

What are Community ART support groups (CAG)

- CAGs are groups of HIV-positive persons (who are on ARVs), living in the same community and organized in groups of maximum 6 members.
- These members take turns to pick up ARVs at the health facility and distribute them among the other group members in the community.
- The members of the CAGs manage their own health and share experiences about living positive with HIV.

Why create CAGs ?

- Despite the decentralization of ART to the health centres, many patients continue to face difficulties in accessing to ARVs due to:
 - Long distances from community to the health facility (HC) that supply ARVs
 - Cost and availability of transport
 - The patients have other competing activities (work, social, family,...)

What advantages do CAGs have for the members?

- Facilitates ARV refill
- Decreases frequency of health centre visits, thereby reducing transport cost, waiting time in the queue, risk of catching other diseases
- Share experiences with other people on ART in the neighbourhood

What advantages do CAGs have for the staff at the health facilities?

- Having only one person collecting the ARVs for a group of six, means that the workload for the health workers is decreased. He/she will have more time for the individual care of sick patients.
- Accurate information on treatment outcomes of patients on ART
- Decreases need for patient tracing, as community members update the health workers about the whereabouts of CAG members and possible deaths within the community
- The meetings with CAG representatives, on the days of refill facilitate diffusion of information among other clients on ART

How do the CAGs function ?

- Each CAG is composed of six members, who between them select monthly one member to go to the health facility to get the ARV refills for all six group members.
- Each member will thus go to the health facility twice a year and will have a medical consultation with a clinician at these visits (every 6 months)

- Each CAG group elects one focal point who is responsible for monthly filling in of the group card and for assuring communication between the health worker (HSA) and the group members in case any problems occur in the group.
- The CAG focal points are supervised by the HSA in whose catchment area they are based

How and where does the medicine distribution take place?

- The medicines are distributed in the community, at a time and place agreed upon by the group members. The focal point does the distribution among the group members and records the pill count for each member.

Can all patients on ARVs be in CAGs ?

- Yes, but members have to be on ARVs for more than six months, stable without severe opportunistic infections
- Also the members should live in the same community or neighbourhood, or share the same social network

How do patients join a CAG?

An interested patient should contact the nurse, MA or HSA in the health facility where he/she is registered. If the patient knows a CAG focal point in the community, this focal point can propose this patient to become a CAG member. The MA/nurse will evaluate whether the patient fulfils the clinical criteria for joining a CAG.

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Can a CAG member go to the health facility whenever he/she needs or when not feeling well ?

- Yes, whenever he/she's sick (i.e. fever, headache, etc...) they should go to a health facility

What must a CAG member do when he/she wants to travel or change residence?

- He/she has to inform the MA/nurse and/or HSA at the health facility, and will receive a referral letter in order to continue the treatment at the nearest health facility of the new residence. It is also important to say good-bye to the friends in the group.
- Taking responsibility for own health improves practice of problem solving skills, increases motivation to adhere, and results in improved treatment outcomes and long-term retention in care



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THYOLO DISTRICT
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Community Art Groups



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