Mother Mentor/Mother Support
Group Strategy for Expansion of
Peer Support for
Mothers Living with HIV

Ethiopia Network for HIV/AIDS
Treatment, Care and Support
(ENHAT–CS)
Mother Mentor/Mother Support Group Strategy for Expansion of Peer Support for Mothers Living with HIV

Ethiopia Network for HIV/AIDS Treatment, Care and Support (ENHAT –CS)
## MSG Strategy - List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ANECCA</td>
<td>African Network for the Care of Children Affected by HIV/AIDS</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-Retroviral Treatment</td>
</tr>
<tr>
<td>C&amp;S</td>
<td>Care and Support</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>EIFDDA</td>
<td>Ethiopia Interfaith Forum for Development Dialogue and Action</td>
</tr>
<tr>
<td>ENHAT-CS</td>
<td>Ethiopia Network for HIV/AIDS Treatment, Care and Support</td>
</tr>
<tr>
<td>EPHA</td>
<td>Ethiopian Public Health Association</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Program for Immunization</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>GOE</td>
<td>Government of Ethiopia</td>
</tr>
<tr>
<td>HC</td>
<td>Health Center</td>
</tr>
<tr>
<td>HCSP</td>
<td>HIV/AIDS Care and Support Program</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counseling and Testing</td>
</tr>
<tr>
<td>HEI</td>
<td>HIV Exposed Infant</td>
</tr>
<tr>
<td>HEW</td>
<td>Health Extension Worker</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus</td>
</tr>
<tr>
<td>IEC/BCC</td>
<td>Information, Education and Communication/Behavior Change Communication</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generation Activities</td>
</tr>
<tr>
<td>IYCN</td>
<td>Infant and Young Child Nutrition</td>
</tr>
<tr>
<td>L&amp;D</td>
<td>Labor and Delivery</td>
</tr>
<tr>
<td>LTFU</td>
<td>Lost To Follow Up</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, Neonatal and Child Health</td>
</tr>
<tr>
<td>MSG</td>
<td>Mother Support Group</td>
</tr>
<tr>
<td>MSH</td>
<td>Management Sciences for Health</td>
</tr>
<tr>
<td>NNPWE</td>
<td>National Network of Positive Women Ethiopians</td>
</tr>
<tr>
<td>NTDs</td>
<td>Neglected Tropical Diseases</td>
</tr>
<tr>
<td>OPD</td>
<td>Out Patient Department</td>
</tr>
<tr>
<td>PCP</td>
<td>Preventive Care Package</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PHCU</td>
<td>Primary Health Care Unit</td>
</tr>
<tr>
<td>PHDP</td>
<td>Positive Health, Dignity and Prevention</td>
</tr>
</tbody>
</table>
PITC: Provider Initiated Testing and Counseling
PLHIV: People Living with HIV
PMTCT: Prevention of Mother to Child Transmission
RHB: Regional Health Bureaus
SOC: Standards of Care
SCI: Save the Children International
STI: Sexually Transmitted Infection
TB: Tuberculosis
U5: Under Five
USAID: United States Agency for International Development
USG: United States Government
WorHo: Woreda Health Office
Since 2005, the Government of Ethiopia (GOE) has embarked on a national expansion of free HIV and AIDS services. With the assistance of the United States Government (USG), Global Fund and other donors, the GOE rapidly increased the number of health centers (HCs) offering comprehensive HIV and AIDS services, from none in 2005 to over 800 by 2013.

Today, the USG is continuing to support the GOE in its on-going efforts to provide comprehensive HIV/AIDS services through a number of mechanisms of which the PEPFAR funded USAID Ethiopia Network for HIV/AIDS Treatment, Care and Support (ENHAT-CS) program is one. ENHAT-CS is implemented by a Management Sciences for Health (MSH) led consortium of national and international partners that includes the African Network for Care of Children Affected by HIV/AIDS (ANECCA), Dawn of Hope Ethiopia (DHEA), the Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA), Ethiopian Public Health Association (EPHA), HST Consulting, Association for Social Services & Development (IMPACT), International Training & Education Center for Health (I-TECH), National Network of Positive Women Ethiopians (NNPWE), and Save the Children International (SCI).
ENHAT-CS, started in September 2011, operates in the regions of Amhara and Tigray. The program supports the regional health bureaus (RHBs) of these regions, their woreda health offices and HCs to deliver quality, comprehensive HIV and AIDS services (including ART) within a continuum of care that encompasses its served communities and which are integrated with and strengthen other primary health care services, including: antenatal care (ANC), labor and delivery (L&D) and other key services for maternal, newborn, and child health (MNCH); nutrition; family planning; tuberculosis (TB); malaria; sexually transmitted infections (STIs); neglected tropical diseases (NTDs); and mental health.

