ESTABLISHMENT OF TREATMENT ADHERENCE CLUBS

TRAINER MANUAL

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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 Treatment
ARV	Antiretroviral
BANC	Basic Antenatal Care
BP	Blood Pressure
BTC	Back to Clinic
c/mL	copies per milliliter
CBO	Community-Based Organisation
CCMDD	Central Chronic Medicines Dispensing and Distribution
CDU	Central Dispensing Unit
DMoC	Differentiated Models of Care
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
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
PCR	Polymerase Chain Reaction
PD	Partial Disclosure
PLHIV	People Living with HIV
PMP	Patient Medicine Parcels
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
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
WBPHCOT	Ward-based Primary Health Care Outreach Team

INTRODUCTION AND BACKGROUND

South Africa has made substantial progress towards the UNAIDS 95-95-95 global targets for HIV epidemic control. By 2025, there were over 8 million people living with HIV among whom 96% know their status, 80% of these are on antiretroviral therapy and 65% of those on treatment have achieved viral suppression[1]. There are currently over 6.1 million people living with HIV who are receiving treatment. To achieve the UNAIDS goals for HIV epidemic control, an additional 1.1 million clients need to be enrolled on lifesaving antiretroviral therapy[2].

Rapid scale-up of antiretroviral therapy (ART) has significantly reduced AIDS-related deaths and improved life expectancy among PLHIV[3]. However, maintaining long-term adherence and retention in care remains a major challenge, especially as the health system must also manage other chronic conditions[4]. This necessitates the deployment of client-centered approaches to improve retention in care to achieve sustainable viral suppression[5].

At the same time, South Africa faces a growing burden of non-communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular disease, cancers, and chronic respiratory illnesses. NCDs account for over 50% of all deaths, and their prevalence is rising due to lifestyle changes, aging, and urbanisation[6].

The coexistence of HIV and NCDs has led to a double burden of disease, where many people are living with both HIV and NCDs. This has created pressure on the health system to integrate services, ensure lifelong treatment, and strengthen adherence and retention strategies for multiple chronic conditions.

The National Department of Health has introduced Adherence Clubs as part of the Differentiated Models of Care (DMOC) strategies for clients on chronic medication, to improve retention in care and reduce the burden of chronic care on health facilities. The Adherence Club is a component of the Repeat Prescription Strategies (RPCS) Standard Operating Procedures (SOP) 5.2 within the DMOC strategies.

Enrolment in an Adherence Club reflects commitment, stability, and success in managing one's treatment journey — an achievement that deserves recognition and celebration. The Adherence Club provides a supportive environment grounded in hope, motivation, and empowerment, where members draw strength from shared experiences and mutual peer support.

1. NDoH 95-95-95 HIV Treatment Cascades, October 2025
2. Close the Gap Campaign: https://knowledgehub.health.gov.za/system/files/2025-05/OVERVI~1.PDF
3. PATHWAYS (UNAIDS, 2023): The path that ends AIDS: UNAIDS Global AIDS Update 2023 | UNAIDS https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023
4. South Africa National Adherence Guidelines for Chronic Diseases (HIV, TB, NCDs): 15 2 16 AGL policy and service delivery guidelines_0.pdf https://knowledgehub.health.gov.za/system/files/elibdownloads/2020-08/15 2 16 AGL policy and service delivery guidelines_0.pdf
5. NSP 2023-2028: sanac.org.za/wp-content/uploads/2023/05/SANAC-NSP-2023-2028-Web-Version.pdf
6. NSP for the prevention and control of non-communicable diseases

1. Purpose of the Trainer Manual

This trainer manual is designed to equip facilitators with the knowledge and skills needed to establish, manage and monitor Adherence Clubs; in line with the National Department of Health's Differentiated Models of Care (DMOC) SOP 5.2. The Adherence club training aims to deliver practical learning guides to the establishment and operation of Adherence Clubs.

2. Learning outcomes for trainees

- Understand the Adherence Club model (SOP 5.2).
- Identify eligibility and deactivation criteria for club members.
- Facilitate group sessions effectively.
- Monitor and report club activities accurately.

3. Who is this manual for?

The facilitator of most of this material should ideally be a professional nurse, trainer or CCMDD coordinator; and an information officer for the M&E module pertaining to information systems. The content is designed for:

- healthcare providers who are involved in establishing, managing, and monitoring Adherence Clubs for clients who are on chronic care.
- healthcare workers responsible for implementation and supervision of repeat prescription strategies (RPCS).
- healthcare workers rendering care, management and treatment services for chronic health conditions.
- staff involved in handling and management of clinical and community care data.

4. Training overview

This is a two (2) day training course and comprises three main content areas that are grouped into three (3) modules and seventeen (17) sessions.

The training content may be adapted to reflect the provincial/district local context.

5. Teaching materials

Teaching materials for the Adherence Club training include a facilitator's manual, a booklet for participants and accompanying PowerPoint slides.

- Group activities contain detailed instructions for both facilitators and participants.
- Where relevant, facilitators must check recorded participants' responses during group activities against the facilitators' notes in this manual and the accompanying PowerPoint slides.
- Pre-test and post-test are designed to assess improvements in the knowledge of training participants. Evaluations should be handed in anonymously.

6. Tips for facilitators

Recommended reading: South Africa Differentiated Models of Care (DMOC) Standard Operating Procedures (SOPs).

- At the start of each day, provide a brief overview of the day's activities.
- At the end of the day, present a summary of key issues addressed during the day.
- Each module has time allocations as a guideline, but timing should be adapted to each situation.

The manual provides detailed instructions for facilitator presentations and group activities.
These can be adapted as preferred, provided the course content is covered, and the module objectives are achieved.

NOTES

MODULE 1

ADHERENCE CLUB DEFINITION AND GUIDING PRINCIPLES

Session 1.1 Adherence Club Definition and Description

Session 1.2 Guiding Principles of Adherence Clubs

Session 1.3 Benefits of Adherence Clubs

Session 1.4 Eligibility for Adherence Clubs. Club Recruitment.

Session 1.5 Information for the Adherence Club Clients

Session 1.6 What are the Different Types of Clubs

Objective

- To define an Adherence Club and distinguish it from other RPC models.
- Describe the structure and purpose of an Adherence Club, including required cadres.
- Identify the key elements of Adherence Club – group size, meeting venues, and eligibility.
- Differentiate the types of Adherence Clubs, their benefits and information given to potential club members.
- Apply guiding principles in Adherence Club implementation.

Time allocation

Review objectives	5 minutes
Present content	120 minutes
Activities	90 minutes

Session 1.1

Adherence Club Definition and Description

ACTIVITY

- Ask the participants to brainstorm on the Differentiated Models of Care (DMOC) SOP5. Write the responses on a flip chart.
  - Make sure the following are included in the brainstorming process. SOP 5.1, 5.2, and 5.3
- Ask about what a club is and discuss the types of clubs the participants know.

FACILITATORS' NOTES **SLIDES 15–18**

Define Adherence Club

An Adherence Club is an intervention where clients that are stable on chronic treatment (HIV and/or NCDs) meet as a group.

- In the Adherence Clubs clients of similar characteristics meet as group and receive their multi-month treatment supply.
- Clients provide psychosocial support for each other, and group engagement.
- The aim is to improve retention in care.
- Adherence Club is a form of Differentiated Model of Care (DMOC) for clients that are stable on chronic treatment.
- This is one of the Repeat Prescription Strategies (RPCs) which is SOP 5 of the DMOC SOPs.
- The Adherence Club is SOP 5.2 of the DMOC SOPs.

ACTIVITY

Ask participants to describe what they know about clubs from their past.

- What are the common things that bring people together in a club?

Describe an Adherence Club

Adherence clubs aim to streamline care for clients on chronic conditions in a manner that is beneficial to the clients and the health system. For a successful club, collaboration between clients and health care providers is critical.

An adherence club meeting is not a full clinic visit – it's a scheduled and fast-track, group-based, supportive approach that must be aligned to the treatment schedule of the client.

At the minimum the following cadres are required to effectively manage an Adherence Club:

- Club Manager
- Club Nurse
- Club Facilitator
- Pharmacist
- Data Capturer/Administrative Clerk

ACTIVITY

Role-play creating a 'mock' club with 5–10 participants.

- Place four (clearly labelled 1–4) cards on four tables in the room. Ask the participants to voluntarily join a group at any of the table.
- Why did they go to the specific table?

The roles of each cadre will be discussed in subsequent sessions.

Adherence Clubs can be provided for any group of people who are stable on chronic treatment and who value psychosocial support. Where clients come individually without a group engagement the RPC is not an Adherence Club but a pickup point.

- Preferably, Adherence Clubs should be made up of clients who are from the same geographical area or have a specific sub-population. Examples include Adolescents, Young Adults, or 50+.
- An Adherence Club consists of a group of 10–30 clients. In small rural communities, the AC can consist of at least 10 clients. Aim for 25–30 clients in larger urban areas.

