

ADHERENCE CLUB REGISTER

FACILITY NAME:

ADHERENCE CLUB NO:



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans

2026



CONTENTS

PAGE 4	Adherence Club Register Instructions
PAGE 5	Adherence Club Register Example
PAGE 6	Adherence Club Register
PAGE 14	Pre-Pack Medicines Collection Receipt
PAGE 18	Comments regarding members that did not attend (DNA) or transferred out (TFO & TFOC)
PAGE 19	Reporting Summary (Tally Sheet)
PAGE 20	Acknowledgements

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		



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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	
--------------------------------------	--

ADHERENCE CLUB REGISTER INSTRUCTIONS

Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.

Write the club session dates in the row where it says "Visit Date". Record the date of the next club session also.

In the 1st & 2nd column, put the client's sticker. If the sticker is not available, fill in the client's **ID number, folder number, Gender, date of birth, name and surname.**

In the 3rd column, note the **cell phone number** of the member and buddy, indicating whether it is their own **private phone ("PVT")** or a **shared phone ("S")**.

In the 4th column indicated the **chronic condition** by selecting the relevant tick boxes. If any other condition which is not listed, tick **other** and write in what the condition is.

In the row "Weight", 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.

In the row "Symptoms", 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 presence or absence of symptoms listed in the Clinical Consultation Visit (Club months 6,18, 30, etc., as this will be captured directly into the client's folder.

If the client has not come nor sent a buddy, leave blank the spaces for weight and symptoms and contact the client.

If the client or the buddy comes within 28 days, fill the register normally; and indicate the date the patient collected the PMPs.

For example:

If the client or the buddy does not come within 28 working days, or when the patient's outcome is known, record (in the weight row) the appropriate outcome as follows:

16/06
78
N <input checked="" type="checkbox"/>
RTC <input type="checkbox"/>

For new club members who join the club after the first session, place the patient sticker 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.

For patients transferred in from another club write "TFIC" and the club number they were transferred from.

For example: For Transfer in:

NEW
78
N <input checked="" type="checkbox"/>
RTC <input type="checkbox"/>

and for transfer in from another club:

TFIC 7
66
N <input checked="" type="checkbox"/>
RTC <input type="checkbox"/>

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.

Each member/buddy must sign the medicine receipt sheet to acknowledge that they have received their pre-pack medication. Indicate using the tick box if it is the Member or Buddy that collected the medication.

Twenty nine (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. After data capturing has been completed the register is signed by the data clerk on the cover of the register. The club facilitator then checks if the data capturer has signed off and then collects the register when needed for the next club session.

Recorded Outcome	Outcome Event
DNA	DNA: Did not attend club session to collect pre-pack and did not present at clinic within 28 days after the club session.
BTC	BTC Back to Clinic: Exiting the club for medical reasons and re-entering routine patient care in facility.
TFOC	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	TFO Transfer Out: Patient is leaving the facility completely, and will attend a clinic elsewhere.
RIAC	RIAC Remaining In AC: Patient is remaining in AC.
RIP	RIP Rest In Peace: Patient has died.

