

DIFFERENTIATED MODELS OF CARE (DMOC)



ADHERENCE CLUB ESTABLISHMENT MODULE

SOP 5.2 Adherence Club



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NATIONAL DEPARTMENT OF HEALTH

CARE AND TREATMENT DIRECTORATE



Training Outline: Adherence Club Establishment



Module 1: Adherence Clubs Definition & Guiding Principles

1. Introduction
2. Background and Context
 - Progress Towards 95-95-95
 - Impact of non-adherence
 - Reasons for non-adherence and addressing them
3. Adherence Club Definition and Description
4. Guiding Principles, Dos & Don'ts of Adherence Clubs
5. Benefits of Adherence Clubs
6. Eligibility to be Enrolled in the Club
7. Assessment and Enrolment
8. Information for potential adherence club patients
9. Types of Adherence Clubs

Module 2: Adherence Club Procedures and Facilitation

1. Roles and Responsibilities for Adherence Clubs
2. RPCs Algorithm – Focus on Adherence Clubs
3. Adherence Club Procedures & Annual Visit Schedule
4. Detailed Guidance: Before, During, After
5. Tracing and recall of AC patients
6. Re-engagement and/or Deactivation from Clubs

Module 3: Monitoring and Evaluation

1. Documentation in the Adherence Club Register
2. Documentation in ART Clinical Stationery
3. Capturing for Adherence Clubs in TIER.Net
4. Capturing for Adherence Clubs in SyNCH
5. Adherence Club Monthly Reporting



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Introductions



- Registrations
- Welcome & Introductions
- Ground Rules
- Course expectations
- Discuss training logistics and agenda
- Pre-test Assessment
- Purpose of the training



Background and Context to Adherence Clubs Establishment



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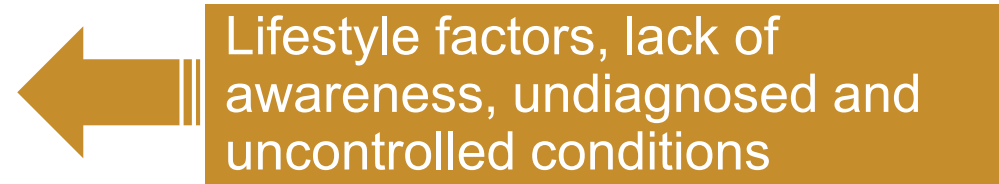
Background



- Adherence to treatment for HIV, TB and NCDs is a key priority in healthcare
 - to manage chronic conditions
 - to prevent further disability
 - improve health outcomes and quality of life for patients



- SA has over 12 million people being treated for chronic diseases and/or living with HIV:
 - Diabetes, hypertension and cerebrovascular disease now all surpass HIV and TB as causes of death

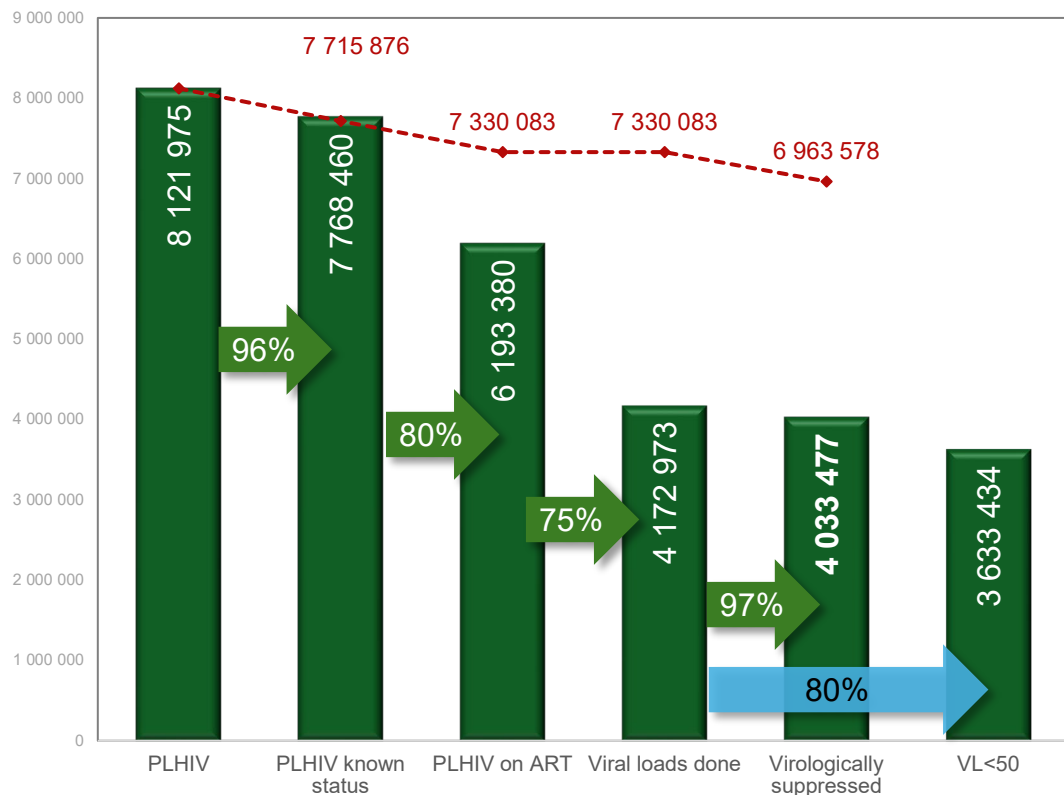


- SA: largest number of PLHIV in the world, largest ART programme in the world. Only 76% of PLHIV are on ART.

Context – Progress Towards 95-95-95



95-95-95 Cascade – Total Population Oct 2025



█ Actuals - - - 95-95-95 Target % Progress against previous pillar

95-80-97

• South Africa is at 96-80-97* for all PLHIV



RPCs
eligibility
3,633,434

- 3.6 million patients are eligible for Repeat Prescription Collection Strategies (RPCs).
 - 59% of those on ART
 - 45% of all PLHIV

95-80-97

• South Africa is at 86-77-91* for children.



RPCs
eligibility
46,508

- 46,508 children are eligible for RPCs.
 - 50% of those on ART
 - 33% of all CLHIV



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* 95-95-95 October 2025. Dec 2025 CTG Extension Engagement



The Challenge of Non-Adherence



Non-adherence to treatment can

- accelerate disease progression
- cause treatment failures
- increase resource utilization.



Patient-related barriers to adherence

- Low health literacy
- Emotional factors: depression, anxiety, shame
- Cognitive factors: forgetfulness, confusion, dementia
- Treatment fatigue, side effects
- Behavioural factors, e.g., missing appointments
- Socio-economic factors e.g., transport, work
- Lack of support, including social support
- HIV-related stigma



Health system-related barriers to adherence

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

Education sessions,
Adherence Planning,
Counselling

Peer support,
Support Groups
Patient tracing

Integrated Model for co-infected patients

Repeat Prescription Collection strategies,
Multi-Month Dispensing

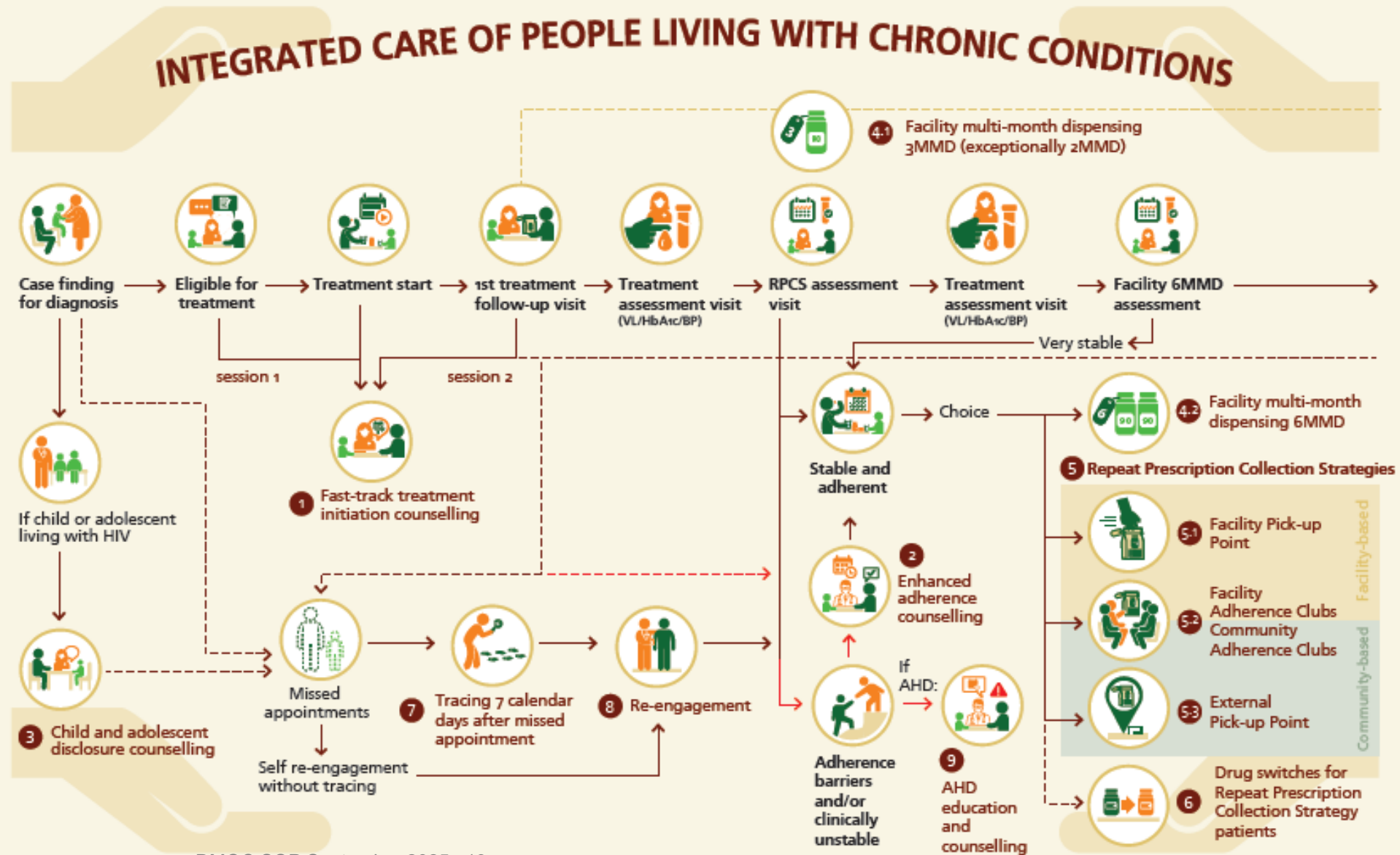
“Minimum package of interventions” to support linkage, adherence and retention includes:



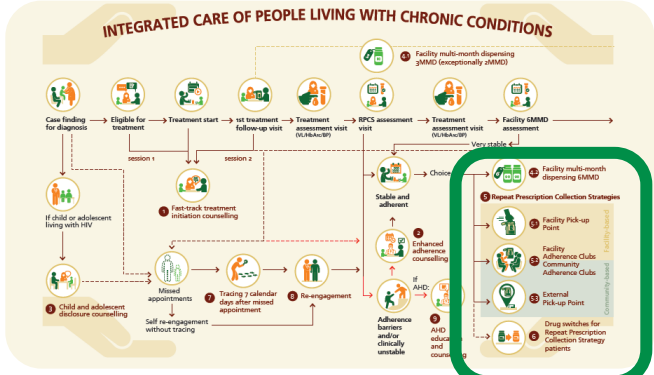
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A Differentiated Approach to Keeping Patients in Care



A Differentiated Approach to Keeping Patients in Care



Differentiated Models of Care (DMOC):

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

Choices for Clinically Stable Patients:

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



Facility multi-month dispensing 6MMD: (SOP 4.2)

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

Repeat Prescription Collection Strategies (RPCs) (SOP 5)

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








Adherence Club (SOP 5.2)

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

DIFFERENTIATED MODELS OF CARE (DMOC)



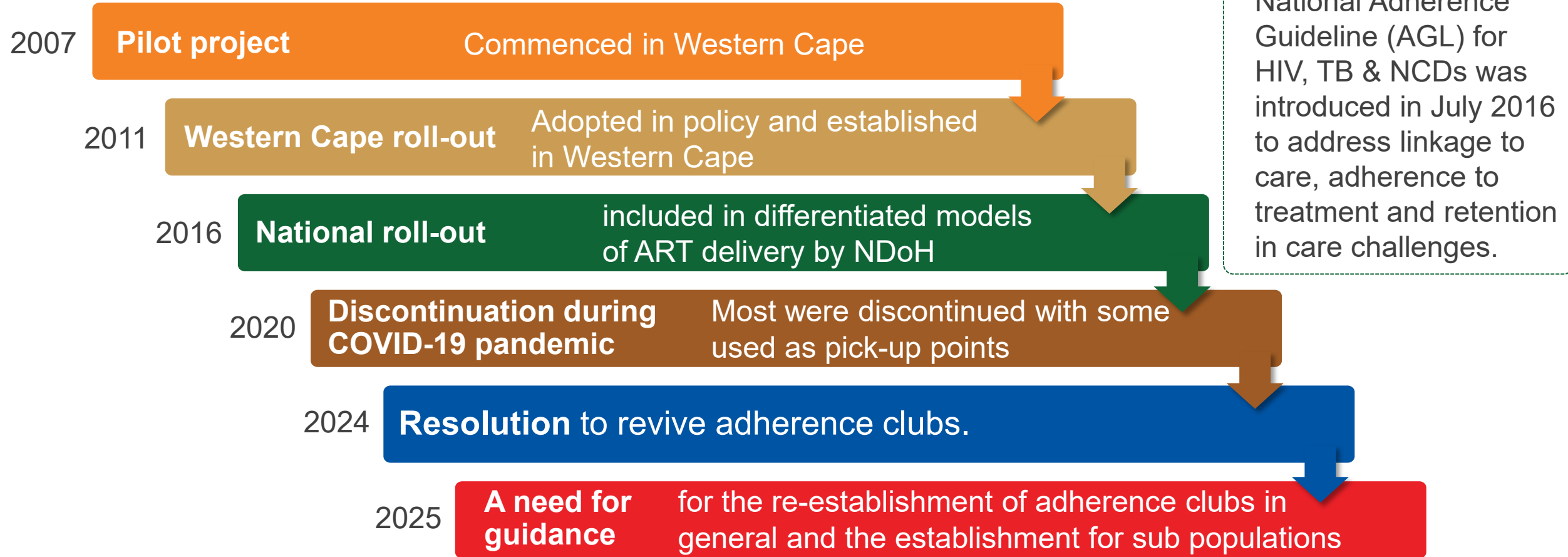
Clinically unstable	Not yet stable	Stable	Very stable ***
Symptomatic, acute/sick < 6 months old Pregnant AHD 	New on ART OI on treatment 6 months to 5 years old Newly re-engaged Postnatal <12 months Elevated VL 	1 x VL <50 copies/ml 1 x HbA1c ≤8% 2 x BP <140/90 mmHg 	12 months on ART 2 x VLs <50 copies/ml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

* 2-monthly if on TB Rx, new on ART at month 1 visit, at delivery (see 2025 VTP guidelines tables) or necessary to align with required follow-up clinical management in 2 months time.

