ADHERENCE CLUB ESTABLISHMENT BOOKLET

GUIDANCE FOR HEALTHCARE PROFESSIONALS

2026

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ACRONYMS

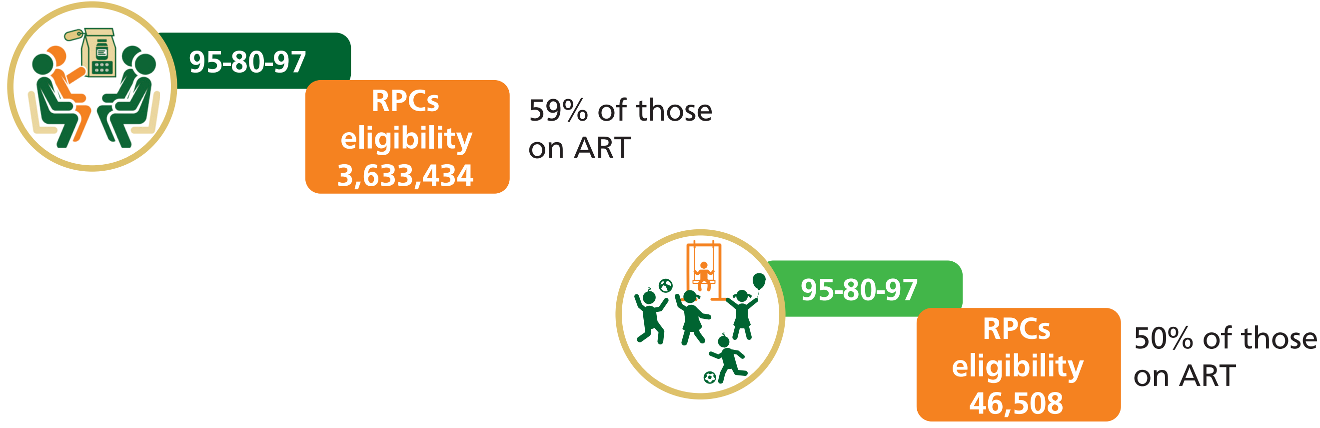
2MMD	2-month Multi-Month Dispensing
3MMD	3-month Multi-Month Dispensing
6MMD	6-month Multi-Month Dispensing
AC	Adherence Club
ART	Antiretroviral Therapy
ARV	Antiretroviral
BANC	Basic Antenatal Care
BP	Blood Pressure
BTC	Back to Clinic
copies/mL	copies per milliliter
CBO	Community-Based Organisation
CCMDD	Central Chronic Medicines Dispensing and Distribution
CCMDD SP	Central Chronic Medicines Dispensing and Distribution Service Provider
CDU	Central Dispensing Unit
DMoC	Differentiated Models of Care
DMPA	Depot Medroxyprogesterone Acetate (Depo-Provera)
DNA	Deoxyribonucleic acid
ECD	Early Childhood Development
eGFR	estimated Glomerular Filtration Rate
EX-PUP	External Pickup Point
FAC-PUP	Facility Pickup Point
FD	Full Disclosure
FP	Family Planning
HbA1c	Haemoglobin A1c
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
ID	Identification
IMCI	Integrated Management of Childhood Illness
IPV	Intimate Partner Violence
LARC	Long-acting Reversible Contraceptive
MMD	Multi-Month Dispensing
mmHg	millimeter of mercury
MMS	Multi-Month Scripting
MNCWH	Maternal, Newborn, Child and Women's Health
N	No Symptoms (in Adherence Club Register)
NCD	Non-Communicable Disease
NET-EN	Norethisterone enanthate
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
PCR	Polymerase Chain Reaction
PD	Partial Disclosure
PLHIV	People Living with HIV
PMP	Patient Medicine Parcels
PN	Professional Nurse
PVT	Private
RIAC	Remaining In Adherence Club
RIP	Rest in Peace
RPCs	Repeat Prescription Collection Strategies
RTC	Refer to Clinician
Rx	prescription
S	Shared (in Adherence Club Register)
sCR	serum creatinine
SOP	Standard Operating Procedure
SyNCH	Synchronised National Communication in Health
TB	Tuberculosis
TFO	Transfer Out
TFOC	Transfer Out to Different Club
TIER.Net	Three Interlinked Electronic Registers
VL	Viral Load
VTP	Vertical Transmission Prevention
WBPHCOT	Ward-based Primary Health Care Outreach Team

Background

Adherence to treatment for HIV, TB and NCDs is a key priority in healthcare. Adherence leads to better management of chronic conditions, prevention of further disability and improvement of health outcomes and quality of life for patients; with the aim of a longer and healthier life for all.

South Africa has over 12 million people being treated for chronic diseases and/or living with HIV. The country has the largest Antiretroviral Therapy (ART) programme in the world, but only 76% PLHIV are on ART, 65% of those on ART are virally suppressed (Oct 2025). Amongst Children Living with HIV (CLHIV), 65% are on ART and 58% of those on treatment are virally suppressed. This is primarily due to suboptimal adherence to ART.

3.6 million of People Living with HIV (PLHIV) are clinically stable (have undetectable viral loads) and are eligible for Repeat Prescription Collection Strategies, including Adherence Clubs.



As a result of lifestyle factors, lack of awareness, undiagnosed and uncontrolled conditions, diabetes, hypertension and cerebrovascular disease now all surpass HIV and TB as causes of death.

The Challenge of Non-adherence

The massive expansion of the ART programme and the rising burden of NCDs is placing a considerable strain on healthcare services. Non-adherence to treatment can accelerate disease progression, cause treatment failures, and increase resource utilization.

A combination of patient-related barriers and health system-related barriers need to be addressed.

Patient-related barriers

- Low health literacy with inadequate knowledge and understanding about disease and treatment.
- Emotional factors, such as depression, anxiety, shame.
- Cognitive factors: forgetting to take medicine, confusion or dementia.
- Treatment fatigue, side effects.
- Lifestyle & Behavioural Factors: skipping medication and missing appointments due to disruptions in daily routines, being away from home, and substance/alcohol abuse.
- Socio-economic/financial factors e.g. cost of medication, lack of transport, fear of losing work if time off not granted to attend the clinic.
- Lack of support, including social support.
- HIV-related stigma; internal leading to denial and fear to disclose to sexual partners and family members.

Health system-related barriers

- Inadequate provision of health education.
- Lack of appropriate healthcare provider skills.
- Organisation barriers (waiting time, distance, lack of integration, inflexible clinic hours, etc.).

A minimum package of interventions to support linkage, adherence and retention includes:

- Education Sessions, Adherence Planning, Counselling
- Peer Support, Support Groups, Patient Tracing
- Integrated Model for co-infected Patients
- Repeat Prescription Collection Strategies, Multi-month Dispensing

A Differentiated Approach to Keeping Patients in Care

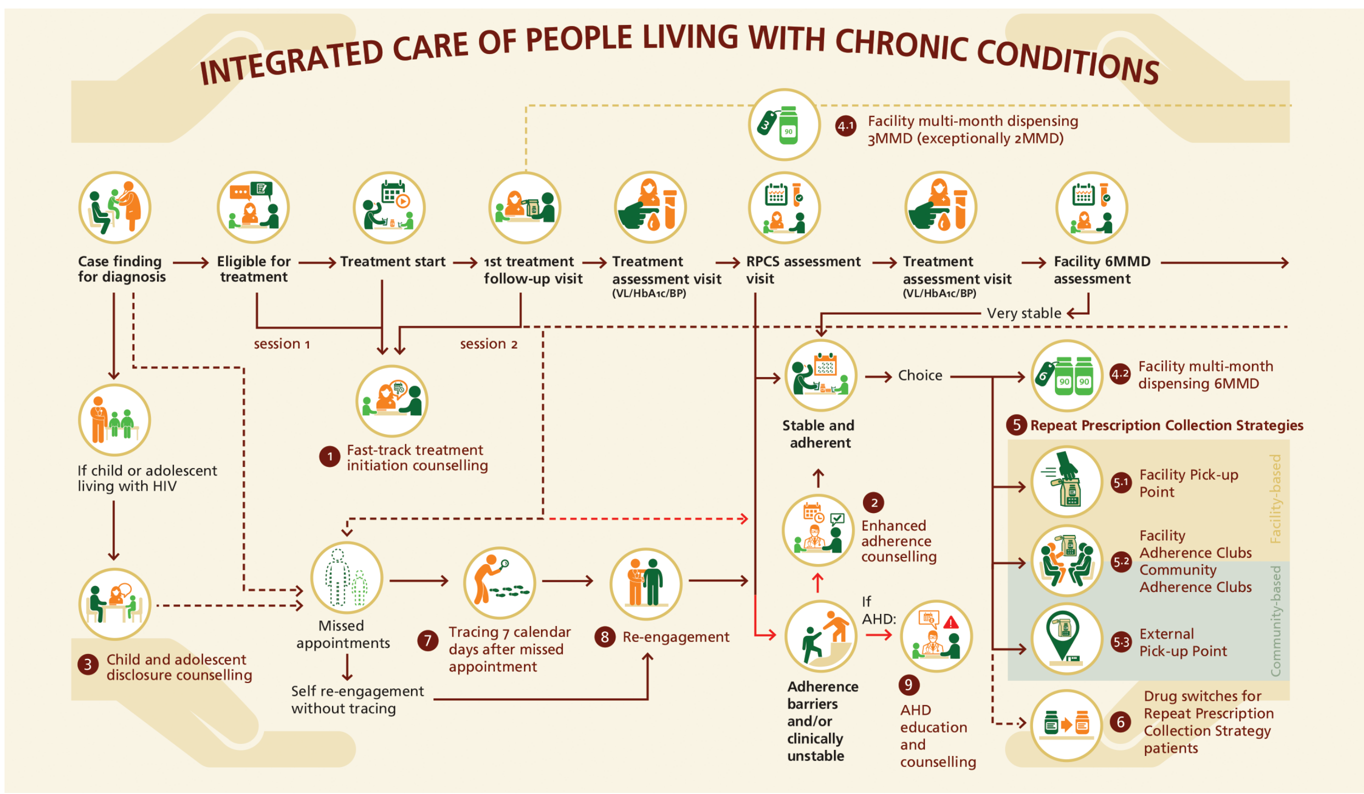
Differentiated Models of Care (DMOC):

A differentiated approach to care that aims to strengthen linkage, adherence and retention, using a patient-centred approach throughout the treatment cascade.

Included within the Differentiated Model of Care package are:

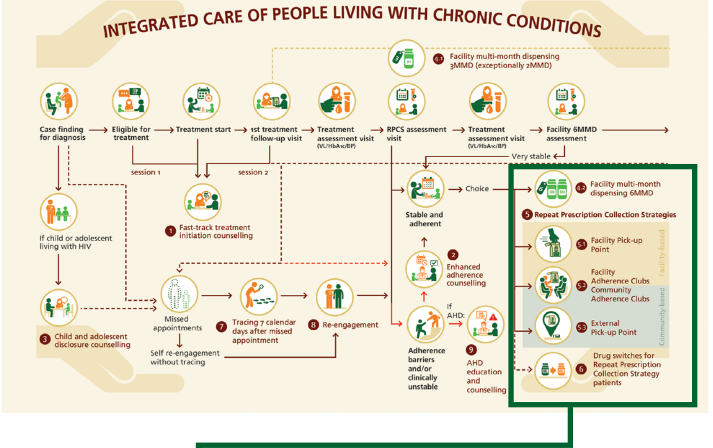
- Integrated care for patients with chronic conditions.
- Standardised education sessions and counselling approach:
  - Fast-track initiation counselling towards rapid treatment initiation
  - Enhanced adherence counselling for patients struggling with adherence
  - Child and adolescent disclosure counselling
  - Advanced HIV disease education and counselling
- Longer treatment supply to reduce patient burden and support continued engagement in care.
  - Multi-month treatment supply by the facility – Facility 3MMD (exceptionally 2MMD)
- Differentiated models of care for stable patients on chronic treatment.
  - Multi-month treatment supply from the facility – Facility 6MMD
  - Repeat Prescription Collection strategies (RPCs)
- Patient tracing and re-engagement.
  - Tracing and recall of patients
  - Re-engagement in care

These are reflected in the diagram below.



Within the Differentiated Models of Care there are choices for clinically stable patients.

Clinically stable patients require less intensive service delivery with a lower frequency of clinical contact and longer treatment supply.

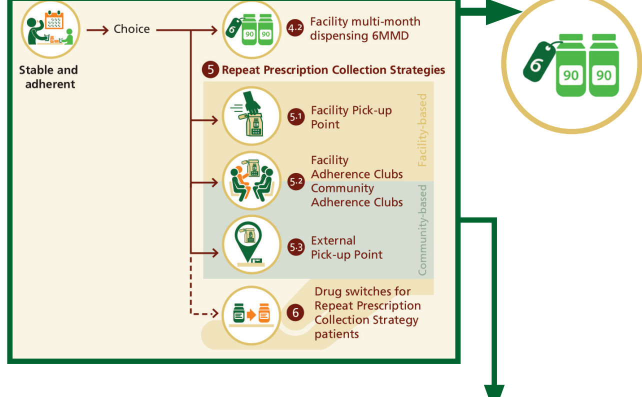


Differentiated Models of Care (DMOC)

A differentiated approach to care that aims to strengthen linkage, adherence and retention, using a patient-centred approach throughout the treatment cascade.

Choices for Clinically Stable Patients

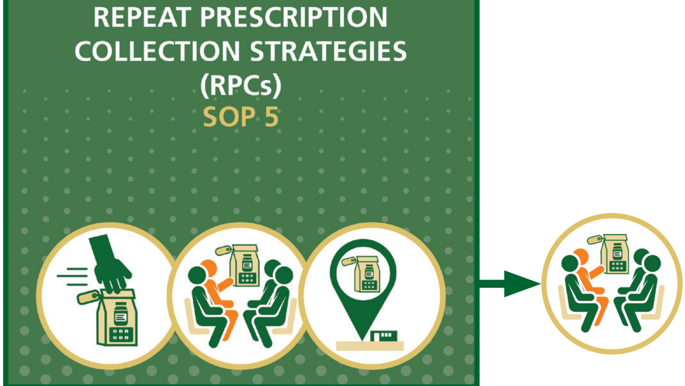
Clinically stable patients require less intensive service delivery with a lower frequency of clinical contact and longer treatment supply.



Facility multi-month dispensing 6MMD

(SOP 4.2)

A longer treatment supply covers the full period between clinical contacts; 6 months dispensed when prescribed. Only for very stable patients.



Repeat Prescription Collection Strategies (RPCs)

(SOP 5)

Treatment collection outside of clinical contacts at one-stop pick-up points or support groups at or outside a health facility.

Adherence Club

(SOP 5.2)

A Repeat Prescription Collection option for stable patients who value continued psychosocial support and group engagement.

Repeat Prescription Collection Strategies (RPCs), including adherence clubs, are suitable for stable patients that have been at least 4 months on ART, and have a normal result at their most recent assessment.

Facility 6MMD, however, is suitable only for very stable patients, with all the eligibility criteria for RPCs patients, with the additional requirements of having been on ART for at least 12 months and have 2 consecutive normal assessments.

In both cases, patients will be seen by clinicians twice annually and receive prescriptions for 6 months at a time.

RPCs patients (including adherence club members) will receive 3 months of medication on each prescription from the facility, with another 3 treatment supply months later from their pick-up point or adherence club.

But 6MMD patients will receive from the facility the full 6 months of medication on their prescription at the clinical and rescripting visits, with no need to go to a pick-up point or adherence club.

This table summarizes the Differentiated Models of Care for patients with varying clinical characteristics.

Clinically unstable	Not yet stable	Stable	Very stable ***
Symptomatic, acute/sick < 6 months old Pregnant AHD	New on ART OI on treatment 6 months to 5 years old Newly re-engaged Postnatal < 12 months Elevated VL	1 x VL< 50 copies/ml 1 x HbA1c ≤ 8% 2 x BP < 140/90 mmHg	12 months on ART 2 x VLs < 50 copies/ml 2 x HbA1c ≤ 8% 2 x BP < 140/90 mmHg
More intensive service delivery	**Standard service delivery**	**Less-intensive service delivery**	
Monthly** clinical reviews and script	3-monthly* clinical reviews + + 3-month script (3MMS*)	6-monthly clinical review + 6-month script (6MMS)	
Facility monthly** dispensing	Facility 3MMD*	**RPCs:** External Pick-up Point: (EX-PUP) Facility Pick-up Point (FAC-PUP) Adherence Club (AC) 3MMD (or 2+4MMD)	Facility 6MMD***

Clinically unstable clients, specifically those that are symptomatic, with acute illness or unwell, under 6 months of age, pregnant and/or with Advanced HIV Disease, require more intensive service delivery with more frequent and closer clinical management.

They will have monthly clinical reviews scripting, with their medication dispensed monthly.

The monthly service provision can be adjusted for pregnant women to integrate into BANC Plus visits. For AHD clients 2-weekly or monthly service provision applies in the first 3 months. Thereafter, adjust as clinically indicated for AHD and symptomatic/sick clients (can extend to 2- or 3-monthly). Do not increase frequency unless clinically required.

Not yet stable clients include those that are new on ART, those being treated for opportunistic infections such as tuberculosis, children between 6 months and 5 years old, newly re-engaged patients, postnatal women that have given birth less than 12 months ago, and patients with an elevated viral load.

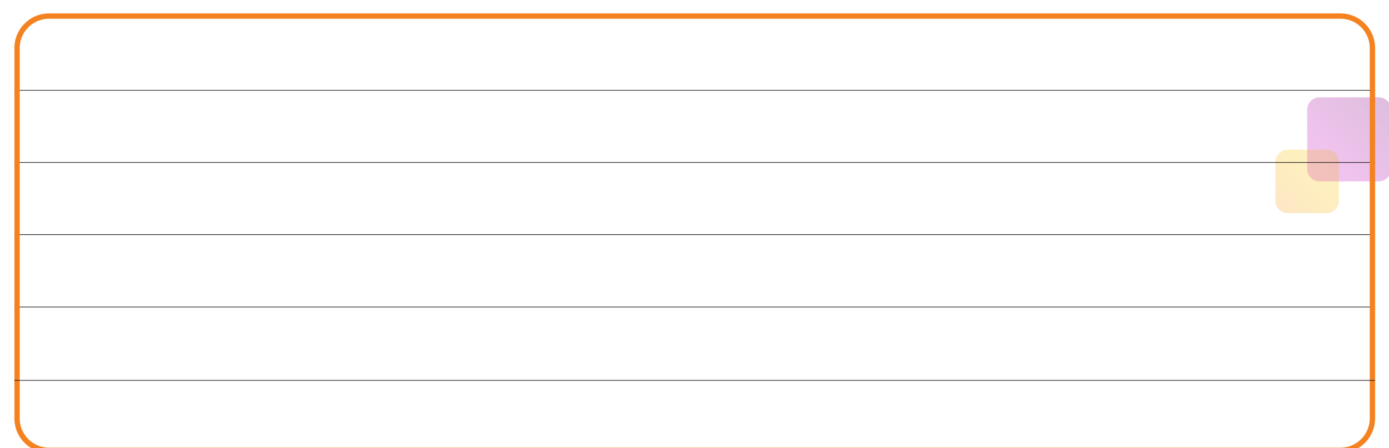
They will receive standard service delivery, the default model of care. Clinical reviews will be scheduled every 3 months with scripts provided for months of medication, which the client collects as Facility 3MMD.

The script will cover 2 months if they are on TB treatment, are new on ART at month 1 visit, at delivery and as needed to align with required clinical management in 2 months' time.

Stable clients are defined as those with the most recent viral load (VL) < 50 copies/ml, HbA1c < 8% and 2 BP readings < 140/90 mmHg. These are eligible for less intensive service delivery, with clinical reviews every 6 months and 6-month scripts, and treatment collection 3 months at a time.

Very stable clients have been on treatment for at least 12 months and have 2 consecutive undetectable VL readings, in addition to the criteria in place for stable clients. Their clinical reviews will also be scheduled 6-monthly and they will receive a 6 month script but will receive treatment supply for all 6 months at the same time.

This is presently limited to ART TLD; only until national medicine stock availability is confirmed for other ART regimens and treatment for hypertension and diabetes.



