



Ministry of Health

KEY POPULATIONS PROGRAMME DATA COLLECTION TOOLS



REVISED REFERENCE MANUAL - 2019





Key Populations Programme Data Collection Tools: Revised Reference Manual 2019

National AIDS and STI Control Programme

Nairobi, Kenya

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Therapy
BF	Brought Forward
CCC	Comprehensive Care Clinic
COB	Close of Business
CSO	Civil Society Organisation
DAR	Daily Activity Register
DHIS	District Health Information System
DIC	Drop-In Centre
DOB	Date of Birth
EBI	Evidence-Informed Behavioural Intervention
EFV	Efavirenz
FCDRR	Facility Consumption Data Report and Request
FDAR	Facility Daily Activity Register
FP	Family Planning
FSW	Female Sex Worker
GBV	Gender Based Violence
HAART	Highly Active Antiretroviral Therapy
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
Hep	Hepatitis
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Service
ICF	Intensive Case Finding
KP	Key Population
LTFU	Lost To Follow-Up
MAT	Methadone Assisted Therapy
M&E	Monitoring and Evaluation
MFL	Master Facility List
MIS	Management Information System

MOH	Ministry of Health
MSM	Men Who Have Sex with Men
MSW	Male Sex Worker
NA	Not Applicable
NASCOP	National AIDS and STI Control Programme
NGO	Non-Governmental Organisation
NSP	Needle and Syringe Programme
ORW	Outreach Worker
PAC	Post-Abortal Care
PD	Project Director
PE	Peer Educator
PEP	Post-Exposure Prophylaxis
PHDP	Positive Health, Dignity, and Prevention
PHQ	Patient Health Questionnaire
PLHIV	Person Living with HIV
PM	Project Manager
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RDT	Rapid Diagnostic Test
RTI	Reproductive Tract Infection
SDP	Service Delivery Point
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TG	Transgender
TI	Transfer In
TO	Transfer Out
TSU	Technical Support Unit
TX	Treatment
UIC	Unique Identifier Code

OPERATIONAL DEFINITIONS

Cohort - A group of people with similar HIV risk behaviours registered in the HIV prevention programme operating within a given geographic area.

Active key population - A KP is active in the programme if he/she received any of the following services in the preceding three months:

- ◆ A commodity (i.e., condoms, lubes, needles and syringes) directly from the programme/ peer educator
- ◆ Biomedical service (HIV testing services; STI screening /treatment; PEP; PrEP; cervical cancer screening; post-abortal care; PHDP; TB screening /treatment; abscess screening / treatment; HIV care and treatment; mental healthcare; sexual and reproductive health services, including family planning; alcohol and drug abuse screening; harm reduction for people who inject drugs: NSP, MAT, naloxone, Hep B & C screening /treatment)
- ◆ Risk reduction counselling
- ◆ Linkage to psychosocial support
- ◆ Peer education

Lube - 3/4/5 ml sachets currently in circulation. Tubes of lubricant are also available. The PE should divide the volume of the tube by 5 ml to determine the number of sachets distributed in a tube.

Needle & syringe kit - contains three needles, three syringes, and other commodities.

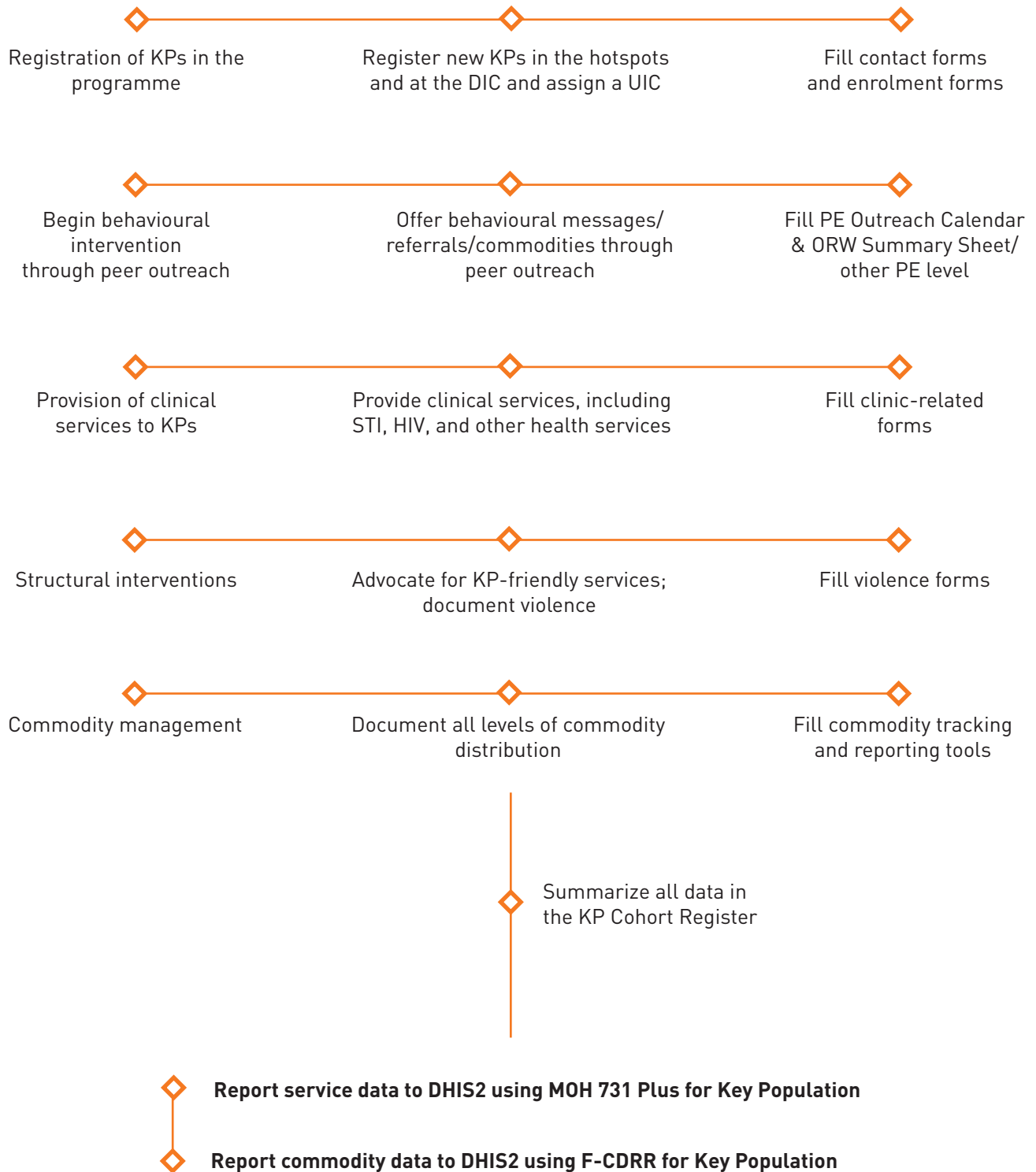
Peer - a member of a key population.

DIC/ programme office /clinic/ wellness clinic - refers to a service provision point.

Healthcare worker / service provider - refers to a doctor, nurse / clinical officer / counsellor.

Unique identifier code (UIC) -This is a national unique identification system for key populations to help in individualized tracking, avoiding duplications, and providing anonymity and confidentiality. Once the appropriate form is filled, a new unique identification code will be generated for the individual.

FLOW OF DATA COLLECTION AND REPORTING WITHIN A PROGRAMME





CODES FOR FILLING COHORT REGISTER

Code Key populations (Column 8)

FSW	Female Sex worker
MSM	Men who have sex with men
MSW	Male Sex Workers
PWID	Persons who inject drugs
PWUD	Persons who use drugs
TGM	Trans Man
TGW	Trans Woman

Code HIV Status at enrollment (Column 14)

KP	Known Positive
P	Positive
N	Negative
U	Unknown

Code HIV Status in subsequent visits (Column 22)

PN	Previously Negative
KP	Known Positive
P	Positive
N	Negative
U	Unknown

Code HTS Service delivery point (Column 20)

DIC	Drop in Centre
CO	Clinical Outreach

Code HIV care/ART status/outcome (Columns 28 & 29)

LTFU	Lost to follow up
DT	Defaulted
TO	Transfer out
A	Active
D	Dead

Code Pre ART (Column 24)

1	Yes on site
2	Yes off site
3	No
4	N/A

Code Frequency of test (Column 21)

I	Initial
R	Repeat

Code ART (Started) (Column 25)

1	Yes on site
2	Yes off site
3	No
4	N/A
5	On ART

Code ART (Currently on ART) (Column 26)

1	Yes on site
2	Yes off site
3	No
4	N/A

Code HEP B Status (Column 55)

KP	Known Positive
P	Positive
N	Negative

Code Status in the programme outcome (Column 69)

LTFU	Lost to follow up
DT	Defaulted
A	Active
D	Dead

Code HEP B vaccination (Incomplete/Complete/Ongoing) (Column 57)

C	Complete
I	Incomplete
O	Ongoing

HOTSPOT TYPOLOGY CODE

1= Street, 2 = Injecting den, 3 = Uninhabitable building, 4= Parks, 5= Homes, 6= Beach, 7= Casino, 8= Bar with lodging, 9= Bar without lodging, 10=Sex den, 11=Strip club, 12=Highways, 13= Brothel, 14= Guest house/Hotels/Lodgings, 15= Massage parlor, 16= Chang'aa den, 17= Barbershop/Salon. 18= Virtual Space, 19=Other(Specify)

INTRODUCTION

Intended users of this manual

The Key Populations Programme Data Collection Tools Revised Reference Manual is intended for Key Populations (KP) Programme implementers conducting HIV prevention, care, and treatment interventions for female sex workers (FSWs), men who have sex with men (MSM), male sex workers (MSWs), people who inject drugs (PWID), people who use drugs (PWUD), and transgender people.

It is specifically intended for the following officers, implementing partners, and community based organization staff: project managers, healthcare workers (clinical officers, nurses, HTS counsellors), M&E officers, outreach workers, and peer educators / community mobilisers.

The data collection tools are grouped in the following categories:

01

COMMUNITY OUTREACH TOOLS

02

CLINICAL TOOLS

03

PROGRAMME LEVEL TOOLS

04

COMMODITY TOOLS

05

SUMMARY REPORTING TOOLS

SUMMARY OF DATA COLLECTION TOOLS

CATEGORY	#	NAME OF TOOL
Community Outreach Tools	1	Contact Form
	2	Peer Educator Outreach Calendar (Key Populations)
	3	Outreach Worker's Summary Sheet (Key Populations) (MOH 728)
	4	Hotspot Listing Tool (Key Populations)
	5	Peer Educator Follow Up Tracking Form
	6	Peer Tracking Register (Key Populations)
	7	Peer Educator /ORW Overdose Encounter Reporting Tool
	8	Referral Register for Social-Protection Services
Clinical Tools	9	Clinic Enrolment Form
	10	Clinic Visit Form
	11	STI Treatment Data Collection Form
	12	Alcohol Abuse Screening Tool
	13	Patient Health Questionnaire-9 (PHQ-9) for Depression Screening
	14	Healthcare Worker Overdose Encounter Reporting Tool
Programme Level Tools	15	Violence Reporting Form
	16	Training Summary Tool
	17	KP Cohort Register (MOH 269)
Commodity Tools	18	Stock Control Card
	19	Counter Requisition & Issue Voucher (Form S11)
	20	Facility Daily Activity Register (F-DAR) for Commodities (STI, Overdose Management, and Hep B&C)
	21	Facility Issuing Register for Condoms, Lubricants, Needles and Syringes and HIV Self Testing Kits
	22	Outlet Register for Condoms and HIV Self Test Kits
Summary Reporting Tools	23	Key Populations Reporting Form (MOH 731 Plus)
	24	Facility Consumption Data Report & Request (F-CDRR) for Condoms, Lubricants, Needles and Syringes, Overdose, STI, Hepatitis B&C, and HIV ST (MOH 739)
	25	Cohort Register Summary

FREQUENCY	PERSON RESPONSIBLE	REMARKS
Once	Peer Educator/Clinician/HTS Provider	Essential
Daily/weekly	Peer Educator	Essential
Monthly	Outreach Worker	Essential
Bi-annual	Peer Educator	Essential
90 days after	Peer Educator/Healthcare Worker	Essential
Monthly	Programme Officer	Essential
When PE or ORW encounters KP who has experienced overdose	Outreach Worker/Peer Educator	Essential
Weekly, consolidated monthly	Staff Outreach Supervisor or Programme Manager	
Once	Healthcare Worker	Essential
When KP receives clinical services	Healthcare Worker	Essential
When KP is diagnosed with an STI	Healthcare Worker	Essential
At enrolment, then annually	Healthcare Worker	Essential
	Healthcare Worker	Essential
When healthcare worker encounters KP who has experienced overdose		Essential
Event based	Programme Officer	Essential
Event driven, completed per month	Training Officer	Essential
Monthly	M&E Staff	Essential
Event driven	DIC In-Charge/Pharmacist/Clinician/Storekeeper	Essential
Event driven	Programme Officer/Clinician	Essential
Daily	Clinician/Storekeeper/Pharmacist	Essential
Event driven	Field/Programme officer/Storekeeper/Pharmacist	Essential
Monthly	Programme Officer	Essential
Monthly	M&E Staff/Data Officer	Essential
Monthly	DIC In-Charge/Clinician	Essential
Monthly	M&E Staff/Data Officer	Essential



01

COMMUNITY OUTREACH TOOLS



02

CLINICAL TOOLS



03

PROGRAMME LEVEL TOOLS



04

COMMODITY TOOLS




05


SUMMARY REPORTING TOOLS

1.1 CONTACT FORM

Summary:


The Contact Form is the entry point to the programme from the field (community level) or clinic or drop-in centre. It captures each individual's information on their first entry to the programme. It is completed only once, to capture details about newly contacted key populations.

 **Where filled:** It can be completed either at the field (community level), hotspot, clinic, or DIC.

 **By whom:** PE or clinician or HTS provider

Purpose of the tool:

- To enable the programme staff to know new key populations they enlist in the programme.
- To provide a snapshot of KPs contacted by a PE or clinician or HTS provider for the first time.
- To know the number of newly identified KPs during the month.
- To provide source data for the Peer Educator Outreach Calendar form.

 **Frequency:** This tool is filled only once for an individual, at the point of entry into the programme.

Instructions:

Variables	Instructions
Name of county	Record the name of the county of that hotspot.
Sub-county	Record the name of the sub-county of that hotspot.
Ward	Record the name of the ward where the PE/clinician/ORW is providing HIV services to key populations of that hotspot.
Implementing partner	Record the name of the organization under which the PE/clinician/ORW is providing HIV services to key populations at that hotspot.
Date of first contact	Record the day, month, and year when the KP was first contacted by the programme. Use dd/mm/yyyy format.
Name of peer educator/ healthcare worker	Record the name of the PE/ healthcare worker who is completing the contact form.
KP unique identifier code	This number is provided by the programme following the standard <i>National Key Populations UIC Guide</i> . Once the data office has generated the KP's UIC, write it here.
KP type	Tick either FSW/MSM/MSW/PWID/PWUD/Transman/Transwoman.
What is your name?	Record the three full names (first, middle, and surname) of the KP. Also include the nickname of the individual.
Sex	Record the sex as reported by the peer. Please circle Male or Female.
Date of birth	Record date of birth as reported by the KP. Use dd/mm/yyyy format.
Age	Record age as calculated from the provided date of birth.

Contact phone number	Record the telephone number of the KP. NOTE: While phone numbers are not expected to change, any change in contact should be updated in the calendar.
Alternative contact person and phone number	Record three names (first, middle, and surname) and telephone number of alternative contact person, as provided by the KP.
Have you been contacted by a peer educator?	Record if the KP has ever been contacted by the programme in the current place. Tick Yes or No.
If yes, which programme do you receive services from?	Enter the programme that the KP receives services from.
Where do you MOSTLY operate/hangout/ conduct sex work/inject/meet your clients or partners?	a. Record the name of the hotspot and its physical location. b. Record the type of the hotspot. Circle all that apply.
a. Which year did you start sex work? b. Which year did you start having sex with men (MSM only)? c. Which year did you start using drugs (injecting or smoking)?	a. Record the year the KP began sex work. b. Record the year the KP began having sex with men (if MSM). c. Record the year the KP began using drugs.
On average, how many sex acts do you have PER WEEK?	This should be calculated based on the number of sex acts that the KP reports having per day multiplied by the number of working days in the week.
On average, how many anal sex acts do you have PER WEEK?	This should be calculated based on the number of anal sex acts that the KP reports having per day multiplied by the number of working days in the week.
On average, how many times do you inject drugs per day?	This is applicable only to PWID. Record the average number of times that the PWID injects per day, as reported by the PWID.


