



## **KAWEMPE HOME CARE INITIATIVE -TEXT TO CHANGE PROJECT APRIL TO JUNE QUARTERLY REPORT**

### **1.0 INTRODUCTION**

Kawempe Home Care (KHC) is a community based organization offering holistic care to people living with TB, HIV/AIDS and or Cancer. The organization started in July 2007 and has served a cumulative number of 1478 HIV/AIDS clients. It operates in two clinics of Kawempe and Kasangati outreach clinic and a total number 870 client are active on the program, 424 clients are on ART and 52 clients on TB treatment.

Text to Change (TTC) is a non profit organization, founded in 2006. It uses state of the art mobile phone technology to collect and disseminate health information. TTC has been one of the pioneers in using mobile phones for health monitoring and advocacy in Uganda reaching out to the general public at a large scale. TTC works demand driven and sets up complete programs with local and international partners. The aim of TTC is to make life saving knowledge easily available to the general public and especially to community and family level caregivers. TTC is specialized in interactive SMS programs addressing a wide range of health issues such as HIV/AIDS, Malaria and Reproductive Health.

The Kawempe Home Care Initiative-Text to Change project started in April 2010. The project aimed at improving adherence to ARVs for the HIV infected population under care in Kawempe clinic using mobile phone message reminders. Further, it aimed at reducing the chance of clients developing resistance to HIV treatment and consequently resulting in a reduction of further HIV transmission. In addition, it aimed at exploring the use of SMS to increase clinic attendance and to enhance adherence to TB treatment. The collaboration between Kawempe Home Care Initiative and Text to Change was made possible due to the The Small Grants Program from the US Embassy in Kampala.

## **2.0 METHODOLOGY**

In this project, Kawempe was considered as the study group, and a total of 112 clients were taken on as the study group. Only those clients on ART above 18 years of age and had telephone numbers were considered.

To initialize the project, a meeting was held with the clients to familiarize them with the project aims and also to gain their consent. Text messages to be sent out were discussed with and agreed on by the clients.

### **2.0.1 Study Population**

The study population consists of the HIV infected population under treatment in Kawempe clinic Home Care Initiative, aged 18 years and older, residing in 7 different zones adjacent to the clinic. These seven areas (parishes) include Kawempe, Kanyanya, Kyebando, Kalerwe, Bwaise, Mpererewe and Nangabo.

Currently, 401 adults receive antiretroviral therapy and are eligible for inclusion in the study. Study participants should have access to a mobile phone, either shared or owned by them selves. It is estimated that about 90% of the clients of Kawempe clinic have access to a mobile phone. Study participants are informed about the program beforehand and they all have to sign an informed consent form.

### **2.0.2 Study procedure**

Baseline adherence to ARV characteristics

The clients at KHC are monitored at every monthly visit, using the WHO clinical stages. Adherence is also monitored at each clinic visit by recording the number of pills taken, number of pills not taken, self reported adherence and suppression of viral load. Furthermore, the KHC community volunteers (VICTASS) also visit the clients in their homes once in a week to monitor their adherence. All clients are on first line drugs. Data will be analysed to determine baseline adherence characteristics of the study population. In addition, telephone numbers registered in the clinical database will be used to send out messages.

**2.0.3 SMS intervention for ARV adherence** A randomized interventional study is designed to measure the impact of SMS reminders on the adherence to antiretroviral therapy. The intervention arm of the study consists of clients residing in four randomly selected geographical zones from the seven adjacent to the clinic. They will receive SMS reminders twice a day (7 am and 7 pm) for the duration of two months. After two months adherence to ARVs is measured during a regular clinical visit.