2. MSG Program Overview

Ethiopia’s Federal Ministry of Health (FMOH) began integrating mother mentors with a Mother Support Group (MSG) into national HIV programing in 2005 to address the special needs of HIV-positive pregnant and postpartum women and their children.

The ENHAT-CS strategy for supporting mother mentors builds on the model of the Ethiopia MSG National Curriculum, which itself is partially based on the model of the South Africa mothers2mothers (m2m) program.

The ENHAT-CS program currently supports mother mentors with an MSG at 85 government HCs in Amhara and Tigray. Over time, the mother mentor program in these program supported sites has evolved in response to emerging issues around PMTCT,ANC, MNCH and pediatric HIV. This document describes the current model being implemented in the ENHAT –CS supported sites.
The ENHAT-CS mother mentor program is HC-based, and linked to their ANC/PMTCT and other MNCH and HIV services. It is also linked to HCs’ served communities through the woreda primary health network (see figure 1).

There are a number of advantages to locating mother mentor led peer support interventions within a health facility. This greatly enhances mother mentors’ capacity to draw women into the formal health care system who otherwise might not seek services. It has also been observed that most women in MSGs tend to feel safe with and respected by their fellow HIV-positive peers. As such, the peer model reduces the emotional distance and discomfort that women can face when interacting with health facility clinicians. Mother mentors also alleviate some of the counseling burden experienced by the clinicians, by allowing them to shift basic counseling tasks from professional health care providers to para-professionals like them. The health facility based mother mentors also play a key role in facilitating linkages between the facility and their served communities, including overseeing community tracing of HIV-positive mothers and their children who miss clinic appointments as well as helping them access community level care and support services.

2.1 Objectives

The ENHAT-CS mother mentor program has seven broad objectives that are consistent with Ethiopia’s national PMTCT plan and mother mentor/MSG curriculum:

1. Enhance access to and use of PMTCT services by building strong linkages between health care providers and peer support networks
2. Ensure adherence to antiretroviral therapy in pregnant and postpartum women
3. Lessen HIV-related stigma and discrimination
4. Increase HIV-positive mothers’ understanding of safer infant and young child feeding options
5. Reduce the incidence of STI and HIV infection amongst girls and women
6. Increase acceptance and use of family planning among postpartum women
7. Build linkages with other programs and services that strengthen women’s health and decision-making roles (e.g., nutritional support, income-generating activities and skills training)
### 2.3 Mother Mentor Program Elements

To achieve its objectives, the ENHAT-CS mother mentor program fosters several mutually reinforcing strategies for peer-to-peer contact, as shown in Table 1.

#### Table 1: MSG intervention components-ENHAT-CS

<table>
<thead>
<tr>
<th>Component</th>
<th>Who is Involved in addition to mother mentors</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Mothers to Mothers-to-be</strong></td>
<td>✓ Mothers-to-be (pregnant mothers)</td>
<td>✓ Counseling, ✓ Peer support</td>
</tr>
<tr>
<td><strong>2. Mothers to postpartum mothers</strong></td>
<td>✓ Postpartum mothers (breast feeding or with children up to 5 years)</td>
<td>✓ Counseling, ✓ Peer support</td>
</tr>
<tr>
<td><strong>3. Mothers to Community</strong></td>
<td>✓ MSG graduates ✓ Community members</td>
<td>✓ Education ✓ Referrals ✓ Tracing</td>
</tr>
<tr>
<td><strong>4. Mothers’ Creation (Savings Clubs)</strong></td>
<td>✓ Mothers-to-be ✓ Postpartum mothers ✓ MSG graduates</td>
<td>✓ Economic empowerment ✓ Infant and young child nutrition</td>
</tr>
<tr>
<td><strong>5. Mothers-to-Fathers</strong></td>
<td>✓ HC site coordinators for mother mentors/MSG program ✓ Case managers ✓ Male partners of MSG members</td>
<td>✓ Promoting male involvement in ANC/PMTCT and MNCH ✓ Reduction of GBV</td>
</tr>
</tbody>
</table>