Storage and custodian:

- The completed form goes to a PE's immediate supervisor, in this case the peer supervisor /ORW.
- The peer supervisor /ORW will submit the completed forms to the data office at the end of the week.
- The data office will generate a unique identifier code for each KP.
- The KP will be informed of his/her unique identifier code at the next contact with the PE, clinician, or HTS provider.
- The completed form should be filed in the client's file and secured under lock and key.

1.2 PEER EDUCATOR OUTREACH CALENDAR

Summary:

The Peer Educator Outreach Calendar captures all peer education and outreach services provided to the KP by peer educators. The tool contains the primary source data for peer education and community outreach services.

 **Where filled:** It can be completed either at the field (community level), hotspot, clinic, or DIC.

 **By whom:** PE

Purpose of the tool:

- To track services provided by the PEs to peers (KPs) on a day-to-day basis.

 **Frequency:** This tool is filled by the PE daily or at the end of each week.

Instructions:

Variables	Instructions
Name of outreach worker	Write the name of the ORW who oversees the PE who is completing the Peer Educator Outreach Calendar.
County name	Record the name of the county where the PE is providing HIV services to key populations at the hotspot.
Sub-county name	Record the name of the sub-county where the PE is providing HIV services to key populations at the hotspot.
Ward name	Record the name of the ward where the PE is providing HIV services to key populations.
Implementing partner	Record the name of the organisation under which the PE is providing HIV services to key populations at the hotspot.
Year	Write the year that the Peer Educator Outreach Calendar is being completed.
Month	Write the month when the Peer Educator Outreach Calendar is being completed.
Name of peer educator	Write the name of the PE who is completing the Peer Educator Outreach Calendar.
Peer educator's code	Write the code of the PE who is completing the Peer Educator Outreach Calendar.
KP type	Circle either FSW/MSM/MSW/PWID/PWUD/Transman/Transwoman.
S. No.	Fill the serial number column, from 1 to n. In subsequent months, peers should be numbered in the same sequence.
Unique identifier code	Write the KP's UIC issued by the programme. The UIC should be obtained from the Contact Form.
Name	Enter the full name of the KP (first, middle, and surname). The names should be obtained from the Contact Form.

Sex	Only Male and Female are applicable. The sex should be obtained from the Contact Form.
Mobile phone number	This is the phone number provided by the peer. The phone number should be obtained from the Contact Form. While phone numbers are not expected to change, any change should be updated in the Contact Form and the Peer Educator Outreach Calendar.
Name of hotspot	Record the name of the hotspot that is MOST frequented by the KP. The data should be obtained from the Contact Form.
Typology of hotspot	Indicate the hotspot code from those listed at the bottom of the tool.
Average number of sex acts per week	This should be calculated based in the average number of sex acts per day multiplied by number of working days in a week. The data should be obtained from the Contact Form.
Condom requirement per month	This should be calculated based on the average number of sex acts per week multiplied by four.
Average number of anal sex acts per week	This should be calculated based in the average number of anal sex acts per day multiplied by number of working days in a week. The data should be obtained from the Contact Form.
Lubricants required per month	This is calculated from the number of anal sex acts per week multiplied by four. Each anal sex act translates to 1 sachet of 4 ml lubricant.
Average number of injecting episodes per day	This data should be obtained from the Contact Form.
Number of needles and syringes required per month	This should be calculated by multiplying the average number of injecting episodes per day by 30.
Duration in sex work/ injecting (indicate in years)	Calculate and enter the number of years an individual has been in sex work / injecting drug use. It can be informed by the year when the KP began sex work/ injecting drugs, which is recorded in the Contact Form.
Ever experienced violence	Indicate if the client has ever experienced any form of violence by entering Yes or No.
Age (in completed years)	Record the current age of the client.
1 month ago	Tick the service(s) provided to the KP during the month prior to the reporting month. (E.g., If the current reporting month is October, this column captures services provided in September.)
Monthly service update	This column lists the four weeks in the reporting month (e.g., W1, W2, W3, and W4).
Number of needles and syringes distributed	Record the number of needles and syringes distributed to PWID during each week of the reporting month. During analysis, this column is compared with column 13, to determine proportion of needs that were met.
Number of male condoms distributed	Record the number of MALE condoms distributed during each week of the reporting month. To determine if condom requirements were fully met, this column can be compared to column 9.

Number of female condoms distributed	Record the number of FEMALE condoms distributed during each week of the reporting month.
Number of lubes distributed	Record the number of LUBES distributed during each week of the reporting month.
Health education	From the health education codes listed at the top of the tool, enter the code(s) for the health education provided to the KP.
Referred for clinical services	Record if the PE referred the KP to the clinic for services. Record Y for Yes or N for No.
Number of HIV self test kits distributed	Record the number of HIV self test kits distributed in the reporting month.
Received clinical services	Record if the individual visited the clinic for services (static or outreach). Record Y for Yes or N for No. This information is not self-reported, but taken from the clinical records and shared to PEs by the clinical team.
Crisis/violence reported	Record if the individual reported experiencing any form of violence during the reporting month. Record Y for Yes or N for No.
Remarks	Record information about the unreached individual or additional information about the reached individuals. If a KP was not provided with any service, or was unreached during the month, the PE should indicate the reason(s) for skipping services.

Storage and custodian:

The populated Peer Educator Outreach Calendars are submitted to the ORWs, who summarize the data before the calendars are kept in the custody of the field officer / data officer.


Note: The PE CANNOT cross the name of KP in the peer calendar unless the programme has determined that such a KP is lost to follow-up and has been entered in the Lost to Follow-Up Register.

1.3 OUTREACH WORKER'S SUMMARY SHEET (KEY POPULATIONS) MOH 728

Summary:


Each month, ORWs use this tool to summarize data from the Peer Educator Outreach Calendars of their PEs.

 **Where filled:** The tool is filled at the clinic or DIC.

 **By whom:** This tool is populated by the ORW.

Purpose of the tool:

- To track the performance of each PE
- To know how many peers have received services and what the programme needs to achieve

 **Frequency:** The ORW fills this tool at the end of each month.

Instructions:

Variables	Instructions
Name of outreach worker	Write the name of the ORW.
County	Write the name of the county where the ORW is overseeing PEs.
Sub-county	Write the name of the sub-county where the ORW is overseeing PEs.
Implementing partner	Write the name of the organisation under which the ORW is overseeing PEs.
Year	Write year when the Outreach Worker's Summary Sheet is being completed.
Key population type	Tick either FSW/MSM/MSW/PWID/PWUD/Transman/Transwoman.
S. No.	The serial numbers are pre-filled. Each PE is allocated a serial number, and PEs should be listed in subsequent months in the same order.
Name of peer educator	Write the full name of the PE (first, middle, and surname).
Month	These cells are pre-filled with the names of the months.
Number of peers under this peer educator	Enter the number of individuals under the PE. This refers to the number of individuals listed in the Peer Educator Outreach Calendar.
Number of peers who received peer education	Enter the total number of individuals under each PE who received at least one service in the month. This data can be obtained from the Peer Educator Outreach Calendar by checking if a KP received any service from Columns 19-25.
Condom requirements per month	Calculate and enter the total number of condoms required per month under each PE. This is the sum of the estimated monthly condom requirements for all the KPs in the Peer Educator Outreach Calendar. This data can be obtained from column 9 in the Peer Educator Outreach Calendar.
Number of male condoms distributed	Indicate the total number of MALE condoms distributed to the

	individuals in the Peer Educator Outreach Calendar by the PE within the reporting month. This data can be obtained from column 20 in the Peer Educator Outreach Calendar.
Number of female condoms distributed	Indicate the total number of FEMALE condoms distributed to the individuals in the Peer Educator Outreach Calendar by the PE within the reporting month. This data can be obtained from column 21 in the Peer Educator Outreach Calendar.
Lubricant requirements per month	Enter the total number of lubes required per month under each PE. This indicates the number of lubes estimated for all the KPs in the Peer Educator Outreach Calendar. This data can be obtained from column 11 in the Peer Educator Outreach Calendar.
Number of lubes distributed	Indicate the total number of lubes distributed to the individuals in the Peer Educator Outreach Calendar by the PE within the reporting month. This data can be obtained from column 22 in the Peer Educator Outreach Calendar.
Needles and syringes requirements per month	Enter the total number of needles and syringes (pieces) required per month under each PE. This is the number of needles and syringes estimated for all the KPs in the Peer Educator Outreach Calendar. This data can be obtained from column 13 in the Peer Educator Outreach Calendar.
Number of needles and syringes distributed	Indicate the total number of needles and syringes (pieces) distributed to the individuals in the Peer Educator Outreach Calendar by the PE within the reporting month. This data can be obtained from column 19 in the Peer Educator Outreach Calendar.
Number referred to the clinic	Indicate the number of KPs referred from the community to the DIC/clinic during the reporting month by each PE. This data can be obtained from column 24 in the Peer Educator Outreach Calendar.
Number of HIV self-testing kits distributed	Enter the number of HIV self-testing kits distributed during the reporting month by each PE.
Number visited the clinic	Enter the number of KPs who visited the clinic during the reporting month. This data can be obtained from column 26 in the Peer Educator Outreach Calendar.
Number of crisis/violence reported	Indicate the total number of individuals reporting any form of violence during the reporting month. This data can be obtained from column 27 in the Peer Educator Outreach Calendar.
Number of crisis/violence addressed	Indicate the total number of violence cases addressed. The source for these data is the Violence Reporting Form.
Plan/remarks	This section provides any additional relevant information (e.g., remarks about an underperforming PE, or an exceptionally performing peer educator, and reasons for exceptional or under performance).

Storage and custodian:

After filling the Outreach Worker's Summary Sheet, the ORW submits the sheet to a field officer / designated supervisor, after which it is stored in a cabinet under lock and key by the data office.

1.4 HOTSPOT LISTING TOOL (KEY POPULATIONS)

Summary:


Implementing partners use a hotspot list to document the hotspots they are working in.

 **Where filled:** At implementing partner level following hotspot mapping and/or validation.

 **By whom:** PE, under the supervision of the ORW and field officer.

Purpose of the tool:

- To guide in documenting new hotspots by name, location, and typology
- To determine the programme coverage
- To document the estimated number of KPs in a particular hotspot
- To guide on the appropriate time and days to conduct outreach
- To help in planning and monitoring project activities and tracking consumables

 **Frequency:** This tool should be updated bi-annually and/or whenever there are new or closed hotspots.

Instructions:

Variables	Instructions
Name of the programme	Enter the name of the organisation implementing the Key Populations Programme in the listed hotspots.
County	Enter the name of the county where the hotspots are located.
Sub-county	Enter the name of the sub-county where the hotspots are located.
Month & year	Write the reporting month and year. Use the mm/yyyy format.
KP type	Tick either FSW/MSM/MSW/PWID/PWUD/Transman/Transwoman.
S. No.	Number the records from 1 to n.
Name of hotspot	Record the name of the hotspot captured during the hotspot mapping and/or validation.
Type of hotspot (Codes)	From the hotspot type codes provided at the bottom of the tool, indicate the hotspot type code. Specify if other.
Ward	Enter the name of the ward where the hotspot is located.
Estimated no. of KPs at the hotspot	Record the average numbers of male and female KPs at the hotspot.
Peak days	Record the day(s) when a majority of the KPs will be found at the hotspot.
Peak time	Record the time at which a majority of the KPs will be found at the hotspot.
Name of responsible PE	Record the name of the PE who is in charge of providing outreach to KPs at the hotspot.


Storage and custodian:


The master hotspot list should be stored by the programme while the individual site hotspot lists should be in the custody of the PEs who are in charge of those sites.

1.5 PEER EDUCATOR FOLLOW UP TRACKING FORM

Summary:


The Peer Educator Follow Up Tracking Form aims to document cases of KPs lost to follow-up in programmes.

 **Where filled:** PEs fill it at the community level or the hotspot where follow-up is done. Healthcare workers fill it during clinical outreach, at the KP clinic, or at the DIC.

 **By whom:** PEs and healthcare workers

Purpose of the tool:

- To document efforts to trace KPs who are lost to follow-up, and the outcomes of such efforts
- To document reasons for loss to follow-up and/or attrition in the Key Populations Programme

 **Frequency:** The PE or healthcare worker fills this form 90 days after a KP misses a clinical appointment or contact by the PE or DIC service (outreach or clinic). The PE or healthcare worker updates the form each time they attempt to find the KP. If the PE or healthcare worker is unable to trace the KP after making three attempts over six months, the KP is lost to follow-up.

Instructions:


	Variables	Instructions
A1	DICE name and MFL code	Enter the name of the DIC and the Master Facility List (MFL) code as provided by the Sub-county AIDS and STI Coordinator.
A2	Peer educator's name	Enter the name of the PE who is in charge of the peer.
A3	KP name	Enter the full name of the KP (first, middle, and surname).
A4	KP unique identifier code	Enter the UIC of the KP as recorded in the Peer Educator Outreach Calendar.
A5	KP sex	Tick either female or male.
A6	KP typology	Tick PWID, PWUD, MSM, MSW, FSW, Transman, or Transwoman.
A7	Date of initial enrolment in the DIC	Enter the date of the KP's first entry to the programme as captured in the Contact Form, in dd/mm/yyyy format.
A8	Last date expected at the clinic	Enter the date that the KP was last expected for any clinic/hotspot/outreach service. Use the dd/mm/yyyy format.
A9	KP phone number	Enter the KP's phone number as provided in the Contact Form / Peer Educator Outreach Calendar.
A10	Tracking attempted?	Tick Yes or No. If yes, go to A12. If no, go to A11.
A11	Why was tracking not attempted?	If tracking was not attempted, indicate the reason by ticking the appropriate box.
A12	First attempt of tracing by PE/Health care worker	If tracking was attempted, enter the date of the first attempt, tick the tracing type, tick the outcome, and follow the directions provided.
A13	Second attempt of tracing by PE/Health care worker	If a second attempt was made, enter the date of the second attempt, tick the tracing type, tick the outcome, and follow the directions provided.
A14	Third attempt of tracing by PE/Health care worker	If a third attempt was made, enter the date of the third attempt, tick the tracing type, tick the outcome, and follow the directions provided.

A15	Tracing outcomes	Circle the KP's status, and tick the source of information.
A16	Status in the programme	Indicate the status of the tracked KP by circling one status as per the list.
A17	Comments explaining the reason(s) for voluntary exit	If KP indicates voluntary exit from the programme, indicate reason(s) given for voluntary exit.

 **Storage and custodian:**

This form is submitted to the programme manager /designate for completion of the Peer Lost to Follow Up Register.

1.6 PEER TRACKING REGISTER (KEY POPULATIONS)

 **Summary:**

This register records the lost to follow-up KPs recorded by PEs and healthcare workers, and their ultimate outcomes.

 **Where filled:** At programme level

 **By whom:** The programme manager /designate

 **Purpose of the tool:**

- To document efforts to track lost KPs and the outcomes of such efforts
- To document reasons for loss to follow up /attrition in the Key Populations Programme

 **Frequency:** Monthly

 **Instructions:**

Variables	Instructions
County name	Enter the name of the county where the KP Programme is being implemented.
Ward name	Record the ward where the KP Programme is being implemented.
Implementing organization	Enter the name of the organization implementing the KP Programme.
Sub-county	Indicate the sub-county where the programme is being implemented.
Year	Indicate the reporting year.
Month	Indicate the reporting month.
KP type	Circle FSW/MSM/MSW/PWID/PWUD/Transman/Transwoman.
S. No.	Number the records from 1 to n.
Unique identifier code	Enter the UIC of the KP as captured in the Peer Educator Outreach Calendar.
KP name	Enter the full name of the KP (first, middle, and surname).