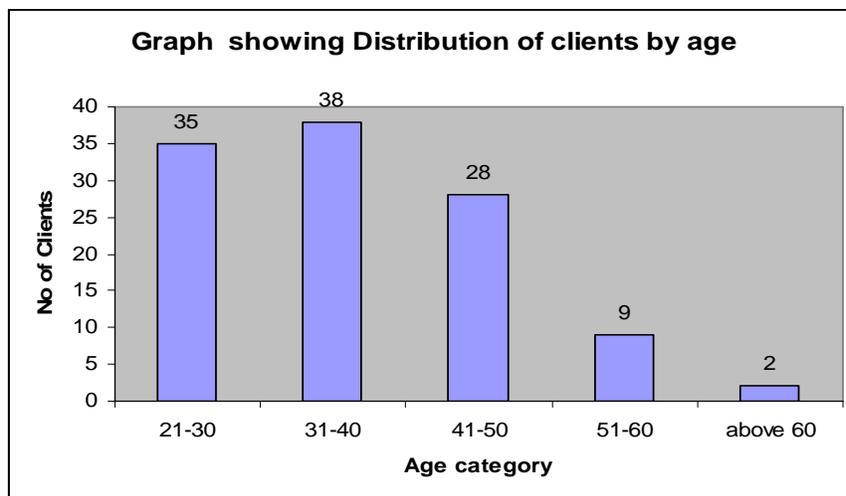
### 3.0 RESULTS

At the start of the study, different areas were looked at particularly, the client's Age, Gender, Residence, HIV Diagnosis date, ART Start Date, ART Regimen, Baseline CD4, telephone numbers and baseline Adherence.

#### 3.1 Age Distribution

A total number of 112 clients consented to receiving messages, of these, 78(70%) are female and 34(30%) are male. 35 clients are in the age group of 21-30 years, 38 are between 31-40 years, 28 between 41-50 years, 9 are between 51-60 years and 2 are above 60 years. The graph below shows a representation of the clients by age.

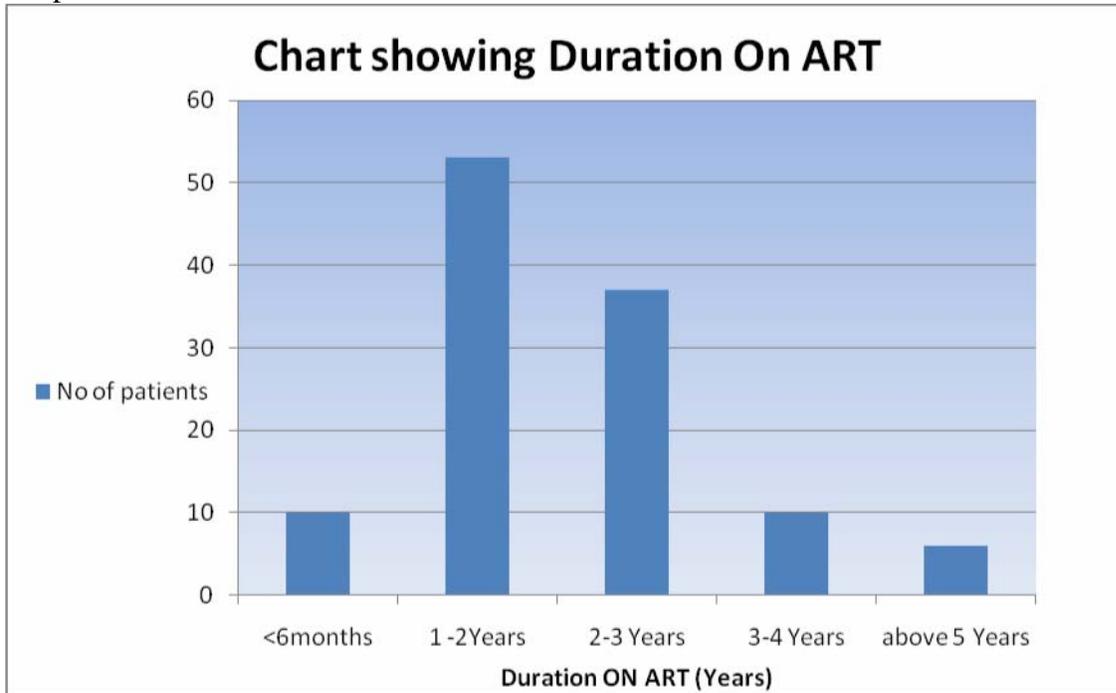
Graph 1: shows the distribution of clients by age.



