

Integrated Access to Care and Treatment Closed Group Registration



Personal details:

First name: _____ Surname: _____

ID number (Date of birth if none) _____

Gender: Male
 Female

Marital status:
 Single
 Married
 Separated
 Divorced
 Widowed
 Staying together

Employment status:
 Employed
 Self Employed
 Unemployed
 Retired
 Student

Education:
 No education
 Primary
 Secondary
 Higher

Language: _____

Race: _____

Contact details:

Physical address: _____

Cell no: _____ Alternative phone no (optional): _____

Where did you hear about I ACT?

Clinic or Hospital
 NGO/CBO/FBO _____ (specify)
 Other _____ (specify)

How long ago were you diagnosed?

Less than 1 month
 1-5 months
 6-11 months
 1 year or more

Treatment

On IPT (INH Preventive Therapy)
 Completed IPT (INH Preventive Therapy)
 On Cotrimoxazole (Bactrim) or Dapsone
 On ART (Anti-Retroviral Treatment)
 On TB treatment
 Other treatment (Specify e.g. PMTCT, traditional, high blood)

Current CD4 count

Below 200
 200 - 350
 Higher than 350
 Do not know

Which clinic or hospital do you attend?

What do you expect from the group?

I _____, declare that the above information is true. I was informed about I ACT and the Closed Group Sessions to be confidentially facilitated by the I ACT facilitator. I therefore commit to attend all sessions offered within this group.

I hereby voluntarily agree to participate in I ACT group and acknowledge that the information I will share will be aggregated before being used by the Department of Health and its implementing partners. I have been informed and I agree that my personal information shall be treated as confidential. My participation in I ACT group shall not imply any financial or material benefits on my part or on the part of the facilitator. I can choose to stop participating in the group at any time without any consequences.

Participant's Signature

Date

For I ACT facilitator:

Name: _____

Date 6th session conducted: _____ Venue: _____

Integrated Access to Care and Treatment Group Contract



I, _____ (name of group member), agree to the following:

- I agree to go to all 6 meetings or to let the facilitator know if I cannot make it.
- I agree to let the facilitator know if for some reason, I cannot continue attending the meetings.
- I agree to maintain confidentiality: I will not talk to others about who is in the group, their HIV status or other information discussed during I ACT group meetings. I expect my facilitator and fellow group members to not talk about my participation in the I ACT group, my HIV status or other information that I discuss during meetings. I understand that after the I ACT group ends or a participant leaves, I am still responsible for keeping information confidential.
- If something is bothering me in the group, I am having a hard time emotionally or if I need anything, I will speak to the facilitator about it.

Signed: _____

Date: _____



Integrated Access to Care and Treatment Group Contract



I, _____ (name of group member), agree to the following:

- I agree to go to all 6 meetings or to let the facilitator know if I cannot make it.
- I agree to let the facilitator know if for some reason, I cannot continue attending the meetings.
- I agree to maintain confidentiality: I will not talk to others about who is in the group, their HIV status or other information discussed during I ACT group meetings. I expect my facilitator and fellow group members to not talk about my participation in the I ACT group, my HIV status or other information that I discuss during meetings. I understand that after the I ACT group ends or a participant leaves, I am still responsible for keeping information confidential.
- If something is bothering me in the group, I am having a hard time emotionally or if I need anything, I will speak to the facilitator about it.

Signed: _____

Date: _____

IACT Group Attendance Register

Integrated Access to Care and Treatment



Facilitator: _____
Name Surname

Clinic/Hospital: _____
Health facility visited by the majority of participants

- Open group Health facility Target group Adults Adolescents Children
 Closed group Community

				Date:					
No	Initials	Age	Gender Male/Female	Registration Session 1	Session 2	Session 3	Session 4	Session 5	Completion Session 6
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Period between diagnosis & joining the group:

	Less than 1 month
	1-5 months
	6-11 months
	1 year or more

Facilitator: _____ Cell no: _____ Date: _____
Signature dd-mmm-yyyy completed register submitted

NGO/Facility: _____ Cell no: _____ Date: _____
Signature to confirm verification dd-mmm-yyyy verified

Stamp: Health facility or NGO

Supervisor: _____
Signature to confirm verification

Cell no: _____
Coordinator or Supervisor

Date: _____
dd-mmm-yyyy verified

I ACT Educational Session Register

Integrated Access to Care and Treatment



Note: The purpose of Educational Sessions is to tell people about the I ACT programme and to market Closed Groups

Clinic/Hospital: _____

Health facility visited by the majority of participants

Attendance Register: I ACT Educational Session

No	Name and Surname	Age	Cell no (optional)	Gender		Signature
				Female	Male	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Facilitator: _____
Signature

Cell no: _____

Date: _____
dd-mmm-yyyy

NGO/Facility: _____
Signature to confirm verification

Cell no: _____

Date: _____
dd-mmm-yyyy

Stamp: Health facility or NGO

Supervisor: _____
Signature to confirm verification

Cell no: _____

Date: _____
dd-mmm-yyyy verified

Integrated Access to Care and Treatment Closed Group Evaluation Summary



(Completed by I ACT facilitator)

Facilitator: _____

Date: _____

Topic: _____

Session (circle): 1 2 3 4 5 6

Number of participants: _____

Participant evaluation:

1 Participants enjoyed most: _____

2 How the sessions helped participants: _____

3 How sessions can be improved: _____

4 General comments: _____

Self evaluation:

1 What I did well: _____

2 What could I have done better: _____

3 Areas I would like help with: _____

Integrated Access to Care and Treatment Closed Group Participant Evaluation



Facilitator: _____ Date: _____

Topic: _____ Session (circle): 1 2 3 4 5 6

HIV/AIDS knowledge:

How much do you know about HIV/AIDS?

Nothing

Very little

I have average knowledge

I know a lot

Participant evaluation:

- 1 What did you enjoy most about the session? / Yintoni oyonwabele kakhulu kwesisifundo?
Wat het jy die meeste geniet? / Ke eng e o eratileng haholo?

- 2 How has the session helped you? / Sikuncede njani esisifundo sanamhlanje?
Hoe het die sessie jou gehelp? / E o thusitse jwang karoloe?

- 3 What could have been done better? / Ingaba yintoni ebinokwenziwa ngcono kwesisifundo?
Wat kan verbeter word? / Ke eng ere ka e lokisang?

- 4 General comments / Unazo na ezinye izinto onokuziphawula ngesisifundo?
Algemene kommentaar of voorstelle / Ho hong ho a ka u buang?