Sex	Enter Male or Female.
KP mobile phone number	Enter the phone number as provided in the Contact Form / Peer Educator Outreach Calendar.
Name of hotspot	Enter the name of the hotspot that the KP MOST frequents, as captured in the Peer Educator Outreach Calendar.
Ward	Enter the name of the ward of the hotspot that the KP MOST frequents, as captured in the Peer Educator Outreach Calendar.
Typology	Using the codes displayed on the form, enter the code of the hotspot typology.
First attempt of tracing by PE	Enter the date of the first tracing attempt, in dd/mm/yyyy format. For type of tracing, enter 1 for Phone or 2 for Physical. Enter 1 for KP reached or 2 for KP not reached.
Second attempt of tracing by PE	Enter the date of the second tracing attempt, in dd/mm/yyyy format. For type of tracing, enter 1 for Phone or 2 for Physical. Enter 1 for KP reached or 2 for KP not reached.
Third attempt of tracing by PE	Enter the date of the third tracing attempt, in dd/mm/yyyy format. For type of tracing, enter 1 for Phone or 2 for Physical. Enter 1 for KP reached or 2 for KP not reached.
Tracing outcome	Enter the code number for the tracing outcome.
Status in the programme	Enter the code number for the KP's status in the programme.
Outcome	Enter the tracing outcome as either 1 for Lost to follow up (Cross with a line in the register); 2 for Reclassified as active (Maintain in the register); or 3 for Dead (Cross with a line in the register).

 **Storage and custodian:**

The form is stored at the programme level by the PE/ healthcare worker.

1.7 PEER EDUCATOR /ORW OVERDOSE ENCOUNTER REPORTING TOOL

Summary:


Opioid overdose is a common cause of death among People Who Inject Drugs (PWID) and People Who Use Drugs (PWUD). Management of opioid overdose is key to successful implementation of harm reduction interventions for PWID and PWUD.

 **Where filled:** At the hotspot

 **By whom:** By a PE or ORW

Purpose of the tool:

- To document incidents of overdose experienced by PWID and PWUD
- To help in documenting incidents of opioid overdose treated
- To document the final outcome after opioid overdose

 **Frequency:** The Peer Educator /ORW Overdose Encounter Reporting Tool is filled when a PWID or PWUD experiences opioid overdose at the community and is attended to by the PE/ORW.

Instructions:

Variables	Instructions
Name of county	Indicate the county where the overdose happened.
Name of sub-county	Indicate the sub-county where the overdose happened.
Ward	Indicate the ward where the overdose happened.
Implementing partner (CSO)	Record the name of the implementing partner.
Date	Indicate the date when the overdose happened.
KP Type	Tick PWID or PWUD.
Client name	Indicate the name of the PWID or PWUD who experienced opioid overdose.
Sex	Enter 1 for Male or 2 for Female.
Date of Birth	Record date, month, and year of birth. Record 15 if DAY is not known and June if MONTH is not known (i.e., 15/6 if both day and month are unknown).
Age	Indicate age in completed years.
KP unique identifier code (UIC)	Enter the UIC of the PWID or PWUD experiencing overdose.
Physical address where the overdose happened	Enter the physical address of the location where the overdose happened.
Incident type	Record 1 for New or 2 for Recurrent.
Name of the incident site (Hotspot)	Write the name of the site where overdose happened.
Type of site	Circle the typology of the site/hotspot. If Other, specify.
Naloxone provided	Record 1 for Yes or 2 for No to indicate whether naloxone was

	provided after the overdose.
Specific drug use	Tick the specific drug used by the PWID or PWUD.
Remarks	Provide additional information on the incident.
Outcome	Record the outcome of the overdose: 1 for Referred—and specify the referral site—or 2 for Died.
Reported by and witnessed by	Enter the name of the PE/ORW who reported and managed the case and the name of a witness.
Date	Enter the date that the form was filled and witnessed.

 **Storage and custodian:**


The completed form should be filed in the client’s file and placed under lock and key.

1.8 REFERRAL REGISTER FOR SOCIAL-PROTECTION SERVICES

Summary:

This register is used to track whether the programme is meeting the needs of KPs beyond health by supporting them and creating a more enabling environment. Referrals recorded here could include ID cards, NHIF card, voter ID, social security programmes, ration cards, educational services, support groups, etc.

 **Filled by whom:** Staff outreach supervisor or programme manager

 **Frequency:** Weekly, and consolidated monthly

Instructions:

Variables	Instructions
Name of county	Indicate the county where the referral happened.
Name of sub-county	Indicate the sub-county where the referral happened.
Implementing partner (CSO)	Record the name of the implementing partner.
Row no.	Row numbers are pre-filled.
KP programme ID/UIC	Enter the UIC of the referred KP. This code is available in the Peer Educator Outreach Calendar or the Contact Form.
KP type	Enter FSW, MSM, MSW, PWID, PWUD, Transman, or Transwoman, as per the key below the table.
Age	Enter the KP's age in completed years.
Sex	Enter Male or Female.
Date of referral	Enter the date of the referral, in dd/mm/yyyy format.
Institution referred to	Enter the name of the institution the KP was referred to.
Service(s) referred for	Enter the service(s) the KP was referred for.
Contact person at the referral service	Enter the name of the contact person at the referred service.
Outcome of referral	Describe the outcome of the referral.

Storage and custodian:

The form is stored at the programme level by the programme manager/ designate.

01

COMMUNITY OUTREACH TOOLS

02

CLINICAL TOOLS

03

PROGRAMME LEVEL TOOLS

04

COMMODITY TOOLS

05


SUMMARY REPORTING TOOLS

2.1 CLINIC ENROLMENT FORM

Summary:

This form is used to capture background clinical information of the client during enrolment in the KP Programme.

 **Where filled:** At the programme level, either at clinical outreach or at KP clinic or DIC

 **By whom:** By a healthcare worker, specifically clinician, nurse, or HTS provider

Purpose of the tool:

- To capture the demographic behavioural and biomedical and structural data of the KPs
- To provide information for clinician to assess the client for risk factors and duration of risk exposure
- To assess the HIV status of the client, and whether PLHIV are on treatment
- To obtain consent for programme data use

 **Frequency:** Once per individual during their enrolment in the programme

Instructions:

Variables	Instructions
Name of county	Record the name of the county where the KP conducts sex work/cruises/injects/uses drugs.
Sub-county	Record the name of the sub-county where the KP conducts sex work/cruises/injects/uses drugs.
Ward	Record the name of the ward where the KP conducts sex work/cruises/injects/uses drugs.
Implementing partner	Enter the name of the implementing partner.
Date of enrolment	Record the date when the KP first received clinical services from the programme, in the dd/mm/yyyy format.
MFL code	Record the Master Facility List code as registered by the government (as per Kenya Master Facility Health List).
KP unique identifier code	Enter the KP's unique identifier code.
KP type	Tick the KP type.
Name of KP	Enter the KP's first, middle, and surname.
Have you been contacted by a peer educator for any health services?	Tick Yes or No.
Do you have a regular non paying sexual partner?	Tick Yes or No.
Which year did you start sex work? Which year did you start having sex with men (MSM only)? Which year did you start using drugs (injecting or smoking)?	a. Indicate year when the KP started sex work. b. Indicate year when the KP started having sex with men. c. Indicate year when the KP started using drugs.
Have you ever experienced physical/sexual violence?	Tick Yes if the client has experienced physical/sexual violence, and provide the specific type(s) of violence.

	Tick No if the KP has never experienced physical/sexual violence.
Have you ever been tested for HIV?	Tick Yes or No. If No, skip to question 10.
The last time you received HIV testing, how did you test?	Tick the type of previous HIV test.
Would you like to share your LAST test result with me?	Circle 1 if the KP tested positive. Circle 2 if the KP tested negative. Circle 3 if the KP does not wish to share the result.
If POSITIVE, are you receiving HIV care?	Tick Yes or No. If No, refer to care.
If Yes (receiving care), ASK for the following: facility name, CCC number, viral load test, and date of viral load result.	Record the facility name, CCC number, whether a viral load test has been done, and the date of viral load result.
Are you willing to be tested for HIV?	Tick Yes if the client is willing to be tested for HIV, and refer the client to the HTS. Tick No if the client is not willing to have an HIV test done, and provide reasons.
In case you are due for clinical services, may we contact you through phone, peer educator, outreach worker, treatment buddy, or Clinician/HTS counsellor?	Tick the KP's preferences, as per the list provided. If treatment buddy is a preferred mode of contact, record the treatment buddy's name and phone number. Obtain the signature or thumb print of the KP.
Completed by	Enter the name of the person completing the form.
Date	Enter the date when the form was completed.
Signature/ thumb print of KP	Have the KP sign or place their thumb print on the form.

 **Storage and custodian:**

The healthcare worker (clinician, nurse, or HTS provider) stores the form in the client's file.

2.2 CLINIC VISIT FORM

Summary:

The clinic visit form is filled when a client comes to the clinic or to clinical outreach for service. It is a clinical checklist that provides a summary of the services the KP received during a visit. It is populated using primary source MOH registers.

 **Where filled:** At the clinic or during clinical outreach

 **By whom:** By a healthcare worker, specifically a clinician or nurse or HTS provider

Purpose of the tool:

- To capture the biomedical services that a KP received in a visit to the clinic (e.g., HTS, STI screening/treatment, TB screening/treatment, abscess screening/treatment)
- To track the number of KPs who were treated/referred for a particular service
- To track continuum of care for clinical services

 **Frequency:** Whenever KP visits a clinic or clinical outreach for biomedical services

Instructions:

Variables	Instructions
Name of county	Record the name of the county where the service was provided.
Sub-county	Record the name of the sub-county where the service was provided.
Ward	Record the ward where the service was provided.
Facility name	Enter the name of the facility where the service was provided.
Date	Record the date the KP received the service, in the dd/mm/yyyy format.
MFL code	Record the master facility list code.
Implementing partner	Indicate the name of the implementing partner.
Type of visit	Tick Initial or Revisit.
Reason for visit	Tick the reason for the visit.
Service delivery model	Tick Static or Outreach.
Client name	Record the full name of the KP (first, middle, and surname) and nickname.
Phone number	Enter the KP's phone number.
Sex	Circle 1 for Male or 2 for Female.
Date of birth	Indicate the KP's date of birth, in the dd/mm/yyyy format.
Age	Indicate the KP's age at the time of the clinic visit.
KP type	Circle FSW, MSM, MSW, PWID, PWUD, Transman, or Transwoman.
KP unique identifier code (UIC)	Enter the KP's unique identifier code. This code is provided in the KP's Contact Form.

SERVICES:

	Screened	Screening results	Treated/ supported	Referred
STI	Tick No if not screened for STI, or Yes if screened for STI.	Tick Negative if KP has no signs/ symptoms of any STI, or Positive if KP has signs/symptoms/ positive lab results for STI.	Tick No if KP not treated for STI, or Yes if KP treated for STI.	Tick No for KP not referred, or Yes for KP referred. If Yes, specify the facility referred to.
TB	Tick No if KP not screened for TB, or Yes if KP screened for TB.	Tick Negative if KP has no TB signs/ symptoms, or Positive if KP has positive lab results for TB.	Tick No if KP not treated for TB, or Yes if KP treated for TB.	Tick No if KP is not referred, or Yes if KP is referred. If Yes, specify the facility referred to.
Hepatitis B	Tick No if KP not screened for Hepatitis B through RDT, or Yes if KP screened for Hepatitis B.	Tick Negative if KP has negative results for Hepatitis B, or Positive if KP has positive results for Hepatitis B.	Tick No if KP not initiated on treatment for Hepatitis B, or Yes if KP treated for Hepatitis B. Tick Vaccination if KP has received Hep B vaccine.	Tick No if KP not referred, or Yes if KP referred. If Yes, specify the facility referred to.
Hepatitis C	Tick No if KP not screened for Hepatitis C through RDT, or Yes if KP screened for Hepatitis C.	Tick Negative if KP has negative results for Hepatitis C, or Positive if KP has positive results for Hepatitis C.	Tick No if KP not initiated on treatment for Hepatitis C, or Yes if KP treated for Hepatitis C.	Tick No if KP not referred, or Yes if KP referred. If Yes, specify the facility referred to.
Overdose management	Tick No if KP not screened for drug overdose, or Yes if KP screened for drug overdose.	Tick Negative if KP has no signs of drug overdose, or Positive if KP has signs of drug overdose.	Tick No if KP not initiated on overdose management, or Yes if KP initiated on overdose management. Indicate Yes if given naloxone, or No if not given naloxone.	Tick No if KP not referred, or Yes if KP referred. If Yes, specify the facility referred to.
Abscess	Tick No if KP not screened for abscess, or Yes if KP screened for abscess.	Tick Negative for KP with no signs of abscesses, or Positive for KP with signs of abscesses.	Tick No if KP not initiated on abscess management, or Yes if KP initiated on abscess management.	Tick No if KP not referred, or Yes if KP referred. If Yes, specify the facility referred to.
Alcohol & drug abuse	Tick No if KP not screened for alcohol and drug abuse, or Yes if KP screened for alcohol and drug abuse.	Tick Negative for KP with no signs of alcohol and drug abuse, or Positive for KP with signs of alcohol and drug abuse.	Tick No if KP not initiated on support for alcohol and drug abuse, or Yes if KP initiated on support for alcohol and drug abuse.	Tick No if KP not referred, or Yes if KP referred. If Yes, specify the facility referred to.
Cervical cancer	Tick No if KP not screened for cervical cancer, or Yes if KP	Tick Negative for KP with no signs of cervical cancer, or	Tick No if KP not initiated on management of	Tick No if KP not referred, or Yes if KP referred. If Yes,

	screened for cervical cancer.	Positive for KP with signs of cervical cancer.	cervical cancer, or Yes if KP initiated on management of cervical cancer.	specify the facility referred to.
PrEP	Tick No if KP not screened for PrEP, Yes if KP screened for PrEP, or Ongoing if KP already on PrEP.	Tick Eligible if KP qualifies for PrEP, or Not Eligible if KP does not qualify for PrEP.	Tick Not Initiated if KP not started on PrEP during this visit, or Initiated if KP started on PrEP.	Tick No if KP not referred, or Yes if referred. If Yes, specify the facility referred to.
Violence	Tick No if KP not screened for incidence(s) of violence, or Yes if KP screened for any incidence(s) of violence.	Tick No for KP with no incidence(s) of violence since the last clinical encounter, or Yes for KP reporting violence since the last clinical encounter. If Yes, tick the type(s) of violence. If this is a new positive case, fill the Violence Reporting Form.	Tick Not Supported if KP not initiated on support for violence, or Supported if KP initiated on support for violence.	Tick No if KP not referred, or Yes if KP referred. If Yes, indicate the facility referred to.
Risk reduction counselling	Tick No if KP not screened for potential risks for HIV, or Yes if KP screened for potential risks for HIV.	Tick Eligible if KP has potential risks for HIV, or Not Eligible if KP has no potential risks for HIV.	Tick Not supported if KP is not receiving risk reduction counselling, or Supported if KP receives risk reduction counselling.	Tick No if KP not referred, or Yes if KP referred. If EBI is provided, specify the services and facility KP is referred to.
Family Planning	Tick No if KP not screened for family planning, or Yes if KP screened for family planning.	Tick Eligible if KP is not pregnant and is not on FP method, or Not Eligible if KP is on method or pregnant.	Tick Yes if KP provided with FP in this visit, No if KP not on any FP method, or Ongoing if KP is on long-term method but not provided during this visit.	Tick No if KP not referred, or Yes if KP referred. If Yes, indicate the facility referred to.
Mental Health	Tick No if KP not screened for depression, or Yes if KP screened for depression.	If screened, tick the KP's results from those provided.	Tick Not Supported if KP did not receive support, or Supported if KP received support.	Tick No if KP not referred, or Yes if KP referred. If Yes, specify the facility referred to.