MODULE 1
ADHERENCE CLUBS (AC) & THEIR GUIDING PRINCIPLES

Adherence Club Definition and Description

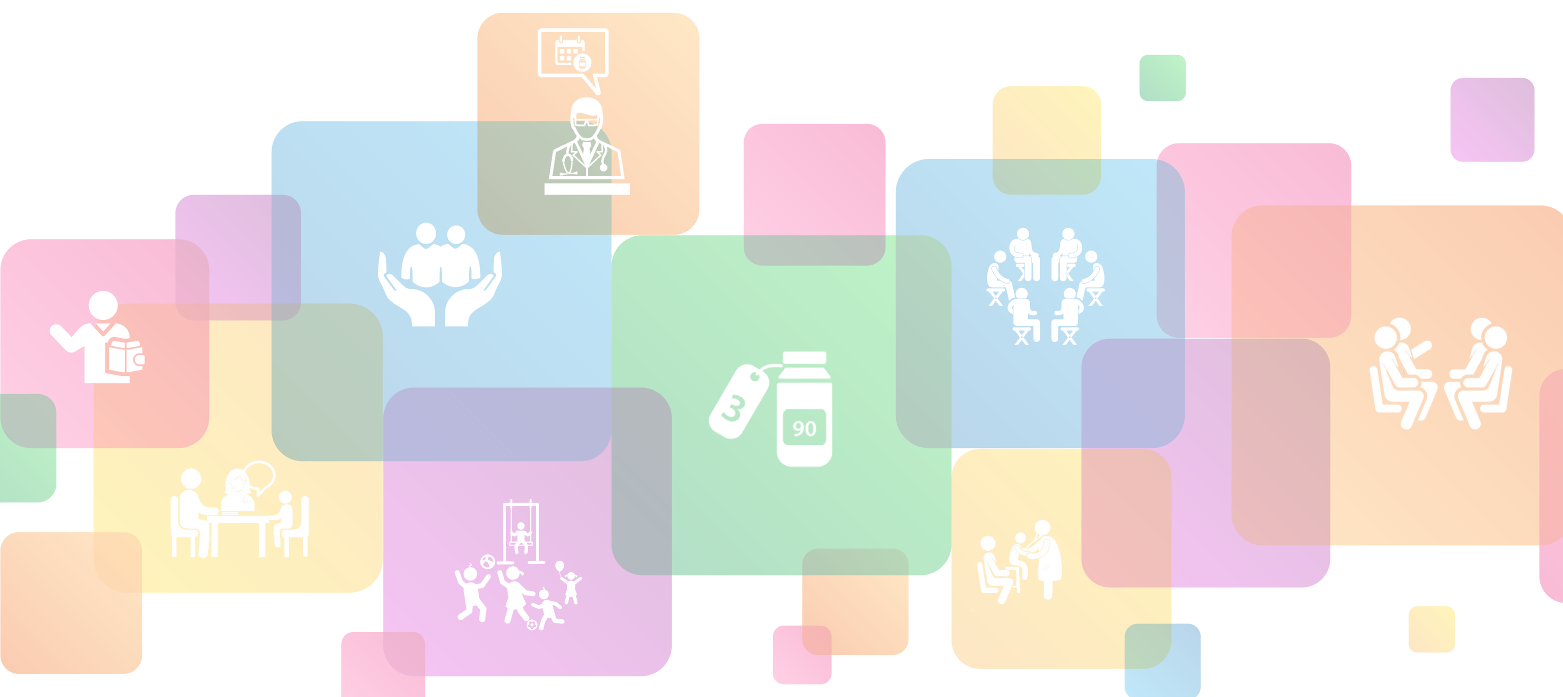
Guiding Principles, Dos & Don'ts of Adherence Clubs

Benefits of Adherence Clubs

Adherence Clubs Eligibility and Enrolment

Information for Potential Adherence Club Patients

Types of Adherence Clubs



Adherence Club Definition

What?	Adherence Clubs (ACs) are an intervention wherein patients who are stable on chronic treatment meet as a group.
Who?	AC members are from the same geographical area; and may sometimes be a specific sub-population of patients: e.g. Adolescents, Men, Postnatal women. • Participation can be built up over a few months to reach the target group number. • The Club Facilitator can work for a facility, for a CBO/NGO, private service provider or for a WBPHCOT team.
Why?	Adherence Clubs are aimed at improving retention in care, providing a RPCs for stable patients who value continued psychosocial support and group engagement.
When?	Clubs are scheduled 3-monthly.
Where?	An AC can be held in a facility (Facility AC) or in the community (Community AC).
How?	The treatment for an Adherence Club can be pre-dispensed by the facility pharmacy or by a CDU or by CCMDD.

Guiding Principles for RPCs for Stable Patients

The Differentiated Model of Care (DMOC) for stable patients provides for three different RPCs depending on the patient's needs and preferences.

Access, offer, enrol and document	• Subject to availability at that facility, offer patients a choice of the 3 different RPCs. • Assess the patients for RPCs enrolment at the first facility visit after clinical guideline mandated investigations (VL/HbA1c) are taken (4 dispensing cycles/Month 4 visit after treatment start). • Document the RPCs enrolment/deactivation/deregistration in the patient's clinical stationery and capture in TIER.Net and update in SyNCH.
Prescription and Dispensing	• Prescribe all chronic treatment and any preventive therapy with ART on the RPCs script for the same supply length and collection location; unless the full supply was dispensed with the 1st ART supply from the facility. • Patients should have a maximum of two drug collections from a RPCs script. The first from the facility aligned with the clinical review/scripting visit and the second from the RPCs location. At each drug collection the patients should collect multiple months treatment supply. • Preferably script 2 x 3-month treatment supply. However, if the facility is experiencing shortages for any scripted drug, the clinician can script a 2-month supply from the facility and a 4-month supply from RPCs. • RPCs treatment supply can be pre-dispensed by CCMDD or a CDU or the facility pharmacy. (CCMDD or CDU is preferred to reduce burden on the facility pharmacy.)
Investigations	• Routine investigations should only be done at the RPCs M6 comprehensive clinical consultation visit; – not at the rescripting visit at RPCs M12. • Include annual TB testing with annual VL test. • Do not require the RPCs patient to return for result review before a new RPCs script is submitted. Small numbers of RPCs patients with abnormal assessment results should be recalled by the facility immediately on receipt of the abnormal result. • Recall RPCs patients with abnormal assessment results immediately on receipt of the abnormal result.

Contraceptives

- Re-explain contraceptive method options to women needing contraceptives; specifically how each method impacts all required return visits' location (facility or outside of the facility) and frequency.
- Long-acting reversible contraception (no impact on visit frequency or alignment).
- Oral contraception and self-injectable subcutaneous Depo Provera*: provide 6-month script; dispense 6-month or 3-month plus refill through RPCs. ** Available 1 October 2026*
- Depo Provera IM injection (3-monthly): will need 1 additional clinician visit per script; align with 6-monthly visits (preferred FAC-PUP or Facility AC).
- NET-EN injection (2-monthly): will need 2 additional clinician visits per script.

Ill-health in an RPCs patient

- Patients feeling unwell can at any time go to the facility to see a clinician and should not wait for scheduled appointment date.

Presence of TB symptoms

- If a RPCs patient screens positive for TB symptom/s at their RPCs clinical consultation or rescripting visit, the clinician will rescript for RPCs.
- If the facility has an effective result management and recall system, recall a patient with a positive TB diagnosis.
- If the facility does not have a reliable results management and/or recall system in place, it will require a patient with TB symptoms to return to the facility within 5–7 days for a review of their TB and assessment results.
- If the patient is not diagnosed with TB (and assessment result was normal), the patient will continue in RPCs.
- If the patient is diagnosed with TB, the patient will return to regular clinician-managed care and should be re-assessed for RPCs enrolment when TB treatment is completed. The patient should be considered for 2-monthly supply of ART and TB treatment during the continuation phase.

Additional Guiding Principles that are specific to Adherence Clubs

Health facilities can establish both Facility-based and Community-based adherence clubs.

- Clubs are scheduled every 3 months.
- Aim for 10 or more members in Community ACs, 25–30 members in Facility ACs.
- Rural clubs may be smaller. Participation can be built up over a few months.
- Patient Medicine Parcels (PMPs) must be prepared or delivered at least a day before to facilitate effective adherence clubs.

NB! Where patients come individually with no group format or group engagement, the RPCs is not an adherence club, but rather an internal or external pick-up point.

Facility-based Adherence Clubs

- Patients are not required to attend registry.
- They do not need to collect their patient folder.
- They should not have their vital signs taken.
- They do not need to see a clinician at each treatment supply.
- Do not add members to the facility headcount.

Community-based Adherence Clubs

- The venue can be any community venue e.g. NGO/CBO, church, other faith-based spaces, municipality community centre, library, schools, a member's home.
- Adherence clubs can start at the facility and move to a community-based venue as members feel more comfortable.
  (Allocating patients to a club designated for a specific feeder area makes it easier to move clubs into the community at a later stage.)

Some Dos and Don'ts of Adherence Clubs

DOs (Good Practice)

- Enrol only clinically confirmed, stable clients who meet the eligibility criteria.
- Prepare Patient Medicine Parcels (PMPs) at least a day before AC meetings.
- PMPs can be prepared by facility pharmacy, CDU or CCMDD,Service Provider.
  (CDU or CCMDD SP is preferred to reduce burden on the facility pharmacy. Only CCMDD SP for adherence clubs > 10 patients.)
- Protect confidentiality – choose safe, private, stigma-free meeting spaces. Remind members to uphold confidentiality.
- Encourage peer support – members can share experiences and coping strategies.
- Link ACs to the health information systems (pharmacy, SyNCH, TIER.Net, DHIS).
- Adapt clubs to meet the needs of special groups
  (youth, families, postnatal, men, key population groups, over 50s, etc.).
- Provide regular feedback and ensure members know their next steps.

DON'Ts (What to avoid)

- Don't enrol unstable clients who need frequent clinical reviews
  (e.g. high viral load, uncontrolled diabetes or hypertension, TB co-infection).
- Don't require routine vital signs or clinical consultations at every club meeting.
- Don't ignore data reporting – every club must be captured in the clinic register and TIER.Net.
- Don't add adherence club clients to facility headcount register.
- Don't compromise confidentiality by using open or stigmatizing venues.

Benefits of Adherence Clubs

Adherence Clubs offer benefits to the club members themselves, as well as having an indirect positive impact on other patients attending that facility and to the healthcare workers in the facility.

Patient Benefits

- Improved adherence, retention in care and outcomes, including virological suppression.
- Reduced waiting time for access to clinical care through convenient, group consultations.
- Convenient medicine pick-ups at community or facility locations.
- No transport costs if located in nearby community.
- Less time off work.
- A community network for tracing patients not attending their club.
- Psychosocial support with a safe space to share experiences. Peer support and stigma reduction.

Health system Benefits

- Improved club member adherence leads to less time tracing patients.
- Better clinical outcomes lead to less time managing disease progression.
- Reduced burden on staff by decongesting facilities.
- Optimizes the capacity of staff to initiate other patients on treatment.
- Optimizes capacity to manage other patients that are unstable.

Adherence Clubs Eligibility and Enrolment

Eligibility criteria are the same across Repeat Prescription Collection Strategies.

For adults

- ✓ Above 18 years.
- ✓ Not pregnant or postnatal within 12 months of delivery.
- ✓ Most recent assessment results normal:
  - HIV: most recent viral load (VL) within12 months < 50 copies/ml
  - Diabetes: most recent HbA1c taken within12 months ≤ 8%
  - Hypertension: 2 consecutive BP < 140/90 mmHg
- ✓ Clinically stable:
  - no current TB, other opportunistic infection, malnutrition, chronic condition requiring clinical review more regularly than 6 monthly
- ✓ Clinician confirms the patient's eligibility for RPCs option.
- ✓ Patient voluntarily opts for the RPCs option.
- ✓ Patient Identification or asylum-seeking number.

Children and adolescents

- ✓ 5–18 years of age.
- ✓ All other criteria as for adults must be in place.
- ✓ No regimen or dosage changes in the last 3 months.
- ✓ Caregivers counselled on disclosure process if age-appropriate disclosure not yet achieved.
- ✓ Patient (if 12 years old or older), or their caregiver (if patient less than 12 years old) voluntarily opts for the RPCs option.

Pregnant and postpartum women

- ✗ Pregnant women are not eligible for RPCs. Integrate ART care into BANC plus visits.

- ✗ New mothers should receive integrated care with their infant EPI visit schedule (preferred option).
  - Provide ART through MNCWH services until 6 weeks after cessation of breastfeeding.
- ✓ Assess, offer and enrol mothers into RPCs of their choice *(or Facility 6MMD if eligible)* at the Month 12 EPI visit;
  - but advise that she must be at the facility every 6 months for her 6-monthly VL until cessation of breastfeeding.

Assessment and Enrolment into Adherence Clubs

Please note that while the principles are the same for all RPCs , the process and timing of enrolment and registration for Adherence Clubs differs from that of the PUPs. This is due to the need to compose the club members which may occur over days to months.

There may be a lapse of days to months between a club member's assessment for eligibility and registration at month 4 on ART and the first club visit date.

Registration Visit
Months on ART 4

- RPCs eligibility assessment
- Explain & offer RPCs options
- Patient chooses AC

↓

- Provide detailed information about AC
- Complete RPCs registration form
- Record in clinical stationery: AC

1st AC meeting date KNOWN:

- Script treatment supply until 1st AC

1st AC meeting date NOT KNOWN:

- Script 2/3 months treatment supply

Provide/update patient appointment card with 1st AC meeting date at facility

↓

Patient collects treatment from pharmacy

AC facilitator calls with date & time

Enrolment Visit RPCs M0
Months on ART 4–6

1st AC meeting at facility

- Record present AC members
- Script AC members + indicate supply length
- Provide/update appointment card

↓

Patient collects from pharmacy

Registration Visit

At the 4th month on ART, when VL results are available, assess the for RPCs eligibility. If identified as stable as per SOP criteria, explain and offer the various RPCs options.

- If the patient chooses to join an Adherence Club (AC), provide detailed information about this option.
- Complete RPCs registration form indicating that AC was chosen.
- Record in clinical stationery: Registration in AC.
- Do not take routine investigations (e.g. VL).
- Do not require additional patient visits to register or enrol and script.

The script length will depend on whether the date of the first AC meeting is known at the time of the patient's registration visit. Also who provides the patient with the AC date and when they do it.

a. Adherence Club date and venue is known:
   - Script patient with treatment supply to cover until the first AC visit date.
   - The nurse will provide the patient with an appointment card with 1st AC meeting date at the facility

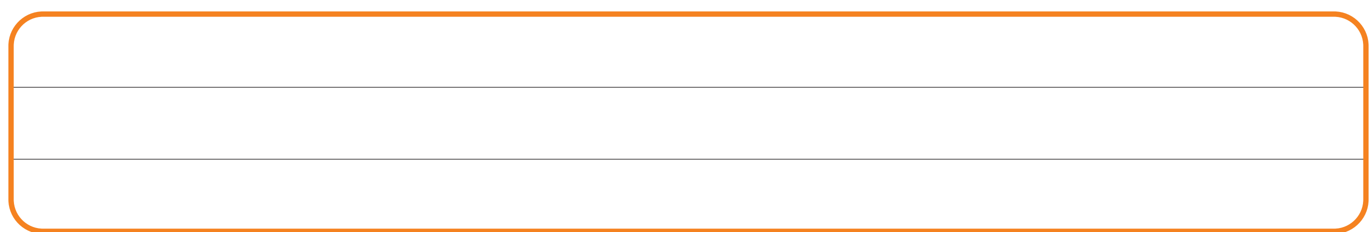
b. Adherence Club date and venue is not known:
   - Script the patient for 2 to 3 months' treatment supply

When the AC 1st visit date becomes known (after the registration visit) the AC facilitator will telephonically contact members that were registered to inform them of the date and time; confirming that the first meeting will take place at the clinic.

Enrolment Visit

All patients enrolled into a particular AC attend the facility together for the first AC meeting.

- The AC facilitator records all AC members present at the 1st AC meeting date in RPCs monitoring tool (AC register).
- The Club PN scripts AC members for 6 months and indicates the supply length.
- AC facilitator provides/updates patient appointment cards with the next AC meeting date/location/time.
- Patients are sent to the facility pharmacy to collect their first treatment supply on the 6-month script.



Information for Potential Adherence Club Clients

U=U – Undetectable = Untransmittable

- WELL DONE on your successful achievement VL < 50 copies/mL.
- Viral load shows if your ART is working to bring down the virus so low that it is undetectable in the blood.
- Having an undetectable viral load means you can take control of your life to stay strong, healthy and provide for your family. (Improves health and life expectancy)

- When your VL remains undetectable, you can have a healthy sexual relationship without the fear of passing the virus to your partner. (Zero Risk of HIV sexual transmission transmission)
- With an undetectable viral load, you qualify for convenient treatment collection options, such as adherence clubs.
- If your viral load is high, don't panic – it means we need to work together on adherence.
- Always come for your routine blood test, even if you feel well.
- Knowledge of U=U can reduce stigma and promotes empowerment.
- U=U is based on strong scientific evidence over decades of research.

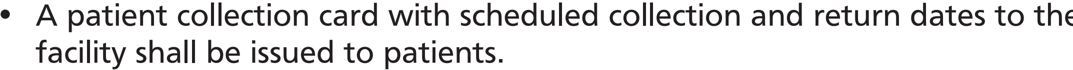
Adherence Club Format

- Clinically stable patients (meeting RPCs criteria) meet as a group for 45 minutes to 1.5 hours.
- A Club Facilitator supports group engagement, shares and brings new information or answers about diseases, treatment and RPCs models.
- The group members are encouraged to engage and share their experiences and challenges of living with a chronic condition and taking lifelong treatment.

Composition and Venue of Clubs

- Adherence clubs consist of a group of 10–30 patients. Clubs can be 10 or more in community ACs and rural contexts, 25 or more in Facility ACs (especially those in larger urban clinics and CHCs).
- They can meet at the facility or outside the facility at a member's home or community venue at a time agreed by the members of the adherence club.
- Adherence clubs can start at the facility and later move their meeting to a community-based venue as members feel more comfortable.

Attendance



- A patient collection card with scheduled collection and return dates to the facility shall be issued to patients.
- Adherence club attendance on the scheduled appointment date is important.
- If this is not possible, an adherence club member can nominate a person (buddy) to collect on their behalf; but cannot do so twice in a row or for a clinical consultation visit. If this happens, the buddy will be told to tell the patient to come in themselves.
- If it was impossible to attend or send a buddy, the patient can go to the facility within 28 calendar days to collect their treatment supply.

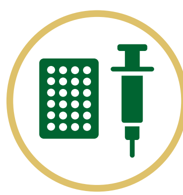
Clinical Assessment

- Members are required to see a clinician twice a year; once for a comprehensive clinical consultation and routine investigations and prescription at RPCs M6; and 6 months later at RPCs M12 for a brief clinical check-up and a repeat prescription.
  A province may choose to have the brief clinical check-up by a clinician at M12 be at the clinician discretion.

Medication supply

- You will receive a 6-month repeat prescription for your treatment.
- Multiple months treatment supply is distributed at each group meeting so there is no need to attend the clinic pharmacy to collect.

Women on contraceptives



- Long-acting reversible contraception (LARC) has no impact on visit frequency or alignment.
- Oral or self-injectable contraceptives: you will receive a 6-month script and either receive the full 6 month supply or a 3-month supply at the facility and another 3-month supply at your Adherence Club.
- IM injectable (clinician-administered): 2–4 additional facility visits per year will be required for injections:
  - Depo Provera (DMPA): 2 additional visits.
  - Norethisterone enanthate (NET-EN): 4 additional visits.

  A FAC-PUP or facility adherence club may be more convenient.

Health Problems

- Should patients feel unwell at any time they must attend the facility to see a clinician and not wait for their scheduled appointment date.

Return to Regular Care

- The patient will return to regular care if they missed their scheduled adherence club appointment date by more than 28 days.
- A patient will return to regular care at the facility and no longer attend the adherence club if the patient requires more frequent clinical care.
  - If the patient's VL is 1000 copies/ml or above
  - If the patient becomes pregnant, *(she should inform the Club Facilitator and report back to the facility for integrated MNCWH services).*
- Patients diagnosed with TB, other opportunistic infection, malnutrition, new or uncontrolled mental health or chronic condition must return to regular care.
- Advise patients that returning to regular care ensures more frequent monitoring until they have stabilised.

Choosing to leave the Adherence Club

- You can also leave the Adherence Club by choice.
- This can be discussed with your clinician when you have your comprehensive clinical consultation, which occurs annually.
- If your VL is still undetectable you may choose the option of a Facility Pickup Point or an External Pickup Point if this is more convenient or you feel you no longer need the support provided by the adherence club.
- If you have been 12 months on ART and have 2 consecutive undetectable viral load readings you may opt for 6MMD.
  This means when you collect your 6 month script from the clinician you also collect a full 6 months of treatment supply.

Types ofAdherence Clubs

Adherence Clubs can be general or tailored and inclusive depending on the population, setting, and needs. A club can meet at any of the locations that suit the needs of its members (in the facility or community).

Sub-population specific adherence clubs offer tailored support that enhances treatment outcomes and health system efficiency by providing peer support and a sense of community relevant to a specific group's needs. The benefits include access to age-appropriate social support networks, and the ability to address unique health challenges.

Health topics should be tailored to the members of the club, including the information and challenges that are more relevant to them. Club facilitators can also invite members to suggest topics or activities to be included at a future meeting.

General Adherence Clubs

- These are for stable adult clients on ART or other chronic medications.
- Groups can be of mixed age and gender.
- Include health literacy on common illnesses for all adult clubs; e.g. TB, hypertension, cholesterol, common cancers, mental illness.
- Include dealing with stigma, both internalised and externalised.

Men's Clubs

- Where possible, assign expert peers as facilitators – specifically, men living with HIV who have achieved and maintained undetectable viral loads. Some may have experience as a Coach Mpilo, an approach proven effective at helping men living with HIV move along the continuum of care.
- Incorporate member-suggested activities like sports, gym, fitness.
- Social events like game nights/braais/TV match nights, TV, gym sessions (these can build a sense of camaraderie and the association of health outside of the clinical context).
- Members may request inclusion of sharing of practical skills such as basic car maintenance, digital literacy.
- Include health topics such as prostate health, male sexual health, nutrition, and mental health (including the stigma around seeking help), along with non-gender-specific topics like cardiovascular health, diabetes, tuberculosis, skin cancer, and lung cancer.

