Key Population Data Collection Tools in Kenya

**Reference Manual
2014**

Ministry of Health

Foreword

Key populations (Female sex workers, Men having sex with Men and Injecting drug users) contribute around 30 % of new HIV infections in Kenya. They also suffer with disproportionately higher HIV prevalence rates ranging from 29.3% among female sex workers, 18.2 % among MSMs and 18.3 % among injecting drug users. NASCCOP on behalf of Ministry of Health has lead the HIV prevention, treatment and care response to halt and reverse the epidemic amongst the key populations. Currently, there are around 80 programs that work with key populations that are majorly funded by PEPFAR and Global Fund.

From NASCOP's end, a program reporting tool was introduced in 2013 and subsequently all partners were trained on its use. Reporting rates as high as 90 % was achieved. Recently, NASCOP has also put in place various tools to capture program, outreach and clinic level data for the key population programs to ensure that standardized tools across all programs are used and standardized information is captured across programs.

The reference guide provides the necessary guidance to the key population implementing agencies and their lead partners and donors to interpret the program, outreach and clinic tools and standardize information that is being captured which will help programs generate quality data, generate evidence and use the data for decision making both at the program and national level.

I thank NASCOP for taking lead and acknowledge the partners who have been part of this development process of the tools and associated reference guide. We hope that the same will contribute in improving program efficiency and effectiveness.

Acknowledgement

Development of program, outreach and clinic tools for key population programs began through a consultative process in early 2013 as this was seen as an important step towards bring in standardization of key populations programs in terms of data gathering and reporting. Several key population partners and community members participated in series of meeting and workshops to develop and conceptualize the tools.

NASCOP then set up a smaller core team on behalf of the Technical Working Group to develop and finalize the tools along with the associated guidance document. The core team was chaired by the Program manager Key Populations NASCOP. The core team members were as follows: Helgar Musyoki (NASCOP), Dr. George Githuka (NASCOP), John Anthony (NASCOP – TSU), Nicholas Kweyu (CDC), Shem Kaosa (NASCOP – TSU), Japheth Nyambane (NASCOP), Bernard Ogwang (NASCOP – TSU), Parinita Bhattarchajee (NASCOP - TSU) and Lorna Dias (NASCOP-TSU). NASCOP wishes to acknowledge their key role in developing this documents and tools. Thanks to Redemtor Atieno for supporting designing and printing of the report.

Once the tools were finalized, NASCOP called for a validation meeting consisting of key implementing partners and donors. NASCOP gratefully acknowledges them. We extend our appreciation to CDC, USAID, UNODC, UNAIDS, WHO, University of Manitoba, Intrahealth, Kenya Red Cross, KANCO, KENPUD, KESWA, HOYMAS, ICRH, IMC, IRDO, NOSET, SAPTA, LVCT, MEWA, Reachout Trust, CDC Foundation, NOPE among others who participated in various deliberations that helped crystallize the tools.

NASCOP on behalf of Ministry of Health remains committed towards coordinating the key population programs to achieve zero new infections, zero deaths and zero stigma and discrimination and contributing to the vision 2030.

Dr. Martin Seringo
Head,
National AIDS and STI Control Program (NASCOP)

Intended Users of This Document

This document is intended for implementing partners and community based organizations. It is specifically intended for the following officers:

- Implementing partners and community based organizations: Project Managers, MIS Officers and Outreach Workers, Community Mobilizers.

In this reference manual, program activities have been divided into three sections as follows:
1. Outreach level activities
2. Clinic level activities
3. Project level activities

Acronyms

AIDS	-	Acquired Immuno-defiency Sydrome
ART	-	Antiretroviral Therapy
DIC	-	Drop in Center
FP	-	Family Planning
FSW	-	Female Sex Worker
GBV	-	Gender Based Violence
HIV	-	Human Immune-deficiency Virus
HRG	-	High Risk Group
HTC	-	HIV Testing and Counselling
IDU	-	Injecting Drug Users
KP	-	Key Population
MIS	-	Management Information System
MSM	-	Men Having Sex with Men
NACP	-	National AIDS Control Programme
NGO	-	Non Governmental organization
ORW	-	Outreach Worker
PD	-	Project Director
PE	-	Peer Educator
PEP	-	Post-Exposure Prophylaxis
PHDP	-	Positive Health Dignity and Prevention
PM	-	Project Manager
PWID	-	People Who Inject Drug
PWUD	-	People Who Use Drug
RTI	-	Reproductive Tract Infection
SIMU	-	Strategic Information Management Unit
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TSU	-	Technical Support Unit
UID	-	Unique Identification

Operational Definitions

Contact – when a KP receives any of the following services:

- A commodity directly from the program / peer educator (condoms, lubes, needles and syringes).
- Biomedical service (HTC, STI screening /treatment, PEP, FP, Cervical cancer screening, post abortal care, clinical PHDP, TB screening/treatment, abscess screening/ treatment, HIV Care and treatment, MAT, Naloxone, alcohol and drug abuse screening, overdose management, HEP B & C screening/treatment).
- Risk reduction counselling.
- Linkage to psychosocial support.
- Rapport building with the peer educator.

Lubes – this refers to:
- 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 3 needles and 3 syringes amongst other commodities.

**DiCE/DISC/Program Office/Clinic/Wellness Clinic** - refers to a service provision point.

Service Provider - refers to a nurse / clinical officer / Counselor

Formal Group - this is a structured group set up for KPs to address the improvement of livelihoods

Informal Group - this describes an ad hoc gathering of KPs around day-to-day issues

Strategic Approach to Monitoring Key Population Programs

FIGURE 1: PROGRAM ACHIEVEMENT FUNNEL. DEFINING OPPORTUNITY GAPS
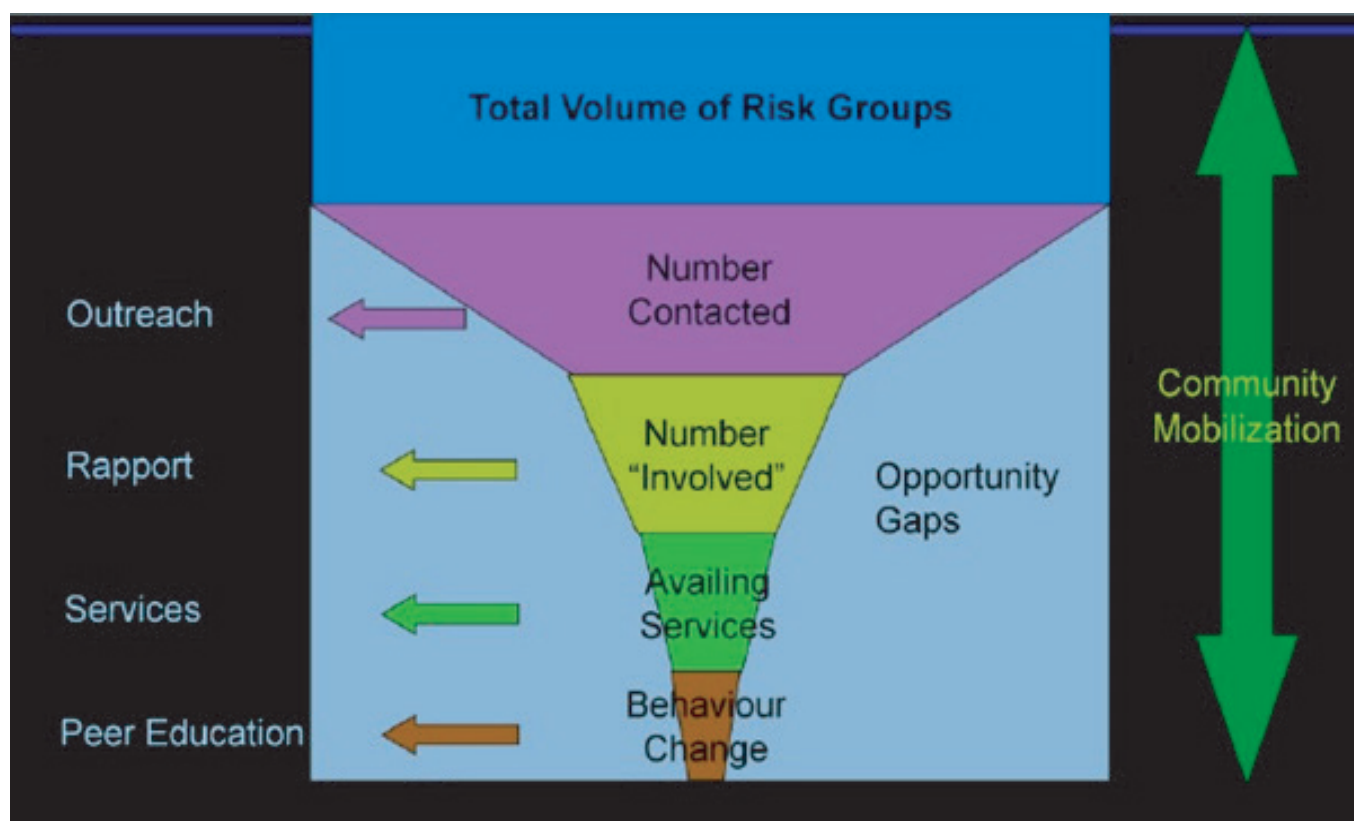
Data collection tools at implementation level

Intervention activities are broadly grouped as under:

- Outreach level activities
- Clinic level activities
- Project level activities

The following section provides information on the routine activities to be conducted at the implementation site, stating the frequency of the activity and the office responsible for making sure that the activity is done at each level.

