



# Philani Mentor Mother Programme

'THE MENTOR MOTHER PROGRAMME IS DESIGNED TO SUPPORT MOTHERS TO RAISE HEALTHY WELL NOURISHED CHILDREN AND TO HELP THEM TO TAKE CHARGE OF THEIR OWN LIVES!'

NOKWANELE MBEWU, SENIOR PROGRAMME MANAGER,  
MENTOR MOTHER PROGRAMME

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# MENTOR MOTHERS MAKE A DIFFERENCE



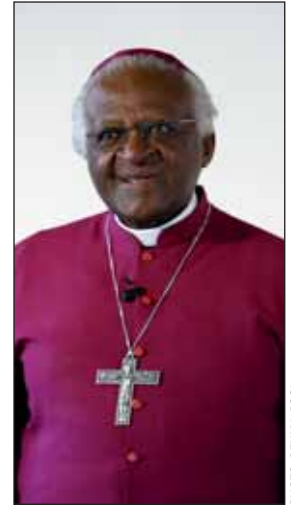
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# FOREWORD

## PATRON OF PHILANI TRUST ARCHBISHOP EMERITUS DESMOND TUTU

The Philani Maternal, Child Health and Nutrition Project has changed the lives of thousands of women and children in disadvantaged communities on the outskirts of Cape Town and in the Eastern Cape. Many people in the communities that have chosen to work with the project are not simply poor but also among the most vulnerable – a large number of the children are suffering from malnutrition, infant mortality is high and mothers struggle to cope, with some having lost hope altogether. This project has given back that hope, as you will see from some of the uplifting stories in this booklet.



Philani begins with the premise that it is every child and mother's right to have access to good nutrition, health and education. The holistic approach of the Mentor Mother Programme has proven to be highly successful in tackling the challenges of maternal and child health and its long-term effects on our society. The respect and sensitivity that the Philani-trained Mentor Mothers show in their interaction with families, encourages trust. Their intervention at household level gives mothers strength and coping skills to take charge of their own and their children's lives.

Mentor Mothers are respected and skilful women who operate as community health workers. The programme, if implemented nationally, could help to successfully support government health policies, build sustainable communities from the grass-roots level and provide jobs for thousands.

Since 1979 Philani has provided life and hope with great commitment and loyalty and now the organisation's dedication to children and mothers is being taken further as the Mentor Mother Programme is invited into more communities within South Africa and beyond.

The circle of poverty can be broken.

I am proud to be Philani's patron.

God bless you,

A handwritten signature in black ink, which appears to read "Desmond M Tutu". The signature is stylized and includes a large, sweeping flourish at the end.

Desmond M Tutu Archbishop Emeritus  
Patron of Philani Trust





## PURPOSE OF THIS BOOKLET

The idea of sharing Philani's philosophy and concept of Mentor Mothers is fundamental to the organisation's commitment to sustainable community health. This booklet describes the main components of the programme and offers illustrative examples of how it has affected women and their families.

While the work of setting up a Mentor Mother Programme requires thoughtful consultation, research and planning, it is a model that can and should be replicated. Reading this booklet will give interested organisations a clear idea of the philosophy and vision underlying the programme and an overview of the programme's structure.

Included at the end of the booklet is a DVD-film about the Mentor Mother Programme produced by E-health with sponsorship from the Elma Foundation.

Philani is happy to share this model with other organisations that may wish to replicate the Mentor Mother Programme in South Africa or internationally.

# BACKGROUND

The Philani Maternal, Child Health and Nutrition Project has been addressing child health and nutrition problems in informal settlements outside Cape Town since 1979. For over 30 years it has offered a clinic-based service to women and children. As part of the service Philani also supports income-generating projects and provides early childhood education.

There are between 750 000 and 1 million people living in Philani's target communities, the majority of whom have migrated from the Eastern Cape. Their homes are often simple core houses or informal dwellings made of corrugated iron, wood, and plastic – many of which are overcrowded and without water and sanitation facilities.

As an extension to the project, the Mentor Mother Programme was started in 2002, due to the realisation that some of the worst cases of child malnutrition were not being reached by Philani's clinic-based nutrition rehabilitation programme. Often it was the most destitute mothers who were lacking the means and the energy to seek help. Mothers had difficulty recognising the symptoms of malnutrition and understanding the short and long-term consequences for affected children. The home-based programme was established to reach those children at the greatest risk of not surviving.

