

## A PATIENT AND SERVICE PROVIDER'S PERSPECTIVE ON COMMUNITY ART REFILL GROUPS (CARGS)



FOR THE 22<sup>ND</sup> INTERNATIONAL AIDS CONFERENCE – AMSTERDAM, THE NETHERLANDS



INNOVATION PUBLIC HEALTH



#AIDS2018 | @AIDS\_CONFERENCE | WWW.AIDS2018.ORG

## Background

### ART for 1,5 million people in 2015

- ▶ 1,5 million people in Zimbabwe required ART in 2015 (>9,000 people initiated on ART each month in the same year)

### ART program goals

- ▶ Ministry of Health and Child Care (MoHCC) put innovative strategies to achieve ART program goals without overwhelming the health system but maintaining quality service.

### CARG as a health strategy

- ▶ Community ART refill groups (CARGs) are one such strategy adopted to:
  - reduce barriers to patients accessing regular treatment
  - manage health facility congestion

### Requirements for a CARG

- ▶ The Zimbabwe Operational Delivery Manual (OSDM) guidelines recommend that CARGs should:
  - Have 6-12 stable ART patients voluntarily forming a group.
  - Choose a leader responsible for communication, data collection and linkage to the facility.
  - Meet at a community venue to receive ART refills.
  - Have one group representative who goes and collects drugs from the facility.
  - Provide mutual support to each other.

### Acceptability of CARGs

- ▶ This study explores patient and service provider's acceptability of CARGs in Zimbabwe.

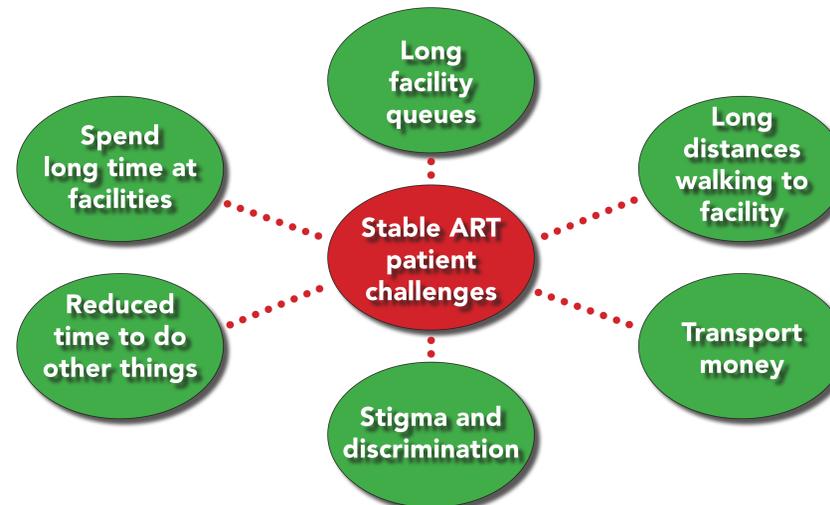
## Methods

- A qualitative study as part of a cluster randomized trial to assess effectiveness of 3 and 6-monthly dispensing of ART for stable patients in CARGs.
- CARGs were formed from June-November 2017 in 20 facilities by facility staff, FHI 360, OPHID and Khethimpilo in Beitbridge, Chitungwiza, Gutu, Mberengwa and Zaka districts.
- 20 Key Informant Interviews from purposively selected health care workers including District

- Nursing Officer, District pharmacist, O.I. Sister in charge (SIC), O.I. focal nurses.
- 20 Focus Group Discussions with randomly selected new CARG members (113 females and 42 males).
- Data was collected using piloted tools in Shona, Ndebele and Venda from October-December 2017.
- Interviews were recorded and transcribed.
- Data was analysed for thematic content.



Men's CARG: CARGs group training



## Conclusion

**CARGs are a client-managed group differentiated ART delivery model that is well accepted by health care workers and stable patients in Zimbabwe and should be scaled up in all districts in Zimbabwe.**

### Acknowledgements

We gratefully acknowledge all of the patients and providers who participated in this project. We are thankful to the Zimbabwe-based EQUIP staff for providing administration and oversight for this project. We are also grateful to our colleagues and partners who

have contributed their expertise to this project

**Funding:** This Demonstration Project was made possible with support from PEPFAR through USAID EQUIP under the terms of Grant No. AID-OAA-A-15-00070

## Results

### 1. Facility Decongestion

- Health care providers have already seen their facilities decongested and now have ample time to attend to other duties like updating registers.
 

*"The number of patients (coming for review) has reduced, even if you look today I saw 10 people.... pregnant mothers are the ones I dispensed about 4... right now I could be in the middle of it (consulting)"* KII facility S.I.C.
- Decongestion reduces the workload on the few health workers at facilities and limited working space is no longer a major challenge.
- Patients are happy to be served faster and no longer enduring long queues and frequent clinic visits:
 

*"..in groups its now better, if you arrive you are served very fast, you just tell them your group number and they help you.."* Patient FGD

### 2. Patient self-stigma and fear of discrimination in the communities

- *"..stigma and discrimination is a major reason why patients will not join groups.."* Facility O.I Sister-In-Charge
- Some patients willing to spend \$20 visiting facilities out of their district.
- Working patients e.g. teachers do not want to mix with community members at facilities.

### 3. CARGs facilitating adherence and defaulter tracing

- Tracking of defaulters is now easier as nurses work with Community Referral Facilitators, Village Health Workers and CARG Leaders who are from the same communities with the patients.
- Groups will ensure its members come for their 12 month scheduled visit and viral load monitoring.
- However, Health care workers expressed worry at dispensing 6 months of ART to patients:
  - "may not seek care when needed"*
  - "patients may default"*
  - "build resistance"*
  - "nurses may miss adverse events"*

### 4. Savings for CARG members

- Individual costs for transport to attend facility visits were high.
- **Cost savings on transport** (contribute transport and food money for one person)
- **Opportunity cost of time spent at clinic** (patients now have more time doing other productive activities)