Data Tools	Content of the Form	Where and when to fill	Usefulness of the information	Staff Responsible
PE Contact Form *This form complements the Outreach Calendar*	Queries determining: ● PE name/code ● Date of contact with the KP ● Name of hotspot where KP mostly operates ● Average number of sex acts per week ● Average number of times PWUD inject per day	Within the community on first contact with a KP Filled only once for an individual KP	1. Is the entry point into the program from the field level 2. Collects KP data/information (e.g. population category, location of KP and date of registration) 3. Captures KP typology 4. Provides a snapshot of KPs reached by a PE/ORW 5. Helps determine effectiveness of referrals to DiSCs (i.e. determine period between contact and uptake of services at the facility level) 6. Helps in knowing number of newly identified KPs during the month 7. Acts as source data for the PE outreach calendar form	Peer Educator (SW/MSM) and Outreach Workers (PWUD)

PE Outreach Calendar
 	
Information from the peer educator contact form is transferred to this form.
	Queries determining:
	
	• The name or unique ID of each KP
	• The risk for each KP met each month, based on:
	
	  • typologies
	  • frequency of sex and injecting acts
	
	• Services/commodities provided to each KP over the month at different intervals
		Weekly	1. Tracks KPs being met on daily basis
			2. Tracks contacts with the KP
			3. Determines the commodities being distributed to KPs and if adequate (Condoms, Lubes, Needles & Syringes)
			4. Measures the effectiveness of referrals
			5. Increases accountability of the PE to all the KPs he /she serves
				Peer educator

Summary of Outreach Calendar	The form is comprised of various queries which capture: An account of the activities as carried out by the PE during outreach The total number of commodities distributed and number of KPs who received services or were referred	Weekly	1. Tracks the performance of each PE on a weekly basis 2. Consolidates the weekly results and helps the program make midmonth corrections if any 3. Monitors both commodity requirements and distribution for each PE 4. Tracks how many KPs have received services and what still needs to be achieved by the program	Outreach Worker (ORW)

Enrollment Form *This form complements the Outreach Calendar*	The form is comprised of various queries which collect bio data and behavior characteristics of the KP	Once in a program's life, when a KP visits the DiSC for the first time	Captures the following: • basic demographic details of KP • Sexual practices & risk assessment • STI/HIV/AIDS knowledge • Gender based violence • Acts as a consent form for program contacts	Nurse / Clinical officer / Counselor (Service provider)
Clinical Visit Form	The form is comprised of various queries which capture biomedical services that a KP has received in a particular clinic.	Whenever a KP visits the clinic for biomedical services	Records the comprehensive biomedical package of services that a KP received during a particular visit to the clinic: • Screening • Treatment • Referrals	Nurse / Clinical officer / Counselor *(Service provider)*
STI Treatment *This form complements the STI component of the Clinic Visit Form*	The form is comprised of various queries which capture detailed STI symptoms, type of treatment given and any lab referral.	A fresh form is filled whenever a KP presents with an STI	1. Records the total number of STI cases registered with the clinic 2. Tracks the number of diagnosed cases among existing and new KPs in the program 3. Tracks the number of referrals made for laboratory investigations 4. Records the type of treatment given 5. Tracks partner referral	Nurse / Clinical officer (Service provider)
Hotspot Master List	The form is comprised of various queries which capture the following details: • Hotspot names • Locations • Types • Peak days and times • Estimated number of KPs at each hotspot	The estimates to be updated biannually.	1. Guides in hotspot identification 2. Determines hotspot program coverage 3. Determines the estimated number of KPs in a particular hotspot 4. Guides on the appropriate time and days to conduct outreaches	Program Officer

Condoms & Lubes Register	The form is comprised of various queries which indicate stock in/stock out data on condoms and lubes.	As and when implementing partners receive commodities from MOH/other sources	Tracks condoms / lubes distribution	Program officer
Condom Outlet Register	The form is comprised of various queries which capture the following details: • Outlet code • Hotspot name • Location of the hotspot • Day of the week designated for replenishment • Monthly estimated condom turnover • a tally of condoms distributed on monthly basis	Monthly	1. Determines existing condom outlets. 2. Determines the number of condoms distributed to different outlets. 3. Indicates the person responsible for replenishing condom stocks at each outlet.	Program offiicer
Needle & Syringe register	The form is comprised of various queries which capture data on needles and syringes stock in/stovk out	As and when implementing parters recieve commodities from MOH/other sources	1. Facilitates monthly tracking of the number of needles & syringes available 2. Tracks the source of Needles & syringes recieved 3. Tracking Needles & syringe distribution	Program officer
Cohort register ***Columns 22, 23 and 24 will be informed by related data from the PE Outreach Calendar and the Clinic Visit Form***	The form is comprised of various queries which record the following: • Client biodata • Biomedical services offered on quarterly basis	Montly	1. Maintain a list of new and old KPs in the program 2. Tracks KPs not contacted by the program 3. Tracks the biomedical services each KP recieved in a quarter. 4. Tracks whether the KP recieved a commodity in a quarter.	Clinical officer / Nurse (Service Provider)

Group Meeting Reporting Format *The form is divided in to 2 tools. (Formal & Informal)*	Both forms are templates for recording information on meetings	Event driven (whenever there is a group meeting)	1. Identifies group by its name and the kind of activities carried out. 2. Records the number of members in a group. 3. Tracks the number of group meeting held 4. Records the names of the office bearers 5. Maintatins a log of the KPs who attends the group meeting for consistency.	Program officer / Group leaders
Advocacy & Event Activity Reporting Format	The form is comprised of various queries which record advocacy activities undertaken by the project from time to time.	Event driven	1. Highlights the advocacy objectives 2. Identifies the type of stakeholders with whom the advocacy was conducted. 3. Identifies the method/medium that was used during the advocacy activity. 4. Outlines the challenges faced in addressing the advocacy agenda 5. Establishes follow-up actions planned/agreed for the activity. 6. Articulates the outcome of the advocacy activity.	Program officer
Violence Recording Form	The form is comprised of various queries which record incidences of violence against KPs and relevant actions taken by the program	Event driven	1. Records the incidences of violence reported (disaggregated by nature of violence). 2. Records how the incidences are addressed 3. Informs the program of the KPs status, post-intervention	Program officer
Needles & Syringe Returns/Collected Register	The form is comprised of various queries which record the following; • Name of the Outreach Worker • Number of needles and syringes collected • Sites at which needles and syringes were collected.	Daily	1. The form collects data on needles and syringes collected back from the hotspots after use. 2. Facilitates safe disposal practices of used injecting equipment to protect the wider community. 3. Ensures that all injecting sites are fully covered and serviced by outreach workers.	Outreach worker

Training/ Sensitization Form	The form is comprised of various queries which record the following: • Number of service providers trained by cadre • Number of stakeholders sensitized (disaggregated by gender) • Number of sensitization meetings (disaggregated by KP type)	Event Driven	1. Records the number of trainings conducted in the given month 2. Determines the types of staff trained by gender 3. Assesses the capacity building status of the project staff 4. Tracks the number of sesistization meetings held 5. Tracks the number of persons (stakeholders, KPs) sensitized.	Program officer

SUMMARY

NAME OF THE STAFF	TYPE OF FORM USED	FREQUENCY OF USAGE
PE	PE Contact form	Once during program's life
	PE Outreach Calendar	Weekly
ORW	Summary of Outreach Calendar	Weekly
	NS Returns Form	Event Driven
Clinical Officer/ Nurse/ Service Provider	Enrollment Form	Once during program's life
	Clinical Visit Form	Whenever KP visits the clinic for bio-medical services.
	STI Treatment	Whenever a KP Presents with STI
Program Officer	Hotspot Master List	Biannually
	Condom & Lubes Status Summary	Event Driven
	Condom Outlet Register	Monthly
	Needle & Syringe Register	Event Driven
	Cohort Register	Monthly
	Group Meeting Reporting Format (Formal & Informal)	Event Driven
	Advocacy & Event Activity Reporting Format	Event Driven
	Violence Recording Form	Event Driven
	Training / Sensitization Form	Event Driven

TOOLS FOR OUTREACH LEVEL

PEER EDUCATOR CONTACT FORM (FSW/MSM/MSW/PWUD)z

FREQUENCY   : Once during program's life (new contacts only)
WHERE FILLED   : At the hotspots
BY WHOM   : Peer Educator
FOR WHAT   :

- To enable the PE know KPs whom they serve (both existing and new).
- It gives a snapshot of KPs reached by a PE.
- To determine effectiveness of referrals to DiSC (i.e. Determine period between contact and enrollment in the facility.

GUIDE ON USE OF THE FORM

1. The form is to be filled by the Peer Educator:

    a. on first contact with a KP within the community or at the hotspot level

    b. when the KP accepts to register with the program

2. The completed form goes to a PE's immediate supervisor; in this case the Peer Supervisor/Outreach worker.

3. The peer supervisor/outreach worker will submit the completed forms to the data office at the end of the week.

4. The data office will generate unique codes for the peers.

5. The peer will be informed of his/her unique code in the next contact with the PE.

6. The following variables that feed into the Outreach Calendar:

    c. 1, 2, 3, 7(a), 8 & 9 on the SW & MSM tool

    d. 1, 2, 3, 8(a), 9, 10 and 11 on the PWUD tool

7. As a good practice, the PE should be given unique codes for uniform use across all tools, however the PE's name can be used as long as it too is used uniformly.

Instructions to fill the Form

PE name/code: Insert the PE Name or unique code

Date: This should be date of registration in DD-MM-YYYY format

1. Name of the Peer: Name, surname and/or nickname of the Peer should be mentioned preferably in BLOCK letters. This name shall be used in all other tools and the PE should advise the peer to use this name across all services.