Philani data showed that 50 percent of children who were identified as malnourished were born with a low birth weight. The organisation also realised that pregnant women needed to be included in the home-based intervention programme to improve birth outcomes.

The Mentor Mother Programme draws inspiration from two international child health models – the 'Positive Deviant Model' implemented in Vietnam by J. Sternin and the 'Nurse Home Visiting Program' from the United States, which has been extensively documented and evaluated by David Olds.

'What inspires me is the feedback that we get. Wherever we go we hear from people that the results of the Mentor Mother Programme are really developing their communities.

The word is spreading even to areas where we don't yet work. What is great is that, even there, we are able to share our message through information meetings which we organise at the invitation of local community leaders.'

NCEDISA PAUL, MENTOR MOTHER COORDINATOR,  
ZITHULELE, EASTERN CAPE

The Positive Deviant Model focuses on creating independence and finding solutions within communities. It is built on the philosophy that even in very poor communities some women develop coping mechanisms that enable them to raise healthy children. The idea of using mentors who are based within the community is therefore fundamental to the model, as you will see from the stories, facts and figures in this information booklet.

When selecting whom to train as mentors, Philani chooses 'positive deviants' – that is women who, despite poverty, have succeeded in rearing healthy children. They are women who have in one way or another managed to develop coping skills that have benefited their own and their children's health. The project recruits and trains these women in a range of skills and supports them to work within their own community.

Given the reality that sustainability is one of the biggest challenges facing many non-governmental organisations, the fact that this programme continues to grow, not only in the Western Cape Province where it was started but also in other parts of South Africa and beyond, suggests that it can be successfully scaled up.

The Mentor Mother Programme now operates in the Western Cape and in the Eastern Cape's OR Tambo District. In 2012 the programme was extended to Swaziland and Ethiopia.

We hope that in reading this book you will not only be inspired, but also gain insight into the guiding philosophy and structures that underlie the programme.

'When everyone else has given up on a sick child or a mother, a Mentor Mother continues to support them and offers help and advice. When we see a child that is rehabilitated start walking and smiling, it makes us happy. People do not expect much from Mentor Mothers because they are not professionals, but they give their communities so much love, support and knowledge. They are saving lives.'

NOKWANELE MBEWU, SENIOR PROGRAMME MANAGER,  
MENTOR MOTHER PROGRAMME

# OVERVIEW OF MENTOR MOTHER PROGRAMME

‘This work has taught me to respect myself and to take good decisions. It has really built me as a woman. We work in a very professional environment.’

KHANYISA PETER, MENTOR MOTHER COORDINATOR,  
COFFEE BAY, EASTERN CAPE

The key idea of the Mentor Mother Programme is to engage capable women to improve the lives of families, prioritising mothers and children within their own communities. In this way the programme takes family health, including the nutrition and rehabilitation of children, beyond clinics and institutions directly into people’s homes.

The programme rests on 5 key pillars. These are:

- A careful recruitment process
- Appropriate training
- Home-based, action-orientated health intervention
- In-the-field supervision and support
- Monitoring and performance feedback

*Recruitment:* Philani will only work in a community if it has been invited to do so and if community structures help in the recruitment process. It begins by identifying women who, despite their poverty, have raised healthy children – so-called ‘positive deviants’. The programme then supports the further development of the skills that these women already possess and helps them to share their coping mechanisms and knowledge with others.

*Training:* The training unit within Philani runs an initial 6-week training course for recruited Mentor Mother candidates. Once the Mentor Mothers are employed, ongoing hands-on training takes place in the field, provided by coordinators who work alongside them. In addition, there is a training component built into monthly meetings when Mentor Mothers, coordinators and programme managers gather.

*Home-based, action-orientated health intervention:* A Mentor Mother’s task is not to take on and solve the problems of a family she visits, but she helps the family to find their own solutions by sharing her knowledge and skills.

*Support and supervision:* Each Mentor Mother has the regular support of coordinators in the field. Time is set aside for debriefing in relation to problem cases, and feedback on performance.

*Monitoring and performance feedback:* Coordinators together with Mentor Mothers monitor outcomes. For example, rehabilitation rates over time, exclusive breastfeeding rates, and participation in the prevention of HIV transmission from mother to child. Outcomes are used to measure the effectiveness of the home-based interventions.