** Monthly can be adjusted: for pregnant women to integrate into BANC Plus visits; for AHD clients 2-weekly or monthly applies in the first 3 months; thereafter, adjust as clinically indicated for AHD and symptomatic/sick clients (can extend to 2- or 3-monthly; do not increase frequency unless clinically required).

*** Limited to ART TLD regimen only until national medicine stock availability is confirmed for other ART regimens and hypertension and diabetic treatment.

Adherence Clubs: History





MODULE 1: ADHERENCE CLUBS (AC) & THEIR GUIDING PRINCIPLES



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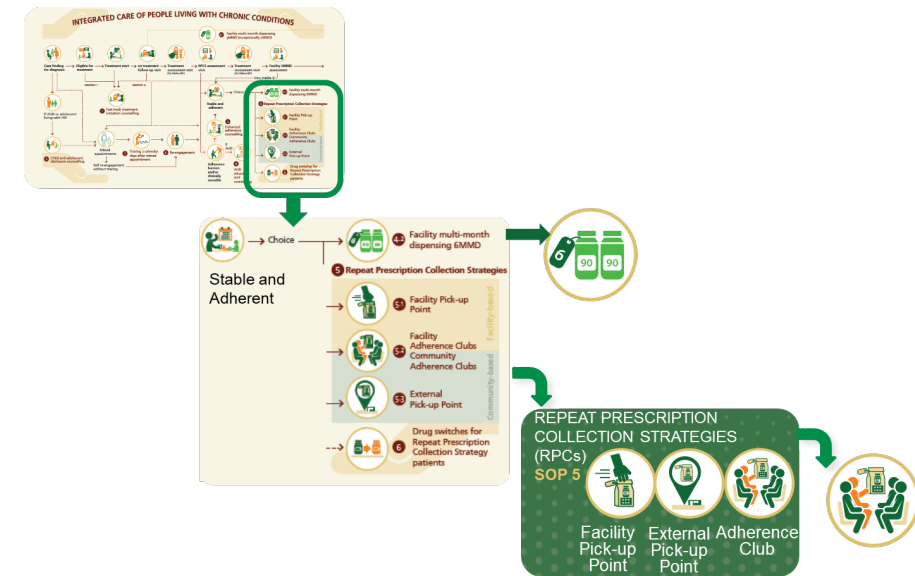


Module 1: Contents



Adherence Club Definition and Guiding Principles

1. Adherence Club Definition and Description
2. Guiding Principles, Dos & Don'ts of Adherence Clubs
3. Benefits of Adherence Clubs
4. Eligibility to be Enrolled in the Club
5. Assessment and Enrolment
6. Information for Potential Adherence Club Patients
7. Types of Adherence Clubs



Module 1: Learning Objectives



- To define an adherence club and distinguish it from other RPCs models.



- To understand club size, composition, membership criteria, and guiding principles and enrolment process.



- To discuss the types of clubs, their benefits and the information to be given to potential club members during enrolment.



Adherence Clubs Definition



Group Activity: Description of an Adherence Club



- Describe what you know about clubs from your past.
- What are the common things that bring people together in a club?



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Adherence Clubs - Description



What?



Adherence Clubs (ACs) are an intervention wherein patients who are stable on chronic treatment meet as a group.

Who?



AC members are from the same geographical area. May sometimes be a specific sub-population of patients: e.g. Adolescents, Men, Postnatal women.

Why?



ACs are aimed at providing a RPCs for stable patients who value continued psychosocial support and group engagement.



When?



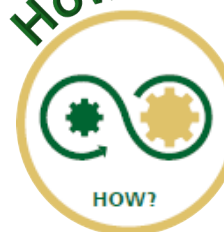
Clubs are scheduled 3-monthly.

Where?



The AC can be held in a facility or in the community.

How?



The treatment for an AC can be pre-dispensed by the facility pharmacy or by a CDU or by CCMDD.

Group Activity: Choosing an Adherence Club



- There are four tables in the room, each representing an adherence club.
- Please can you all voluntarily join a group at any of the tables.
- Explain why you went to the specific table.



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Guiding Principles of Adherence Clubs



Guiding Principles for RPCs for Stable Patients



Assess, offer, enrol and document

- Offer eligible patients a choice of the 3 different RPCs if available.
- Assess patients for RPCs enrolment at Month 4 (*first visit after VL/HbA1c are taken*).
- Document the RPCs enrolment/deactivation in the patient's clinical stationery.
- Capture in TIER.Net & SyNCH.

Investigations

- Conduct routine investigations only at the comprehensive clinical consultation at RPCs M6 visit:
 - *Not at the rescripting visit at RPCs M12*
- Include annual TB-NAAT with VL assessment.
- Do not require the RPCs patient to return for result review before a new RPCs script is submitted.
- Recall RPCs patients with abnormal assessment results immediately on receipt of the abnormal result.

Prescription and Dispensing

- Clinicians will see the patient and prescribe twice annually. (*A province may choose to have the brief check-up by a clinician at M12 be at the clinician discretion, within prescription requirements*).
- 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*)
- Treatment supply can be pre-dispensed by CCMDD or a CDU or the facility pharmacy.

Guiding Principles for RPCs for Stable Patients (cont.)



Contraceptives

- Explain to women how each contraceptive method impacts required return visits' frequency and location (facility or community).
 - Long-acting reversible contraception (no alignment concerns);
 - Oral contraception & new self-injectable prescribe 6 months (can dispense 6M or 3M (facility) +3M (RPCs)
 - Short-acting IM injectable contraception align with 6-monthly visits (preferred FAC-PUP or Facility AC)

Unwell RPCs patient

- Patients feeling unwell should see a clinician at any time, and not wait for the scheduled appointment date

Presence of TB symptoms

- Positive TB symptom screen in a RPCs → the clinician will rescript for RPCs. TB-NAAT for all presumptive.
- Positive TB diagnosis, facility has a reliable results management and recall system → recall the patient
- Positive TB diagnosis, facility does not have a reliable results management and/or recall system → advise patient with TB symptoms to return to the facility within 5-7 days for a review of their TB results.
- No TB diagnosis, normal assessment result → patient will continue in RPCs.
- TB diagnosis → return patient to regular clinician-managed care
 - Consider 2-monthly supply of ART and TB treatment during the continuation phase.
 - Re-assess for RPCs enrolment when TB treatment is completed.

Guiding Principles for Adherence Clubs



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

- Clubs are scheduled every 3 months
- Aim for 10 or more members in Community ACs and rural ACs, 25-30 members in Facility ACs
Participation can be built up over a few months.
- Prepare / check Patient Medicine Parcels (PMPs) at least a day before

Facility-based



Adherence Club

- Patients are not required to attend registry.
- No patient folder collection needed.
- Vital signs should not be taken.
- Clinician visit not needed for each treatment supply.
- Do not add members to the facility headcount.

Community-based



Adherence Club

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



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Dos and Don'ts of Adherence Clubs



DOs (Good Practice)

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



DON'Ts (What to avoid)

- Don't enrol unstable patients who need frequent clinical reviews.
- Don't require routine vital signs or clinical consultations at every club meeting.
- Don't skip data reporting - capture all clubs in the AC register and TIER.Net.
- Don't add adherence club clients to facility headcount register.
- Avoid open or stigmatizing venues to protect confidentiality.



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Benefits of Adherence Clubs



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Group Activity: Discuss Benefits of an Adherence Club



- Discuss the benefits of adherence clubs.
- Compare the benefits of an adherence club in a rural setting vs an adherence club in the urban setting?



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Benefits of Adherence Clubs



Patient benefits

- ✓ Improved adherence, retention, viral suppression
- ✓ Group consultations speed up access to care
- ✓ Convenient local or facility medicine pick-up
- ✓ No transport costs if nearby. Reduced time off
- ✓ Community network for tracking absentees
- ✓ Psychosocial support, shared experiences, reduced stigma



Health system benefits

- ✓ Better patient adherence reduces tracing time
- ✓ Improved outcomes means less time managing disease progression
- ✓ Decongested facilities ease staff burden
- ✓ Improves capacity for new patients
- ✓ Improves capacity for unstable patients



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Adherence Clubs: Eligibility and Enrolment



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Group Activity: Eligibility for an Adherence Club?



- Identify which clients may be eligible for adherence clubs.
- Who determines that a client is eligible for a club?
- How is a client's eligibility determined?



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Eligibility for Enrolment into Adherence Clubs

The criteria are the same across Repeat Prescription Collection Strategies



For Adults

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



For Post-Partum Women

- ✓ Enrol mothers into preferred RPCs (or 6MMD if eligible) at the Month 12 EPI visit.
 - She needs 6-monthly viral load tests until she stops breastfeeding.
- ✗ *Pregnant women are not eligible for RPCs. Integrate ART and care into BANC plus visits.*
- ✗ *Integrate maternal ART with infant EPI visits, providing care through MNCWH services until 6 weeks post-breastfeeding.*



For Children & Adolescents (5-18 years old)

- ✓ Age 5-18 years old and other criteria as for adults
- ✓ No regimen or dosage changes in last 3 months.
- ✓ Caregivers counselled on disclosure process if age-appropriate disclosure not yet achieved.
- ✓ Patient (\geq 12 years / caregiver if patient < 12 years) voluntarily opts for the RPCs option.



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Group Activity: Recruiting for an Adherence Club?



- Brainstorm. What proportion of your clients at your facility are clinically stable on chronic medication?
- 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 and how did you mitigate them?



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Assessment & Enrolment into Adherence Clubs



Registration Visit

Months on ART 4

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

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

1st AC meeting date KNOWN:

- Script treatment supply until 1st AC date

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

- Patient collects treatment supply from pharmacy

1st AC meeting date NOT KNOWN:

- Script 2/3 months treatment supply



Enrolment Visit RPCs M0

Months on ART 4-6

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

1st AC meeting at facility

- Record present AC members
- Script AC members (6 MMS) + indicate supply length
- Provides/updates patient appointment card with next AC meeting date/location/time

- Patient collects from pharmacy

AC facilitator calls with date & time.

There may be days to months lapsed between RPCS registration and the 1st AC date whilst members are determined.





Information for Potential Adherence Club Clients



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Information for Potential Adherence Club Patients



Undetectable = Untransmittable

An undetectable viral load means zero risk of sexual HIV transmission.

- You are **UNDETECTABLE** if your Viral load is ≤ 50 copies/ml
- An **UNDETECTABLE** viral load is certain if you comply and adhere to your ART
- You are **UNTRANSMITTABLE** when an undetectable viral load prevents the sexual transmission of HIV.
- You are **UNTRANSMITTABLE** to sexual partners if you use ART as prevention.



Always
celebrate the
client achieving
a VL < 50
copies/mL

“An undetectable viral load qualifies you for easier treatment collection.”



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U=U is based on strong scientific evidence from multiple studies over decades of research.



Information for Potential Adherence Club Patients (cont.)



Adherence Club Format



- Duration: 45 minutes to 1.5 hours.
- Facilitator: supports group engagement, shares information about diseases, treatment and RPCs.
- Group members: share experiences and challenges of living with a chronic condition and taking lifelong treatment.

Composition and Venue of Clubs



- 10-30 patients per club (> 10 in rural settings, community ACs, >25 urban facility ACs)
- Timing as agreed by members
- Venue as agreed by members
(They can start at the facility and later move to a community-based venue)

Attendance



- Patients receive a card with scheduled collection and return dates..
- Adherence club attendance on the scheduled date is important.
- If member cannot attend, a nominated buddy may collect their treatment. (*Not twice in a row, not a clinical consultation visit*)
- If unable to attend or send someone, the patient has 28 days to collect treatment from the facility.

Clinical Assessment



- Members need two clinician visits annually:
 - i. comprehensive clinical consultation, scripting, investigations
 - ii. prescription renewal and brief checkup.



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Information for Potential Adherence Club Patients (cont.)



Women on Contraceptives

- Long-acting reversible contraception → no impact on facility visits or AC location.
- Oral or self-injectable → receive a 6-month supply or 3-month + refill at the AC.
- Short-acting IM → patient needs 2-4 additional facility visits per year.
 - Depo-Provera: 2 additional visits
 - NET-EN: 4 additional visits*(may prefer facility-based AC or FAC-PUP)*



In case of health problems

- Patients must visit the facility immediately rather than waiting for the scheduled date.



Leaving the Club

You can choose to leave the Adherence Club if you:

- prefer a pick-up point and still have VL < 50
- qualify for 6MMD: 12 months on ART, 2 VLs < 50

Discuss with clinician at the comprehensive clinical consultation



Medication

- 6-month repeat prescription.
- Multiple months' treatment supply is received at each group meeting.



Return to Regular Care

- Patients will leave the club and return to regular facility care if they:
- need more frequent care
 - are more than 28 days late for an AC appointment.
 - have a VL of 1000 copies/ml or higher
 - were diagnosed with TB, opportunistic infections, malnutrition, or uncontrolled/new mental or chronic health conditions
 - become pregnant. She must inform the Club Facilitator and return to the facility for integrated antenatal care.
- Advise patients that returning to regular care ensures more frequent monitoring until they have stabilised.*



Types of Adherence Clubs



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Types of Adherence Clubs



Adherence Clubs can be general or tailored to specific populations.
A club can meet at any suitable, convenient location (facility or community).



General Adherence Clubs

- For stable adult clients on ART and other chronic medications.
- Mixed age and gender groups.
- Include health literacy for all adult clubs
- Address stigma



Men's Clubs

- Add member-suggested activities like sports, gym, fitness activities.
- Socializing via game nights, braais, TV, or gym sessions.
- By request:
practical skill sharing, e.g. car maintenance or digital literacy.
- Cover prostate, sexual, nutritional, mental health and other health topics (and stigma in seeking help)



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
- Include targeted health literacy e.g. STIs, GBV and resources available.



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Types of Adherence Clubs (cont.)



Family/Household Clubs

- For families or household members
- Simplifies logistics (one meeting, one pick-up point).
- Encourages family-based support for adherence.



Youth/Adolescent Clubs

- For adolescents and young adults LHIV.
- Tailored to age-specific needs, peer bonding, and youth-friendly services.
- Include interactive health education and psychosocial support, mental assessment.



Over 50s Clubs

- For PLHIV 50 years and older
- Mandatory clinical assessments at rescripting visits.
- Basic chronic illness screening within AC.



Maternal Clubs

- For eligible women LHIV > 12 months post-birth.
- Focus on aspects critical to the care and literacy of mothers of toddlers:
 - Integrated counselling and management for mothers.
 - 6-monthly VL assessment if breastfeeding
 - Toddler testing, immunization and development .