*All of the above are part of the Ethiopia national curriculum except Mothers-to-Fathers (#5), which was added to the ENHAT-CS strategy to improve PMTCT/MNCH outcomes and address/reduce gender based violence.*
The core of the program is HC based mother mentors who provide individual support and lead a peer MSG for HIV-positive pregnant women and postpartum mothers. Within peer group settings, trained mother mentors help their HIV-positive peers address unmet needs for understanding HIV, psychosocial support and acceptance, self-care, infant care, and over the longer term, economic needs.

Mother mentors are HIV-positive women who have gone through PMTCT and are willing to assist other mothers to do the same. The package of services that they provide includes basic understanding of HIV, psycho-social support, adherence counseling, promotion of facility delivery, encouragement of male involvement and family testing, group support, FP promotion and dual protection, and appropriate infant feeding options. The program has an enhanced focus on prevention of unintended pregnancies amongst HIV-positive women through improved provision of FP services, as well as personal testimonials, to HIV-positive lactating mothers on the benefits of FP.

Mother Mentors also play a key role in strengthening linkages within the primary health care unit, which involves a HC and its served communities (kebeles), which are comprised of health extension workers (HEWs) and their community support network of women within the government mobilized health development army, as well as religious leaders and members of community organizations, PLHIV associations and NGOs.

A key component is mother mentor participation in a monthly HC based HEW meeting, which brings together HIV focused staff from the HC with the HEWs and other community members. Their participation strengthens linkages and coordination with community level support, including the tracing of mothers and children who have missed their clinic appointment, and linkages of MSG members to access locally available care and support services.

2.4 ENHAT-CS MSG Strategic Model

Although the ENHAT-CS strategy has retained the key elements of Ethiopia’s national model, some changes have been made to enhance demand creation and use of ANC/PMTCT/MNCH services as well as promotion of male involvement in MSG activities. The model, reflecting these changes, is presented in Figure 1 below:
Figure 1. ENHAT-CS Mother Mentor/MSG Strategic Model

**Woreda Primary Health Network**
**Comprehensive HIV/AIDS Treatment, Care and Support services**
- Community volunteers, religious leaders and government mobilized women members of the health development army (counseling and referral of pregnant women, HIV-positive mothers and their children).
- Case managers and health extension workers (tracing of lost clients, linkages to mother mentors/MSGs and other services).
- Monthly attendance at a monthly HC based PHCU meeting that includes HIV related HC staff and HEWs (linkages and strengthening HC-community referral network)
- HC site coordinator of the mother mentors/MSG (on-site, daily support and supervision of mother mentors reporting and referrals)
- PLHIV associations (referrals, peer support and tracing)

**HC Services**
- Counseling and Testing
- ANC/PMTCT, L&D, FP
- ART
- EPI, Pediatrics & postpartum

**HIV-Positive:**
- children
- Pregnant and lactating mothers

**MSG activities by mother mentors**
- Group counseling during coffee ceremonies and individual counseling guided by a job aid
- Participation in PLHIV association meetings for promoting positive living, providing counseling, conducting tracing, and carrying out referrals and outreach activities
- Participation in a monthly HC based PHCU meeting attended by HIV related HC staff and HEWs
- Oversee tracing of patients who have missed their appointment through home visits, linkages with case managers, HEWs, PLHIV association members etc.
- Reporting to site coordinator
- Promotion of male involvement in ANC/PMTCT/MNCH, including Mothers-to-Fathers meetings at MSG
- Promotion of savings and nutrition activities

**Strategic focus**
- Conduct rapid assessments and standards of care assessment to inform program MSG strategy
- Conduct supportive supervision and mentorship visits to improve MSG services
- Incorporate MSG activities into a monthly PHCU meeting
- Mainstream gender into MSG activities
- Link mother mentors with case managers
- Link and coordinate MSG activities with health care providers and their other services and support
At ENHAT CS inception, the program carried out a rapid assessment of mother mentor(MSG) sites to be supported and used the findings as a basis for revising its strategy. Key changes included:

- Extended mother mentors’ reach and MSG entry points for increasing demand for MSG services beyond ANC and L&D, to additional HC clinics such as VCT, EPI, U5, ART and FP clinics etc.
- Linked mother mentors and their MSG mother members with community level support, such as PLHIV associations, religious leaders, HEWs, and other community structures
- Established on-site program support, including monthly mentorship by a clinical mentor and quarterly supportive supervision by a program MSG capacity building officer
- Developed a standards of care assessment to provide detailed understanding of their service delivery and key areas that need improvement
- Integrated mother mentor activities with case management for promotion of male involvement, reduction of lost-to-follow-up rates and improved documentation and reporting
- Promoted health system ownership of mother mentor/MSG activities through facilitation of mother mentors’ participation in a monthly HC based PHCU meeting with HC HIV care providers and community HEWs
- Emphasized use of personalized care plans for each MSG mother member that involves PLHIV associations, religious leaders and community volunteers that included an emphasis on follow-up and care of HIV Exposed Infants (HEI), and addressing gender related barriers and violence
- Developed a strategic focus on male involvement, seeing this as integral to MSG activities and overall ANC/PMTCT/MNCH outcomes
- Introduced themes related to gender dynamics to improve the supportive environment for women
- Developed a strategic focus on expanding peer support to include savings initiatives in collaboration with Save the Children and NNPWE
- Reinforced healthy maternal nutrition, infant and young child nutrition (IYCN)
- Mainstreamed Gender into MSG services
- Strengthened documentation of good practices, record keeping, and reporting through use of standardized record keeping and reporting formats
- Expanded scope of MSG sessions to include other topics like gender based violence (GBV), TB/HIV, Malaria, WASH, use of the USAID preventive care package (PCP) and positive health, dignity and prevention (PHDP) practices
- Trained mother mentors on active counseling on IYCN, including optimum infant feeding options, and nutrition for pregnant and lactating mothers
2.4.1 Mothers-to-Fathers component

In the first year of the ENHAT-CS program, a few men were found attending MSG sessions with partners who had disclosed their HIV status to them. Their presence demonstrated the importance and viability of partner support for mothers’ adoption of such key practices such as safe infant feeding options, FP and institutional delivery.

ENHAT-CS subsequently began piloting male forums (mothers-to-fathers) at selected HCs, complemented by targeted community dialogues and outreach activities by program trained religious leaders.

The program created MSG male forums with men who had already expressed a willingness to participate in MSG sessions with their partner. This new strategy did recognize the gender dynamics of conducting mixed group session, including the likelihood of male dominance, and that MSGs is a women centered space for peer support. The Mothers-to-Fathers’ male forums initially met once a quarter, including guidance and targeted messaging for the mother mentors, supported by a job aid.

At HC level, the Mothers-to-Fathers component is complemented by efforts at PICT/VCT and ART service delivery points promote couple counseling and testing and referring all HIV-positive pregnant women and their partners to the mother mentors. At the MSG room, couples are counseled and briefed by the mother mentors on the importance of MSGs with emphasis on the importance of male involvement in the success of ANC/PMTCT/MNCH outcomes.

2.5 MSG program structure
2.5.1 HC site selection

Criteria for selection of a health center as an MSG site includes the following:
• ANC/PMTCT patient load, HIV prevalence at HC, and availability of comprehensive HIV and AIDS service at the facility.
• Availability of space for mother mentor services and an MSG
• Willingness of HC to support mother mentor/MSG activities, including assigning an ANC/PMTCT/MNCH health care provider to be trained to oversee the program
• Ability to run MSG activities with minimal support, as ENHAT-CS only provides modest material assistance to the HCs. This includes training of HC staff to oversee the mother mentor/MSG activities, which includes overseeing program provided stipend for coffee ceremony/meeting supplies, and supporting/participating in ongoing program provided technical assistance and mentorship.

2.5.2. Mother mentors selection criteria and duties

Four mother mentors are assigned per MSG site, with two each working two daily shifts during the week. In a few cases, some mother mentors work on weekends to cater for those mothers who can only attend sessions at weekends. Mother mentors are selected by HC and woreda health office staff in consultation with program staff. They must be willing to spend at least 3 full days per week supporting HIV-positive mothers at the HC.