Key Populations Clubs

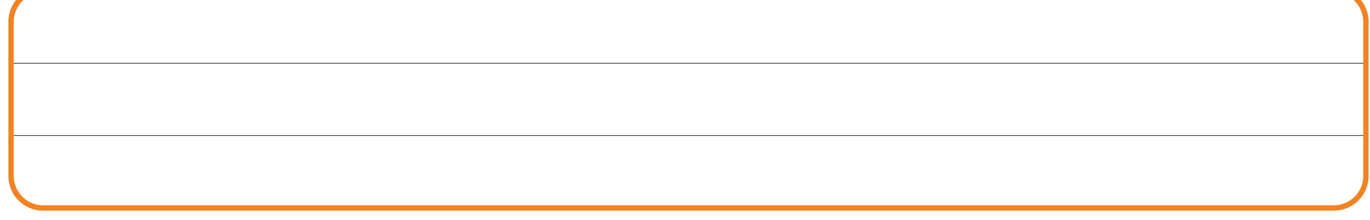
- It is key that safe, stigma-free spaces are provided.
- If possible, assign a facilitator that has had sensitization training.
- Ideally have specific clubs for each sub-population; such as sex workers, MSM, transgender persons; people who inject drugs. (This is possible in larger facilities with enough members.)

Member selection and peer support

- Member selection and peer support.
- Where possible, assign a peer to specialised clubs.
- Allow members to “self-select” which club they would like to join; including general adult adherence clubs, men’s clubs, maternal clubs or any other for which they are eligible.
- Encourage members to act as “expert peers” to inspire and support other PLHIV in their network, that have not yet tested or are not yet stable.

Client-specific support

- Include targeted health literacy and discussions, e.g. how to deal with stigma, STIs, GBV, contraceptives, available resources.
- Clinical consultations should also include member-appropriate components: STIs screening, testing and treatment, substance abuse and harm reduction services, vaccinations and prophylaxis, cervical cancer screening.
- Facilitators must immediately refer GBV survivors for first-line support including HTS and HIV-PEP within 72 hours.
- Promote 6MMD as an option that will become available when members have been on ART for at least 12 months and have maintained an undetectable viral load for 2 consecutive tests. This would entail just 2 clinic visits annually. Given that many of the Key Populations are facility averse this could be a strong incentive.



Family/Household Clubs

- These are intended for families or household members who are all on chronic treatment and meeting the RPCs eligibility criteria.
- Simplified logistics: one meeting, one medication pick-up point.
- It encourages family-based support for adherence.
- For children, include dosage checks and possible adjustments, disclosure process review, and check-in with the caregiver.
- If the caregiver is not on ART he or she must be one of the child's primary caregivers.

Benefits

- Child and caregiver are seen on same date and managed as a family with more convenience in accessing care for all.
- They enable quick, easy ART access so children have less time off school.
- Child disclosure is better supported through shared peer experiences.
- Provides a community network for tracing patients not attending their family club.
- Continued access to clinical care and support through an appropriate referral mechanism is ensured.
- There is an improvement in retention in care and virological outcomes, especially for the children.

NB! Only 33% of CLHIV are eligible for RPCs compared to 45% of adults.
(NDOH HIV Treatment Cascades October 2025)

Age criteria for each club

- The family clubs should be grouped according to the age of the child. If the facility has enough children living with HIV, the following age groups are recommended:
  a. 5 to < 7 years
  b. 7 to < 10 years
  c. 10 to < 15 years
- Should facility resources and eligible families interested in a Family Adherence Club not allow for 3 groups, enrol within the age groups:
  a. 5 to < 10 years
  b. 10 to < 15 years
- This grouping allows child disclosure support to be tailored to the children and the stages they are in with regards to disclosure.

- The clinician should assess disclosure status at enrolment as:
  a. no disclosure (none)
  b. partial disclosure (PD)
  c. full disclosure (FD)
- If the caregiver is not on ART s/he must be one of the child's primary caregivers.
- Where resources permit 2 club facilitators would be most beneficial. This will allow for separate but concurrent sessions for caregiver and child.

Resources and meeting space

- Where resources permit allocating 2 club facilitators would be most beneficial. This will allow for separate but concurrent sessions for caregivers and children.
- If possible have two facilitators to allow for separate but concurrent sessions for caregivers and children.
- Where possible, 2 separate spaces are recommended; one for caregivers to discuss child disclosure and one for children to engage in fun activities. Options within the facility:
  - Support group room
  - Outside courtyard or NPO structure on facility grounds (ideal space for younger children)
  - General waiting area if family club meets after-hours
- Whilst a clinician can carry out clinical consultations at an adherence club meeting venue for most clubs, family clubs need to have the comprehensive clinical consultations and the rescripting visits at or close to the facility in order for children < 35kg to be weighed, have their dosing assessed by the nurse and for the pharmacy to quickly repack their ART packages if necessary.

Family Clubs days have 2 additional requirements at clinical visits

- Children under 35kg must have a weight review every 6 months and the need for dosage adjustment checked.
- The pharmacy must be on standby to ensure Patient Medicine Parcels (PMPs) for children are repacked if dosage adjustments were made.

Youth/Adolescent Clubs

- These are specifically for adolescents and young adults living with HIV who meet the RPCs eligibility criteria.
- Tailored to age-specific needs, peer bonding, and youth-friendly services and activities.
- Include interactive health education and psychosocial support, mental health assessment, screening for substance abuse.

Eligibility criteria

- Most recent assessment results are normal:
  - HIV: most recent viral load (VL) in past 12 months < 50 copies/mL
  - Diabetes: most recent HbA1c taken in past 12 months ≤ 8%
  - Hypertension: 2 consecutive BP < 140/90
- Clinically stable with no current TB or other opportunistic infection/ condition requiring clinical review more regularly than once every 6 months.
- Clinician confirms the patient's eligibility for RPCs option.
- Patient voluntarily opts for the RPCs option.

Plus

- Aged 12–24 years.
- HIV status has been fully disclosed to the adolescent/youth and is understood.
- He/she is mature enough to be taking own treatment.

Grouping by age

- Grouping the adolescents and youth by age fosters age-appropriate learning.
- If the clinic has large numbers of HIV positive adolescents and youth, form 3 age-dependent groups:
  a. adolescents 12 to < 16 years
  b. adolescents 16 to < 20 years
  c. youth 20 to 24 years
- If numbers of HIV positive adolescents and youth are not enough for 3 groups, then 2 groups can be formed:
  a. adolescents 12 to < 16 years
  b. youth 16 to 24 years

Club frequency

- The club should meet every 3 months in alignment with ART collection and clinical consultations.
- The group can also vote to have an additional meeting between drug collection/clinical consultations.

Meeting spaces

- The club can meet in either in the clinic or in another safe space such as a school, church, community hall or large gazebo on the clinic property.

Club activities

Prescribed activities which must take place include PMP collection, annual clinical consultation and 6-monthly scripting, TB screening.

Additionally it is advised to also incorporate age-appropriate support (emotional, cognitive, social well-being, clinical). These could include:

- screening for STIs and mental health screening.
- discussions on and provision of contraceptives.
- discussions on nutrition, psychosocial well-being, preventive measures for partners, disclosing to others.
- awareness of GBV, preventive measures and dealing with the aftermath.
- discussions on the myths/findings in social media about HIV, other conditions.
- disclosure to significant others (if HIV acquisition is not via mother-to-child transmission).
- any other appropriate topics requested in advance by the group.

Note that it is easier for youth and adolescents in adherence clubs to transition to adult care, especially when several group members transition into the same adult adherence club.

Mental Health Screening

Assess members' appearance/ behaviour	• Is he/she clean, looking after him or herself? • Does he/she look worried or sad? • Does he/she seem agitated? Or unusually slow? • Does he/she seem suspicious, nervous or hostile? • Are there noticeable weight changes?
Assess members' mood **Ask:**	• How have you been feeling over the last week? • Have you been feeling mostly normal, or sad or happy, or worried? • How do you feel today? • What are your feelings about the future?
Assess members' thoughts **Ask:**	• Are you having negative thoughts? • Are you having strange thoughts? • Any unusual fears (such as being followed, spied on)? • Have you had any strange experiences or special abilities (such as hearing voices/seeing visions other people cannot hear or see)?
Assess members' cognition	• Does thinking seem slow? • Is the person able to concentrate? • Does their memory seem impaired?
Assess substance abuse **Ask:**	• Has your taking of drugs or alcohol caused serious problems for yourself or your family? • Did you have more than 5 drinks per session in the last week? Lately? • Have you used any illicit drugs or misused prescription drugs?

Maternal Clubs

Adherence rates are low in the postpartum period and continue to decline even after the first year.

Knowledge of convenient treatment collection for adherent, suppressed patients could help to improve postpartum adherence.

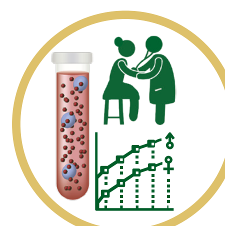
Eligibility for Maternal Clubs

- For eligible women LHIV > 12 months post-birth.
- Meeting all eligibility criteria for RPCs.

Medication Distribution

- Mothers are eligible to receive 3 months of ART and other chronic medication from their clinic at the time of scripting; plus 3 months' treatment supply distributed at the Adherence Club.

Integrated Clinical Management for Mother



- 6-monthly VL assessment if breastfeeding.
- 6-monthly BP assessment, Family Planning service.
- TB screening and testing, TPT provision if indicated.
- STI screening, PAP smears.
- Mental Health: screen for postpartum depression.

  (most cases resolve by 3–6 months but ~25% can persist beyond 12 months/for years and evolve into ongoing depressive disorder)

Club Activities

- TB symptoms screening and testing.
- Adherence counselling.
- Counselling on the prevention of vertical transmission if breastfeeding.
- Counselling on the recognition of prolonged post-partum depression.
- Health literacy around HIV, tuberculosis, Sexually Transmitted Infections (STIs) and noncommunicable diseases, including hypertension, diabetes, cervical cancer, etc.
- Health literacy on contraception options, on female reproductive disorders, e.g. uterine fibroids and endometriosis (found in 25–44% and 10% of SA women of reproductive age, respectively), etc.
- Members should report any new or concerning symptoms to the facilitator and be directed to the facility/club nurse for review and management.

Health Information – Toddler-related

- Infant HTS at 18 months and 6 weeks post-cessation of breastfeeding and anytime the baby is unwell. (Rapid if > 18 months, PCR if < 18 months old).
- Continued ART prophylaxis for toddler for 4 weeks after end of breastfeeding.
- Immunization status check, toddler immunization at 18 months.
- Support aligned to the 1st 1000 days concept with nutrition and stimulation guidance.
  - Child feeding counselling and support as per the Infant and Young Child Feeding Policy.
  - Counselling on key age-based developmental milestones to be aware of as per Early Childhood Development (ECD) guidelines.

Recruitment

- Mothers with an undetectable VL and toddlers 12 months or older:
  - at the time of their VL assessment at 12 months postpartum if still breast feeding
  - at the time of child's 2nd measle vaccination at 12 months old
  - from Postnatal Clubs.

Postnatal Clubs

Mother-Infant Pairs; until 12–18 months

Stable mothers 12 months post birth

Maternal Adherence Clubs

Women eligible for RPCs ≥ 12 months post birth

Maternal ACs can be spoken about in Postnatal Clubs, promoting the benefits of convenient treatment collection and also continued support tailored to their needs and that of their toddlers.

Stable mothers in postnatal clubs can "graduate" to maternal adherence clubs. As several of them potentially become eligible within months of each other, this makes the transition very easy for them.

Note that Postnatal clubs are not amongst the Repeat Prescription Collection Strategies, which are specifically meant for stable patients not requiring frequent clinical support.

Mother-Infant Pairs, whether in Postnatal clubs or regular clinical care, need to be seen every 4–12 weeks.

Integrated services in Postnatal clubs for the mother include viral load monitoring, family planning, pap smear, screening for depression, hypertension, as well as infant care advice, adherence counselling, and health talks on vertical transmission, Intimate Partner Violence, etc.

Infants are provided with HIV testing, growth monitoring, feeding support, immunization, Integrated Management of Childhood Illnesses, Prevention of Mother-to-Child Transmission services.

Over 50s Clubs

Given the high prevalence of chronic conditions, clinical care and health literacy support for those over 50 should be tailored to address their specific needs.

Clinical assessment, which is suggested but not mandatory for other adherence clubs, is strongly recommended to be included for the rescripting visits (i.e. RPCs Visits 4, 8, 12, etc. at RPCs Months 12, 24, 36, etc).

Club Activities

- Age-appropriate physical exercise activities to promote group engagement and well-being.
- Consideration of excursions, stimulating games, and interactive group activities.

Health Information

Early detection of chronic conditions and cancers that become more prevalent with age is an increasing priority amongst older individuals. Tailored health information that is critical for seniors should include:

- symptoms they should look out for that may signal cardiovascular, respiratory, musculoskeletal or mental illnesses, diabetes, common cancers.
- chronic condition diagnosis, monitoring and management.
- bone health: ensuring adequate calcium and vitamin D intake.
- nutrition to manage weight and heart health.
- physical activity to maintain muscle mass, balance, joint health and metabolic health.
- mental health and cognition: mental stimulation, signs of depression or loneliness.
- menopause/andropause.
- sleep quality to manage cognitive and physical health.
- impact of smoking and alcohol on health.

Clinical Assessment

A comprehensive approach to clinical assessment is strongly recommended for re-scripting visits of over 50s.

Key recommended components include:

- screening for cognitive impairment and frailty, especially in older adults.
- chronic pain management strategies and support.
- review of polypharmacy and medicines optimisation.
- basic clinical measurements:
  - Blood pressure monitoring
  - Blood glucose monitoring
  - Weight measurement

MODULE 2
ADHERENCE CLUBS PROCDURES AND FACILITATION

Roles and Responsibilities for Adherence Clubs

RPCs Algorithm: Focus on Adherence Clubs

Adherence Club Procedure and Annual Visit Schedule

Detailed Guidance: Before, During and After

Tracing and Recall of AC Patients

Re-engagement and/or Deactivation from Clubs

Roles and Responsibilities for Adherence Clubs

Club Manager

- Takes overall responsibility and provides oversight for the activities required to implement successful adherence clubs.
  The facility manager designates a nurse for this role.

Duties include to:

- ensure this SOP is carried out.
- Adherence Club recruitment.
- schedule AC visit dates.
- provide AC Facilitators with new treatment literacy information/materials.
- ensure AC assessment results are managed: reviewed by clinician and patients with abnormal results recalled.
- ensure AC enrolment, deregistration, attendance is captured.
- ensure proper monitoring, reporting and club evaluation.

Club Facilitator

- Responsible for establishing and running adherence clubs with the assistance of Club Manager.
- Running the adherence club sessions.

Duties include to:

- facilitate group discussion and engagement.
- collect and distribute pre-dispensed medication.
- check wellness of members, and refer unwell patients to Club PN.
- register attendance in RPCs monitoring tool; follow up patients who miss sessions.

Club PN

- Responsible for oversight of AC on the day of the club.
- The Club PN does not need to be present at non-clinical club sessions but is available at the facility before, during and after the session.

Duties include to:

- see symptomatic patients referred.
- conduct comprehensive, integrated chronic care clinical review, including routine investigations and scripting, at RPCs M6.
- conduct brief integrated chronic care clinical check-up and scripting at RPCs M12.
- review and sign off the AC registers.

Pharmacist

- Responsible for pre-dispensing treatment for adherence clubs if supplied by facility pharmacy.

Administrative Clerk/Data Capturer

- Responsible for capturing patients' adherence club enrolment, attendance, deactivation and/or deregistratin into TIER.Net.

RPCs Algorithm: Focus on Adherence Clubs

Registration Visit
Months on ART 4

- RPCs eligibility assessment
- Explain & offer RPCs options
- Patient chooses AC

- Provide detailed information about AC
- Complete RPCs registration form
- Record in clinical stationery: AC

1st AC meeting date **KNOWN:** Script treatment supply until 1st AC date

Provide/update patient appointment card with 1st AC meeting date at facility

1st AC meeting date **NOT KNOWN:** Script 2 or 3 months' treatment supply

Patient collects treatment supply from pharmacy

AC facilitator calls with date & time

Enrolment Visit RPCs M0
Months on ART 4–6

1st AC meeting at facility
- Record present AC members
- Provide/update patient appointment card with next AC meeting date/location/time

- Script AC members (6MMS) + indicate supply length

Patient collects 3 months' treatment supply from pharmacy

TO
1st TREATMENT SUPPLY ONLY VISIT

FROM
1st TREATMENT SUPPLY ONLY VISIT

RPCs M3: Treatment supply only visit
AC venue – Club Facilitator

- Verifies patient identity
- Facilitates group discussion
- Patient reports/looks unwell – refer to facility clinician/Club PN
- Records all attendees in RPCs monitoring tool
- Remind patient next visit to attend facility/AC venue for clinical consultation (depending on Club PN location)

Distribute PMP – 2nd treatment supply from 6 month script

RPCs M6: Comprehensive clinical consultation visit
AC: Facility/AC Venue

- Adherence Clum Meeting

- Integrated chronic care clinical review (incl. TPT review)
  For adolescents: annual mental health assessment
  For children: dosage + disclosure check
- Routine investigations: align all AC members
- Verify RPC suitability
- Script patient for 6 months + indicate supply length

- Record in clinical stationery
- Remind patient next visit is back to AC location
- Update appointment card

Patient collects 1st treatment supply from new script (pharmacy or AC)

RPCs M9: Treatment supply only visit
AC venue – Club Facilitator

- Verifies patient identity
- Facilitates group discussion
- Patient reports/looks unwell – refer to facility clinician/Club PN
- Records all attendees in RPCs monitoring tool
- Remind patient next visit to attend facility/AC venue for clinical consultation (depending on Club PN location)

Distribute PMP – 2nd treatment supply from 6 month script

RPCs M12: Rescripting visit
AC: Facility/AC Venue * – Club PN

- Adherence Club Meeting

- Brief integrated chronic care clinical check-up
  For children: dosage check
  For breastfeeding women: VL
- Script patient for 6 months + indicate supply length

- Record in clinical stationery
- Remind patient next visit is back to AC location
- Update appointment card
- Collect 1st treatment supply from new script (Pharmacy or AC)

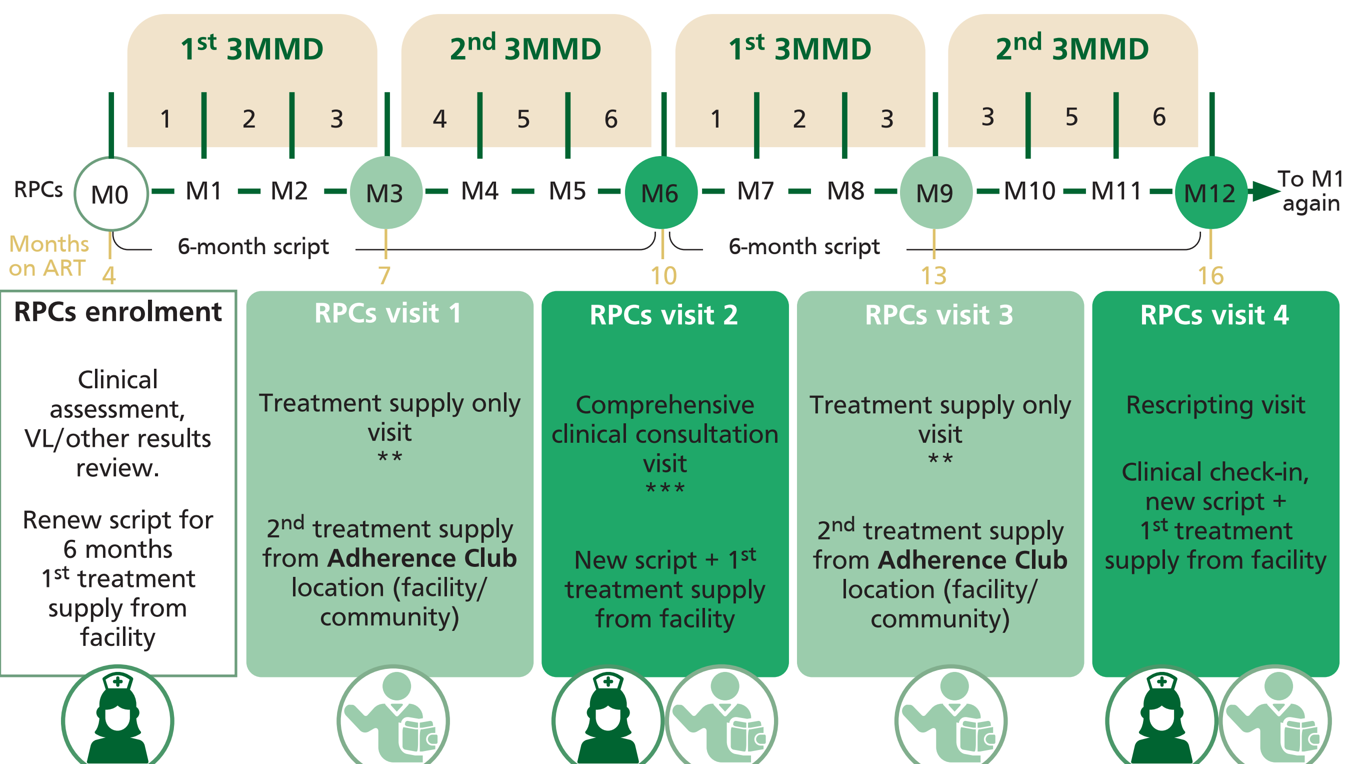
Patient collects 1st treatment supply from new script (pharmacy or AC)

NB! Clinical reviews are carried out with the club members individually and not in the club meeting; even in the instance where the club nurse does the clinical reviews and rescripting at the adherence club venue (before or after the group meeting).

If the nurse cannot come out to the venue consultations may be in the facility.

Adherence Club Procedures & Annual Visit Schedule

3-monthly supply (3MMD)* within the Adherence Club RPCs model



* Where a facility is experiencing drug shortages, the treatment supply only visits to the RPCs location can be changed to RPCs M2 & RPCs M8. This will support a first supply of 2 months (2MMD) from the facility and a second supply of 4 months (4MMD) from RPCs. Every effort should be made not to provide a shorter supply from the facility/RPCs to ensure maximum 2 patient visits per 6-month script.