HIV TESTING SERVICES:

Variables	Instructions
Self-reported status	<p>This captures what the KP reports to the clinic as part of his/her medical history.</p> <p>Tick Positive if the KP reports that his/her last HTS results were positive.</p> <p>Tick Negative if the KP reports that his/her last HTS results were negative and the test was done within the last three months.</p> <p>Tick Unknown if the KP has never tested for HIV or was tested more than three months ago.</p>
Setting of the last HIV test	<p>Tick Universal HTS if the KP's last test was done at an HTS.</p> <p>Tick Self-Testing if the KP used a self-test kit.</p> <p>Tick Never Tested if the KP has never been tested for HIV.</p>
Counselled	<p>Tick Yes if the KP has received HTS related counselling.</p> <p>Tick No if the KP has not been counselled.</p>
Tested	<p>Tick Yes if the KP was tested for HIV on this visit.</p> <p>Tick No if the KP has not been tested for HIV and was not previously positive for HIV.</p> <p>Tick Not applicable if the KP is known to be HIV positive.</p>
Frequency of test	<p>Tick Initial if KP's test was an initial test.</p> <p>Tick Repeat if KP's test was a repeat test.</p> <p>Tick Not applicable if KP hasn't been tested.</p>
Received results	<p>Tick Yes if the KP received conclusive HIV test results during this visit.</p> <p>Tick No if the KP was tested but did not receive conclusive results on this visit.</p> <p>Tick Not applicable if the KP was not tested on this visit.</p>
Testing results	<p>This captures the test results for the KP receiving HTS services during this visit.</p> <p>Tick Positive if the KP tested positive for HIV.</p> <p>Tick Negative if the KP tested negative for HIV.</p> <p>Tick Inconclusive if the test produced a non-conclusive result.</p> <p>Tick Known Positive if the KP tested positive for HIV before this visit.</p> <p>Tick Not applicable if the KP was not tested during this visit and is not a known positive.</p>
Linked to ART	<p>Tick Yes if the KP is HIV Positive and is linked to care, either onsite or offsite. Specify the facility linked to.</p> <p>Tick No if the KP is HIV positive and is not linked to care.</p> <p>Tick Not applicable if the KP is HIV negative/unknown HIV status.</p>

HIV SELF-TESTING:

Variables	Instructions
HIV self-test education demonstration	Tick Yes if the KP received an HIV self-test demonstration.
Number of HIV self-test kits given	Record the numbers of HIV self-test kits given to the KP for self use and for distributing to others.
Self-tested for HIV	Tick Yes if KP has self-tested for HIV. Tick No if KP has not self-tested for HIV.
Date conducted	Enter the date that the KP self-tested for HIV, using the mm/yr format.
Frequency of test	Tick Initial or Repeat.
Testing result	Tick Positive if the self-test result was positive. Tick Negative if the self-test result was negative. Tick Inconclusive if the self-test result was inconclusive.
Confirmatory HIV test results	Tick Positive if the confirmatory test result was positive. Tick Negative if the confirmatory test result was negative. Tick Not done if confirmatory test was not done.
Facility name where confirmatory test was done	Tick On-site if confirmatory test was done on-site. Tick Off-site if confirmatory test was done off-site. If off-site, specify where test was done.
Linked to ART	Tick Yes if the KP is HIV Positive and is linked to care, either onsite or offsite. Specify the facility linked to. Tick No if the KP is HIV positive and is not linked to care. Tick Not applicable if the KP is HIV negative/unknown HIV status.
HTS counsellor name, signature, and date.	Record the first name and surname of the HTS provider who offered HTS services to the KP during this visit. The provider should sign and date the form.

CARE AND TREATMENT:

Variables	Instructions
Facility of HIV care	<p>Tick Provided here if the KP has been enrolled for care and treatment at the DIC Comprehensive Care Clinic.</p> <p>Tick Provided elsewhere if the KP has been enrolled for care and treatment at a Comprehensive Care Clinic in a facility/DIC other than the DIC where the KP is registered/enrolled for prevention services, and specify the facility where the KP is receiving HIV care.</p> <p>Tick Referred if the KP has been referred for care and treatment and it has not been confirmed that the KP has been initiated on care and treatment.</p> <p>Tick Not applicable if the KP is HIV negative.</p>
Initiated on ART this month	<p>Indicate if the KP has (Yes) or has not (No) been started on ART this month at this facility.</p> <p>Indicate if the KP has (Yes) or has not (No) been started on ART this month elsewhere.</p> <p>Tick Not applicable if Referred is ticked under the Facility of HIV Care.</p>
Active on ART	<p>Indicate if the KP is (Yes) or is not (No) active on ART at this facility. If not active, indicate if the KP has Defaulted or is LTFU.</p> <p>Indicate if the KP is (Yes) or is not (No) active on ART elsewhere. If not active, indicate if the KP has Defaulted or is LTFU.</p> <p>Tick Not applicable if Referred is ticked under the Facility of HIV Care.</p>
Eligible for viral load	<p>Indicate if the KP is (Yes) or is not (No) eligible for viral load test at this facility.</p> <p>Indicate if the KP is (Yes) or is not (No) eligible for viral load test elsewhere.</p> <p>Tick Not applicable if Referred is ticked under the Facility of HIV Care.</p>
Viral Load Test Done	<p>Indicate if the KP has (Yes) or has not (No) had a viral load test done/sample taken at this facility.</p> <p>Indicate if the KP has (Yes) or has not (No) had a viral load test done/sample taken elsewhere.</p> <p>Tick Not applicable if Referred is ticked under the Facility of HIV Care.</p>
Viral Load Results	<p>According to the location of the viral load test (here or elsewhere), indicate the results.</p> <p>Tick Suppressed if the result is less than 1000 copies.</p> <p>Tick Not suppressed if the result is more than 1000 copies.</p> <p>Tick Results not yet received if results have not been received.</p> <p>Tick Not applicable if Referred is ticked under the Facility of HIV Care.</p>

OTHER SERVICES:

Variables	Instructions
Condom education demonstration	Tick Yes if condom education/demonstration is done for the KP during this visit, or No if condom education/demonstration is not done.
Post-abortion care provided	Tick Yes if the KP received post-abortion care, No if the KP was not given post-abortion care, or Referral if KP was referred to receive PAC elsewhere.
Number of condoms given	Enter the number of male or female condoms given to the client at the clinic.
Number of lubes given	Enter the number of lubes given to the client at the clinic.
Number of needles and syringes given	Enter the number of needles and syringes given to the client at the clinic.
PEP	Tick Yes if KP received PEP within 72 hours of exposure, or No if KP did not receive PEP within 72 hours of exposure. If Yes, tick or specify the type of exposure in the spaces provided.
Linkage to psychosocial support	Tick Yes if linked, or No if not linked to psychosocial support.

Other Ailments / Clinical Notes	Enter other relevant clinical information that the clinician may want to attend to or refer. It should include brief history, physical examinations, investigations, diagnosis and plan of interventions/ treatment given/ referral (to where and for what).
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Next appointment date	Enter the date when the KP should come for routine services / follow-up on current issues /review of unresolved issues. Record the date in the dd/mm/yyyy format.
Name and signature of Clinician	Enter the name and signature of the Clinician.

Storage and custodian:

The healthcare worker, specifically a clinician, nurse, or HTS counsellor, files the form in the client's file, which is locked in a secure cabinet.

2.3 STI TREATMENT DATA COLLECTION FORM

Summary:


The STI treatment form is filled when a client is screened for or presents with STI syndrome(s) and is diagnosed and treated for STIs.

 **Where filled:** At the clinic or during clinical outreach

 **By whom:** By a healthcare worker, specifically clinician or nurse

Purpose of the tool:

- To know the total STI cases registered with the project clinic
- To track the number of newly-diagnosed cases (first attendance)
- To know the type of treatment given (symptomatic, asymptomatic, follow-up)
- To track the number of referrals made to either laboratory or to other health facilities
- To track partner referral

 **Frequency:** Whenever a KP visits the clinic or clinical outreach for STI screening and is diagnosed with an STI.

Instructions:

Variables	Instructions
Date	Record the date when the client received the service, in the dd/mm/yyyy format.
County	Record the county where the service is offered.
Sub-county	Record the sub-county where the service is offered.
Ward	Record the ward where the service is offered.
Facility name	Record the name of the facility/ DIC offering the service.
Implementing partner	Enter the implementing partner's name.
KP name	Enter the name of the KP client receiving services.
Sex	Tick Male or Female.
Age	Enter the KP's age in completed years.
KP UIC	Record the UIC of the KP receiving services.
KP hotspot/ injecting site	Enter the name of the site where the KP conducts sex work/ injects/cruises/uses drugs.
Reason for visit	Tick asymptomatic, symptomatic, quarterly screening check-up, or follow-up.
New client in programme?	Tick Yes if client is new in programme, or No if not new.

KP type	Tick the KP type that is recorded on the Clinic Enrolment Form.
Type of syndrome/infections	Tick the KP's syndrome/infection as per the prescribed list, or specify if not in the list.
Drug prescription	Tick the drugs prescribed/ administered as per prescribed list, and specify if not in the list.
Client referred for lab investigation	Tick Yes or No. If Yes, enter Lab Investigation Form number.
Client referred to other health facilities	Tick Yes or No. If Yes, enter the name of the facility.
Condom given?	Tick Yes or No. If Yes, record the number of condoms given.
Lubricant given?	Tick Yes or No. If Yes, record number of lubricants given.
Partner referral done?	Tick Yes or No.
Was a genital examination done?	Tick Yes or No.
Date of next visit	Record the date when the client should come back for review/ follow-up or regular check-up. Use the dd/mm/yyyy format.
Clinical provider's comments	The clinical service provider should add any additional comments about the STI services provided.
Clinical service provider's name and signature	The clinical staff delivering this service should write his/her first and surname and sign the form.

 **Storage and custodian:**

The healthcare worker, specifically a clinician or nurse, files the form in the client's file, which is locked in a secure cabinet.

2.4 ALCOHOL ABUSE SCREENING TOOL

Summary:

The Alcohol Abuse Screening Tool is filled when a client is screened for alcohol abuse. The tool helps to determine if a KP is likely to have an alcohol use disorder and should be linked with alcohol disorder treatment programmes.

 **Where filled:** At the clinic or during clinical outreach

 **By whom:** By a healthcare worker, clinician, or nurse

Purpose of the tool:

- To identify KPs with likely alcohol drinking disorders
- To help in linking KPs with alcohol drinking disorders to alcohol treatment programmes

 **Frequency:** At enrolment, and then repeat after three months or when it is necessary

Instructions:

Variables	Instructions
Name of county	Record the county where screening is offered.
Name of sub-county	Record the sub-county where screening is offered.
Ward	Record the ward where the screening is offered.
Implementing partner (CSO)	Record the name of the implementing partner.
Facility/DIC name	Enter the name of the facility/DIC offering the screening service, either outreach or static.
MFL code	Record the Master Facility List code number of the facility/DIC.
Date	Record the date when the KP was screened for alcohol abuse, in the dd/mm/yyyy format.
KP name	Record the name of the KP being screened.
Sex	Circle 1 for Male or 2 for Female.
Date of birth	Record date, month, and year of birth. Record 15 if Day is not known and June if Month is not known (e.g., 15/6 if both day and month are unknown).
Age	Indicate KP's age in completed years.
KP type	Enter 1 if FSW, 2 if MSM, 3 if MSW, 4 if PWID, 5 if PWUD, 6 if TG Man, or 7 if TG Woman.
KP hotspot/ injecting site	Record the name of the site where the KP conducts sex work/ injects/cruises/uses drugs.
Contact phone number	Record the telephone number of the KP and any alternative number if available. NOTE: While phone numbers are not expected to change, any change in contact should be updated in the Peer Educator Outreach Calendar.

KP unique identifier code (UIC)	Indicate the UIC of the KP receiving services.
No. 1 to No. 10	Code answers based on 'standard drinks'. Place the correct answer number in the box on the right. One unit of alcohol is ½ a pint average strength beer/lager or one glass of wine or a single measure of spirits. Note: A can of high strength beer or lager may contain 3–4 units.
No. 11 Record total of specific items here.	Calculate and record the sum of the responses in the Number column. If the sum is greater than 8, refer the client to an alcohol disorder treatment programme.
Remarks	Enter observations or comments.

Storage and custodian:

The healthcare worker, clinician, or nurse files the form in the client's file, which is locked in a secure cabinet.

2.5 PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9) FOR DEPRESSION SCREENING

Summary:

The PHQ-9 is filled when a KP is screened for depression. The tool is filled by administering questions for each of the nine symptoms.

 **Where filled:** At the clinic or during clinical outreach

 **By whom:** By a healthcare worker, clinician, or nurse

Purpose of the tool:

- To help identify KPs who are depressed
- To help in providing supportive counselling and referral to the mental health team for pharmacological management

 **Frequency:** At enrolment, and then repeat every three months or when it is necessary

Instructions:

Variables	Instructions
Name of county	Record the name of the county where screening for depression is done.
Name of sub-county	Record the name of the sub-county where screening is done.
Ward	Record the name of the ward where the screening is done.
Implementing partner (CSO)	Record the name of the implementing partner
Facility/DIC name	Record the name of the facility/ DIC where the screening service was done, either at outreach or static.
MFL code	Record the Master Facility List code number of the facility/DIC.
Date	Enter the date when the KP was screened for depression, in the dd/mm/yyyy format.

Client name	Indicate the name of the KP who received screening.
Sex	Record 1 if Male or 2 if Female.
Date of birth	Record date, month and year of birth. Record 15 if Day is not known and June if Month is not known (e.g., 15/6 if both day and month are unknown).
Age	Indicate the KP's age in completed years.
KP type	Circle 1 if FSW, 2 if MSM, 3 if MSW, 4 if PWID, 5 if PWUD, 6 if TRANSMAN, or 7 if TRANSWOMAN
Contact phone number	Record telephone number of the KP and any alternative number as may be provided. NOTE: While phone numbers are not expected to change, any changes in contact should be updated in the Peer Educator Outreach Calendar.
KP hotspot/ injecting site	Record the name of the site where the KP conducts sex work/ injects/cruises/uses drugs.
KP unique identifier code (UIC)	Record the KP's UIC.
No. 1 to No. 9	Ask the patient the question for each of the nine symptoms and circle the response for each question. After asking all questions, add the points for each column at the bottom. Calculate the sum of the column totals. This is the KP's total score. Interpretation of score ranges and management recommendations are provided in the table below.

INTERPRETATION OF PHQ-9 SCORE AND RECOMMENDED MANAGEMENT

Total Score	Provisional Diagnosis	Recommended Management
0-4	Depression unlikely	Repeat screening in future if concerned that depression has developed.
5-9	Mild depression	<ul style="list-style-type: none"> • Provide counselling support and continue to monitor; refer to mental health team if available. • If patient is on EFV, substitute with a different ARV after ruling out treatment failure IF APPLICABLE. (See Managing Single Drug Substitutions for ART.)
10-14	Moderate depression*	<ul style="list-style-type: none"> • Provide supportive counselling (refer to a psychologist if available). • If patient is on EFV, substitute with a different ARV after ruling out treatment failure IF APPLICABLE. (See Managing Single Drug Substitutions for ART.) and • Refer to a medical officer, psychiatrist, or mental health team if available.
15-19	Moderate-severe depression*	
20-27	Severe depression*	

*Symptoms should ideally be present for at least two weeks for a diagnosis of depression and before considering treatment with antidepressant medication. Severe depression may require patients to start on antidepressants immediately.

Clinician Notes:

Action taken	Record any action taken.
Date	Record the date of the screening.
Signature	Record the Clinician's signature.

Storage and custodian:


The healthcare worker, clinician, or nurse files the form in the client's file, which is locked in a secure cabinet.

2.6 HEALTHCARE WORKER OVERDOSE ENCOUNTER REPORTING TOOL

Summary:


Opioid overdose is a common cause of death among people who inject drugs (PWID). Management of opioid overdose among PWID is key to successful implementation of harm reduction interventions for PWID.

 **Where filled:** At the clinic or during clinical outreach

 **By whom:** By a healthcare worker, clinician, or nurse

Purpose of the tool:

- To document incidents of overdose being experienced by PWID
- To help in understanding the risk factors for opioid overdose
- To document incidents of opioid overdose treated
- To document final outcome after opioid overdose

 **Frequency:** The Healthcare Worker Overdose Encounter Reporting Tool is filled when a PWID experiences opioid overdose and is managed by the healthcare worker.

Instructions:

Variables	Instructions
Name of county	Record the name of the county where the PWID experienced opioid overdose.
Name of sub-county	Record the name of the sub-county where the PWID experienced opioid overdose.
Ward	Record the name of the ward where the PWID experienced opioid overdose.
Implementing partner (CSO)	Record the name of the implementing partner.
Facility/DIC name	Record the name of the facility/ DIC offering the overdose treatment, either at outreach or static.
MFL code	Record the Master Facility List code of the facility/DIC.
Date	Indicate the date when the PWID experienced opioid overdose, in dd/mm/yyyy format.
Client name	Record the name of the PWID who experienced drug overdose.