2. Gender: At the point of registration record the gender reported by the Peer. Please circle that which applies:1=Male, 2=Female or 3=Transgender

3. Contact phone No: This should be the KPs active mobile phone number

4. Ever been contacted by the program in current place: Record if the peer has been contacted by the program previously in this contact place 0=No, 1=Yes

5. Ever visited any DiSC/DiCE/wellness centre for services: This applies to visit to the

service delivery point within the last 6 months Circle 0=No, 1=Yes.

6. If 'Yes' for # 5 above, probe and record the following (BLOCK letters preferred):

    a. DiSC name:

    b. DiSC registration number: This is the registration number given to the peers by the program.

    c. Name used at the DiSC: Ask for the name the KPs used in the DiSC and record it here if separate from the name they have stated in question #1. The PE should immediately harmonize this DiSC name with that in #1 and again advise the peer to consistently provide the same name across all services.

For SW/MSM #7-9	For PWUD #7-11

7. Name of the area/location where the KP MOSTLY operates/ hangs out/ conducts sex work /meets clients or partners:
 	
  a. Record the name of the hotspot and location.
 	
  b. Record the typology of hotspot. The typology captured should be consistent with that captured in the Outreach Calendar.
	7. Do you inject: This applies Circle 1=Yes or 2=No

8. Average number of sex acts per week: This applies to the average number of sex acts per week. This should be calculated based on the number of sex acts per day multiplied by number of working days in a week. For PWUD, this instruction is applicable to variable #10	8. Where do you mostly inject?
	
	  a. Record the name of the injecting site and location.
	
	  b. Record the typology of injecting site. The typology captured should be consistent with that captured in the Outreach Calendar.

9. Year of Birth: Record the year of birth as reported by the KP.	9. Estimated average number of injecting times per day: Record the number
	10. Average number of sex acts per week: This applies to the average number of sex acts per week. This should be calculated based on the number of sex acts per day multiplied by number of working days in a week. For PWUD, this instruction is applicable to variable #10.
	11. Year of Birth: Record the year of birth as reported by the KP.

		REPUBLIC OF KENYA MINISTRY OF HEALTH	**PEER EDUCATOR CONTACT FORM (PWUD)**	

County_____ Implementing partner_____

Peer Educator Name/Code: _____ Date: _____

KP Code/UiD_____

1	What is your name?	
2	Gender	1 => Male; 2=>Female 3=>Transgender
3	Contact phone No:	
4	Have you been contacted by the program in your current place?	0 -> No 1 -> Yes
5	Have you ever visited any DiSC /DiCE/Wellness centre for any services; in the last 6 months?	0 -> No (Skip to 6) 1 -> Yes
6	If yes, which DiSC did you visit last? What is your DiSC registration number? What name do you use in the DiSC?	_____ Clinic Number: _____ _____
7	Do you inject?	0 -> No 1 -> Yes (If 0 skip to Q9)
8	Where do you MOSTLY inject? (Write down name and physical address of the Hotspot MOSTLY frequented) _____ _____	
	b) Type of spot MOSTLY frequented (Circle all that apply) 1. Street /Market 2. Injecting den 3. Uninhabitable building 4. Parks 5. Homes 6. Beach 7. Others(specify)_____	
9.	On average how many times do you inject PER DAY?_____	
10.	On average how many sex acts do you have PER WEEK?_____	
11.	In which year were you born? Year of Birth: ☐☐☐☐	

PEER EDUCATOR OUTREACH CALENDER (FSW/MSW/MSM)

FREQUENCY   **:** Weekly
WHERE FILLED   **:** At hotspot level
BY WHOM   **:** Peer Educator
FOR WHAT:

- To track KP being met on a day-to-day basis.
- To know the risk profile of each KP which is assessed on day to day basis and by which prioritization of reach is done.
- To know the commodities being distributed to KPs and if adequate (Condoms, Lubes).
- Measures the effectiveness of referrals.
- Increases accountability of PE to all KPs he or she serves.
- To track the services provided to each KP over the month.

GUIDE ON USE OF THE FORM

1. The form is to be filled by the Peer Educator:

   a. Name of the PE: In this cell, the name and surname of the peer educator should be written. The name should be written in a similar manner for each PE across the entire tool in a month. E.g. Peer Educator named "Katana" should be written as "Katana" in all the daily sheets for a month and not as "Katana" in one sheet and "Kata" in another.

   b. Name of ORW/PS: In this cell, the name and surname of supervisor/ORW should be written. The name of ORW should be written in a similar manner for each ORW across all the tools in a month.

   c. County name: Enter the name of the county of that location/hotspot

   d. Sub County: Enter the sub county name of the location/hotspot

   e. Year and Month: Write the name of the reporting month followed by the year. Using the format mm/yyyy

   f. Key Population type: Circle either FSW/MSM/MSW/Transgender

   g. Name of the implementing partner: Enter the name of the organization implementing the program in that hotspot.

2. The PE will insert requested information aligned to column numbers:

   1. The peer numbering is printed in the first column. In the event that a PE educator reaches out to more peers than one sheet can accommodate, the PE may use additional sheet(s) and clip them together.

   2. Name of KP: Name, surname and/or nickname of the Peer should be mentioned preferably in BLOCK letters. This same name shall be used in all other tools and the PE should advise the peer to use this name across all services.

NB: *The names should be similar as captured earlier on the Peer Educator Contact Form.*

Mobile Phone Number: This should be the KPs active mobile phone number as provided in the PE Contact Form.

Unique Number: Once the data office has generated the KPs unique code (ref Peer Contact Form Guide 4 & 5) write that registration number in this column.

Name of the hotspot: Record the name of the hotspot most frequented by the KP.

Hotspot typology: Indicate the hotspot typology code as provided at the bottom of this form.

1. Bars with lodging (bars which have adjacent boarding facilities) are establishments where men will go to drink and pick up either bar hostesses who may also trade in sex or sex workers who ply the location, with whom they will retreat to the adjoining rooms for sex. Taxi drivers, bar and hotel owners usually facilitate the sex worker-client interaction and may or may not receive a portion of the sex workers earnings.

2. Bars without lodgings: where people go to drink socialize and may end up picking up sex workers.

3. Brothels/sex dens: sex workers operate from brothels (recognized or hidden) or sex dens (similar to brothels but un-regulated) and clients are arranged through the brothel managers or madams who receive a portion of the earnings. Typically, a small group of sex workers will work out of one brothel and have little or no control over the choice of clients. Sex services tend to occur in the brothel or at an alternative location of the client's choice, such as a lodge or at his home. Outreach targeting brothel-based sex workers should occur during times when little sex work is happening and requires rapport with brothel managers and madams.

4. Strip clubs/night clubs: These are where men may pick up strippers who also trade in sex or sex workers who frequent the clubs and retreat to an alternative location for sex. These are clubs or bars where close erotic dance is available. Although management discourages physical contact, it is possible that sex may be negotiated in some lap dancing bars.

5. Public spaces/the Streets: Public/street-based sex workers tend to work in the evenings and solicit and pick up clients in streets, public places/parks. Solicitation generally occurs directly by the sex worker though in some instances it occurs through pimps and brokers who locate themselves in the same public spaces. Taxi drivers or Bar owners may facilitate access to them but most operate independently. Sexual services typically occur in places that are known to the sex worker or client such as lodges, brothels, uninhabited buildings, the home of the client, on the streets, in car parks and other public spaces.

6. Home-Based Sex Work: Home-based sex workers typically operate from their homes. They can directly control how they perform sex work, including the choice of clients and payments. Clients are contacted through word of mouth, middle men and through referrals from other sex workers. Sex typically occurs in the home when co-habiting partners are away or in the home or lodge of the client's choice.

7. Casinos: These are similar in setting as bars are where men go to drink, gamble and pick up sex workers.

8. Beach: Beach-based sex workers tend to ply their trade along lake/sea shores during the day.

9. Lodgings/Guesthouses/Hotels: Lodge-based sex workers operate from hotels and lodges, with client referrals sometimes happening through lodge staff. Sex workers operating out of lodges have more autonomy than those working in brothels, but lodge staff do receive a portion of their earnings in exchange for the space and protection provided. Outreach targeting lodge-based sex workers should happen during non-peak times that are agreed upon mutually by the sex worker and lodge owner.

10. Massage parlors: whose range of services include but may not be exclusive to paid sexual gratification. In rural settings these may translate into hair and beauty salons and barber shops. Proprietors or personnel may facilitate the sex worker-client interaction and may or may not receive a portion of the sex workers earnings.

11. Parks: Similar to typology # 5 above

Age: From the Peer Contact Form variable # 9, convert year of birth into age.

Average number of sex acts per week: This should be calculated based on the number of sex acts per day multiplied by number of working days in a week.

Condom requirements per month: This should be calculated based on the average number of sex acts per week multiplied by 4.

Services received

2 months ago: Tick on the services each KP received two months ago (Condoms, Contacted, Visited Clinic or ALL). This means that if currently in the month of March, then the column should reflect data for January only.

1 month ago: Tick the relevant box (s) as applicable to the last month (i.e. February only).

Weekly Activities

Weekly service uptake: This is supposed to keep track of the PE project activities in weekly basis for the month.

Program Contact: The PE should tick/cross in the box as aligned to the definition of 'contact'.

NB: If the value in any of the columns 13-15 is greater than 0, or if any of the columns 16-21 are ticked, and rapport has been established by the PE, then contact has been made.

(13-15) Male/Female Condom/Lubes distributed: Record the individual number of condoms and lubes that a KP has received that particular week.

Health Education: Tick if PE has provided the service else cross.

Referred to the clinic: The PE needs to ensure that all KPs contacted, are referred to a clinic for biomedical services regularly. Tick if referral has been done, else cross.