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Key Population Adherence Clubs



Stigma-free Environment

- Provide safe, stigma-free spaces.
- Facilitator should be sensitization-trained.



Member Choice and Peer Support

- Tailor for specific populations where possible
 - such as sex workers, MSM, transgender persons, PWID.
- Assign a peer to run specialized clubs, where possible
- Allow members to self-select the club they join.
- Encourage members act as "expert peers" to inspire unstable PLHIV in their network.

Client-specific support

- Targeted health literacy e.g. STIs, GBV, dealing with stigma, resources available.
- Clinical consultations: include member-appropriate aspects.
- Immediately refer GBV survivors for first-line support within 72 hours; including HIV-PEP
- Use 6MMD to incentivize continued undetectable viral loads.



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Family Adherence Clubs



Benefits

- Same date and medication collection for child and caregiver so more convenient.
- Quick, easy ART access so children have less time off school.
- Child disclosure is strengthened through shared peer experiences.
- Provides a community network for tracing patients not attending their family club.
- Continued access to clinical care and support through proper referral.
- Family adherence support
- Improves retention in care and virological outcomes, especially for the children

NB! Only 33% of CLHIV (50% of those on ART) have undetectable VLs and are eligible for RPCs*.



Caregiver eligibility

- A caregiver not on ART must be a primary caregiver for the child.

Age criteria for each club

- Age of the child to align with the following age criteria of each club
 - a. 5 to <7 years b. 7 to <10 years c. 10 to 15 years
- Alternative if families or resources are limited
 - a. 5 to <10 years b. 10 to <15 years
- Age-specific for child disclosure support
- Clinician to assess disclosure status at enrolment as no disclosure (none), partial disclosure (PD) or full disclosure (FD)



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Family Adherence Clubs (cont.)



Resources

- Where possible have two facilitators
(allows concurrent sessions for caregivers and children.)

Meeting Space

- 2 separate spaces are recommended;
 - i) caregivers to discuss child disclosure; ii) children to engage in fun activities.
- Comprehensive clinical reviews and rescripting must be at or near the facility
 - children < 35 kg can be weighed, dosed correctly, have ART packs adjusted if needed.
- Options within the facility:
 - Support group room
 - Outside courtyard or NPO structure on facility grounds (ideal space for children)
 - General waiting area if family club meets after-hours



Family Clubs have 2 additional requirements at clinical visits

- Children < 35 kg: weight check every 6 months to assess the need for dosage changes.
- Pharmacy must be on standby to repack PMPs if dosages change.

Youth/Adolescent Clubs



Eligibility

- ✓ Most recent assessment results normal:
 - HIV: most recent viral load (VL) in past 12 months < 50 copies/ml
 - Diabetes: most recent HbA1c taken in past 12 months \leq 8%
 - Hypertension: 2 consecutive BP < 140/90
 - ✓ Clinically stable with no current TB or other opportunistic infection/condition requiring clinical review more regularly than once every 6 months.
 - ✓ Clinician confirms the patient's eligibility for RPCs option.
 - ✓ Patient voluntarily opts for the RPCs option.
-
- ✓ PLUS:
 - ✓ 12 – 24 years
 - ✓ HIV status disclosed to and understood
 - ✓ Mature enough to be taking own treatment

Grouping by Age



If the clinic has large numbers of HIV positive adolescents and youth, form 3 age-dependent groups:

- adolescents 12 – <16 years
- adolescents 16 – <20 years
- youth 20 – 24 years

If numbers of HIV positive adolescents and youth are not enough for 3 groups, then 2 groups can be formed:

- adolescents 12 – <16 years
- youth 16– 24 years



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Age-appropriate learning

Youth/Adolescent Clubs (cont.)



Club Frequency

- Every 3 months
- Can vote to have an additional meeting

Club Activities

Prescribed activities:

- PMP collection, annual clinical consultation and 6-monthly scripting, TB screening.

Advised additional (age-appropriate) activities and discussions:

- Screening: STIs, mental health screening.
- Contraceptives (including provision);
- Disclosure. Testing and prevention for partners.
- Nutrition, psychosocial well-being.
- Myths/findings in social media about HIV, other conditions.
- Awareness of GBV, preventive measures and coping.
- Other appropriate topics requested in advance.

Meeting Spaces

- The clinic
- Another safe space (e.g. school, church, community hall)



Easier transition to adult HIV care



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Youth/Adolescent Clubs: Mental Health Screen



1. Assess members' appearance / behaviour

- Clean, looking after him or herself
- Looks worried or sad?
- Seems agitated? Or unusually slow?
- Seems suspicious, nervous or hostile?
- Noticeable weight changes?

2. Assess members' mood.

- Feelings over the last week?
- Feeling mostly normal, sad, happy, or worried?
- Feelings today?
- Feelings about the future?

Ask 1-on1.
Avoid sensitive discussions in front of the group.

4. Assess members' cognition

- Thinking seems slow?
- Speech seems too slow? Too rapid?
- Ability to concentrate?
- Does memory seem impaired?

Offer of referrals should be made 1-on-1.

3. Assess members' thoughts

- Having negative thoughts?
- Having strange thoughts?
- Any unusual fears? (such as being followed, spied on)
- Any strange experiences or special abilities? (such as hearing voices/seeing visions other people cannot hear or see)

5. Assess substance abuse. Ask:

- Serious problems due to drugs or alcohol?
- More than 5 drinks in one session?
- Use of illegal drugs or misused prescription drugs?



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Maternal Clubs



Eligibility

- Mothers LHV at least 12 months postpartum
- Meeting all eligibility criteria for RPCs

The postpartum period is high risk for poor adherence.

Health Literacy & Peer Support



- Maternal adherence
- Vertical transmission prevention
- Gradual stopping of breastfeeding
- Age-appropriate feeding advice

Screenings, Health Check



- TB screening
- Mental health screening
- STI screening
- Toddler HIV testing
- Toddler immunisation completion

Early Childhood Development



- ECD from 1 year
- Observation / health education on ECD milestones

Medication Distribution



- 3-month PMPs

Integrated Clinical Care



- Maternal VL monitoring 6-monthly if breastfeeding.
- TPT, CTMX if indicated
- Holistic clinical checkup
- Contraception

Graduation from Postnatal Clubs (support groups) to Maternal Adherence Clubs (a RPCs option)



Postnatal Clubs

Mother-Infant Pairs; until 12 - 18 months



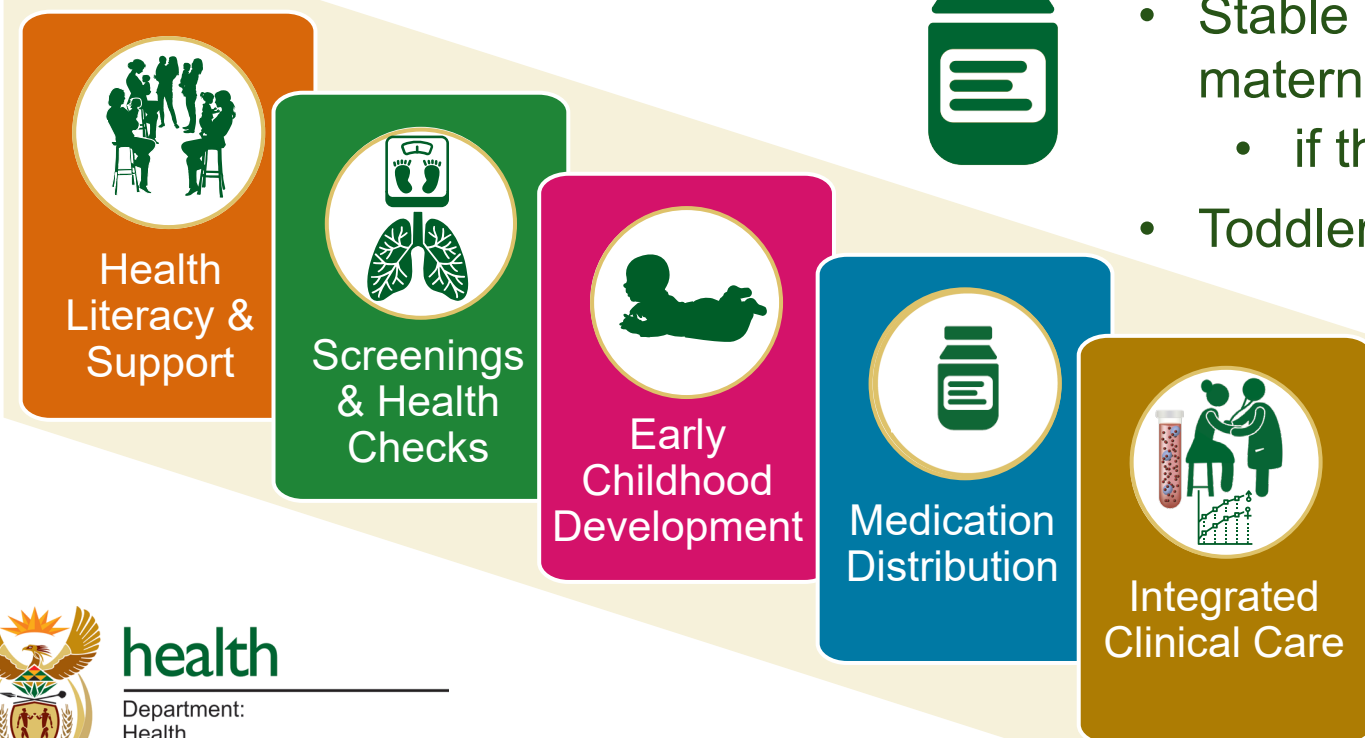
Stable mothers 12 months post birth

Maternal Adherence Clubs

Women eligible for RPCs ≥ 12 months post birth



- Stable mothers in postnatal clubs can graduate to maternal adherence clubs
 - if they meet all the eligibility criteria for RPCs.
- Toddlers return to clinic standard of care.



Health Literacy & support,
ECD discussion
Screenings, health checks
Medication distribution

change to align to toddlers

change to align with RPCs principles

Over-50s Clubs



Key Priorities

High prevalence of chronic conditions



- Comprehensive clinical assessment at rescripting visits highly recommended.
- Health information aimed at early detection of chronic conditions.

Comprehensive approach to clinical assessment

- Screening for cognitive impairment and frailty
- Chronic pain management options
- Review of polypharmacy and medicines optimisation
- Blood pressure (BP) monitoring
- Lipid profile monitoring
- Blood glucose monitoring
- Monitoring bone and joint health

Tailored health information on:

- Symptoms of common illnesses to look out for
- Chronic condition monitoring and management
- Bone health
- Nutrition to manage weight and heart health
- Physical activity to maintain multi-system health.
- Mental stimulation
- Menopause / andropause
- Sleep quality
- Impact of smoking and alcohol



MODULE 2: ADHERENCE CLUB PROCEDURES AND FACILITATION



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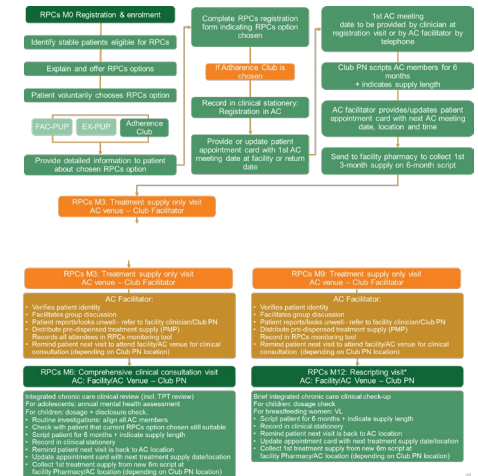


Module 2: Contents



Adherence Club Procedures and Facilitation

1. Roles and Responsibilities for Adherence Clubs
2. RPCs Algorithm – Focus on Adherence Clubs
3. Adherence Club Procedures & Annual Visit Schedule
4. Detailed Guidance: Before, During, After
5. Tracing and Recall of AC patients
6. Re-engagement and/or Deactivation from Clubs



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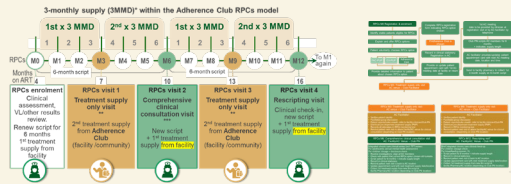
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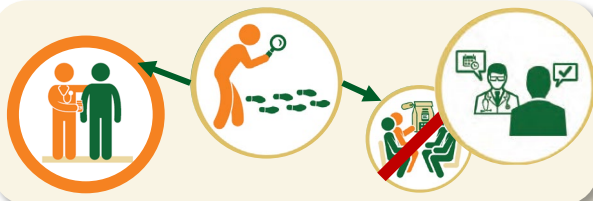
Module 2: Learning Objectives



- To understand the roles and responsibilities before, during and after adherence clubs.



- To understand steps and requirements to conduct and facilitate adherence club sessions over the year.



- To define the processes to be followed should members require more frequent clinical care due to absence, abnormal results, ill-health or pregnancy.



Adherence Clubs: Roles & Responsibilities



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Group Activity: Responsibilities for an Adherence Club?



- Brainstorm the skills and qualities required for a Club facilitator.



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Roles and Responsibilities for Adherence Clubs



Club Manager

- Responsible for successful adherence club implementation
- Duties include:
- ✓ Ensure the DMOC SOP is carried out
 - ✓ AC recruitment
 - ✓ Schedule AC visit dates
 - ✓ Provide Facilitators with treatment literacy materials
 - ✓ Ensure review and management of assessment results; and recall of patients with abnormal results
 - ✓ Ensure AC enrolment, deregistration, attendance is captured
 - ✓ Ensures proper monitoring, reporting and club evaluation



Club PN

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

Duties include:

- ✓ See symptomatic patients referred
- ✓ Conduct clinical consultations/routine investigations
- ✓ Provide prescriptions for AC members
- ✓ Review and sign off the AC registers



Club Facilitator

- Runs adherence clubs in coordination with the Club Manager.
- Running the adherence club sessions.

Duties include:

- ✓ Facilitate group discussion and engagement
- ✓ Collect and distribute pre-dispensed medication
- ✓ Check member wellness, refer unwell patients to Club PN
- ✓ Register attendance in RPCs monitoring tool;
- ✓ Follow up patients who miss sessions

Only the Facilitator is always present at each club session.



Pharmacist/ Pharmacy Assistant

- Pre-dispenses treatment for adherence clubs.



Administrative Clerk/ Data Capturer

Captures patients' AC enrolment, attendance, deactivation or deregistration



Adherence Clubs: Procedure & Annual Visit Schedule



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Adherence Clubs Algorithm

Slide covered earlier



Registration Visit

Months on ART 4

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

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

1st AC meeting date KNOWN:

- Script treatment supply until 1st AC date

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

- Patient collects treatment supply from pharmacy

1st AC meeting date NOT KNOWN:

- Script 2 to 3 months treatment supply



Enrolment Visit RPCs M0

Months on ART 4-6

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

1st AC meeting at facility

- Record present AC members
- Provides/updates patient appointment card with next AC meeting date/location/time

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

- Patient collects 3 months' treatment from pharmacy

AC facilitator calls with date & time.