Possible meeting venues for Adherence Clubs

- Facility-Based Adherence Clubs
  - Within a health facility (such as a designated room or hall, unused office, or community meeting space on the facility grounds).
- Community-Based Adherence Clubs
  - Where clients live (such as at community halls, churches, mosques, or faith-based spaces, NPO offices and schools).

Adherence clubs can start at the facility and later move to a community-based venue.

Adherence Club meeting frequency, duration and timing

- Frequency:
  - Clubs meeting must be every 3 months.
  - Align with multi-month dispensing cycles (MMD) cycles

    (usually 3-month ART refills. 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).
- Duration of Meeting:
  - Each session should last about 45 minutes to 1.5 hours.
  - Allow enough time for medicine collection, a brief health talk, and peer sharing.
- Timing:
  - Club schedules should have convenient times for the clients (e.g. mornings or afternoons).
  - Adjust club schedules for specific groups (e.g. youth clubs after school, community clubs over weekends).

Session 1.2

Guiding Principles of Adherence Clubs

FACILITATORS' NOTES SLIDES 19–23

Summarize the guiding principles that underpin RPCs, including Adherence Clubs.

Offer, Enrol and Document

- Patients are assessed for eligibility at month 4 on ART, the first visit after VL and/or HbA1c are taken. Eligible clients should be offered the option of RPCs options – ensure convenience, dignity, and choice.
- If they choose Adherence Clubs, they should further be offered the options available: club type (specialised or general) and club location (facility or community).
- The enrolment is documented in the patient's clinical stationery and captured in TIER.Net and SyNCH.

Investigations

- Routine investigations are only done once a year at the comprehensive clinical consultation visit. An annual TB-NAAT must be included with the VL assessment.
- Do not require patients to return for result review before a new script is provided.
- Immediately recall a patient if an abnormal assessment result is received.

Prescription and Dispensing

- Clinicians will see the patient and prescribe twice annually.
- Prescribe all chronic, preventive and ART medication on one script with the same supply and location.
- Maximum 2 drug collections from a+ RPCs script; 1st from the facility, 2nd from the RPCs location. (Preferably script 2x3MMD)

Contraceptives

- Explain to women how each contraceptive method impacts the frequency and location (facility or community) of required return visits.
  - Long-acting reversible contraception have no alignment concerns.
  - Oral contraception & new self-injectable: provide a 6-month script and dispense 3 or 6 months of treatment.
  - Short-acting IM injectable contraception align with 6-monthly visits (preferred FAC-PUP or Facility Adherence Club).

Interim Facility Visits

- Club clients should be able to attend the health facility to be seen by a clinician at any time when this is necessary (e.g. if feeling unwell).

- Club clients attending outside of the club visits should be managed as part of the facility's routine system.
- When the clinician sees a club client, the following should be recorded:
  - Record on clinical stationery – club client
  - At the end of the assessment, record one of the following:
    - » Continue in club care
    - » Back to clinic if the clinical assessment warrants return (NB: ensure this is recorded in club register).

Presence of TB Symptoms

- The clinician will rescript for RPCs. Do a TB-NAAT for all presumptive TB clients.
- If the TB diagnosis is positive and the facility has a reliable results management and recall system the patient is recalled. If the facility does not have a reliable results management and/or recall system, advise the patient with TB symptoms to return to the facility within 5–7 days for a review of their TB results.
- With a TB diagnosis, return the patient to regular clinician-managed care.
- Re-assess for RPCs enrolment when TB treatment is completed.

Emphasise the Do's (Good Practice) and Don'ts (What to avoid) of Adherence Clubs.

DOs (Good Practice)

- Only stable clients who meet eligibility criteria and have been clinically confirmed should be enrolled.
- Prepare pre-packed medicine parcels (PMPs) at least a day before Adherence Club meetings if medication is dispensed by the pharmacy.
- Protect confidentiality – choose safe, private, stigma-free meeting spaces.
- Encourage peer support – allow members to share experiences and coping strategies.
- Link Adherence Clubs to the health information systems (pharmacy, SyNCH, TIER.Net, DHIS).
- Adapt Adherence Clubs to meet the needs of special groups (youth, families, postnatal).
- Provide regular feedback and ensure members know their next steps.

DON'Ts (What to avoid)

- Don't enroll unstable clients who need frequent clinical reviews (e.g. high viral load, uncontrolled diabetes, TB co-infection or pregnant women).
- Don't require routine vital signs or clinical consultations at every club meeting.
- Don't ignore data reporting – every club meeting must be captured in the Adherence Club register.
- Do not add/include Adherence Club clients to facility headcount register.
- Do not compromise confidentiality by using open or stigmatizing venues.

Session 1.3

Benefits of Adherence Clubs

Managing stable clients on chronic medication through group settings provides several benefits to the individual, the health system, and the community.

ACTIVITY

What are the benefits of an Adherence Club in a rural setting versus an urban setting?

Discuss this under:

- Benefits to clients in the club
- Benefits to other patients
- Benefits for healthcare workers
- Benefits for the health care system

FACILITATORS' NOTES **SLIDES 24–26**

Benefits for clients

- Convenience: Shorter clinic visits and reduced waiting times.
- Reduced transport costs: Especially when clubs meet in community venues closer to clients.
- Psychosocial support: Peer encouragement, shared experiences, and reduced stigma.
- Better adherence: Regular medicine collection and group motivation improve treatment adherence.
- Improved retention in care: Higher likelihood of staying in long-term treatment.
- Empowerment: Clients actively participate in their care in a supportive environment.

Benefits for the health system

- Decongested facilities: Stable clients managed in Adherence Clubs free up clinic space for unstable or new clients.
- Efficient use of staff: Adherence Clubs allow clinicians enough time to focus on complex cases.
- Improved treatment outcomes: Adherence Clubs help sustain viral suppression and control of NCDs.
- Efficiency: Reduced need for frequent clinical consultations and shorter facility waiting times.

Community and public health benefits

- Reduced stigma: Clubs normalize chronic disease management in group settings.
- Community ownership: Clubs strengthen linkages between facilities and communities.

Session 1.4

Eligibility for Adherence Clubs. Club Recruitment

The Adherence Club model is intended to benefit clients that are clinically well and adhering to their treatment for chronic conditions. Clinicians determine whether a client qualifies for a club by applying the following criteria.

A client may be eligible if s/he does not have any current medical condition requiring regular clinical consultations more than once every 6 months.

ACTIVITY

Ask participants to identify which clients may be eligible for Adherence Club.

- Who determines that a client is eligible for a club?
- How is a client's eligibility determined?

Write the responses on a flip chart.

Compare responses with the Facilitator's notes.

FACILITATORS' NOTES SLIDES 27–31

Discuss eligibility for Adherence Club enrolment with participants.

For adults

- Must be above 18 years of age.
- Most recent assessment results normal:
  - HIV – Most recent viral load (VL) taken within the past 12 months < 50 copies/ml.
  - Diabetes – Most recent HbA1c taken in past 12 months ≤ 7%.
  - Hypertension – 2 consecutive BP < 140/90 in the last 3 months.
- Not pregnant or post-natal within 12 months of delivery

For children

- Must be 5–17 years old
- No regimen or dosage changes in the last 3 months.
- Most recent viral load taken within the past 12 months < 50 copies/ml.
- Caregivers have been counselled on age-appropriate disclosure process.
- Clinically stable with no malnutrition, opportunistic infections, TB or mental health disorder.

NOTE

In both adults and children, ensure the following:

- A clinician confirms the client's eligibility for RPCS option.
- The client voluntarily opts for the Adherence Club option.
  - Children may consent if they are at least 12 years.
  - Caregiver must consent for children under 12 years.

Club recruitment

Emphasise that the adherence club starts with effective recruitment! Recruitment can be done by peer educators, counsellors during health education or clinicians during consultation.

ACTIVITY

Brainstorm. What proportion of the clients on chronic medication at your facility are clinically stable (rough estimates)?

- How many clubs do you have at your facility?
- What recruitment strategy has worked for you?
- What challenges have you encountered in setting up clubs at your facility?
- How did you mitigate challenges?

Peer educators and counsellor

- Conduct health education to raise awareness about the benefits of adherence clubs.
- Use posters and IECs materials to create awareness.

Clinicians

- Offer and discuss with clients about club options for ongoing care.
- Routine assessment of client's eligibility and referral for registration and booking into a club.