** At the Adherence Club

- Conduct adherence check
- Check if patient unwell or wants to see a clinician – refer if yes to either
- Facilitate group discussion
- Issue PMPs
- Record patient visit in RPCs monitoring tool

*** At the clinical consultation

- Record in clinical stationery:
  - RPCs M6 – Comprehensive clinical consultation visit
  - Integrated chronic care clinical review (incl. FP + TPT review)
  - Routine investigations as per HIV, hypertension or diabetes guidelines
  - Treatment script + first supply
- For children add:
  - Weight check, dosage check with possible adjustment at M6 and M12
  - Disclosure process review and check-in with caregiver
- For adolescents add:
  - Mental health assessment
  - Brief integrated chronic care clinical check-up at M12

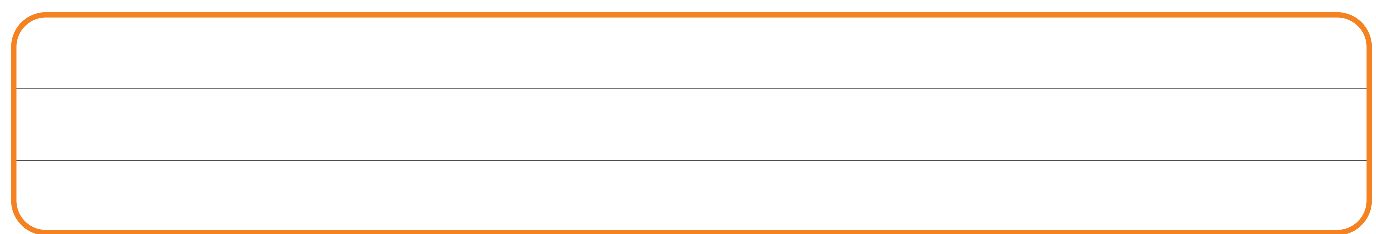
Adherence Clubs Annual Visit Schedule

Months* in RPCs *(Months on ART)*	Location AC visit	Activities
RPCs M-1 *(M3 on ART)*	Facility *(not an adherence club visit)*	**Registration visit** RPCs eligibility assessment + offer RPCs options + complete RPCs registration form + script and align treatment supply to cover until first adherence club visit date + collect treatment supply at facility pharmacy
RPCs M0 *(M4 on ART)*	Facility *(meet as a group for the first time)*	**Enrolment visit** [a] Enrolment in RPCs monitoring tool + record adherence club enrolment in clinical stationery + 6MMS+ 3MMD** pick-up from facility pharmacy
RPCs M3** *(M7 on ART)*	Adherence Club venue	**Repeat collection** 3MMD** pick-up
RPCs M6 *(M10 on ART)*	Facility/Adherence Club venue [e]	**Comprehensive clinical consultation visit.** Integrated chronic care clinical review (incl. FP+TPT review) + investigations + Check RPCs option chosen still suitable [b] + 6MMS [c] + record in clinical stationery + 3MMD** pick-up
RPCs M9** *(M13 on ART)*	Adherence Club	**Repeat collection** 3MMD** pick-up
RPCs M12 *(M16 on ART)*	Facility/Adherence Club venue [e]	**Rescripting visit** [d] Brief integrated chronic care clinical check-up + 6MMS + record in clinical stationery + 3MMD ** pick-up

* *A month refers to a dispensing cycle (whether 28 or 30 days in length)*

** *RPCs treatment supply only visits can be 2 months after the clinician scripting date at M2 and M8 if the facility was experiencing drug shortages at date of scripting. The clinician can then specify 1x2MMD (first dispense from the facility at RPCs M0/M6/M12) and 1x4MMD (second dispense from RPCs location at RPCs M2/M8/M14).*

a. *VL/HbA1c should not be done again at the enrolment visit.*
b. *If patient chooses to change RPCs option: Clinician to complete registration form indicating change and record change in clinical stationery for capturing.*
c. *After RPCs enrolment, patients should be rescripted at their 6-monthly clinical review dates. Patient should not be required to return for result review prior to rescripting. The minority of RPCs enrolled patients receiving an abnormal result should be recalled to the facility.*
d. *To see clinician at clinician discretion.*
e. *Clinician can carry out clinical consultation at adherence club meeting venue.*



Detailed Guidance: Before, During and After

A. Preparation for the Club Session

Standard Visits | **Preparation for the club** | At the club visit | After the club visit | During the grace period | End of the grace period

Preparation can begin earlier but must be finalised the day before the club.

1. Prepare the Club register – Date of club visit. Visit type.
2. Type of visit:
   - If blood draw or clinical visit ensure preparation as per requirements.
   - If previous visit was a clinical visit check register for a tick next to patient weight to ensure this was done. If no tick draw folders for patients.
   - If clinical visit was not done mark in the register that the patient needs to be seen by the clinician before receiving their PMP.
   - Patient files are only drawn for clinical and scripting visits.
3. Recruited patients:
   - Draw folders for recruited patients.
   - Capture prescription.

4. Patient Medication Parcels (PMPs):
   - Pharmacy to check PMPs are checked for completeness.
   - Add missing medications from facility pharmacy.

B. At the Club Session

Standard Visits | Preparation for the club | **At the club visit** | After the club visit | During the grace period | End of the grace period

Ensure the PMP pick-ups can begin on time.

For each individual patient:

1. Check whether there are any actions highlighted for the patient at this visit and action accordingly.
2. For a newly enrolled patient, stick a patient label into the next open line in the register, write in the club ID number (the line the patient appears on) and record the contact number details, or fill in register, record NEW alongside the first visit block.
3. Record the club ID number after the club number on the appointment card *(e.g. club 3/24 indicates the patient is in club 3 and can be found on line 24)*.
4. Record weight or buddy in the weight block. If a buddy attends record B in the weight block *(facility may decide to omit weight for adults but this is not advisable)*.

5. Screen for TB symptoms or any other problems, record in the register, refer patient to the club nurse needed and record RTC (refer to clinician) in the register.
   (TB symptoms: cough, fever, night sweat, and unintended weight loss).
6. Record next date and type of visit on the appointment card (or cross/tick current visit if patient date stickers are used).
7. Give the patient their PMP.
8. Patient to check contents at the club and report immediately if any queries.

Activities in Adherence Clubs

The Club Facilitator shall:

Verify patient identity using approved means of identification. A nominated person collecting on behalf of the patient must produce patient's approved means of identification.

Facilitate a group discussion and engagement.This will include utilisation of treatment literacy information and materials provided by the Club Manager.

Encourage peer support, peer-suggested and peer-led interventions, empowering club members to support and mentor each other for improved adherence and engagement.

Issue the multiple months treatment supply
(Patient Medicine Parcel – PMPs).
Have patient or nominated buddy sign for the PMP.

Enquire whether the patient is doing well on current treatment. Screen for TB.
Refer to the Club PN if the patient reports feeling unwell or is perceived to be unwell/unstable.

Register the patient visit in the RPCs monitoring tool. For further detail refer to the Integrated TB/HIV data management SOP RPCs annexure.

C. End of the Club Session

Standard Visits | Preparation for the club | At the club visit | **After the club visit** | During the grace period | End of the grace period

1. Report to Club Nurse:
   At the end of the club sessions for clinical consultations and rescripting (months 6, 12, 18, 24, etc.) facilitator reports to the Club Nurse.

   a. Any enrolled patients: folders (pre-drawn) and register to be given to the nurse.
   b. Nurse to complete clinical details of enrolled patients in the register.
   c. Nurse to record patient was enrolled in the folder next to the recruitment information the date enrolled and signing the entry.

   d. How many patients have not attended the session; ensure this correlates with the remaining PMPs.
   e. If possible, patients who have missed their club visit should be recalled immediately.
2. Unclaimed PMPs: Clubs Facilitator returns the unclaimed ART pre-packs to the facility for those club patients that did not attend (or send a buddy) to the club session.
   a. In some facilities, the Clubs Facilitator/Clubs Managers keeps uncollected ART for the grace period in locked cupboard in Clubs Manager's consultation room or support group room).
   b. In others they are kept in the pharmacy.

D. During the 28-day Grace Period

Standard Visits | Preparation for the club | At the club visit | After the club visit | **During the grace period** | End of the grace period

1. Store the register and remaining PMPs for the 28-day (calendar days) grace period in the agreed upon place.
   (Each facility should determine the appropriate grace period to be given to club patients, whether the Clubs Manager or the Clubs Facilitator will manage the grace period and role of other staff in their absence).
   This storage place must be known to staff and patients.
   (Can be pharmacy club room, nurse room, counsellor room. Pharmacy to approve storage place for medication safety).
2. Speak to patients about the importance of them ensuring smooth club functioning by coming to their club session.
   – Advise patients to report to the agreed upon place if attending during the agreed upon time period.
3. Check the type of visit missed: if a blood or clinical visit then the patient must be seen by a clinician.
4. The register should be completed as per the club session,
   a. also record the date the patient attends during the grace period.
   b. the patient either collects their PMP from the agreed upon place or from the pharmacy (facility dependent).
5. When the register indicates that all the club patients have now attended, give the register to the club nurse for closure and then capture by data clerk.

E. After the 28-day Grace Period

Preparation for the club › At the club visit › After the club visit › During the grace period › **End of the grace period**

1. The club nurse must close the club register at the latest on day 28 (can be earlier if all patients have collected PMPs before 28 days).
   a. Review the remaining PMPs against the register and write DNA (Did not attend) in the weight field for each patient that did not collect their PMP within 7 days.
   b. Review the register entries for the last visit for completeness:
      – All weight fields to be completed with a weight, B (buddy) or outcome.
      – All recorded weights should have a record of screening completed.
      – Discuss any recording gaps with the facilitator for correct register completion
   c. Nurse to initial at the bottom of each last visit column of each page as each page is checked as complete, and then write the date, name and sign the register as checked on the front summary page.
   d. Nurse to check if scripting is due and follow the scripting procedures if necessary.
2. Give the register to the clerk/data capturer for capturing.
3. Remaining PMPs are to be returned to the pharmacy.
4. The Clubs Facilitator follows up with patients that did not come within 28 days.
5. When the patient comes to the clinic after the grace period, refer him/her to the Clubs Manager who will return him/her to mainstream care for increased support.

---

1. Data cleaning needs to be done.
2. Check paper register for services that need to be captured for that visit in order to correctly set up the batch capture screen.
3. For recruited patients:
   – Select club-start from the ART services menu.
   – Those enrolled at this visit must be captured as club-start and have a club ID number (paper register line number) captured against their line.
   – Those recruited before the last club visit that were not enrolled should be removed from the list by going into the individual patient record and removing the recruited status.
4. For current patients:
   – Capture correct regimen given for those patients who received a regimen.
   – Capture “no regimen given” for patients with DNA in the weight box; capture the outcome as BTC – DNA.
5. After capturing, the data capturer should date, write name, sign the front page.
6. Return the register to appropriate register storage space.
   – Capturing will take place within a week of receipt.

Tracing and Recall of Adherence Patients

Criteria and Prioritisation Order

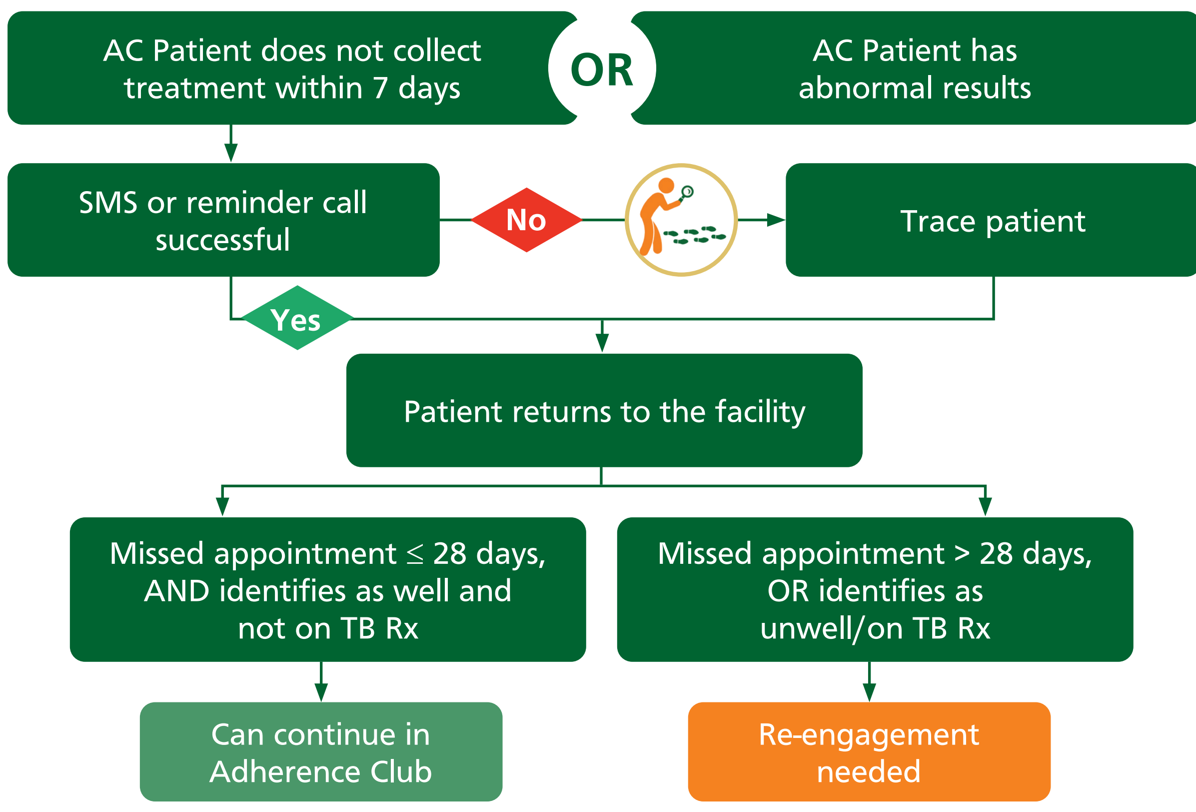
Every effort should be made to trace all patients with missed appointments and/or abnormal results. However, tracing and recall should be prioritized for the following patients in the order set out below:

1. Patients started or restarted on treatment in the last 6 months with advanced HIV disease (AHD).
2. Patients with abnormal results, e.g.
   - HIV: Serum CrAg+, PCR+ or viral load > 50 copies/ml
   - Diabetes: HbA1c > 8%
   - TB: positive TB-NAAT, Culture
3. Patients overdue for their condition-specific assessment and/or investigation (test).
4. Patients who have failed to return to facility within 7 calendar days of their scheduled adherence club day/appointment for any other reason, including medication collection.

Guiding Principles of Tracing and Recall

1. Patients are traced through methods that they have consented to:
   SMS, WhatsApp, phone call, and/or home visits.
   - Home visits (if agreed to) should be preceded by telephonic attempt.
2. Integrate the following activities into adherence strategies to trace and recall patients:
   - Informing patients about tracing and recall processes.
   - Patients' consent to be traced, preferred methods of tracing in order of preference.
   - Updating the patient's contact details at each visit.
   - Ensuring patient confidentiality is always maintained.
   - Identifying patients with abnormal results or missed appointments through the TIER.Net line lists for HIV/TB patients or from the appointment register/book.
3. First, verify missed appointments using the patient folder/adherence club monitoring tools before contacting the patient.
4. Tracing processes should start 7 calendar days after patients have missed their scheduled appointment, or have not returned to the facility after an immediate initial recall on receipt of an abnormal result.
5. Make an active referral to the facility within the next 7 calendar days where tracing is successful.
6. Document all tracing attempts in clinical stationery and monitoring systems.

Tracing and Recall of Adherence Club Patients in particular



1. If an Adherence Club member
   a. does not pick-up their treatment supply within 7 calendar days of the scheduled date **OR**
   b. had test results that came back abnormal:

Then:

Patients are contacted through SMS or reminder calls to return to the facility to collect medicine.

If unsuccessful, patients are added to the facility tracing list which are traced according to their order of priority.

2. Where a patient returns to the AC or facility within 28 days of their AC scheduled date (of their own accord or after tracing), **the patient can continue to be managed in their Adherence Club.**
3. If more than 28 days late, refer to re-engagement process.

Specific to Adherence Club Patients

Adherence Club members arriving within 28 days of their appointment are reviewed by the Clubs Manager and sent to the pharmacy for treatment, if appropriate.

Clubs Manager ensures prompt re-engagement after missed visits.

Re-engagement and/or Deactivation from Clubs

Key Principles of Re-engagement

1	2	3
The first visit return experience is crucial	Not all late clients are re-engaging	Re-engaging client needs vary by client
Welcoming, supportive and empathetic	**Only a person who is more than 28 days late for a scheduled appointment or self-identifies as unwell or on TB treatment**	Easier access to treatment
Clear facility visit flow focused on a positive client experience		Psychosocial support
		Clinical management

1. For returning clients, the first return visit experience is critical.
   a. Be welcoming, supportive and empathetic.
   b. Acknowledge missing appointments and/or treatment interruptions are normal.
   c. Support and empower patients to sustain their re-engagement effort.
   d. Have a clear facility visit flow that is focused on a positive client experience.
   e. Do not make a client wait until last to see any service provider but should join the patient queue on the same basis as all other patients.

   No punitive actions may be taken by facility staff!

2. Not all clients late for scheduled appointments are re-engaging clients.
   Only the following are re-engaging clients.
   a. a person who is more than 28 days late for a scheduled appointment
   b. a person that self-identifies as unwell or on TB treatment

3. All re-engaging clients do not have the same service delivery needs. Needs can include:
   a. easier access to treatment
   b. psychosocial support
   c. clinical management

RE-ENGAGING clients:

- Respect their place in queue.
- Do not send to the back of the queue.
- Do not send to collect transfer documents from another facility.

4. If clients missed an appointment due to time, cost or mobility constraints, you may support durable re-engagement by providing longer treatment supply and more convenient treatment collection (RPCs).

   Increasing the intensity of service provision may not be supportive!

5. If a client comes from a different facility, provide the patient with treatment on the same day to limit any further treatment interruption.

   Do not require a client to leave the facility without treatment to first obtain a referral/transfer letter.

Re-engagement of Adherence Club Patients

Patient returns to the facility

Definition of a re-engaging client

Missed appointments ≤ 28 days, AND well and not on TB Rx

Can continue in Adherence Club

Missed appointments > 28 days **OR** Clinically unwell/diagnosed TB/elevated VL AND missed appointment of any duration

Re-engagement

Perform re-engagement clinical assessment + decide if EAC could assist

Presents clinically well

- Missed appointment 29-90d
  - Continue treatment Assess, offer, enrol in RPCs if eligible
  - 3-month drug refill
  - Assessment as per routine schedule
- Missed appointment >-90d
  - Same day restart chronic treatment
  - Recall if CD4 < 200 to provide AHD package
  - Assessment 3 months after re-engagement

Presents clinically unwell/ abnormal result / TB co-infected

- Follow HIV/NCD/TB guidelines
- Same day restart chronic treatment
- Drug refill 1–3 months to cover until next appointment
- If CD4 < 200: provide AHD package
- Assessment 3 months after re-engagement

The Re-engagement Procedure

A If the patient returns to the facility 29–90 days after due date and clinically well, continue/restart treatment, assess for RPCs and offer if eligible, otherwise offer 3-month drug refill until next clinical review. Assess as per routine schedule.

B If the patient returns to the facility more than 90 days after due date and clinically well, restart treatment, check CD4 for HIV patients, offer 3-month drug refill until next clinical review. Reassess in 3 months. Recall if CD4 < 200 to offer AHD package. If a longer TPT regimen is interrupted for > 90 days, reassess for eligibility including doing TB-NAAT, and decide on TPT restart/start as per guidelines.

C If a chronic care patient returns:

- identifying as clinically unwell (including a mental health concern) and/or on TB treatment AND missed an appointment,
- OR > 28 days after their scheduled adherence club date,

a clinician will see the patient to:

a. complete a re-engagement clinical assessment, including TB screening, TB-NAAT.
b. follow the appropriate clinical guideline (including A–E elevated VL assessment) if the patient is clinically unwell, TB co-infected or most recent assessment result was abnormal.
c. continue/restart treatment immediately including any drug switch and take a CD4 count for HIV patients.
d. decide follow-up clinical review frequency as clinically indicated; and align drug refill length (patient is not required to return unless clinically necessary).

If the results are normal at the 3-month reassessment and patient is clinically stable, offer the patient available RPCs options.

Please refer to the Re-Engagement in Care Job Aid 2025 on Knowledge Hub for more detail.

Deactivation from an Adherence Club

Criteria for Deactivation

1. RPCs patient did not return to the FAC-PUP, AC or EX-PUP within 28 calendar days of their scheduled RPCs appointment date.
2. RPCs patient is assessed as clinically unstable requiring more frequent clinical management, (e.g. diagnosed with TB/other opportunistic infection).
3. Abnormal clinical or lab test results:
   - For HIV: VL ≥ 1000 copies/ml (unless clinician confirms persistent viraemia)
   - For Diabetes: HbA1c > 8%
   - For Hypertension: BP > 140/90 mmHg
4. RPCs patient becomes pregnant and is referred to integrated MNCWH services.

A patient may also choose to leave the Adherence Club if they:

- prefer seeing a clinician more frequently and want to return to regular care
- prefer another Repeat Prescription Collection strategy, i.e. Pickup Points
- are assessed to be eligible and opts for 6MMD

! The reason for the patient being deactivated from CCMDD must be documented in the notes section of the patient folder by the clinician.

NB! The reason can be clinical, adherence or by choice.

