

REPUBLIC OF KENYA



MINISTRY OF HEALTH

TRAINING SUMMARY TOOL

Name of Implementing Partner: _____

County: _____

Subcounty: _____

KP Type FSW MSM MSW PWID PWUD Trans Man Trans Woman

Date: (dd/mm/yyyy): ____/____/____

No.	Title of training workshop and/or sensitization meeting	Title of training curriculum/ sensitization SOP used	Training venue	Cadre of participants (See codes below)	Counties represented (list)	Date training started	Date training ended	Number of participants trained	
								Male	Female

- 1 Peer Educators
- 2 Health Care Providers
- 3 Judiciary
- 4 Law Enforcers
- 5 Media
- 6 Religious Leaders
- 7 Community Leaders
- 8 Others _____