RPCs Algorithm: Focus on Adherence Clubs

FROM
1st TREATMENT SUPPLY ONLY VISIT



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

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

• Distribute PMP - 2nd treatment supply from 6-month script

** Clinical consultations are individual and held before or after club meetings. If the nurse cannot attend the venue, they occur at the facility.*

RPCs M6: Comprehensive clinical consultation
AC: Facility/AC Venue * – Club PN

• Adherence Club Meeting



- Integrated chronic care clinical review (incl. TPT review)
For adolescents: annual mental health assessment
For children: dosage + disclosure check.
- Routine investigations: align all AC members
- Verify RPC suitability
- Script patient for 6 months + indicate supply length
- Record in clinical stationery
- Remind patient next visit is back to AC location
- Update appointment card



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

RPCs Algorithm: Focus on Adherence Clubs

(cont.)



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

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

- Distribute PMP - 2nd treatment supply from 6-month script

** Rescripting visits should ideally be held before or after club meetings. If the nurse cannot attend the venue, they occur at the facility.*

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

- Adherence Club Meeting



- Brief integrated chronic care clinical check-up
 - For children: dosage check
 - For breastfeeding women: VL
- Script patient for 6 months + indicate supply length
- Record in clinical stationery
- Remind patient next visit is back to AC location
- Update appointment card
- Collect 1st treatment supply from new script (pharmacy or AC)

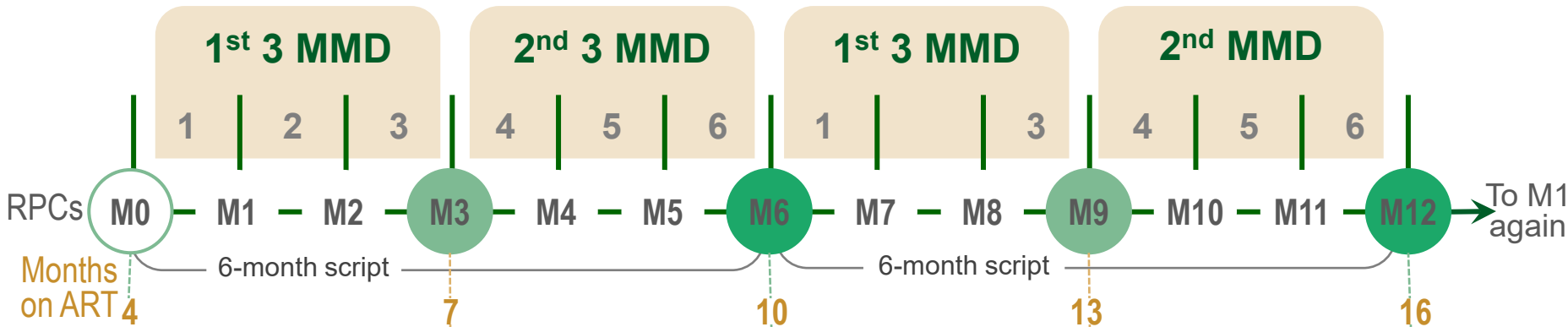


- Patient collects 1st treatment supply from new script (pharmacy or AC)

Adherence Club Procedure & Annual Visits Schedule



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



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

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

RPCs enrolment

Clinical assessment, VL/other results review.
Renew script for 6 months
1st treatment supply from facility

RPCs visit 1

Treatment supply only visit **

2nd treatment supply from **Adherence Club** location (facility /community)

RPCs visit 2

Comprehensive clinical consultation visit ***

New script + 1st treatment supply from facility

RPCs visit 3

Treatment supply only visit **

2nd treatment supply from **Adherence Club** location (facility /community)

RPCs visit 4

Rescripting visit

Clinical check-in, new script + 1st treatment supply from facility

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

Adherence Clubs Annual Visit Schedules



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

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

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

a.VL/HbA1c should not be done again at the enrolment visit.

b.If patient chooses to change RPCs option: Clinician to complete registration form indicating change and record change in clinical stationery for capturing

c.After RPCs enrolment, patients should be rescripted at their 6-monthly clinical review dates. Patient should not be required to return for result review prior to rescripting. The minority of RPCs enrolled patients receiving an abnormal result should be recalled to the facility.

d.To see clinician at clinician discretion

e.Clinician can carry out clinical consultation at adherence club meeting venue



Adherence Clubs: Detailed Guidance – Before, During, After



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Preparation for the Club Session



Standard Visits

Preparation for the club

At the club visit

After the club visit

During the grace period

End of the grace period

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

1. Prepare the club register – Date of club visit. Visit type.
2. Type of visit
 - Follow preparation guidelines for blood draws or clinical visits.
 - If the previous clinical visit lacks a weight tick in the register, pull the patient's folder.
 - If a clinical visit was missed, mark register “to be seen by clinician before PMP”.
3. Recruited patients
 - Draw folders for recruited patients
 - Capture prescription
4. Patient Medication Parcels (PMPs)
 - Pharmacy to check PMPs for completeness
 - Add missing medications from facility pharmacy



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Patient files are only drawn for clinical and scripting visits.



At the Club Session



Standard Visits

Preparation for the club

At the club visit

After the club visit

During the grace period

End of the grace period

Ensure the PMP pick-ups can begin on time.

For each individual patient

1. Review and action any highlighted patient items
2. For a new patient, label the next open register line (or fill manually), add the club ID, and record their contact details and "NEW" by the first visit..
3. Record the club ID number after the club number on the appointment card
4. Record weight or "B" for buddy in the weight block.
5. Screen for TB/other issues, register findings, refer to the nurse if needed, record RTC (refer to clinician).
(*TB symptoms: cough, fever, night sweat, and unintended weight loss*)
6. Record next date and type of visit on the appointment card.
7. Give the patient their PMP. Patient to check contents at the club and report any issues immediately.



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Activities in Adherence Clubs



The Club Facilitator shall:



Verify patient identity with approved ID; nominated PMP collectors must also produce the patient's ID. .



Lead a group discussion, including using relevant treatment literacy materials provided by the Club Manager.



Foster peer-led interventions and mentorship to empower members and improve adherence.



Issue Patient Medicine Parcel
Have patient or nominated buddy sign for the PMP



Check current treatment progress and screen for TB.
Refer to the Club PN if the patient is unwell or unstable.



Register the patient visit in the RPCs monitoring tool.
Refer to the Integrated TB/HIV data management SOP RPCs annexure.

End of the Club Session



Standard Visits

Preparation for the club

At the club visit

After the club visit

During the grace period

End of the grace period

After clinical and rescripting sessions (every 6 months):



1. Facilitator actions:

- Provide pre-drawn folders and the register for all enrolled patients to Club Nurse.
- Reports to nurse how many patients have not attended the session'
- Match non-attendance to remaining PMPs.
- Immediate recall or non-attending patients if possible.



2. Nurse actions

- Complete clinical details of enrolled patients in the register.
- Record enrolment date in the folder next to the recruitment information and sign the entry.



3. Unclaimed PMPs:

- Facilitator returns the unclaimed PMPs to the facility.
- Uncollected PMPs are stored by Clubs Managers in designated rooms or in the pharmacy during the grace period



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During the 28-day grace period



Standard Visits

Preparation for the club

At the club visit

After the club visit

During the grace period

End of the grace period



1. Store remaining PMPs for the 28-day grace period in a secure, approved location known to staff and patients.
2. Remind patients to attend their sessions and to report to the designated venue on time.
3. If a blood or clinical visit is missed, a clinician must see the patient.
4. Register each session and record the attendance date.
5. Patients collect PMPs from the pharmacy or a pre-arranged location.
6. Once all club patients are marked as attended, hand the register to the nurse to close and the clerk to capture.



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After the 28-day grace period



Standard Visits

Preparation for the club

At the club visit

After the club visit

During the grace period

End of the grace period



1. Close the club register by Day 28 (or earlier if all PMPs collected).
 - a. Mark "DNA" for patients who didn't collect PMPs within 7 days.
 - b. Ensure all last-visit entries have a weight and screening record, or "B", or outcome. Discuss any gaps in recording with the facilitator.
 - c. Initial bottom of each last visit column upon completion. Sign/Date front summary page to verify check.
 - d. Check/Follow scripting procedures if due.
2. Register to be given to the clerk/data capturer for capturing and returned to area where registers are stored.
3. Remaining PMPs to be returned to the pharmacy.



4. Facilitator must follow up with patients who missed the grace period.
5. Refer patients arriving after the grace period to the Clubs Manager
6. Club Manager returns the patient to mainstream care for increased support.



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After the 28-day grace period



Standard Visits

Preparation for the club

At the club visit

After the club visit

During the grace period

End of the grace period

1. Data cleaning
2. Check paper register for services that need to be captured to correctly set up the batch capture screen.
3. Recruited patients:
 - a. Select club-start from the ART services menu:
 - Those enrolled at this visit: mark as "club-start", assign a club ID number (*paper register line number*).
 - Those recruited before the last club visit that were not enrolled: remove from the list (*go into the individual patient record and remove the recruited status*).
4. Current patients:
 - a. Capture correct regimen given for those patients who received a regimen
 - b. Capture "no regimen given" for patients with DNA in the weight box; capture the outcome as BTC - DNA
5. Once the register is captured, the data capturer should date, write name and sign the front page.
6. Return the register to appropriate register storage space.



Capturing will take place within a week of receipt..



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Group 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?



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Tracing and Recall of Adherence Club Patients



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Tracing and Recall: Criteria and Prioritisation



Criteria and Prioritisation order for Tracing and Recall:

Attempt to trace all patients with missed appointments or abnormal results.

Prioritize tracing and recall for these patients:

1. Advanced HIV Disease patients starting/restarting treatment (last 6 months)
2. Patients with abnormal results, e.g.
 - HIV: Serum CrAg+, PCR+ or viral load >50 copies/ml
 - Diabetes: HbA1c >8%
 - TB: positive TB-NAAT, Culture
3. Patients with overdue tests/assessments
4. Patients failing to return for appointments/medication within 7 days.



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Tracing and Recall: Guiding Principles



Guiding Principles of Tracing and Recall:

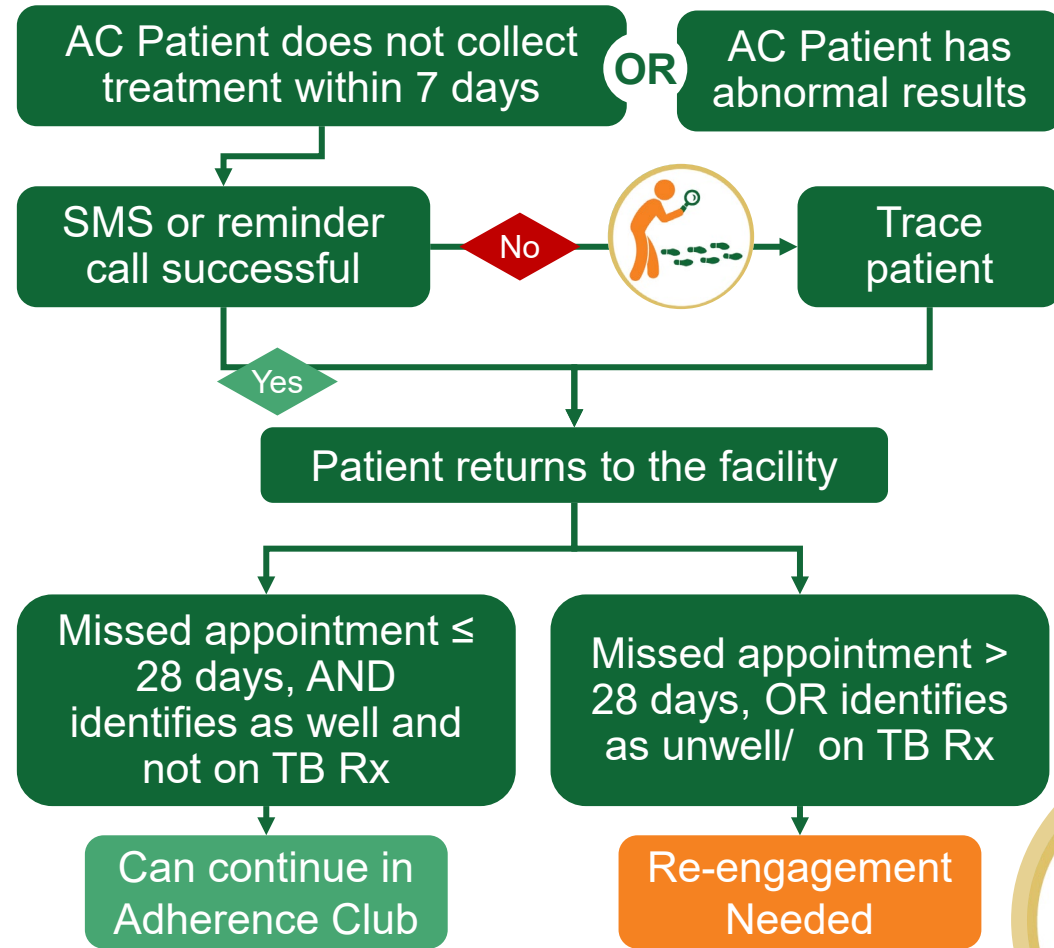
1. Trace patients via consented methods (SMS, WhatsApp, phone call, and/or home visits)
 - Home visits (if agreed to) require a prior phone call.
2. Incorporate these activities to trace and recall patients:
 - Inform patients about tracing and recall processes.
 - Obtain consent for tracing and document preferred contact methods.
 - Update contact details at each visit.
 - Maintain strict patient confidentiality at all times.
 - Identify missed appointments or abnormal results using TIER.Net (HIV/TB) or chronic registers.
3. Check missed appointments via patient records/tools before calling.
4. Begin patient tracing 7 calendar days after a missed appointment or failure to return following an abnormal result recall.
5. Actively refer to facility within 7 days of successful tracing.,
6. Document all patient tracing attempts in file and register.



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Tracing and Recall of Adherence Club Patients



If an Adherence Club member

a. fails to collect treatment within 7 days of schedule OR

b. received abnormal test results:

- Patients receive SMS/call reminders to collect medicine.
- Failed contacts are added to the facility tracing list.
 - Patients returning to an Adherence Club or facility within 28 days of their missed appointment may continue **in their Adherence Club**.
 - If more than 28 days late, refer to **re-engagement process**.

Specific to Adherence Club Patients

- Adherence Club members arriving within 28 days of their appointment are reviewed by the Clubs Manager and sent to the pharmacy for treatment, if appropriate.
- Clubs Manager ensures prompt re-engagement after missed visits.