The selected mother mentors need to meet the following conditions

• HIV-positive women who have personally gone through PMTCT services and who know the entire treatment and follow-up process
• Willing to serve fellow HIV-positive women through personal testimonies to promote positive living
• Able to secure support from their families to participate or are able to make personal decisions on their own to become a mother mentor
• Live within a reasonable distance to the HC with easy access to local transportation
• Willing to openly disclose their HIV status
• Able to read and write. Although desired, this is not an absolute requirement as non-literate mothers have proven to be effective providers of peer support and sharing of personal experiences
• Able to keep information on MSG mother members confidential
• Willing and ready to work in collaboration with PLHIV associations, religious leaders and other community structures
• Effective verbal communication skills
• Ready to carry out activities that makes the MSG program effective, such as home visits and leading the tracing of lost clients
Major roles of mother mentors

• Work closely with HC clinics that provide health services to women and children e.g. ANC/PMTCT/L&D, PNC/FP/EPI/U5, where they identify, counsel and refer HIV-positive women to mother mentor/MSG services
• Identify pregnant women not tested for HIV and provide personal testimonies to encourage them to accept testing
• Support MSG mother members and their children to access needed health care services
• Identify women who come to ANC who already know their HIV-positive status and encourage them to join their MSG
• Identify the daily MSG participants and prepare for and lead the daily sessions, including preparation of coffee and tea and snacks for participants
• Provide reliable information to HIV-positive mothers that encourages them to give birth at a health facility
• Counsel mothers on IYCN, guided by a job aid
• Ensure all children of MSG mother members are vaccinated according to schedule
• Facilitate peer support between MSG mothers members that includes sharing of coping strategies, promotion of positive living, advantages of disclosure and positive health, dignity and prevention practices
• Ensure MSG activities are well documented, including the daily MSG activities, in the appropriate formats/registers with member files properly stored
• Provide monthly activity report to mother mentor/MSG site coordinator and case manager
• One mother mentor attends a monthly HC based PHCU meeting along with HC HIV staff and HEW

2.5.3 Site coordinators selection criteria and performance guidance

Each HC supporting a MSG program should have one to two site coordinators, usually an ANC/PMTCT health care provider, who supervises the mother mentors; identifies and recruits pregnant and lactating mothers to participate in the MSG program; and ensures that activities are taking place smoothly.

The ENHAT-CS model follows the selection criteria for site coordinators in the national curriculum. However, since the PMTCT nurse(s) are automatically assigned as site coordinators, the following provides guidance on effective coordination:
• Skilled and preferably female PMTCT provider e.g. nurse, midwife, health officer
• Good listening skills and willingness to work closely with mother mentors and MSG mother members
• Willing to serve and empathize with HIV-positive mothers
• Good understanding of the local cultural context
• Capacity to fully understand the mother mentor training manual and willingness to participate in their training
• Willingness to work closely with other health care workers
• Respect for the MSG members’ need for privacy and confidentiality
• Willingness to work with community resources/organizations that provide HIV care and support

Role of site coordinators under ENHAT-CS

• Work closely with HC clinics that provide health services to women and children e.g. ANC/PMTCT/L&D, PNC/FP/EPI/U5 and encourage them to identify, counsel and refer HIV-positive women to mother mentor/MSG services
• Discuss the benefits of MSG membership with HIV-positive mothers, using caring communication skills, and invite them to join the MSG in collaboration with the ANC/PMTCT health care provider(s) and other concerned health workers
• Prepare a personal file for each HIV-positive mother registering to the MSG
• Introduce the mother to the mother mentor(s)
• Participate in mother mentor basic trainings
• Supervise and support the daily activities of the mother mentors
• Ensure the MSG room(s) provide private space and a non-disruptive environment
• Encourage mothers to continue their follow up at the HC after delivery and ensure that mothers are doing so
• Provide on-the-job support and mentoring to mother mentors to independently carry out their responsibilities
• Provide a monthly report to the HC through the site coordinator on MSG activities using the appropriate reporting format
• Attend a monthly HC based PHCU meeting with HIV related health care providers attending, including the case manager and a mother mentor representative, as well as community based HEWs and ideally other community representative
2.6. Training of mother mentors and site coordinators

The curriculum used to train mother mentors was originally developed by the South Africa m2m project, which was then adapted to the Ethiopian context. Under ENHAT CS, the mother mentors are trained for 5 days, with the site coordinators joining them for the last two days to enhance their sense of involvement, while allowing them to share with the trainees their experiences, challenges, and lessons learned, including issues related to record keeping and reporting.