Session 1.5

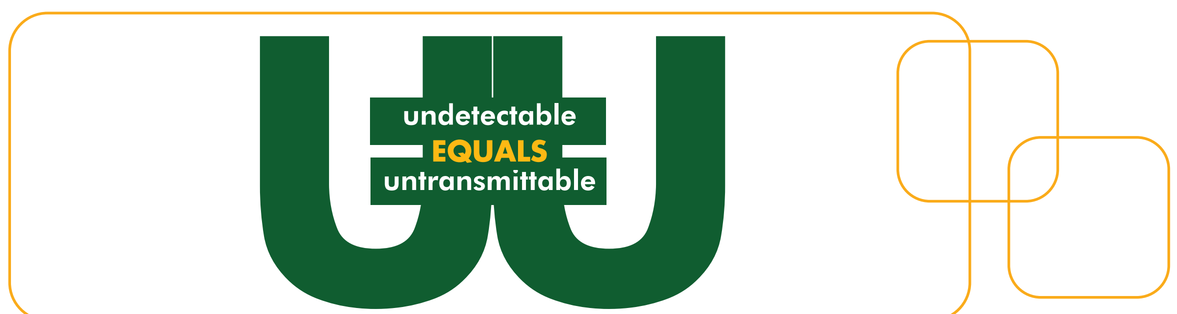
Information for the Adherence Club Clients

FACILITATORS' NOTES **SLIDES 32–35**

- For clients who are living with HIV, discuss the importance of U=U (UNDETECTABLE = UNTRANSMITTABLE).
  - A client is UNDETECTABLE when his/her viral load is < 50 copies/ml.
  - A client can remain UNDETECTABLE when he/she adheres to treatment.
  - An undetectable viral load means zero risk of HIV transmission to the sexual partner.

- The Adherence Club session is structured and simple. Clients meet every 3 months for 45 to 90 minutes to collect pre-packed medicines, get a health talk, share experiences, and be referred to ongoing support if needed.
- If known, inform the client of the name of his or her new club as well as the date, time and venue of the next meeting.
  - Emphasise the importance of keeping time for club meetings.
- If unable to attend the club:
  - the client may send a designated friend or family member (BUDDY) A buddy cannot be sent twice in a row or to a clinical consultation visit.
  - the treatment must be collected within 28 days from the facility.
- Adherence club members are required to see a clinician twice a year:
  - for a comprehensive clinical review, scripting and blood tests
  - for a prescription renewal and brief checkup.
- Adherence club members can come to the facility for any other reason without the need to wait for the scheduled Adherence Club meeting date.
- A client will be returned to regular care at the facility and no longer attend the adherence club if he/she requires more frequent clinical care due to missed appointments, ill health or when she becomes pregnant.
- The client can choose to leave the Adherence Club if they
  - prefer a pick-up point or another adherence club, or
  - qualify for 6MMD; 12 months on ART, have 2 VLs less than 50 copies/ml.

(This can be discussed with the clinician at the comprehensive clinical consultation.)



Session 1.6

What are the Different Types of Clubs

ACTIVITY

Ask participants to think about and divide clients attending the health facility for chronic conditions into 4–5 categories. What categories would these be?
Write the response on a flip chart.

FACILITATORS' NOTES **SLIDES 36–47**

Adherence Clubs can be general or specialised depending on the population, setting, and the needs of the client. The Adherence Club members can meet at any of the locations that suit the needs of its members (In the facility or community).

General Adherence Clubs

- For stable adult clients on ART or other chronic medications.
- Mixed age and gender groups.

Youth/Adolescent Clubs

- For adolescents and young adults living with HIV and or other chronic conditions.
- Tailored to age-specific needs, peer bonding, and youth-friendly services.
- Include interactive health education and psychosocial support.

Emphasise the importance of grouping adolescents and youth by age to foster cohesion and promote learning.

a. Adolescents 12–15 years
b. Adolescents 16–19 years
c. Adolescents 20–24 years

Caregivers, guardians, or healthcare providers should have initiated age-appropriate disclosure to the child or adolescent prior to, or at the time of, enrolment in the Adherence Club.

Maternal Clubs

For postnatal women who are living with HIV, it is important to differentiate between a maternal Adherence Club (which is a form of RPCS SOP5.2), and a postnatal club which is not a form of RPCS.

Similar to maternal Adherence Clubs, Postnatal clubs offer the Mother-Infant Pair (MIP) a streamlined and integrated care aligning the infants' care pathway with that of the mother. However any postpartum women can be a member.

- Focus on maternal adherence, prevention of vertical transmission, infant follow-up, and breastfeeding support.
- Includes mental health psychosocial support for mothers.

Stable mothers including those in postnatal clubs may graduate to maternal Adherence Clubs after 12 months if they meet all the eligibility criteria for RPCs; including having an undetectable viral load.

Family/Household Clubs

- For families or household members who are all on chronic treatment.
- Simplifies logistics (one meeting, one pick-up point for all).
- Encourage family-based support for adherence.
- For children include dosage check and possible adjustment, disclosure process review, and check-in with caregiver.

Key Population Clubs Specific to Each Sub Population

- Clubs tailored for specific groups like sex workers, MSM, or transgender persons.
- Provide safe, stigma-free spaces and targeted health literacy
- Include targeted health literacy e.g. STIs, U=U messaging, Sexual and Gender based violence, substance abuse and harm reduction and client safety.

For Key Population Clubs, emphasise the importance of the principles of privacy, confidentiality and non-discrimination for members.

Where possible, health facilities must work with community to support community sensitization and the needs of key populations.

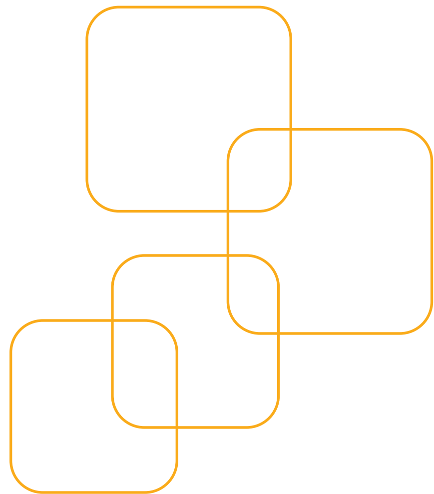
Men's Club

- Incorporate member-suggested social events like lekgotla, soccer/braais/TV matches, gym sessions (these can build a sense of camaraderie and the association of health outside of the clinical context).
- Members may request inclusion of practical skills such as basic car maintenance, digital literacy.
- Include health topics such as prostate health, sexual health, nutrition, mental health (including stigma around seeking help).

Over 50 (50+ years) Club

To address the health literacy and adherence needs of individuals who are 50+ years old. Club facilitator must develop skills and competencies in dealing with elderly clients and provide age and sex appropriate health screening.

- Include blood pressure monitoring, blood sugar monitoring (if possible), weight measurement. This can be done by the club facilitator.
- Within a club setting, explore the needs of clients: mental health, eye health, physical health, chronic pain, sleep quality as well as loneliness and refer to appropriate services.



MODULE 2
ADHERENCE CLUB PROCEDURES AND FACILITATION

Session 2.1 Roles and Responsibilities in the Adherence Club

Session 2.2 Adherence Club Visit Schedule

Session 2.3 Adherence Club Procedure – Before, During and After

Session 2.4 Tracing and Recall of Adherence Club Clients

Session 2.5 Re-Engagement and Deactivation from Adherence Clubs

Objective

- To understand the roles and responsibilities in the adherence clubs.
- To understand the process of registration and enrolment into adherence clubs.
- To understand steps and requirements to conduct and facilitate adherence club sessions over the year.
- To understand the processes required before, during and after club sessions.
- To define client-centred processes to be followed for members that require more frequent clinical care (missed appointments, ill-health or pregnancy).

Time allocation

Review objectives	5 minutes
Present content	100 minutes
Activities	30 minutes

Adherence Club is an efficient way of delivering client-centred chronic care for clients who are stable on treatment. To achieve this, it is important to understand and plan the schedules of Adherence Clubs which occur every 3 months. The chosen interval must synchronize with the RPCs schedule of the members. Health facilities must designate and maintain a clear roster of staff allocated to manage the Adherence Club meetings and preparation of PMPs for clients.

Session 2.1

Roles and Responsibilities in the Adherence Club

FACILITATORS' NOTES **SLIDES 51–53**

Adherence Club is a team effort – clients, facilitators, clinicians, pharmacists, and data staff all play important roles, supported by facility management and sometimes NGOs and other community structures.

At the minimum the following (5) positions and their responsibilities are essential for successful club implementation.

Club Manager

The Club Manager takes overall responsibility for the activities required to run successful Adherence Clubs.

The facility manager may designate a nurse to take on this role, which includes:

- Ensuring Adherence Club SOP is carried out.
- Adherence Club team recruitment.
- Scheduling Adherence Cub visit dates.
- Adherence Club enrolment/deregistration is captured on TIER.Net.
- Providing Club Facilitators with new treatment literacy information/materials.

Club Facilitator

ACTIVITY

Brainstorm session on the skills and qualities required for a Club Facilitator:

- Excellent Communication: Essential for leading sessions and reporting.
- Time Management: To effectively manage the club schedule and ensure sessions are brief and efficient.
- Empathy and Support: To provide a supportive and empathetic approach as well as building a positive group dynamic.
- Knowledge of Chronic Conditions: Such as HIV/AIDS, TB, hypertension and diabetes.
- Counselling skills: This is important in problem-solving and addressing adherence challenges.