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Re-Engagement and Deactivation of Adherence Club Patients



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Key Principles of Re-Engagement



1

The first return visit experience is critical

Welcoming, supportive and empathetic

Clear facility visit flow focused on a positive client experience

Be kind

Be supportive

Be understanding

2

Not all late clients are re-engaging

Only a person who is more than 28 days late for a scheduled appointment or self-identifies as unwell or on TB treatment

3

Re-engaging client needs vary.

Easier access to treatment

Psychosocial support

Clinical management

RE-ENGAGING clients:

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

No punitive actions!

Be caring

Think POSITIVE

Talk POSITIVE

Feel POSITIVE

No judgement zone

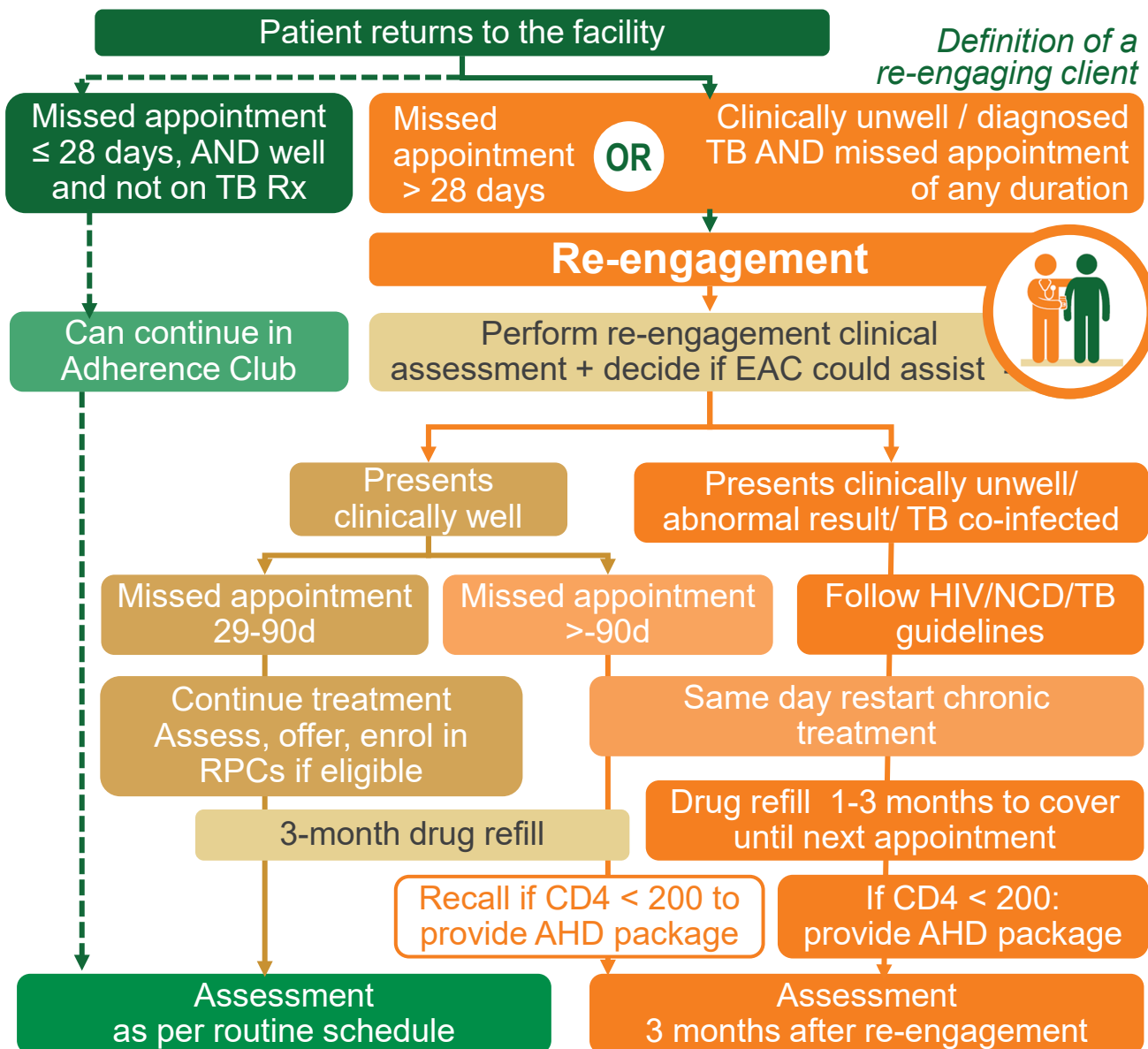


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Re-Engagement of Adherence Club Patients



RE-ENGAGEMENT PROCEDURE

- A** If the patient returns to the facility **29-90 days** late and is **clinically well**: restart treatment, assess for RPCs and offer if eligible, OR offer 3-month drug refill & resume routine follow-up.
- B** If the patient returns to the facility **> 90 days** late and is **well**:
 - a. restart treatment and provide 3-month refill,
 - b. check CD4 and assess for TPT (including TB-NAAT)
 - c. recall if CD4 < 200 to offer AHD package.
 - d. re-assess in 3 months
- C** If the patient returns **unwell** (including mental health), **on TB treatment or >28 days late**, a clinician will see the patient to:
 - a. do a re-engagement assessment, including TB-NAAT
 - b. follow the appropriate clinical guideline (including A-E elevated VL assessment).
 - c. restart treatment and take a CD4 count for HIV patients.
 - d. decide follow-up clinical review frequency as clinically indicated; and align drug refill length (*do not require a patient to return for clinical review unless clinically necessary*).

Transition to RPCs if stable at 3-month reassessment. .

Group Activity: Deactivation from an Adherence Club?



- Client on ART for 2 years, viral load 250 copies/ml, and has missed club appointment for 35 days.
- Is this client eligible, should they be deactivated, or should they continue in the club?
- Discuss answers in plenary.



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Deactivation from an Adherence Club



Criteria for Deactivation

1. Client missed treatment collection by >28 days.
2. Client assessed as clinically unstable requiring more frequent clinical management (e.g. TB or other opportunistic infection).
3. Abnormal lab results:
 - For HIV: VL \geq 1000 copies/mL (unless clinician confirms persistent viraemia)
 - For Diabetes: HbA1c > 8%
 - For Hypertension: BP > 140/90 mmHg
4. Client is pregnant. Refer to integrated MNCWH services.

A client may also choose to leave the Adherence Club to:

- return to regular care
- switch to a pickup point
- access 6MMD if eligible

Advice to Client

1. They are returning to regular care for more frequent clinical care until stable.
2. They will discontinue club attendance during regular care.
3. They can rejoin the club or other RPCs option after one normal result and meeting other RPCs criteria.
4. If the patient chooses to leave the club, a different option will be discussed with the clinician and started at the next clinical consultation



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

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

Deregistration is a permanent removal due to client's death / a duplicated profile.



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MODULE 3: ADHERENCE CLUB (AC) MONITORING AND EVALUATION



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Module 3: Contents



Adherence Club Monitoring and Evaluation

1. Documentation in the Adherence Club Register
2. Documentation in ART Clinical Stationery
3. Capturing for Adherence Clubs in TIER.Net
4. Capturing for Adherence Clubs in SyNCH
5. Reporting for Repeat Prescription Collection Strategies

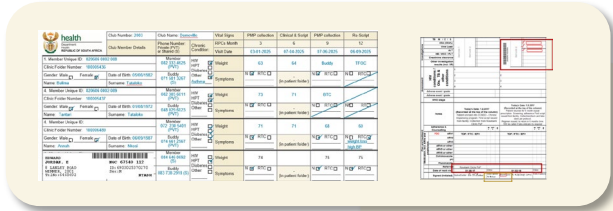


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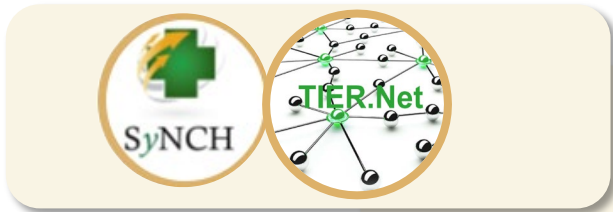
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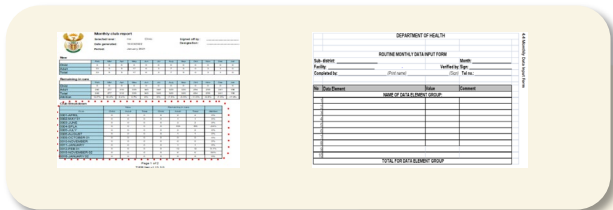
Module 3: Learning Objectives



- To understand the documentation in clinical stationery and in Adherence Club registers and the data flow for adherence clubs.



- To understand the registration and deactivation of adherence clubs and the individual patients in SynCH and TIER.Net



- To understand the generation and use of monthly summary sheets to monitor client attendance, medication pick-up and identify potential adherence issues



Documentation in the Adherence Club Register



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Adherence Club Register



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				Buddy		HPT <input type="checkbox"/>		Symptoms		N		RTC		(in patient folder)		N		RTC	
Gender		Male	Female			Date of Birth				Diabetes <input type="checkbox"/>		Asthma <input type="checkbox"/>				Other <input type="checkbox"/>		N	
Name			Surname																
2. 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	
Gender		Male	Female			Date of Birth				Diabetes <input type="checkbox"/>		Asthma <input type="checkbox"/>				Other <input type="checkbox"/>		N	
Name			Surname																
3. 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	
Gender		Male	Female			Date of Birth				Diabetes <input type="checkbox"/>		Asthma <input type="checkbox"/>				Other <input type="checkbox"/>		N	
Name			Surname																
4. 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	
Gender		Male	Female			Date of Birth				Diabetes <input type="checkbox"/>		Asthma <input type="checkbox"/>				Other <input type="checkbox"/>		N	
Name			Surname																
5. 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	
Gender		Male	Female			Date of Birth				Diabetes <input type="checkbox"/>		Asthma <input type="checkbox"/>				Other <input type="checkbox"/>		N	
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.



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Adherence Club Register Example



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Club Number: 2003		Club Name: Demoville		Vital Signs	PMP collection	Clinical & Script	PMP collection	Re-Script
Club Member Details		Phone Number: Private (PVT) or Shared (S)	Chronic Condition:	RPCs Month	3	6	9	12
				Visit Date	03-01-2025	07-04-2025	07-06-2025	06-09-2025
1. Member Unique ID: 820606 0002 088		Member 082 333 4625 (PVT)	HIV <input checked="" type="checkbox"/> HPT <input type="checkbox"/> Diabetes <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Asthma</u>	Weight	63	64	Buddy	TFOC
Clinic Folder Number: 100005436	Buddy 071 501 3267 (S)			Symptoms	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>	(in patient folder)	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>	N <input type="checkbox"/> RTC <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth: 05/06/1982							
Name: Bulima	Surname: Tataloko							
4. Member Unique ID: 820606 0002 089		Member 082 305 6011 (PVT)	HIV <input checked="" type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Other <input type="checkbox"/>	Weight	73	71	BTC	
Clinic Folder Number: 100005437	Buddy 048 029 6023 (PVT)			Symptoms	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>	(in patient folder)	N <input type="checkbox"/> RTC <input type="checkbox"/>	N <input type="checkbox"/> RTC <input type="checkbox"/>
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: 01/08/1972							
Name: Tantari	Surname: Tataloko							
4. Member Unique ID:		Member 072 230 5401 (PVT)	HIV <input checked="" type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Weight	71	71	68	60
Clinic Folder Number: 100006489	Buddy 074 661 2567 (PVT)			Symptoms	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>	(in patient folder)	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>	N <input type="checkbox"/> RTC <input checked="" type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth: 06/09/1987							
Name: Annah	Surname: Nkosi							
EDWARD JORDAN, E		Member 084 646 0692 (S)	HIV <input type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Other <input type="checkbox"/>	Weight	74		75	75
8 LANLEY ROAD WEMMER, 2001 Tel No: 6460692				Buddy 083 738 2918 (S)	Symptoms	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>	(in patient folder)	N <input checked="" type="checkbox"/> RTC <input type="checkbox"/>
NGC 67540 112 ID: 6903025370270 Sex: M NYADH								

Blood collection month for this club: **April**

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 Instructions



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

1. Write the name and number of the Adherence Club. MUST correspond to TIER.Net & SyNCH.

2. Record in the "Visit Date" row current and next club session dates

3. Fill columns 1 & 2 with client ID, folder number, gender, DOB, and name.

4. In the 3rd column, note member/buddy phone number. Mark "PVT" (private) or "S" (shared).

5. In the 4th column, tick the relevant chronic condition(s) Tick "other" and specify if not listed.

6. Record the client's weight in the "Weight" row, or write "Buddy" if someone else collects the medication.

7. In the row "Symptoms", tick

- "N" (normal) or
- "RTC" for abnormal symptoms, and Referred to Clinician.

List any abnormal symptoms. *Skip this for clinical consultation months (6, 18, 30, etc.), as data is recorded in the client's folder. Facilitators still screen symptoms during rescripting months (12, 24, etc.)*

Adherence Club Register Instructions (cont.)



8. If the client is absent, leave weight/symptom fields blank; if no buddy is present, contact the client.

9. If client/buddy arrives within 28 days, register normally and note the PMP collection date.

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

10. If neither client nor buddy arrives within 28 days, or once the patient's outcome is known, record the outcome in the weight row.

Recorded Outcome	Outcome Event
DNA	Did Not Attend: Did not collect PMP at club session or present at clinic within 28 days.
BTC	Back to Clinic: Re-entering facility care from club.
TFOC	Transfer out to different club: Patient transferred to another club within facility. (Record future club number.)
TFO	Transfer Out: Patient is leaving the facility to attend a different clinic.
RIAC	Remaining In AC: Patient is remaining in AC.
RIP	Rest In Peace: Patient has died.

Adherence Club Register Instructions (cont.)



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					
16. Member Unique ID 870906 1527 081	Member 072 230 5401 (PVT)	HIV <input checked="" type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Weight	(in patient folder)		NEW 76		11 12
Clinic Folder Number 100006489	Buddy 074 661 2567 (PVT)		Symptoms			N	RTC	N
Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth 06/09/1987					N	<input checked="" type="checkbox"/> RTC	
Name Annah	Surname Nkosi							
17. Member Unique ID 820606 0002 089	Member 082 305 6011 (PVT)	HIV <input checked="" type="checkbox"/> HPT <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other <input type="checkbox"/>	Weight	(in patient folder)		TFIC 7 / 81		13
Clinic Folder Number 100005437	Buddy 048 029 6023(PVT)		Symptoms			N	RTC	N
Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date of Birth 01/08/1972					N	<input checked="" type="checkbox"/> RTC	
Name Tantari	Surname Tataloko							

11. For new club members who join the club after session 1, place the patient sticker in column 1 or 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.

12. If a patient returns after exiting, record them as a new patient and start a new row.

Do not use the original row.