ADHERENCE CLUB REGISTER INSTRUCTIONS: Example

Club Number	Club Name	Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
2003	Demoville					
Club Member Details	Phone Number: Private (PVT) Shared (S)	Chronic Condition	RPCs Month			
			Visit Date	03-01-2025	07-04-2025	06-09-2025
1. Member Unique ID	Member	HIV <input checked="" type="checkbox"/>	Weight	63	64	Buddy
820606 0002 088	082 333 4625 (PVT)	HPT <input checked="" type="checkbox"/>		N <input checked="" type="checkbox"/> RTC		N <input type="checkbox"/> RTC
Clinic Folder Number		Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)		N <input type="checkbox"/> RTC
100005436		Asthma <input type="checkbox"/>				N <input type="checkbox"/> RTC
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>				
Date of Birth	05/06/1982	Hyperlipidaemia				
Name	Bulima					
Surname	Tataloko					
Buddy	071 501 3267(S)					
2. Member Unique ID	Member	HIV <input checked="" type="checkbox"/>	Weight	73	71	70
820606 0002 089	082 305 6011 (PVT)	HPT <input checked="" type="checkbox"/>		N <input checked="" type="checkbox"/> RTC		N <input type="checkbox"/> RTC <input checked="" type="checkbox"/>
Clinic Folder Number		Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)		cough, sweats
100005437		Asthma <input type="checkbox"/>				N <input type="checkbox"/> RTC
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Other <input type="checkbox"/>				
Date of Birth	01/08/1972					
Name	Tantari					
Surname	Tataloko					
Buddy	048 029 6023(PVT)					
3. Member Unique ID	Member	HIV <input checked="" type="checkbox"/>	Weight	71	69	59
870906 1527 081	072 230 5401 (PVT)	HPT <input checked="" type="checkbox"/>		N <input checked="" type="checkbox"/> RTC		N <input type="checkbox"/> RTC <input checked="" type="checkbox"/>
Clinic Folder Number		Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)		weight loss, fever, diarrhoea
100006489		Asthma <input checked="" type="checkbox"/>				N <input type="checkbox"/> RTC
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Other <input type="checkbox"/>				
Date of Birth	06/09/1987					
Name	Annah					
Surname	Nkosi					
Buddy	074 661 2567 (PVT)					
4. EDWARD	Member	HIV <input checked="" type="checkbox"/>	Weight	74		75
JORDAN, E	084 646 0692 (S)	HPT <input type="checkbox"/>		N <input checked="" type="checkbox"/> RTC		N <input checked="" type="checkbox"/> RTC
8 LANLEY ROAD		Diabetes <input checked="" type="checkbox"/>	Symptoms	(in patient folder)		
WEMMER, 2001		Asthma <input type="checkbox"/>				
TelNo: 64 60692		Other <input checked="" type="checkbox"/>				
		Arthritis				

Data Capturer Signature

Blood collection month for this club

Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.

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	12
			Visit Date				

1. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

2. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

3. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

4. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

5. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

Club Number	Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date				

6. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight						
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		N	RTC	
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)					
Name	Surname				Asthma <input type="checkbox"/>							

7. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight						
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		N	RTC	
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)					
Name	Surname				Asthma <input type="checkbox"/>							

8. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight						
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		N	RTC	
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)					
Name	Surname				Asthma <input type="checkbox"/>							

9. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight						
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		N	RTC	
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)					
Name	Surname				Asthma <input type="checkbox"/>							

10. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight						
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		N	RTC	
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)					
Name	Surname				Asthma <input type="checkbox"/>							

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

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	12
			Visit Date				

11. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight										
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)				N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>										
Name			Surname													

12. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight										
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)				N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>										
Name			Surname													

13. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight										
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)				N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>										
Name			Surname													

14. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight										
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)				N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>										
Name			Surname													

15. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight										
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)				N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>										
Name			Surname													

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

Club Number	Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date				

16. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight									
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)			N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>									
Name			Surname												

17. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight									
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)			N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>									
Name			Surname												

18. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight									
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)			N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>									
Name			Surname												

19. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight									
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)			N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>									
Name			Surname												

20. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight									
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC	(in patient folder)			N	RTC	N
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	Other <input type="checkbox"/>									
Name			Surname												

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

Club Number	Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date				

21. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

22. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

23. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

24. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

25. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

Club Number	Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date				

26. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name		Surname			Other <input type="checkbox"/>								

27. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name		Surname			Other <input type="checkbox"/>								

28. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name		Surname			Other <input type="checkbox"/>								

29. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name		Surname			Other <input type="checkbox"/>								

30. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name		Surname			Other <input type="checkbox"/>								