NB! Deactivation is a temporary removal. The client can be re-enrolled.

Deregistration is a permanent removal due to demise or a duplicated profile.

Advice to patient

1. They are being returned to regular care to ensure more frequent clinical care until they are stable again.
2. They will not attend the adherence club whilst receiving regular care.
3. After return to clinical care, they can be enrolled into the club or other repeat prescription collection option after a single normal result and meeting other RPCs criteria.
4. Should the patient be leaving the club by choice, the discussion regarding a different patient choice and the change will occur at prescription during the next consultation with the clinician.

MODULE 3
MONITORING AND EVALUATION

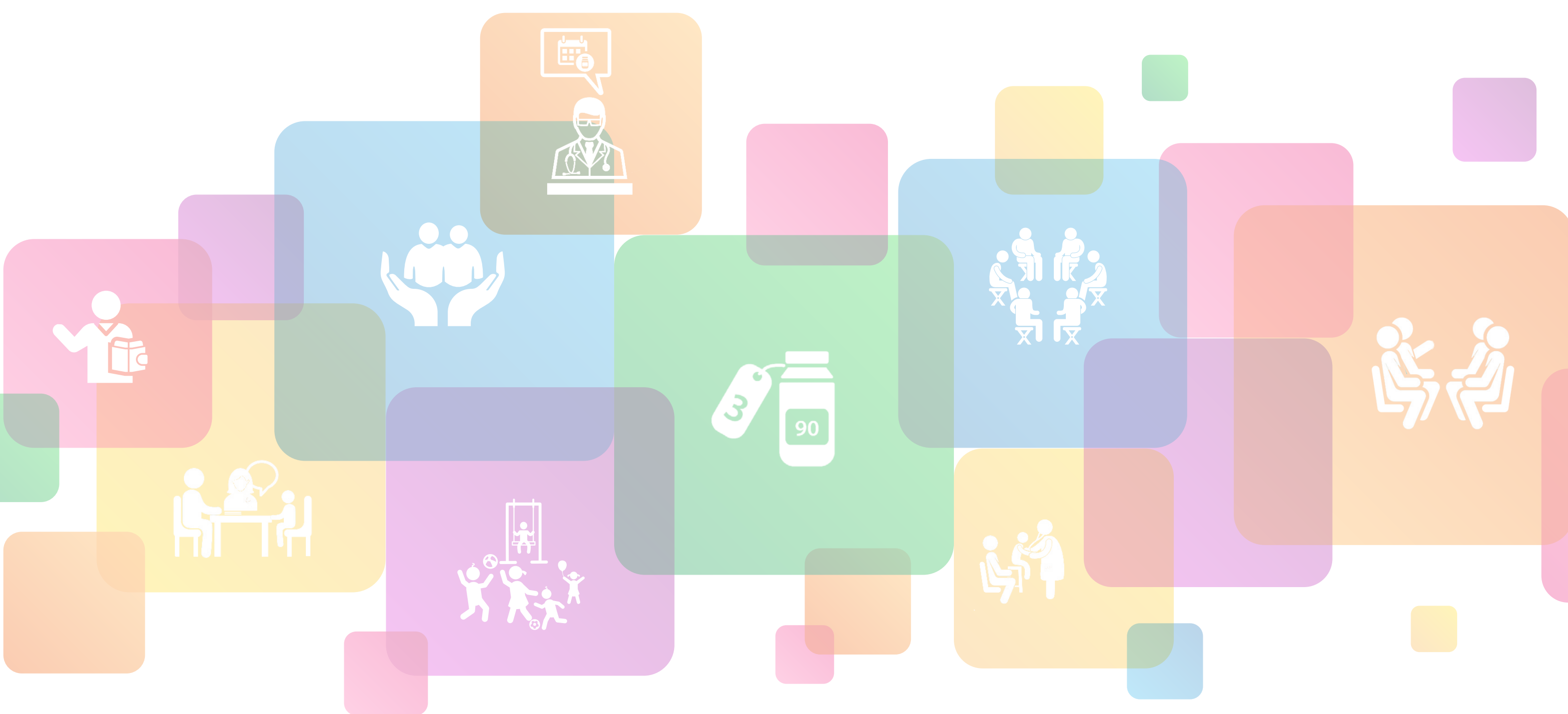
Documentation in the Adherence Club Register

Documentation in ART Clinical Stationery

Capturing for Adherence Clubs in TIER.Net

Capturing of Adherence Clubs in SyNCH

Reporting for Repeat Prescription Collection Strategies



Documentation in the Adherence Club Register

Club Number 2003 **1**	Club Name Demoville		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT) Shared (S)	Chronic Condition	RPCs Month	3	6	9	12
			Visit Date **2**	03-01-2025	07-04-2025	07-06-2025	06-09-2025
1. Member Unique ID 820606 0002 088 **3**	Member 082 333 4625 (PVT) **4**	HIV ✓ HPT ✓ Diabetes ☐ **5** Asthma ☐ Other ✓ Hyperlipidaemia	Weight **6**	63	64	Buddy	TFOC
Clinic Folder Number 100005436			Symptoms **7**	N ✓ RTC	(in patient folder)	N RTC	N RTC
Gender: Male ☐ Female ✓ Date of Birth 05/06/1982	Buddy 071 501 3267 (S)						
Name Bulima Surname Tataloko							

The Club Facilitator is responsible for competing all sections of the register apart from:

- *the patients' clinical information,*
- *PMP collection during the grace period.*

1. Write the name and number of the Adherence Club. Ensure this name and number corresponds to the records in TIER.NET and SYNCH.
2. Record in the "Visit Date" row current and next club session dates.
3. Write the client's ID number, folder number, Sex, Date of birth, Name and Surname.
4. In the third column, write the phone number of the member and buddy, indicating "PVT" for private phone or "S" for a shared phone.
5. Indicate the type of chronic condition the client has by ticking the relevant boxes. Tick "other" if not listed and write the name of condition. (Club Nurse at enrolment)
6. In the Weight section, record the client's weight for each session. If the client sends a buddy to collect the medication, write "BUDDY" instead of the client's weight.
7. In the "Symptoms" row, for each session, tick one of the following:
   'N' for symptoms checked and normal; or
   'RTC' for abnormal symptoms and patient Referred to Clinician.
   List any abnormal symptoms prompting referral.

The register will not have symptoms captured in the clinical consultation visit sessions (Club months 6, 18, 30, etc.) as this data would be captured directly into the client's folder.

Clinical rescripting can still be done ahead of or after the AC, with symptom screen by Facilitator. (Club months 12, 24, etc.)

8. If the client has not come, leave blank the spaces for weight and symptoms. If no buddy was sent contact the client.

Club Number 2003	Club Name Demoville		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT) Shared (S)	Chronic Condition	RPCs Month	3	6	9	12
			Visit Date	03-01-2025	07-04-2025	07-06-2025	06-09-2025
1. Member Unique ID 820606 0002 088	Member 082 333 4625 (PVT)	HIV ✓ HPT ✓ Diabetes ☐ Asthma ☐ Other ✓ Hyperlipidaemia	Weight	63	64	**9** uddy 16:00	TFO **10**
Clinic Folder Number 100005436			Symptoms	N ✓ RTC	(in patient folder)	N RTC **8**	N RTC
Gender: Male ☐ Female ✓ Date of Birth 05/06/1982	Buddy 071 501 3267(S)						
Name Bulima Surname Tataloko							

9. If the client or the buddy comes within 28 days, fill the register normally; and indicate the date the patient collected the PMPs.
10. If the client or the buddy does not come within 28 days, or when the patient's outcome is known, record (in the weight row) the appropriate outcome as follows:
    - DNA – Did Not Attend: Did not attend club session to collect pre-pack and did not present at clinic within 28 days after the club session.
    - BTC – Back to Clinic: Exiting the club for medical reasons and re-entering routine patient care in facility.
    - TFOC – Transfer out to different club: Patient is transferred to another club at the same facility. Record the club number the patient will be attending in future.
    - TFO – Transfer Out: Patient is leaving the facility completely and will attend a clinic elsewhere.
    - RIAC – Remaining In AC: Patient is remaining in AC.
    - RIP – Rest In Peace: Patient has died.
11. For new AC members who join the club after the first session, place the patient sticker (if available) in column 1 and record all patient information as above.
    Cross out all sessions prior to their first session and write "NEW" and their weight and symptoms for the first session they attend.

Club Number		Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details		Phone Number: Private (PVT) Shared (S)	Chronic Condition	RPCs Month	3	6	9 **11**	12 **12**
				Visit Date				
16. Member Unique ID 870806 1527 081		Member 072 230 5401 (PVT)	HIV ✓ HPT ✓	Weight				NEW 76
Clinic Folder Number 100006489			Diabetes ☐	Symptoms	N RTC	(in patient folder)	N RTC	N RTC
Gender Male ☐ Female ✓	Date of Birth 05/06/1982	Buddy 074 661 2567(PVT)	Asthma ✓ Other ☐					**13**
Name: Annah	Surname Nkosi							
17. Member Unique ID 820606 0002 089		Member 082 305 6011 (PVT)	HIV ✓ HPT ☐	Weight				TFIC 7/81
Clinic Folder Number 100005437			Diabetes ☐	Symptoms	N RTC	(in patient folder)	N RTC	N ✓ RTC
Gender Male ✓ Female ☐	Date of Birth 01/08/1972	Buddy 048 029 6023(PVT)	Asthma ☐ Other ☐					
Name Tantari	Surname Tataloko							

12. If a patient exits a club and then returns after a period of care in the clinic, record this patient in the same way as new patients are recorded. Do not continue to record patient information in his/her original row.
13. For patients transferred in from another club write "TFIC" and the club number they were transferred from.

Pre-Pack Medicines Collection Receipt Recording in Adherence Club Register

PRE-PACK MEDICINES COLLECTION RECEIPT (Indicate Member or Buddy – signature as proof of receipt of medicines pack)

Club Number		Club Name				
No.	Member Name	Visit Month	M3	M6	M9	M12
	1	Visit Date				
1			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐ 4	M ☐ B ☐
2			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
3	2 Annah Nkosi		M ☐ B ☐	M ☐ B ☐	M ☐ B ☐ 5	M ☐ B ☐
4			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
5	3		M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
6			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
7			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
8			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
9			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
10			M ☐ B ☐	M ☐ B ☐	M ☐ B ☐	M ☐ B ☐
Total: Medicines Packs Members Received			6			
Total: Medicines Packs Returned						
Grand Total: Medicine Packs Members Received						
Grand Total: Medicines Packs Returned						
Facilitator Signature						

1. Write the club session dates in the row where it says "Visit Date".
2. Fill in members names in this column.
3. The row must be aligned to the number on the register when they were enrolled.
4. Each member/buddy must sign the to acknowledge that the PMP.
5. Indicate using the tick box if it is the Member or Buddy that collected the PMP.
6. At the end of the Club session, fill in the tally rows for total PMPs received and returned.

Facilitator ensures member/buddy signing, except for the grace period collected PMPs.

The person on duty in the pharmacy or the designated holding cupboard/room will ensure grace period PMPs collected are acknowledged here.

Reporting Summary (Tally Sheet) in the Adherence Club Register

REPORTING SUMMARY (TALLY SHEET)

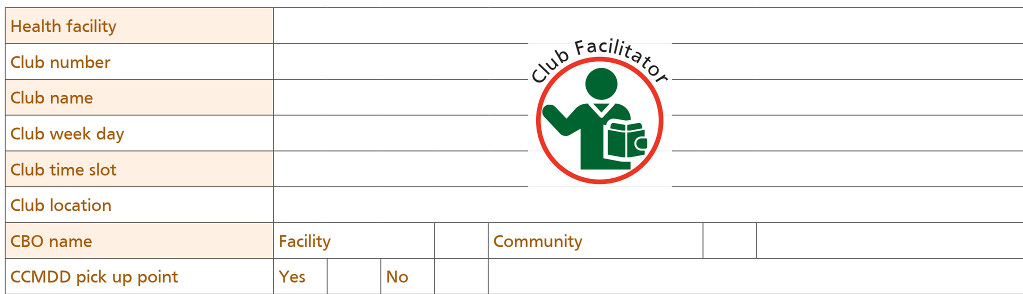
	Club Number			Club Name	
	Visit month	M3	M6	M9	M12
	Date of visit				
New Club Members	NEW (Transfer in to facility)				
New Club Members	TFIC (Transfer in from different club)				
Club Leavers	BTC (Back to clinic)				
Club Leavers	DNA (Did not attend)				
Club Leavers	TFOC (Transfer out to different club)				
Club Leavers	TFO (Transfer out of facility)				
Club Leavers	RIP (Rest in peace, died)				
	Remain in Club (Total New club members less club leavers)				
	Remain in Club – HIV				
	Remain in Club – HIV & NCD				
	Remain in Club – NCD (HPT & Diabetes)				
	Remain in Club – Other				
	Total Attendance				
	(Including buddy & grace pickups)				
	Buddy pickups				
	Grace period pickups				
	Referred to clinician				
	Facilitator Signature				
	Date				

1. 29 working days after the Club session, fill in and sign the tally sheet (last page of the register), and bring the register to the data clerk.
   This can be done earlier if all PMPs were collected by member or buddy.
2. After data capturing has been completed the register is signed by the data clerk on the cover of the register.
3. The club facilitator then checks if the data capturer has signed off.
4. The register is collected by the club facilitator when needed for the next club session.

Adherence Club Register Sign-off Sheet

The sign-off sheet in the front of the register on page 3 requires sign off by all the relevant contributors.

ADHERENCE CLUB REGISTER



Health facility					
Club number					
Club name					
Club week day					
Club time slot					
Club location					
CBO name	Facility		Community		
CCMDD pick up point	Yes		No		

Months in RPCs	Visit dates	Activity	Manager	Facilitator	Data capturer	Date captured	Data capturer signature
		Enrolment					
M0		Clinical and Scripting					
M3		Pre-pack collection					
M6		Comprehensice Clinical and Scripting					
M9		Pre-pack collection					
M12		Rescripting					

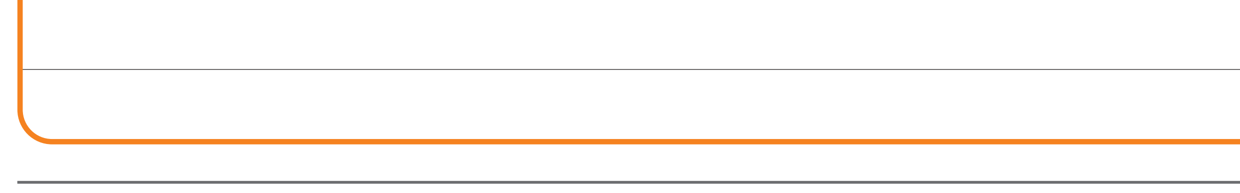
Blood collection month for this club	

At the time of the Adherence Club formation:

- The upper part of the sheet is completed by the Club Facilitator.
- The blood collection month is filled in by the Club Nurse.

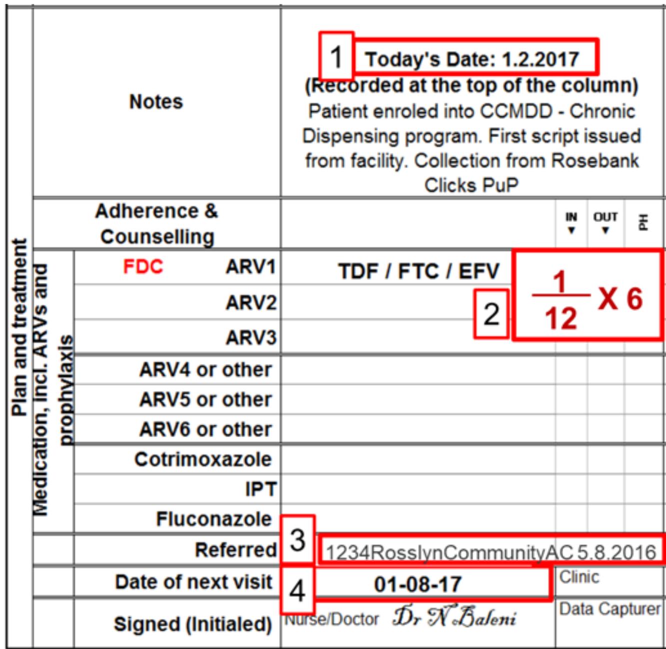
After the grace period or register close off for each session, each of the following persons will sign off the lower table:

- Club Facilitator: when register is closed.
- Club Manager: after register is closed and checked.
- Data Capturer: when the data is captured.



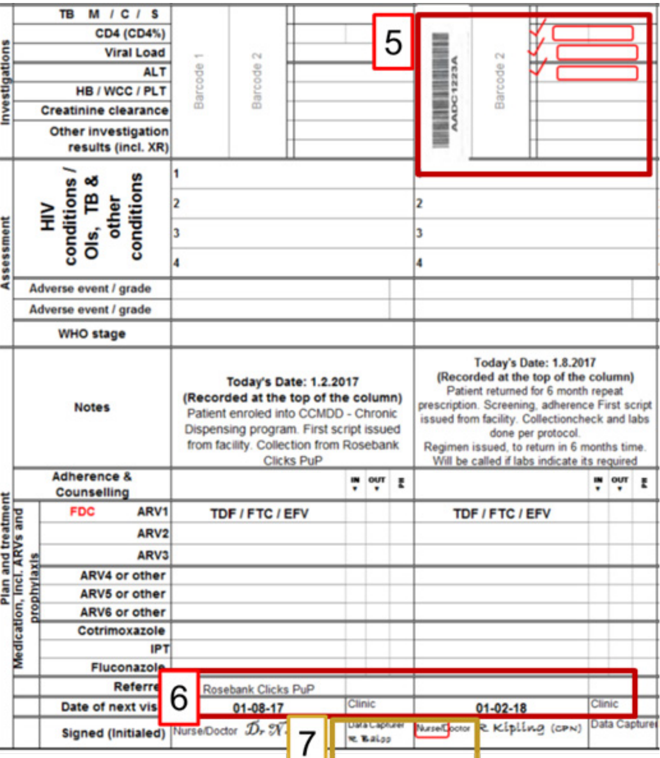
Documentation in ART Clinical Stationery

Documentation of Follow-up Consultation in Clinical Stationery



Plan and treatment
Medication, incl. ARVs and prophylaxis

Notes	1 Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP	
Adherence & Counselling		IN OUT PH
FDC ARV1	TDF / FTC / EFV	2 1/12 X 6
ARV2		
ARV3		
ARV4 or other		
ARV5 or other		
ARV6 or other		
Cotrimoxazole		
IPT		
Fluconazole		
Referred	3 1234RosslynCommunityAC 5.8.2016	
Date of next visit	4 01-08-17	Clinic
Signed (Initialed)	Nurse/Doctor Dr N Baleni	Data Capturer



Investigations: TB M / C / S; CD4 (CD4%); Viral Load; ALT; HB / WCC / PLT; Creatinine clearance; Other investigation results (incl. XR)

Barcode 1 | Barcode 2 | 5 AADC1223A | Barcode 2

Assessment: HIV conditions / OIs, TB & other conditions 1 2 3 4; Adverse event / grade; Adverse event / grade; WHO stage

Notes	Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP	Today's Date: 1.8.2017 (Recorded at the top of the column) Patient returned for 6 month repeat prescription. Screening, adherence First script issued from facility. Collectioncheck and labs done per protocol. Regimen issued, to return in 6 months time. Will be called if labs indicate its required
Adherence & Counselling	IN OUT PH	IN OUT PH
FDC ARV1	TDF / FTC / EFV	TDF / FTC / EFV
ARV2		
ARV3		
ARV4 or other		
ARV5 or other		
ARV6 or other		
Cotrimoxazole		
IPT		
Fluconazole		
Referred	6 Rosebank Clicks PuP	
Date of next visit	01-08-17 Clinic	01-02-18 Clinic
Signed (Initialed)	Nurse/Doctor Dr N	7 Data Capturer R. Balpp	Nurse/Doctor R Kipling (CPN) Data Capturer

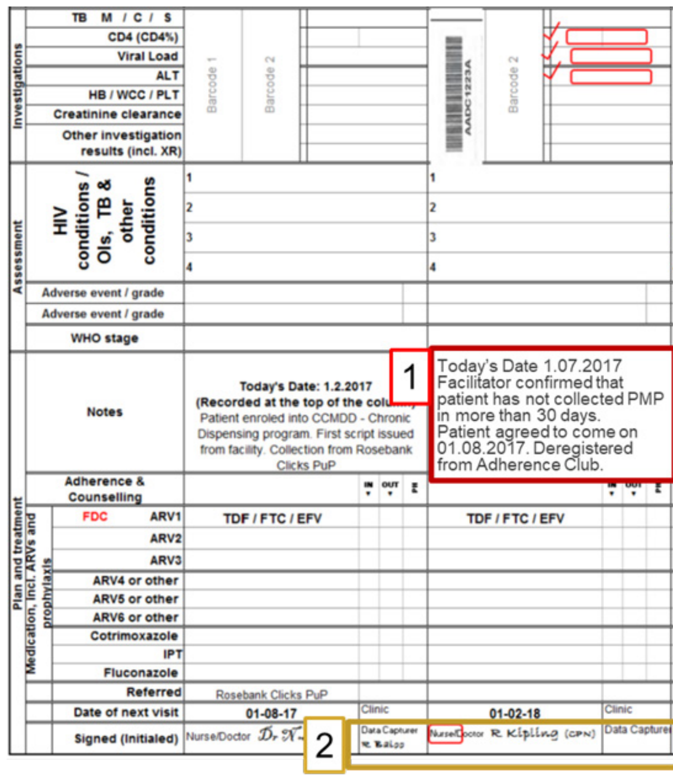
Documentation by clinician

1. Record date of clinical visit.
2. Indicate patient issued 1/12 repeated 6 times.
3. Indicate patient enrolled in DMoC in ‘referred’ field.
   If Adherence Club, stipulate name of AC and date of DMoC enrolment.
4. Record next clinical visit date in ‘next visit date’ field.
   The next clinical visit is 6 months from current visit.
5. Barcode next to investigations indicate - clinician requested laboratory tests.
   Red box indicates yet to be recorded into clinical stationery.
6. Consultation recorded.
   Next visit date captured & Folder flows to data clerk after consultation.

