depth of training, leaving both supervisors and community health workers at a considerable disadvantage in implementing and managing programmes. Visits by supervisors to communities, in particular, are important for on-site training and learning by doing for both parties, but these visits are frequently compromised by constraints on financial resources or by poor transportation infrastructure.

Efficient administration of community programmes aids evaluation, and monitoring can help ensure that coverage is as universal as possible. Records of patients, treatments and outcomes should be kept up to date, and regular meetings should be held to build cooperative relationships between health workers and supervisors and to inform programme assessment and modification. Employing technology, such as computer-based databases, email and cellphones, can streamline the process of information gathering and dissemination while freeing time for workers and supervisors to visit communities and households and meet together.

Other types of support to programmes include logistics, supplies and equipment. Community health workers require sufficient tools, including training and products, to be able to do their job and maintain their standing in the community. The previously cited evaluations of large-scale community health worker programmes undertaken in the 1980s show that when these tools and products – especially drugs – are inappropriate or not resupplied regularly, the effectiveness of health workers is compromised. When communities are located far from supporting health facilities, evidence shows that programmes are more effective if there is a clear schedule of visits by supervisors and community health workers and preparations are in place for transportation to and from both locations.

Supervision should not be limited to the official health authorities, however, and community organizations have a role in oversight of health workers and programme outcomes. In principles widely accepted by practitioners, it is recommended that the community be involved in the initial selection of health workers, and that health workers accept community members’ participation in identifying priorities and planning projects. Effective referral systems are an essential complement to successful community-based programmes to ensure a continuum of care (see Chapter 4). Hospitals provide services that cannot be safely replicated elsewhere, such as Caesarian sections and other emergency obstetric care. However, in the poorest countries with the highest maternal and child mortality rates, health-care resources are often limited and access to referral hospitals frequently low. In these situations, millions of children can be assisted very rapidly by scaling up of proven, cost-effective interventions in primary health care, particularly those that are community-based.

At the same time, there is a need to invest in strengthening district health systems to provide basic referral care and to support expansion of essential primary health-care services. Community health workers have proved to be effective in managing many serious childhood illnesses, such as diarrhoea, malaria, acute undernutrition and pneumonia; supervision and access to referral services strengthen the quality of this activity.

Preventing mother-to-child transmission of HIV: Impact of mothers2mothers programmes in eastern and southern Africa

The urgency of preventing mother-to-child transmission (PMTCT) of HIV is clear. An estimated 330,000 children were newly infected in 2006, mostly through mother-to-child transmission. Without treatment, half of the infants born with the virus will die before age two.

Significant reductions in mother-to-child transmission, however, can occur through implementation of basic but critical actions, such as identifying HIV-infected pregnant women by offering routine HIV testing, enrolling them in PMTCT programmes, ensuring that health systems are fully able to deliver effective antiretroviral regimens both for prophylaxis and for treatment, and supporting women in adhering to optimal and safe infant feeding.

Even when these services and interventions are available, many pregnant women do not access them because they do not receive the necessary information, they are afraid of associated stigma, or health-care workers are overextended. Lack of participation in programmes related to postpartum PMTCT is common in many countries, even if women have received PMTCT services during their pregnancy.

mothers2mothers (m2m) is an innovative, facility-based programme currently operating in 73 sites in South Africa and 15 sites in Lesotho. The programme adopts an approach using education and empowerment to prevent mother-to-child transmission of HIV, combat stigma within families and communities, and improve maternal and child health. Based on the premise that mothers themselves are among the strongest mentors and supporters of expectant mothers, the programme trains and employs HIV-infected mothers who have already benefited by participating in PMTCT programmes as peer educators or ‘mentor mothers’, and is working with local health-care facilities and non-governmental organizations to implement a model that can be integrated with national PMTCT efforts in sub-Saharan Africa. Mentor mothers are peer educators for pregnant women. Their training allows them to counsel on HIV infection and antiretroviral treatment, promote behaviour changes to help prevent mother-to-child transmission, discuss the importance of appropriate follow-up for the mother and child after birth, and offer approaches for negotiating safer sexual practices and nutritional guidelines for women living with HIV.

The organization is expanding rapidly. It already has international partnerships in Botswana and Ethiopia and is in the process of rolling out new programmes in Kenya, Rwanda and Zambia.

The importance of programmes like m2m cannot be overstated, given the growing escalation of treatment and care needs. The World Health Organization and leading AIDS organizations are calling for introduction of more complex antiretroviral regimens in an effort to further reduce rates of transmission from mother to child. There is general emphasis on increasing access of HIV-infected pregnant women to treatment for their own health, and a push to ensure that more children coming from PMTCT programmes receive early diagnostic testing. Programmes such as m2m, which involve committed, knowledgeable members of the community to promote the success of PMTCT initiatives, are increasingly vital in supporting health providers in the prevention and treatment of AIDS.

m2m strongly believes that mentor mothers should be appropriately recognized for their significant contributions. According to Dr. Besser, “Mentor mothers who have gone through PMTCT services themselves are recruited locally and paid a stipend for the work they do, making them professional members of the health-care team.”

An independent evaluation of m2m was recently conducted by the Population Council’s Horizons Programme. Several encouraging results associated with programme participation were noted, including the following:

- Postpartum women who had two or more contacts with m2m were significantly more likely to have disclosed their serostatus to someone than non-participants (97 per cent for participants against 85 per cent for non-participants; p-value <.01).
- Postpartum programme participants were significantly more likely to have received nevirapine to prevent mother-to-child transmission of HIV than non-participants (95 per cent for participants against 86 per cent for non-participants; p-value <.05).
- m2m programme participants were significantly more likely to report an exclusive method of feeding (either exclusive breastfeeding or infant formula but no breast milk) than non-participants.
- m2m participants were significantly more likely to undergo CD4 testing during their last pregnancy than non-participants (79 per cent vs. 57 per cent; p-value <.01). (CD4 cells are white blood cells that form a key part of the human immune system. They are also those most vulnerable to HIV infection. The lower the CD4 cell count, the weaker the immune system and the higher the risk of opportunistic infection.)

See References, page 107.