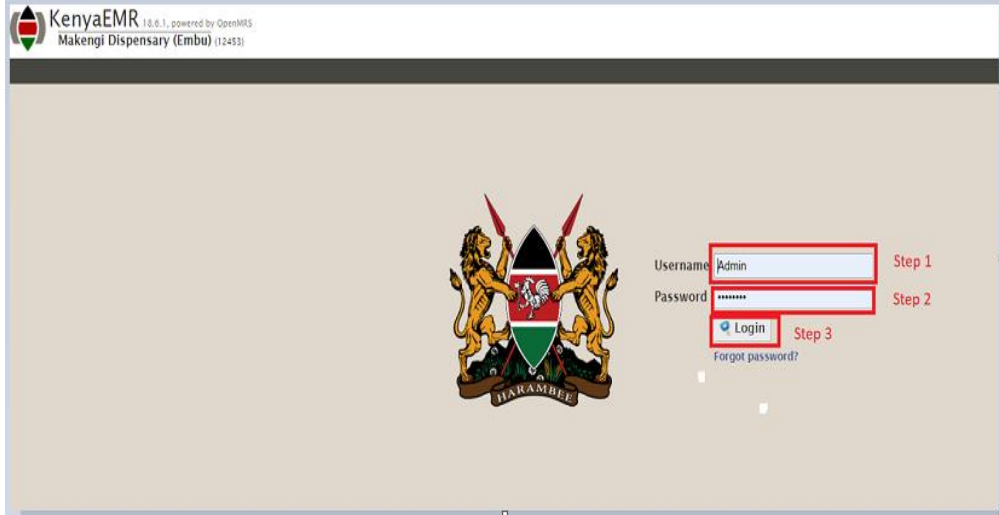
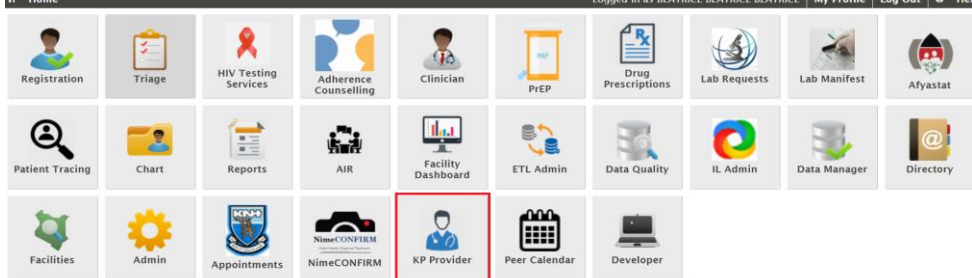


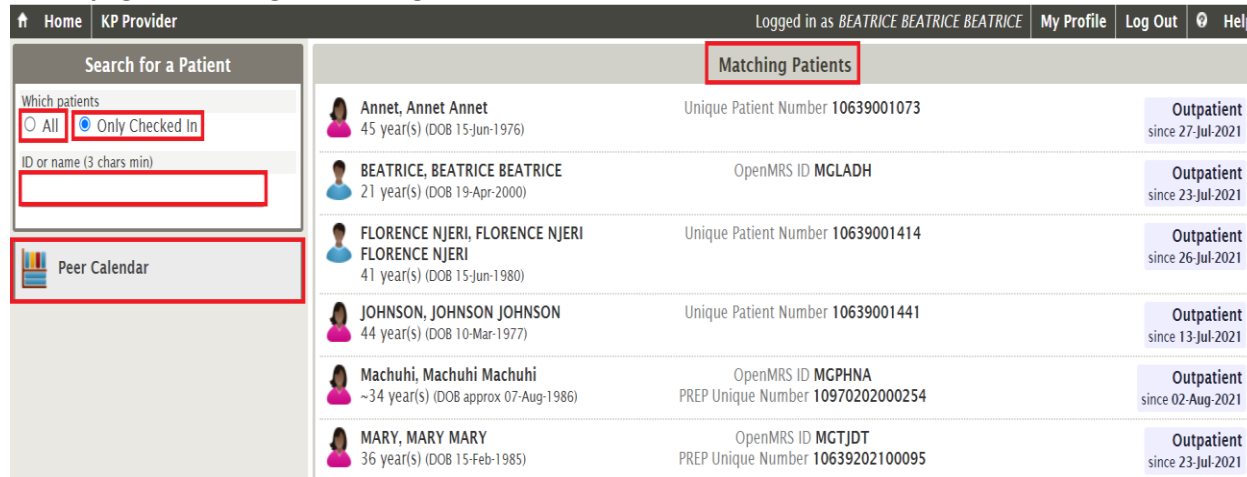
Key Population System Workflow (KenyaEMR Version 18.6.1 and above):







Last Updated: July 2023

Tasks:	End to end navigation of Key Population System (KPS)
Objective:	Provide KPIF Navigation skills
Who:	KPS user
Required Materials:	Username, password, computer installed with KenyaEMR version 18.6.1 and above
SECTION 1: LOGIN AND CLIENT REGISTRATION	
1.1	<div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>Login to KPS</p> <p>Step 1: Enter the application server URL system e.g. “localhost:8080/openmrs” and click on the load button or Enter key from the key board</p> <p>On successful loading, you should be navigated to the system login page.</p> <p>Authenticate entry by proving username (Step 1) and password (Step 2) on the fields, then (Step 3) click “Login” button.</p> </div> </div>
1.2	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>Home page</p>  </div> <div style="flex: 1; margin-left: 20px;"> <p>Upon successful login, you shall be navigated to the facility dashboard. Locate and Click “Home”. this will take you to the KenyaEMR Home Page from where you will locate the KP Provider module as shown.</p> <p>To Register client click “Registration” tab</p> </div> </div>

1.3

Home page: Searching for existing client.