Documentation by data capturer

7. Data captured.
   Data clerk initials bottom of clinical chart and returns patient folder for filing.

Documentation of Deactivation from Adherence Club



Investigations			
TB M / C / S			
CD4 (CD4%)			
Viral Load			
ALT			
HB / WCC / PLT			
Creatinine clearance			
Other investigation results (incl. XR)	Barcode 1 Barcode 2	AADC1223A Barcode 2	
Assessment			
HIV conditions / OIs, TB & other conditions	1 2 3 4	1 2 3 4	
Adverse event / grade			
Adverse event / grade			
WHO stage			
Notes	Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP	Today's Date 1.07.2017 Facilitator confirmed that patient has not collected PMP in more than 30 days. Patient agreed to come on 01.08.2017. Deregistered from Adherence Club.	
Adherence & Counselling			
FDC ARV1	TDF / FTC / EFV	TDF / FTC / EFV	
ARV2			
ARV3			
ARV4 or other			
ARV5 or other			
ARV6 or other			
Cotrimoxazole			
IPT			
Fluconazole			
Referred	Rosebank Clicks PuP		
Date of next visit	01-08-17	01-02-18	
Signed (Initialed)	Nurse/Doctor Dr N. / Data Capturer R. Balsp	Nurse/Doctor R. Kipling (CPN) / Data Capturer	

1 2

Plan and treatment
Medication, incl. ARVs and prophylaxis

Documentation by clinician

If a patient becomes pregnant, or ill, or misses a scheduled pick-up, or chooses another option, and is deactivated from RPCs.

1. Reason for them being deactivated must be documented in the notes section of the patient folder.

Documentation by data capturer

2. Data captured.
   Reason for deactivation is captured in notes section of TIER.Net.
   Data clerk initials bottom of clinical chart.
   Patient folder is returned for filing.

Deactivation is a temporary removal from the program. The patient can be re-enrolled.

Deregistration is a permanent removal from the program due to demise or a duplicated profile.

Capturing for Adherence Clubs in TIER.Net

Set-up of an Adherence Club on TIER.Net

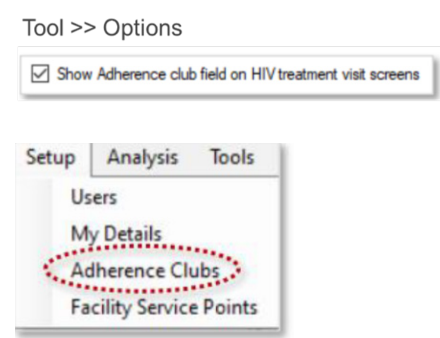
1. Ensure that the box "Show Adherence clinic field on HIV data screen" is ticked from the options window for capturing adherence-club information.

Tool >> Options

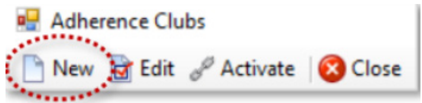
☑ Show Adherence club field on HIV treatment visit screens

The following steps can be completed by the user:

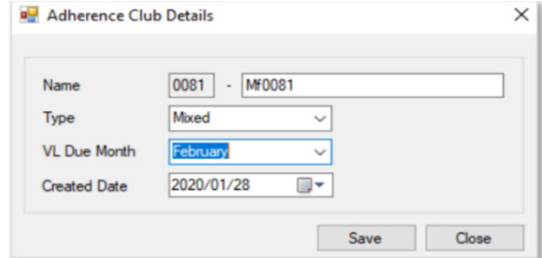
2. Click Setup >> Adherence Clubs.



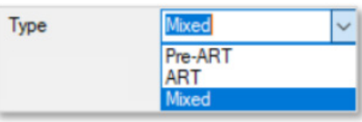
3. Click on New.



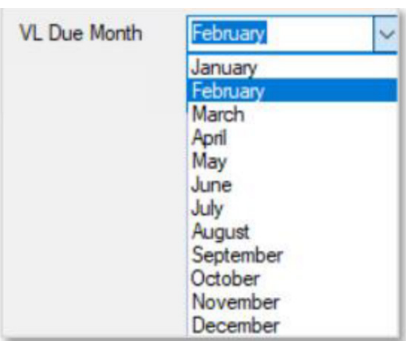
4. The Adherence Club details window will open.
5. The Adherence Club name number (4-digit number) automatically updates as you add a new adherence club/chronic club. After the 4-digit number in the Name box, type the adherence clinic name of choice.



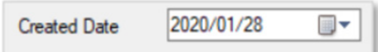
6. Select the Type of adherence clinic:
   - Pre-ART club patients only
   - ART club patients only
   - Mixed is a club type which consists of both pre-ART and ART patients



7. Select the VL due month.

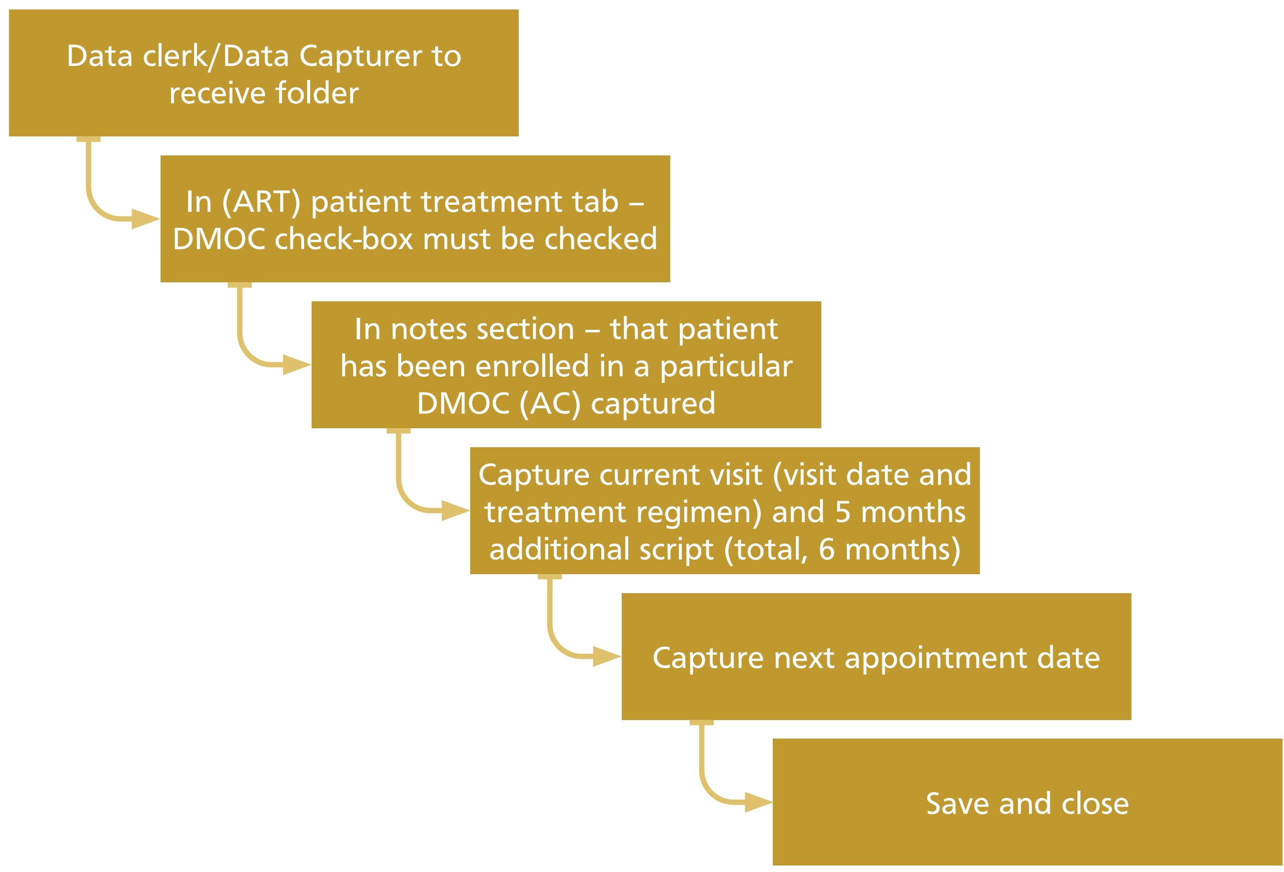


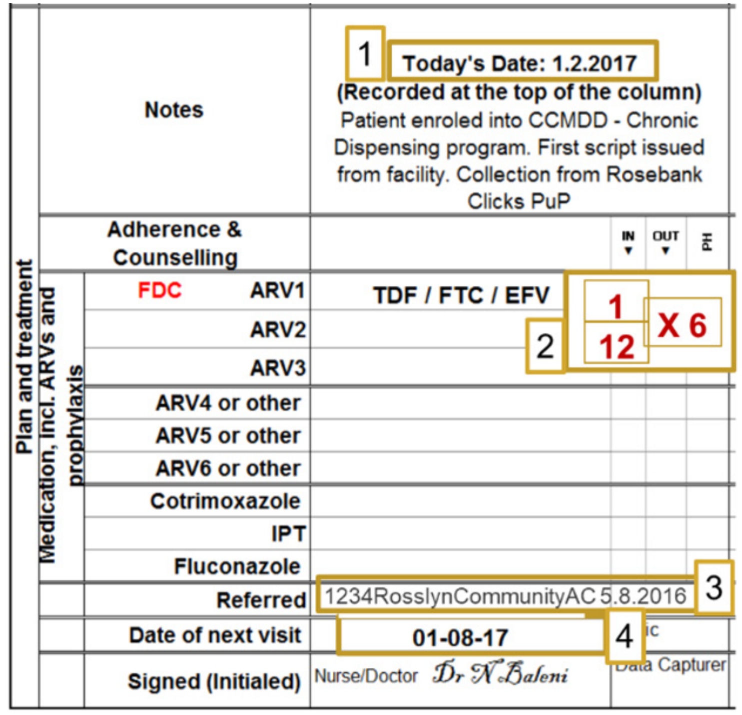
8. Enter the Date In the Created Date box. (The date defaults to today's date.)



9. Click Save.
10. Close the Adherence Clubs window.

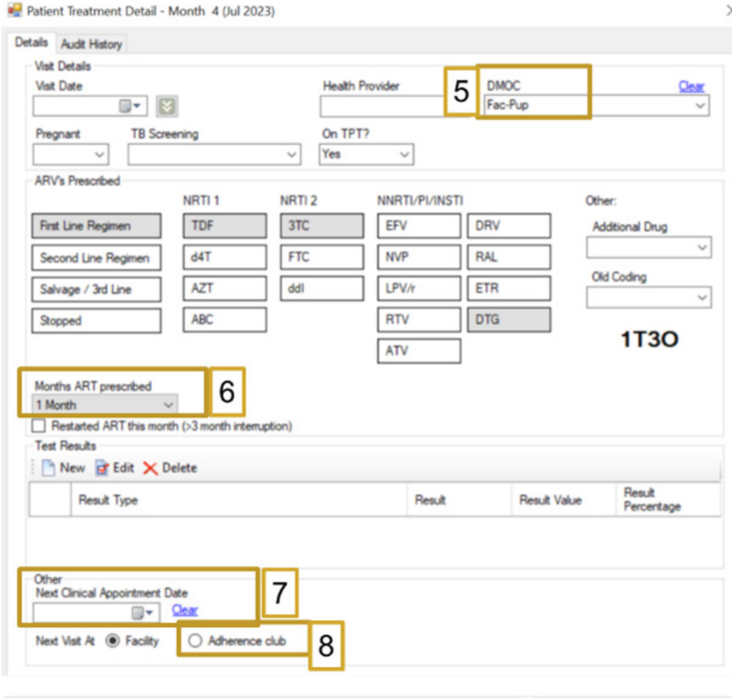
Capture of RPCs Patients in TIER.Net

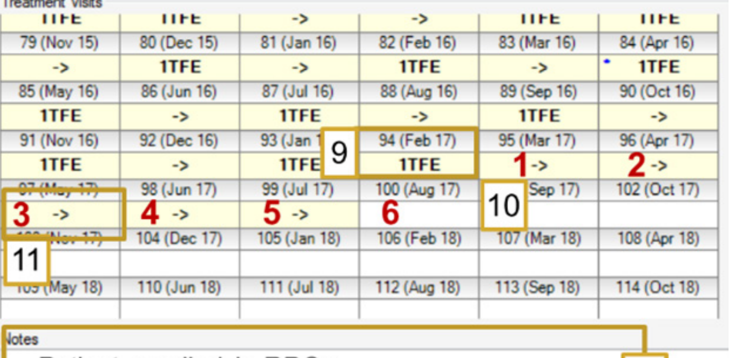




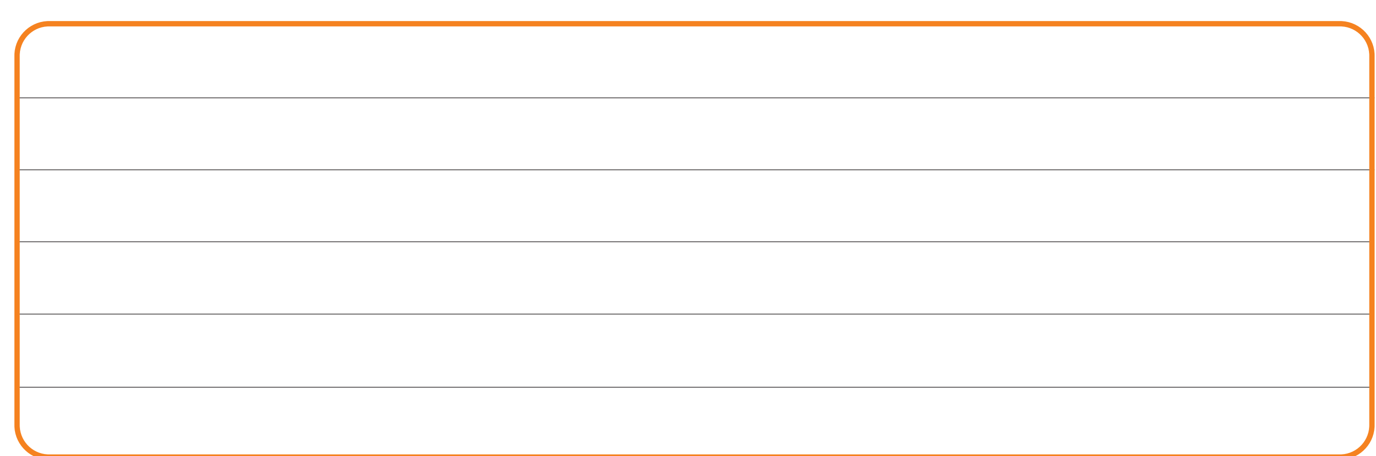
Plan and treatment		
Notes	1 Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP	
Adherence & Counselling		IN / OUT / PH
Medication, incl. ARVs and prophylaxis: FDC ARV1	TDF / FTC / EFV	1 X 6
ARV2	2	12
ARV3		
ARV4 or other		
ARV5 or other		
ARV6 or other		
Cotrimoxazole		
IPT		
Fluconazole		
Referred	1234RosslynCommunityAC 5.8.2016	3
Date of next visit	01-08-17	4
Signed (Initialed)	Nurse/Doctor Dr N Baleni	Data Capturer

1. Capture current visit date.
2. Capture 6-month repeat.
3. Record in notes section of TIER.Net. – Stipulate AC name (if facility has multiple).
4. Capture 'next visit date' field.



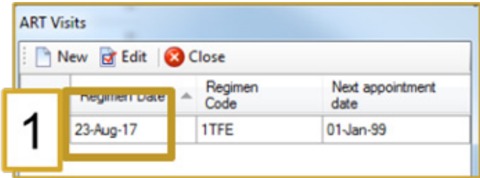


5. On DMOC drop down list. Select FAC-Pup/Ext-Pup or adherence club.
6. In "months ART prescribed" field – select 6 months.
7. In "next clinical appointment date" field – insert next appointment date.
8. Select Adherence Club at the bottom according to clinical notes.
9. Visit – 1 Feb 2017 captured.
10. Next clinical appointment date recorded as August.
11. Under 'months ART prescribed' field – 6 months selected.
12. In the treatment notes section capture name of Adherence Club. E.g. 1234 RosslynCommunityAC.

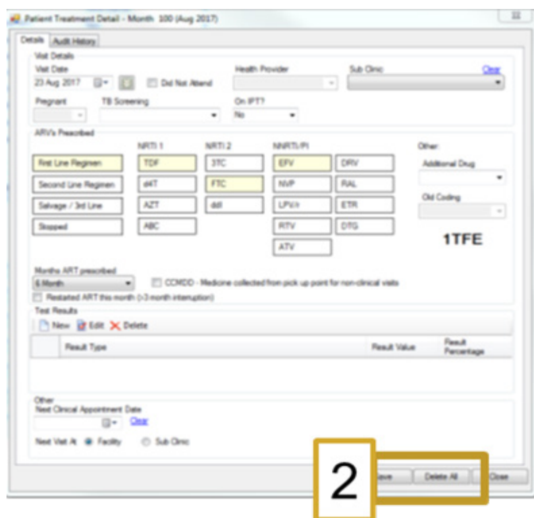


Deactivation from Adherence Club on TIER.Net

When a patient has been deactivated from AC, the data capturer must amend TIER.Net to reflect the outcome



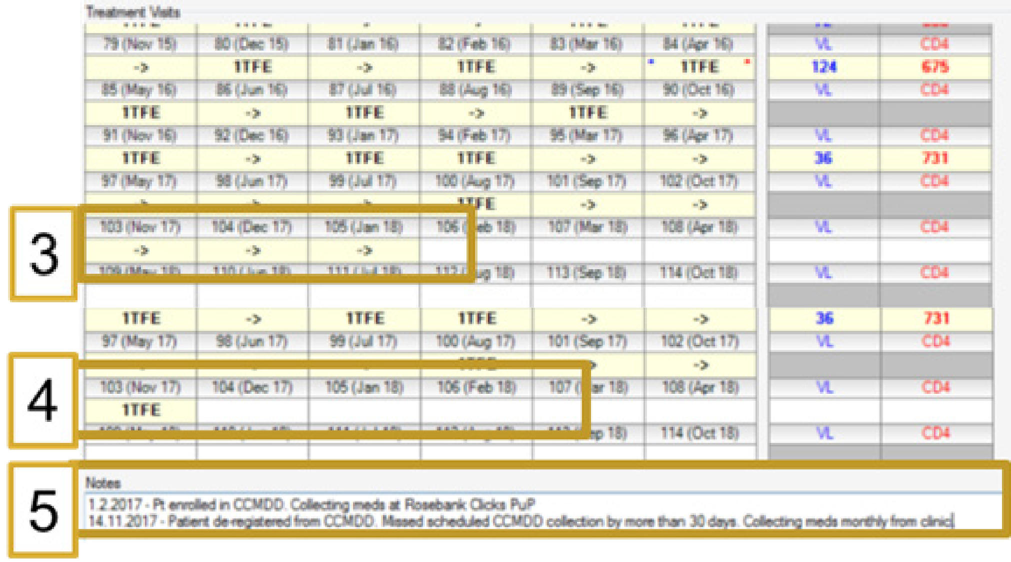
1. Double click on the last month in which a visit was recorded.
   - In this example it is August 2017.
   - Click Edit



2. Select Delete All in the treatment visit screen.

3. But – this deletes too many visits.
   - Replace the visits with regimen collection until the missed appointment.
   - In the working example it is October 2017. In this example you would change "Months ART Prescribed" to 3 Month.

Click Save.

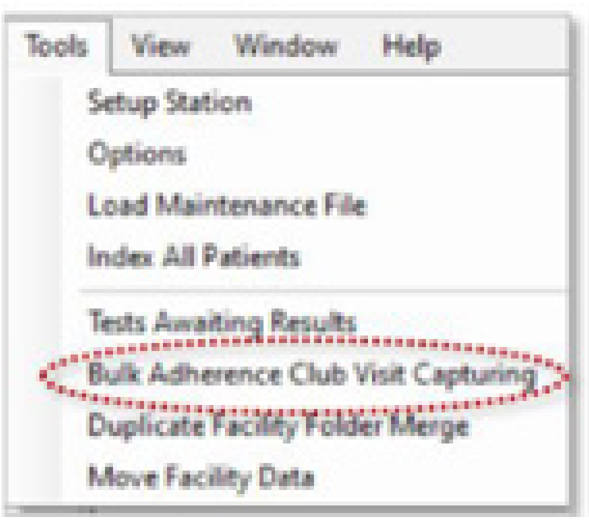


4. In this image the forward captured months have been removed.
   - The November visit has been captured as a single month script issued.
5. Per clinical record next appointment date is 22.12.2017.
   - The notes section has been updated to reflect the deactivation from CCMDD.
   - NB! The reason for deactivation can be clinical (pregnancy, abnormal result, acute illness, missed appointment > 28 days or by choice.
   - Future visits will be captured as monthly visits, per normal practice.
   - If the patient is re-enrolled in the CCMDD program the SOP would be followed as from the start.