The Club Facilitator is responsible for establishing and running Adherence Clubs with the assistance of the Club Manager. The role of the Club Facilitator includes:

- Facilitating group discussion and engagement during club sessions.
- Collecting and handing medication for clients (Patient Medicine Parcel – PMP).
- Referring clients who are unwell to the Club Nurse.
- Follow up clients who have missed their appointments.

Club Professional Nurse

The health facility must designate a nurse as the "Club Nurse" on the clinic roster for each day an Adherence Club session takes place.

- The Club Nurse provides clinical oversight for the club, ensuring that patients who require review are managed appropriately.
- The Club Nurse is responsible for all the annual blood investigations and clinical consultations for club members.

During treatment supply only Club sessions, the nurse's involvement is minimal as stable clients do not require frequent clinical review beyond the routine scheduled annual reviews.

The Club Nurse can, therefore, continue with normal clinical duties, attending to routine facility patients while the club is in session.

On the days of treatment supply only sessions, the club nurse will see club patients if:

- a client has a clinical complaint during the club meeting.
- a Club Facilitator has referred a client who has missed appointments, is suspected of being unwell, or has adherence challenges.

The nurse acts as a clinical care safety net for Adherence Clubs – not needed at every club meeting but always allocated to ensure clinical coverage when required.

Club Pharmacist

- Responsible for pre-dispensing treatment for Adherence Clubs if supplied by facility pharmacy.

Data Capturer/Administrative Clerk

- Capturing club data into health information systems. (Enrolment/deactivation/deregistration and attendance into TIER.Net and SyNCH.)

REMEMBER:

Obtain buy-in from all health facility staff. The roles allocated to designated facility staff must not be their only responsibility. Everyone is responsible for the care of clients.

Session 2.2
Adherence Club Visit Schedule

Adherence Club meetings must align to the algorithms of the DMOC SOP5.2 – Repeat Prescription Strategies Adherence Club (RPCs AC).

FACILITATORS' NOTES **SLIDES 54–59**

Adherence Clubs are for clients who started treatment for a chronic condition such as HIV, Diabetes or hypertension AND are clinically stable AFTER completing three months of treatment.

- RPCs M-1: Registration Visit in the 4th month on treatment.
  If clinically stable the client is registered into the AC or other RPC option.
- RPCs M0: Enrolment Visit.
  Client attends the first AC meeting with other members.

Once established, Adherence Clubs meet every 3 months annually; at times agreed upon by the club members to ensure convenience and continuity of care.

- RPCs M3: Repeat Collection Visit
  Members attend at the Adherence Club venue to collect their medication for their chronic condition and engage in sessions.
- RPCs M6: Comprehensive Clinical Consultation Visit.
  The client will come for an integrated chronic care clinical review and laboratory investigations. This visit can be at the facility or at the Adherence Club; before or after the session with other members.
- RPCs M9: Repeat Collection Visit.
  Members meet at the Adherence Club venue to collect their chronic medication and engage in group session.
- RPCs M12: Rescripting Visit
  Members have a brief clinical check-up and rescripting before or after the group session.

RPCs M-1: Registration Visit

In month 4 on treatment, the client will undergo clinic assessment and review of VL and any other monitoring results, including appropriate integrated services for family planning and NCDs.

Healthcare providers must apply the Adherence Club eligibility criteria to identify and enrol eligible clients into the Adherence Clubs. At this visit the nurse will:

- assess the client for eligibility for RPCs,
- offer the various options: Facility PuP, External PuP, Adherence Club,
- document the RPCs of choice in the ART clinical stationery,
- book client into the appropriate club. Confirm that the club is not full,
- record in the client's clinical stationery: recruited in club and include club name and number,

- provide a script and treatment supply is provided to cover until the first adherence club date if known, 2-3 months if date is unknown).

If club meeting date, time and venue are known inform the client. If not yet known the facilitator will call later to inform the client.

RPCs M0: Enrolment Visit

When most members have been registered for a particular club, the members meet as a group for the first time at the facility for the enrolment visit.

(note that for Pickup Points registration and enrolment both occur in the 4th month on treatment – RPCs M0. For Adherence Clubs, registration occurs individually in the 4th month on treatment whilst enrolment occurs later when registered members come together for the first time at RPCs M0 (which can be in the 4th month on treatment for some members but the 5th or 6th for others).

- record the AC members that are present,
- give each client an appointment card with the next AC meeting date and time,
- provide a script for 6 months,
- patient collects 3 months' treatment from pharmacy.

RPCs M3: Treatment Supply Only Visit

This is the second club meeting for the client. For a newly enrolled ART client who is stable on treatment, this visit will happen in the 7th, 8th or 9th month of treatment.

The treatment supply visit may happen at the facility or at a secure location in the community.

At this visit the club facilitator will:

- Assess clients and give clients their PMP
- Facilitate the health education session
- Facilitate client engagement and shared experiences
- Record any newly recruited clients accordingly in club register
- Record the next club meeting date and venue
- Inform members that they must come personally for the Clinical Consultation visit in 3 months.

NOTE:

If a buddy is sent on the day of club treatment supply only, give PMP to buddy AND record buddy that collected. The buddy does not stay for the meeting.

RPCs M6: Comprehensive Clinical Consultation Visit

This is the third club meeting for the client. The comprehensive clinical review meeting may happen in the community for community Adherence Clubs if the nurse can be there. Otherwise, both facility and community ACs can meet at the facility.

On the day of the comprehensive clinical review meeting, all the treatment supply visit activities will be conducted in addition to a comprehensive clinical review.

NOTE:

A buddy may not be sent on the day of club comprehensive clinical review visit. If a buddy is sent on the day of the comprehensive clinical review, do not give the client's PMP to the buddy but ask them to inform the clients to come for their clinical review and blood test at the health facility.

- Integrated chronic care clinical review (incl. annual TB-NAAT, TPT review and FP)
  For adolescents: include an annual mental health assessment
  For children: include a dosage + disclosure check.
- Routine investigations: align all Adherence Club members for the same date/month.
- Check if the client wants to remain in this AC/change to another AC or PuP (from year 2 onwards check whether the client is eligible for 6MMD).
- Script client for 6 months (do not require client to return for result review) .
- Client collects 3 months' of treatment from pharmacy or Adherence Club.
- Record in clinical stationery.
- Remind client that the next visit is back to Adherence Club location.
- Update appointment card.

The comprehensive clinical review is not done within the group but individually before or after the group session.

RPCs M9: Treatment Supply Only Visit

This will follow the same format as the Treatment supply only visit at RPCs M3.

Remind members that they must come personally for the rescripting visit in 3 months.

RPCs M12: Rescripting Visit

This should ideally be conducted at the Adherence Club venue where possible.

In addition to the Treatment Supply only visit activities:

- Each client is seen briefly for an integrated clinical check-up.
- Script client for 6 months.
- Client collects 3 months' of treatment from pharmacy or Adherence Club.
- Record in clinical stationery.
- Remind client that the next visit is at the Adherence Club location.
- Update appointment card.

ACTIVITY

Our great BUDDIES!!

- When can a client not send a buddy to the club meeting?
- What information CAN and CANNOT be shared with the buddies of club clients.

Session 2.3

Adherence Club Procedure – Before, During and After

This session describe the steps to follow before, during and after the Adherence Club meetings.

FACILITATORS' NOTES **SLIDES 60–68**

Preparation Before the Club Session

- Healthcare providers must prepare early (preferably 1–2 days before the club visit date).
- For newly enrolled patients draw folders and capture prescriptions.
- If the upcoming session is a clinical or rescripting visit:
  a. Ensure the club nurse is available
  b. Get the club register and pre-pull the clinic stationery of club members
  c. Prepare for laboratory investigations ahead of comprehensive clinical reviews
- If the upcoming session is a treatment only session (previous was clinical)
  a. Check register for a tick next to patient weight to ensure this was done. If no tick draw folders for patients.
  b. If clinical visit was not done mark in the register that the patient needs to be seen by the clinician before receiving their PMP.
- If the pharmacy is pre-packing (only for clubs with 10 or less members) and not CCMDD SP or CDU, pre-pack the Patient Medicine Package (PMP) for all club clients – preferably 3 dispensing cycles. If packed by CCMDD, pharmacies check the PMPs for completeness and add missing medications.

At Club Sessions

- Verify patient identity using approved means of identification.
- A nominated person collecting on behalf of the patient must produce the patient's approved means of identification.
- For a newly enrolled patient, stick a patient label into the next open line in the register (or write in patient information), 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. Record the club ID number after the club number on the appointment card.
- Record weight or buddy in the weight block. If a buddy attends record "B" in the weight block
- Screen for TB symptoms or any other problems, record in the register, refer patient to the club nurse if needed and record RTC (refer to clinician) in the register. (TB symptoms: cough, fever, night sweat, and unintended weight loss).
- Facilitate a group discussion and engagement. This includes providing treatment literacy and encouraging peer support and engagement.
- Give clients or buddies the PMP and ensure they sign for the collection.

