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**Title: “Challenges in Providing Patients Centred Care through Community Adherence Groups in three Provinces of Zambia”.**

**Background**

The Community Adherence Group (CAG) is a model adopted across resource-constrained facilities to improve ART retention. A CAG consists of six stable patients who visit the clinic on a rotational basis for their clinical visit, during which they collect drugs for themselves and other CAG members. In anticipation of wider rollout in Zambia, we piloted CAGs in five facilities in Lusaka, Eastern and Southern Province to identify unforeseen challenges faced by health service providers (HSP) and patients during implementation.

**Methods**

Using a qualitative exploratory study design, from August to November 2017, we conducted 12 focus group discussions with HSP and 16 in-depth interviews with CAG members to understand their experiences after approximately 6 months of implementation. Discussions and interviews were recorded on digital audio recorders and transcribed directly into English. Thematic analysis was conducted using inductive and deductive reasoning.

**Results**

CAGs were favourable to both HSP and the patients because of its ability to decongest the clinics and reduce work load. Conversely, both HSP and the patients reported a lack of office for the storage of study documents which compromised confidentiality for the patients. Inadequate supply of anti-retroviral [ARVs] drugs and specimen bottles to collect blood for CD4 testing caused CAG members to return to the clinic more times than scheduled. Lay health workers did not have proper transport to attend the CAG meetings and pick up of attendance registers because of long distances from the clinic. Additionally, LHW reported that some CAG members were in a hurry just to pick up their drugs during the meetings leading to ineffective adherence. HSP also indicated that malfunctioning of CD4 machine forced patients to frequent the clinic more often for re-bleed which negatively impacted on the patients in terms of transport cost and time. Finally, patients reported challenges such as eligibility criteria and exclusion of pregnant women from the CAGs.

**Conclusio****n**

There is need to strengthen and support the CAG model by supplying adequate and consistent monthly ARVs and providing proper transport for LHW when going for the CAG meetings. Effecting CAGs can result in long waiting hours at the facility for patients and reduce defaulters. There is need to educate the patients and encourage them to visit the clinic once they develop any signs of opportunistic infection to prevent complications.