## EXTENT OF THE PROGRAMME IN SOUTH AFRICA MID-2013

At present the Mentor Mother Programme is operating in the following Western Cape communities: Crossroads, Kayelitsha, Brown's Farm, Phillipi, Mfuleni, Nyanga and Delft.

*Western Cape:* There are 120 Mentor Mothers operating in Western Cape serving 5 976 families. The average number of home visits per month by all Mentor Mothers together is 11 760.

In 2012 the number of pregnant women who were newly enrolled in the programme was 1 866. The number of underweight children newly enrolled in the programme was 798.

In 2012 50% of malnourished children were fully rehabilitated within six months.

*Eastern Cape:* In this province the Mentor Mother Programme started in 2010 with Mentor Mothers working in the area of Zithulele and expanding to Coffee Bay in 2012.

By mid-2013 Philani had 54 Mentor Mothers in the Eastern Cape supported by coordinators, assistant coordinators and a programme manager. They were doing an average of 3 461 active intervention visits a month, reaching 1 368 families. In addition to the active intervention visits for pregnant women and underweight children, each Mentor Mother visited every household in her area to establish other health and social service needs. Good relationships have been built through meetings and workshops with traditional leaders in the programme's target communities.





# PROFILE OF A MOTHER

## NOSIPHELO LUTHULI, COFFEE BAY, EASTERN CAPE

*Born 1982, single mother with three surviving children*

From the outside nothing can be seen of the trauma that Nosiphele Luthuli has endured over the last few years. She lives in a complex of three traditional Xhosa homesteads a few hundred metres beyond where the rough vehicle track ends. When Mentor Mother Nozibele Chopele arrives for a routine visit Luthuli is tending a fire in her outdoor kitchen so that she can boil water to

prepare food for her children. Today the young mother and her children radiate energy and good health. The house and garden are spartan but beautifully kept. Everything has its given place, from the pots on the shelves to the clothes in trunks next to the bed. The full display of cooking utensils and containers was acquired when Luthuli's husband worked on the mines and came home regularly with money and love.

In those days she dreamt of a good life with the pots full of food. But life took a drastic and painful turn when Luthuli's husband deserted the family in 2010. After that Luthuli and her three children depended on handouts from neighbours whose circumstances were little better than their own.

Luthuli was in such poor health that she could not produce enough milk to breastfeed her twin girls Asiphile and Bandile, and she definitely did not have energy to spare to produce food from the garden. At six months the twins became so weak from malnourishment that they needed urgent medical attention. The young mother had to leave Liyubona her eldest child with neighbours and carry the twins 12 kilometres to get a taxi. Having had no job and no support for many months Luthuli borrowed money to pay the R68 taxi fare. She arrived with her twins at the Zithulele hospital (with which the Mentor Mother Programme works closely). However, medical intervention came too late to save one of the twins, says Luthuli: 'If I had had money for food that child, Bandile, would still be alive.'

It was after the September 2011 birth of another child, Bayonda, that Luthuli had her first contact with Philani Chopele, a Mentor Mother from Zithulele, was on a house-to-house visit. She identified the little family as vulnerable and undernourished. Luthuli had no personal documents and was unable to access any grants. The Mentor Mother helped her to apply for the documents, which enabled the family to receive child support grants.

'Since I have had help from Philani I feel recognised as a person. I have documents. My children have food and are healthy. I've stopped losing weight. I know about correct nutrition and I cultivate a food garden from which we harvest healthy food,' Luthuli reports.



The family now receives regular visits from their Mentor Mother. The eldest child, six-year-old Liyubona, is doing well at school. The two younger children play energetically while Luthuli and her Mentor Mother discuss their progress on the growth chart.

The family has begun to have dreams for the future. The pots are half full of supplies, enough to keep the hunger away. 'I have hope and can sleep at night. I even had a dream in which my child had a job and a fine house in Cape Town and sent for me to visit her.'