For rescripting visits: on the same day, the club nurse will see patients individually starting before and/or after the session.

- Discuss any clinical issues with the client and conduct a brief checkup.
- Rescript the patient for 6 months' treatment.

For clinical consultation visits, the club nurse will additionally:

- Discuss any clinical issues with the client.
- Draw samples for an annual VL test, TB- NAAT, and assess continued suitability of treatment, prevention and family-planning options.
- Secure specimens in laboratory bag, and record time, date and clinician details.
- Complete NHLS laboratory forms and record in the club register.
- If the client is on TPT, review TPT stop date and any actions required.
- Confirm if the patient will remain in this club, transfer to another club or to a PuP.
- Check patient eligibility for 6MMD; discuss option with eligible patients.

At the End of the Club Sessions

- Facilitator reports to the Club Nurse at the end of clinical consultations and rescripting visits:
  a. Any newly enrolled patients: folders (pre-drawn) and register to be given to the nurse. The Nurse then completes clinical details of enrolled patients in the register and records patient was enrolled in the patient folder next to the recruitment information with the date enrolled and signs the entry.
  b. How many patients have not attended the session; ensure this correlates with the remaining PMPs.
- The club facilitator must return any client folders (pre-pulled for scripting purposes or blood test) to the facility for safe storage.
- If possible, patients who have missed their club visit should be recalled immediately.
- Clubs Facilitator returns unclaimed ART pre-packs to the facility.
  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.

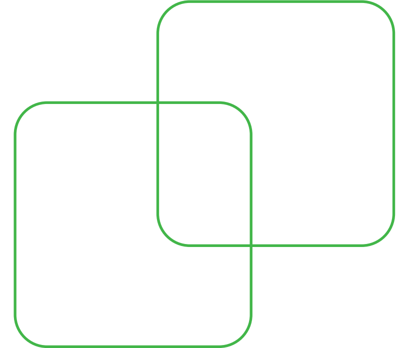
During the 28-day Grace Period

- The register and returned PMPs may be stored in the Club Manager's office, support group room or in the pharmacy.
  (Each facility should determine the appropriate grace period to be given to club patients, and whether the Clubs Manager or the Clubs Facilitator will manage the grace period and role of other staff in their absence.)
- Clients (buddies) can still collect their PMP from the agreed upon place within this 28-day period.
- Check the type of visit missed: if a blood or clinical visit then the patient must be seen by a clinician.
- The register should be completed as per the club session; also record the date the patient attends during the grace period.

- 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.

After the 28-day Grace Period

- The returned PMP must not be kept for more than 28 days.
- On day 28, the Club Nurse must close the club register, (this can be done earlier if all clients have attended before the 28-day grace period is over).
- The Club Nurse must review the remaining PMPs against the register and write DNA (Did not attend (in the weight field for all patients that did not collect their PMP.
- Review the register entries for completeness:
  - Symptom screen fields completed for all clients that have attended.
  - Weight, B (buddy) or client outcomes have been completed.
- Discuss any gaps in recording with the Club Facilitator to ensure correct register completion
- Club Nurse must check if scripting is due for that club and follow the scripting procedures if necessary.
- The club register is given to the data capturer/clerk for capturing.
- After capturing, the data capturer/clerk should date, write name, sign the front page. Capturing should take place within a week of receipt.
- Data capturer/clerk should return the register to the appropriate storage space.
- All uncollected PMPs must be returned to the pharmacy.
- If the patient comes to the clinic after the grace period, the patient is referred to the Clubs Manager who will return the patient to mainstream care for enhanced support.



Session 2.4

Tracing and Recall of Adherence Club Clients

FACILITATORS' NOTES **SLIDES 69–72**

Criteria and Prioritization order for Tracing and Recall

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

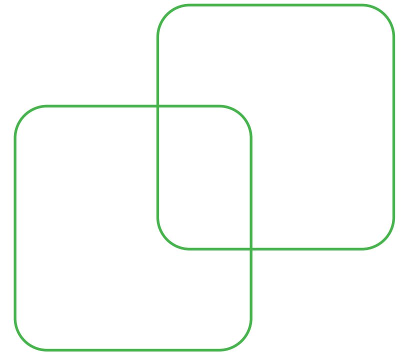
- Clients started or restarted treatment in the last 6 months with advanced HIV disease (AHD).
- Clients with abnormal results, e.g.:
  - HIV: Serum CrAg+, PCR+ or viral load > 50 copies/ml
  - Diabetes: HbA1c > 8%
  - Hypertension: BP > 140/90
  - TB: positive GXP, Smear, Culture, Line Probe Assay (LPA)
- Clients who are overdue for their condition specific assessment and/or investigation.
- Clients who have failed to return to facility within 7 calendar days of their scheduled Adherence Club day/appointment for any other reason including failure to collect their medication.

Guiding Principles

Tracing processes should start 7 calendar days after a client has missed their scheduled appointment or failed to collect their medication through their RPCs option or have not returned to the facility after an immediate initial recall following an abnormal result.

- Clients must be traced through methods that they have consented to: (SMS, WhatsApp, phone call, and/or home visits).
- Recall attempts must first be telephonic and only if this fails, then via a home visit.
- Ensure client's confidentiality is always maintained during tracing
- Integrate the following activities into adherence strategies to trace and recall clients:
  - Informing clients about tracing and recall processes.
  - Asking clients' consent to be traced and their preferred methods of tracing in order of preference.
  - Updating the patient's contact details during every visit.
- Identify clients with abnormal results or missed appointments through the TIER.Net line lists for HIV/TB clients or from the appointment register/book for clients with other chronic conditions.
- First, verify missed appointments using the client's folder/Adherence Club monitoring tools before contacting the client.

- Make an active referral to the facility within the next 7 calendar days where tracing is successful.
- Document all tracing processes in the client's clinical stationery and relevant monitoring systems.



Session 2.5

Re-Engagement and Deactivation from Adherence Clubs

It is important that only clients who are eligible for Adherence Clubs to be enrolled in clubs. While clients are in Adherence Clubs, their eligibility may change based on several factors. Health care workers must understand how to identify clients who are not eligible for Adherence Clubs and know when and how to deactivate and return clients who are no longer eligible for Adherence Club to regular care. They must also understand the different re-engagement procedures for clients depending on the length of time they were absent and their clinical profile.

FACILITATORS' NOTES **SLIDES 73–77**

ACTIVITY

Client on ART for 2 years, viral load 250 c/mL, and has missed a club appointment for 35 days. Is this client eligible, should they be deactivated, or should they continue in the club?

Discuss answers in plenary.

Present the different scenarios when a client may become ineligible for an Adherence Club.

- Did not return to the facility, Adherence Club, or external pick-up point within 28 days of appointment.
- Becomes clinically unstable or develops a new diagnosis that requires frequent clinical follow-up.
  - New TB, or opportunistic infections.
  - HIV: Viral load ≥ 1000 c/mL (unless persistent viraemia confirmed by clinician).
  - Diabetes: HbA1c > 8%.
  - Hypertension: BP consistently > 140/90 mmHg.
- Becomes pregnant (All pregnant clients must be referred to comprehensive maternal and child health services).

NOTE

A club member (client already attending a club) who becomes ineligible for Adherence Club must be deactivated from the Adherence Club and returned to routine care.

ROLE-PLAY

Have one participant act as a facilitator, and another as a client being deactivated.

- Practice explaining deactivation respectfully and with empathy. Reassure the client above that they are being deactivated and returned to routine care for the purpose of closer medical follow-up and that they may rejoin once stable.

Deactivation does not mean exclusion from club membership forever. Clients can return to the club once they become stabilized and meet eligibility criteria again.

Help the clients to understand that they are returned to regular care to ensure more frequent clinical care until they are stable again.

Clients can return to their RPCs (or alternative preferred RPCs) after a single normal result and if they meet other RPCS criteria (also see Re-engagement SOP 8).

Re-engagement Procedure

All patients restart treatment immediately.

A.	Patient 29–90 days late	Assess for RPCs and offer if eligible OR 3-month refill
	Clinically well	Routine follow-up
B.	Patient > 90 days late	3-month refill. CD4, AHD package if CD4 < 200
	Clinically well	TB-NAAT, TPT assessment, Re-assess in 3 months
C.	> 28 days late	As per B, plus A-E assessment
	Unwell	Follow up as clinically indicated. Re-assess in 3 months

NOTE

Deactivation is a temporary removal of a client from the Adherence Club. The client can be re-enrolled. De-registration is a permanent removal of a client, usually due to death or a duplicate entry.

MODULE 3
ADHERENCE CLUB MONITORING AND EVALUATION

Session 3.1 The Adherence Club Register

Session 3.2 Documentation in ART Clinical Stationery

Session 3.3 How is the Club Captured on TIER.Net

Session 3.4 How is the Club Captured on SyNCH

Session 3.5 How is the Adherence Club Reported on DHIS

Objective

- To understand documentation for adherence clubs in the club register and ART clinical stationery.
- To understand capturing for adherence clubs in various information systems.
- To understand the generation and use of monthly summary sheets to monitor client attendance, medication pick-up and identify potential adherence issues.

