

# ADHERENCE CLUB REGISTER

FACILITY NAME:

ADHERENCE CLUB NO:



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans

2026





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# ADHERENCE CLUB REGISTER



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

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

Blood collection month for this club	
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# ADHERENCE CLUB REGISTER INSTRUCTIONS

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

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

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

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

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

In the row "**Weight**", record the client's weight for each session. If the client sends a buddy to collect the medication, write "**BUDDY**" instead of the client's weight.

In the row "**Symptoms**", for each session, tick one of the following:  
**"N"** for symptoms checked and normal; or  
**"RTC"** for abnormal symptoms and patient referred to clinician.  
 List any **abnormal symptoms** prompting referral.

The register will not have presence or absence of symptoms listed in the Clinical Consultation Visit (Club months 6,18, 30, etc., as this will be captured directly into the client's folder.

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

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

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

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

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

For new club members who join the club after the first session, place the patient sticker in column 1 and record all patient information as above. Cross out all sessions prior to their first session and write "NEW" and their weight and symptoms for the first session they attend.

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

For example: For Transfer in:

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

and for transfer in from another club:


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

If a patient exits a club, and then returns after a period of care in the clinic, record this patient in the same way as new patients are recorded. Do not continue to record patient information in his/her original row.

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

Twenty nine (29) working days after the Club session, fill in and sign the tally sheet (last page of the register), and bring the register to the data clerk. After data capturing has been completed the register is signed by the data clerk on the cover of the register. The club facilitator then checks if the data capturer has signed off and then collects the register when needed for the next club session.

## ADHERENCE CLUB REGISTER INSTRUCTIONS: Example

Club Number <b>2003</b>	Club Name <b>Demoville</b>		Vital Signs	PMP Collection	Clinical & Script	PMP Collection	Re-Script
Club Member Details	Phone Number: Private (PVT)	Chronic Condition	RPCs Month	3	6	9	12
	Shared (S)		Visit Date	03-01-2025	07-04-2025	07-06-2025	06-09-2025
1. Member Unique ID <b>820606 0002 088</b>	Member <b>082 333 4625 (PVT)</b>	HIV <input checked="" type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Hyperlipidaemia</u>	Weight	<b>63</b>	<b>64</b>	<b>Buddy</b>	<b>TFOC</b>
Clinic Folder Number <b>100005436</b>	Buddy <b>071 501 3267(S)</b>		Symptoms	N <input checked="" type="checkbox"/> RTC	(in patient folder)	N <input type="checkbox"/> RTC	N <input type="checkbox"/> RTC
Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Date of Birth <b>05/06/1982</b>							
Name <b>Bulima</b>	Surname <b>Tataloko</b>						
2. Member Unique ID <b>820606 0002 089</b>	Member <b>082 305 6011 (PVT)</b>	HIV <input checked="" type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other <input type="checkbox"/>	Weight	<b>73</b>	<b>71</b>	<b>70</b>	<b>BTC</b>
Clinic Folder Number <b>100005437</b>	Buddy <b>048 029 6023(PVT)</b>		Symptoms	N <input checked="" type="checkbox"/> RTC	(in patient folder)	N <input type="checkbox"/> RTC <input checked="" type="checkbox"/>	N <input type="checkbox"/> RTC
Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Date of Birth <b>01/08/1972</b>						cough, sweats	
Name <b>Tantari</b>	Surname <b>Tataloko</b>						
3. Member Unique ID <b>870906 1527 081</b>	Member <b>072 230 5401 (PVT)</b>	HIV <input checked="" type="checkbox"/> HPT <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Weight	<b>71</b>	<b>69</b>	<b>59</b>	<b>BTC</b>
Clinic Folder Number <b>100006489</b>	Buddy <b>074 661 2567 (PVT)</b>		Symptoms	N <input checked="" type="checkbox"/> RTC	(in patient folder)	N <input type="checkbox"/> RTC <input checked="" type="checkbox"/>	N <input type="checkbox"/> RTC
Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Date of Birth <b>06/09/1987</b>						weight loss, fever, diarrhoea	
Name <b>Annah</b>	Surname <b>Nkosi</b>						
4. <b>EDWARD</b> Cl <b>JORDAN, E</b> 8 LANLEY ROAD WEMMER, 2001 TelNo: 64 60692	Member <b>084 646 0692 (S)</b>	HIV <input checked="" type="checkbox"/> HPT <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Arthritis</u>	Weight	<b>74</b>		<b>75</b>	<b>75</b>
 <b>NGC 67540 112</b> ID: 6903025370270 Sex: M <b>NYADH</b>	Buddy <b>083 738 2918 (S)</b>		Symptoms	N <input checked="" type="checkbox"/> RTC	(in patient folder)	N <input checked="" type="checkbox"/> RTC	N <input checked="" type="checkbox"/> RTC
Data Capturer Signature							

Blood collection month for this club	Pre-pack collection month for all patients enrolled in this adherence club is scheduled according to the month that they were initiated on treatment, so that their clinical consultation and lab monitoring is done in the same month.
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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"/> HPT <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other <input type="checkbox"/>	Weight							
Clinic Folder Number						N		RTC		(in patient folder)		N	
Gender	Male	Female	Date of Birth	Buddy		Symptoms							
Name			Surname										

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

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

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

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

Data Capturer Signature				
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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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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				

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Data Capturer Signature				
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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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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				

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

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

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

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

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

Data Capturer Signature				
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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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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				

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

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

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

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

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

Data Capturer Signature				
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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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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				

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

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

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

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

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

Data Capturer Signature				
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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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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				

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

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

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

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

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

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



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

Club Number		Club Name					
No.	Member Name	Visit Month	M3	M6	M9	M12	
		Visit Date					
1			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
2			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
3			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
4			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
5			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
6			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
7			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
8			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
9			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
10			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
Total: Medicines Packs Members Received							
Total: Medicines Packs Returned							
Facilitator Signature							





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

Club Number		Club Name					
No.	Member Name	Visit Month	M3	M6	M9	M12	
		Visit Date					
11			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
22			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
13			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
14			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
15			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
16			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
17			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
18			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
19			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
20			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
Total: Medicines Packs Members Received							
Total: Medicines Packs Returned							
Facilitator Signature							





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

Club Number		Club Name					
No.	Member Name	Visit Month	M3	M6	M9	M12	
		Visit Date					
21			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
22			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
23			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
24			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
25			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
26			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
27			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
28			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
29			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
30			M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	M <input type="checkbox"/> B <input type="checkbox"/>	
Total: Medicines Packs Members Received							
Total: Medicines Packs Returned							
Facilitator Signature							





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

Club Number		Club Name								
No.	Member Name	Visit Month	M3		M6		M9		M12	
		Visit Date	M	B	M	B	M	B	M	B
31			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
32			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
33			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
34			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
35			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
36			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
37			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
38			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
39			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
40			M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>	M <input type="checkbox"/>	B <input type="checkbox"/>
Total: Medicines Packs Members Received										
Total: Medicines Packs Returned										
Grand Total: Medicines Packs Members Received										
Grand Total: Medicines Packs Returned										
Facilitator Signature										





# REPORTING SUMMARY (TALLY SHEET)

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

## ACKNOWLEDGEMENTS

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

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

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

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Published by the National Department of Health,

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

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The publication is available on [www.health.gov.za](http://www.health.gov.za)

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







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October 2025