Sex	Record 1 if Male or 2 if Female.
Date of birth	Record date, month and year of Birth. Record 15 if Day is not known and June if Month is not known (e.g., 15/6 if both day and month are unknown).
Age	Record the KP's age in completed years.
KP unique identifier code (UIC)	Indicate the UIC of the PWID experiencing overdose.
Contact phone number	Record telephone number of the KP and any alternative number as may be provided. NOTE: While phone numbers are not expected to change, any change in contact should be updated in the Peer Educator Outreach Calendar.
Incident type	Record 1 if New or 2 if Recurrent.
Name of the incident site (hotspot)	Write the name of the site where overdose happened.
Type of site	Circle the typology of the site/hotspot.
Naloxone provided	Record 1 if naloxone was provided or 2 if naloxone was not provided after the overdose.
Risk factors	Tick the observed risk factors. If others, specify.
Outcome	Record the overdose outcome by entering 1 if Recovered, 2 if Referred, or 3 if Died. Specify where, if referred.
Remarks	Write any necessary information about the case.
Attendee name and signature	Print and sign the name of the healthcare worker who provided overdose management
Date	Record the date that the tool was filled.

Storage and custodian:

The clinician or nurse should store the Healthcare Worker Overdose Encounter Tool in the client's file in a secure cabinet.

01

COMMUNITY OUTREACH TOOLS

02

CLINICAL TOOLS

03

PROGRAMME LEVEL TOOLS

04

COMMODITY TOOLS

05

SUMMARY REPORTING TOOLS

3.1 VIOLENCE REPORTING FORM

Summary:


The Violence Reporting Form records incidents of violence against KPs and relevant actions taken by the programme.

 **Where filled:** At programme level

 **By whom:** The programme officer / advocacy officer / Paralegal officer / clinician / HTS provider

Purpose of the tool:

- To record incidents of violence reported (disaggregated by type of violence and perpetrator)
- To record action taken, follow-up, and to what extent the violation(s) were addressed
- To inform the programme of the KP's status after violence intervention

 **Frequency:** Whenever a violent incident is reported by the peer (KP) to the PE, to an ORW, or to any other healthcare provider within the KP clinic, DIC, or community.

Instructions:

Variables	Instructions
Name of county	Enter the name of the county where the violence was reported.
Sub-county	Record the name of the sub-county where the violence was reported.
Ward	Record the name of the ward where the violence was reported.
Implementing partner	Enter the name of the organization implementing the Key Populations Programme.
Date	Write the date that the form is being filled. Use the dd/mm/yyyy format.
KP unique identifier code	Enter the UIC of the KP member who experienced violence. The UIC should be as recorded in the Contact Form, Peer Educator Outreach Calendar, or any other records pertaining to the peer.
KP type	Tick FSW, MSM, MSW, PWID, PWUD, Transman, or Transwoman.
Name	Record the name (first, middle, and surname) of the individual against whom the violence was committed.
Sex	Enter 1 if the individual is Male or 2 if Female.
Age	Indicate the individual's age in completed years at the time of the incident.
Place of incident	Enter the name/address of the location where the violence happened.
Date of incident	Enter the date when the violence occurred. Do not indicate the date the incident was reported unless it happens to be the same day. Use the dd/mm/yyyy format.
Time of incident	Tick the boxes to indicate whether the violence occurred in the morning (AM) or afternoon/evening (PM).

Abuse against an individual or group.	Tick whether the violence occurred against an individual KP or a group.
The form of incident	Tick the form of incident/violence from the provided list.
Perpetrators	Tick from the choices provided in the list. If perpetrator is another KP, please specify.
Date and time the crisis response team first attempted to address the incident through its staff	Record the date (dd/mm/yyyy) and time the programme staff first responded to the violent incident. Tick to indicate whether the response occurred in the morning (AM) or afternoon/evening (PM).
Type of post-violence support provided	For the services listed, enter the duration of the post-violence support services provided, and tick the box to indicate if the service happened within five days of the incident. If other service was provided, please specify.
Where is the person now?	Tick from the choices provided in the list.
Follow-up action plan	Briefly write any action to be taken by the programme or the individual.
Date issue was completely addressed	Indicate the date (dd/mm/yyyy) the issue was completed or closed.
Programme officer	Enter name of programme officer who completed the form.

Storage and custodian:

The Violence Reporting Tool should be stored by the programme in the client's file, which should be under lock and key in a secure cabinet.

3.2 TRAINING SUMMARY TOOL

Summary:

This tool documents trainings that happened at programme level during a given month.

 **Where filled:** At programme level

 **By whom:** Training officer /designate

Purpose of the tool:

- To record the types of trainings conducted in the given month
- To determine the type of personnel trained, by cadre
- To assess the capacity of the project staff

 **Frequency:** Event driven; completed per month

Instructions:

Variables	Instructions
Name of implementing partner	Enter the name of the organisation implementing the Key Populations Programme.
County	Enter the name of the county where the partner is implementing the Key Populations Programme.
Sub-county	Record the sub-county where the partner is implementing the Key Populations Programme.
KY type	Tick the KY type.
Day/month/year	Write the reporting month followed by the year. Use the dd/mm/yyyy format.
No.	Number the rows from 1 to n.
Title of training workshop and/or sensitization meeting	Enter the title of the workshop or meeting.
Title of training curriculum/ sensitization SOP used	Enter the title of the curriculum used for the training.
Training venue	Record the name of the facility where the training took place.
Cadre of participants	Enter the participants' cadre from the codes provided at the bottom of the tool. If others, please specify.
Counties represented	Indicate all the counties represented during the training.
Date training started	Indicate the date the training started. Use the dd/mm/yyyy format.
Date training ended	Indicate the date the training ended. Use the dd/mm/yyyy format.
Number of participants trained	Record the number of participants trained, segregating by male and female.

Storage and custodian:

The form is stored at the programme level by the M&E officer/ designate.

3.3 KP COHORT REGISTER (MOH 269)

Summary:

The KP Cohort Register is a master KP tracker that documents all KPs registered/contacted by the peer educator and all KPs enrolled and provided with a clinical service(s) for a period of one year.

The following primary registers feed into the KP Cohort Register:

Primary register	Where found/location	Who fills
Peer Educator Outreach Calendar	Programme/DIC	Peer educator
Clinic Visit Form	Clinician room	Clinician
HIV Testing Service Register	HTS room	HTS provider
Daily Activity Register	CCC/ Clinician room	Clinician
Preparation Register	CCC/ Clinician room	Clinician
DAR/ART Cohort Register	CCC/ Clinician room	Clinician
Viral Load Tracker	CCC/ Clinician room	Clinician
Intensive Case Finding Tool	CCC/ Clinician room	Clinician
PrEP Register	CCC/ Clinician room	Clinician
PEP Register	CCC/ Clinician room	Clinician
Hep B & C	Clinician room	Clinician
Violence Reporting Form	Programme/DIC	Programme officer


 **Where filled:** At the clinic or during clinical outreach.

 **By whom:** M&E staff / data officer

Purpose of the tool:

- To ensure individualised tracking of KPs
- To know the quantity and adequacy of the commodities being distributed to KPs
- To track services offered to each KP in the month
- To determine service uptake among KPs
- To help in PLHIV tracking, onsite and offsite
- To determine gaps in service and commodity distribution and how to address them

 **Frequency:** Monthly

 **Instructions:** On the KP Cohort Register's cover sheet, enter the year, the name of the implementing partner, the county and the sub-county."

Column	Variable	Instruction	Source document
1	Serial number	Serial numbers start from 1 every year and run from 1 to n.	
2	KP's name	Record client's three names (first/middle/surname) plus nickname.	Contact Form
3	Hotspot	Record the name of the hotspot captured during enrolment	Contact Form

		as the hotspot where the KP most frequently conducts sex work/cruises/injects/uses drugs.	
4	Hotspot typology	Enter the hotspot typology code.	Contact Form
5	Ward	Record the ward of the hotspot where the KP conducts sex work/cruises/injects/uses drugs.	Contact Form
6	KP phone number	Record the KP's telephone number or a confidant's number through which the KP can be reached.	Contact Form
7	KP unique identifier code	Enter the unique identifier code (UIC) assigned to the KP when enrolled/registered in the programme.	Contact Form
8	Key population type	Indicate the code of the key population type as captured in the Contact Form.	Contact Form
9	DOB (Date of birth)	Record the KP's date of birth in the dd/mm/yyyy format.	Contact Form
10	Age	Record the current age of the KP in years.	Contact Form
11	Sex	Write M for Male or F for Female.	Contact Form
12	Date of first contact	In the dd/mm/yyyy format, record the date the KP was first contacted by the programme, either by the PE or by the clinical team.	Contact Form
13	Date of enrolment	In the dd/mm/yyyy format, record the date when the KP was first enrolled for clinical services by the programme. If the KP is enrolled before he/she is linked to a PE, this date will be the same date in row m above.	Clinic Enrolment Form
14	HIV status at enrolment	Record Known Positive if the KP is HIV positive at enrolment, P if the KP tested positive at enrolment, N if the KP tested negative at enrolment, or U (Unknown) if the KP was not tested at enrolment.	Clinic Enrolment Form/MOH 362
15	Month	This column is pre-filled. Months run from Jan to Dec in each year. A KP will be tracked for a period of 12 months within the same cohort register, after which it is full. When starting a new register, enter the existing cohorts from the old register first, and enter the new cohort entries beneath.	
16	Peer educator code	This is the code of the PE under whom the KP is assigned by the programme. The PE code may change if a new PE joins.	Peer Educator Outreach Calendar
17	Received peer education	Record Y for Yes if the KP was met by a PE and received peer education in that particular month, or N for No if the KP did not receive peer education in the month.	Peer Educator Outreach Calendar
18	Provided with clinical services	Record Y for Yes if during the month the KP was met by the clinical team and received at least one biomedical intervention/service, either during clinical outreach or at the DIC. Record N for No if the KP did not receive biomedical intervention/service in the reporting month. Biomedical interventions include STI screening and treatment, HIV testing and counselling, TB screening and referral, HIV treatment and care, promotion and distribution of condoms/lubricants, SRH services, post-	Clinic Visit Form

		arbortal care services, emergency contraception, PEP and Prep, post-rape care, Hep B and C screening and management, NSP, and MAT.	
19	Tested for HIV	Record Y for Yes if HIV testing and counselling were provided or N for No if HTS was not provided to the KP by the programme during the month. Record NA for individuals who are already positive and who know their status and hence do not need to test.	MOH 362 - HTS Lab Register for General Population and KPs Clinic Visit Form
20	HTS service delivery point	Enter the code for the point where the KP was offered HTS during the month. The codes are DIC if service was at the drop-in centre or CO if service was during clinical outreach. If the KP received HTS more than once in the reporting month, enter the service delivery point code of the first HTS offered in the reporting month.	
21	Frequency of HIV test	Record I for Initial if the KP has never been tested or is tested for the first time by the programme, or R for Repeat if the KP has been tested before by the programme and has returned for HIV testing as part of the routine testing recommended for KPs.	MOH 362 - HTS Lab Register for General Population and KPs
22	HIV status	Record PN for Previously Negative if the KP was not tested in the reporting month but had been tested within the last three months including the reporting month and result was negative, Known Positive if the KP was not tested in the reporting month as he/she was already HIV positive, P for Positive if the KP was tested within the reporting month and diagnosed HIV positive, N for Negative if the KP was tested within the reporting month and diagnosed HIV negative, or U for Unknown if the KP was not tested in the last three months including the reporting month. <i>Examples: If the reporting month is October 2017 and a KP was tested in either August 2017 or September 2017 and diagnosed HIV negative and was not tested in October, then HIV status would be PN. If the KP tested negative five months ago, the HIV status would be U.</i>	MOH 362- HTS Lab Register for General Population and KPs
23	Self-test for HIV	Record Y for Yes if KP performed self-test in the reporting month or N for No if not self-tested. This is a client who is enrolled in care, in the current/previous reporting month, but has NOT been initiated on ART.	MOH 362 - HTS Lab Register for General Population and KPs
24	Pre ART	Record 1 for Yes, Onsite if the KP is HIV positive and is currently on Pre-ART at the DIC Comprehensive Care Clinic. And indicate the CCC number. Record 2 for Yes, Offsite if the KP is currently on Pre-ART, but in facilities other than the programme's own CCC. Record 3 for No if the KP is HIV positive and has not been initiated on Pre-ART. Record 4 for NA if the KP is HIV negative. There should be documentation proof (in the DAR/Preparation Registers-onsite and offsite) to show that the KP is on Pre-ART. Programmes should follow up with	MOH 361A - Treatment Preparation Register for General Population and KPs

		link facilities where KPs have been initiated on Pre-ART and obtain documentation proof to update this column. For clients not on Pre-ART, provide reasons in the remarks section.	
25	Started on ART	<p>Record 1 for Yes, Onsite if the KP is HIV positive and has been initiated on ART at the DIC Comprehensive Care Clinic, and indicate the CCC number. Record 2 for Yes, Offsite if the KP has been started on ART in facilities other than the programme's own CCC. Record 3 for No if the KP is HIV positive and has not been started on ART. Record 4 for NA if the KP is HIV negative. Record 5 if the KP began ART earlier.</p> <p>Starting ART means that the patient has been initiated on ART within the reporting month. Commencement on therapy is determined by the clinician's directive or decision that the patient should immediately start taking antiretroviral drugs.</p> <p>There should be documentation proof (in the DAR/ART Cohort registers-onsite and offsite) to show the KP is on Pre-ART. Programmes should follow up with link facilities where KPs have been initiated on Pre-ART and obtain documentation proof to update this column. For clients not started on ART, provide reasons in the remarks section.</p>	MOH 361B - Comprehensive Care Clinic ART Register
26	Currently on ART	<p>Record 1 for Yes, Onsite if the KP is HIV positive and is currently on ART in the reporting month at the DIC Comprehensive Care Clinic, and indicate the CCC number. Record 2 for Yes, Offsite if the KP is currently on ART but in facilities other than the programme's own CCC where the KP is enrolled for other services. Record 3 for No if the KP is HIV positive and is not currently on ART. Record 4 for NA if the KP is HIV negative.</p> <p>Currently on ART includes all patients who made a visit to the facility under the following circumstances: for their periodic refill/ongoing, to start ART this month, to restart ART after treatment interruption (after being lost or stopped), or for review after the first two weeks of commencing therapy (but not within the same calendar month). If the patient returns in the same calendar month, that should have recorded as an "R" for repeat visit.</p> <p>There should be documentation proof (in the DAR/ART Cohort Registers-onsite and offsite) to show the KP is currently on ART. Programmes should follow up with link facilities where KPs have been initiated on Pre-ART and obtain documentation proof to update this column. For clients not on ART, provide reasons in the remarks section.</p>	MOH 361B - Comprehensive Care Clinic ART Register
27	Current facility of HIV care	Record the name of the CCC where the KP is currently taking medication.	CCC Card
28	HIV care outcome	Enter the following outcomes: LTFU if the KP has missed an appointment and 90 days have passed, DT for Defaulted if missed an appointment and 30 days	MOH 361A - Treatment Preparation Register

		<p>have passed since last missed appointment, TO for Transfer Out to another health facility, A if currently on medication/ARV, or D for Dead if the client died this month.</p> <p>If a KP dies, draw straight lines through the rows for each of the remaining months of the year. For example, if a KP dies in October, draw lines through the rows for November and December. However, if the KP dies during a month in which she/he received any service(s), the KP should not be classified as dead that month. Rather, his/her dead status should be recorded only in the following month. If a KP dies during a month in which she/he has received no service, then her/his status can be updated as dead in that month.</p>	for General Population and KPs
29	ART outcome	<p>Enter one of the following outcomes: LTFU if the KP has missed medication and 90 days have passed, DT for Defaulted if the KP missed an appointment and 30 days have passed since last missed appointment, TO for Transfer Out if the KP has transferred to another health facility, A if currently on medication/ARV, or D if the client died this month.</p> <p>If a KP dies, draw straight lines through the rows for each of the remaining months of the year. For example, if a KP dies in October, draw lines through the rows for November and December. However, if the KP dies during a month in which she/he received any service(s), the KP should not be classified as dead that month. Rather, his/her dead status should be recorded only in the following month. If a KP dies during a month in which she/he has received no service, then her/his status can be updated as dead in that month.</p>	MOH 361B - Comprehensive Care Clinic ART Register
30	Due for viral load	Enter Y for Yes if the KP is due for viral load test if HIV positive and on ARVs, or N for No if not due.	MOH 361B - Comprehensive Care Clinic ART Register
31	Viral load done	Enter Y for Yes if the KP was due for a viral load test and received a viral load test in the reporting month, or N for No if the client was due but did not receive viral load test.	MOH 361B - Comprehensive Care Clinic ART Register
32	Received viral load result	Record Y for Yes if the KP had viral load test and the results were available at the reporting month. Record N for No if the KP had viral load test but did not receive the result in the reporting month.	MOH 361B - Comprehensive Care Clinic ART Register
33	Attained viral load suppression	Record Y for Yes if the KP had viral load test results in the reporting month below 1000 copies/ml, or N for No if more than 1000 copies/ml. If there are more than one VL results available, use the most recent one.	MOH 361B - Comprehensive Care Clinic ART Register
34	Screened for TB	Record Y for Yes if the KP was screened for TB in the reporting month in the DIC according existing protocol, or N for No if not screened.	MOH 361B / MOH 257 - Green Card for General Population and KPs / ICF CARD
35	Diagnosed with TB	Record Y for Yes if the KP is confirmed positive through laboratory test in the reporting month, or N for No if the KP is negative.	TB Treatment Register