Matching Patients			
	Annet, Annet Annet 45 year(s) (DOB 15-Jun-1976)	Unique Patient Number 10639001073	Outpatient since 27-Jul-2021
	BEATRICE, BEATRICE BEATRICE 21 year(s) (DOB 19-Apr-2000)	OpenMRS ID MGLADH	Outpatient since 23-Jul-2021
	FLORENCE NJERI, FLORENCE NJERI 41 year(s) (DOB 15-Jun-1980)	Unique Patient Number 10639001414	Outpatient since 26-Jul-2021
	JOHNSON, JOHNSON JOHNSON 44 year(s) (DOB 10-Mar-1977)	Unique Patient Number 10639001441	Outpatient since 13-Jul-2021
	Machuhi, Machuhi Machuhi ~34 year(s) (DOB approx 07-Aug-1986)	OpenMRS ID MGPANA PREP Unique Number 10970202000254	Outpatient since 02-Aug-2021
	MARY, MARY MARY 36 year(s) (DOB 15-Feb-1985)	OpenMRS ID MGTJDT PREP Unique Number 10639202100095	Outpatient since 23-Jul-2021

This step illustrates how to search for a client whose details already exist in the system. This is a very important step to eliminate double registration and duplication of clients' details in the system.

Steps

Step 1: Check the radio button **All**

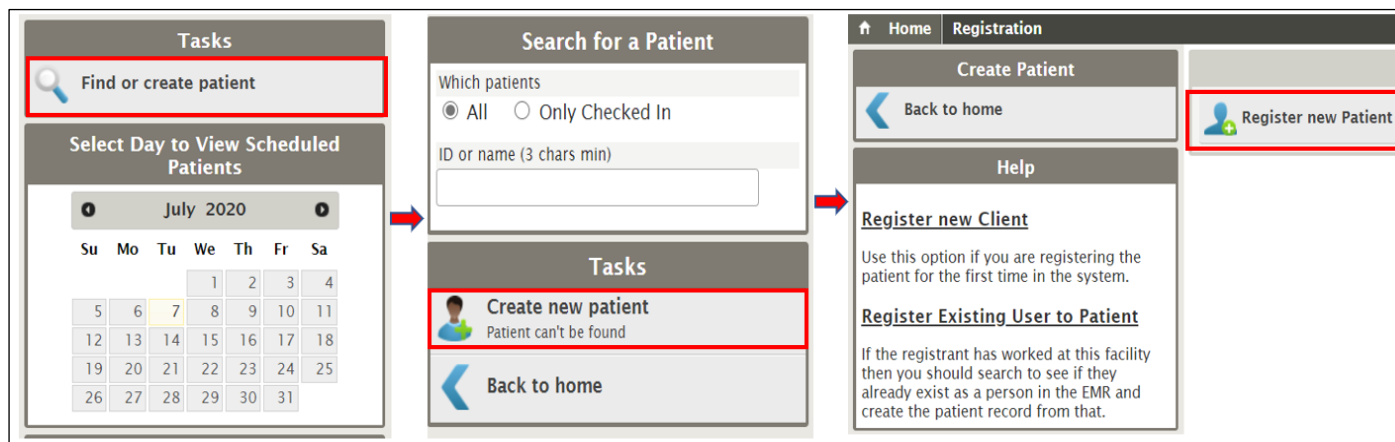
Step 2: Type the client's name on the name field. If there is no matching client, chances are that the client details do not exist in the system. Hence consider registering the client. *(See next)*

NB: You can also search for KP clients who are already checked in for the visit in the system. Clicking this option will automatically list out all clients with active visits in the system.

1.4

Home page: Patient Registration

This step illustrates how to register a new patient in KenyaEMR. It is important to search from the client to be sure the record does not exist.



Steps.

Click on **Find or Create Patient**

On the next screen click

Create New Patient

Click **Register new patient.**

This will open a client registration screen where all the registration details are captured.

1.5

Capturing client's registration details

Completing client's registration date

Step 2: Register Patient

ID Numbers

Patient Clinic Number (if available)

National ID Number (If the patient is below 18 years of age, enter the guardian's National Identification Number if available.)

Demographics

Surname * First name * Other name(s)

Sex * ☐ Female ☐ Male Date of Birth * ☐ Estimated ☒ Exact

Marital status Occupation Education

Deceased ☐ Yes ☒ No Date of death

Address

Telephone contact

Alternate phone number Postal Address Email address

County Sub-County Ward

Location Sub-location Village

Landmark Nearest Health Center

Next of Kin Details

Name Relationship

Phone Number Postal Address

Complete all relevant fields and submit the form.


Steps

- i Capture all the details required in each section of the form beginning with Clinic Number (if assigned) and National ID (if available)
- ii Capture the date of birth either by specifying the reported age or by capturing the exact date using the date picker. Specify Marital status, Occupation, and Education from the provided drop downs. Skip the Deceased section.
- iii Capture the client address as detailed as possible. Review all the entries before submitting the form.
- iv When all the fields are Click Create Patient when done to submit the form.

1.6 Click Home and select **KP Provider** Module from the Home screen to continue with the KP Services.
The following screen is supposed to appear with the registration details captured in the previous form above.