13. For patients transferred in from another club write "TFIC" and the prior club number.

Pre-Pack Medicines Collection Receipt



1. Write club dates in the "Visit Date" row

2. Fill in members' names in this column.

23. Member Unique ID:

Clinic Folder Number: 100006489

Gender: Male Female Date of Birth: 06/09/1987

Name: Annah Surname: Nkosi

3. Align rows with enrolment register numbers.

4. Members/buddies must sign for their pre-pack medication.

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	Annah Nkosi	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: Medicine Packs Members Received						
Total: Medicine Packs Returned						
Grand Total: Medicine Packs Members Received						
Grand Total: Medicine Packs Returned						
Facilitator Signature						

5. Tick if medication was collected by Member or by Buddy.

6. After the session, tally total PMPs received by members and returned.

Facilitator ensures signing during AC.



Nurse or Pharmacist during grace period



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)					
TFC (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					

1. Within 29 working days of the Club session, complete and sign the register's final tally sheet. Submit to the Club Manager.



2. Club Manager checks and signs the register's final tally sheet. Submit it to the data clerk.



3. After data capturing, the clerk signs the page 3 of the register and each sheet under the column for that visit.



4. The facilitator verifies the data capturer sign-off and collects the register for the next session



Adherence Club Sign-off Sheet page 3



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



At the AC formation:

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

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

- Club Facilitator: when register is closed.
- Club manager: after register is closed
- Data Capturer: when the data is captured.

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



Blood collection month for this club



Documentation in ART Clinical Stationery



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Documentation in ART Clinical Stationery



Documentation in notes section by clinician

Plan and treatment Medication, incl. ARVs and prophylaxis	Notes		<div style="border: 1px solid red; padding: 2px;">Today's Date: 1.2.2017</div> (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP		
	Adherence & Counselling		IN	OUT	PH
	FDC	ARV1	TDF / FTC / EFV		
		ARV2	<div style="border: 1px solid red; padding: 5px; font-size: 1.5em;"> $\frac{1}{12} \times 6$ </div>		
		ARV3			
		ARV4 or other			
		ARV5 or other			
		ARV6 or other			
		Cotrimoxazole			
		IPT			
	Fluconazole				
	Referred	<div style="border: 1px solid red; padding: 2px;">1234RosslynCommunityAC 5.8.2016</div>			
	Date of next visit	<div style="border: 1px solid red; padding: 2px;">01-08-17</div>		Clinic	
	Signed (Initialed)	Nurse/Doctor <i>Dr N. Baseni</i>		Data Capturer	

Record date of clinical visit.

Indicate patient issued 1/12 repeated 6 times.

Indicate patient enrolled in DMoC in 'referred' field. If Adherence Club, stipulate name of AC and date of DMOc enrolment.

Record next clinical visit date in 'next visit date' field. The next clinical visit is 6 months from current visit.

Documentation of Follow-up Consultation



Documentation by clinician in clinical stationery



Data clerk/Data Capturer to receive folder

Investigations	TB M / C / S				
	CD4 (CD4%)				
	Viral Load				
	ALT				
	HB / WCC / PLT				
	Creatinine clearance				
	Other investigation results (incl. XR)				
	Barcode 1	Barcode 2			
Assessment	HIV conditions / OIs, TB & other conditions	1		2	
		2		3	
		3		4	
		4			
Plan and treatment Medication, incl. ARVs and prophylaxis	Notes	Today's Date: 1.2.2017 (Recorded at the top of the column) Patient enrolled into CCMD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP		Today's Date: 1.8.2017 (Recorded at the top of the column) Patient returned for 6 month repeat prescription. Screening, adherence First script issued from facility. Collection check and labs done per protocol. Regimen issued, to return in 6 months time. Will be called if labs indicate its required	
	Adherence & Counselling		IN ▼	OUT ▼	PH
	FDC	ARV1	TDF / FTC / EFV		TDF / FTC / EFV
		ARV2			
		ARV3			
		ARV4 or other			
		ARV5 or other			
		ARV6 or other			
		Cotrimoxazole			
		IPT			
	Fluconazole				
	Referred	Rosebank Clicks PuP			
	Date of next visit	01-08-17	Clinic	01-02-18	Clinic
	Signed (Initialed)	Nurse/Doctor <i>Dr N Baleni</i>	Data Capturer <i>R Baloo</i>	Nurse/Doctor <i>R Kipling (CPN)</i>	Data Capture

Barcode next to investigations indicate - clinician requested laboratory tests. However, results yet to be recorded into clinical stationery.

Consultation recorded. Next visit date captured & Folder flows to data clerk after consultation.

Data captured. Data clerk initials bottom of clinical chart. Patient folder is returned for filing.

Deactivation from Adherence Club - Documentation



Documentation by clinician in clinical stationery



Data clerk/Data Capturer to receive folder

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

If a patient is deactivated from RPCs (due to pregnancy, illness, missed pick-up or choice), the reason must be documented in their folder.

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

Deactivation from Adherence Club Documentation (cont.)



Data clerk/Data Capturer to Amend TIER.Net

1

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

2

- Select Delete All in the treatment visit screen.

Regimen Date	Regimen Code	Next appointment date
23-Aug-17	1TFE	01-Jan-99

3

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

79 (Nov 15)	80 (Dec 15)	81 (Jan 16)	82 (Feb 16)	83 (Mar 16)	84 (Apr 16)	VL	CD4
->	1TFE	->	1TFE	->	1TFE	124	675
85 (May 16)	86 (Jun 16)	87 (Jul 16)	88 (Aug 16)	89 (Sep 16)	90 (Oct 16)	VL	CD4
1TFE	->	1TFE	->	1TFE	->	36	731
91 (Nov 16)	92 (Dec 16)	93 (Jan 17)	94 (Feb 17)	95 (Mar 17)	96 (Apr 17)	VL	CD4
1TFE	->	1TFE	1TFE	->	->	VL	CD4
97 (May 17)	98 (Jun 17)	99 (Jul 17)	100 (Aug 17)	101 (Sep 17)	102 (Oct 17)	VL	CD4
->	->	->	1TFE	->	->	VL	CD4
103 (Nov 17)	104 (Dec 17)	105 (Jan 18)	106 (Feb 18)	107 (Mar 18)	108 (Apr 18)	VL	CD4
1TFE	->	->	->	->	->	VL	CD4

Notes
1.2.2017 - Pt enrolled in CCMDD. Collecting meds at Rosebank Clicks PuP

79 (Nov 15)	80 (Dec 15)	81 (Jan 16)	82 (Feb 16)	83 (Mar 16)	84 (Apr 16)	VL	CD4
->	1TFE	->	1TFE	->	1TFE	124	675
85 (May 16)	86 (Jun 16)	87 (Jul 16)	88 (Aug 16)	89 (Sep 16)	90 (Oct 16)	VL	CD4
1TFE	->	1TFE	->	1TFE	->	36	731
91 (Nov 16)	92 (Dec 16)	93 (Jan 17)	94 (Feb 17)	95 (Mar 17)	96 (Apr 17)	VL	CD4
1TFE	->	1TFE	1TFE	->	->	VL	CD4
97 (May 17)	98 (Jun 17)	99 (Jul 17)	100 (Aug 17)	101 (Sep 17)	102 (Oct 17)	VL	CD4
->	->	->	1TFE	->	->	VL	CD4
103 (Nov 17)	104 (Dec 17)	105 (Jan 18)	106 (Feb 18)	107 (Mar 18)	108 (Apr 18)	VL	CD4
1TFE	->	->	->	->	->	VL	CD4

Notes
1.2.2017 - Pt enrolled in CCMDD. Collecting meds at Rosebank Clicks PuP
14.11.2017 - Patient de-registered from CCMDD. Missed scheduled CCMDD collection by more than 30 days. Collecting meds monthly from clinic

4

- In this image the forward captured months have been removed.
- The November visit has been captured as a single month script issued.

5

- Per clinical record next appointment date is 22.12.2017.
- The notes section has been updated to reflect the deactivation from RPCs. NB! The reason can be clinical, missed appointment or by choice.
- Future visits will be captured as monthly visits, per normal practice.
- If the patient is re-enrolled in the CCMDD program the SOP would be followed as from the start.



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

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



Capturing for Adherence Club in TIER.Net



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TIER.Net Adherence Club Set-up



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Adherence Club Set-up on TIER.Net



Set up an Adherence Club

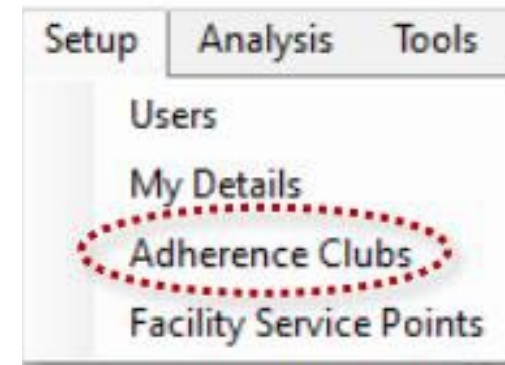
Ensure that the box "Show Adherence clinic field on HIV data screen" is ticked from the options window for capturing adherence-club information.

Tool >> Options

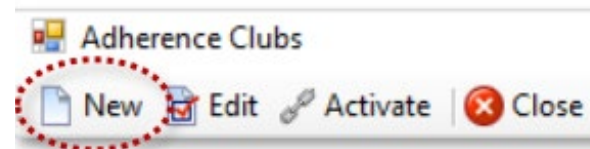
Show Adherence club field on HIV treatment visit screens

The following steps can be completed by the user:

1. Click Setup >> Adherence Clubs.



2. Click on New.



3. The Adherence Club details window will open.

4. The Adherence Club name number (4-digit number) automatically updates as you add a new adherence club/chronic club.

Name	0081 - MF0081
Type	Mixed
VL Due Month	February
Created Date	2020/01/28



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Adherence Club Set-up on TIER.Net (cont.)



5. After the 4-digit number in the Name box, type the adherence clinic name of choice.

6. Select the Type of adherence clinic: - Pre-ART club patients only

Type

- Mixed
- Pre-ART
- ART
- Mixed

- ART club patients only
- Mixed is a club type which consists of both pre-ART and ART patients

7. Select the VL due month.

VL Due Month

- February
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

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

9. Click Save

Created Date 2020/01/28

10. Close the Adherence Clubs window.

✓ The adherence club is now created.



Capture of RPCs Patients in TIER.Net



health

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Capture of RPCs Patients in TIER.Net



Data clerk/Data Capturer to receive folder

In (ART) patient treatment tab –
DMOC check-box must be checked

In notes section -that patient has
been enrolled in a particular DMOC
(AC) captured

Capture current visit (visit date and
treatment regimen) and 5 months
additional script (total, 6 months)

Capture next appointment date

Save and close



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Capture of RPCs Patients in TIER.Net (cont.)



Data clerk/Data Capturer

Plan and treatment Medication, incl. ARVs and prophylaxis	Notes	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Today's Date: 1.2.2017</div> (Recorded at the top of the column) Patient enroled into CCMDD - Chronic Dispensing program. First script issued from facility. Collection from Rosebank Clicks PuP			
	Adherence & Counselling		IN ▼	OUT ▼	RH
	FDC	ARV1	TDF / FTC / EFV		
		ARV2	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 12 X 6 </div>		
		ARV3			
		ARV4 or other			
		ARV5 or other			
		ARV6 or other			
		Cotrimoxazole			
		IPT			
	Fluconazole				
	Referred	1234RosslynCommunityAC 5.8.2016			
	Date of next visit	01-08-17	Clinic		
	Signed (Initialed)	Nurse/Doctor <i>Dr N. Baleni</i>	Data Capturer		

Capture current visit date

Capture 6-month repeat

Record in notes section of TIER.Net.
Stipulate AC name (if facility has multiple)

Capture 'next visit date' field.

Capture of RPCs Patients in TIER.Net (cont.)



Data clerk/Data Capturer

Patient Treatment Detail - Month 4 (Jul 2023)

Details Audit History

Visit Details

Visit Date Health Provider [Clear](#)

Pregnant TB Screening On TPT?

ARV's Prescribed

First Line Regimen	NRTI 1 TDF	NRTI 2 3TC	NNRTI/PI/INSTI EFV	DRV	Other: Additional Drug <input type="text"/>
Second Line Regimen	d4T	FTC	NVP	RAL	Old Coding <input type="text"/>
Salvage / 3rd Line	AZT	ddl	LPV/r	ETR	
Stopped	ABC		RTV	DTG	
			ATV		

Months ART prescribed

Restarted ART this month (>3 month interruption)

Test Results

[New](#) [Edit](#) [Delete](#)

Result Type	Result	Result Value	Result Percentage

Other
Next Clinical Appointment Date [Clear](#)

Next Visit At Facility Adherence club

In patient treatment tab

On DMOC drop down list.
Select FAC-Pup/Ext-Pup or adherence club

In "months ART prescribed" field – select 6 months

In "next clinical appointment date" field – insert next appointment date

Select Adherence Club at the bottom according to clinical notes

Capture of RPCs Patients in TIER.Net (cont.)



Data clerk/Data Capturer

Treatment Visits

ITFE	ITFE	->	->	ITFE	ITFE	VL	CD4
79 (Nov 15)	80 (Dec 15)	81 (Jan 16)	82 (Feb 16)	83 (Mar 16)	84 (Apr 16)	72	635
->	1TFE	->	1TFE	->	1TFE	124	CD4
85 (May 16)	86 (Jun 16)	87 (Jul 16)	88 (Aug 16)	89 (Sep 16)	90 (Oct 16)	VL	CD4
1TFE	->	1TFE	->	1TFE	->		
91 (Nov 16)	92 (Dec 16)	93 (Jan 17)	94 (Feb 17)	95 (Mar 17)	96 (Apr 17)	VL	CD4
1TFE	->	1TFE	1TFE	1->	2->	36	731
97 (May 17)	98 (Jun 17)	99 (Jul 17)	100 (Aug 17)	101 (Sep 17)	102 (Oct 17)	VL	CD4
3->	4->	5->	6			VL	CD4
103 (Nov 17)	104 (Dec 17)	105 (Jan 18)	106 (Feb 18)	107 (Mar 18)	108 (Apr 18)	VL	CD4
109 (May 18)	110 (Jun 18)	111 (Jul 18)	112 (Aug 18)	113 (Sep 18)	114 (Oct 18)	VL	CD4

Notes
 Patient enrolled in RPCs.
 Collecting meds at 1234RosslynCommunityAC

Visit – 1 Feb 2017 captured

Next clinical appointment date recorded as August

Under 'months ART prescribed' field – 6 months selected

Treatment notes section capture name of Adherence Club. E.g. 1234 RosslynCommunityAC



Bulk Capturing of Multiple Adherence Clubs in TIER.Net



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Bulk Capturing of Adherence Clubs in TIER.Net



- A**
1. In TIER.NET, go to tools >> Bulk Adherence Club Visit Capturing to open the Adherence Club Multi Visit Capture window.
 2. Select the name of the adherence club (ensure this matches the adherence club register).
 3. Select the date of visit as recorded in the register.
 4. Select the date of the next visit as recorded in the register.
 5. Select the type of visit as recorded in the register.
 6. Select “generate” to go to the next section to add adherence club client details.
 7. Search for clients using name, surname, or folder number, and add the clients for the visit on the chosen day.
 8. Select the visit option:
 - ATTENDED (if client attended).
 - LATE (if client was late or attended at a later date).
 - DNA (client did not attend).