The five-day training covers such key topics as HIV transmission and infection, HIV and pregnancy, psychosocial issues, self-care, antiretroviral therapy, antenatal care, labor and delivery, infant care and home based care.

The topics covered in the curriculum are shown in the below Figure 2, with topics 1-12 from the Ethiopian national MSG curriculum. Topic 13 was added to present the savings club curriculum (developed in collaboration with the SCI implemented USAID TransACTION project). Topic 14 was added to address the program’s strategic focus on involving male partners in MSG activities. Additionally, TB/HIV, Malaria, WASH, the USAID preventive care package (PCP) and PHDP have been integrated into the various topics when appropriate.
1) Mother mentor/MSG program goal and objectives
   • Benefits of MSG program for HIV-positive mothers
   • HC clinics where MSG related services are provided e.g. ANC, VCT, FP, PNC, EPI, U5 etc.
   • Components of the MSG program
     o Mothers to Mothers-to-be
     o Mothers-to-Mothers
     o Mother’s Creation (Savings Clubs)
     o Mothers-to-community
2) Module 1: HIV/AIDS basic facts
3) Module 2: PMTCT
4) Module 3 Disclosure
5) Module 4: Counseling to reduce MTCT, including infant feeding options
6) Module 5: Family planning
7) Module 6: Positive living
8) Module 7: ART (general awareness)
9) Module 8: Child care and immunization
10) Module 9: Sexually transmitted diseases
11) Module 10: Preventing opportunistic infections
12) Module 11: Home based care
13) Module 12: Concept of self-help group
14) Module 13: Male involvement in ANC/PMTCT/MNCH and reduction of gender based violence

2.7. Cohort-based MSG sessions

The program encompasses 52 individual sessions, guided by a program developed job aid. During the MSG sessions, the MSG mother members are separated into two major groups; pregnant women and postpartum mothers. These two categories are then divided into sub-groups/cohorts according to a mother’s joining date and based on need e.g. those who joined the MSG at the same time and are breastfeeding are grouped together. In addition, mothers are encouraged to join the MSG’s savings group.
ENHAT–CS recognizes the challenges of attending all 52 sessions. MSG members attend according to their individual availability, some may complete the 52 sessions in six to seven months (2 sessions a week), while others may remain in the program for up to a year.

Although there is no clear description of ‘graduating’ MSG mother members in the national curriculum, it is implied that mothers who complete their ANC follow-up at the HC will be provided with home based care training and graduated, with these mothers then engaging with their community for promoting ANC/PMTCT and positive living. They are also expected to provide home based care services for their fellow PLHIV.

The ENHAT-CS program does not include a structured graduation and subsequent community aspect. The program continuously promotes MSG mother member linkages with community care and support, including joining their community PLHIV associations and accessing available services,
including any income generating opportunities. MSG mother members have already been enrolled by mother mentors to assist their community tracing of mothers and children who have missed their HC appointments. However, the program does provide them with the knowledge, along with teaching aids for counseling and educating other mothers, if willing, in their community e.g. members of community PLHIV associations, and have been enabled to provide community testimonials on positive living and/or serve as volunteers.

The program supports the wishes of those MSG mother members who prefer to continue attending their HC MSG sessions to continue accessing peer support. Continued attendance also fosters continued access to other HC services, including ART, and allows longer follow-up of HEI up to 18 months. These ‘veteran’ MSG mother members also can share their lived experiences and testimonials to the new mothers/pregnant women.

The MSG mother mentors can also continue to be members of the MSG savings group, or form new ones. Discussions with MSG mother members of these saving groups indicate that they:

• Provide life skills and financial literacy necessary for strengthening one’s economic situation
• Provide social capital in the form of a peer network
• Provide a structured means of engaging within a women’s group
• Offer sustainable support beyond that a HC can typically provide

