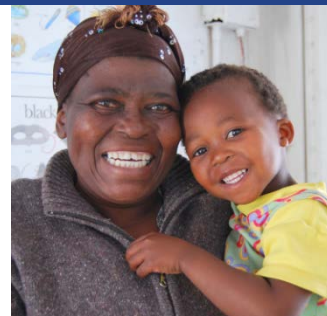


The Philani Mentor Mothers Intervention Model: Comprehensive Home- Based Care in South African Townships

The **Philani Maternal, Child Health and Nutrition Project** has been addressing child health and nutrition problems in townships surrounding Cape Town since 1979. In 2002, **Mentor Mothers** began to deliver **comprehensive, home-based interventions** to support and guide mothers through pregnancy, childbirth, and postpartum care. The aim of this program is to improve maternal and child outcomes: decrease the number of children born with low birth weight, increase maternal caretaking, prevent malnutrition, help prevent mother-to-child HIV transmission, and reduce alcohol use and maternal depression.

In 2008, Philani collaborated with UCLA and Stellenbosch University to evaluate the effectiveness of the **Mentor Mother Program** using a cluster-randomized control trial study in 24 matched neighborhoods in Cape Town townships.



Working with Peri-Urban Communities

South Africa has one of the highest rates of inequality in the world, as seen in the townships outside of Cape Town. Mothers are also challenged to address the highest rates of HIV and Fetal Alcohol Spectrum Disorders globally.

In the townships surrounding Cape Town, South Africa, 30% of mothers are living with HIV, 25% drink alcohol prior to recognizing that they are pregnant, about 34% are depressed, and 17% have a low birth weight child. Even when mothers are able to visit the clinic, issues such as alcohol abuse and depression are sometimes not addressed.

Mentor Mothers reduce barriers to accessing and utilizing clinical services. Their home visits are embraced by the community and are recognized as a comprehensive health program, without negative stigma of HIV and alcohol abuse.

The PHILANI Mentor Mother Intervention Model

1. Recruitment of Positive Peer Deviants

Women within the community who have displayed positive coping skills are chosen to be Mentor Mothers. Their shared experiences facilitate their acceptance within the community.

2. Comprehensive Training

A six-week intensive course trains Mentor Mothers on maternal and child health, nutrition, HIV and TB, mental health, self-care, home-based care, and early childhood development.

3. Home-based Intervention

Home-based health visits reach families that struggle to access the health-care system. Mentor Mother home visits offer pregnant women and mothers with children under 6 years of age support and assistance in problem solving solutions to challenges of daily living without stigma.

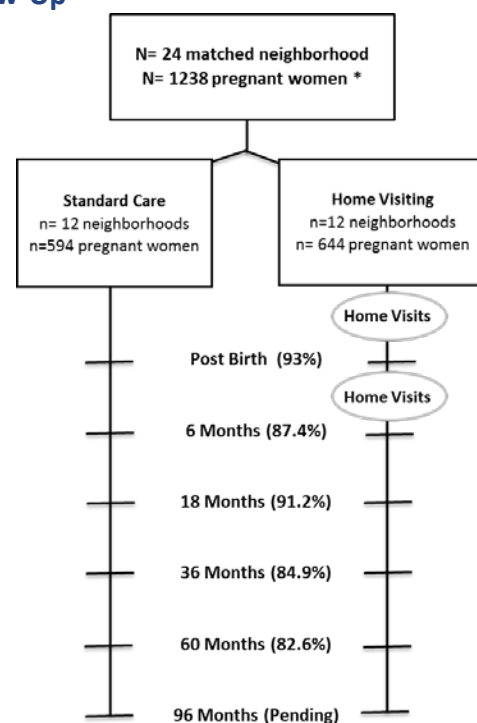
4. In-the-field Supervision

A skilled management team supports the Mentor Mothers in the field at least twice a month, as well as providing in-service training. This encourages continued growth and improvement as a Mentor Mother works and provides back-up for difficult and unexpected challenges.

5. Monitoring and performance feedback

Mobile technologies are used to collect data in real time. This allows for accurate tracking of home visits to ensure that all pregnant women, new mothers, and malnourished children in the area are visited regularly.

Randomized Controlled Trial with Eight Years Follow-Up



* At total of 23 mothers and 105 children have died.