- B**
9. 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
 10. If TFOC was selected, select the club within the facility that the patient transferred to.
 11. If TFO was selected, select the facility that the patient transferred to.
 12. Select or confirm the date by clicking on the blank cell below Date (Optional).
 13. Check the Viral Load Requested checkbox, if a viral load was requested (Optional).
 14. Repeat this process for all clients reported in the register.
 15. Remove clients by selecting the client record and clicking remove patient.
 16. Once complete, click save visits.
 17. A pop-up will appear informing you that the visits were generated successfully.



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Bulk Capturing of Adherence Clubs in TIER.Net

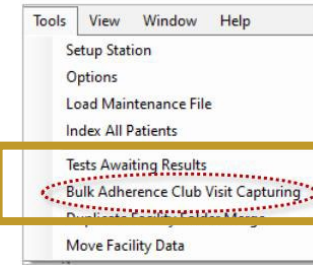


Data clerk/Data Capturer

1

If your facility has many clubs and club patients, you can capture visits in bulk, one adherence club/chronic club at a time.

- Click on Tools >> Bulk Adherence Club Visit Capturing.



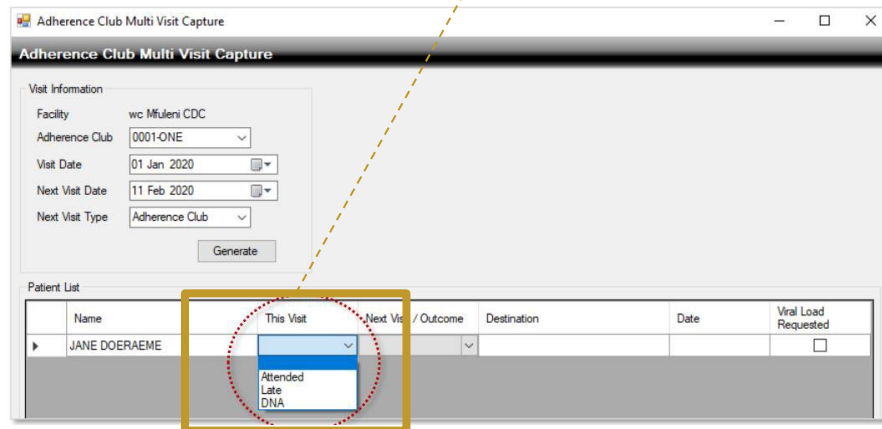
2

The Adherence Club Multi Visit Capture window will open.

5

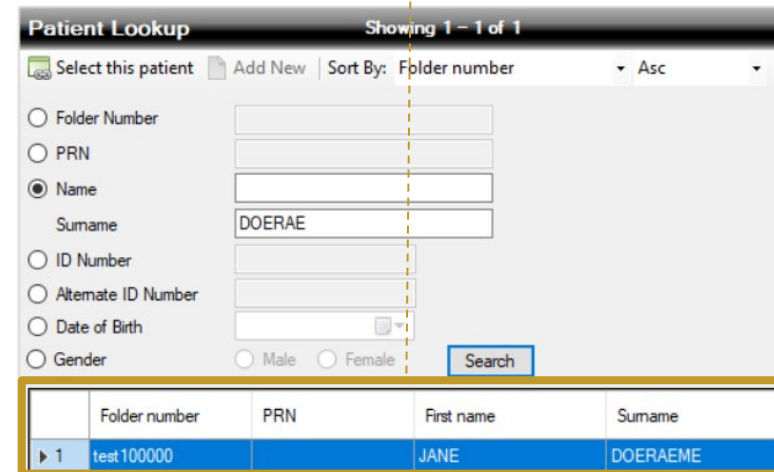
Select one of the following from the This Visit dropdown list:

- Attended - the patient attended this visit
- Late - the patient was late for this visit and did attend on another date after the specified date.
- DNA - the patient did not attend the visit.



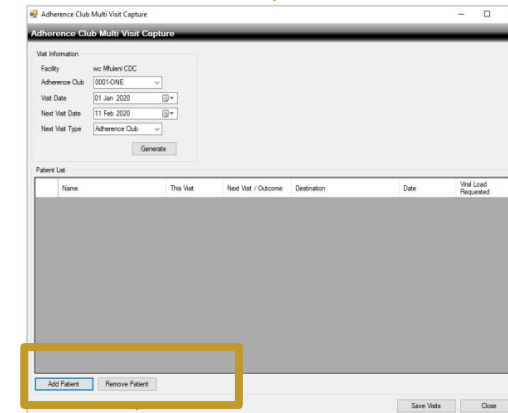
4

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



3

To add patients to the list select Add Patients. The patient Lookup window will appear.



Bulk Capturing of Adherence Clubs in TIER.Net (cont.)

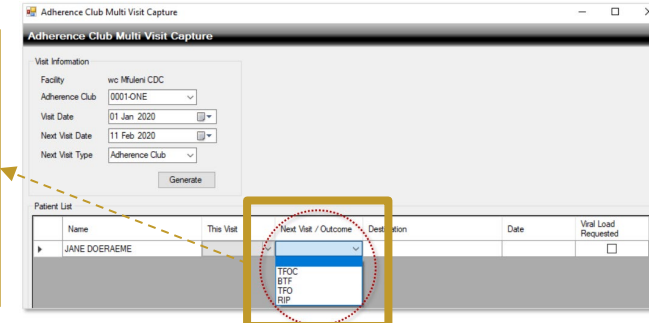


Data clerk/Data Capturer

6

Select the outcome or type of visit for the next visit for the patient:

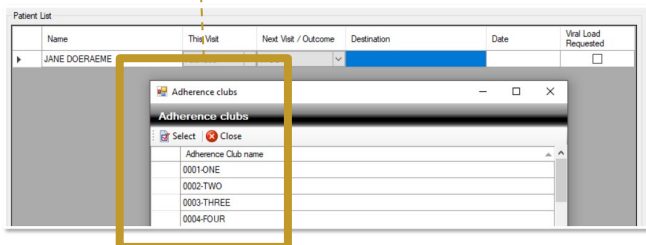
- TFOC - Transfer out of Club
- BTF - Back to facility
- TFO - Transferred out to another facility
- RIP - The patient has died.



7

If you select TFOC or TFO, you must select a destination.

- Click on the blank cell below Destination.
 - TFOC was selected, select the club within the facility that the patient transferred to.
 - If TFO was selected, select the facility that the patient transferred to.



8

- Select or confirm the date by clicking on the blank cell below Date
- Check the Viral Load Requested checkbox, if a viral load was requested.

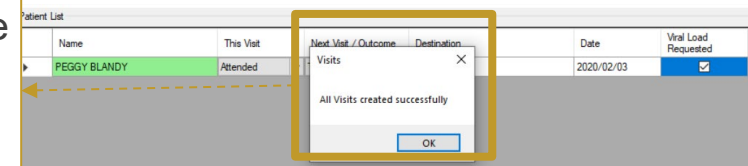
Name	This Visit	Next Visit / Outcome	Destination	Date	Viral Load Requested
JANE DOERAEME	Attended	TFOC	0001-ONE	2020/02/11	<input checked="" type="checkbox"/>

9

- Repeat this process until you have added all your patients.
- Patients may be removed from the list by selecting the patient record and clicking on Remove Patient
- After you have added all your patients, click on Save Visits at the bottom of the Adherence club Multi Visit Capture window.

10

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



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Capturing for Adherence Club in SyNCH



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Adding and Deactivating an Adherence Club in SyNCH



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Capturing an Adherence Club in SyNCH



1. Register the Adherence club in the system.
2. In SyNCH, capture all designated adherence clubs using the AC/OP administration tool.
3. Adherence club clients who receive prepacked PMP through CCMDD need to be registered in SyNCH.
4. When a client is being enrolled or has their prescription renewed, navigate to the PuP Selection Tab within SyNCH.
5. Select the modality and choose the correct DMOC modality for the client from the available options.
6. Select Adherence Club (AC) from the list, which will appear after an AC has been registered in the system.

SyNCH: Adding a New Adherence Club



Home Prescriptions Patient Reports Data Management Setup

Your details Uncollected Outpoints Medicine Parcels

Name User Manual Wasbank Clinic
Uncollected after 48 h
21

PERSAL No. 123456
0
25
21

MP No. 625242

Qualifications

Service Provider

1

Select "Data Management > Adherence Clubs"

Adherence Clubs

Filter records: Province None District None
Facility None Status --All--

New Edit Delete Export Data ...

2

Click on "New" to add an AC

Update an Adherence Club

Linked Facility Wasbank Clinic

Adherence Club Name User_Manual_AC1

Old Adherence Club Name Wasbank AC1

Meeting Cycle

Type

Active Patients 1 Month

Active Prescriptions 2 Months

Date Created

Status Active

Cancel Save

3

4

5

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

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

Click "Save" when completed

Adherence Clubs

Record successfully added.

Filter records: Province All District All Sub-District All
Facility All Status --All--

New Edit Delete Export Data ...

Name	District	Facility	Active Patients
User_Manual_AC1	Umzinyathi DM	Wasbank Clinic	Active

6

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

SyNCH: Deactivating an Existing Adherence Club



Adherence Clubs

Record successfully updated.

Filter records: Province District Sub-District
Facility Status

Name
User_Manual_AC1

4 of 1 of 1

1

Click on the selection button next to the correct Adherence Club or click on the Adherence Club name Then click "Edit"

2

Under the "Status" Field select "Deactivated"

3

Then click "Save"

4

The status of the AC will change to "Deactivated"



Creating a New Prescription in SyNCH



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SyNCH – Creating a New Patient Prescription



Select
“Prescriptions” >
“Manage
Prescriptions”

1

Home Prescriptions Patient Reports Data Management Setup

Manage Prescriptions

Returning Patients

View Uncollected

View Deactivated / Deregistered

View Rejected By Service Provider

Prescription Export Report

Home Prescriptions Patient Reports Data Management Setup Help Logout

Prescriptions

Filter records: Prescribing Facility [All] Status [All] First Issue Dis [All]

Create New Prescription

Search [] Search Records 1 to 12 of 197

Patient Surname	Pa	Prescribing Facility	Prescribed By	Status	First Issue Disposed
SName	FName	Wasbank Clinic	Dr User Manual	New	Not Submitted
SName	FName	Wasbank Clinic	Dr User Manual	New	Not Submitted
SName	FName	Wasbank Clinic	Dr User Manual	New	Not Submitted
Smithers	Angel	Wasbank Clinic		Auto Approved	Fully Dispensed
Knappenberger	Lorilee	Wasbank Clinic		Auto Approved	Fully Dispensed

Click “New” to create a patient profile

OR

Search if a patient profile exists on SyNCH

Prescription View: Save button

11 October 2018

The 'Save' button for the prescription view has been moved to the left of panel

Patient Search

Patient ID / Passport:

ID Number / Passport / Asylum Number Search

Create New Prescription

3

Click on “Create New Prescription” button



SyNCH – Creating a New Patient Prescription (cont.)



New Prescription

Save

Submit

Close

Patient Consent

Patient Details

Next of Kin

Nominated Collector

Pick-up Point

Prescription Details

Prescription History

Patient Consent

I acknowledge that the CCMDD programme has been explained to me and understand the information provided regarding the programme.

I have discussed it with my prescriber and all of my questions have been answered to my satisfaction.

I hereby agree to participate in the programme for alternative distribution and pick-up of my chronic medicine.

Patient has acknowledged CCMDD registration *

Yes

4

Patient must provide verbal consent - select "Yes"

Patient previously registered on old paper based system *

Yes

No

5

To prevent "double counting" of patients and track how many patients have converted from "paper based" to SyNCH

- Select "No" if this is patient's first enrolment
- select "Yes" if patient was previously enrolled on the CCMDD programme on paper prescription)

Save

*: Required Field

Submit

Close



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SyNCH – New Patient Details Tab



New Prescription

Save

Patient Consent **Patient Details** Next of Kin Nominated Collector Prescription History

Patient Details

Date of first registration	<input type="text"/>	Passport / Asylum Number *	<input type="text"/>	Date of Birth *	<input type="text" value="1979-05-28"/>
ID Number *	<input type="text" value="7905285153089"/>	Surname *	<input type="text" value="SName"/>	Language	<input type="text" value="Zulu"/>
First Name *	<input type="text" value="FName"/>	Age	<input type="text" value="40"/>	Pregnant *	<input type="text"/>
Gender	<input type="text" value="Male"/>	Address *	<input type="text" value="National Department of Health"/>	Alternate C	<input type="text"/>
Municipal Ward	<input type="text"/>	Access to Smart Phone	<input type="text" value="Yes"/>	Allergies	<input type="text" value="Nil Known"/>
Contact Number *	<input type="text" value="0721234568"/>	Medical History	<input type="text" value="HPT, RVD, T2DM"/>		
Weight (Kgs)	<input type="text"/>				

Save * Required Field **Submit** **Close**

Passport/Asylum number is compulsory if no SA ID available

7

Date of birth is auto-populated if SA ID is entered (MUST be captured manually if Passport/asylum seeker no. provided)

8

9

Type in 1st line of address, type "Enter", then capture 2nd line of address

6

Compulsory fields denoted with an (*)

SyNCH – Existing Patients



Existing Patient

The patient has had a previous prescription:

Name	FName SName
First Registration Date	2017-03-23
Previous Prescription Date	2020-01-22
Prescribed By	Vishen
Last prescribed from	Wasbank Clinic

Do you want to load the information from the previous prescription?

Patient Record	Prescription
Use Patient Record <ul style="list-style-type: none">• Patient Details• Nominated Collectors	Use Patient Record & Prescription <ul style="list-style-type: none">• Patient Details• Nominated Collectors• Prescription items• Collection cycle

You will be able to edit these details before submitting the prescription.

10: Details of patient's last visit including last health facility visit (provided the health facility uses SyNCH)

11a: "Use Patient Record" option will NOT auto-populate the previous prescription

11b: "Use Patient Record & Prescription" option will auto-populate the previous prescription provided that the patient is seen in the same province.

SyNCH – Next of Kin / Nominated Collector



New Prescription

Save Submit Close

Patient Consent Patient Details **Next of Kin**

Next of Kin

Next of Kin: First Name Next of Kin: Surname Next of Kin: Relationship

Next of Kin: Contact number

Save * Required Field Submit Close

12 Details of patient's next-of-kin are non-compulsory but should be captured if available

New Prescription

Submit Close

Nominated Collector Pick-up Point Prescription Details Prescription History

Collector: 1

Collector: Relationship Collector: First Name Collector: Surname

Collector: ID Number Collector: Passport / Asylum Number Collector: Contact Number

Nominated Collector: 2

Collector: Relationship Collector: First Name Collector: Surname

Collector: ID Number Collector: Passport / Asylum Number Collector: Contact Number

Save * Required Field Submit Close

The fields for a nominated collector can be partially completed. However, the patient must provide all details to the health facility before the proxy can collect any PMPs.