NOKWANELE MBEWU, SENIOR PROGRAMME MANAGER,  
MENTOR MOTHER PROGRAMME

*How do you measure hope? That was the question. We knew that our model with Mentor Mothers, going from house to house, was working. We could see the change but we needed the figures to prove it. Our research together with Stellenbosch University and UCLA has given us the data that was needed.*

THANDEKA BEDLA, MOTHER,  
ZITHULELE, EASTERN CAPE



*People often ask me how it is that I and my children are in such good health after having been so sick. I can only say that the support and advice that I have had from my Mentor Mother has changed my life.*

INGRID LE ROUX, MEDICAL DIRECTOR,  
MENTOR MOTHER PROGRAMME



*I would like to put a stop to this vicious circle of poverty, child malnutrition and illness and see to it that every child, regardless of family income, gets a chance to develop to their full capacity. The first years of infancy are the most crucial for the development of a child's brain. Hunger and malnutrition lead to reduced immunity and a high incidence of infectious diseases. A child who is sick and malnourished will not develop to their full potential.*



# RECRUITMENT

The strength and sustainability of the Mentor Mother Programme lie in the fact that it builds on skills and coping mechanisms that are *already present* within communities. Philani has learnt that the most effective mentorship comes from people who have faced the *same challenges* in the *same context* as those in need of support.

Once Philani has been invited into a community, representatives explain the Mentor Mother concept at a community meeting. They outline the qualities required of a Mentor Mother and the community then helps with the recruitment.

A Mentor Mother should be a respected individual who lives in the community where she will be working. She must also have good listening and communication skills. She must be what is termed a 'positive deviant', a mother who has raised healthy children despite poverty and who is committed to improving the health of families in her community, with women and children as a priority. If possible a potential Mentor Mother should have eight years of schooling and be able to speak and read basic English.

Recruited women are interviewed by Philani staff members and assessed on their understanding of health challenges in their community. During the training the candidate's commitment to the work and her attitude towards the trainers and other candidates are observed. It is essential that a Mentor Mother trainee shows respect and consideration towards her peers, as this often reflects how she will approach families in the community. A trainee will be offered a position as a Mentor Mother only once she has passed a written and practical exam at the end of her training.







Those selected for training as Mentor Mothers undergo a six-week intensive course. Training is conducted in the mother tongue and led by a nursing sister and experienced Mentor Mothers. The course has both practical and theoretical components. The training schedule begins with three weeks in the classroom, followed by a week in the field, and a final two weeks back in the classroom.

The classroom training delivers basic information on maternal and child health, nutrition, HIV and TB, mental health, self-care, home-based care and early childhood development among other topics. It also requires the trainees to grapple with case studies and suggest solutions, with input from the nursing sister and experienced Mentor Mothers.

Role-play is one of the training techniques used. This helps to prepare the trainee on how to enter a home, introduce herself and approach a family. The need to maintain a respectful and non-judgemental attitude in order to build a trusting relationship with the family is emphasised both in the training content and in the behaviour modelled by the trainers.

During the week in the field the trainees shadow a senior Mentor Mother and observe her approach to the families and her intervention in the homes. The trainee will typically be exposed to poverty, illness, abuse, neglect and addiction. During this week she will get an understanding of the range of tasks that a Mentor Mother is expected to perform in her future role as both a health worker and social worker.

In preparation for working in their own neighbourhoods, the trainees are required to research and compile a 'map' of the health and social services in their vicinity. The exercise of mapping resources like clinics, schools, playgrounds and support services such as social workers and police, serves the dual purpose of equipping the trainees for their work and giving the trainers a better idea of the potential Mentor Mother's capacity to take action.

The Mentor Mothers are also trained as generalist healthcare workers by the Department of Health in Western Cape. During the final two weeks trainers integrate their field experience with what they learned in the classroom and focus on practical exercises such as weighing a baby, plotting on a growth chart, mixing oral dehydration solution and conducting other basic health interventions.

At the end of the six-week course candidates write an examination and are assessed on their practical skills. Those who show commitment and pass the written and practical tests are eligible for employment as Mentor Mothers.

# SUPERVISION AND SUPPORT

Any organisation that supervises, supports and works with Mentor Mothers needs to understand the basic premise that a Mentor Mother is first and foremost accountable to the community she serves.

Through experience in the field, Philani and its supervisors have built up a clear idea of the working conditions and challenges that Mentor Mothers face. The management team supports the Mentor Mothers so that they have the capacity and back-up to meet difficult and unexpected challenges. Support and continuous in-service training is given in the field.

Experienced and professional support staff work directly with the Mentor Mothers as they conduct their home visits. This 'apprenticeship' approach means that theoretical and practical knowledge is transferred together. Difficult cases and emergencies, which may be beyond the skills of Mentor Mothers, can either be promptly dealt with or referred to a network of higher-level professionals.