Time allocation

Review objectives	5 minutes
Present content	150 minutes

Session 3.1
The Adherence Club Register

The Adherence Club Register is the register used to track client participation and activities within the Adherence Club model.

The register helps the club facilitator to monitor which members are attending club sessions and identify clients who may need more intensive follow-up or who have exited the club (due to missed sessions or other clinical conditions).

The register helps in maintaining client data and facilitates medication collection.

When a client attends a club session:

- The facilitator records their attendance in the club register.
- The client attendance is captured in the facility's electronic database by the Data Capturer.

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

2030 NDP

ADHERENCE CLUB REGISTER INSTRUCTIONS: Example

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 Clinic Folder Number 100005436 Gender: Male ☐ Female ✓ Date of Birth 05/06/1982 Name Bulima Surname Tataloko	Member 082 333 4625 (PVT) Buddy 071 501 3267(S)	HIV ✓ HPT ✓ Diabetes ☐ Asthma ☐ Other ✓ Hyperlipidaemia	Weight Symptoms	63 N ✓ RTC	64 (in patient folder)	Buddy N RTC	TFOC N RTC
2. Member Unique ID 820606 0002 089 Clinic Folder Number 100005437 Gender: Male ✓ Female ☐ Date of Birth 01/08/1972 Name Tantari Surname Tataloko	Member 082 305 6011 (PVT) Buddy 048 029 6023(PVT)	HIV ✓ HPT ✓ Diabetes ☐ Asthma ☐ Other ☐	Weight Symptoms	73 N ✓ RTC	71 (in patient folder)	70 N RTC ✓ cough, sweats	BTC N RTC
3. Member Unique ID 870906 1527 081 Clinic Folder Number 100006489 Gender: Male ☐ Female ✓ Date of Birth 06/09/1987 Name Annah Surname Nkosi	Member 072 230 5401 (PVT) Buddy 074 661 2567 (PVT)	HIV ✓ HPT ✓ Diabetes ☐ Asthma ✓ Other ☐	Weight Symptoms	71 N ✓ RTC	69 (in patient folder)	59 N RTC ✓ weight loss, fever, diarrhoea	BTC N RTC
4. EDWARD JORDAN, E NGC 67540 112 8 LANLEY ROAD ID:6903025370270 WEMMER, 2001 Sex:M TelNo:6460692 NYADH	Member 084 646 0692 (S) Buddy 083 738 2918 (S)	HIV ✓ HPT ☐ Diabetes ✓ Asthma ☐ Other ✓ Arthritis	Weight Symptoms	74 N ✓ RTC	(in patient folder)	75 N ✓ RTC	75 N ✓ RTC
	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.

Adherence Club Register | PAGE 5

The adherence register has rows that contain client information (Name, date of birth and sex) and columns that capture information about the telephone number of the client, the type of chronic conditions the client has, the meeting date, vital signs and meeting type (pre-pack collection or comprehensive clinical review).

The club register must be completed with the club number and club name.

Write the club meeting dates in the row where it says, “Visit Date” and record the date of the next club meeting.

- In the 1st and 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 club member or the buddy, indicating whether it is their own private phone (“PVT”) or a shared phone (“S”).
- In the 4th column, indicate the chronic condition by selecting the relevant tick boxes.
- 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 – patient must be referred to a clinician.
- Record clients who have not attended club meetings.
  - If the client has not come AND has not sent a buddy on the day of the club meeting, leave the space for weight and symptoms blank and contact the client.
  - If the client or the buddy comes within 28 days, fill the register normally; and indicate the date the client collected their treatment.

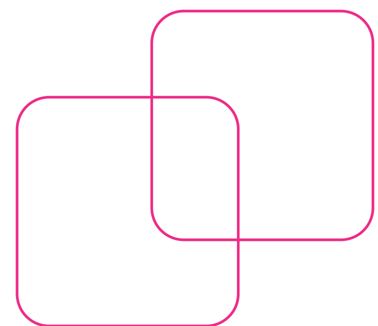
- If the client or the buddy does not come within 28 working days, or when the client's outcome is known, record the appropriate outcome as follows:
  - **DNA:** Did not attend club session to collect and did not report at clinic within 28 days after the club session.
  - **BTC:** Back to Clinic: Exiting the club for medical reasons and re-entering routine care at facility.
  - **TFOC:** Client is transferred to another club at the same facility. Record the club number the client will be attending in future.
  - **TFO:** Transfer Out: Client is leaving the facility completely and will attend a clinic elsewhere.
  - **RIP:** Client has died.

NOTE

- Clients who exit the club and return after a period of care in the clinic must be recorded as new clients.
- Each member/buddy must sign the medicine receipt sheet to acknowledge that they have received their PMP.

After the Club Meetings

Seven (7) working days after the Club meeting, the Club Facilitator must fill in and sign the tally sheet (last page of the register) and bring the register to the Data Capturer. After data capture has been completed, the register must be signed by the Data Capturer.



Session 3.2
Documentation in ART Clinical Stationery

Adherence Club (AC) participation must be documented in the ART clinical stationery (patient clinical record) to ensure continuity of care and alignment with all guidelines.

The clinician must use the ART clinical stationery to document the clients' enrollment, club attendance, and routine laboratory investigations.

- Record the date of enrolment.
- Club type (facility-based/community-based).

Documenting Client Enrolment and Attendance

- The clinician must record the date of each clinical visit in the top column on the ART clinical stationery.
- Under the investigation section,
  - record any laboratory investigations that have been conducted
  - affix barcodes in the investigation section. Tick the type of test requested and document the results as soon as the results have been returned.
- Under the plan and treatment section, clinician must use the NOTES section to,
  - record date of enrollment into adherence club
  - record the name and number of the adherence club.
- Use the medication and prophylaxis section to,
  - record ART regimen and script duration.
- Record client enrolled in DMoC and include date, name/number of AC in 'referred' field.
- Record the next clinical visit date in the 'Date of next visit' field. This is usually 6 months from the current visit date.
- At the end of the visit, the clinician must clearly initial at the bottom of the chart.
- After capturing the visit data elements, the data capturer must initial at the bottom of the chart and return the clinical stationery for filing.

Documenting Client Deactivation and Deregistration

A client may be deactivated from AC for reasons discussed in session 2.5 above (If a patient becomes pregnant, or ill, or misses a scheduled pick-up, or chooses another RPCs option).

- The clinician must use the NOTES section of the clinical stationery to record the date and reason for deactivation.
- The data capturer must document reason for deactivation in the notes section of TIER.Net.
- Both the clinician and data clerk must initial at the bottom of chart before returning the clinical stationery for filing.
- Common gaps to avoid:
  - not recording Adherence Club enrolment in the main clinical file.
  - missing viral load documentation.
  - misalignment of records between TIER.Net and paper-based records.
  - not recording missed visits or clinical actions to return the client to routine care.

Session 3.3

How is the Club Captured on TIER.Net

Adherence Club reporting in TIER.Net involves capturing client data from the Adherence Club Registers and then generating routine performance reports from the TIER.Net to monitor ongoing client management and support.

To capture data from the Adherence Club Register, the club must first be opened in TIER.Net.

In TIER.Net

- Set up a new Adherence Club.
- Set up a new 4 – digit number and name for the Adherence Club.
- Set up the type of Adherence Club (choose mixed from the drop-down options).
- Set up the viral due date for club members in the Adherence Club.

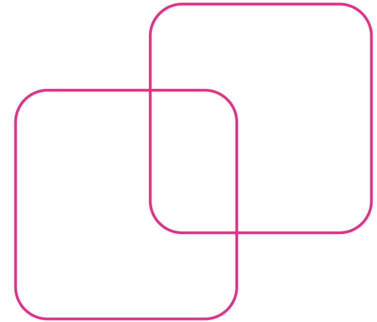
Bulk Capturing

- Use bulk capturing method to capture data from registers for multiple clubs that are linked to your facility.
- In TIER.NET, go to tools >> Bulk Adherence Club Visit Capturing to open the Adherence Club Multi Visit Capture window.
- Select the name of the Adherence Club (Ensure this matches the Adherence Club Register).
- Select the date of visit as recorded in the register.
- Select the date of next visit as recorded in the register.
- Select the type of visit as recorded in the register.
- Select 'generate' to go to the next section to add Adherence Club client details.
- Search for clients using name, surname or folder number, and add the clients for the visit on the chosen day.
- Select the visit option
  - ATTENDED (if client attended)
  - LATE (if client was late or attended later BUT within the grace period)
  - DNA (client did not attend)
- Select the outcome or type of visit for the next visit for the client:
  - TFOC – Transfer out of Club
  - BTF – Back to facility
  - TFO – Transferred out to another facility
  - RIP – The client has died

If 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.

