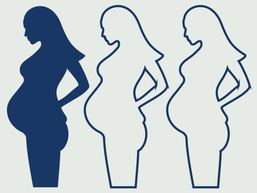
Mma wa nnete: A Path to Perinatal Mental Wellbeing in Rural South Africa Through Outcomes-Based Innovation

The journey of a motherin the maternal period is one of profound transformation, which can be marked by both joy and significant challenges.



Approximately
1 in 3 mothers
experience a **mental health disorder** during pregnancy or after birth.

Fewer than
1 in 10
receive care.

Aproximately,
1 in 7 mothers in South Africa are aged10–19

When a teenage mother in rural South Africa was asked if her community cared for her during her struggle, she said:
"No, I am alone in this."

The consequences are devastating and far-reaching:

- Mothers with depression are **50% more likely to have preterm births.**
- Suicide is the **fourth leading cause of death** among women of reproductive age globally.
- Women with antenatal or postpartum depression are **3 times more likely to be unemployed.**
- Children of affected mothers face a **2–4x higher risk** of developing mental health disorders themselves.

The Opportunity for Change

There is **growing political will**, emerging **research & innovation across Africa**. If harnessed, these efforts can transform the life & life chances of mothers, children & communities.

In South Africa alone, investing in maternal mental health could also save USD 2.9 billion annually by reducing public health costs and increasing maternal productivity.

Integrating mental health into maternal health is a priority action area in South Africa's National Mental Health Policy Framework and Strategic Plan (reinforced by related polices and guidelines). Despite the enormity of the need and the potential for gain, the reality of how to practically provide mental wellbeing care to mothers is still challenging.

Trying to mirror solutions from the Global North will not work – lacking cultural fit and given the limited funding and resources that can be deployed.

The Mma wa Nnete Model:

A Pathway to Scalable, Sustainable Change

Mma wa Nnete, "Real Mother", offers a locally anchored, outcomes-driven answer to this challenge, currently being piloted in rural South Africa.

What makes it different:

Outcomes-based
Implementors are paid based on achieving the outcomes that mothers have defined, not activities/inputs. This unlocks flexibility and innovation, while holding the service accountable for actually making a difference. It is reinforced through strong performance management.

Integration with health systems & the community
Support is built into existing health and community care pathways to support scale and sustainability.

Culturally resonant Tools are co-designed with mothers and are therefore adaptable to other contexts and languages.

Community-led Mothers define the needs and articulate the outcomes that matter to them. This underpins the program design.

Focus on mental wellbeing The program emphasizes promotion, and emotional support, which offers more meaningful support to more mothers.

"Mothers have solutions for their own lives, they just need a safe space to explore them." Program lay health worker

What We've Learned So Far During Our Discovery Phase:

Mothers voiced a need for support in **relationships** with others, **preparedness** for pregnancy, birth and becoming a new mother, **isolation, emotional awareness** and how to deal with **retaining and regaining their sense of self and dreams/aspirations.**

Health workers and community carers needed a **non-stigmatizing language** to enable curiosity about a mother's wellbeing and easy-to-use tools to support mothers.

Adolescent mothers experience **different emotional journeys** and need tailored support at key moments of truth.

Key components of the intervention:

Visual guides help mothers and their caregivers with emotional identification and management in a non-stigmatizing way. Local **lay health workers** engage pregnant and new mothers, offering pro-active community support.

- **Health workers in the public health system and carers in the community are equipped** by the program to identify and respond to their own emotions, equipping them to support mothers in the same way.
- Mothers receive **culturally appropriate guidance to prepare for pregnancy, birth and motherhood.**
- Health workers **are based in the community to support mothers** and connect them to care.
- Mothers are linked through facilitated digital communication groups for knowledge sharing and peer support.
- Mothers who need to be referred to the next levels of care for additional mental health support **receive access to a local phone-based Cognitive Behavioural Therapy Application** to support them while they wait for additional mental health screening and treatment.

Early Results (46% into Implementation)

Activity

1323

mothers enrolled

165% of year to date target & **66%** of annual target achieved.

Outputs

1267

support sessions conducted

92%

510

postnatal check-ins done

142%

of year to date target achieved.

42% | 43%

of annual target achieved.

Outcomes

111 mothers

report they know what to expect during pregnancy, delivery, when their baby arrives and want to attend antenatal visits.

121% of year to date target achieved.

10% of annual target achieved.

*Impact indicator of postnatal visits to the clinic within 6 days of birth can only be assessed after 1 year.

"Mma wa nnete offers emotional support, practical advice, and a sense of community, connecting me with others who are going through similar experiences. I enjoy group discussions, expert sessions, and social events, which can provide valuable insights and help me build relationships with others. Whether online or in-person, these groups can be a great way to feel supported and connected throughout my pregnancy journey!" — Participating Mother

Why Invest Now

Mma wa Nnete is proof that maternal mental health care can be scalable, contextual, and sustainable. We are showing that:

- A systems-based approach works
- Local actors can lead
- Mothers want and use this support
- It delivers the outcomes that improve mothers' wellbeing and life chances

With your support, we can:

- ✔ Continue the pilot in eight communities in Limpopo for another year.
- ✔ Expand from to more communities in Limpopo.
- ✔ Scale the program to other communities in South Africa.
- ✔ Scale the program to other countries in Africa.

To continue to deliver in Limpopo, reaching

3,500 new mothers,

at a cost of **$114** per mother.

Scaling to reach new communities and countries will come with additional set-up costs but quickly achieve the same level of cost-efficient impact.

Together, we can ensure no mother walks her journey alone.

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