2.9 Challenges and proposed solutions based on lessons

Implementing a mother mentor/MSG program is not without challenges. Some are inherent in the original model, which the program has identified and addressed. The following table shows challenges that the program has faced and how they have been dealt with.
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Mitigation Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of ownership of the mother mentor/MSG program by HCs and woreda health offices</td>
<td>Inclusion of mother mentor representatives in a monthly HC based PHCU meeting to increase their visibility, recognition and provide them with a forum to discuss their challenges and successes</td>
</tr>
<tr>
<td>Shortage of convenient meeting space at HCs</td>
<td>Negotiated with woreda health offices and HC heads for allocation of adequate space</td>
</tr>
<tr>
<td>Poor motivation and high turnover of trained mother mentor/MSG site coordinators</td>
<td>ENHAT-CS does not pay a stipend to HC site coordinators, but seeks to motivate them through inclusion in trainings/refresher trainings of mother mentors, as well as inclusion in a monthly PHCU meeting to enhance their visibility</td>
</tr>
<tr>
<td>Limited IGA opportunities for MSG mother members</td>
<td>√ Have trained and mentored mother mentors on running a self-savings club, in collaboration with the USAID TransACTION project</td>
</tr>
<tr>
<td></td>
<td>√ Linked MSG mother members with community level PLHIV associations and WorHOs to link mothers with community level IGAs and microfinance institutions</td>
</tr>
<tr>
<td>Lack of standardized recording and reporting formats and low literacy of mother mentors</td>
<td>√ Developed and provided mother mentors with recording and reporting formats and box files for organizing their documentation</td>
</tr>
<tr>
<td></td>
<td>√ Retrained mother mentors on proper use of recording and reporting formats</td>
</tr>
<tr>
<td></td>
<td>√ Provided ongoing onsite support on recording and reporting during mentorship and supportive supervision</td>
</tr>
</tbody>
</table>
| Delays in follow up of MSG mother members who miss appointments | ✓ Retrained mother mentor on proper record keeping and maintaining up-to-date registers allowing for early detection of missed appointments and initiating follow-up  
✓ Formalized mother mentors’ working relationship with their HC case manager, community volunteer outreach workers and PLHIV associations for tracing lost clients  
✓ Promoted male involvement |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low literacy among mother mentors</td>
<td>✓ Ongoing onsite support by site coordinators and program staff</td>
</tr>
</tbody>
</table>
| Weak service delivery by MSGs | ✓ Rapid assessment carried out to identify critical gap and training needs  
✓ Provided ongoing mentorship and supportive supervision by ENHAT-CS mentors and MSG capacity building officers, guided by a program developed mentorship check list  
✓ Developed a standards of care survey format to provide detailed assessment of performance  
✓ Formalized mother mentors’ working relationship with their HC site coordinators and case managers for additional support and follow up  
✓ Integrated MSG activities into a monthly HC based PHCU meeting that includes the HIV related health care providers and community HEWs |
| Limited number of mothers joining MSGs | √ Involved case managers and other health care providers e.g. FP, OPD, as well as ANC site coordinators to directly refer HIV positive postpartum mothers and pregnant women to mother mentors/ MSG  
√ Expanded community demand creation through partnerships with PLHIV associations, religious leaders and outreach volunteer workers  
√ Developed ways to make MSG membership more appealing, including more comfortable meeting spaces, improving the knowledge of mother mentors (refresher training), availing IEC/BCC materials, promoting male involvement, adding savings clubs to the MSG, and promoting IGA |
| Inconsistent messages especially on infant feeding, postnatal PMTCT, new PMTCT regimen | √ Ongoing onsite mentorship and training of mother mentors  
√ Use of IYCN guide on nutrition  
√ Provision of refresher training to mother mentors on key messages, including infant feeding, postnatal prevention, new PMTCT regimens etc. |
| Unclear approach to graduation of MSG mother members | √ Promoting linkages with community throughout MSG participation  
√ Allowing members to individually decide if and when they wish to stop their participation, recognizing that the mother mentors and their MSG provides a safe space with peer |
| Lack of male involvement in ANC/PMTCT/ MNCH activities | √ Promoting male involvement by introducing male MSG forums, under a mothers-to-fathers component at selected HCs  
√ Developed targeted messages that promote men involvement in ANC/ PMTCT/MNCH and general child care, supported at community level by ENHAT-CS trained religious leaders  
√ Included promotion of couple counseling and testing at ANC/PMTCT |
Supporting documents

1. MSG job aid for use by mother mentors
2. MSG rapid assessment tool
3. MSG register book
4. MSG personal data sheet for new members
5. MSG reporting formats
   a. MSG daily activity register
   b. MSG monthly reporting format
6. MSG quarterly mentorship checklist
7. MSG gender mainstreaming assessment tool
8. MSG gender mainstreaming focus group discussion tool
9. MSG standards of care (SOC) assessment tool