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**AIDSFree SUCCESS STORY**

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# Improving Retention of Mother-Baby Pairs in Care and Data Quality at Clinics

**L**ike many health facilities in the Kingdom of eSwatini, Silele Red Cross Clinic struggled to keep mothers with new babies retained in care. A recent program that uses trained Community Focal Mothers to conduct home visits with mother-baby pairs has decreased Silele's lost to follow-up rates and improved data quality.

"This program has helped us as a facility—we've seen quite an improvement in our facility data," said Delsile Nxumalo, data clerk at Silele Red Cross Clinic in Shiselweni Region. "We are seeing children and even their mothers adhering to their visits."

eSwatini has very high rates of retention of mother-baby pairs through the six-week postpartum visit, but after that many drop out of care or transfer to another health facility. Since eSwatini has yet to fully implement electronic health records, health facilities have no way of tracking infants if they move and begin receiving care at another facility.

This is a concern because there are many important health services that infants receive up through age two, including regular HIV testing, immunizations, growth monitoring, and vitamin A supplementation. Mothers who fall out of care are also missing important services, including infant feeding counseling, family planning services, and tuberculosis and cervical cancer screening. Mother-baby pair retention in care is critical to the health of both mothers and infants, and to improving prevention of mother-to-child transmission (PMTCT) rates.



"Community Focal Mothers are our hand in the community, it is a great partnership," Community Focal Mother Clinic Focal Person, Thando Khumalo, at Silele Red Cross Clinic.

## Encouraging clinic attendance

To improve health facilities' rates of loss to follow-up in eSwatini, the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project developed a community-based program focused on mother-baby pairs. AIDSFree is a five-year project funded by the U.S. President's Emergency Plan for AIDS Relief through the United States Agency for International Development led by JSI Research & Training Institute, Inc., with PMTCT leadership in the Kingdom of eSwatini provided by Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

AIDSFree's mother-baby pair retention in care program recruited local mothers to help keep other mothers and their infants connected to care. By training Community Focal Mothers (CFMs) to follow up with mothers at home, mothers are reminded and encouraged to bring their child in for clinic visits so both can receive necessary health services.

All mothers with new babies, regardless of their HIV status, are enrolled at their six-week visit—*before* they are lost to follow-up—and assigned to a CFM for home visits. The AIDSFree-trained CFMs visit a mother and develop a care plan with her. This plan covers the next two years, when she and her child receive the most critical services, including immunizations and HIV testing to address PMTCT. CFMs educate mothers on the importance of attending all appointments so the health facility can ensure her child is growing well and staying healthy, and so she can receive nutrition and family planning counseling, as well as regular HIV testing or care services.



## A proactive approach

By focusing on enrolling and visiting mothers before they become lost to follow-up, CFMs are filling an important role that health facilities are not able to take on. “It’s difficult for us at the health facility to call clients who haven’t come to their visits; we have long lines of clients waiting. We don’t have time to follow-up,” said Thando Khumalo, the Clinic Focal Person assigned to the mother-baby pair program at Silele Clinic. “The Community Focal Mothers have really helped, they visit the mothers and remind them to come to their visits and follow up when they don’t.”

In addition to developing the two-year care plan and reminding them of the next visit, CFMs track whether mother-baby pairs have missed a visit, and, if so, issue them a referral to link them back to care. Most mothers immediately complete the missed visit. CFMs are also able to verify if a mother took her child in for services at a different health facility by looking at the baby’s Child Health Card. If this is the case, CFMs inform the clinic so that the facility’s registers are up-to-date. In doing so, CFMs provide quality assurance by ensuring that health facility registers are accurate with what is recorded in the Child Health Card.

CFMs are also able to issue a referral to mothers who are planning to transfer health facilities or move out of the area. When the mother visits the new health facility for the first time, the new facility uses that referral form to contact her initial health facility and complete the official transfer. Having CFMs who can issue referrals has allowed Silele Clinic to make noticeable improvements in their data quality. Instead of marking mothers-baby pairs as “lost to follow-up,” they are now confirmed as “transfers-out”—known to be continuing in care. The head nurse at Silele Clinic, Zandile Magongo, commented on this change. “In the past transfers-out were not well-documented,” said Magongo. “Now we have up-to-date information, thanks to the Community Focal Mothers.”

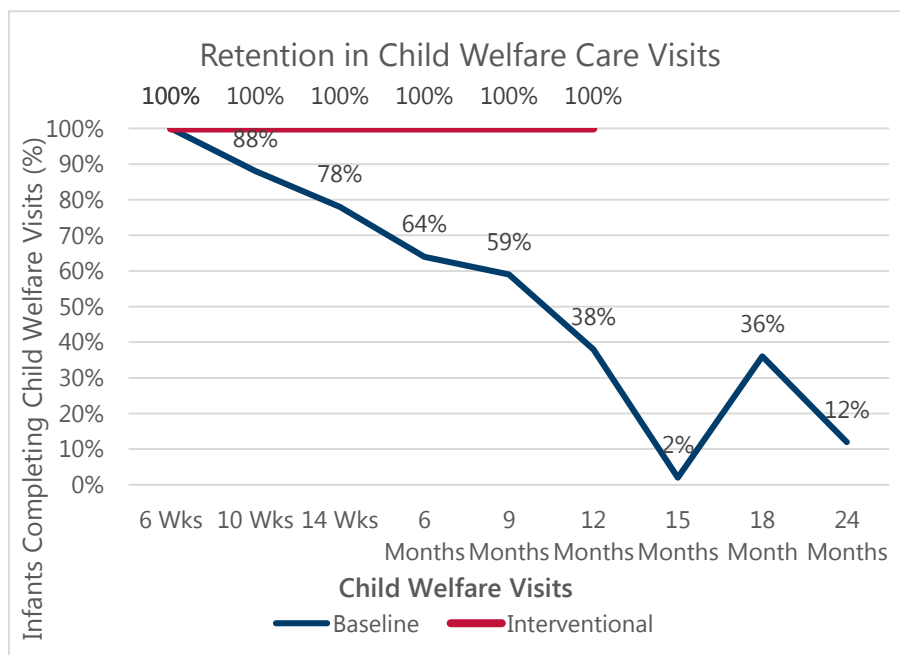
## Improved retention in care

Since June 2017, AIDSFree has seen success with this program at Silele Clinic and the two other implementing health facilities—over 350 mother-baby pairs are retained in care, where they have completed their clinic visits and received all services per the Ministry of Health schedule. There have been many successful transfers-out and linkages back to care from missed visits using the referral forms. None of the mother-baby pairs has been lost to follow-up.

Staff at Silele Clinic are grateful for the role CFMs play. “CFMs have removed work from us at the health facility,” said Magongo. “Our registers are now full, we can even update now when mothers visit other facilities for health services.”

AIDSFree plans to continue the program in the three clinics, and is working with the Ministry of Health and other partners to plan for national scale-up of the CFM model. Clinics who have benefitted from the program support these efforts.

“We would love for this mother-baby pair program to continue,” said Mangogo. “We don’t know what we’d do without our Community Focal Mothers now—and we have the facility data numbers to show it.”



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