Visited the clinic: This information will be derived from the clinic records. Tick if the KP has visited the clinic else cross.

Counseling: This information will be derived from the clinic records. Tick if the service was provided else cross.

Crisis violence reported: Tick if the KP reports that he/she was victim of violence or harassment during the week else cross.

Received PEP: This is self-reported by the peer after gentle probing by the PE. Tick if the peer says yes else cross.

Remarks: The PE should include any additional information/comments not already captured by the form.

NB: The PE should consider the following when filling in the form:

At the beginning of each working month, column 13-21 of the previous month's completed form becomes the source data for column 11. Column 11 of the previous month's completed form is then transferred into column.

PEER EDUCATOR OUTREACH CALENDAR
(FSWs / MSW/ MSM)

REPUBLIC OF KENYA
MINISTRY OF HEALTH

Name of PE: _____ Name of ORW: _____ County name: _____ Sub-County _____

Year:_____ Month_____ Key population type : FSW /MSM - MSW(Pls. Circle) _____ Implementing partner _____

1	2	3	4	5	6	7	8	9	10			11			12	13	14	15	16	17	18	19	20	21	22
No.	Name of KP								Services received										Activities						Remarks
		Mobile phone number	Unique number (issued by program)	Name of Hotspot	Hotspot typology (INDICATE CODE)	Age (in completed years)	Average number of sex acts/Week	Condom Req. per month. (Column 8 *4)	2 Months ago (PL. TICK THE RELEVANT BOX) Condoms	Contacted		1 Month ago(PL.TICK THE RELEVANT BOX) Condoms	Contacted	Weekly service uptake	Program Contact (TICK/CROSS)	Male Condom Distributed (NUMBERS)	Female Condom Distributed (NUMBERS)	Lubes Distributed (NUMBERS)	Health Education (TICK/CROSS)	Referred to the clinic (TICK / CROSS)	Visited the clinic (TICK / CROSS)	Counselling (TICK/CROSS)	Crisis/ Violence reported (TICK/CROSS)	Received PEP (TICK / CROSS)	
									Condoms / Contacted / Visited clinic			Condoms / Contacted / Visited clinic		W1 W2 W3 W4											

(table rows repeat: Condoms | Contacted | Condoms | Contacted / Visited clinic | Visited clinic, with Weekly service uptake W1–W4, repeated for 12 KP entries)

* Codes for column 6 (Hotspot typology): 1=Bar with lodging, 2 = Bar without lodging, 3=Sex den / Brothel, 4=Strip club,5=Streets/Highways, 6= Home, 7=Casino, 8=Beach, 9 =Guests/Hotels/Lodgings, 10=Massage parlor,11= Parks.
* Definition of contact: When a KP receives any of the following services : Receiving a commodity directly from the program (Condom/Lube/Needle&syringe), Receiving any biomedical service (HTC, STI screening / Treatment, PEP,Cervical cancer screening, POST abortal care, Clinical PHDP, TB screening/ Treatment, Abscess screening / Treatment, HIV care and treatment), Screening of alcohol and drug abuse, Counselling, Family planning,Condom demonstration, Linkage to psychosocial support, rapport.

OUTREACH WORKER'S SUMMARY SHEET

FREQUENCY   **:** Weekly
WHERE FILLED   **:** At the Program Office/DiCE/Clinics
BY WHOM   **:** Outreach Worker
FOR WHAT:

- To track the performance of each PE on a weekly basis.
- To consolidate the weekly results and make mid-month corrections if any.
- To document condoms / Lubes requirements for each PE for distribution to their KPs.
- To know how many have received services and what still needs to be achieved by the program.

GUIDE ON USE OF THE FORM

1. The outreach worker will summarize the PE outreach calendar done by the PE.

   a. This will be achieved by tallying the number of ticks in each column, which will then be converted into numbers within their respective column in this tool. (where 1 tick = 1).

   b. This will be achieved by summing up the number of individual commodities distributed to each KP

NB: At any given time, the ticks in columns 10 & 11 total summation of either 'condoms' or 'visited clinic' should never be higher than total summation for 'contacted'. Refer to operational definition of contact within this document.

PEER EDUCATOR OUTREACH CALENDAR
(FSWs / MSW/ MSM)

REPUBLIC OF KENYA
MINISTRY OF HEALTH

Name of PE: _____ Name of ORW: _____ County name: _____ Sub-County _____

Year:_____ Month_____ Key population type : FSW /MSM - MSW(Pls. Circle) _____ Implementing partner _____

1	2	3	4	5	6	7	8	9	10			11			12	13	14	15	16	17	18	19	20	21	22
No.	Name of KP								Services received						Activities										Remarks
		Mobile phone number	Unique number* (issued by program)	Name of Hotspot	Hotspot typology (INDICATE CODE)	Age (in completed years)	Average number of sex acts/Week	Condom Req. per month. (Column 8 *4)	2 Months ago (Pl. TICK THE RELEVANT BOX) Condoms	Contacted		1 Month ago(PL TICK THE RELEVANT BOX) Condoms	Contacted	Weekly service uptake	Program Contact (TICK/CROSS)	Male Condom Distributed (NUMBERS)	Female Condom Distributed (NUMBERS)	Lubes Distributed (NUMBERS)	Health Education (TICK/CROSS)	Referred to the clinic (TICK / CROSS)	Visited the clinic (TICK / CROSS)	Counselling (TICK/CROSS)	Crisis/ Violence reported (TICK/CROSS)	Received PEP (TICK / CROSS)	
									Condoms / Visited clinic	Contacted		Condoms / Visited clinic	Contacted	W1 / W2 / W3 / W4											

(The table body consists of 12 data rows, each subdivided with "Condoms", "Contacted", "Visited clinic" entries under columns 10 and 11, and weekly service uptake entries W1, W2, W3, W4.)

* Codes for column 6 (Hotspot typology): 1=Bar with lodging, 2 = Bar without lodging, 3=Sex den / Brothel, 4=Strip club,5=Streets/Highways, 6= Home, 7=Casino, 8=Beach, 9 = Guests/Hotels/Lodgings, 10=Massage parlor,11= Parks.
* Definition of contact: When a KP receives any of the following services : Receiving a commodity directly from the program (Condom/Lube/Needle&syringe), Receiving any biomedical service (HTC, STI screening / Treatment, PEP,Cervical cancer screening, POST abortal care, Clinical PHDP, TB screening/ Treatment, Abscess screening / Treatment, HIV care and treatment), Screening of alcohol and drug abuse, Counselling, Family planning,Condom demonstration, Linkage to psychosocial support, rapport.

OUTREACH WORKER'S SUMMARY SHEET
(PWUD)

Name of Outreach worker: County name : Sub-county name : Implementing partner:

Year: Month Name of Peer educator: Key population type : PWID, PWUD (Circle that apply)

1	2	3	4	5	6		7		8	9	10	11	12	13	14	15	16	17	18
S.No.	Name of P.E	Number of peers under this P.E	Needle and syringe Req/ Month	Condom Req. per month.	Services received				Weekly service uptake	Activities									
					2 Months ago (WRITE ABSOLUTE NUMBERS IN THE RELEVANT BOX OF THOSE WHO RECEIVED THE SERVICE)		1 Month ago (WRITE ABSOLUTE NUMBERS IN THE RELEVANT BOX OF THOSE WHO RECEIVED THE SERVICE)			Program Contact (NUMBERS)	Needles & Syringes distributed (NUMBERS)	Male Condom Distributed (NUMBERS)	Female Condom Distributed (NUMBERS)	Lubes Distributed (NUMBERS)	Referred to the clinic (NUMBERS)	Visited the clinic (NUMBERS)	Presenting with abscess (NUMBERS)	Counselling (NUMBERS)	Crisis/ Violence reported (NUMBERS)	Received PEP (NUMBERS)
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											
					Condoms	NS	Condoms	NS	W1											
									W2											
					Contact	Visited clinic	Contact	Visited clinic	W3											
									W4											

PEER EDUCATOR OUTREACH CALENDER (PWUD)

FREQUENCY   : Weekly

WHERE FILLED   : At injecting site level

BY WHOM   : Peer Educator

FOR WHAT   :

- To track KP being met on a day-to-day basis.
- To in knowing the risk profile of each KP which is assessed on day to day basis and by which prioritization of reach is done.
- To know the commodities being distributed to KPs and if adequate (Condoms, Needles and syringes).
- To measure the effectiveness of referrals.
- To increase accountability of PE to all KPs he or she serves.
- To track the services provided to each KP over the month.

GUIDE ON USE OF THE FORM

Completion of the first two rows of this form is similar to that of the P**EER EDUCATOR OUTREACH CALENDER (FSW/MSW/MSM).**

Variables in Columns 1, 2, 3, 4, 5, 11, 18, 19, 20, 21, 22, 24, 25, 26 and 27 of this form are similar to the FSW/MSW/MSM Outreach Calendar.

Column 6 – Name of the injecting site, Record the name of the injecting site most frequented by the KP

Column 7 –Typology, Indicate the injecting site typology code as provided at the bottom of this form as follows:

1=Street /Market, 2 = injecting den, 3=uninhabitable building, 4=Parks, 5=Homes, 6= Beach, 7=Casino.

Column 9- Average number of injecting episodes/day, This should be recorded by considering the injecting episodes in a day as reported by the KP

Column 10- Needles and syringes req. per month This should be calculated based on the average number of injecting episodes per day multiplied by 30.

Column 12 – Condom requirements per month This should be calculated based on the average number of sex acts per week multiplied by 4.

Column 13 – Two months ago - Tick on the services each KP received two months ago (Condoms, Contacted, NS, Visited Clinic or ALL). This means that if currently in the month of March, then the column should reflect data for January only.