Home
KP Provider

Logged in as Nyaga Nyaga Nyaga
My Profile
Log Out
Help


Capacity, Building Test
Male, ~34 year(s) (approx 15-Jun-1986)

National ID 23123423
Patient Clinic Number 567890

Close

Current visit: None

Registration Info

Telephone contact: 0711000000
Next of kin contact: 0711222222
Next of kin relationship: Spouse
Next of kin name: User Test
Email address: BENARDO@THEPALLADIUMGROUP.COM
Alternate Phone Number: 0711000012
Nearest Health Facility: CKH Hospital

Peer - Contact Form

None

Relationship

Add Relationship

Enrollment status

HIV

Enroll

TB

Enroll

IPT

Enroll

Key Population

Enroll

Client Summary

Status In program	ART Status	Latest viral load	Next Appointment Date
Undocumented		None	

Vitals

	Value
Weight	
Height	
Temperature	°C
Pulse Rate	
BP	
Respiratory Rate	
Oxygen Saturation	
MUAC	
LMP	

Check in for visit

Visit Actions

Drug Orders

Lab Orders

Completed Forms

None

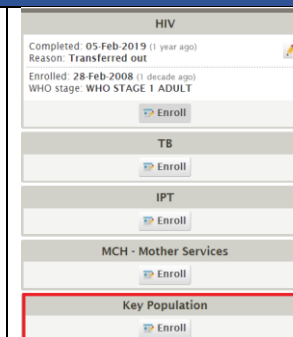
SECTION 2: CLIENT ENROLMENT INTO KP SERVICE

2.1

Enrolment into KP Service.

On the service menu, locate Key Population and click “**Enroll**” to open up the KP enrolment form named “**Contact Form**”.

On the Contact form (see below), specify the first contact date (step1), Key population type, Unique Identifier Code*, Alias (if available) and all the remaining fields as required. Submit once complete.



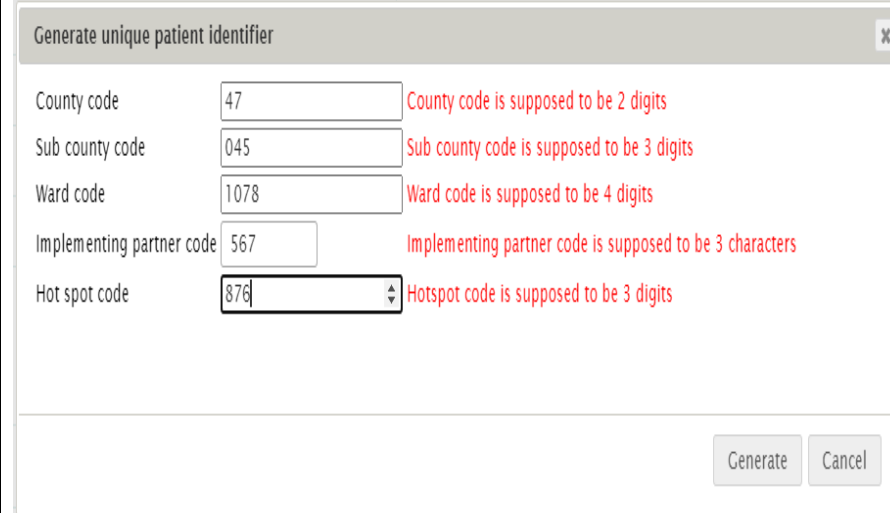
The screenshot shows a vertical list of services: HIV, TB, IPT, MCH - Mother Services, and Key Population. Each service has an 'Enroll' button next to it. The 'Key Population' service and its 'Enroll' button are highlighted with a red rectangular border.

2.2

* How to generate Unique Identifier Code

Unique Identifier Code (UIC) is a 2-character code that is assigned to every KP client at enrolment, which consist of **county code**, **sub-county code**, **ward -code**, **IP code** and the **hotspot code**.

- To proceed, click on the “Generate Identifier” button. This will open the code generation window (see below).
- Enter all the required information into all the fields and click “Generate”. The system will use the provided information to generate the correct UIC for the patient (see Step 2 below)



The screenshot shows a window titled 'Generate unique patient identifier'. It contains five input fields with their respective values and red error messages:

Field	Value	Error Message
County code	47	County code is supposed to be 2 digits
Sub county code	045	Sub county code is supposed to be 3 digits
Ward code	1078	Ward code is supposed to be 4 digits
Implementing partner code	567	Implementing partner code is supposed to be 3 characters
Hot spot code	876	Hotspot code is supposed to be 3 digits

At the bottom right of the window are two buttons: 'Generate' and 'Cancel'.

2.3

Complete the rest of the forms and submit.

Mariam, Mariam Mariam
Female, ~39 year(s) (approx 15-Jun-1984)
Unique Patient Number 000005900074
Patient Clinic Number 15059000076

Eligible for ART Due for Serum CrAg test Due for CACX Screening AHD Client Lost to Followup Eligible for COVID-19 Vaccination

Contact form

Date of first contact: 18-Jul-2023 08:50:11 **Step 1** Location: Technical University of Mombasa Me...

Contact Form

Patient Type	<input checked="" type="radio"/> New Patient <input type="radio"/> Transfer in *		
Key Population Type	<input checked="" type="radio"/> FSW <input type="radio"/> MSM <input type="radio"/> MSW <input type="radio"/> PWID <input type="radio"/> PWUD <input type="radio"/> Transgender <input type="radio"/> Prisoner <input type="radio"/> Not applicable *		
Priority Population Type	<input type="radio"/> Fisher Folk <input type="radio"/> Truck Driver <input checked="" type="radio"/> Adolescent and Young Girls <input type="radio"/> Prisoner		
Implementation	County: Nairobi *	Sub County: Dagoretti South *	Ward: Ngando *
Unique Identifier code	470451078 56787601MAMAMA60132	Step 3	Alias: Boss Lady Save Alias
Alternative Contact Person	Name: Jamba	Telephone number:	0900676767
Have you been contacted by a peer educator?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, which programme do you receive service from?	SHOPPER		
Hot spot mostly frequented	Maguta *	Type of Hotspot	Bar with lodging
Which year did you start sex work?	2017		
Which Year Did You Start Using Drugs (Injecting Or Smoking)?	2016		

Step 2 → **Generate Identifier** Identifier generated successfully

NB: Where available fill in the Alias name and click “Save” before proceeding with the rest of the sections.