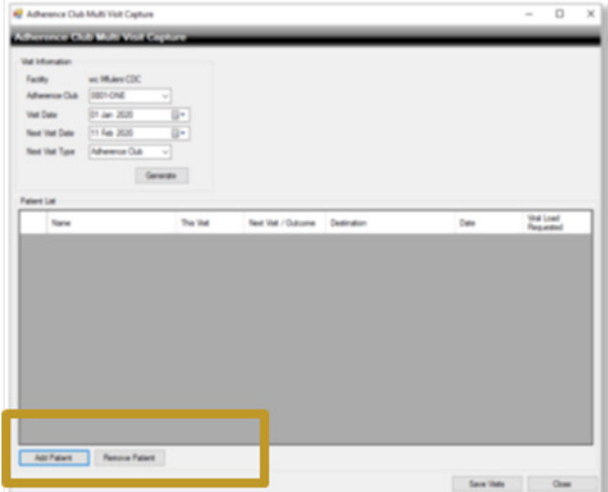
Bulk Capturing of Adherence Clubs in TIER.Net

1. In TIER.NET, go to tools >> Bulk Adherence Club Visit Capturing to open the Adherence Club Multi Visit Capture window.
2. Select the name of the adherence club (ensure this matches the adherence club register).
3. Select the date of visit as recorded in the register.
4. Select the date of the next visit as recorded in the register.
5. Select the type of visit as recorded in the register.
6. Select "generate" to go to the next section to add adherence club client details.
7. Search for clients using name, surname, or folder number, and add the clients for the visit on the chosen day.
8. Select the visit option:
   a. ATTENDED – If client attended
   b. LATE – if client was late or attended at a later date
   c. DNA – if client did not attend
9. Select the outcome or type of visit for the next visit for the client:
   a. TFOC – Transfer out of Club
   b. BTF – Back to facility
   c. TFO – Transferred out to another facility
   d. RIP – The client has died
10. If TFOC was selected, select the club within the facility that the patient transferred to.
11. If TFO was selected, select the facility that the patient transferred to.
12. Select or confirm the date by clicking on the blank cell below Date (Optional).
13. Check the Viral Load Requested checkbox, if a viral load was requested (Optional).
14. Repeat this process for all clients reported in the register.
15. Remove clients by selecting the client record and clicking remove patient.
16. Once complete, click save visits.
17. A pop-up will appear informing you that the visits were generated successfully.

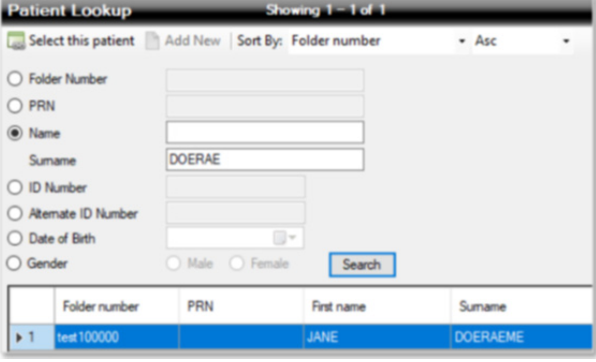
Adherence Club and Bulk Capture in TIER.NET



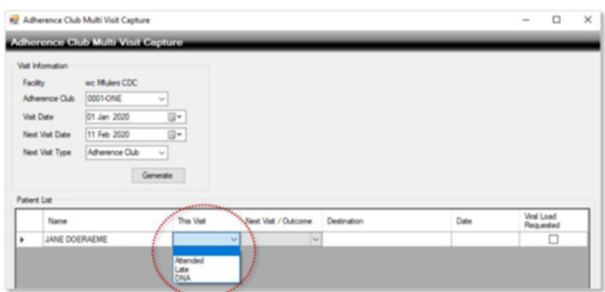
1. If your facility has many clubs and club patients, you can capture visits in bulk, one adherence club/chronic club at a time.
2. Click on Tools >> Bulk Adherence Club Visit Capturing.



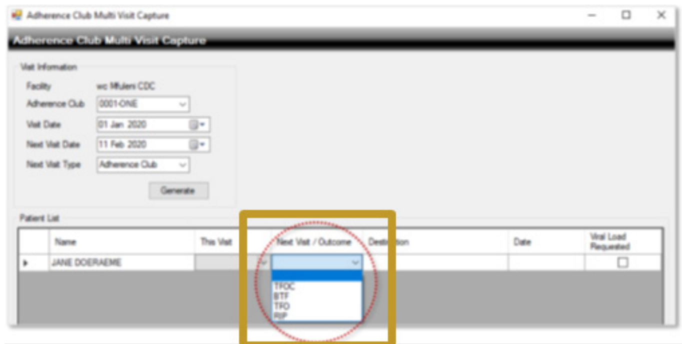
3. The Adherence Club Multi Visit Capture window will open.
   To add patients to the list select Add Patients. The patient Lookup window will appear.



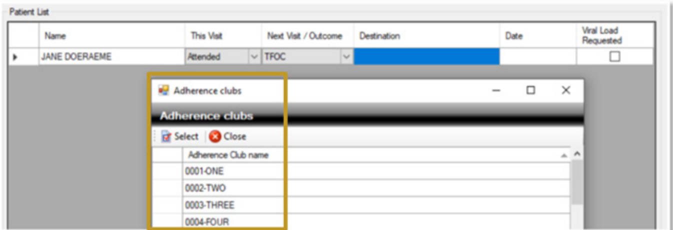
4. Search for, and add, the patient for the isit on the chosen day.
   Double-click on the patient record that appears in the grid, to add them to the visit list.



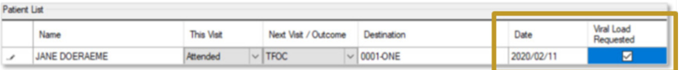
5. Select one of the following from the This Visit drop-down list:
   - Attended – the patient attended this visit
   - Late – the patient was late for this visit and did attend on another date after the specified date.
   - DNA – the patient did not attend the visit



6. Select the outcome or type of visit for the next visit for the patient:
   - TFOC – Transfer out of Club
   - BTF – Back to facility
   - TFO – Transferred out to another facility
   - RIP – The patient has died



7. If you select TFOC or TFO, you must select a destination.
   - Click on the blank cell below Destination.
   - TFOC was selected, select the club within the facility that the patient transferred to.
   - If TFO was selected, select the facility that the patient transferred to.



8. Select or confirm the date by clicking on the blank cell below Date.
   - Check the Viral Load Requested checkbox, if a viral load was requested.
9. Repeat this process until you have added all your patients.
   - Patients may be removed from the list by selecting the patient record and clicking on Remove Patient.
   - After you have added all your patients, click on Save Visits at the bottom of the Adherence club Multi Visit Capture window.

10. A pop-up will appear confirming the visits were generated successfully.
    - Click OK to close the Adherence club Multi Visit Capture window.

Capturing for Adherence Clubs in SyNCH

A. Register the Adherence club in the system.

B. In SyNCH, capture all designated adherence clubs using the AC/OP admin tool.

C. Adherence club clients who receive prepacked PMP through CCMDD need to be registered in SyNCH.

D. When a client is being enrolled or has their prescription renewed, navigate to the PuP Selection Tab within SyNCH.

E. Select the modality and choose the correct DMOC modality for the client from the available options.

F. Select Adherence Club (AC) from the list, which will appear after an AC has been registered in the system.

Adding a New Adherence Club in SyNCH

1 Select "Data Management > Adherence Clubs"

2 Click on "New" to add an AC"

3
a. Linked facility is auto-populated.
b. Enter the unique adherence club name using the prescribed format according to the relevant SOP.
c. Enter the old adherence club name (prior to new SOP adoption) if applicable.

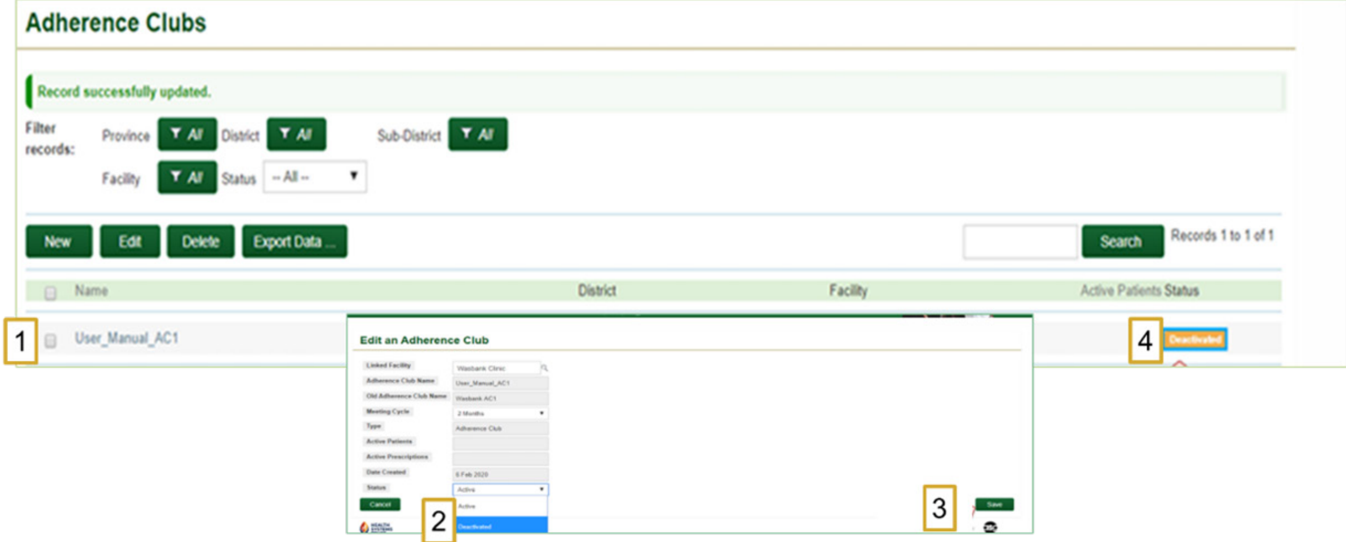
4 Select the appropriate meeting cycle i.e., the interval at which the club meets and the patient collects their PMPs

5 Click "Save" when completed

6 The newly added AC will appear on AC list with an "Active" status

Deactivating an Existing Adherence Club in SyNCH

1. Click on the selection button next to the correct Adherence Club or click on the Adherence Club name. Then click "Edit".
2. Under the "Status" Field select "Deactivated".
3. Then click "Save".
4. The status of the AC will change to "Deactivated".



Creating a New Prescription in SyNCH

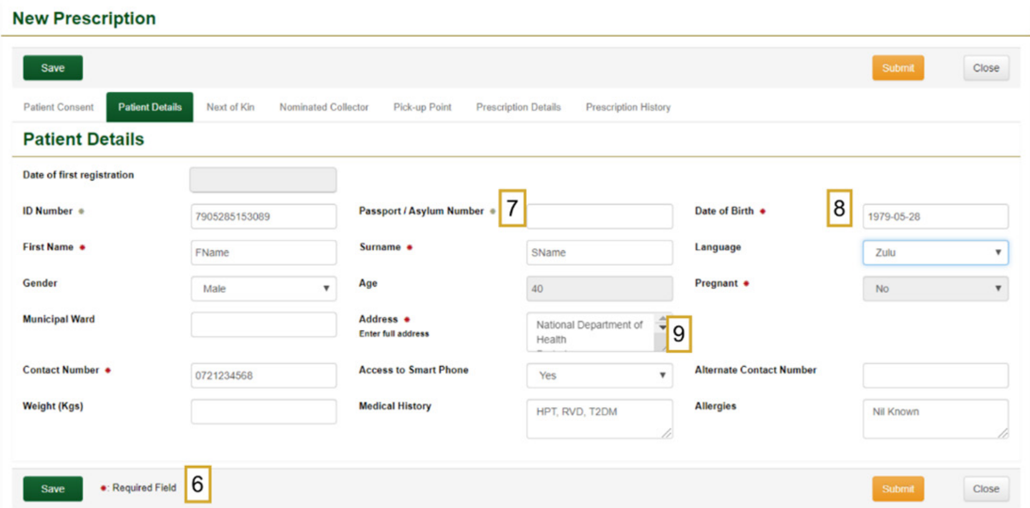
1. Select “Prescriptions” > “Manage Prescriptions”.

2. Click “New” to create a patient profile or Search if a patient profile exists on SyNCH.

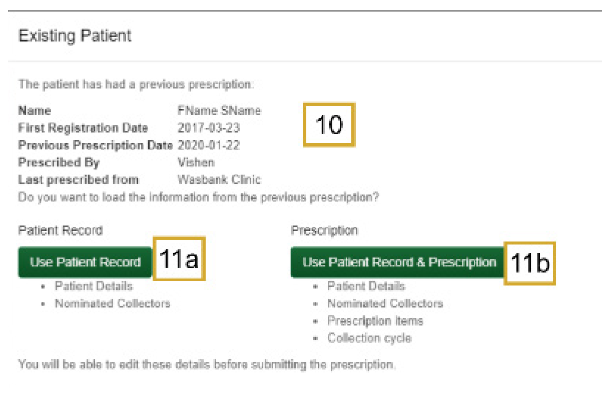
3. Click on “Create New Prescription” button.

4. Patient must provide verbal consent – select “Yes”.

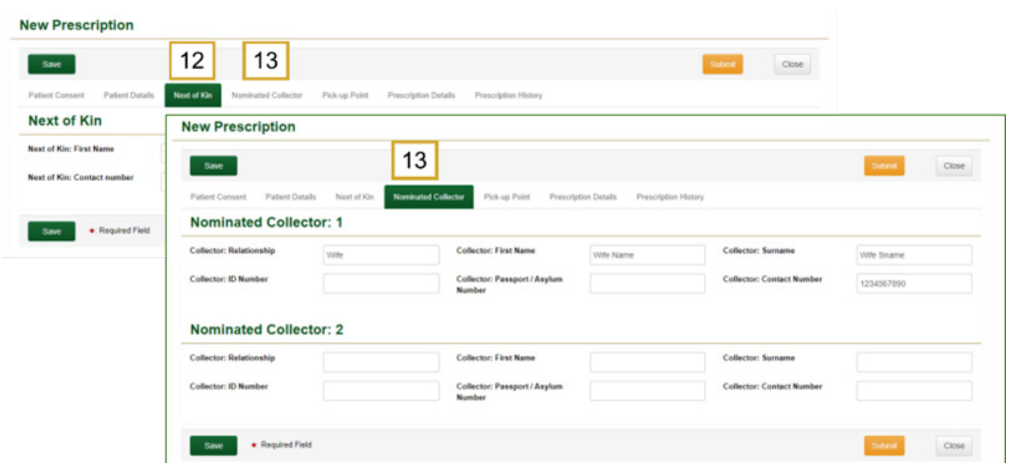
5. To prevent “double counting” of patients and track how many patients have converted from “paper based” to SyNCH.
   - Select “No” if this is patient’s first enrolment.
   - Select “Yes” if patient was previously enrolled on the CCMDD programme on paper prescription.



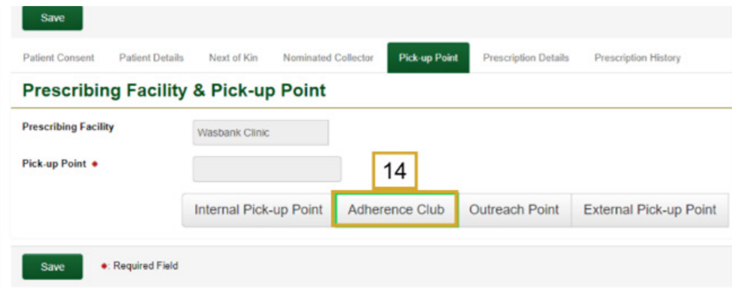
6. Compulsory fields denoted with an (*).
7. Passport or asylum number is compulsory if no SA ID available.
8. Auto populated if SA ID is entered (MUST be captured manually if Passport/asylum seeker number provided).
9. Type in 1st line of address, type "Enter", then capture 2nd line of address.



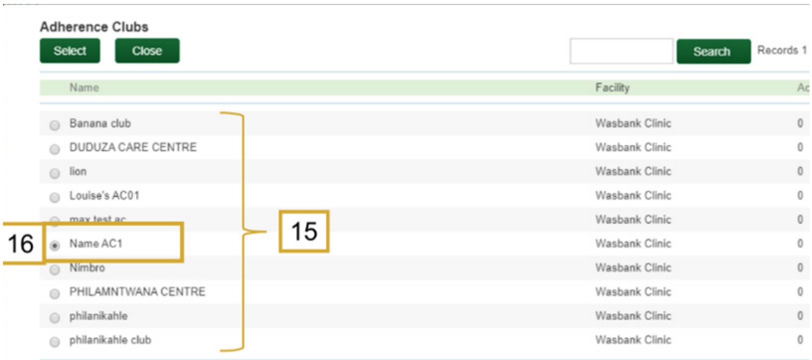
10. Details of patient's last visit including last health facility visit (provided health facility uses SyNCH).
11. a. This option will NOT auto-populate the previous prescription.
11. b. This option will auto-populate the previous prescription provided that the patient is seen in the same province.



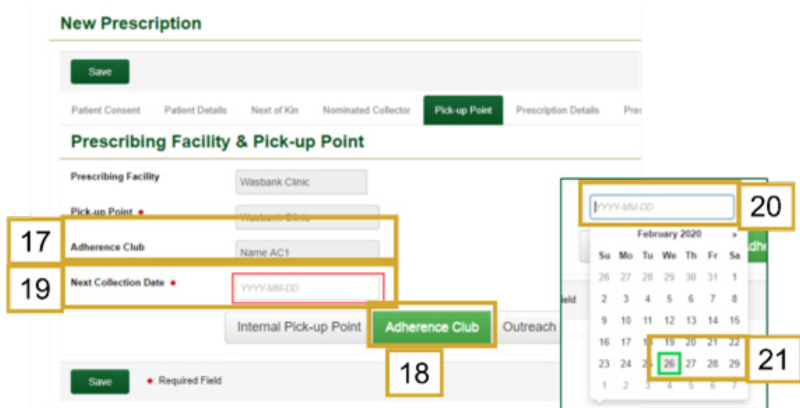
12. Details of patient's next-of-kin are non-compulsory but should be captured if available.
13. The fields for a nominated collector can be partially completed; however, the patient must provide all details to the health facility before the proxy can collect any PMPs.



14. Select AC if patient chooses to collect PMP from AC.
    Note: These options will only be visible if the AC have been captured on SyNCH using the AC/OP administration tool.

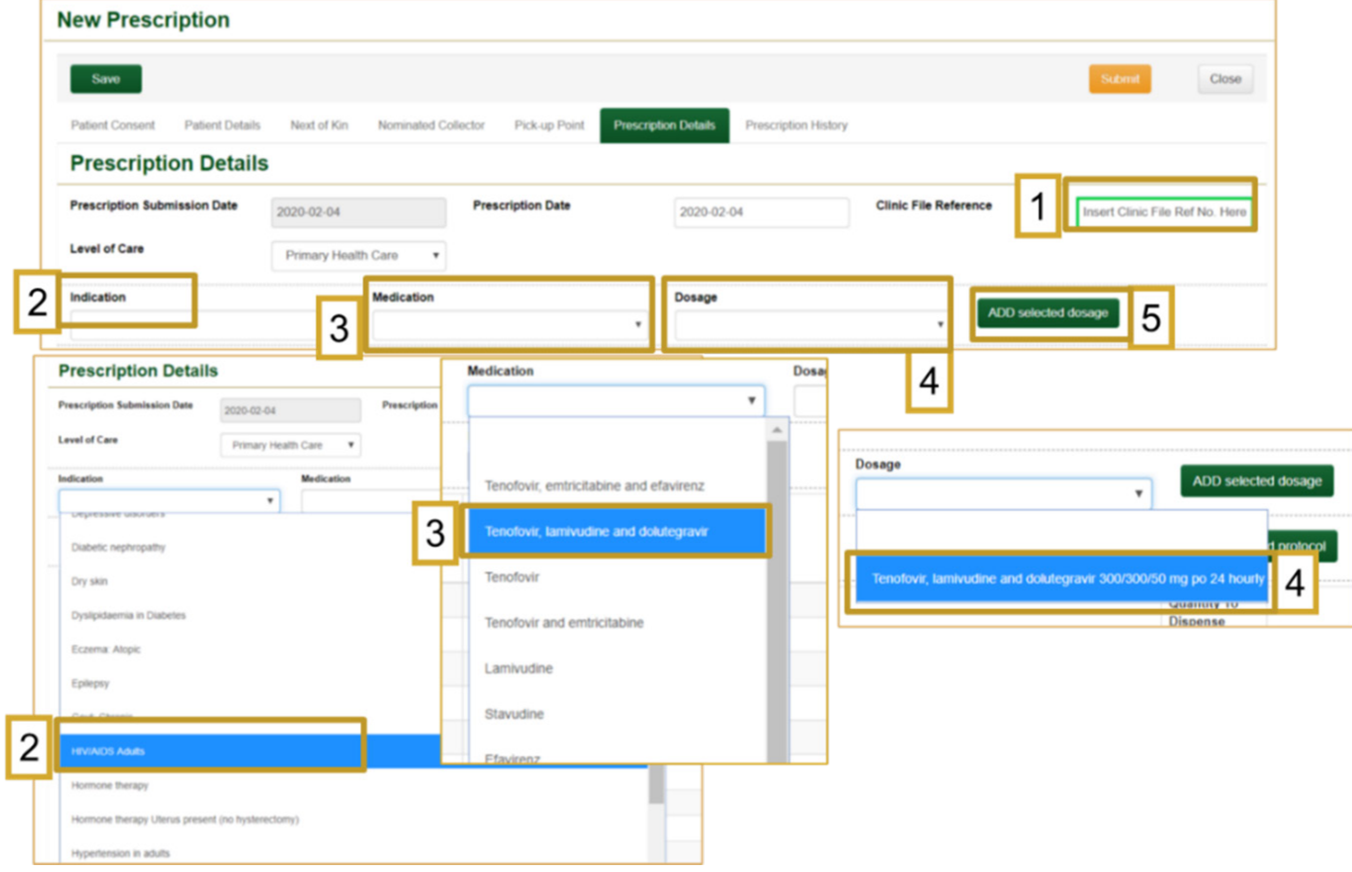


15. All data appearing in these pop-up boxes reflects data captured on the AC/OP administration tool.
16. Click on the selection button next to the correct AC. Then Click "Select".