Column 14 – One month ago Tick the relevant box (s) as applicable to the last month (i.e. February only).

Column 16 – Program contact - The PE should tick/cross in the box as aligned to the definition of 'contact'.

Column 17 - Needle & syringes distributed - Record the individual number of needles and syringes that a KP has received that particular week.

Column 23 – presenting with abscess – This information will be derived from the clinic. Tick if KP presented with an abscess within that month, else cross.

CONDOM OUTLET REGISTER

Name of PE: _____ Name of ORW: _____ County name: _____ Sub-County _____

Year:_____ Month_____ Key population type : FSW /MSM - MSW(Pls. Circle) _____ Implementing partner _____

1	2	3	4	5	6	7	8	9	10		11		12	13	14	15	16	17	18	19	20	21	22
No.	Name of KP	Mobile phone number	Unique number (issued by program)	Name of Hotspot	Hotspot typology (INDICATE CODE)	Age (in completed years)	Average number of sex acts/Week	Condom Req. per month. (Column 8 *4)	Services received — 2 Months ago (Pl. TICK THE RELEVANT BOX) Condoms	Contacted	1 Month ago(Pl. TICK THE RELEVANT BOX) Condoms	Contacted	Weekly service uptake	Program Contact (TICK/CROSS)	Male Condom Distributed (NUMBERS)	Female Condom Distributed (NUMBERS)	Lubes Distributed (NUMBERS)	Health Education (TICK/CROSS)	Referred to the clinic (TICK / CROSS)	Visited the clinic (TICK / CROSS)	Counselling (TICK/CROSS)	Crisis/ Violence reported (TICK/CROSS)	Received PEP (TICK / CROSS)

Services received columns (repeated rows): Condoms / Contacted / Condoms / Contacted with Weekly service uptake W1, W2, W3, W4; and "Visited clinic / Visited clinic" rows.

*Codes for column 6 (Hotspot typology): 1=Bar with lodging, 2 = Bar without lodging, 3=Sex den / Brothel, 4=Strip club,5=Streets/Highways, 6= Home, 7=Casino, 8=Beach, 9 = Guests/Hotels/Lodgings, 10=Massage parlor,11= Parks.

* Definition of contact: When a KP receives any of the following services : Receiving a commodity directly from the program (Condom/Lube/Needle&syringe), Receiving any biomedical service (HTC, STI screening / Treatment, PEP,Cervical cancer screening, POST abortal care, Clinical PHDP, TB screening/ Treatment, Abscess screening / Treatment, HIV care and treatment), Screening of alcohol and drug abuse, Counselling, Family planning,Condom demonstration, Linkage to psychosocial support, rapport.

TOOLS FOR CLINICAL LEVEL

ENROLLMENT FORM

FREQUENCY	: Once in the program life (at Enrollment)	
WHERE FILLED	: At the clinic	
BY WHOM	: Service provider	
FOR WHAT	:	

- To capture the demographic behavioral and biomedical and structural data of the KPs.
- Acts as consent form for program contacts at the clinic level.

GUIDE ON USE OF THE FORM

All service providers involved in the collection of data (Clinicians, nurses, counsellor/any clinical personnel) must be trained to ensure uniform data collection.

This tool has different sections that record the responses of the KPs under the following headings:

- General Information
- STI/HIV/AIDS knowledge
- HIV testing and counseling
- Condoms
- Sexual practices and risk assessment
- Sexual and gender based violence
- Empowerment/ Capability

- Dates: Dates have to be reported in a day/month/year format.
- Single choice questions: For this kind of question the interviewer is expected to record only one response.
- Multiple choice questions: Probe and circle all which apply.

4.	a.) Please mention all the Sexually transmitted infections that you know: DO NOT READ OUT TICK ALL MENTIONED	1= Gonorrhea ☐ 2= Syphillis ☐ 3= Herpes ☐ 4= Trichomonas ☐	5= Chlamydia ☐ 6= HIV ☐ 7.Others_____

Skip To: These are instructions given to directly jump to a specified question without those in between.

Example of a question with a skip pattern:

	a.) In the last 3 months have you ever experienced Sexual and Gender based violence	1=Yes ☐ 2.= No ☐ If NO ----➤ Skip to Q 40

- **Conditional questions & Instructions:**

Some questions are only asked according to answers to a former question. Some instructions depend on certain questions. They are indicated in bold letters and between parentheses following the question to which they apply.

Example of a conditional question:

13	[Check question 32, If the answer is YES: Ask] How do you take the drug?	1. Swallowed 2. Inhale 3. Inject 4. Other specify_____	☐ ☐ ☐

NB: Corrections: If it is necessary to make a correction to a box, strike through the incorrect data with a line (leaving the original data still legible), write the new data alongside the box, initial and date the change. If relevant, give the reason for the change. NEVER use correcting fluid or erasers.

If it is necessary to correct a check box, strike out clearly the wrong answer and tick or cross the correct answer. If the result is not clear, circle the correct check box.

REPUBLIC OF KENYA

MINISTRY OF HEALTH

FSW ENROLLMENT FORM

County _____ Sub County _____ Site/ Facility _____

Date/Month/Year _____ MFL Code _____

Implementing partner_____

	GENERAL INFORMATION	
1.	Client Name	
2.	Unique ID	
3.	Place of birth	
4.	Date of Birth (DD/MM/YY)	Age (2 digits)
5.	Sub county	
6.	Physical address	
7.	Phone no.	
8.	Have you been contacted by the program in your current place?	1. Yes 2. No
9.	What is your marital status	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
10.	What is your highest level of education	1. Completed primary 2. Did not complete primary 3. Completed secondary 4. Did not complete secondary 5. Completed tertiary level 6. Did not complete tertiary level 7. Never attended school 8. Other specify_____
11.	Have you ever visited any DiSC /DiCE/Wellness centre for any services; in the last 6 months?	1. Yes 2. No
12.	If yes, which DISC/clinic	
13.	What is your DISC/clinic registration number	
14.	What name do you use in that DISC/clinic?	
15.	Where do you MOSTLY operate/conduct sex work/ meet your clients or partners? CIRCLE ALL THAT APPLY Name of Hotspot_____	1. Bar with Lodging 2. Bar without Lodging 3. Sex Den (brothels) 4. Strip Club 5. Streets/highways 6. Home 7. Casino 8. Beach 9. Lodgings/Guesthouse 10. Massage parlours 11. Parks 12. Others (Specify)
16.	On average how many sex acts do you have PER DAY? _____PER WEEK?_____	

	STI/HIV/AIDS KNOWLEDGE	
17.	a.) How is HIV transmitted? DO NOT READ, MARK ALL MENTIONED	1. Through unprotected sex 2. From infected mother to child 3. Contact/exposure to HIV infected blood 4. Handshake and close body contact 5. Mosquito's and other insects 6. Condom burst 7. Kissing 8. Sharing of needles/Syringes 9. Others [specify]_____
	b.) How can people prevent contracting or transmitting HIV? DO NOT READ, MARK ALL MENTIONED	1. Abstain from sexual intercourse _____ ☐ 2. Use condoms always_____ ☐ 3. Remain faithful to uninfected partner/Ask partner to be faithful _____ ☐ 4. Limit the number of partners _____ ☐ 5. Avoid sex with people with many partners _____ ☐ 6. Avoid sex with people who inject drugs _____ ☐ 7. Avoid sex with people who had blood transfusions_____ ☐ 8. Avoid sex with people suffering from an STI _____ ☐ 9. Avoid injections _____ ☐ 10. Avoid kissing/hugging _____ ☐ 11. Avoid mosquito bites _____ ☐ 12. Get protection from traditional healer _____ ☐ 13. Other [specify]_____
18.	a.) Please mention all the Sexually transmitted infections that you know: DO NOT READ OUT TICK ALL MENTIONED	1= Gonorrhea ☐ 5= Chlamydia ☐ 2= Syphillis ☐ 6= HIV ☐ 3= Herpes ☐ 7= Others_____ 4= Trichomonas ☐
	b.) Have you ever had any of these conditions? PLEASE READ ALL	a. Genital ulcer disease 1= Yes ☐ 2= No ☐ b. Foul smelling vaginal discharge 1= Yes ☐ 2= No ☐ c. Painless growth in vaginal area 1= Yes ☐ 2= No ☐ d. Lower abdominal pain 1= Yes ☐ 2= No ☐
	c.) Where do you currently go for treatment if you have a genital problem?	1= Pharmacy 4= Herbalist 2= Private Doctor 5= Other _____ 3= Government clinic
	HIV TESTING AND COUNSELING	
19.	a.) Have you ever been tested for HIV?	1= Yes ☐ 2= No ☐ (If No skip to 20)
	b.) When was the last time you were tested for HIV and where?	Month_____ Year_____ Specify the place where received HTC_____
	c) Would you like to share your test result with me?	1= Yes, I tested positive ☐ 2= Yes I tested negative ☐ 3= I do not want to share 0 (IF code 2 &3 skip to 20)
	d) If POSITIVE, have you disclosed your HIV status to anyone?	1= Yes ☐ 2= No ☐ (disclosure counseling) If coded 2 skip to Q20)

	e) IF YES, to whom?	1=Boyfriend ☐ 2=Regular client ☐ 3=Friend/Relative ☐ 4. Peer educator ☐ 5=Other(Specify) _____
	f) If POSITIVE, are you receiving HIV care?	1= Yes ☐ (specify duration) 2= No ☐ Duration _____
	g) If receiving care?(YES above, ASK)	Facility Name _____ CD4 Count _____ Types of ART _____ CCC number _____