2.4

Assigning client to peer educator through the Relationship Feature

Step:

- Under relationships, click “Add Relationship”
- Search and specify the **name of the peer -educator** you want to assign. (The Peer Educators must exist in the system prior to this step)
- Specify the **relationship type** to patient
- Enter the relationship **start date** (**NB: End Date** should only be completed when the relationship ends i.e when the client is reassigned to a different PE)
- Click **Save** to submit the form.

Edit Relationship


Person: Mary, KPIF TEST ~33 year(s)

Relationship to patient: Peer-educator

Start date: 01-May-2020 End date:

Save Cancel

Relationship

Peer:  **Annet, Annet Annet**



+ Add Relationship

Confirmation of a created peer to peer relationship. There is provision to edit or delete the relationships.

SECTION 3: KP CLIENT CLINICAL ENROLMENT AND ENCOUNTERS

3.1

Clinical Enrollment

Enrolment Date: 18-Jul-2023 09:26:53

Client Enrolment Social Status

Have you been contacted by a peer educator for health services?

☒ Yes ☐ No

Do you have a regular(Non-Paying) sexual partner?

☒ Yes ☐ No

Step 1

Historical Status

Which year did you start sex work?

2022

Which Year Did You Start Using Drugs (Injecting Or Smoking)?

2018

Ever experienced sexual violence?

☒ Yes ☐ No

Ever experienced physical violence?

☒ Yes ☐ No

Step 2

HIV History

Have you ever been tested for HIV?

☒ Yes ☐ No

The last time you received HIV testing, how did you test?

☒ Rapid HIV Testing ☐ Hiv Self Test

Would you like to share your LAST test result with me? (circle the number)

☐ Yes I tested positive ☒ Yes I tested negative ☐ No I do not want to share

Are you willing to be tested for HIV?

☒ Yes ☐ No

Step 3

Client Support

In case you are due for clinical services, could we contact you?

☐ Yes ☒ No

Step 4

Buddy Contact Information

Buddy Name

Mansour

Buddy Mobile Number

0900675432

Step 5

Enter Form

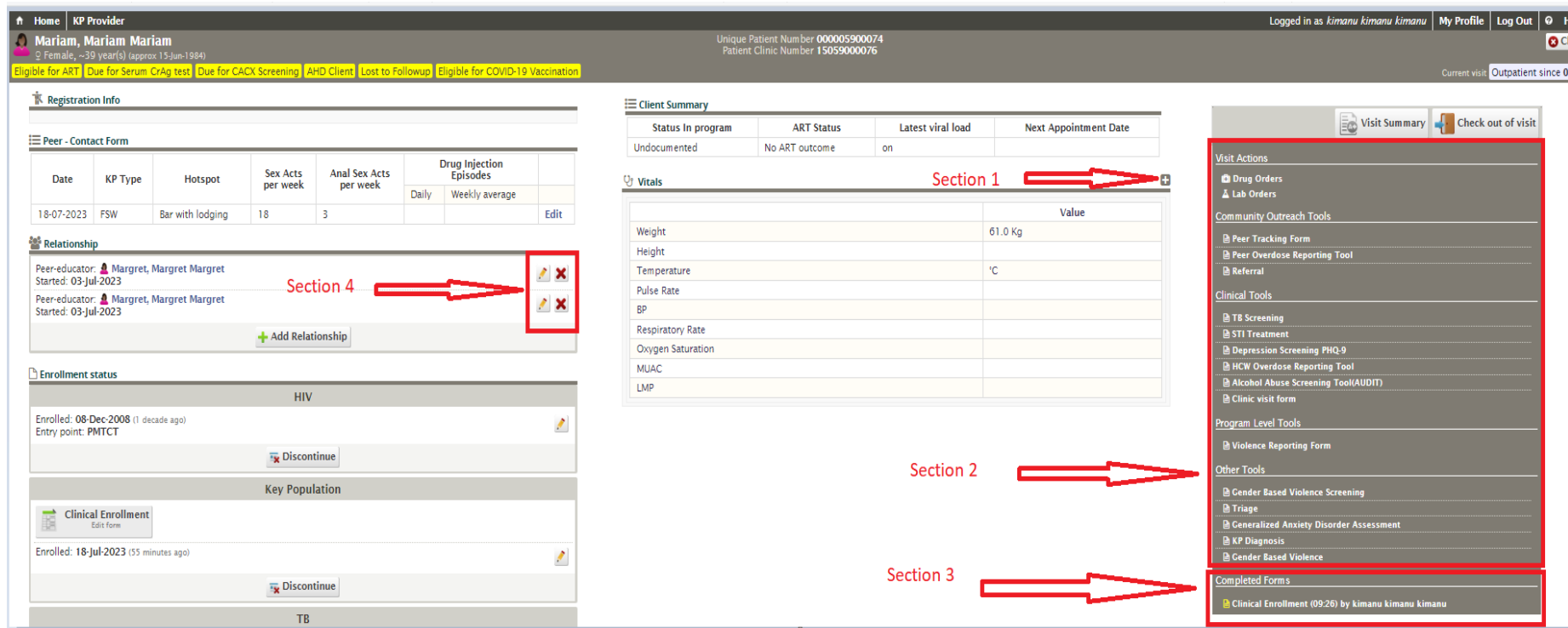
Discard Changes

Steps

- **Step 1:** Complete client enrolment social status, check radio button
- **Step 2:** Complete client historical status: fill in sex and drug debut year where applicable, check radio button on sexual or physical violence
- **Step 3:** Select HIV history testing
- **Step 4:** Select client support if contacted for clinical appointment
- **Step 5:** Complete buddy contact information
- Click **"Save"** button to submit KP enrolment

3.2

KP Client Home page and Clinical Workflow





Registration Info

Peer - Contact Form

Date	KP Type	Hotspot	Sex Acts per week	Anal Sex Acts per week	Drug Injection Episodes
18-07-2023	FSW	Bar with lodging	18	3	Daily