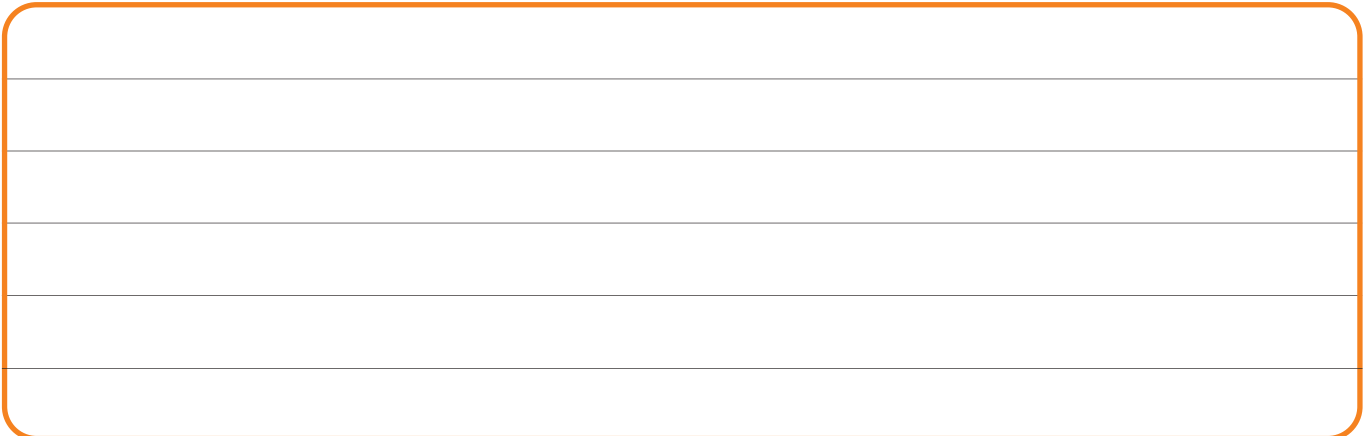


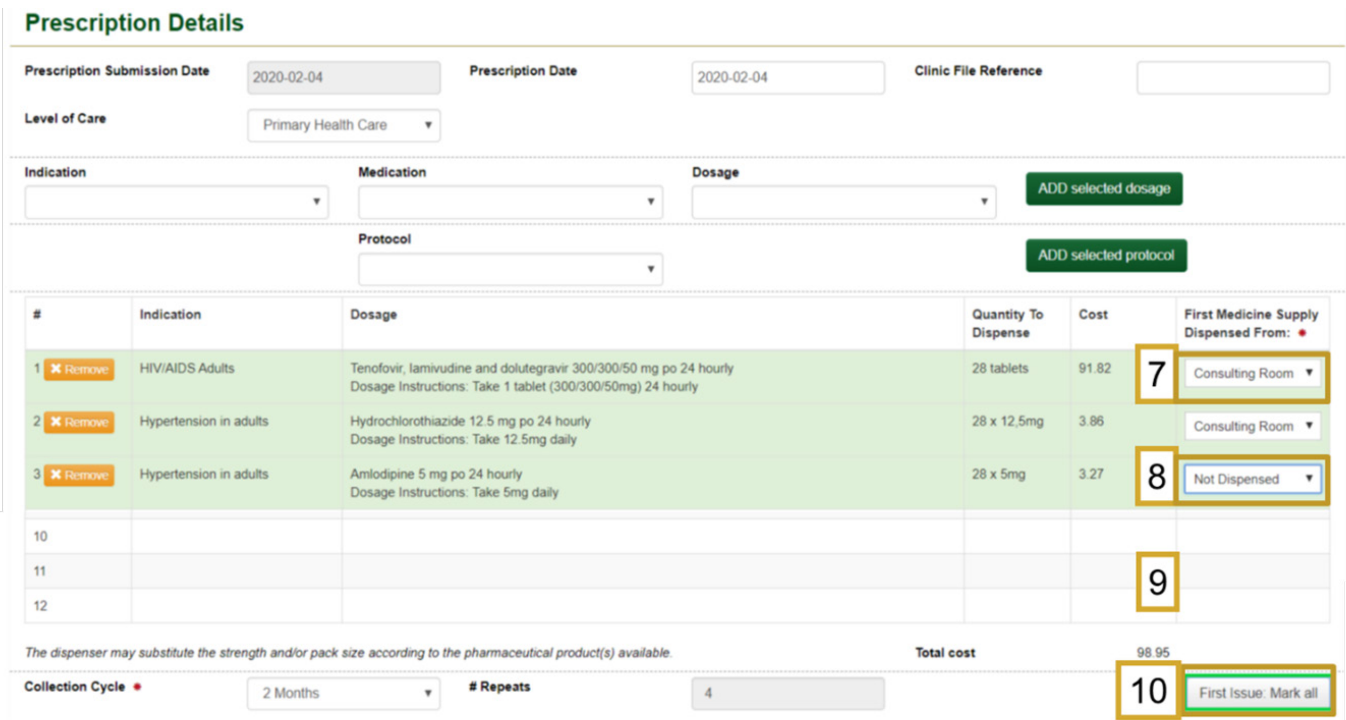
17. The Adherence Club will appear here.
18. Once the AC is selected using the pop-up box.
19. The next scheduled adherence club date must be entered on the calendar provided.
20. Note: Meeting dates ≤ 21 days or ≥ 56 days from the profile/prescription submission date cannot be selected.
21. The next AC meeting date (collection date) will determine subsequent collection dates.

SyNCH Prescription Tab



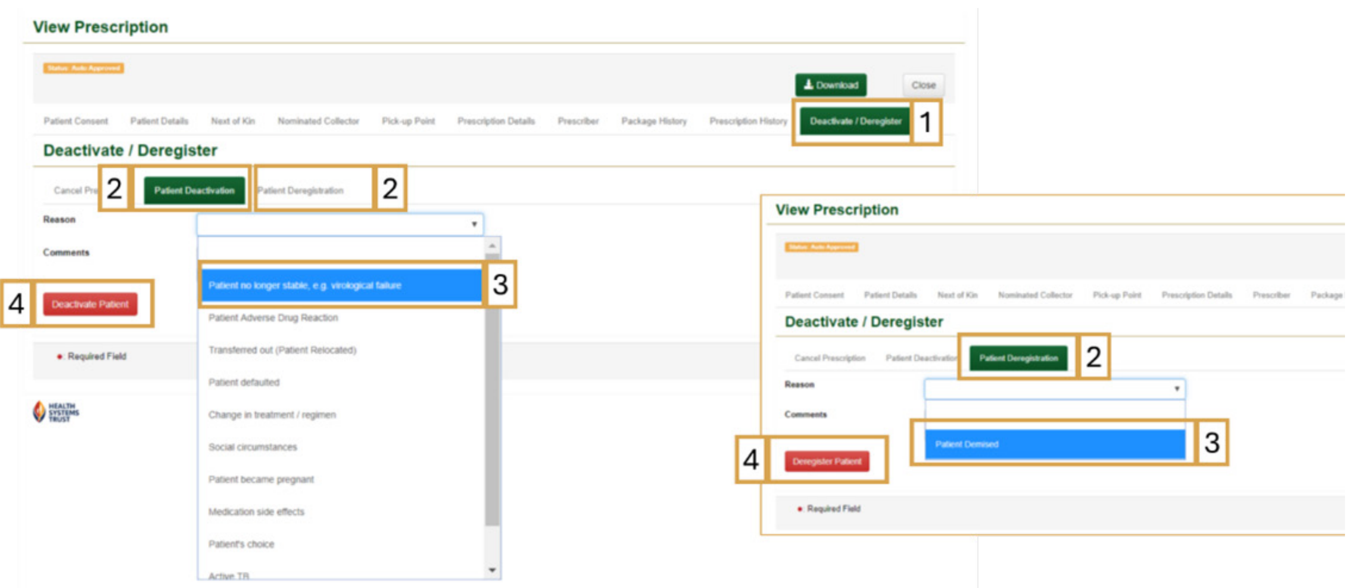
1. Enter patient's clinic file number.
2. Select the Condition (Indication) from the drop-down list. Only conditions approved for CCMDD will appear here.
3. Select the medicine associated with the condition from the drop-down list. Only medicines approved for CCMDD will appear here.
4. Select the appropriate dose for the medicine from the drop-down list.
5. Click on "Add selected dosage" to add the medicine regimen to the prescription.
6. Select Repeat process to add more medicines to the prescription.





7. Select "Consulting Room" if medicine is issued from consulting room.
8. If medicine is not issued from consulting room, select "Not Dispensed".
9. Repeat this for each medicine on the script.
10. If all medicines are issued from the consulting room, the prescriber can click on the "First Issue: Mark all" button.

Patient Deactivation or Deregistration in SyNCH



1. For either deactivation or deregistration > Select the Deactivate/Deregister tab.

THEN

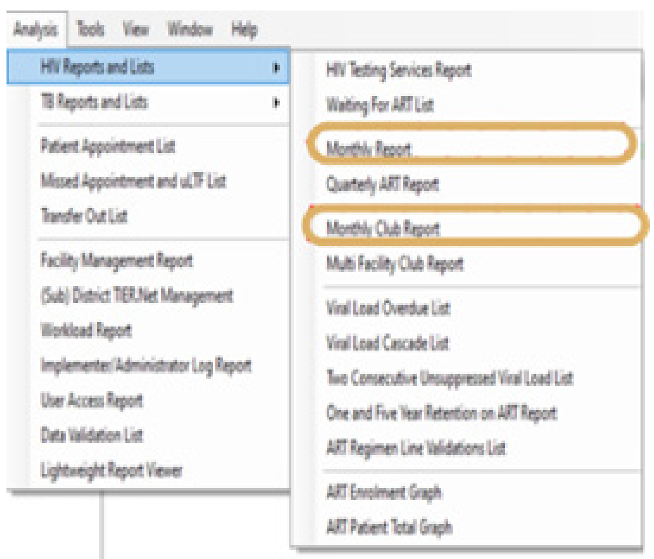
2. To Deactivate: Click on “Patient Deactivation” tab.
3. From the dropdown box the reason for patient deactivation must be selected.
4. Click on “Deactivate Patient”. Comments can be provided.

OR

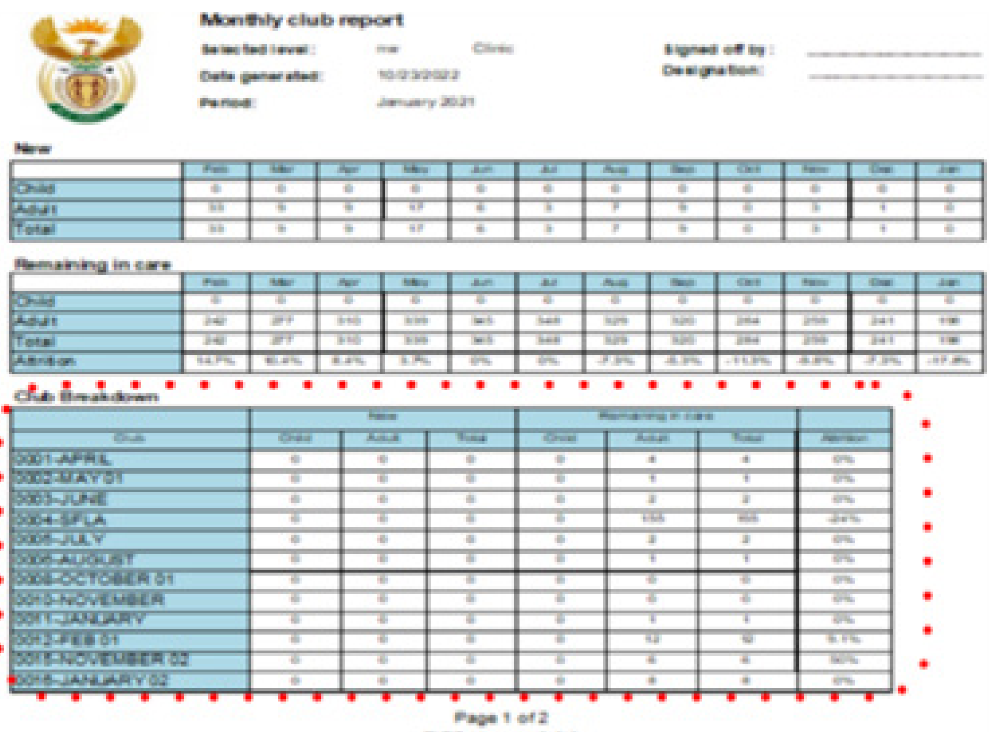
2. To Deregister: Click on “Patient Deregistration” tab “Patient Deregistration” tab.
3. Reason for patient deregistration must be selected.
4. Then click on Deregister Patient.

Deactivation is a temporary removal from the program. The patient can be re-enrolled. Deregistration is a permanent removal from the program due to demise or a duplicated profile.

Reporting for Repeat Prescription Collection Strategies



A. Reports with Data on Repeat Prescription Collection Strategies include the Monthly Report and the Monthly Club Report.
   a. Note: Patient enrolment on RPCs is also included in some of the line lists:
      – VL Overdue
      – Patient Appointment
      – Missed Appointment
      – uLTF Lists



Monthly club report

New

Remaining in care

Club Breakdown

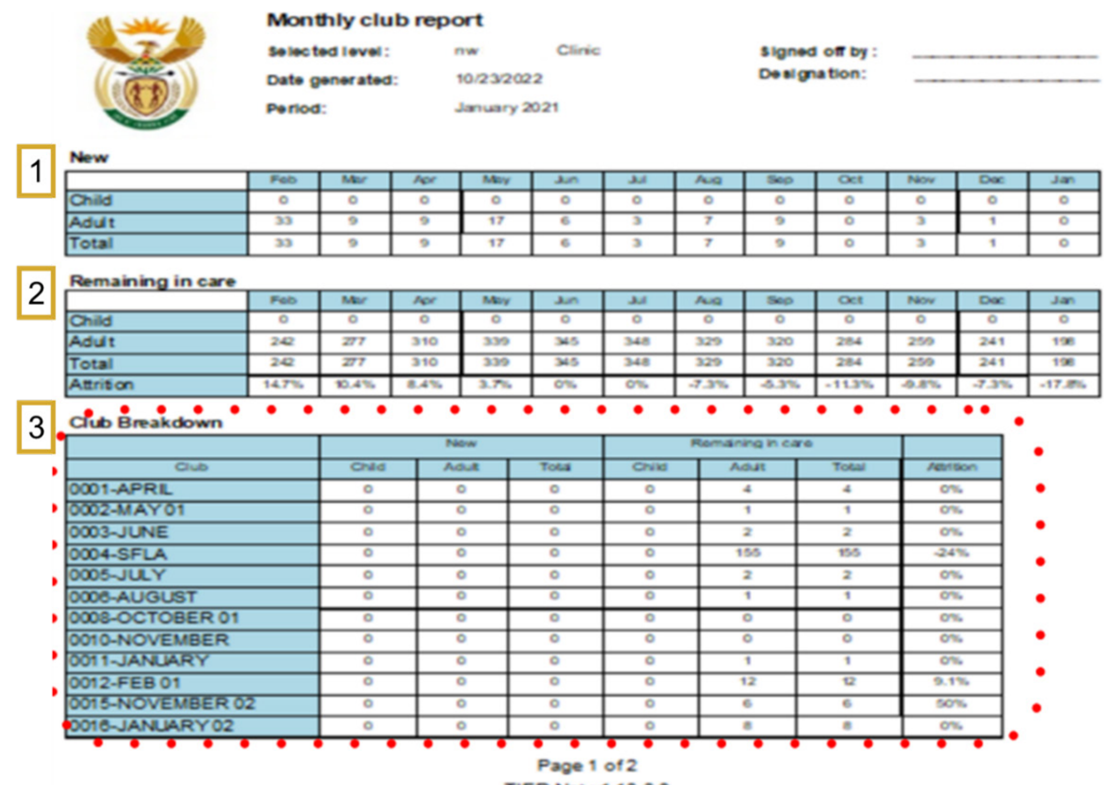
Page 1 of 2

TIER.Net v1.13.3.0

B. Summary report will include the following elements:
   a. New patients (enrolled this month) in RPCs
   b. Total patients remaining in care
   c. Breakdown of the number of patients enrolled in clubs and RIC per club

Differentiated Models of Care (DMOC) Total patients enrolled in Repeat Prescription Collection Strategies (RPCs)				
Adherence Clubs	Fac-PUP	Ex-PUP	Total	% of patients on ART enrolled in RPCs

C. Reporting on RPCs Enrolment in HIV Monthly Report.
  a. Total patients enrolled in Adherence Clubs
  b. Total patients enrolled in RPCs
  c. Proportion of patients enrolled in RPCs out of total TROA



Monthly club report

Selected level: nw Clinic

Date generated: 10/23/2022

Period: January 2021

Signed off by: ____________

Designation: ____________

1 **New**

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Child	0	0	0	0	0	0	0	0	0	0	0	0
Adult	33	9	9	17	6	3	7	9	0	3	1	0
Total	33	9	9	17	6	3	7	9	0	3	1	0

2 **Remaining in care**

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Child	0	0	0	0	0	0	0	0	0	0	0	0
Adult	242	277	310	339	345	348	329	320	284	259	241	198
Total	242	277	310	339	345	348	329	320	284	259	241	198
Attrition	14.7%	10.4%	8.4%	3.7%	0%	0%	-7.3%	-5.3%	-11.3%	-9.8%	-7.3%	-17.8%

3 **Club Breakdown**

	New			Remaining in care			
Club	Child	Adult	Total	Child	Adult	Total	Attrition
0001-APRIL	0	0	0	0	4	4	0%
0002-MAY 01	0	0	0	0	1	1	0%
0003-JUNE	0	0	0	0	2	2	0%
0004-SFLA	0	0	0	0	155	155	-24%
0005-JULY	0	0	0	0	2	2	0%
0006-AUGUST	0	0	0	0	1	1	0%
0008-OCTOBER 01	0	0	0	0	0	0	0%
0010-NOVEMBER	0	0	0	0	0	0	0%
0011-JANUARY	0	0	0	0	1	1	0%
0012-FEB 01	0	0	0	0	12	12	9.1%
0015-NOVEMBER 02	0	0	0	0	6	6	50%
0016-JANUARY 02	0	0	0	0	8	8	0%

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D. The Monthly Club Report includes:

  1. Number of New patients enrolled this month in RPCs
  2. Total patients remaining in care
  3. Breakdown of the number of patients enrolled in clubs and RIC per club

The NIDS Definition of Adherence Clubs

Data element name	Patients on ART enrolled in repeat prescription collection strategies of Adherence Club
Bulleted Definition	All patients receiving ART repeat prescription through adherence club collection strategy.
Extended Definition	Stable patients should be decanted to a differentiated model of Care (facility PuP, external PuP or adherence club) and have a clinic appointment at least once every 6 months for clinical review and to review if the patient still meets the stable criteria. A stable patient meets the following eligibility criteria: VL < 50copies/ml, HbA1C < 8%, 2 consecutive BP < 140/90.
Use and Context	ART stable patients who have been decanted to Differentiated model of care (adherence clubs). The extent to which adherence club model of care have been scaled up and reporting on this indicator will support efforts to expand the offer of this model.
Inclusions	Include: all ART stable patients decanted to adherence club for collection of repeat prescription for ART. Include: ART stable patients also receiving chronic treatment for Hypertension, Diabetes Mellitus, and TB preventive treatment.
Exclusions	Exclude: Chronic patients without ART.
Collected by	Clinicians
Collection points	ART offering facilities and hospitals.

Process for Data Elements Collection and Reporting

Step					
Enrolment of patients into DMoC/CCMDD patients	Data clerk receives folder	Record in notes sections of TIER.Net the DMOC option	Captures current visit date	Captures next visit data	
Generation of the Monthly ART report from TIER.Net	Generates the Monthly ART report from TIER.Net	Prints the report	Zoom the report into Differentiated Models of Care (DMOC): Total patients enrolled in (RPCs) for data		
Generate the monthly data input (MDI) form	Transcribe DMoC total patients enrolled in RPCs into the monthly data input (MDI) form	Submits hard copy report to the FM	Verify, approve, and submit MDI to (sub)district	File MDI & Monthly ART report	
Transcription of data elements from monthly ART report into DHIS	In webDHIS find data entry in Apps	Select data set NIDS 20XX (monthly), then the period reporting	Filter for HIV	Transcribe data elements from Monthly ART report into the variables on the tool	Enter complete
Sub-district capturing of data from MDI data form in webDHIS	Obtain validated data input forms from the facility manager Day 3 of each month	Conduct a rapid data quality assessment of data on the data input forms – must be 100% complete and with no gaps or outliers without comments	Capture monthly data into the webDHIS		
Sub-district level collation, QA and corrections, submission to district	Check for missing data, add comment and mark record for follow up	Follow up on incorrect monthly data and do edits once the source documents have been corrected	Validate and submit to district	File records and store safely in a facility with controlled access	

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A long and healthy life for all South Africans

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