13

SyNCH – RPCs Selection Tab



New Prescription

Save Submit Close

Patient Consent Patient Details Next of Kin Nominated Collector **Pick-up Point** Prescription Details Prescription History

Prescribing Facility & Pick-up Point

Prescribing Facility

Pick-up Point *

Save * : Required Field Submit Close



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

SyNCH – Adherence Club Selection



Adherence Clubs

Select Close

Search Records 1 to 10 of 26 >

Name	Facility	Active Patients
<input type="radio"/> Banana club	Wasbank Clinic	0
<input type="radio"/> DUDUZA CARE CENTRE	Wasbank Clinic	0
<input type="radio"/> lion	Wasbank Clinic	0
<input type="radio"/> Louise's AC01	ic	0
<input type="radio"/> max test ac	ic	0
<input checked="" type="radio"/> Name AC1	ic	0
<input type="radio"/> Nimbro	ic	0
<input type="radio"/> AMNTWANA CENTRE	Wasbank Clinic	0
<input type="radio"/> anikahle	Wasbank Clinic	0
<input type="radio"/>	Wasbank Clinic	0

15: All data appearing in these pop-up boxes reflects data captured on the AC/OP administration tool

16: Click on the selection button next to the correct AC Then Click "Select"

Logout

Close

Save

*: Required Field

Submit

Close



SyNCH – Adherence Club Selection



New Prescription

Save

The Adherence Club will appear here

Patient Consent Doctor Pick-up Point Prescription Details Pres

Prescribing Facility Pick-up Point

Prescribing Facility Clinic

Pick-up Point Clinic

Adherence Club Name AC1

Next Collection Date YYYY-MM-DD

Internal Pick-up Point Adherence Club

Save * Required Field

17

19

18

The next scheduled adherence club date must be entered on the calendar provided.

Once the AC is selected using the pop up box...

February 2020

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
1	2	3	4	5	6	7

20

Note: Meeting dates ≤ 21 days or ≥ 56 days from the profile/prescription submission date cannot be selected.

21

The next AC meeting date (collection date) will determine subsequent collection dates.



SyNCH Prescription Tab



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SyNCH – Prescription Tab



New Prescription

Save

Patient Consent Patient Details Next of Kin Nominated Collector Pick-up Point **Prescription Details** Prescription History

Prescription Details

Prescription Submission Date: 2020-02-04 Prescription Date: 2020-02-04 Clinic File Reference:

Level of Care: Primary Health Care

Indication: Medication: Dosage: **ADD selected dosage**

Enter patient's clinic file number

1

Dosage

ADD selected dosage

Tenofovir, lamivudine and dolutegravir 300/300/50 mg po 24 hourly

Quantity to Dispense Cost First Medicine Supply

4

Select the appropriate dose for the medicine from the drop-down list

5

Click on "Add selected dosage" to add the medicine regimen to the Prescription.

2

Select the Condition (Indication) from the drop down list. Only conditions approved for CCMDD will appear here

Prescription Details

Prescription Submission Date: 2020-02-04 Prescription Date: 2020-02-04

Level of Care: Primary Health Care

Indication: Medication: Dosage:

- Depressive disorders
- Diabetic nephropathy
- Dry skin
- Dyslipidaemia in Diabetes
- Eczema: Atopic
- Epilepsy
- Gout: Chronic
- HIV/AIDS Adults**
- Hormone therapy
- Hormone therapy Uterus present (no hysterectomy)
- Hypertension in adults

Medication

- Tenofovir, emtricitabine and efavirenz
- Tenofovir, lamivudine and dolutegravir**
- Tenofovir
- Tenofovir and emtricitabine
- Lamivudine
- Stavudine
- Efavirenz

3

Select the medicine associated with the condition from the drop-down list. Only medicines approved for dispensing by CCMDD will appear here

6

Repeat process to add more medicines to the prescription.

SyNCH – Prescription Tab



Prescription Details

Prescription Submission Date
Prescription Date
Clinic File Reference

Level of Care

Indication
Medication
Dosage

Protocol

#	Indication	Dosage	Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 <input type="button" value="✕ Remove"/>	HIV/AIDS Adults	Tenofovir, lamivudine and dolutegravir 300/300/50 mg po 24 hourly Dosage Instructions: Take 1 tablet (300/300/50mg) 24 hourly	28 tablets	91.82	Consulting Room <input type="text"/>
2 <input type="button" value="✕ Remove"/>	Hypertension in adults	Hydrochlorothiazide 12.5 mg po 24 hourly Dosage Instructions: Take 12.5mg daily	28 x 12,5mg	3.86	Consulting Room <input type="text"/>
3 <input type="button" value="✕ Remove"/>	Hypertension in adults	Amlodipine 5 mg po 24 hourly Dosage Instructions: Take 5mg daily	28 x 5mg	3.27	Not Dispensed <input type="text"/>
4					
5					
10					
11					
12					

The dispenser may substitute the strength and/or pack size according to the pharmaceutical product.

Collection Cycle *

Repeats

7 Select "Consulting Room" if medicine is issued from consulting room.

8 If medicine is not issued from consulting room, select "Not Dispensed"

9 Repeat this for each medicine on the script

If all medicines are issued from the consulting room, the prescriber can click on the "First Issue: Mark all" button

10





Patient Deactivation or Deregistration in SyNCH



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SyNCH – Patient Deactivation or Deregistration



View Prescription

Status: Auto Approved

Download Close

Patient Consent Patient Details Next of Kin Nominated Collector Pick-up Point Prescription Details Prescriber Package History Prescription History **Deactivate / Deregister**

Deactivate / Deregister

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

Cancel Prescription **Patient Deactivation** Patient Deregistration

Reason

Comments

Deactivate Patient

Required Field

HEALTH SYSTEMS TRUST

- Patient no longer stable, e.g. virological failure
- Patient Adverse Drug Reaction
- Transferred out (Patient Relocated)
- Patient defaulted
- Change in treatment / regimen
- Social circumstances
- Patient became pregnant
- Medication side effects

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

View Prescription

Status: Auto Approved

Download Close

Patient Consent Patient Details Next of Kin Nominated Collector Pick-up Point Prescription Details Prescriber Package History Prescription History **Deactivate / Deregister**

Deactivate / Deregister

Cancel Prescription Patient Deactivation **Patient Deregistration**

Reason

Comments

Deregister Patient

- Patient Demised

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

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

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



Reporting on Differentiated Models of Care

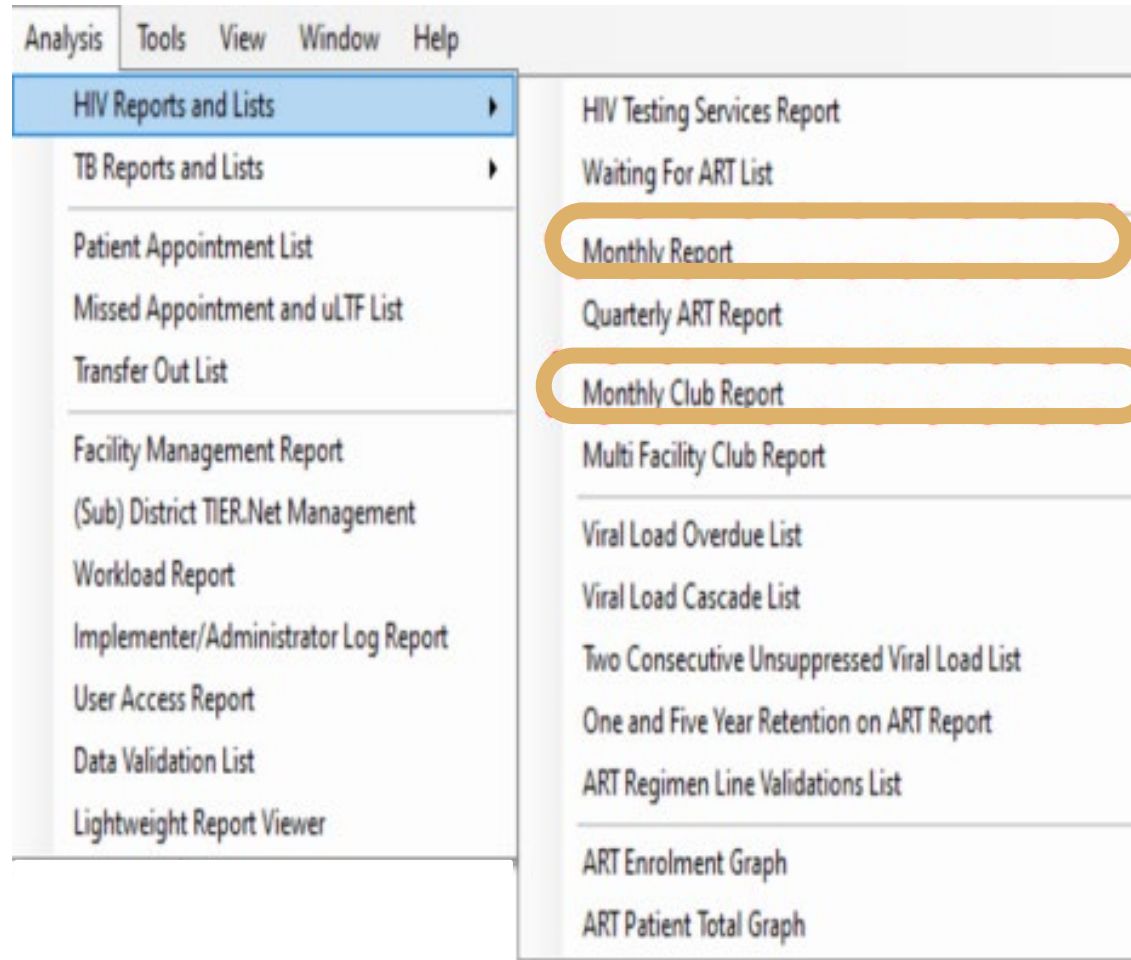


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HIV Reports and Line Lists



Reports with Data on Repeat Prescription Collection Strategies.

Note, Patient enrolment on RPCs is also included in some of the line lists:

- VL Overdue;
- Patient Appointment;
- Missed Appointment
- uLTF lists



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Reporting on RPCs Enrolment in HIV Monthly Report



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

1

Total patients enrolled in Adherence Clubs

2

Total patients enrolled in RPCs

3

Proportion of patients enrolled in RPCs out of total TROA



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Monthly Club Report



Monthly club report

Selected level: n/w Clinic
 Date generated: 10/23/2022
 Period: January 2021

Signed off by : _____
 Designation: _____

1 New patients (enrolled this month) in RPCs

New

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

2 Total patients remaining in care

Remaining in care

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Child	0	0	0	0	0	0	0	0	0	0	0	0
Adult	242	277	310	339	345	348	329	320	284	259	241	198
Total	242	277	310	339	345	348	329	320	284	259	241	198
Attrition	14.7%	10.4%	8.4%	3.7%	0%	0%	-7.3%	-6.3%	-11.3%	-9.8%	-7.3%	-17.8%

3 Breakdown of the number of patients enrolled in clubs and RIC per club

Club Breakdown

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



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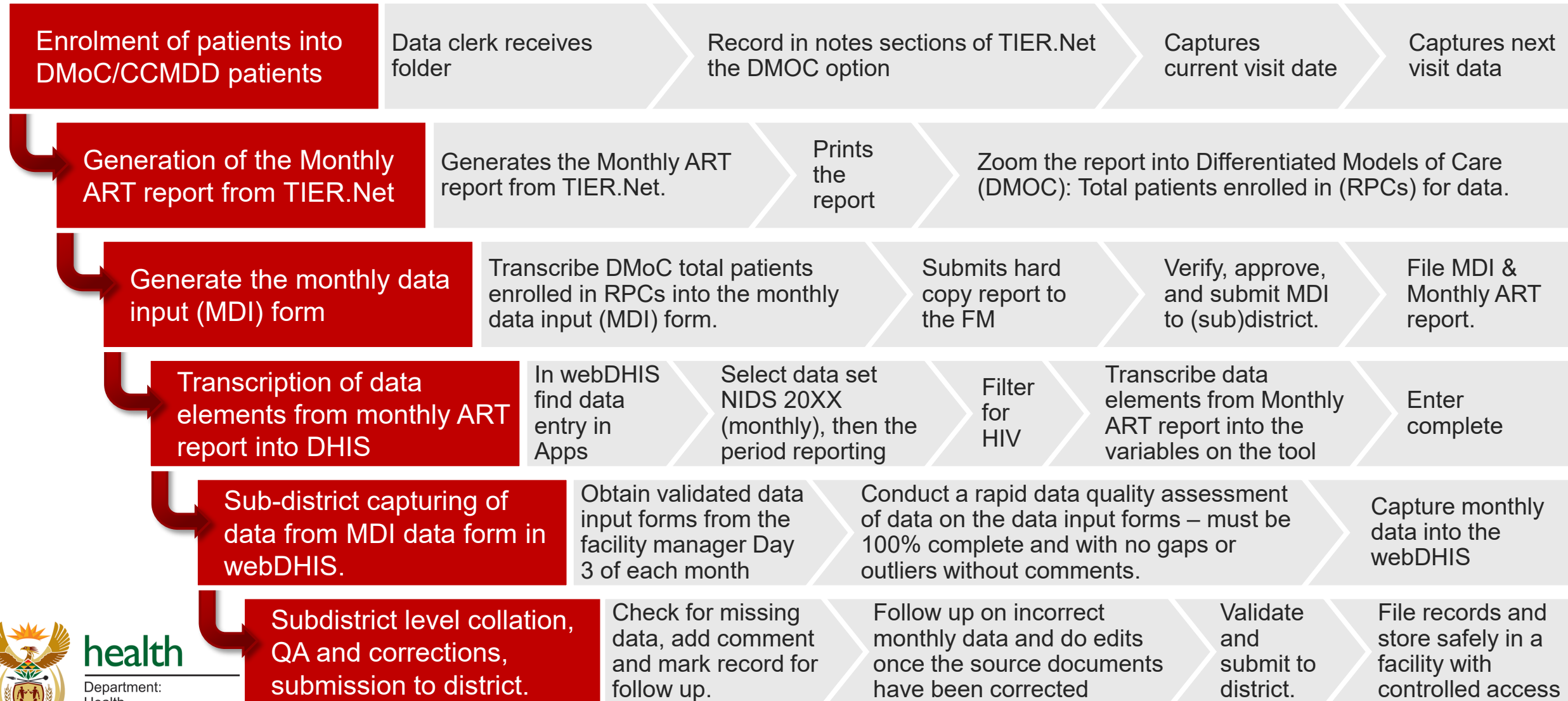


NIDS Definition of Adherence Clubs



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

Process for Data Elements Collection & Reporting



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Thank You



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