Relationship

Peer-educator:  Margret, Margret Margret
Started: 03-Jul-2023

Peer-educator:  Margret, Margret Margret
Started: 03-Jul-2023

Enrollment status

HIV

Enrolled: 08-Dec-2008 (1 decade ago)
Entry point: PMTCT

Key Population

Clinical Enrollment

Enrolled: 18-Jul-2023 (55 minutes ago)

Client Summary

Status in program	ART Status	Latest viral load	Next Appointment Date
Undocumented	No ART outcome	on	

Vitals

	Value
Weight	61.0 Kg
Height	
Temperature	°C
Pulse Rate	
BP	
Respiratory Rate	
Oxygen Saturation	
MUAC	
LMP	

Visit Actions

- Drug Orders
- Lab Orders

Community Outreach Tools

- Peer Tracking Form
- Peer Overdose Reporting Tool
- Referral

Clinical Tools

- TB Screening
- STI Treatment
- Depression Screening PHQ-9
- HCV Overdose Reporting Tool
- Alcohol Abuse Screening Tool(AUDIT)
- Clinic visit form

Program Level Tools

- Violence Reporting Form

Other Tools

- Gender Based Violence Screening
- Triage
- Generalized Anxiety Disorder Assessment
- KP Diagnosis
- Gender Based Violence

Completed Forms

- Clinical Enrollment (09:26) by kimana kimanu kimanu

The KP client home page provides summarized information about client that helps the provider in decision making. It also provides various clinical tools to be used during a clinical encounter. The home page comprises the following key sections:

Section 1: This section allows provider to capture client vital signs

Section 2: Provides a list of available tools (forms) to be completed by provider as needed.

Section 3: All the completed encounter forms are shown here

Section 4: Allows for editing Peer-Contact details

SECTION 4: COMPLETING VARIOUS ENCOUNTER FORMS

4.1

Completing a clinical visit form

Home

KP Provider

Capacity, Building Tester

Male, ~32 year(s) (approx 15-Jun-1988)

National ID 23141234

Patient Clinic Number 567890

Logged in as Mbuthia Mbuthia Mbuthia

My Profile

Log Out

Help

Close

Current visit

Outpatient since 01-May-2020

Editing Outpatient visit, 01-May-2020 12:34

Clinic visit form

Date: 01-May-2020 12:34:00

Location: Kisaku Dispensary 13700

Visit details

Type of visit : ☒ Initial ☐ Revisit

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

Service delivery Model: ☒ Static ☐ Outreach

Specify correct encounter date

Chose the right Visit type and reason for visit.

Specify the service delivery mode

Clinic Visit Form

SERVICES	SCREENED	SCREENING RESULTS	TREATED / SUPPORT	REFERRED	IF YES SPECIFY
STI	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input checked="" type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
TB	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input checked="" type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Hepatitis B	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input checked="" type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Vaccination	<input type="radio"/> Yes <input type="radio"/> No	
Hepatitis C	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Overdose management	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input checked="" type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> Yes <input type="radio"/> No Received naloxone <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Abscess	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input checked="" type="radio"/> Negative <input type="radio"/> Positive	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Alcohol and drug abuse	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input type="radio"/> Negative <input checked="" type="radio"/> Positive	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
PrEP	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Ongoing*	<input type="radio"/> Eligible <input checked="" type="radio"/> Not eligible	<input type="radio"/> Initiated <input type="radio"/> Not Initiated	<input type="radio"/> Yes <input type="radio"/> No	
Violence	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Harassment <input type="checkbox"/> Assault/Physical abuse <input type="checkbox"/> Illegal arrest <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Rape/Sexual assault <input type="checkbox"/> Discrimination	<input type="radio"/> Supported <input type="radio"/> Not Supported	<input type="radio"/> Yes <input type="radio"/> No	
Risk Reduction Counselling	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input type="radio"/> Eligible <input checked="" type="radio"/> Not Eligible	<input type="radio"/> Supported <input type="radio"/> Not Supported	Counseling EBI provided? <input type="radio"/> Yes <input type="radio"/> No	
Mental health	<input checked="" type="radio"/> Yes <input type="radio"/> No*	<input checked="" type="radio"/> Depression unlikely <input type="radio"/> mild depression <input type="radio"/> Moderate Major Depression <input type="radio"/> Moderate Recurrent Major Depression <input type="radio"/> Severe Depression	<input type="radio"/> Supported <input checked="" type="radio"/> Not Supported	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Complete Visit details
 Select the radio button for; Type of visit, Reason for visit and Service Delivery Model Complete

Complete clinic visit details by selecting the respective radio button for services screened, Screening results, Treated /support offered, and Referred, if Yes Specify.

HIV Testing services								
Setting of the last HIV test	Self reported status	Counselled	Tested	Frequency of test	Received results	Testing results	Linked to ART	Facility
<input checked="" type="radio"/> Universal HTS <input type="radio"/> Self-testing <input type="radio"/> Never tested	<input type="radio"/> Positive <input checked="" type="radio"/> Negative <input type="radio"/> Unknown	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input checked="" type="radio"/> Initial <input type="radio"/> Not applicable <input type="radio"/> Repeat	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input checked="" type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Inconclusive <input type="radio"/> Known positive <input type="radio"/> Not Applicable	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Self testing								
HIV self-test education/ demonstration	No. of HIV self-test kits given	Self-tested for HIV	Date conducted	Frequency of test	Testing results	Confirmatory HIV test results	Facility name where confirmatory was done	Linked to ART
<input checked="" type="radio"/> Yes <input type="radio"/> No	For Self test <input type="text" value="5"/> For Distributing <input type="text" value="5"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Initial <input type="radio"/> Repeat	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Inconclusive	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Not done	<input type="radio"/> Off-site <input type="radio"/> On-site if off-site specify <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes if yes facility linked to <input type="text"/>