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

Club Number	Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date				

31. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

32. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

33. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

34. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

35. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight				
Clinic Folder Number					HPT <input type="checkbox"/>		N	RTC		
Gender	Male	Female	Date of Birth	Buddy	Diabetes <input type="checkbox"/>	Symptoms	(in patient folder)			
Name	Surname				Asthma <input type="checkbox"/>					
				Other <input type="checkbox"/>						

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

Club Number	Club Name		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date				

36. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name			Surname		Other <input type="checkbox"/>								

37. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name			Surname		Other <input type="checkbox"/>								

38. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name			Surname		Other <input type="checkbox"/>								

39. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name			Surname		Other <input type="checkbox"/>								

40. Member Unique ID				Member	HIV <input type="checkbox"/>	Weight							
Clinic Folder Number				Buddy	HPT <input type="checkbox"/>		Symptoms	N	RTC		N	RTC	
Gender	Male	Female	Date of Birth		Asthma <input type="checkbox"/>	(in patient folder)							
Name			Surname		Other <input type="checkbox"/>								

Data Capturer Signature				
-------------------------	--	--	--	--

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
--------------------------------------	---

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
		Visit Date				
1			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
2			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
3			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
4			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
5			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
6			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
7			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
8			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
9			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
10			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
Total: Medicines Packs Members Received						
Total: Medicines Packs Returned						
Facilitator Signature						

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
		Visit Date				
11			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
22			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
13			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
14			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
15			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
16			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
17			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
18			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
19			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
20			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
Total: Medicines Packs Members Received						
Total: Medicines Packs Returned						
Facilitator Signature						

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
		Visit Date				
21			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
22			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
23			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
24			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
25			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
26			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
27			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
28			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
29			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
30			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>
Total: Medicines Packs Members Received						
Total: Medicines Packs Returned						
Facilitator Signature						

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	
		Visit Date					
31			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
32			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
33			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
34			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
35			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
36			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
37			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
38			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
39			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
40			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
Total: Medicines Packs Members Received							
Total: Medicines Packs Returned							
Grand Total: Medicines Packs Members Received							
Grand Total: Medicines Packs Returned							
Facilitator Signature							

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)			
	TFIC (Transfer in from different club)			
Club Leavers	BTC (Back to clinic)			
	DNA (Did not attend)			
	TFOC (Transfer out to different club)			
	TFO (Transfer out of facility)			
	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				

ACKNOWLEDGEMENTS

The Adherence Club Register is the result of a collective effort involving extensive consultation, research, and writing. It incorporates the latest information from the National Department of Health, the World Health Organization (WHO), and other reputable institutions.

The collaboration and support of the Provincial Departments of Health, District Health teams, healthcare facilities, Centers for Disease Control through BroadReach Health Development and other partner organisations, and technical experts have been instrumental in bringing this valuable resource to completion. The National Department of Health extends its sincere appreciation to all contributors and acknowledges the support and resources provided by partner organisations throughout this process.

Centers for Disease Control (CDC) and BroadReach Health Development (Pty)Ltd.

Dr. Musa Manganye, Director HIV/AIDS Treatment Care and Support, National Department of Health

Ms. Lufuno Malala, Programme Manager: Care & Treatment, DMOC, Cluster: HIV/AIDS & STIs National Department of Health

Published by the National Department of Health,

Dr. AB Xuma Building, 1112 Voortrekker Rd, Pretoria Townlands 351-Jr, Pretoria, 0187

© 2025 Department of Health

Requests to reprint this publication should be addressed to the:

Director, Care and Support Directorate, National Department of Health

Private Bag X 828

Pretoria 0001

South Africa

Email: Musa.Manganye@health.gov.za

Telephone: +27 (0)12 395 9216/9393

The publication is available on www.health.gov.za

This publication was supported by Grant Number: 5 NU2GGH002380-05-00. Its contents are solely the responsibility of the National Department of Health of South Africa and do not necessarily represent the official views of the Implementing Agency.





health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans

October 2025

