Side-by-Side campaign 10 minutes

1. How relevant is the Side-by-Side campaign and its materials to community healthcare workers? And why?
2. And how relevant is it to caregivers?
3. How easy is it to explain the materials to caregivers?
 - What makes it easy?
 - What makes it difficult?
4. Do caregivers understand the materials?
 - If no: what is it that they don't understand?
5. Would you say that the materials help caregivers to understand the full spectrum of care needed for optimal childhood development?
 - If no, what else should it cover?
6. Do you trust the materials provided? And why?

Section E: Motivation of the Side-by-Side campaign 10 minutes

1. Have you seen a change in your patients moving from surviving to thriving since using the toolkit?
 - Please explain the change
2. And have you seen a change in the community?
 - Please explain the change
3. How does the information provided by the Side-by-Side campaign (including the Road to Health Booklet and or pamphlets) help you?
4. Do you feel that the materials enable you to work as equal partners with patients? And why?

Section G: Campaign changes/ app changes 10 minutes

1. Which of the material provided is the most beneficial to you as a community healthcare worker?
2. How can the information provided in the Side-by-Side campaign be improved for community healthcare workers?
3. Is there anything in the Road to Health Booklet that you don't agree with? And why?
4. Is there anything in the Road to Health Booklet that you will not implement? If so, what is it and why?
5. Do you use the nurseconnect app?
6. What is your experience of the nurseconnect app?
7. Is there anything you would like to change to the nurseconnect app?
8. And if you don't use it, why don't you use it?

Moderator note: Probe on what they like or dislike about the app, why they use it or don't use it

Section E: Closing remarks 2 minutes

1. Is there anything you would like the developers and implementer of the Side-by-Side campaign to know?

Thank you for your time and participation.

Discussion guide for Radio presenters/ Content Experts

Project specifications

Project name	African Alliance Side by Side Campaign Evaluation
Interviewing method	In depth interviews
Target market	Radio presenters and content experts
Sample size	n=5
Interview length	30 minutes

Introduction

- Thank you for agreeing to take part in this interview. As I mentioned, I am conducting this discussion on behalf of the African Alliance. Today we will be discussing your experiences and perceptions of the Side-by-Side campaign launched by the National Department of Health.
 - Please note that there are no wrong or right answers to the questions.
 - You don't have to answer anything you don't want to.
 - The discussion will last approximately 30 minutes
- We will be audio recording this discussion – this is for analysis purposes only as I won't be able to remember everything you have told me today.

Section A: Introduction 3 minutes

Tell me a bit about yourself.

- a. What is your current role here at <institution or radio station>?
- b. How long have you been in your current role?
- c. What does a typical workday look like for you?
- d. How do you prepare for a discussion like the one you had on the Side-by-Side campaign?

Section B: Usage and Perception of the Side-by-Side campaign 5 minutes

1. What was your first impression of the Side-by-Side campaign and its materials (including the Road to Health Booklet) in preparing for the radio show?

Show showcards

2. And seeing the materials again now, what do you think of the Side-by-Side campaign and its materials?

Show showcards

Section D: Relevance of the Side-by-Side campaign 10 minutes

1. How easy was it for you to prepare for the discussion on the Side-by-Side campaign? And why?
2. How easy was it for you to understand the materials?
 - What made it easy?
 - What made it difficult?
3. How easy was it to explain the materials to the listeners?
 - What made it easy?

- What made it difficult?
4. How was the discussion on the Side-by-Side campaign and its materials received by the listeners?
Probe on the type of feedback or queries received
 5. How relevant would you say the Side-by-Side campaign and its materials are to caregivers? And why?
 6. And how relevant would you say the Side-by-Side campaign and its materials are to communicators like yourself? And why?
 7. Did you trust the materials provided? And why?

Section E: Motivation of the Side-by-Side campaign 10 minutes

1. How much engagement did you receive from the public on the materials you discussed in the show?
Probe on how easy or difficult it was to answer questions from listeners?
Did the Side-by-Side campaign and materials aid them to answer the questions.
2. Did you have any queries from the listeners on the campaign after the show?
If so, what kind of queries did you have?
3. If caregivers asked where they could obtain the Side-by-Side campaign and its materials, where did you direct them to?
4. Do you believe that the campaign materials improved the listeners knowledge/ understanding of:
 - The importance of breastfeeding
 - The importance of providing the correct nutrition
 - Childhood immunisation
 - How to take care of your child when they are ill or injured