Counsellor name and Date	
Counsellor name	Date
<input type="text" value="Sellina"/>	<input type="text" value="13-May-2020"/>

Care and treatment					
Facility of HIV Care	Initiated on ART this month	Active on ART	Eligible for Viral Load	Viral Load Test Done	Viral Load Results
<input type="radio"/> Provided here <input type="radio"/> Provided elsewhere <input type="radio"/> N/A Provided elsewhere Specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Suppressed <input type="radio"/> Not Suppressed <input type="radio"/> Results not yet received <input type="radio"/> Not applicable

Other services			
Service provided :	Condom education/demonstration <input type="radio"/> Yes <input type="radio"/> No Referral <input type="radio"/> Yes <input type="radio"/> No	Commodities given :	No. of condoms <input type="text"/> No. of lubes given <input type="text"/> Number of needles and syringes given: <input type="text"/>
PEP : <input type="radio"/> Yes <input type="radio"/> No Type of exposure : <input type="checkbox"/> Rape <input type="checkbox"/> Condom burst <input type="checkbox"/> Other	If OtherSpecify <input type="text"/>		
Link to psychosocial support : <input type="radio"/> Yes <input type="radio"/> No			
Clinical Notes	<input type="text"/>		
Next Visit Date	<input type="text"/>		

Clinician sign off and Date	
clinician name	Sign off date
<input type="text"/>	<input type="text"/>

Complete the details under HIV

Testing Services

Under Self-Testing indicate the correct details including the supplied self-test kits

Where Client tests HIV positive, the **Care and Treatment** section will be enabled, otherwise it remains unavailable.

Complete **Other services** section and specify capture the commodities provided on this visit.

Set the **next appointment date** and sign off under **Clinician sign off and date**.

Click **Enter Form** to save.

4.2

Completing Depression Screening Form

Depression Screening PHQ-9

Date: 18-Jul-2023 09:12:16 Location: Technical U

Patient Health Questionnaire-9 (PHQ-9) for Depression Screening

Question: "Over the last 2 weeks, how often have you been bothered by any of the following problems?"

	Not at all	Several days	More than half the day	Nearly every day
1. Little interest or pleasure in doing things	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself, or that you are a failure, or that you have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things (linked with patient's usual activities, such as reading the newspaper or listening to a radio programme)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Depression Assessment Score

PHQ-9 rating ☐ Depression unlikely ☐ Mild depression ☒ Moderate depression ☐ Moderate severe depression ☐ Severe depression

Save Changes Discard Changes

For each question select the applicable assessment rating

Note: PHQ-9 rating is picked automatically based on the responses above

4.3

Completing HCW Overdose Reporting Tool

Steps

Complete peer overdose reporting tool ought to be completed by the Peer educator; Type the physical location where the overdose happened, select incident site, name

HCW Overdose Reporting Tool

Date: 18-Jul-2023 09:12:16

Health Care Worker Overdose Encounter Reporting Tool

1. Physical address where overdose happened?	<input type="text" value="Type the physical address"/>	Date <input type="text" value="05-Jul-2023"/>
2. Incident type?	<input checked="" type="radio"/> New <input type="radio"/> Recurrent	
3. Name of the incident site (Hotspot)	<input type="text" value="Specify Hotspot here"/>	
4. Type of the site	<input type="text" value="Public Park"/>	
5. Naloxone provided	<input checked="" type="radio"/> Yes <input type="radio"/> No	
6. Risk factors	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Comorbidity <input type="checkbox"/> Abstinence from opioid use <input type="checkbox"/> Mixing <input type="checkbox"/> MAT induction/Re-induction <input type="checkbox"/> Others (Specify)	
7. Outcome	<input type="text" value="Recovered"/>	
8. Remarks	<input style="height: 30px;" type="text"/>	
9. Attendee name:	<input type="text" value="Ramaphosa"/>	Date <input type="text" value="18-Jul-2023"/>