36	Started on TB treatment	Record Y for Yes if the KP is positive and started on TB treatment, or N for No if the KP is positive and not started. Record NA if the KP is negative for TB.	TB Treatment Register
37	Completed TB treatment (Yes/No/Continuing)	Record Yes if the KP has completed TB treatment, No if the KP did not complete TB treatment, or Continuing if the KP is continuing treatment.	TB Treatment Register
38	On IPT (Started/Ongoing/Completed)	Record Started if the KP started IPT this month, Ongoing if IPT is ongoing, or Completed if IPT is completed.	TB Treatment Register
39	Reported potential HIV exposure within 72 hours	Record Y for Yes if the KP reports potential HIV exposure within 72 hours, or N for No if potential exposure is not reported within 72 hours. Record NA for Not applicable if the KP did not experience potential exposure to HIV in the reporting month. All potential exposures should be reported to the programme within 72 hours.	PEP Register
40	Provided with PEP within 72 hours	Record Y for Yes if the KP reports potential exposure within 72 hours and is provided with PEP, or N for No if PEP was not provided to the KP who reported exposure within 72 hours. Record NA for KPs who did not report exposure within 72 hours or who had no exposure.	PEP Register
41	Completed PEP	Record Y for Yes if the KP was provided with PEP and completed the course at 28 days, or N for No if the KP was given but did not complete PEP. Record NA for KPs who did not report exposure within 72 hours or who had no potential exposure.	PEP Register
42	Condom requirement	Record the estimated number of condoms required by the KP for one month. This number is obtained from the Peer Educator Outreach Calendar based on average number of sex acts.	Peer Educator Outreach Calendar
43	Condoms distributed	Record the total number of condoms distributed to the KP by the PE and by the clinician. This number is obtained from the Peer Educator Outreach Calendar and other clinical records.	Peer Educator Outreach Calendar
44	Provided with condoms as per need	Record Y for Yes if the KP received condoms as per need, or N for No if the distribution was not as per need. Per need is determined by calculating the condoms distributed divided by the condom requirement. Formula: Condom as per need=Condom distributed/Condom requirement. If this quotient is less than 1, then condoms were not distributed as per need, but if greater than or equal to 1, then the distribution is per need.	Peer Educator Outreach Calendar
45	Lubricant requirement	Record the estimated number of lubricants required by the KP for one month. This number is obtained from the Peer Educator Outreach Calendar based on average sex acts.	Peer Educator Outreach Calendar
46	Lubricant distributed	Record the total number of lubricants distributed to the KP by the PE and by the clinician. This number is obtained from the Peer Educator Outreach Calendar and other clinical records.	Peer Educator Outreach Calendar

47	Provided with lubricants as per need	Record Y for Yes if the KP received lubricants as per need, or N for No if the distribution was not as per need. Per need is determined by calculating the lubricants distributed divided by the lubricant requirement. Formula: Lubricant as per need=Lubricant distributed/ lubricant requirement. If this quotient is less than 1, then lubricant were not distributed as per need, but if greater than or equal to 1, then the distribution is per need.	Peer Educator Outreach Calendar
48	Needle and syringe requirement	Record the estimated number of needles and syringes required by the KP for one month. This number is obtained from the Peer Educator Outreach Calendar based on average injection episodes.	Peer Educator Outreach Calendar
49	Needles and syringes distributed	Record the total number of needles and syringes distributed to the KP by the PE in the reporting month. This number is obtained from the Peer Educator Outreach Calendar.	Peer Educator Outreach Calendar
50	Received needles and syringes per need	Record Y for Yes if the KP received needles and syringes as per need, or N for No if the distribution was not as per need. Per need is determined by calculating the needles and syringes distributed divided by the needles and syringes required. Formula: needles and syringes as per need = needles and syringes distributed / needles and syringes requirement. If this quotient is less than 1, then needles and syringes were not distributed as per need, but if greater than or equal to 1, then the distribution is per need.	Peer Educator Outreach Calendar
51	Screened for Hep C	Record Y for Yes if screened for Hep C in the reporting month, or N for No if not screened for Hep C in the reporting month.	Clinic Visit Form
52	Hep C status	Record P for Positive if Hep C status in the reporting month is positive, or N for Negative if Hep C status is negative in the reporting month.	Clinic Visit Form
53	Treated for Hep C	Record Y for Yes if the KP has Hep C and was treated for Hep C within the reporting month, or N for No if the KP has Hep C but was not treated for Hep C within the reporting month. Record NA for Not applicable if the client is negative for Hep C.	Clinic Visit Form
54	Hepatitis B screening	Record Y for Yes if screened for Hep B through RDT, or N for No if not screened within the reporting month.	Clinic Visit Form
55	Hep B status	Record Known Positive for Hep B if diagnosed with Hep B in previous months and not the reporting month, P for Positive for those diagnosed with Hep B in the reporting month, or N for Negative if tested and found not to have Hep B in the reporting month.	Clinic Visit Form
56	On Hep B treatment	Record Y for Yes if KP is on Hep B treatment in the reporting month, N for No if positive for Hep B and not on treatment, or NA for Not applicable if the KP is Hep B negative.	Clinic Visit Form

57	Hep B vaccination	Record C for Complete if the KP is Hep B negative and completed 2 doses of vaccination either rapid (at 7 and 21 days) OR (1 day and 30 days), I for Incomplete for those who started vaccination but did not complete the 2nd dose, or O for Ongoing for those who are continuing.	Clinic Visit Form
58	Screened for STI	Record Y for YES if screened for STIs, or N for NO if not screened for STIs.	Clinic Visit Form
59	Diagnosed with STI	Record P for Positive if diagnosed with STI(s), or N for Negative if negative for STI.	Clinic Visit Form/ STI Treatment Data Collection Form
60	Treated for STIs	Record Y for Yes if the client was treated for STIs, or N for No if KP is positive for STIs but not treated. Specify reasons why client is not treated for STIs in the Remarks column. Record NA if client is negative for STIs.	Clinic Visit Form/ STI Treatment Data Collection Form
61	Screened for drug and alcohol use	Record Y for Yes if screened for drug and alcohol use, or N for No if not screened within the reporting month.	Clinic Visit Form/PrEP Register
62	Initiated on PrEP	Record Y for Yes if initiated on PrEP, or N for No if not initiated on PrEP within the reporting month.	Clinic Visit Form
63	Currently on PrEP	Record Y for Yes if on PrEP, or N for No if not on PrEP within the reporting month. If the client was started on PrEP during the reporting month, then he/she should be counted as currently on PrEP.	PrEP Register
64	Provided with modern FP services	Indicate Y for Yes if client was provided with modern FP methods in the reporting month, N for No if client was not provided nor on any FP method, or O for Ongoing if the KP was already on long-term FP method during the reporting month.	Clinic Visit Form
65	Provided with risk reduction counselling	Indicate Y for Yes if KP was provided with risk reduction counselling in the reporting month, or N for No if counselling was not provided. Risk reduction counselling is individualised counselling where the KP develops/ reviews their own risk reduction goals with support of a counsellor/ service provider.	Clinic Visit Form
66	Reached with EBI	Record Y for Yes if client was reached with an EBI, or N for No if the KP was not reached.	EBI Data Forms
67	Experienced violence	Record Y for YES if client experienced any form of violence from any perpetrator while conducting sex work/ hanging out/injecting or using drugs, or N for No if the KP did not experience violence in the reporting month.	Violence Reporting Form
68	Received post violence support	Record Y for Yes if the client received support from the programme in the reporting month, or N for No if the KP did not get post-violence support from the programme. Violence support means the programme made some efforts to address the case reported whether through biomedical intervention or legal mechanisms or any other support, even though the case might not have been fully addressed.	Violence Reporting Form
69	Status in programme	Enter the following: LTFU if the KP has not been reached by a PE/ service provider and provided with any service in	

		<p>the last nine months, DT for Defaulted if the KP has not been reached by a PE/ service provider and provided with any service and three months have passed, A for Active if the KP has received a service within the last 3 months, or D for Dead if the KP died.</p> <p>If a KP dies, draw straight lines through the rows for each of the remaining months of the year. For example, if a KP dies in October, draw lines through the rows for November and December. However, if the KP dies during a month in which she/he received any service(s), the KP should not be classified as dead that month. Rather, his/her dead status should be recorded only in the following month. If a KP dies during a month in which she/he has received no service, then her/his status can be updated as dead in that month.</p>	
70	Date of next appointment	Indicate the date of next appointment in the dd/mm/yyyy format.	
71	Remarks/ comments	Comment on or explain any vital event, transfer out, lost to follow-up, and other significant programme issues here.	

Storage and custodian:

This master register for the programme should be maintained in both electronic and hard copy at the programme by the data office/M&E. The electronic format must be password protected, and the hard copy must be kept in a secure cabinet under lock and key. Registers for each implementation year should be kept in secure cabinets.

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4.1 STOCK CONTROL CARD

Summary:

Used for stock keeping purposes; to capture stock at hand, receipts, losses and adjustment.

 **Where filled:** At DIC Level


 **By whom:** DIC in-charge /clinician/pharmacist/storekeeper

Purpose of the tool:

- To track movement of commodities in and out of the DIC
- To receive commodities from all suppliers (e.g., KEMSA)
- To document drugs issued from the main store to the different SDPs
- To help the programme track consumption and place procurement orders for commodities based on the available stock

Quantities received and physical stock are usually written in red.

 **Frequency:** Event driven

 **Instructions:** Enter a card number on the Stock Control Card's cover sheet.

Variables	Instructions
Item description (in full)	Enter the name of the product including strength and batch number/code (e.g., Cefixime 200mg [201898765]).
Unit of issue	Enter either Packs or Cartons: packs if in a dispensing area and they are loose products, cartons if in a bulk store and are large quantity. Most of the time, packs are used.
Expiry date	Enter the expiry date, which is found on the product packaging (e.g., 06/2020). If your stock of a product has different batches or expiry dates, you will need to prepare a different bin card for each batch/expiry date.
Date	Enter the date the commodity was issued from store or received from another store, facility, or distributor.
Reference number (S-11, Delivery Note)	Indicate the S11 serial number or Delivery Note number. This shows where the product is coming from or its final destination.
Receipts	Record the exact count of the commodity received from the distributor or another facility or even from the main store to bulk store.
Issues	Record the count of the commodity issued to the point of use.
Balances	Record what remains in store after transaction or after a physical stock take.
Name of issuing/receiving officer	Indicate the full name of the officer receiving or issuing the commodities.
Balance brought forward and card no.	Record the balance in units from the previous month and the previous month's card number.


Balance carried forward	Calculate and enter the balance carried forward (in units). The balance carried forward = Stock on Hand MINUS Total Quantity Dispensed MINUS Losses
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When receiving commodities, one should fill in with red biro. When taking weekly or monthly stock, one should fill in with green biro. When doing the normal deducting transactions, one should either use black or blue.

 **Storage and custodian:**

The tool needs to be stored at the programme level under the custody of the DIC in-charge/clinician.

4.2 COUNTER REQUISITION AND ISSUE VOUCHER (FORM S11)

 **Summary:**

Form S11 is used to document the movement of drugs within the DIC as well as from one DIC to another. The officer at the requesting point / service delivery point will order using an S11 from the main store.

 **Where filled:** At DIC level

 **By whom:** Filled by programme officer /clinician

 **Purpose of the tool:**

- To track movement from one facility to another

 **Frequency:** Event driven, during/after every commodity requisition

 **Instructions:** Enter a serial number on the cover sheet.

Variables	Instructions
Ministry	Enter Ministry of Health.
Dept/branch	Indicate the department from which the commodities are issued.
Unit	Indicate the unit from which the commodities are issued.
To (issue point)	Indicate the point to which the issue is being made.
Please issue the stores listed below to (point of use)	Indicate the point of use.
Code no.	The code numbers are pre-filled.
Item description	Describe the commodities being ordered.
Unit of issue	Enter the unit issued (e.g., pack, carton).
Quantity required	Enter the quantity required.
Quantity issued	Enter the quantity issued.
Value	Enter the value of the commodities.
Remarks/purpose	Enter any remarks and describe the purpose of the commodities

	requisitioned/issued.
Requisitioning officer	Record the name of the requisitioning officer.
Designation	Enter designation of requisitioning officer.
Date	Enter date of requisition
Signature	Enter the signature of the requisitioning officer.
Issued by	Enter name of person issuing the commodities.
Received by	Record the name of the receiving officer.

The appropriate copies are forwarded to the relevant officers once transaction is complete:

- I. Original filed by the person issuing commodities.
- II. Duplicate filed by the person receiving commodities.
- III. Triplicate remains in the S11 booklet and serves as an auditing tool.

The filled booklet will serve as proof that you should be supplied with another booklet.

Storage and custodian:

The tool needs to be stored at the programme level under the custody of the DIC in-charge /clinician.

4.3 FACILITY DAILY ACTIVITY REGISTER (F-DAR) FOR COMMODITIES (STI, OVERDOSE MANAGEMENT, AND HEP B&C)

Summary:

This tool informs the programme about the stock of drugs and vaccine available and distributed in the programme. Based on the available stock, the programme manager can place procurement orders for commodities.


 **Where filled:** At DIC level

 **By whom:** Clinician/storekeeper/pharmacist

Purpose of the tool:

- To know on the stock of commodities at the implementing partner level
- To know the distribution pattern of the commodities
- To know the syndrome treated

 **Frequency:** This tool should be filled on a daily basis.

 **Instructions:** On the cover sheet, enter the DIC/Facility name, the Facility (MFL) code, the County name, the Sub-County name, and the beginning and ending dates of the reporting period, using the dd/mm/yyyy format.

Variables	Instructions
Unit of Issue	This row is pre-filled with the commodity units.
Balance B/F (brought forward) (In Units) (A)	Record the balance in units from the previous month.
Quantity Received (In Units) (B)	Indicate the quantities of commodities received in units during the reporting period.
Stock on Hand (In Units) (C)	Calculate the stock on hand by adding the balance brought forward plus the quantity received for the reporting period, and enter the sum in units $C = A + B$.
Date	Record the date when commodities were issued out.
UIC/Client no.	Record the UIC of the KP the commodities were issued to.
Issued to (Name of KP)	Record the complete name of the KP the commodities were issued to.
Name of Dispensing Officer	Record the name of the clinician who dispensed the commodities.
RX Treated	From the keys provided below, enter the key for the Overdose, Hepatitis, or STI condition for which the client is being treated (e.g., key 5 for anorectal discharge).
Commodities	Enter the number of units of the commodities dispensed for each client.
Total Quantity Dispensed (In Units) (D)	Record the total quantity of commodities dispensed in units.
Losses (In Units) (E)	Record any losses that have occurred during the reporting period in units.
Positive Adjustments (In units) (F)	For each commodity, record the number of units received in your DIC from another facility/DIC in the reporting period.

	Excess quantities counted when stocktaking are also a positive adjustment.
Negative Adjustments (In units) (G)	For each commodity, record the number of units your DIC has issued to another facility/DIC in the reporting period.
Balance Carried Forward (In Units) (H)	Calculate and enter the balance carried forward (in units). The balance carried forward = stock on hand plus positive adjustments minus total quantity dispensed minus losses minus negative adjustments. $H = (C+F) - (D+E+G)$
Total Cases	For each case key, enter the total number cases for which commodities were dispensed.

Storage and custodian:


The tool needs to be stored at the DIC level under the custody of the clinician/storekeeper/pharmacist.

4.4 FACILITY ISSUING REGISTER FOR CONDOMS, LUBRICANTS, NEEDLES AND SYRINGES, AND HIV SELF TESTING KITS

Summary:

This tool informs the programme about the stock of condoms, lubes, needles, and syringes available and distributed in the programme. Based on the available stock, the programme manager can place procurement orders for commodities.


