

# PHILANI

*You train a mother and you train a nation.  
The mentor mothers are pillars in the community.*



## Supporting parents & their babies

### Area of operation

Western Cape and Eastern Cape

### Background

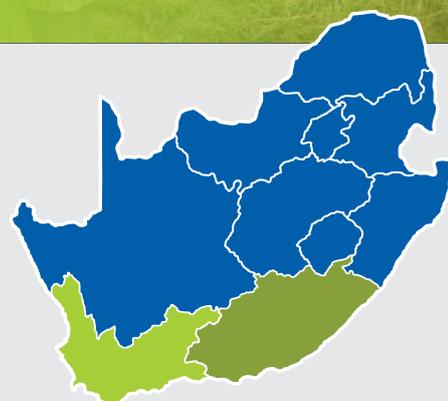
Philani was established in 1979 by a Swedish doctor in the 'informal' settlements on the outskirts of Cape Town to rehabilitate malnourished children and provide information and support to pregnant and new mothers. Since then Philani has grown and now offers services throughout Khayelitsha and Cape Town, as well as in the Eastern Cape. The model is also being implemented in Ethiopia and Swaziland. This programme is centered around the idea that communities are best placed to solve their own problems, and that women within these communities, who have children that are thriving, are best placed to be trained to deliver services to others. Identifying sustainable and effective strategies to improve maternal and child outcomes is a high priority in low and middle income countries (LMICs). Often intervention strategies address only one health risk at a time or begin when children are older. Intervening later is more costly with less return on investment.

### What does it do?

The Philani maternal, child health and nutrition project works with mothers in poor communities to prevent malnutrition, rehabilitate underweight children and promote good health. It has developed to include a holistic program targeting maternal and child health, job skills development and an Early Childhood Development programme. The Philani model, which integrates a broad spectrum of maternal and child health interventions, improves maternal and child health as well as promoting the more efficient and effective use of resources.

### How it works

Philani engages with community leaders to identify the needs of the community and to select mothers, who have a positive attitude, are empathic, are non-judgmental and have good listening, organizational and coping skills – these women become 'Mentor Mothers' within the community.



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IS CENTERED  
AROUND THE IDEA  
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TO SOLVE THEIR  
OWN PROBLEMS**



**“Mentoring, baby nutrition and health care, pre-and post natal education & support”**

# Supporting parents & their babies

## *How it works* continued

During a four to six week assessment and training period, mentor mothers are trained in skills on HIV/AIDS, maternal general and mental health, nutrition, basic child health, early stimulation and play, knowledge about community resources and services, and information on grant referral mechanisms. Following training, successful applicants are employed and conduct home visits to other mothers in the community, building supportive and trusting relationships and discussing family and parenting related issues, during each 15-45 minute visit. Ongoing supervision and input from coordinators and local clinic nursing staff contributes to the program's success. In the experience of Philani community-based programmes work when there is rigorous supervision and ongoing training.



The programme provides both task-shifting (tasks being shifted from nurses and other professionals to community health workers), and site-shifting (from clinic to communities), and offers an intervention model for building sustainable, locally tailored generalist community health worker programmes.



## Successes

Mothers in the intervention group are:

- less likely to engage in hazardous drinking during pregnancy;
- less likely to give birth to a low birth weight infant;
- breastfeed longer, and breastfeed exclusively for six months;
- adhere to the complete protocol for prevention of mother to child transmission of HIV;
- take their ARV medication antenatally and postnatally;
- likely to have fewer infants - 2 standard deviations or more below the mean;
- likely to have infants with fewer clinic visits and few episodes of diarrhoea.



## Challenges

The process of assisting people to access social welfare grants is difficult and can take a long time.

This is especially problematic where they are dependent on the grants for basic needs such as food.



## Key development findings/innovations

Paraprofessional mentor mothers trained as generalists in maternal and child health can improve both maternal and child health outcomes over the first 18 months of life. The benefits crossed multiple domains of risk rather than impacting a single factor. The fact that the early benefits of the intervention that were seen at 6 months appear to be holding at 18 month has important implications for improving child health across the life-span. The early benefits of the intervention on child health and cognition have the potential to significantly improve school readiness.

Organisations that work closely with communities need to be careful not to be seen as a handout organisation, each situation needs to be screened carefully.