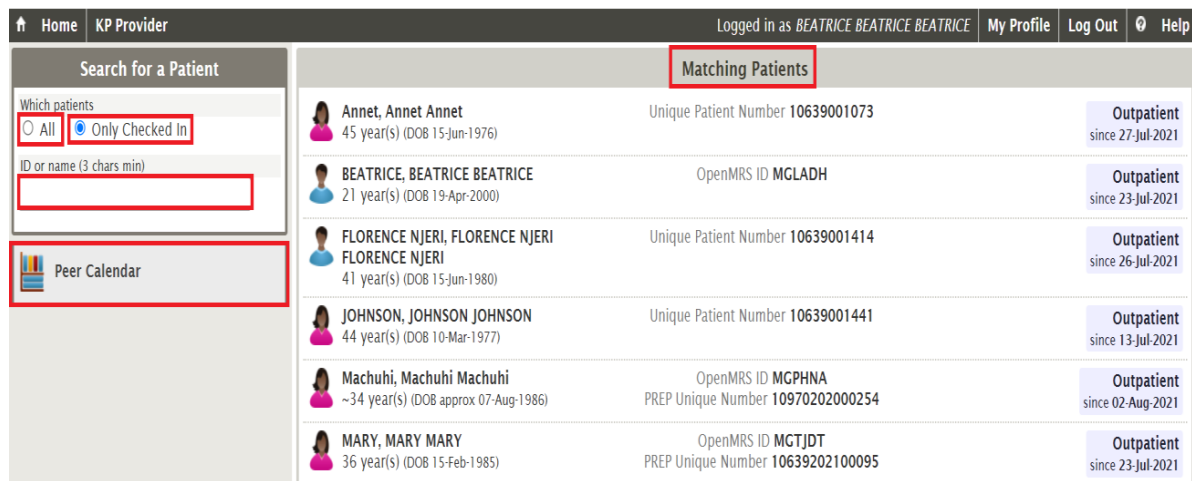
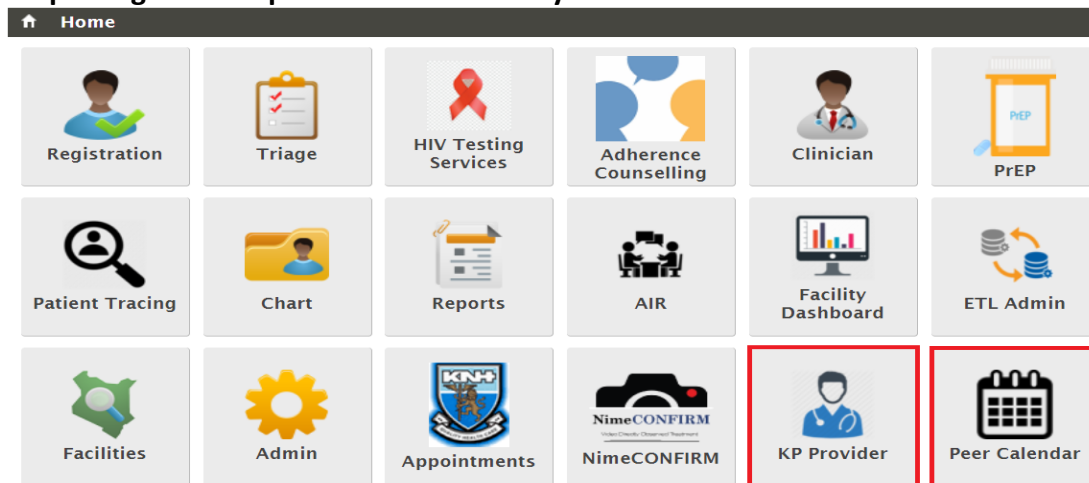
Properly filled HCW
Overdose Reporting
Tool

of incident hotspot, select drop-down type of site, if Naloxone was provided, select specific drug use, Remarks, outcome, reported by and witnessed by specific with dates. Then click **“Save”** to submit the form.

SECTION 5: PEER CALENDAR FUNCTION

5.1

Capturing Services provided to a client by the Peer Educator



Accessing Peer Calendar

Peer calendar can be accessed from to sections i.e:

- KP provider Tab
 - Click KP Provider
 - On the patient search screen, locate Peer Calendar button and click
 - Peer educator search screen will be displayed
- Peer Calendar Tab
 - Locate Peer calendar tab on the homepage
 - Click to display the peer educator search screen

Searching for a peer educator

Steps:

- Specify the date of interest
- Enter the PE name or ID

Wait for the matching PE to be displayed

[Home](#) [Peer Calendar](#) Logged in as BEATRICE BEATRICE

Search for a Peer Educator

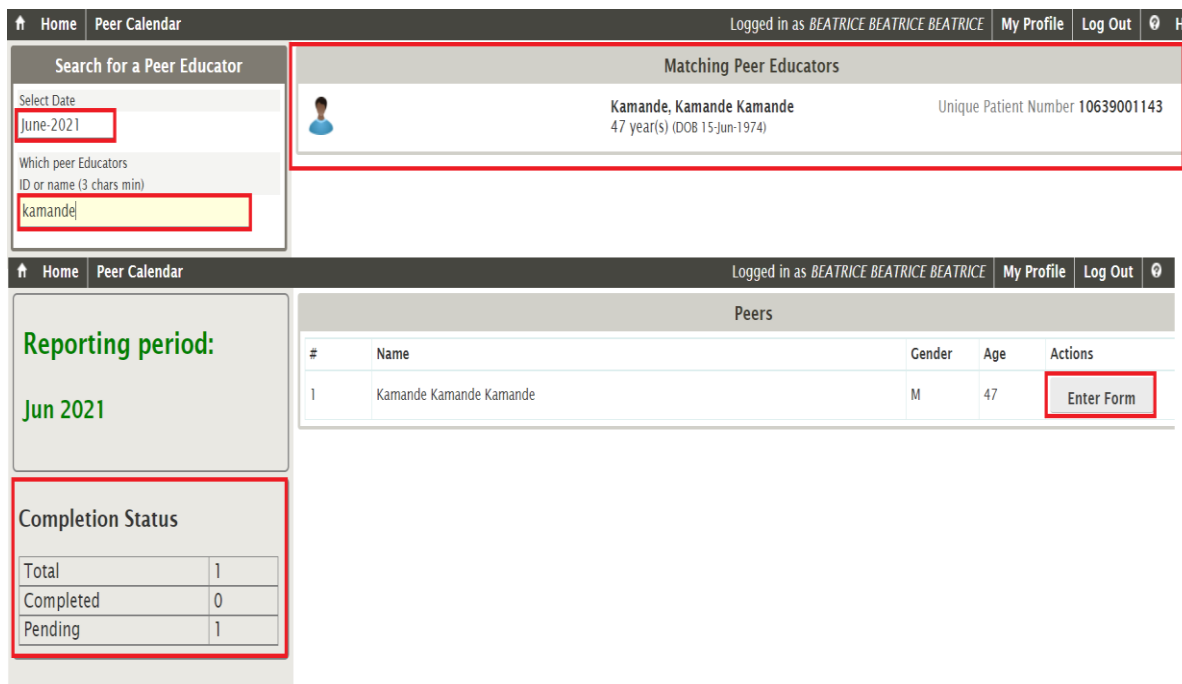
Select Date

Which peer Educators
ID or name (3 chars min)

Matching Peer Educators

None

5.2




The screenshot shows the KeHMIS Peer Calendar interface. The top navigation bar includes 'Home', 'Peer Calendar', and user information 'Logged in as BEATRICE BEATRICE BEATRICE'. There are links for 'My Profile', 'Log Out', and a help icon.

