

REPUBLIC OF KENYA



MINISTRY OF HEALTH

# Peer Educator Follow Up Tracking Form

**SECTION A. ADMINISTRATIVE**

A1	DIC Name & MFL Code	Name _____ MFL Code  _ _ _ _ _
A2	Peer Educator (PE) Name	_____
A3	KP Name	_____
A4	KP Unique Identifier Code	_____
A5	KP Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
A6	KP Typology	<input type="checkbox"/> FSW <input type="checkbox"/> MSW <input type="checkbox"/> MSM <input type="checkbox"/> PWID <input type="checkbox"/> PWUD <input type="checkbox"/> TRANSMAN <input type="checkbox"/> TRANSWOMAN
A7	Date of initial enrolment in the DIC	(DD/MM/YYYY) ___/___/_____
A8	Last date expected at the clinic	(DD/MM/YYYY) ___/___/_____
A9	KP Phone Number	
A10	Tracking attempted?	<input type="checkbox"/> YES, GO TO → A12 <input type="checkbox"/> NO, GO TO → A11
A11	Why was tracking not attempted?	<input type="checkbox"/> Contact information illegible → END <input type="checkbox"/> Location listed too general to make tracking possible → END <input type="checkbox"/> Contact information missing → END <input type="checkbox"/> Cohort register/ peer outreach calendar reviewed and client not lost to follow-up → END <input type="checkbox"/> Other, specify: → END
A12	First attempt of tracing by PE/Health care worker	Date DD/MM/YYYY ___/___/_____ Tracing type <input type="checkbox"/> Phone <input type="checkbox"/> Physical Tracing outcome <ul style="list-style-type: none"> <li><input type="checkbox"/> KP reached → A15</li> <li><input type="checkbox"/> KP not reached, but other informant reached → A15</li> <li><input type="checkbox"/> KP not reached → Repeat tracing per site SOP.</li> </ul>
A13	Second attempt of tracing by PE/Health care worker	Date DD/MM/YYYY ___/___/_____ Tracing type <input type="checkbox"/> Phone <input type="checkbox"/> Physical Tracing outcome <ul style="list-style-type: none"> <li><input type="checkbox"/> KP reached → A15</li> <li><input type="checkbox"/> KP not reached, but other informant reached → A15</li> <li><input type="checkbox"/> KP not reached → Repeat tracing per site SOP.</li> </ul>
A14	Third attempt of tracing by PE/Health care worker	Date DD/MM/YYYY ___/___/_____ Tracing type <input type="checkbox"/> Phone <input type="checkbox"/> Physical Tracing outcome <ul style="list-style-type: none"> <li><input type="checkbox"/> KP reached → A15</li> <li><input type="checkbox"/> KP not reached, but other informant reached → A15</li> <li><input type="checkbox"/> KP not reached → Repeat tracing per site SOP.</li> </ul>
A15	Tracing outcomes	<b>Status:</b> <ol style="list-style-type: none"> <li>1. Dead</li> <li>2. Relocated</li> <li>3. Voluntary exit → A17</li> <li>4. Enrolled in MAT (applicable to PWIDS only)</li> <li>5. Untraceable</li> <li>6. Bedridden</li> <li>7. Imprisoned</li> <li>8. Found</li> </ol> <b>Source of information:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> KP</li> <li><input type="checkbox"/> Other informant, specify (friend/neighbor/spouse/ etc)</li> <li><input type="checkbox"/> PE</li> </ul>
A16	Status in the programme	<ol style="list-style-type: none"> <li>1. Lost to follow up</li> <li>2. Defaulted</li> <li>3. Active</li> <li>4. Dead</li> </ol>
A17	Comments explaining the reason(s) for voluntary exit	