REPRODUCTIVE HEALTH		
20	a) How many pregnancies have you had in your lifetime including abortions?	☐☐ If ZERO, Skip to Q21
	b) Are you currently pregnant?	1= Yes ☐ 2= No ☐ (If yes, ask question C, else skip to d)
	c) Are you vising a health facility for ANC?	1= Yes ☐ 2= No ☐
	d) How many children do you have now?	
21	a) Are you currently using any method to prevent pregnancy?	1= Yes ☐ 2= No ☐ If NO Skip to Q 22
	b.) What method (s) are you using? (Circle all that apply)	1. Pills 2. IUD (a small device that is placed in a woman's uterus) 3. Injectable/Depo-Provera/Norisrat 4. Condom 5. Norplant/Implant 6. Traditional/Herbal methods 7. Non-penetrative sex 8. Withdrawal 9. Natural method 10. Female sterilization
22	a.) Have you had an abortion in your life?	1= Yes ☐ 2= No ☐
	b.) If yes, how many abortions	☐

CONDOMS		
23	a.) Do you use condoms? If YES, which type of condoms do you mainly use?	1= Yes ☐ 2= No ☐ If NO skip to Q32 1= Male ☐ 2= Female ☐
	b.) How often do you use these condoms?	1= Always ☐ 2= Sometimes ☐ 3= Never ☐
24	a.) Do you lubricate the condoms during sex?	1= Yes ☐ 2= No ☐
	b.) What do you use for lubrication with the condoms?	1= water ☐ 2=Vaseline ☐ 3= K.Y Jelly ☐ 4=Others ☐ _____
25	Do you know how to correctly use a Male or female condom?	Male condoms Female Condoms 1= Yes ☐ 1= Yes ☐ 2= No ☐ 2= No ☐

26	Do you consistently use a condom with your sexual partner(s)?	1= Yes ☐　　　　　2= No ☐
27	Have you been trained on condom negotiation?	1= Yes ☐　　　　　2= No ☐
28	How often do you negotiate for condom use with the following clients?	**Casual client**　　　**Regular client**　　　**Boyfriend** 1. Sometimes ☐　1. Sometimes ☐　1. Sometimes ☐ 2. Always ☐　　2. Always ☐　　2. Always ☐ 3. Never ☐　　　3. Never ☐　　　3. Never ☐ 　　　　　　　　4. Not applicable　4. Not applicable
29	Suppose after negotiating for condom use and the client refuses, what do you do?	1. Continue having sex ☐　　2. Refuse sex ☐ 3. Charge more ☐
30	Have you ever experienced violence because you requested for the client to use a condom?	1= Yes ☐　　　　　2= No ☐
31	Who supplies condoms to you?	1= Peer educator ☐　　2= CHW ☐ 3= Health Provider ☐　　4= purchase ☐ 5.Other specify_____

SEXUAL PRACTICES AND RISK ASSESSMENT

32	a) At what month and year did you start sex work?	Month_____　Year_____
	b) For how long have you been engaging in sex work? (Month and year)	No of Months_____　Year _____
	c) In the past 3 months have you been in active sex work?	1= Yes ☐　　2= No ☐
	d) What time of the day do you do sex work? (Either day or night)	1= Day ☐　　2=Night ☐
	e) The last time you had sex did you use a condom?	1= Yes ☐　2= No ☐
33	How many casual clients on average do you have per week? _____	
34	How many Regular clients on average do you have per week? _____	
35	How many boyfriends do you have at the moment? _____ If zero skip to Q 38	
36	Do you use condoms with your boyfriend (s)?	1= Yes ☐　2= No ☐　If yes Skip to Q 38
37	If No, why don't you use condoms with your boyfriends?_____	

38	How often do you practice the following sexual behaviors with CASUAL CLIENTS?			
		Never	Sometimes	Always
	Vaginal Sex	☐	☐	☐
	Oral sex	☐	☐	☐
	Anal sex	☐	☐	☐

39	a) How often DO YOU use a condom with CASUAL CLIENTS when engaging in the following?				
		Not applicable	Never	Sometimes	Always
	Vaginal sex	☐	☐	☐	☐
	Oral Sex	☐	☐	☐	☐
	Anal sex	☐	☐	☐	☐

40	How often do you practice the following sexual behaviors with REGULAR PARTNER(S):			
		Never	Sometimes	Always
	Vaginal sex	☐	☐	☐
	Oral Sex	☐	☐	☐
	Anal sex	☐	☐	☐

41	How often do you use a condom with REGULAR PARTNER(S) when engaging in the following?				
		Not applicable	Never	Sometimes	Always
	Vaginal sex				
	Oral Sex				
	Anal sex				

42	How often do you engage in sex under influence of alcohol?	1=Never ☐ 2= sometimes ☐ 3=Most times ☐ 4=Always ☐
43	Do you use drugs?	1. Yes ☐ 2. No ☐ If yes, specify the name(s) of the drug:_____
44	(Check question 43, If the answer is YES: Ask) How do you take the drug?	1. Swallow ☐ 2. Inhale ☐ 3. Inject ☐ 4. Other(specify) _____
45	Have you ever been trained on harm reduction regarding alcohol/drug use?	1= Yes ☐ 2= No ☐

DOUCHING

46	a.) Do you practice vaginal douching (Inserting cleaning fluid in the vagina)?	☐ Yes ☐ No If NO Skip to Q47
	b.) What do you use to Douche?	1. Water only ☐ 2. Water & cloth ☐ 3. Water & bath soap ☐ 4. Water & bleach ☐ 5. Water & lemon ☐ 6. Water & Herbs ☐ 7. Others (specify)_____
47	a.) In the last 3 months have you ever experienced Sexual and Gender based violence	☐ Yes ☐ No If NO Skip to Q47
	b.) If YES which type? **Tick all mentioned**	☐ Psychological ☐ Physical ☐ Sexual Other (Specify) _____
	c.) Who did this to you?	
	d.) Did you seek help?	1.=Yes ☐ 2.= No ☐
	e.) If YES where did you seek the help? **Record all mentioned**	☐ Medical/Hospital ☐ Legal/police ☐ Family ☐ Peers ☐ Friends ☐ Religious leader ☐ Chief/village elder

	f.) If reported to the police what was the outcome? (Record all mentioned)	
	1. Statement taken ☐	
	2. P3 form issued ☐	
	3. Investigations done ☐	
	4. Perpetrator arrested ☐	
	5. Matter presented to court ☐	
	6. Referred to a hospital ☐	
	7. Referred back to family ☐	
	8. No action taken ☐	
	8. Other (specify) _____	
	g.) If not reported to the police, why? (Record all mentioned)	
	1. Self blame ☐	
	2. Negative attitude by police ☐	
	3. Lack of faith in the system ☐	
	4. Exhaustion (lacked energy) ☐	
	5. Perpetrator above the law (e.g. Police) ☐	
	6. Lack of knowledge ☐	
	7. Shame ☐	
	8. Fear ☐	
	9. Other (specify) _____	
	h.) If Sexually abused was a condom used?	1. Yes ☐ 2. No ☐
	EMPOWERMENT/CAPABILITY INTERVIEWER: Now I am going to ask you questions about who usually takes the decision in your interactions with clients. Remember that everything you say here is confidential and nobody will know it is you who gave the answers. If you feel uncomfortable answering certain questions you can always refuse to answer them.	
48.	a) Have you ever refused a client to have sex with you because he did not want to use a condom?	1. Yes ☐ 2. No ☐
	b) During the past three months, did you participate in any group, organization, network or association that defends the rights of female sex workers?	1. Yes ☐ 2. No ☐ IF NO SKIP C
	c.) can you tell me the name of the group or organization?	_____
	Could we contact you by phone (Including SMS) in case you are late for results, appointment and/or for additional services?	1. Yes ☐ 2. No ☐
Could we contact you through your peer educator / outreach worker in case you are due for clinical services?		1. Yes ☐ 2. No ☐ Signature /Thumb of the KP_____
Name of Service Provider:		Signature_____ Date_____

CLINIC VISIT FORM

FREQUENCY : Whenever KP visits the clinic for biomedical services.

WHERE FILLED : At the clinic

BY WHOM : Service provider

FOR WHAT :

- To capture the biomedical services that a KP received in a particular visit to the clinic (i.e. HTC, STI screening/Treatment, TB screening/Treatment, Abscess screening/Treatment).
- To track the number of KPs who were treated/referred for a particular service.

GUIDE ON USE OF THE FORM

- To be filled by the service provider for each KP who visits the clinic.
- Dates have to be reported in a day/month/year (xx/yy/zzzz) format.
- For the open fields, answers should be reported on the line(s) provided, in BLOCK letters. The verbatim text is entered in the database.
- Most of the questions have a YES/NO option. Tick which applies.
- For follow up, make sure the date of next appointment is recorded clearly.