Furthermore, Mentor Mothers routinely encounter dire poverty, illness and desperation on their rounds, and although their work is fulfilling, it can cause feelings of helplessness and distress. In such cases, support from seniors in the field is essential.

In practice, a group of 30-36 Mentor Mothers is supported by a coordinator (a professional nursing sister) who oversees 3 assistant coordinators who, in turn, each supervises 10-12 of the Mentor Mothers. The whole group meets regularly to exchange experiences, to receive new training and to improve their skills.

The coordinator and assistant coordinators accompany the Mentor Mothers on their daily field visits. After each visit, folders are checked, outcomes are assessed and problem cases are discussed.

Many of the assistant coordinators are experienced former senior Mentor Mothers who have been specifically trained as supervisors – a process that is necessary for the supervision to function properly.





## MENTOR MOTHER

### NONQABA MELANI, KHAYELITSHA, WESTERN CAPE

*Born 1963, single, five children. Started to work with Philani 2006*

'I never say no to any request for help. I am well-known now and respected in the community. They know me and see what I do. If I do not know the answer to a question or the solution to a problem I will find out and advise the mother so that she can help herself. I will always be there to support her.'

Her desire to serve the community and most of all to help children is what drives Nonqaba Melani. As she puts on her rucksack, with the

scale and the folders to record the weight, growth and health of children in her community, she embodies Philani's commitment and belief that positive change is possible in South Africa's poorest communities. In Khayelitsha more than 70 percent of the women are unemployed – often single mothers. But Melani is sure that women carry the strength within themselves to turn their lives around. As a single mother with five children she understands and has deep empathy for the women she meets.

Mentor Mother Melani works in her own community and is responsible for about 500 households. She does seven to eight home visits daily. She visits families with malnourished and ill children and pregnant mothers; gives them advice and helps them to understand the need for healthy living during pregnancy and how to bring up healthy, well-nourished children.

The programme focuses on advocacy, prevention of diseases and teaching mothers how to attend to minor ailments at home. The Mentor Mothers are trained to identify serious risk factors to health and to recognize cases that need immediate referral to hospital.

If a child is malnourished Melani will visit the home, weigh the child and record data, offer support and talk to the mother at least once a week. As the child improves she will come every two to four weeks. All children are monitored until they are six years old.

'I am proud when I see how a child grows and a mother regains her hope,' Melani says.

When Melani first makes contact with a mother she needs to establish trust. 'Sometimes when there is HIV in a family I can feel that they are afraid because of the stigma, but I quickly show them that I do not judge, I am there to help.'

'I sometimes talk about love with the mothers. Love is for free. They can try to show more love to their children, we do not have to buy love as mothers. We can give. If you give love, your teenage child will not go to seek what





## 'WE ARE SAVING LIVES'

they think is love somewhere else and maybe fall pregnant or get infected by HIV when they are young.'

Mentor Mothers get regular in-the-field support and supervision from Philani's support staff. Weekly and monthly all Mentor Mothers gather for continuous training, to exchange views and experiences.

The hardship and suffering they meet in the community can be overwhelming so debriefing and support is essential.

'My work as a Mentor Mother is very important to me,' Melani says. 'Recently I was asked to go to Swaziland to help to start the Mentor Mother Programme there. I am proud that I can be part of something that creates a better future also in other countries.'



# EARLY CHILDHOOD DEVELOPMENT

Attention to Early Childhood Development is an integral part of the overall Mentor Mother Programme. It responds to the social reality that fewer than 20 percent of young children in the target communities have the opportunity to attend pre-school.

In their routine visits to individual homes the Mentor Mothers pay attention to the developmental needs of young children. They encourage mothers to talk and read to their children from an early age and to get involved in their early education, also explaining why this is important. The Mentor Mothers point out that when a mother spends time playing with her child it helps to create a special bond between the mother and child. If a child is suffering from malnutrition, or any illness, playing helps the child to recover faster.







## CHILDREN WHO PLAY RECOVER FASTER FROM MALNUTRITION AND ILLNESS

Mentor Mothers may also run small playgroups in the areas they visit. When conducting visits in her area Mentor Mother Novakuye Sijeku regularly gathers together a number of mothers and children in a home and conducts a playgroup. As well as simply playing together, the children and mothers take part in structured activities. For example, Mentor Sijeku sings the first note and at once ten small children's voices join in, loud and clear. They point to their heads, shoulders, arms and legs and sing the names of the body-parts in both isiXhosa and English. In this way the children develop their vocabulary in both their mother tongue and English, as well as increase their co-ordination and awareness of their own bodies.