#### 3.2 Duration on ART

6 clients have been on ART for more than 5 years, 10, 37, 53 and 6 clients, started between 2006 and 2007, 2008, 2009 and 2010 respectively. None of these clients is HIV/TB co-infected or on TB treatment. Graph 2 below shows clients' duration on ART

Graph 2: Shows clients' duration on ART



### 3.3 Baseline CD4

At the start of treatment 32 of the clients had a baseline CD4 of less 100, 65 clients have a baseline CD4 between 100 and 250, 13 clients had CD4 between 250 and 499 and 2 clients had a baseline CD4 of above 500. The table below shows the baseline CD4 at start of ART.

Table 1: shows the baseline CD4 at start of ART.

Below 100	Between 100-250	Between 250-499	Above 500	Total
32	65	13	2	112

### 3.4 Baseline adherence

The client's adherence was calculated at the start of the project and 76 clients had an adherence of all the six months. 46 clients had an adherence of 100%, 17 clients were between 95% and 100%, and 13(13%) clients were below 95%. 83% of the clients had an adherence of 95 and above.

### 3.5 Current Baseline adherence

The current statistics show that the client's adherence to drugs has improved. The results show that 93% of the clients have an adherence of above 95% compared to the baseline which was 83%, only 7% of the clients are below the adherence of 95%. Table 2 below shows the baseline and current statistics.

Table 2: shows the baseline and current statistics.

	Below 95%	Above 95%	100%	Total
Baseline	13%	87%		100%
Current	7%	93%		100%

#### 4.0 CONCLUSION

The project has registered measurable success with only a few clients have expressing their concern about the messages being too direct.

#### 5.0 CLIENTS TESTIMONIES

Five clients receiving messages who were at the clinic were randomly selected and asked what they felt about the text messages and this is what they had to say.



**Maria Asuumpta, Kawempe, Kankungulu:**

“I do take my medicine everyday and the messages are now helping me to remember even more, it’s good it comes before time, so am easily reminded and hence I don’t miss, my friends also want me to take their numbers and those from other organizations want to join Kawempe Home Care because of messages.. The only challenge is the message is too direct and everyone can know about it, so when it comes, I delete immediately but it is ok,”.



**Sarah Namazi: Kawempe 1:**

“I have no problem with these messages and they have worked well for me, I get the messages on time and am reminded to take my drugs, before I used to have a problem when I don’t take my medicine, I could get a strong headache, but now its no longer a problem. I thank you all for sending us the messages and I hope they are not going to stop.”

“I like the messages reads it can sense what remember to take my my drugs but now have no drugs, I rush friend’s place, I taxi and go back home words!”**Mukose**



**Stella Nayiga, kyebando, Kawempe:**

though they are too direct anyone who its all about, otherwise it helps me drugs, am one person that used to forget when I go somewhere to visit and I find back home, one morning I had slept at a received the message and I had to get a and take my medicine. It’s good but the **James, Bwaise, Kawempe:**



I have only good words about the messages, they help me a lot, I even told my wife and she also loves them, (she does not receive them because she is HIV negative) now when she a message alerts tone is heard, she tells me that the message has come, you should take your drugs, I think I have no problem whatsoever.”



**Nammudu Joyce, kyebando, Kawempe:**

They work for me and I get disappointed when they don't come on time, they help me remember and sometimes especially at night when am not home and a message comes, am forced to go back, I no longer miss, I have my friends especially Godfrey 078420111 and Harriet 0787492136 (she insists I write their numbers down), they bother me every day to fix their names on the list, so you put them for me. Otherwise I love the messages. Thank you to everyone who sends us.”

**Contact Information**

**Kawempe Home Care Initiative**

Dr. Samuel Guma, MPH

Executive/Medical Director

[Sguma08@gmail.com](mailto:Sguma08@gmail.com)

**Text to Change**

Bas Hoefman

Director Text to Change

[Bhoefman@texttochange.com](mailto:Bhoefman@texttochange.com)