- Select or confirm the date by clicking on the blank cell below Date (Optional).
- Check the Viral Load Requested Checkbox, if a viral load was requested (Optional).
  - Repeat this process for all clients reported in the register.
  - Remove clients by selecting the client record and clicking remove patient.
  - Once complete, click save visits.
  - A pop-up will appear informing you that the visits were generated successfully.



Session 3.4

How is the Club Captured on SyNCH

- Register Adherence Club in the system.
- In SyNCH, capture all Adherence Clubs linked to the health facility using the Adherence club/OP administration tool.
- Ensure the Adherence Club's name and number is accurately captured as is recorded in TIER.Net.
- Adherence Club clients who receive prepacked PMP through CCMDD need to be registered in SyNCH.
- When a client is being enrolled or has their prescription renewed, navigate to the PuP Selection Tab within SyNCH.
- Select the modality and choose the correct DMOC modality for the client from the available options.
- Select Adherence Club from the list, which will appear after an Adherence Club has been registered in the system.
- Once the Adherence Club is selected, the primary facility will auto-populate as the PuP as this is the delivery point for the PMP designated for CCMDD.
- Enter the next scheduled visit date for the Adherence Club (this will determine the next collection date).

Note: Meeting dates cannot be < 21 or > 56 days from the previous prescription date.

To Deactivate a Client from RPCs

To deactivate a client who has been returned to routine care or lost to follow up.

- Selected the "Deactivate/Deregister" tab and go to "Patient Deactivation" tab and select the reason from the drop-down menu.
- **Note:** The reason for patient deactivation must be selected, before proceeding to deactivate the patient.
- The select deactivate**.**

To Deregister a Client from RPCs

- Selected the "Deactivate/Deregister" tab and go to "Patient Deregistration" tab and select the reason from the drop-down menu.
- Then "select" Deregister Patient.

Session 3.5

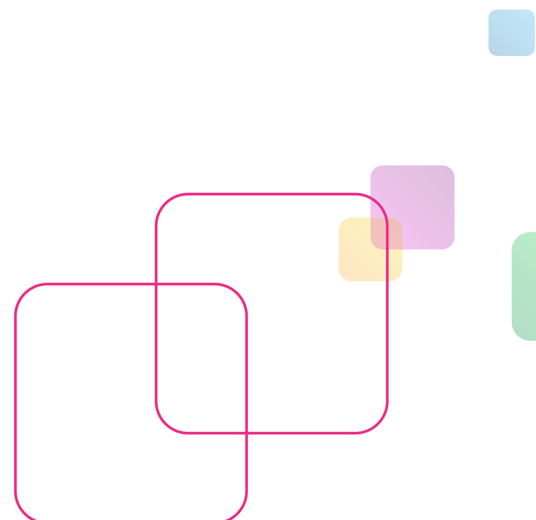
How is the Adherence Club Reported on DHIS

To capture Adherence Club data into DHIS, the Adherence Club must first be captured in TIER.Net as part of DMOC.

- Capture the Adherence Club as a DMOC modality in the patient's Clinical Stationery and TIER.Net.
- Generate Adherence Club monthly report from TIER.Net and copy the total onto the DHIS Monthly Data Input (MDI) Form.
- Enter the data from the MDI Form into the DHIS system.
  - This can be done directly at the facility level or by submitting the signed MDI Form to the (sub) District Information Officer for capture into DHIS.

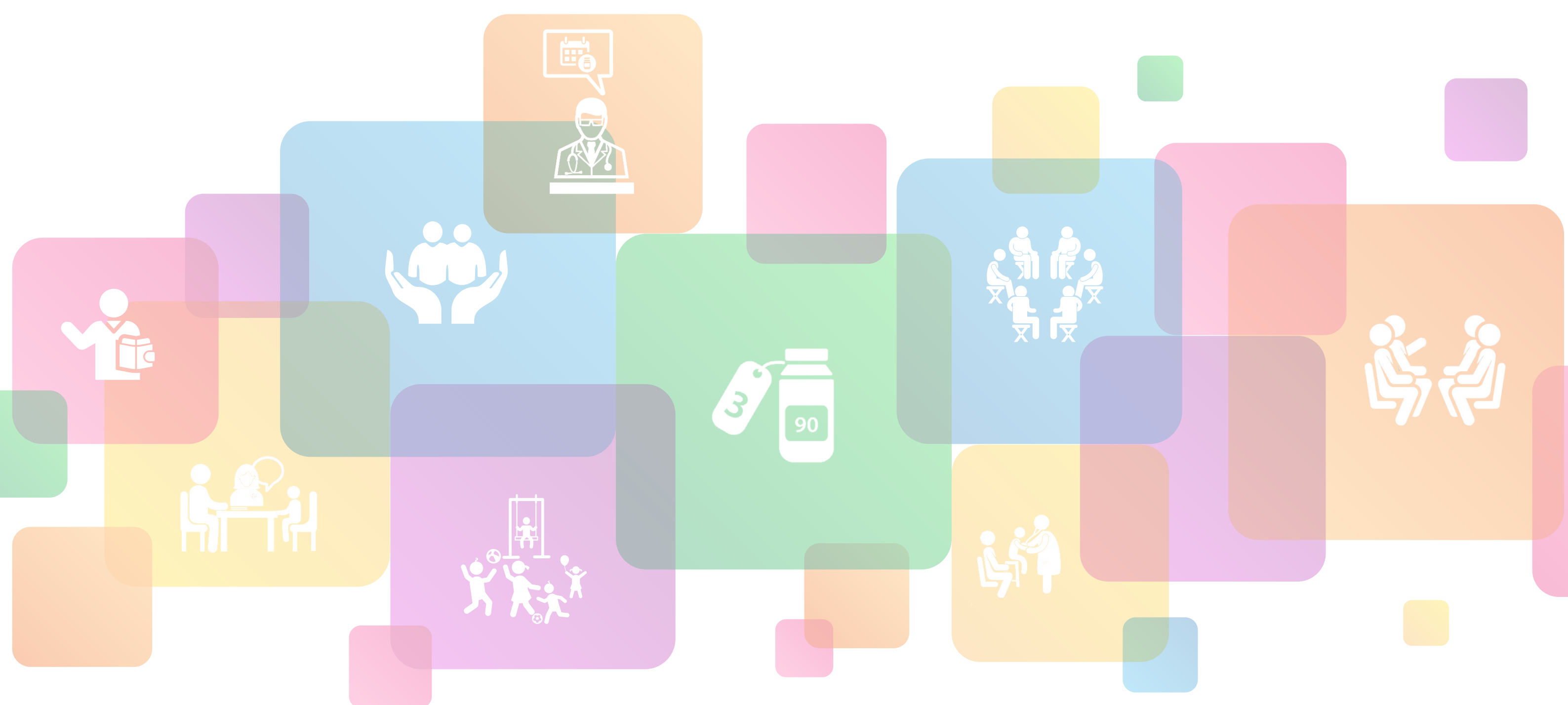
The process for collection and reporting is as follows:

1. Enrolment of patients on TIER.Net.
2. Generation of the Monthly ART report from TIER.Net.
3. Generation of the monthly data input (MDI) form.
4. Transcription of data elements from monthly ART report into DHIS.
5. Sub-district capturing of data from MDI data form in webDHIS.
6. Sub-district level collation, QA and corrections, submission to district.



ANNEXURES

Annex I: Suggested Timetable
Annex II: Pre-test and Post-test Evaluation



ANNEX I
SUGGESTED TIMETABLE

DAY 1	
TIME	**SESSION/ACTIVITY**
09:00–09:30	Registration and Pre-test
09:30–10:00	Welcome, Introductions & Objectives
10:00 –10:30	Background and Context
10:30–10:50	Session 1.1: What is an Adherence Club?
10:50–11:15	Activity: Brainstorm on DMOC SOP5 & Mock Club Role-play
11:15–11:30	Tea Break
11:30–11:50	Session 1.2: Guiding Principles (Do's & Don'ts)
11:50–12:10	Session 1.3: Benefits of Adherence Clubs
12:10–12:45	Session 1.4: Eligibility for Membership, Registration, Enrollment
12:45–13:45	Lunch
13:45–14:00	Session 1.5: Information for Club Clients
14:00–14:45	Activity: Develop Examples of Specialised Clubs
14:45–15:30	Session 1.6: Types of Clubs
15:30–15:40	Session 2.1: Roles & Responsibilities
15:40–16:00	Wrap-up & Key Takeaways

DAY 2 OPTION A		
TIME	**SESSION/ACTIVITY**	
09:00–09:15	Recap of Day 1	
09:15–09:50	Session 2.2: Adherence Club Visit Schedule	
09:50–10:35	Session 2.3: Procedures Before, During & After Meetings	
10:35–10:45	Session 2.4: Tracing & Recall of Clients	
10:45–11:00	Tea Break	*(Data staff arrive)*
11:00–11:30	Session 2.5: Re-engagement and Deactivation of Clients	*(Clinicians & facilitators)*
	Registration, Introduction and Pre-test	*(Data staff)*
11:30–12:00	Session 3.1: The Club Register	*(All)*
12:00–12:15	Session 3.2: ART Clinical Stationery	*(All)*
12:15–12:50	Post-test and Closing	*(Clinicians & facilitators)*
	Session 3.3: Capturing on TIER.Net	*(Data staff)*
12:50–13:50	Lunch	
13:50–14:20	Session 3.4: Capturing on SyNCH	
14:20–14:50	Session 3.5: Reporting on DHIS	
14:50–15:20	Post-test Evaluation	
15:20–15:35	Closing	

NB! If data staff will be trained on the same day, a second room will be needed for between tea break and lunch. OR if only 1 room is possible use Option B.