Mentor Mothers also demonstrate how toys and educational aids can be made out of simple and inexpensive materials. For instance, colourful tops from plastic bottles can be an educational tool, and a football can be made out of rags.

Sijeku says the group work and play is beneficial to both the mothers and children: 'When I teach them – both mothers and children together – it is good. I see and acknowledge them. I bring them together and support them. In this way they are able to rise above their daily hardships.'



# MONITORING AND EVALUATION

Monitoring, evaluation and feedback on performance all form part of the supervision and support of Mentor Mothers. Careful record keeping by the Mentor Mothers as well as the coordinators is vital in order to monitor and evaluate the performance of both the Mentor Mothers themselves and the programme as a whole.

Mentor Mothers record the details of every home visit in a folder. This is then used by the coordinators and Mentor Mothers together to assess the outcomes of their intervention. The outcomes that will typically be

assessed are: the rehabilitation rates of malnourished children, the number of HIV-positive women on ARVs during pregnancy, ante-natal clinic attendance by mothers-to-be, whether HIV-exposed children have been tested for HIV (PCR) at six weeks, the percentage of children receiving child support grants, and whether newly delivered mothers are exclusively breastfeeding and for how long.

The monitoring of outcomes not only measure the impact of the intervention, if done systematically and regularly as in the Philani case, it also draws immediate attention to cases or areas needing additional support. For example, if some Mentor Mothers are having difficulty in rehabilitating malnourished children within a certain time frame, the monitoring process will make this clear. A support and supervision team will then be able to help directly with extra training and communication skills.

All data collected by Mentor Mothers and coordinators is available for the monitoring and evaluation of the programme as a whole.

## RESULTS OF 2008 MENTOR MOTHER PROGRAMME EVALUATION

Since 2008 Philani has worked in partnership with the University of California Los Angeles and Stellenbosch University to conduct a 'cluster randomised control trial', evaluating the Mentor Mother Programme. In this trial, 24 areas in the settlements of Khayelitsha and Mfuleni outside of Cape Town were identified as part of the study – with 12 Mentor Mother intervention areas and 12 control areas. The results of the trial, published in the international peer reviewed journal *AIDS* in 2013, indicate significantly better health outcomes for mothers and children in homes that had been visited by Mentor Mothers. This can be seen in the following statistically significant results:

- Among all participants, mothers in the intervention areas were significantly more likely to consistently use condoms, to breastfeed for longer, and to breastfeed exclusively for six months.

- Relative to the control condition, mothers living with HIV in the intervention areas were significantly more likely to adhere to the complete protocol for the prevention of maternal-to-child transmission; to take anti-retroviral medication prior to and during delivery; to correctly administer ARV treatment to their infant during and after birth; to use only one feeding method; to have fewer maternal birth complications; and to have fewer stunted infants at six months.
- Mothers in the intervention group were significantly more likely to breastfeed low birth weight infants for at least four months compared to the 'standard care' control group.
- Rates of low birth weight infants were similar across the control and intervention areas, however among women who previously had a low birth weight infant, mothers in the intervention group were less likely to give birth to another low birth weight infant during this study.
- Finally, the reduction in the rate of hazardous alcohol consumption among alcohol-using pregnant women was significantly greater in the intervention group compared to the controls.

After a year, the malnutrition rates in the Philani intervention areas were half of those in the control areas. We can thus say that the intervention by Mentor Mothers has been shown to significantly improve health and nutrition for women and children.



# HOME-BASED ACTION ORIENTATED HEALTH INTERVENTION

A Mentor Mother goes from house to house in her area of about 500 households. She weighs every child under six years of age, plots the weight on the growth curve and records if the child is growing normally or is underweight for his or her age. Mild to moderate malnutrition (not severe) is responsible for eighty percent of the over 4 million child deaths every year in the world where malnutrition is identified as the cause. The only way to identify mild to moderate malnutrition and monitor those children's progress towards normal weight and good health is through weighing children and plotting their weight on a standardized growth chart. Every Mentor Mother carries a scale, and the monitoring of a malnourished child's weight is a central part of Mentor Mothers home-based intervention. The scale is also an important tool in getting entry into a household. Mothers are keen to weigh their children and the scale becomes the central point around which a discussion about child nutrition and health takes place.