REPUBLIC OF KENYA		**CLINIC VISIT FORM**	
MINISTRY OF HEALTH			

County _____ Sub County _____ Site/ Facility _____

Date/Month/Year _____ MFL Code _____

Implementing partner_____

GENERAL INFORMATION	
Client Name	
Phone no	
Sex	1 => Male; 2=>Female 3=>Transgender
KP Type (FSW/MSW/MSM/PWID/PWUD)	
Unique ID	

Services				
		Screened	Treated	Referred
	STI	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	TB	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	Hepatitis B	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	Hepatitis C	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	Overdose management	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	Abscess	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	Alcohol & drug abuse	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____
	Cervical cancer	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes if yes Specify_____

Family planning	☐ Yes	☐ No	Risk reduction counselling	☐ Yes	☐ No
Gender based violence	☐ Yes	☐ No	HIV care & treatment	☐ Yes	☐ No
Condom education/ demonstration Number of condoms given: Male _____ Female_____ Number of Lubes given: _____	☐ Yes	☐ No	Post abortal care	☐ Yes	☐ No
PEP	☐ Yes	☐ No	Linkage to psychosocial support	☐ Yes	☐ No
PHDP	☐ Yes	☐ No	Number of needle and syringes given _____		
Received naloxone	☐ Yes	☐ No	Received MAT	☐ Yes	☐ No

HIV Testing and Counselling

Self-reported status	Counselled	Tested	Received results	Testing results	Antiretroviral treatment
☐ Positive	☐ Yes	☐ Yes	☐ Yes	☐ Positive	☐ Provided here
☐ Negative	☐ No	☐ No	☐ No	☐ Negative	☐ Provided elsewhere
☐ Unknown				☐ Indeterminate	☐ Referred
					☐ Not eligible

STI TREATMENT FORM

FREQUENCY	**:** Whenever a KP presents with STI symptoms
WHERE	**:** At the clinic
BY WHOM	**:** Service provider
FOR WHAT	**:**

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

GUIDE ON USE OF THE FORM

- The form is to be filled by the service provider during a medical examination.
- Reasons for visit:
  - o Asymptomatic – if a KP has missed two rounds of quarterly screening checkup he/she is eligible for asymptomatic treatment. In the diagnosis, if the KP has no STI (through syndromic case management) treat her for asymptomatic STI. If she/he presents with an STI, record that case under symptomatic.
  - o Symptomatic – if a KP presents with an sti symptom irrespective of period of visit, record it as symptomatic
  - o Quarterly Screening Checkup – each kp is supposed to undergo an sti screening every quarter. If no sti diagnosed, record as quarterly screening checkup (QSC)
  - o Follow-up – this is a return visit by the KP for the earlier diagnosed condition to see whether treatment has worked or not worked or whether KP requires further referral.
- A KP might report some symptoms which are not included in the pre-coded answers. The question referring to symptoms therefore has an option at the end where any 'other symptoms' can be recorded.
- It is important to record all pharmaceutical drugs taken by the KP this will help to keep track on the type of treatment given to a KP during all visits.
- Indicate the date of the next visit in case the KP needs to return.

REPUBLIC OF KENYA **MINISTRY OF HEALTH**	**STI TREATMENT** **Data Collection Form**	

Date:_____ County:_____ Sub-County:_____

Implementing partner_____

1. KP Name:_____ 2. Sex: Male ☐ Female ☐ Transgender ☐ 3. Age:_____

4. KP Code:_____ 5.KP Hotspot/ Injecting site_____

6. Reason for visit:
    ☐ Asymptomatic ☐ Symptomatic   ☐ Quarterly Screening checkup   ☐ Follow up

7. New Client?   ☐ No ☐ Yes

8. KP Category   ☐ MSM /MSW   ☐ FSW   ☐ PWID   ☐ PWUD

9. Type of Syndrome (tick as appropriate)

1. Genital Ulcer Disease	☐	6. Cervicitis	☐	11. Anal warts	☐
2. Pelvic Inflammation Disease	☐	7. Syphilis	☐	12. Opthalmia Neonatorum	☐
3. Candidiasis	☐	8. Herpes Genitalia	☐	13. Anal discharge	☐
4. Urethral Discharge/Urethritis	☐	9. Genital Warts	☐	14. Other Specify _____	
5. Vaginitis	☐	10. Orchitis	☐	_____	

10. Drug Prescription (tick as appropriate)

1. Erythromycine	☐	2. Benzathine	☐	3. Norfloxacin	☐	4. Doxycycline	☐
5. Metronidazole	☐	6. Ceftriaxone	☐	7. Spectinomycine	☐	8. Clotrimazole	☐
9. Fluconazole	☐	10. Tetracycline	☐	11. Podophylline	☐	12. Brufen	☐
13. Nystatin Pessaries	☐	14. Buscopan	☐	15. Ciprofloxacine	☐	16. Acirax Cream	☐
17. Acirax Tablets	☐	18. Avirax Cream	☐	19. Avirax Tablets	☐	20. Aciclovir Tablets	☐
21. Aciclovir Cream	☐	22. Celestimine	☐	23. Hydrocotisone	☐	24. Paracetamol	☐
25. Mebendazole	☐	26. Multivitamine	☐	27. Seprin	☐	28. Piriton	☐
29. Fansidar	☐	30. Amodiaque	☐	31. Amoxycline	☐	32. Amplicox	☐
33. Cadiphen Syrup	☐	34. Ferrous Sulphate	☐	35. Folic Acid	☐	36. Clozole Cream	☐
37. Fansidar	☐	38. Other Specify		_____			

11. Client referred for Lab. Investigation: 1. No   2. Yes , If YES Lab Investigation Form No:_____
12. Client referred to other Health facilities   1. No   2. Yes , If YES, to which facility:_____
13. Condom given?   1. No ☐   2. Yes ☐   Num ☐☐☐
14. Lubricant given?   1. No ☐   2. Yes ☐   Num ☐☐☐
15. Partner refferal done?   1. No ☐   2. Yes ☐
16. Was internal examination done?   1. No ☐   2. Yes ☐
17. Date of next visit _____
18. Clinical Officer's Comments: _____

TOOLS FOR PROGRAM LEVEL

HOTSPOT LIST (FSW/MSM/MSW)

FREQUENCY   :   The estimates to be updated biannually

WHERE FILLED :   At Project Level

BY WHOM   :   Program Officer

FOR WHAT   :

- To guide in identifying Hotspots by name, location and type.
- To determine the program coverage.
- To know the estimated number of KPs in a particular Hotspot.
- To guide on the appropriate time and days to conduct outreaches.

REPUBLIC OF KENYA MINISTRY OF HEALTH	**HOTSPOT LIST**	

Implementing partner _____ County _____

Month/Year _____ KP Type (FSW/ MSM / MSW. Circle that which applies)

Name of Hotspot	Name of sub county/district/ town	Location	Type of Hotspot (use codes)	Estimated No. of KPs at the hotspot	Peak Days	Peak time	P.E Responsible

*Codes for type of hotspot: **1**=Bar with lodging, **2** = Bar without lodging, 3=Sex den / Brothel, **4**=Strip club,**5**=Streets/ Highways, **6**=Home, **7**=Casino, **8**=Beach, **9** = Guests/Hotels/Lodgings, **10**=Massage parlor,**11**= Parks.

HOTSPOT LIST (PWUD)

FREQUENCY   **:** The estimates to be updated biannually

WHERE FILLED **:** At Project Level

BY WHOM   : Program Officer

FOR WHAT   **:**

- To identify names of the injecting sites by name and location.
- To help in planning and monitoring project activities and tracking consumables.
- To know the estimated number of PWUD in an injecting site by gender.
- To guide on the appropriate time and days to conduct outreaches

REPUBLIC OF KENYA ... MINISTRY OF HEALTH	HOTSPOT LIST (PWID)	

Name of the program _____ County _____

Month & Year _____

Name of injecting site	Name of sub county /district/ town	Location	Type of Hotspot (use codes)	Estimated No. of KPs at the hotspot		Peak Days	Peak time	P.E Responsible
				Male	Female			

Codes for type of hotspot: **1**=Street /Market, **2** = Injecting den, **3**=Uninhabitable building, **4**=Parks, **5**=Homes, **6**= Beach, **7**=Casino.

CONDOM OUTLET REGISTER

FREQUENCY : Monthly

WHERE FILLED : At Project Level

BY WHOM : Program Officer

FOR WHAT :

- To track the number of condoms 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 needs per hotspot over the year

CONDOM OUTLET REGISTER

Hotspot Name	Location of Outlet in hotspot/ Vicinity	Weekdays designated for replenishment	Person In-charge of the outlet	Type of condom	Monthly estimated Condom Turnover	Number of condoms distributed											
						Jan	Feb	March	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec
				Male													
				Female													
				Male													
				Female													
				Male													
				Female													
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				Female													

CONDOMS AND LUBES REGISTER

FREQUENCY : When commodities are received from MOH/other sources by implementing partners and issued for distribution to the KPs through project staff.

WHERE FILLED : At Project Level

BY WHOM : Program Officer

FOR WHAT :

- To know on the available condom/lubricants stock at implementing partner level.
- To know the distribution pattern of the commodities.
- To know number of commodities distributed to different outlets.

CONDOMS AND LUBES REGISTER

County_____ Sub County_____ Month/Year _____ Site/Facility _____ MFL Code _____

MoH CONDOMS AND LUBES REGISTER *(To be maintained by Program Officer)*
Frequency: As and when the commodities are received from MoH/other sources by the Implementing Partner (IP) and issued for distribution to the KPs through the project.
A format for condoms/Lubricants for the Month

Date	Opening Balance			Total Commodities Received									Total Number of condoms &Lubes issued during the Month			Issued to whom*	Closing Balance		
	Condoms		Lubes	Condoms						Lubes			Male Cds	Female Cds	Other Sources	Lubes	Condoms		Lubes
				MoH		Other Sources		Total		MOH	Other Sources	Total							
	Male	Female		Male	Female	Male	Female	Male	Female								Male	Female	

*Issued to:
1) Outreach Worker(for further distribution to Peer Educators)
2) Peer educator
3) Facility / DICE (distributed at the reception by Counsellor/Medical doctor/receptionist/....)
4) Distribution through condom dispensers
Note: Number of commodities distributed to the different outlets should be recorded separately e.g. 20/06/2013 male condoms issued to Peer educators – 20,000 pieces; 20/06/2013 lubes issued to Peer educators

NEEDLE AND SYRINGES REGISTER

FREQUENCY : When commodities are received from MOH/other sources by implementing partners and issued for distribution to the KPs through project staff

WHERE FILLED : At Project Level

BY WHOM : Program Officer

FOR WHAT :

- To track the available stock at the beginning of every month.
- To track the type of needles syringes issued (Kit 1, Kit 2).
- To know the distribution patterns (through ORW, through PE, through facility) at the project level.
- To track the number of needles and syringes distributed through Peers

	REPUBLIC OF KENYA MINISTRY OF HEALTH	**NEEDLES & SYRINGES REGISTER**

County_____ Sub County_____ Month/Year _____ Site/Facility _____ MFL Code _____

MoH NEEDLES & SYRINGES REGISTER (To be maintained by Program Officer)
Frequency: As and when the commodities are received from MoH/other sources by the Implementing Partner (IP) and issued for distribution to the KPs through the project.
A format for Needle and syringe distribution for the Month

Date	Opening Balance		Total Commodities Received						Issued to whom*	Closing Balance	
			Needles & syringes							Kits	
	Needles & syringes		MoH		Other Sources		Total				
	Kit1	Kit2	Kit1	Kit2	Kit1	Kit2	Kit1	Kit2		Kit1	Kit2

*Issued to:
1) Outreach Worker(for further distribution to Peer Educators)
2) Peer educator
3) Facility Distribution (distributed at the reception by Counsellor/Medical doctor/receptionist/....)