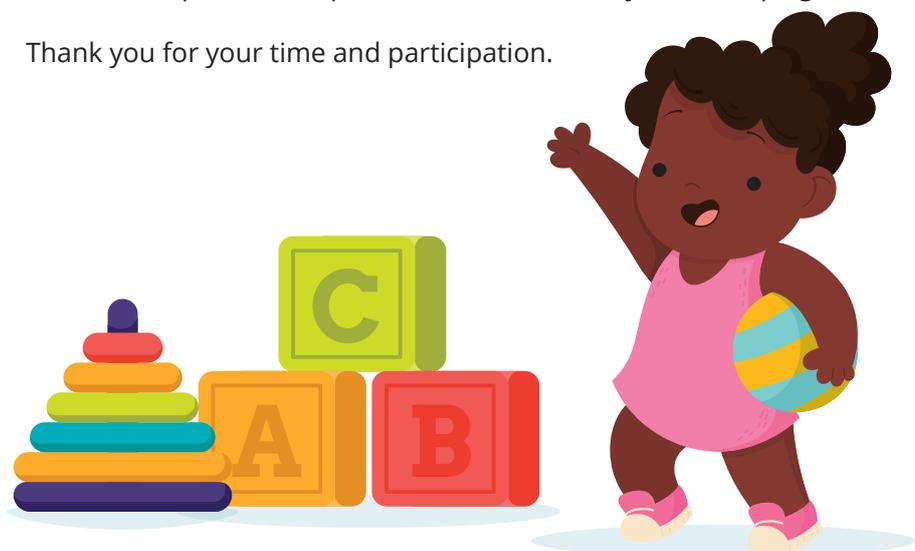
Section G: Campaign changes/ app changes 10 minutes

1. Which of the material provided was the most beneficial to you as a communicator?
2. How can the information provided in the Side-by-Side campaign be improved for communicators like yourself?

Section E: Closing remarks 2 minutes

1. Is there anything you would like the developers and implementer of the Side-by-Side campaign to know?

Thank you for your time and participation.



Discussion guide for Primary Caregivers – Focus Groups

Project specifications

Project name	African Alliance Side by Side Campaign Evaluation
Interviewing method	Focus group discussions
Target market	Primary Caregivers
Interview length	20 minutes
Sample size	8 groups with 10 people in each group Gauteng Limpopo Western Cape KwaZulu-Natal
Interview length	90 minutes

Introduction

Good day and thank you for agreeing to take part in this discussion. As I mentioned, I am conducting this discussion on behalf of the African Alliance and today we will be discussing your experiences and perceptions of the Side-by-Side campaign launched by the National Department of Health.

- Please note that there are no wrong or right answers to the questions.
- Please respect each other's opinions and experience and let everyone speak.
- You don't have to answer anything you don't want to.
- The discussion will last approximately 60 minutes
- We will be making an audio recording this conversation for analysis purposes, as the African Alliance team and I won't be able to remember everything you have told me today. So please do not speak when another person is speaking as we won't be able to hear the recording afterwards. Please tell me now if you don't approve of the recording to be made and used by African Alliance and myself for analysis purposes.

Moderator note: Please wait for person to respond.

- Please wait for the respondents to answer.
- Please can those of you who have phones, put them on silent.
- Do you have any questions or comments before we start our conversation?
- Let's give everyone 2 minutes to introduce themselves to the group.

Section A: Introduction 10 minutes

Let's get to know one another a bit better before we start with the discussion.

1. Please tell me your name, where you are from, and how old your child/ren are?

Moderator note: 30 seconds per person

Section B: Awareness of the Side-by-Side campaign 10-15 minutes

1. Do you recognise this?

Moderator note: Show showcard 1



2. And are you aware of the Road to Health booklet and app?

Moderator note: Show showcard 2



3. Are you aware of the MomConnect SMS/ Whatsapp service?

Moderator note: Show showcard 3



4. And do you use it?

5. Where did you hear, read or see anything about the Side-by-Side campaign (including the app, booklets, posters etc.)?

Moderator note: Probe on whether they have encountered it on radio drama and discussion shows, TV, billboards and posters in the clinic, printed materials that you took home (pamphlets and booklets), Facebook, MomConnect SMSs, Community events or any other.

Section C: Knowledge and perception of the Side-by-Side campaign 20-25 minutes

1. What do you know about the Side-by-Side campaign?

Moderator note: The aim is to assess spontaneous recall, so don't introduce any materials yet. So we need to probe on what they can remember.