Impact of Mentor Mothers

In 2014, 100 Mentor Mothers, on average conducted 7,547 client visits and 4,087 door-to-door visits each month (total 11,634). The endless work and effort of these Mentor Mothers has played a vital role in improving health outcomes among mothers and children at each stage of development.



Selected Outcomes

At 6 months, Mentor Mothers helped new mothers living with HIV to:

- 50% improvement in the tasks to prevent vertical HIV transmission
- Use condoms more often
- Use one feeding method and breastfeed longer
- Avoid birth related medical complications
- Have infants with healthy height-for-age measurements

With 18 months of intervention, depressed mothers:

- Breastfeed longer
- Have fewer malnourished children
- Have fewer children with low cognitive scores

At 36 months, the Mentor Mother intervention had:

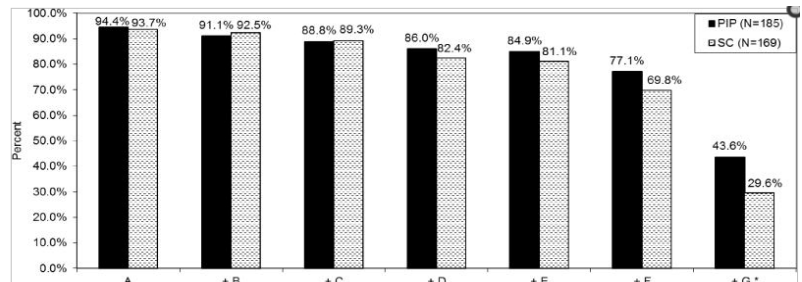
- Mothers with lower depression
- Fewer stunted children
- Fewer hospitalized children
- Children with better vocabularies

At 60 months, the Mentor Mothers helped mothers:

- Use less alcohol
- Have less problematic drinking

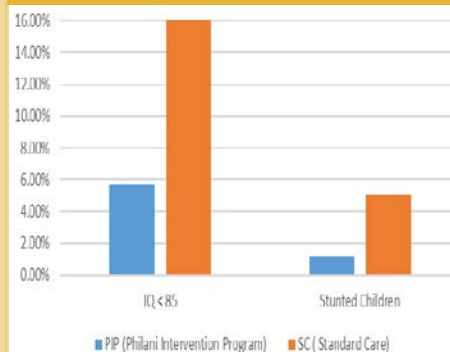


Prevention of Vertical Transmission in Mothers Living with HIV

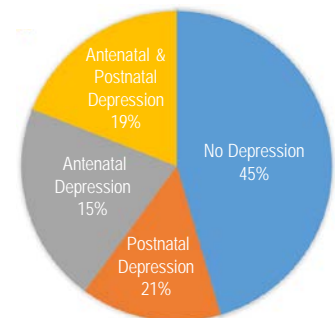


Cumulative adherence of tasks to prevent vertical transmission of HIV. Behaviors listed includes itself and all previous tasks. A) Maternal AZT prior to labor, or full ART; B) Maternal AZT during labor, or full ART; C) Maternal NVP at onset of labor, or full ART; D) Infant NVP within 24 hours of birth; E) Infant AZT dispensed and medicating as prescribed; F) Infant HIV PCR test and results; and G) One feeding method for 6 months.

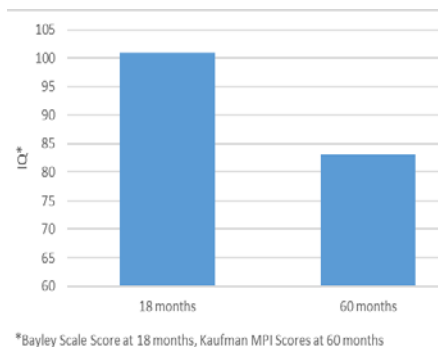
Children of Depressed Mothers (18 month follow up)



Frequency of Each Pattern of Depression

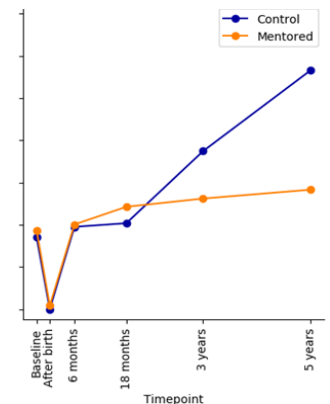


Decline in Children's IQ Scores over time in Cape Town Townships



*Bayley Scale Score at 18 months, Kaufman MPI Scores at 60 months

Mentor Mothers' Effect on Problematic Drinking Over Time



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