COHORT REGISTER

FREQUENCY   : Monthly

WHERE FILLED : At Project Level

BY WHOM   : Service provider

FOR WHAT   :

- To track individualized KP population biomedical and behavioral data over an extended period of time.

COHORT REGISTER

REPUBLIC OF KENYA — MINISTRY OF HEALTH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Serial Counter (a)	KP's Name (b)	Hotspot (c)	Contact Details / Phone No. (d)	Client's unique ID (e)	Key population Type (f)	Age (g) / DOB (h)	Gender (i)	Date of enrolment (j)	HIV status at enrollment (k)	Quarter / YR	Counseled and tested for HIV (o)	Tested positive for HIV (p)	Self Test for HIV(q)	HIV + Enrolled into HIV care (r)	Currently on care (s)	HIV + newly Initiated on ART (t)	Currently on ART(u)	TB/HIV Started on ART(v)	HIV + screened for TB(w)	HIV + started on TB treatment (x)	Provided with male condoms (y)	Provided with female condoms (y)	Provided with lubes (y)	Received Needles and Syringes	Hepatitis B	Hepatitis C	Receiving naloxone	Screened for STIs (z)	Treated for STIs (aa)	Screened for drug and alcohol use (ab)	Treated for drugs and alcohol use (ac)	Provided with PEP (ad)	Provided with PAC (ae)	Provided with MAT (af)	Provided with FP services (ag)	Risk reduction couselling (ah)	Screened for cervical cancer (ai)	Reached with EBI (aj)	Linked to sexual violence services (ak)	CD4 Count (al)	Viral Load (am)	Remarks / Comments
										Jan - March																																
										April - June																																
										July - Sept																																
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Key

Key Populations
SW-- Sex worker
PWIDs- persons who inject drugs
PWUDs- persons who use drugs
MSM- men having sex with men
T- Truckers
F- Fisher folk
P- Prisoners
M- Military
OVP - Other vulnerable populations

EBI
HC2
S2S
Eban
Stepping stones
FMP
Respect

FORMAL GROUP - this is a structured group set up for KPs to address the improvement of livelihoods

FREQUENCY   : Event driven (whenever there is a group meeting)

WHERE FILLED : At Project Level

BY WHOM   : Group leaders

FOR WHAT   :

- To identify group by its name and the kind of activities carried out.
- To know number of members in a group.
- To track on number of group meetings held.
- To know whether the executive committee is functional (elections held periodically).
- To maintain a log of the KPs who attends the group meeting.
- To know the group members who are consistent in attending the group meetings.

INFORMAL GROUP - this describes an ad hoc gathering of KPs around day-to-day issues

- To highlight on major issues discussed in the group meetings.
- To highlight on the major decisions reached in the group meeting.
- To track on of KPs who attended the meeting.

REPUBLIC OF KENYA MINISTRY OF HEALTH	**GROUP DETAILS FORM (FORMAL AND INFORMAL GROUPs)**	

County_____ Sub County _____

Implementing partner _____

KP type:					
Name of group:	Number of members of the group	M	F	Transgender	Total
Purpose of the group:					
Activities carried out by the group (Mark all that apply)					
• Merry go round / table banking					
• Small business / Agricultural business					
• Credit facility					
• Others _____					
Group Leadership Information					
Name of Office Bearer	Position	Contacts	Date of election as Office Bearer (Last Election)	Number of years in position	
1.					
2.					
3.					
4.					
5.					
6.					

SI No.	Member Name	Unique ID	Date joined	Whether active*	Date Left(wherever applicable)
*Active members are those who have been attending the meetings continuously or attended two meetings in the last 3 months.					

INFORMAL GROUP

Key Populations Group Meeting Reporting Form						
Name of the group:						
Key Population type:						
Lead Peer educator:						
Location:				Date:		
Major issues discussed in the meeting						
Major decisions						
List of the members who attended the meeting						
S#	Phone Number	Unique ID#	Name	Hotspot	Sex	Age
Next Date of Meeting:						
Meeting Conducted by:						

ADVOCACY ACTIVITY REPORTING FORM

FREQUENCY **:** Event driven

WHERE FILLED : At Project Level

BY WHOM : Program officer/Paralegal

FOR WHAT :

- To record project activities conducted with stakeholders .

REPUBLIC OF KENYA MINISTRY OF HEALTH	**ADVOCACY ACTIVITY REPORTING FORM**	

County_____ Implementing partner _____

Meeting No:	Date:	Time:
KP Type (FSW, MSM/MSW, PWID, PWUD, Transgender):		
Carried out by:		
Number of participants:		

1.	What was the advocacy objective?
2.	Location of this advocacy activity and why this location?
3.	Whom did you advocate with? (Specify stakeholders)
4.	What method/medium was used? (Lecture/presentation/individual meeting/group meeting/exhibition/role plays/other)
5.	What were the challenges faced in addressing the advocacy agenda, if any?
6.	What follow-up actions have been planned/agreed for this activity?
7.	What is the outcome of the advocacy activity?

VIOLENCE REPORTING FORM

FREQUENCY   : Event driven

WHERE FILLED : At Project Level

BY WHOM   : Outreach Worker

FOR WHAT   :

- To record incidences, type and outcomes of violence and discrimination by (police, general public clients, family, partners, health providers, school and neighbors).
- To record action taken, follow up and if the violence was completely addressed.

REPUBLIC OF KENYA

MINISTRY OF HEALTH

VIOLENCE REPORTING FORM

County_____ Implementing partner _____

Name of Program staff _____ Date ☐☐ ☐☐ ☐☐☐☐

KP Type _____

1.	Name: _____ Sex(M/F/Transgender):_____ Age:_____ Place of incident: Unique ID:
2.	Date of incident:_____ Time of the incident AM ☐ PM ☐
3.	Was the abuse against: a) An individual: Yes ☐ No ☐ b) Group Yes ☐ No ☐

4.	The form of incident: Harassment ☐ Verbal Abuse ☐ Discrimination ☐
	    Assault/ Physical abuse ☐ Rape/Sexual assault ☐
	    Illegal arrest ☐

5.	Perpetrators KP being Discriminated / Harassed / Abused by: Rowdies: Yes ☐ No ☐ Family: Yes ☐ No ☐ Police Yes ☐ No ☐ Partner: Yes ☐ No ☐ General Public: Yes ☐ No ☐ Health Provider: Yes ☐ No ☐ Clients: Yes ☐ No ☐ School: Yes ☐ No ☐ Local Authority: Yes ☐ No ☐ Neighbors: Yes ☐ No ☐ Community members: Yes ☐ No ☐ Other KP(specify) _____ Mob Justice Yes ☐ No ☐ Yes ☐ No ☐
6.	Date and time the KP team made its first attempt to address the incident through its staff Time: AM ☐ PM ☐
7.	Actions taken by the office/staff: a) Was it reported to law enforcement agency? Yes ☐ No ☐ b) Was the KP taken to hospital? Yes ☐ No ☐ c) Linked to paralegal support Yes ☐ No ☐
8.	Where is the person now: Dead ☐ Incarcerated ☐ Hospitalized ☐ At home ☐
9.	Follow-up actions that need to be taken? Yes ☐ No ☐
10.	Date issue was completely addressed ☐☐ ☐☐ ☐☐☐☐

Program Officer Name : _____   KP Violence Reporting Form - Ver June. 2013

TRAINING /SENSITIZATION FORM

FREQUENCY   : Event driven

WHERE FILLED : At Project Level

BY WHOM   : Program Officer

FOR WHAT   :

- To record the number of trainings conducted in the given month disaggregated by gender
- To track on the number of persons (stakeholders, KPs) sensitized.

NEEDLE/SYRINGE/COLLECTED REGISTER

FREQUENCY : Event driven

WHERE FILLED : At Project Level

BY WHOM : Outreach Worker

FOR WHAT :

- To encourage and provide safe disposal practices of used injecting equipment to protect the wider community.
- To ensure that all injecting sites are fully covered and serviced by outreach workers.

NEEDLE & SYRINGE RETURNS / COLLECTED REGISTER

County: _____Implementing partner: _____

Name of ORW / Peer:_____ Year_____ Month _____

Date:	Needle/ Syringe Collection (Pc)	Name of Site from where the NS were collected
1		
2		
3		
4		
5		
6		
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12		
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24		
25		
26		
27		
28		
29		
30		
31		
TOTAL		

Ministry of Health
National Aids & STI Control Programme
NASCOP

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