 **Where filled:** At DIC level

 **By whom:** Field/programme officer /storekeeper/pharmacist

Purpose of the tool:

- To know commodity availability at implementing partner level
- To know the distribution pattern of the commodities

 **Frequency:** Event driven

 **Instructions:** On the cover sheet, enter the DIC/Facility name, the Facility (MFL) code, the County name, the Sub-County name, and the beginning and ending dates of the reporting period, using the dd/mm/yyyy format.

Variables	Instructions
Unit of issue	Unit of issue is pre-filled.
Balance B/F (brought forward) (In Units) (A)	Record the balance (in units) brought forward from the previous month.
Quantity Received (In Units) (B)	Record the quantity (in units) of commodities received from different sources.
Stock on Hand (In Units) (C)	Calculate the stock on hand by adding the balance brought forward plus the quantity received for the reporting period, and enter the sum (in units). $C = A + B$
Date	Record the date when commodities were issued out.
UIC/Client no.	Enter the UIC of the PE/ORW to whom the commodities are issued. Enter NA if issued to a clinician.
Issued to (PE/ORW/Clinician)	Enter the name and signature of the PE/ORW/clinician issued with the commodities.
Name of Issuing Officer	Indicate the name of the Programme /Field officer who issues out the commodities.
Commodities	Enter the numbers of condoms and lubricants, needles and syringes, and HIV self-test kits issued to each client.
Total Quantity Dispensed (In Units) (D)	Enter the total commodities issued out in units.
Losses (In Units) (E)	Enter any losses that have occurred during the reporting period.
Positive adjustments (In units) (F)	For each commodity, record the number of units received in your DIC from another facility/DIC in the reporting period. Excess quantities counted when stocktaking are also a positive adjustment.

Negative adjustments (In units) (G)	For each commodity, record the number of units your DIC has issued to another facility/DIC in the reporting period.
Balance C/F (carried forward) (In Units) (H)	Calculate and enter the balance carried forward. The balance carried forward = stock on hand plus positive adjustments minus total quantity dispensed minus losses minus negative adjustments. $H = (C+F) - (D+E+G)$

 **Storage and custodian:**

The tool should be stored at the DIC level under the custody of the programme/field officer.

4.5 OUTLET REGISTER FOR CONDOMS AND HIV SELF TEST KITS

Summary:

This tool documents the condoms and HIV self test kits distributed by the implementing partner.

 **Where filled:** At programme level

 **By whom:** Prevention officer / programme officer / designate

Purpose of the tool:

- To track the number of condoms and HIV self test kits distributed per hotspot
- To identify active hotspots with condom dispensers
- To track on the days designated for replenishment of condoms
- To track and estimate condom and HIV self test kit needs per hotspot over the year

 **Frequency:** Monthly

Instructions:

Variables	Instructions
County name	Enter the name of the county where the hotspot is located.
DIC	Enter the name of the drop-in centre.
Year	Enter the reporting year.
Hotspot name	Enter the name of the hotspot/outlet being replenished.
Location of outlet in hotspot/vicinity	Record where the outlet is located in the hotspot/vicinity.
Weekdays designated for replenishment	Record days of the week when replenishment is done.
Person in charge of the outlet	Enter the name of the person responsible for replenishing the outlet.
Type of commodity	Pre-filled
Monthly estimated commodity turnover	Based on the average monthly commodity uptake for the past three months, indicate the estimated number of commodities needed in that outlet.
Number distributed	Record the numbers of commodities distributed each month.

Storage and custodian:

The form is stored at the programme level by the programme/ prevention officer / designate.

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5.1 KEY POPULATIONS REPORTING FORM (MOH 731 PLUS)

Summary:

The Key Populations Reporting Form documents all services provided by a KP DIC/clinic in a particular sub-county.

 **Where filled:** At the DIC/ KP clinic level

 **By whom:** M&E staff / data officer

Purpose of the tool:

- To summarise the number of KPs provided with HIV services by the DIC/ KP clinic in particular sub-county

 **Frequency:** Monthly

Instructions:

Variables	Instructions
County	Indicate the county of implementation.
Sub-county	Indicate the sub-county of implementation.
Ward	Indicate the ward of implementation.
Facility/DIC	Indicate the name of the DIC/facility that covers the sub-county of implementation.
MFL code	Indicate the Master Facility List code for the DIC/facility.
Month	Indicate the month of reporting.
Year	Indicate the year of reporting.
1.0 Active key populations	Active KPs are KPs who received at least one service in the last three months.
Tested 15-19	For each age range, enter the number of each type of KP who received at least one service in the last three months.
Tested 20-24	
Tested 25-29	
Tested 30+	
Total active key pops	Enter the total number of active KPs in each KP type.
2.0 HIV testing services	
2.1 HIV testing	
Tested 15-19	For each age range, enter the number of each type of KP who received an HIV test during the reporting period, regardless of whether test results were received.
Tested 20-24	
Tested 25-29	
Tested 30+	

Total tested	Enter the total number of KPs in each KP type who received an HIV test during the reporting period.
Tested facility	For each KP type, enter the number of individuals who received counselling and testing services, regardless of the approach, in a fixed facility/DIC setting during the reporting period. This includes HIV testing done in the TB clinic, OPD, or IPD.
Tested community	For each KP type, enter the number of individuals counselled and tested outside from the facility/DIC during the reporting period.
Tested new (1st testers)	For each KP type, enter the number of individuals tested for the first time within the KP programme where they are enrolled during the reporting period.
Tested repeat	For each KP type, enter the number of individuals who had previously tested for HIV within the programme.
Self-tested for HIV	For each KP type, enter the number of individuals who self-tested for HIV.
Known positives (active)	For each KP type, enter the number of individuals living with HIV among the active population within a programme.
2.2 Receiving positive results	Receiving positive results means that the client tested positive and was made aware of their HIV positive result after the test.
Positive 15-19	<p>For each age range, enter the number of each type of KP who tested positive and were made aware of their HIV positive result after the test.</p> <p>Note 1: In the event that for a test done in the reporting month results are received in the following month, the client will not be counted as having received results unless they receive the results before the MOH 731 PLUS report is compiled.</p> <p>Note 2: Additionally, results given to a KP in this month but belonging to tests done last month cannot be included in this month's report, if the report has been compiled.</p> <p>Note 3: The reporting age of the client is the age at test and not the age at reporting.</p>
Positive 20-24	
Positive 25-29	
Positive 30+	
Total positive	For each KP type, enter the total number of clients who tested HIV positive during the reporting period and received their test result.
2.3 HIV positive 3 months ago linked to care/treatment	This set of data elements refers to patients who were diagnosed HIV positive three months ago and have been linked to care/treatment.
Linked_15-19	For each age range, enter the number of each KP type who were diagnosed HIV positive three months ago and have been enrolled in HIV care.
Linked _20-24	
Linked _25-29	
Linked _30+	
Total linked	For each KP type, enter the total number of KPs who were diagnosed HIV positive three months ago and have been enrolled in HIV care.
Total positive 3 months ago	Enter the total number of KPs in each KP type who were HIV positive three months ago.

3.0 Number receiving commodities	
Number receiving condoms	Enter the number of individuals in each KP type who received at least one condom, irrespective of service provision point.
Number receiving condoms per need	Enter the number of individuals in each KP type who received condoms based on their requirements derived from estimated number of sex acts per month.
Number receiving needles & syringes	Enter the number of individuals in each KP type who received at least one needle & syringe, irrespective of service provision point.
Number receiving needles & syringes per need	Enter the number of individuals in each KP type who received needles & syringes based on their requirements derived from estimated number of injecting episodes per month.
Number receiving lubricants	Enter the number of individuals in each KP type who received at least one lubricant irrespective of service provision point.
Number receiving lubricants per need	Enter the number of individuals in each KP type who received lubricants based on their requirements.
Number receiving self-test kits	Enter the number of individuals in each KP type who received an HIV self-test kit in the reporting period.
4.0 Other Services	
4.1 STI screening	
Number screened_STI	Enter the number of individuals in each KP type who were screened for STI in the reporting period.
Diagnosed_STI	Enter the number of individuals in each KP type who were diagnosed with STI in the reporting period.
Treated_STI	Enter the number of individuals in each KP type who were treated for STI in the reporting period.
4.2 HCV (Hepatitis C)	
Number screened_HCV	Enter the number of individuals in each KP type who were screened for HCV in the reporting period.
Positive_HCV	Enter the number of individuals in each KP type who were diagnosed with HCV in the reporting period.
Treated_HCV	Enter the number of individuals in each KP type who were treated for HCV in the reporting period.
4.3 HBV (Hepatitis B)	
Number screened_HBV	Enter the number of individuals in each KP type who were screened for HBV in the reporting period.
Positive_HBV	Enter the number of individuals in each KP type who were diagnosed with HBV in the reporting period.
Treated_HBV	Enter the number of individuals in each KP type who were treated for HBV in the reporting period.
Negative_HBV_vaccinated	Enter the number of individuals in each KP type who were vaccinated for HBV in the reporting period.

4.4 TB screening	
Number screened	Enter the number of individuals in each KP type who were screened for TB in the reporting period.
Number diagnosed	Enter the number of individuals in each KP type who were found positive with TB in the reporting period.
Started on TB TX	Enter the number of individuals in each KP type who were found positive with TB and started on treatment in the reporting period.
TB clients on HAART	This is the count of TB patients who are receiving ART in each KP type. Calculate and enter the sum of all those TB patients who were already on HAART at the time of TB diagnosis and TB patients diagnosed with HIV who are started on HAART during the reporting month.
4.5 PrEP	
Initiated PrEP	Enter the number of HIV negative persons in each KP type who have been started on PrEP during the reporting month after meeting the eligibility criteria for PrEP.
Current on PrEP	Enter the number of people in each KP type who are currently receiving PrEP. This includes persons newly started on PrEP in the reporting month, persons who come for their PrEP refills in the reporting month, and those who do not come for medicine in the reporting month but have been given PrEP medications to take them through the reporting month.
Turning HIV positive while on PrEP	Enter the number of people on PrEP in each KP type who tested positive for HIV in the reporting period.
4.6 Violence support	
Experience violence	Enter the number of people in each KP type who experienced violence in the reporting period.
Receiving violence support	Enter the number of people in each KP type who were supported by the programme when they experienced violence in the reporting period.
4.7 PEP	
Number exposed	Enter the number of people in each KP type who reported that they were exposed to HIV within 72 hours of exposure.
Number receiving PEP<72hrs	Enter the number of people in each KP type who were initiated on PEP within 72 hours of HIV exposure.
Number completed PEP within 28 days	Enter the number of people in each KP type who completed taking PEP within 28 days.
4.8 Peer education	
Receiving peer education	Enter the number of people in each KP type who received peer education in the reporting period.
4.9 Clinical services	
Receiving clinical services	Enter the number of people in each KP type who received clinical services in the reporting period.

5.0 CARE & TREATMENT	
5.1 Current on Pre-ART	
On site	
On pre-ART 15-19	For each age range, enter the number of people of each KP type who were enrolled in care this month or in a previous month and made a clinical visit on site in preparation for ART but have not started on ART during this visit. They should be counted only if there is no intention to start them on ART during the reporting month in this site.
On pre-ART 20-24	
On pre-ART 25-29	
On pre-ART 30+	
Total on site	For each KP type, enter the total number on pre-ART on site.
Off site	
On pre-ART 15-19	For each age range, enter the number of people of each KP type who were enrolled in care this month or in a previous month and made a clinical visit off site in preparation for ART but have not started on ART during this visit. They should be counted only if there is no intention to start them on ART during the reporting month in another site.
On pre-ART 20-24	
On pre-ART 25-29	
On pre-ART 30+	
Total off site	For each KP type, enter the total number on pre-ART off site.
Total on pre-ART	For each KP type, enter the total number on pre-ART, on and off site.
5.2 Starting ART	
On site	
Started-ART 15-19	For each age range, enter the number of people of each KP type started on HAART for treatment at this site within the reporting period.
Started-ART 20-24	
Started-ART 25-29	
Started-ART 30+	
Total on site	For each KP type, enter the total number who started ART on site in the reporting period.
Off site	
Started-ART 15-19	For each age range, enter the number of people of each KP type started on HAART for treatment in another site within the reporting period.
Started-ART 20-24	
Started-ART 25-29	
Started-ART 30+	
Total off site	For each KP type, enter the total number who started ART off site in the reporting period.
Total started ART	For each KP type, enter the total number who started ART (on and off site) in the reporting period.
5.3 Current ART	

On site	
Currently on ART 15-19	<p>Enter the number of people in each KP type who:</p> <ol style="list-style-type: none"> 1. started therapy on site this month or 2. started therapy on site before this month but made a visit to collect drugs this month or 3. started therapy on site before this month but did not make a visit to the facility during this month because they had been given enough drugs during visits before this month to cover the reporting month. <p>Note: Currently on therapy--including those who were given drugs before the reporting month—does not discount for deaths that may have occurred since the drugs were given. This number however is likely to be negligible because the time interval (of 3 months) covered is quite narrow. This number also includes any Transfer Ins.</p>
Currently on ART 20-24	
Currently on ART 25-29	
Currently on ART 30+	
Total on site	Enter the total number of people in each KP type who are on ART on site.
Off site	
Currently on ART 15-19	<p>Enter the number of people in each KP type who:</p> <ol style="list-style-type: none"> 1. started therapy this month off site or 2. started therapy off site before this month but visited the off site clinic to collect drugs this month or 3. started therapy off site before this month but did not make a visit to the facility during this month because they had been given enough drugs during visits before this month to cover the reporting month. <p>Note: Currently on therapy--including those who were given drugs before the reporting month—does not discount for deaths that may have occurred since the drugs were given. These number however are likely to be negligible because the time interval (of 3 months) covered is quite narrow. This number also includes any Transfer Ins.</p>
Currently on ART 20-24	
Currently on ART 25-29	
Currently on ART 30+	
Total off-site	Enter the total number of people in each KP type who are on ART off site.
Total currently on ART (total on site and total off-site)	Enter the total number of people in each KP type who are on ART on and off site.
5.4 Retention on ART	
On site	
On ART at 12 months	<p>This information is obtained from the Cohort Summary Sheet. Only that cohort that has matured to 12 months in the reporting month should be reported on every month.</p> <p>Enter the number of clients still on ART 12 months after starting ART regardless of regimen.</p> <p>Note: For detail, refer to the instructions for completing the Cohort Summary Sheet in the ART Cohort Register.</p>
Net cohort at 12 months	<p>This refers to the number of clients started ART in the same month plus transfer ins and minus transfer outs.</p> <p>Take the number of patients in the original cohort, add the Transfers In (TIs), and subtract the Transfers Out (TOs) to get the</p>

	<p>net current cohort. Note: For detail, refer to the instructions for completing the Cohort Summary Sheet in the ART Cohort Register.</p>
Off site	
On ART at 12 months	<p>This information is obtained from the Cohort Summary Sheet. Only that cohort that has matured to 12 months in the reporting month should be reported on every month. Enter the number of clients still on ART 12 months after starting ART regardless of regimen. Note: For detail, refer to the instructions for completing the Cohort Summary Sheet in the ART Cohort Register.</p>
Net cohort at 12 months	<p>This refers to the number of clients started ART in the same month plus transfer ins and minus transfer outs. Take the number of patients in the original cohort, add the Transfers In (TIs), and subtract the Transfers Out (TOs) to get the net current cohort. Note: For detail, refer to the instructions for completing the Cohort Summary Sheet in the ART Cohort Register.</p>
5.5 Viral Load Tracking	
On site	
Viral load result_12mths	<p>Enter the number of people in the 12-month cohort in each KP type who had a viral load test off site at 12 months and whose results were available at the time of analysis.</p>
Viral load <1000_12mths	<p>Enter the number of people in the 12-month cohort in each KP type whose 12-month viral load test was done off site and who have a viral load less than 1000 copies per ML.</p>
Off site	
Viral load result_12mths	<p>Enter the number of people in the 12-month cohort in each KP type who had a viral load test off site at 12 months and whose results were available at the time of analysis.</p>
Viral load <1000_12mths	<p>Enter the number of people in the 12-month cohort in each KP type whose 12-month viral load test was done off site and who have a viral load less than 1000 copies per ML.</p>
6.0 Methadone assisted therapy	
No. ever enrolled on MAT	<p>Enter the number of clients—by sex and by method of drug use—ever enrolled in this MAT centre up to the end of the reporting period.</p>
No. newly enrolled MAT	<p>Enter the number of clients—by sex and by method of drug use—initiated on MAT during the reporting period.</p>
No. currently on MAT (active)	<p>Enter the number of clients—by sex and by method of drug use—who received MAT at any time during the reporting period.</p>
No. of clients on 60-120mg dose	<p>Enter the number of MAT clients—by sex and by method of drug use—receiving 60-120mg dose of methadone during the reporting period.</p>

