



# CONTRIBUTION OF CASE MANAGEMENT MODEL (CMM) ON RETENTION AND SUPPRESSION

Florence Asiimwe<sup>1</sup>, Dr Shafic Lubulwa<sup>2</sup>, Andrew Ndawula<sup>2</sup>, Emmanuel Tumwine<sup>2</sup>, Dr Betty Nsangi Kintu<sup>2</sup>, <sup>2</sup>Baylor Uganda

**Introduction.**The goal of ART is to achieve viral suppression and improve outcomes among PLHIV. About 10% of clients on ART in Hoima region are non-suppressed.

Baylor Bunyoro, is implementing CMM in 26 high volume ART facilities to improve retention, viral load monitoring and suppression through psychosocial support to address barriers to treatment adherence. The health worker/Case management officer (CMO) is assigned a group of unstable clients to; Send preappointment reminders via phone call and SMS, provide health education on selfcare to improve adherence to treatment, Support Adherence counselling and patient treatment literacy

## METHODS

-Recruited and trained nurses and social workers (CMO), Developed tools to track all the unstable clients,

Categories of clients eligible for CMM include; non-suppressed, newly diagnosed, returning to treatment (RTT) after interruption of 3-12 months.

Retrieved and flagged files with colored stickers for eligible clients for easy identification.

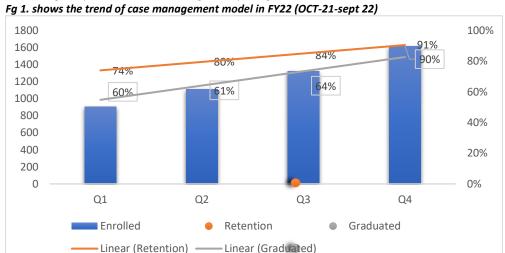
Pre-called and home visited the non-suppressed and RTT clients to screen for Advanced HIV disease.

Provided individualized and age specific counselling sessions monthly for 6 months to address adherence barriers.

A viral load was done at 6 months and those who suppressed are graduated but followed for 3 months in the different DSDM models.

-After 6 months, we compared clients who had graduated and retained of those who had been enrolled in the CMM.

**RESULTS.** Over one year, 4,953 eligible clients have been enrolled into CMM. The number of clients enrolled into CMM increased over the quarters (from 74% in Q1 to 91% in Q4) and retention (from 60% in Q1 to 90% in Q4 Fg 1. Clients who were not graduated (10%) remained in the model for close monitoring and provision of Case management package.



Fg 2: shows comparisons of CMM in Q1FY23 and Q2FY23

No clients MM	Q1FY23	Q2FY23
No. Enrolled	1678	1999
No Graduated	87%	92%
Retention	93%	94%

## DISCUSSION.

The increase in retention and graduation was due to multi-month refills and follow ups of clients including those that transferred to other CMO sites. Additionally, CQI approach across all CMO sites, the pediatric VLS collaborative and improved quality of dispensing messages have improved suppression among children and adolescents.

### LESSIONS LEARNT

- Clients in the CMM were more likely to have a comprehensive care package
- -Noted higher re-suppression rates in sites with CMOs than those with out
- Implementation of CMM package improves suppression rates among clients on ART

### Conclusion

- -Scale up case management model to more sites in Bunyoro region
- -Strengthen patient treatment literacy across supported sites
- -Attach CMOs to other non-CMO sites **Author's contact, 0776695443**