DAY 2 OPTION B (IF ONLY 1 ROOM IS AVAILABLE)		
TIME	**SESSION/ACTIVITY**	
09:00–09:15	Recap of Day 1	*(Clinicians & facilitators)*
09:15–09:50	Session 2.2: Adherence Club Visit Schedule	*(Clinicians & facilitators)*
09:50–10:35	Session 2.3: Procedures Before, During & After Meetings	*(Clinicians & facilitators)*
10:30-10:45	Welcome tea for data staff	*(Data staff arrive)*
10:35–10:45	Session 2.4: Tracing & Recall of Clients	*(Clinicians & facilitators)*
10:45–11:15	Tea Break	*(Clinicians & facilitators)*
10:45–11:15	Registration, Introduction and Pre-test	*(Data staff)*
11:00–11:45	Session 2.5: Re-engagement and Deactivation of Clients	*(All)*
11:45–12:15	Session 3.1: The Club Register	*(All)*
12:15–12:30	Session 3.2: ART Clinical Stationery	*(All)*
12:30–13:15	Post-test and Closing	*(Clinicians & facilitators)*
12:30–13:30	Lunch	*(Data staff)*
13:15–14:15	Lunch and departure	*(Clinicians & facilitators)*
13:30–14:05	Session 3.3: Capturing on TIER.Net	*(Data staff)*
14:05–14:35	Session 3.4: Capturing on SyNCH	*(Data staff)*
14:35–15:05	Session 3.5: Reporting on DHIS	*(Data staff)*
15:05–15:35	Post-test Evaluation	*(Data staff)*
15:35–15:45	Closing	*(Data staff)*

ANNEX II

PRE-TEST AND POST-TEST EVALUATION

Instructions

This questionnaire should be completed at the start (pre-test) and end (post-test) of the training.

- It is designed to assess knowledge gained.
- The responses are anonymous.
- Circle or tick the best answer.

Section A: General Knowledge

1. Which SOP of the Differentiated Models of Care (DMOC) focuses on Adherence Clubs?
   a. SOP 3.2
   b. SOP 5.1
   c. SOP 5.2
   d. SOP 7

2. What is the main purpose of Adherence Clubs?
   a. Provide entertainment for clients
   b. Improve retention in care for stable clients on chronic treatment
   c. Replace all clinic visits for every client
   d. To reduce the number of healthcare workers needed

3. True or False: Adherence Clubs are designed only for HIV clients.
   ☐ True ☐ False

Section B: Structure and Eligibility

4. Minimum and maximum group size for an Adherence Club is:
   a. 2–15
   b. 5–30
   c. 10–100
   d. No limit

5. Which of the following are minimum cadres required to run a club? (Tick all that apply)
   ☐ Facility Manager
   ☐ Club Nurse
   ☐ Club Facilitator
   ☐ Pharmacist
   ☐ All the above

6. A client qualifies to join an Adherence Club if:
   a. They are clinically stable on treatment
   b. They need frequent clinical consultations
   c. They have a suppressed viral load and uncontrolled NCD results
   d. They are not willing to participate and consent

Section C: Club Activities and Benefits

7. Which of the following are core activities in an Adherence Club? (Tick all that apply)
   - ☐ Medicine distribution
   - ☐ Health education sessions
   - ☐ Peer support and engagement
   - ☐ Full medical examination at every visit
   - ☐ None of the above
   - ☐ All of the above

8. Benefits of Adherence Clubs include:
   a. Reduced clinic congestion
   b. Shorter waiting times for clients
   c. Improved adherence and retention
   d. Routine vitals for every client every visit

9. True or False: Adherence Clubs can be facility-based or community-based.
   ☐ True ☐ False

Section D: Monitoring & Reporting

10. What tool is used to record client participation in Adherence Clubs?
    a. Club Register
    b. DHIS
    c. SyNCH
    d. Appointment Book

11. In TIER, which data element must be selected during bulk capturing?
    a. Date of Birth
    b. Date of visit
    c. Date of diagnosis
    d. Date of registration

12. Which tool is used in SyNCH to capture Adherence Clubs linked to a facility
    a. Patient Register Tool
    b. Adherence Club/OP Administration Tool
    c. DHIS Module
    d. Pharmacy Tool

13. When does the Adherence Club option become available in SyNCH?
    a. After DHIS reporting
    b. After the club is registered in the system
    c. After the patient visits
    d. After pharmacy approval

14. In the adherence register, which outcomes can be recorded for club members? (Select all that apply)
    - [ ] Attended
    - [ ] DNA (Did Not Attend)
    - [ ] BTC (Back to Clinic)
    - [ ] RIP (Deceased)
    - [ ] All of the above

15. True or False: All Adherence Club data must be reported in DHIS.
    - [ ] True
    - [ ] False

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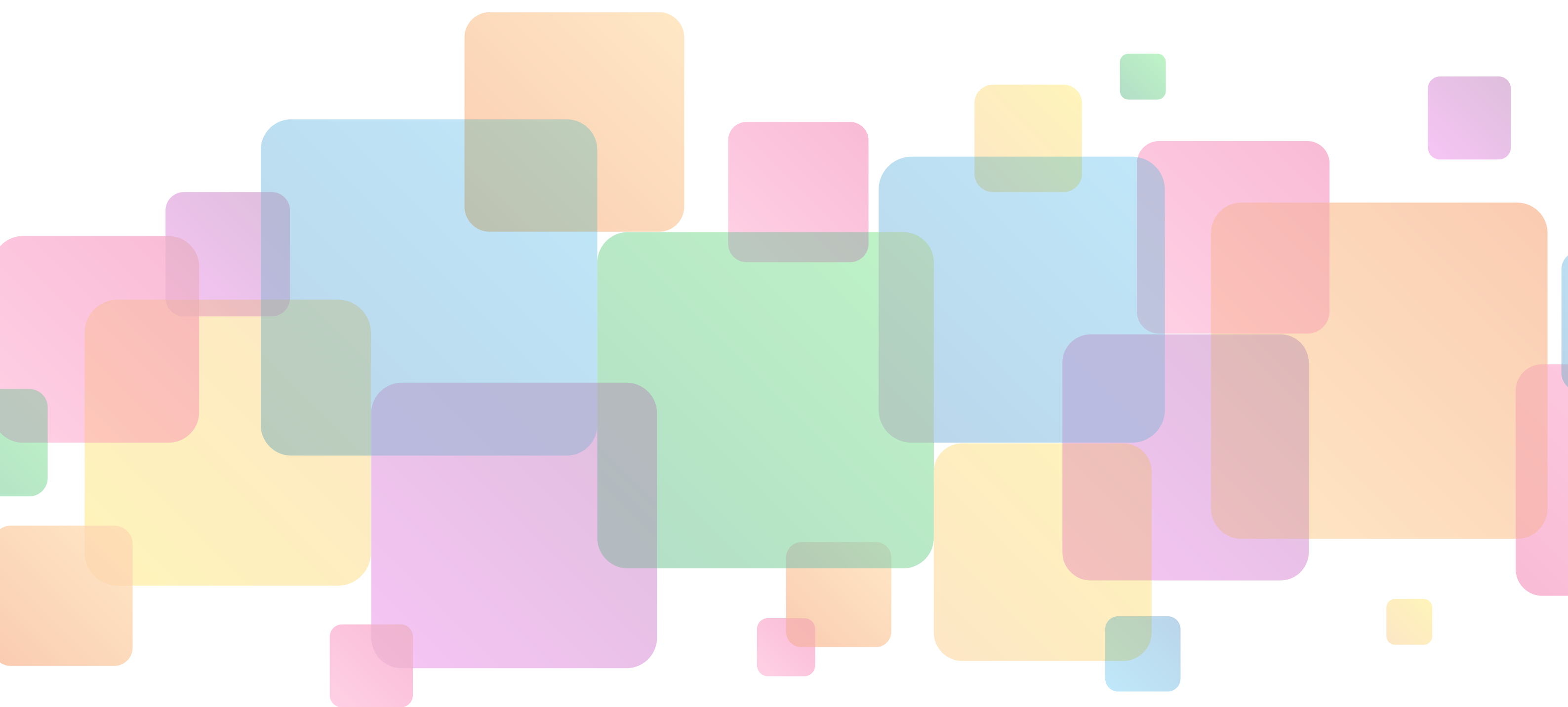

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