2. What do you think of the Side-by-Side campaign and its materials?

Moderator note: Show/hand out showcards 4-9. Probe on how useful it is, what they like or dislike about it.

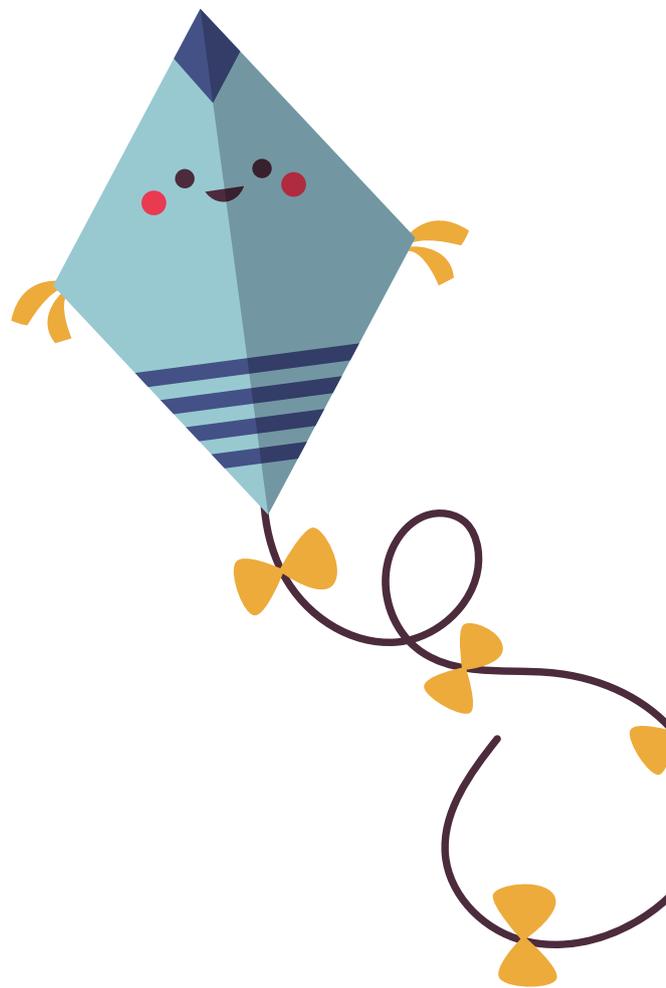
3. How accessible is the information?

4. Did your community healthcare worker use the Road-to-Health Booklet or pamphlets?

5. Did you get a copy to take home?

6. How easy is it to understand the materials?

Moderator note: Probe on whether there is anything they don't understand.



7. What is your experience of the momconnect app?

Moderator note: Probe on what they like or dislike about the app, if they have used it or know about it. You can link this to the fact that some people don't have access.

8. What is your experience like of the healthcare workers implementing the Side-by-Side campaign?

Moderator note: Probe on possible issues, if there is anything they would like to change.

Section D: Relevance of the Side-by-Side campaign 10-15 minutes

1. How relevant is the Side-by-Side campaign and its materials to you and your family? And why?
2. How relevant is the Side-by-Side campaign and its materials to people in your community and why?
3. Do you trust the materials provided? And why?

Section E: Motivation of the Side-by-Side campaign 15-20 minutes

1. How does the information provided by the Side-by-Side campaign (including the Road to Health Booklet and or pamphlets) help you?
2. Did the material help you to understand the following topics in more detail, and what is it that you want more information on?

Moderator note: Probe on:

- Feeding your child (including breastfeeding)
- The way you discipline your child
- How you seek medical advice when your child is sick or injured
- How you love, play and talk to your child

3. Have the materials from the Side-by-Side campaign motivated you to change the way you raise your child(ren)?
4. If yes, how has it changed your behaviour?

Moderator note: Probe on:

- Feeding your child (including breastfeeding)
- The way you discipline your child
- How you seek medical advice when your child is sick or injured
- How you love, play and talk to your child

5. If no, why has it not motivated you to change the way you raise your child?
6. Do you believe that the Side-by-Side campaign has an impact on how people think about raising their children?
7. Have you seen a change in your immediate environment?
8. Do you feel that the community healthcare worker works with you, and treats you with respect?

Section F: Campaign changes 15-20 minutes

1. Which of the material provided was the most beneficial to you?
2. How can the information provided in the Side-by-Side campaign be improved for caregivers or parents like yourselves?

Section G: Closing remarks 5 minutes

1. Is there anything you would like the developers and implementer of the Side-by-Side campaign to know?

Thank you for your time and participation.

Thank You!