No. of clients on > 120mg dose	Enter the number of MAT clients—by sex and by method of drug use—receiving more than 120mg dose of methadone during the reporting period.
Average dose overall (mg)	Enter the average dose of methadone taken by patients—by sex and by method of drug use.
No. of MAT clients on TB treatment	Enter the number of MAT clients—by sex and by method of drug use—who are also taking TB treatment in the reporting period.
No. of MAT clients on 1st line ART	Enter the number of MAT clients—by sex and by method of drug use—who are on 1st line ART regimen in the reporting period.
No. of MAT clients on 2nd line ART	Enter the number of MAT clients—by sex and by method of drug use—who are on 2nd line ART regimen in the reporting period.
No. of clients weaned off methadone	Enter the number of MAT clients—by sex and by method of drug use—who voluntarily weaned off methadone and abstained from opioids use during the reporting period.
No. of clients discontinued_involuntary	Enter the number of MAT clients—by sex and by method of drug use—discontinued from MAT by the clinician due to misconduct / medical reasons during the reporting period.
No. of clients discontinued_voluntary	Enter the number of MAT clients—by sex and by method of drug use—who voluntarily interrupted methadone therapy for 30 consecutive days during the reporting period.
7.0 Overdose	
No. of clients missing > 5 consecutive MAT doses	Enter the number of MAT clients—by sex and by method of drug use—who have missed more than five consecutive doses of methadone during the reporting period.
Number of PWID/PWUD who experienced overdose	Enter the number of PWID/PWUD who experienced overdose in the reporting period.
Number of PWID/PWUD who had overdose and received naloxone	Enter the number of PWID/PWUD who had overdose and received naloxone
Number of deaths due to overdose	Enter the number of deaths due to overdose in the reporting period.
8.0 Training	
8.1 Number of trainings conducted for the following cadres	
Peer educators	For each type of KP programmes, enter the number of trainings conducted for peer educators in the reporting period.
Health care workers	For each type of KP programmes, enter the number of trainings conducted for health care workers in the reporting period.
Law enforcers	For each type of KP programmes, enter the number of trainings conducted for law enforcers in the reporting period.
Paralegal	For each type of KP programmes, enter the number of trainings conducted for paralegals in the reporting period.
Advocacy officers	For each type of KP programmes, enter the number of trainings conducted for advocacy officers in the reporting period.

8.2 Number of participants who attended trainings	
Peer educators	For each type of KP programmes, enter the number of peer educators who attending trainings in the reporting period.
Health care workers	For each type of KP programmes, enter the number of health care workers who attending trainings in the reporting period.
Law enforcers	For each type of KP programmes, enter the number of law enforcers who attending trainings in the reporting period.
Paralegal	For each type of KP programmes, enter the number of paralegals who attending trainings in the reporting period.
Advocacy officers	For each type of KP programmes, enter the number of advocacy officers who attending trainings in the reporting period.
Prepared by	Enter the name, designation, and signature of the person who filled the form
Reviewed by	Enter the name, designation, and signature of the person who reviewed the form.

 **Storage and custodian:**

This tool is compiled and maintained by the data office /M&E. The original copy of the hard copy is submitted to the Sub-county Health Records Information Officer before or on the 5th of every month for uploading to the DHIS.

5.2 FACILITY CONSUMPTION DATA REPORT AND REQUEST (F-CDRR) FOR CONDOMS, LUBRICANTS, NEEDLES AND SYRINGES, OVERDOSE, STI, HEPATITIS B&C, AND HIV ST (MOH 739)

Summary:


This is a DIC consumption summary and a request report for condoms, lubricants, HIV self testing kits, needles and syringes, STI drugs, hepatitis C&B vaccine, and naloxone. It helps the programme know monthly consumption and place procurement orders for commodities based on the available stock.

 **Where filled:** At the programme level

 **By whom:** Filled by DIC in-charge /clinician

Purpose of the tool:

- To know commodity availability
- To order commodities

 **Frequency:** This tool should be filled at the end of every reporting period (month).

Instructions:

Variables	Instructions
Facility name	Record the name of the facility/DIC.
Facility MFL code	Record the Master Facility List code for the DIC with the commodities.
County	Enter the name of the county where the facility/DIC is located.
Sub-county	Record the administrative sub-county where the facility/DIC is located.
Period of reporting	Enter the beginning and ending dates of the period (month) for which the report is prepared. Use the dd/mm/yyyy format.
Commodity name	This column is pre-filled.
Unit of issue	This column is pre-filled.
Beginning balance	For each commodity, record the balance carried over from the previous reporting period. The beginning balance should be equal to the physical stock count at the end of the previous reporting period.
Total quantity received this month	For each commodity, record the number of units received from external sources. If no stock was received, indicate ZERO.
Total consumed this month	For each commodity, record the total number of units consumed within the reporting period. This information is obtained from the DARs and the Facility Issuing Register.
Losses & wastage	For each commodity, record the number of units lost at the DIC during the reporting period. <i>Losses include defective, damaged, missing or expired drugs</i> and should be separated from the usable stock. In the Comments section, explain the reason for the loss.

Positive adjustments	For each commodity, record the number of units received in your DIC from another facility/DIC in the reporting period. Excess quantities counted when stocktaking are also a positive adjustment.
Negative adjustments	For each commodity, record the number of units your DIC has issued to another facility/DIC in the reporting period.
End of month physical stock count	For each commodity, enter the total sum of the stock physically counted in the DIC. This should be done at the COB on the last day of the reporting period. Ideally, Physical Stock Count = Beginning Balance + Received – Consumed – Losses + Positive Adjustment – Negative Adjustment. Qualify any difference between physical stock count and documented quantity as an adjustment.
Commodities expiring in less than 6 months	For each commodity, record the number of units that will expire in less than six months, and write the earliest expiry date in mm/yyyy format.
Days out of stock this month	For each commodity, enter the number of days that the DIC had no supply during the reporting month.
Quantity requested for restocking	Calculate the quantity to order for each drug as follows: Quantity required for resupply = Reporting month's consumption *3, and then subtract Physical stock count.
Total cases	For each case key, enter the total number cases for which commodities were dispensed in the reporting period. This information is available in the Total Cases table in the Facility Daily Activity Register (F-DAR) for Commodities, Overdose Management, and Hep B&C.
Comments	Explain all losses and adjustments.
Report prepared by	Enter the name of the officer who prepared the report.
Contact telephone	Enter the phone number of the officer who prepared the report.
Signature	Enter the signature of the officer who prepared the report.
Designation	Enter the designation of the officer who prepared the report.
Date	Enter the date that the report was prepared.
Report approved by	Enter the name of the officer who approved the report.
Contact telephone	Enter the telephone number of the officer who approved the report.
Signature	Enter the signature of the officer who approved the report.
Designation	Enter the designation of the officer who approved the report.
Date	Enter the date that the report was approved.

Storage and custodian:

The tool is stored at the programme level under the custody of the DIC in-charge /clinician.

5.3 COHORT REGISTER SUMMARY

Summary:

The Cohort Register Summary is a monthly consolidation of data in the KP Cohort Register, disaggregated by age group and sex.

 **Where filled:** At the clinic/DIC

 **By whom:** M&E staff / data officer

Purpose of the tool:

By consolidating data from the KP Cohort Register, this tool helps users document the total number of individuals reached with services and commodities each month. This helps users assess service uptake among KPs and the gaps thereof.

This summary is used for filling the Key Populations Reporting Form (MOH 731 Plus) each month.

 **Frequency:** Monthly

 **Instructions:** On the Cohort Register Summary's coversheet, enter the year being reported.

Columns that have shaded cells in the upper table should be filled in the lower table, because they have multiple response options. In the lower table, enter age range and sex sub-totals for each response option. Data should not be entered in the shaded cells of the upper table.

Variables	Instructions
County	Enter the name of the county for which data are being reported as per the KP Cohort Register.
Sub-County	Enter the name of the sub-county for which data are being aggregated. Fill a separate Cohort Register Summary for each sub-county as per the KP Cohort Register.
Month	Enter the month for which data are being reported.
Key population type	Enter the KP type code: FSW, MSM, MSW, PWID, PWUD, TGM, or TGW. Fill a separate Cohort Register Summary for each KP type.
Age range and sex	The cells in this column are pre-filled
Service point	Enter this data in the lower table.
No. who received peer education	Enter the number of individuals who received peer education in the reporting month by age range, total number, and by sex.
No. provided with clinical services	Enter the number of individuals who were provided with clinical services in the reporting month by age range, total number, and by sex.
No. tested for HIV	Enter the number of individuals who were tested for HIV in the reporting month by age range, total number, and by sex.
Frequency of HIV test	Enter this data in the lower table.
HIV status	Enter this data in the lower table.
No. self tested for HIV	Enter the number of individuals who self tested for HIV in the reporting month by age range, total number, and by sex.

Pre ART	Enter this data in the lower table.
Started on ART	Enter this data in the lower table.
Currently on ART	Enter this data in the lower table.
HIV care status	Enter this data in the lower table.
ART status	Enter this data in the lower table.
No. due for viral load	Enter the number of individuals who were due for viral load test in the reporting month by age range, total number, and by sex.
No. whose viral load done	Enter the number of individuals whose viral load test is done in the reporting month by age range, total number, and by sex.
No. who received viral load result	Enter the number of individuals who received their viral load test result in the reporting month by age range, total number, and by sex.
No. who attained viral load suppression	Enter the number of individuals who attained viral load suppression in the reporting month by age range, total number, and by sex.
No. screened for TB	Enter the number of individuals who were screened for TB in the reporting month by age range, total number, and by sex.
No. diagnosed with TB	Enter the number of individuals who were diagnosed with TB in the reporting month by age range, total number, and by sex.
No. started on TB treatment	Enter the number of individuals who started on TB treatment in the reporting month by age range, total number, and by sex.
No. who reported potential HIV exposure within 72 hours	Enter the number of individuals who reported potential HIV exposure within 72 hours in the reporting month by age range, total number, and by sex.
No. provided with PEP within 72 hours	Enter the number of individuals who were provided with PEP within 72 hours of potential HIV exposure in the reporting month by age range, total number, and by sex.
No. who completed PEP	Enter the number of individuals who completed PEP in the reporting month by age range, total number, and by sex.
Condom requirement	Enter the number of condoms required by this cohort in the reporting month by age range, total number, and by sex.
Condoms distributed	Enter the number of condoms distributed to this cohort in the reporting month by age range, total number, and by sex.
No. provided with condoms as per need	Enter the number of individuals in this cohort who were provided with condoms as per their need in the reporting month by age range, total number, and by sex.
Lubricant requirement	Enter the number of lubricant sachets required by the cohort in the reporting month by age range, total number, and by sex.
Lubricants distributed	Enter the number of lubricant sachets distributed to the cohort in the reporting month by age range, total number, and by sex.
No. provided with lubricants as per need	Enter the number of individuals who were provided with lubricant as per their need in the reporting month by age range, total number, and by sex.

Needles and syringes requirement	Enter the number of needles and syringes required by the cohort in the reporting month by age range, total number, and by sex.
Needles and syringes distributed	Enter the number of needles and syringes distributed to the cohort in the reporting month by age range, total number, and by sex.
No. who received needles and syringes per need.	Enter the number of individuals who received needles and syringes as per their requirement in the reporting month by age range, total number, and by sex.
No. screened for Hep C	Enter the number of individuals who were screened for Hepatitis C in the reporting month by age range, total number, and by sex.
Hep C status	Enter this data in the lower table.
No. treated for Hep C	Enter the number of individuals who were treated for Hepatitis C in the reporting month by age range, total number, and by sex.
No. screened for Hepatitis B	Enter the number of individuals who were screened for Hepatitis B in the reporting month by age range, total number, and by sex.
Hep B status	Enter this data in the lower table.
No. on Hep B treatment	Enter the number of individuals who were on Hepatitis B treatment in the reporting month by age range, total number, and by sex.
Hep B vaccination	Enter this data in the lower table.
No. screened for STIs	Enter the number of individuals who underwent STI screening in the reporting month by age range, total number, and by sex.
No. diagnosed with STI	Enter the number of individuals who were diagnosed with an STI in the reporting month by age range, total number, and by sex.
No. treated for STI	Enter the number of individuals who were treated for STI in the reporting month by age range, total number, and by sex.
No. screened for drug and alcohol use	Enter the number of individuals who were screened for drug and alcohol use in the reporting month by age range, total number, and by sex.
No. initiated on PrEP	Enter the number of individuals who were initiated on PrEP in the reporting month by age range, total number, and by sex.
No. currently on PrEP	Enter the number of individuals who were on PrEP in the reporting month by age range, total number, and by sex.
Provided with modern FP services	Enter this data in the lower table.
No. who received risk reduction counselling	Enter the number of individuals who received risk reduction counselling in the reporting month by age range, total number, and by sex.
No. reached with EBI	Enter the number of individuals who were reached with evidence-based information in the reporting month by age range, total number, and by sex.
No. experiencing violence	Enter the number of individuals who experienced violence in the reporting month by age range, total number, and by sex.
No. who received post-violence support	Enter the number of individuals who received post-violence support in the reporting month by age range, total number, and by sex.

Status in programme	Enter this data in the lower table.
Lower Table	
County	Enter the name of the county where the programme is being implemented.
Sub-county	Enter the name of the sub-county where the programme is being implemented. Do a separate summary for each sub-county.
Month	Enter the reporting month.
Key population type	Enter the key population type code: FSW, MSM, MSW, PWID, PWUD, TGM, or TGW. Fill a separate summary for each key population type.
Age range and sex	The age ranges and sexes are pre-filled.
Service point	Enter the numbers of individuals served at the drop-in centre (DIC) and through clinical outreach (CO) in the reporting month by age range, total number, and by sex.
HIV status	Enter the numbers of individuals who had an HIV status code of previously negative (PN), known positive (KP), positive (P), negative (N), and unknown (U) in the reporting month by age range, total number, and by sex.
Frequency of HIV test	Enter the numbers of individuals who had initial HIV testing (I) and who had repeat HIV testing (R) in the reporting month by age range, total number, and by sex.
Pre-ART	Enter the numbers of individuals enrolled for pre-ART on-site (Yes onsite), enrolled for pre-ART off-site (Yes offsite), and not enrolled for pre-ART (No) in the reporting month by age range, total number, and by sex.
Started on ART	Enter the numbers of individuals who started ART on-site (Yes onsite), who started ART off-site (Yes offsite), and who did not start ART (No) in the reporting month by age range, total number, and by sex.
Currently on ART	Enter the numbers of individuals currently on ART on-site (Yes onsite), currently on ART off-site (Yes offsite), and not currently on ART (No) in the reporting month by age range, total number, and by sex.
HIV care status	Enter the numbers of individuals whose HIV care status is lost to follow-up (LTFU), defaulted (DT), transferred out (TO), active (A), and dead (D) in the reporting month by age range, total number, and by sex.
ART status	Enter the numbers of individuals whose HIV ART status is lost to follow-up (LTFU), defaulted (DT), transferred out (TO), active (A), and dead (D) in the reporting month by age range, total number, and by sex.
Hep C status	Enter the numbers of individuals whose Hepatitis C status is positive (P) and negative (N) in the reporting month by age range, total number, and by sex.
Hep B status	Enter the numbers of individuals whose Hepatitis B status is

	known positive (KP), positive (P), and negative (N) in the reporting month by age range, total number, and by sex.
Hep B vaccination	Enter the numbers of individuals whose Hepatitis B vaccination is complete (C), incomplete (I), or ongoing (O) in the reporting month by age range, total number, and by sex.
Provided with modern FP services	Enter the numbers of individuals who received family planning services (Y), who didn't receive family planning services (N), and whose family planning method is ongoing (O) in the reporting month by age range, total number, and by sex.
Status in programme	Enter the numbers of individuals whose status in the programme is lost to follow-up (LTFU), defaulted (DT), transferred out (TO), active (A), and dead (D) in the reporting month by age range, total number, and by sex.

NASCOP

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