An underweight child will be invited to participate in a home-based nutrition rehabilitation programme and will be visited often to make sure the child is making good progress. How often, depends on how severely malnourished a child is.

Any pregnant women in the Mentor Mother area are similarly invited to participate in a mother-to-be support programme. This consists of making sure the mother books early at the ante-natal clinic and that she tests for HIV, preferably together with the child's father. If the mother is HIV positive the Mentor Mother makes sure she participates in the ARV programme preventing the transmission of HIV from mother to child. The pregnant mother is visited monthly in the early stages of the pregnancy and then weekly as the pregnancy advances.

Many topics are discussed with the mother-to-be: danger signs during pregnancy, what happens at childbirth, feeding options once the child is born, the danger of drinking alcohol during pregnancy.

Mentor Mothers also help women in the basic economic management of their households and encourage them to get involved in the education of their children. They help mothers to apply for identity documents, birth certificates and social grants.

A Mentor Mother will advise and help other members of the family with health problems too – the home-based intervention therefore often goes beyond the mother and child.

Mentor Mothers play a broader role within the community. Where the prevalence of diseases such as TB and HIV is high, or where substance abuse and violence against women and children is common, a Mentor Mother may work with the broader community to improve the situation. If a cultural practice is being applied in a manner that causes harm, Mentor Mothers may discuss the matter with the relevant traditional authority and the community.

If it happens that a child needs to be removed to a place of safety, the decision is taken together with the support of a social worker and the relevant authorities.





## RE-ENGINEERING PRIMARY HEALTH CARE

To achieve the goal of a long and healthy life for all South Africans the health system must be overhauled to produce better health outcomes.

As South Africa re-engineers its health care system, it is critical to identify potential models for integrating Community Health Workers into a multilevel system of care that incorporates hospitals, primary health clinics and home-based health intervention. Currently, it is fairly common for a community to have multiple Community Health Workers who specialise in addressing a single health issue (for example, TB/HIV treatment adherence, home-based care, or social grant uptake).

The Mentor Mother Programme provides a successful model for integrating Community Health Workers into a multi-level health system based on the primary health care approach. Although focusing on maternal and child health, the Community Health Workers are trained as generalists.

Mentor Mothers in the Western and Eastern Cape work closely with clinics and district hospitals, and refer patients for ante-natal care, immunisations, TB and HIV investigations and the treatment of acute serious illnesses.

In turn Mentor Mothers, as part of the primary health care outreach teams, receive referrals for the follow-up and tracing of patients who have been discharged from hospital or clinics.

As task shifting becomes necessary due to scarcity of doctors and nurses, the Mentor Mothers' role in the health system will expand. To achieve better health outcomes in South Africa it is important to carefully develop a high quality Community Health Worker model that is built on careful recruitment, effective training, supervision and support, ongoing monitoring and evaluation, and home-based, action-orientated health intervention.



# LOOKING AHEAD

Phindiwe Mabaso\* welcomes her Mentor Mother to her home in Khayelitsha Township, Cape Town. Four corrugated iron walls, a roof and a door. She and her twin girls were close to death when Philani was invited to intervene and help this young mother address the challenges she was facing.

At the time, she lived with her mother, several siblings and their children in a small shack on the outskirts of Khayelitsha. Her mother had threatened to disown any child of hers who became infected with HIV.

Mabaso, who is HIV positive, didn't dare to take anti retroviral treatment. She was afraid that her mother would find out that she was infected and throw her and her newborn children out onto the street. Her health deteriorated and both her children became severely malnourished.

The Philani Mentor Mother team intervened. A senior Mentor Mother, who understood the cultural context, counselled Mabaso's mother and helped her to be more accepting of her daughter's illness. A decision was made at senior level to access a special Philani emergency fund to facilitate the building of a separate house for Mabaso and her twins. This gave the young mother the privacy she needed to start ARV treatment without fear of judgement.

Moving into her own home changed everything, with the support of the Mentor Mother team the members of the young family were able to regain their health.

There's a knock on the door, it's Mabaso's mother. She radiates maternal pride as she looks at her daughter and grandchildren. She thanks Philani for saving their lives.

In the face of challenges that often seem overwhelming, Philani's Mentor Mother Programme demonstrates that with relatively simple methods, the situation for women and children can be significantly improved. The programme attempts among other things to address the United Nations Millennium goals 4 and 5, which are to reduce child and maternity mortality rates.

\* *Not her real name.*

# THE SECRET OF SUCCESS

## WHAT SETS THE MENTOR MOTHER PROGRAMME APART?

It is designed to support women throughout their pregnancies and to support mothers to raise healthy, well-nourished children; and it will attend to any health or social problem in the family.

It recruits with great care following specific criteria and employs as Mentor Mothers women who are respected and trusted in their communities and who have found ways of raising healthy children despite their poverty.

It provides relevant initial and continuous training combining theory and practice.

It is built on respect, empathy and solidarity with the families it serves.

It will only work in communities where there is an invitation to be present.

It finds knowledge, experience and coping mechanisms present in the community and builds on those strengths.

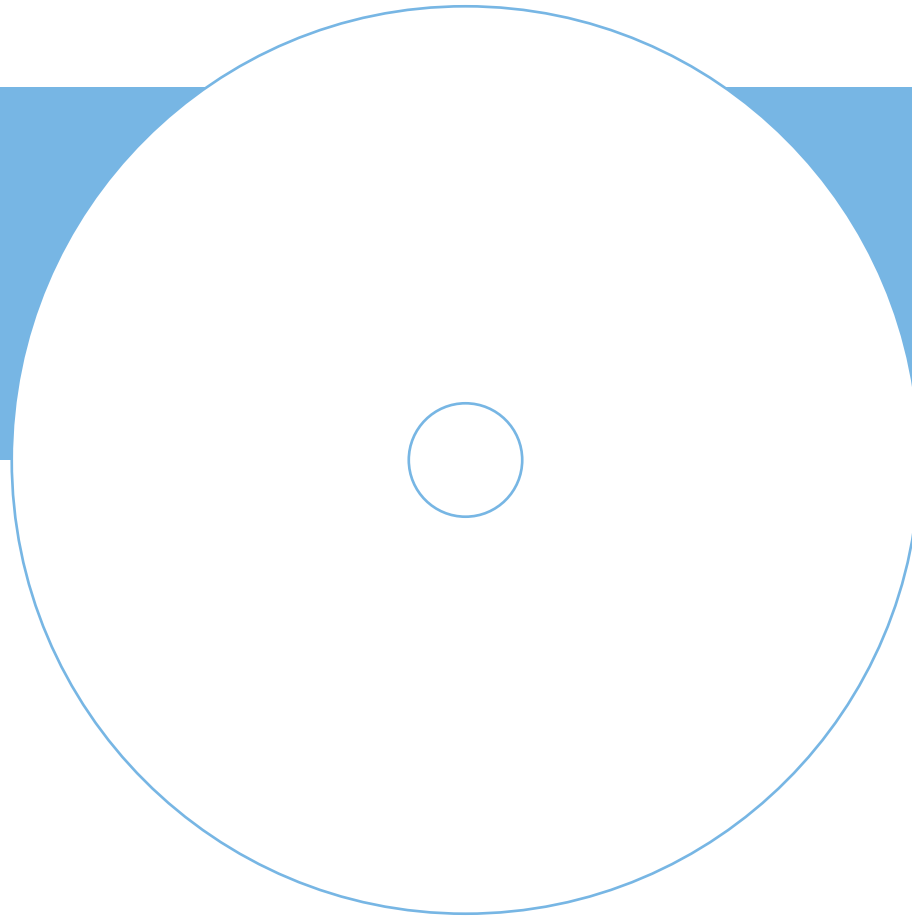
It supports a mother within her own home.

It helps women to take charge of their own lives .

It understands that a holistic approach is needed to find ways out of poverty and ill health.

A Mentor Mother will give hope where hope has vanished.

THE MENTOR MOTHER PROGRAMME INTERVENTION AND SUPPORT WILL HELP TO UNLOCK THE POTENTIAL AND POWER THAT ALL PEOPLE CARRY WITHIN THEM TO CREATE A BETTER LIFE.



A film about the Philani Mentor Mother Programme

Produced by E-health, sponsored by Elma Foundation





Each Mentor Mother, when she sets out to meet her families, carries a rucksack, that is her 'office.' A scale to weigh the children and folders to record data. But most significantly a Mentor Mother carries with her, her own life experience.

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