Search for a Peer Educator

Select Date:

Which peer Educators ID or name (3 chars min):

Matching Peer Educators

	Kamande, Kamande Kamande 47 year(s) (DOB 15-Jun-1974)	Unique Patient Number 10639001143
---	--	-----------------------------------

Reporting period:

Jun 2021

Completion Status

Total	1
Completed	0
Pending	1

Peers

#	Name	Gender	Age	Actions
1	Kamande Kamande Kamande	M	47	<input type="button" value="Enter Form"/>

Registering a client by a peer educator

Step 1: Search for the client

- Specify the Date of interest
- Enter the client's Name or ID
- Wait for the matching client (Peer) to be displayed

Step 2: Capturing monthly client services

- From the list of peers assigned to this PE, identify the correct peer, and click Enter Form as highlighted to capture the details of provided services for a particular month

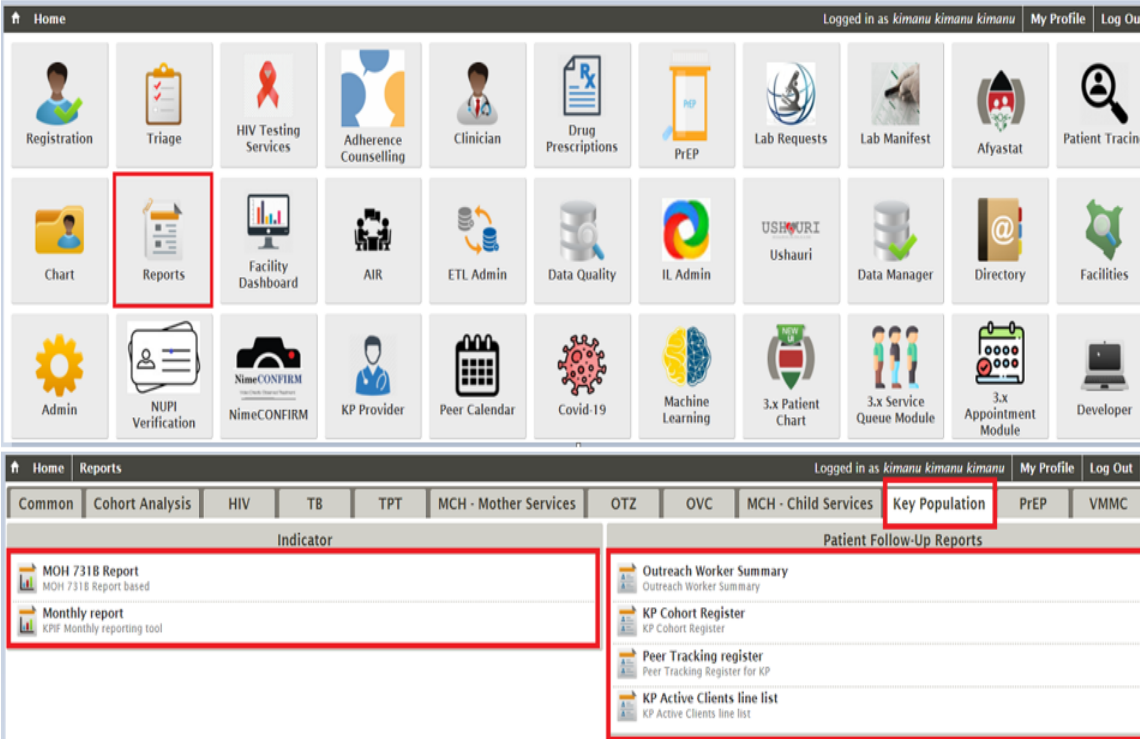
NB:

- 1. Prep Verification form:** This is only available if client is HIV Negative, receiving PrEP services in ANOTHER facility other than this DiCe.
- 2. HIV Treatment verification form:** This is only available if a HIV positive client but receives HIV care in ANOTHER facility and NOT in the dice where the KP services are offered.

SECTION 6: KP REPORTING

6.1

Accessing KP Report panel in KenyaEMR



The screenshot displays the KenyaEMR interface. At the top, a navigation bar shows 'Home' and 'Logged in as kimanu kimanu kimanu' with links for 'My Profile' and 'Log Out'. Below this is a grid of 30 icons representing various services. The 'Reports' icon, which shows a document with a bar chart, is highlighted with a red box. Below the grid is a 'Reports' section with a sub-navigation bar containing tabs for 'Common', 'Cohort Analysis', 'HIV', 'TB', 'TPT', 'MCH - Mother Services', 'OTZ', 'OVC', 'MCH - Child Services', 'Key Population', 'PrEP', and 'VMMC'. The 'Key Population' tab is highlighted with a red box. Below this tab, there are two columns of reports. The left column, under the heading 'Indicator', contains 'MOH 731B Report' (MOH 731B Report based) and 'Monthly report' (KPSF Monthly reporting tool). The right column, under the heading 'Patient Follow-Up Reports', contains 'Outreach Worker Summary' (Outreach Worker Summary), 'KP Cohort Register' (KP Cohort Register), 'Peer Tracking register' (Peer Tracking Register for KP), and 'KP Active Clients line list' (KP Active Clients line list). The 'MOH 731B Report' and 'Monthly report' items in the left column are highlighted with a red box.

Accessing KP reports

To access Reports, click “Reports” tab to navigate to the reports page. From the reports home page.

Click on the Key Population tab to reveal available KP reports as shown here.


Available reports include:


- MoH 731B Report
- Monthly Report
- Outreach worker summary
- KP Cohort register
- Peer tracking register
- KP Active client linelist

6.2

Report Generation in KenyaEMR

Tasks

 Request report

 Back to home



Summary

Name: MOH 731B Report
Description: MOH 731B Report based

Request Report

Report
MOH 731B Report

Date Range
Start Date End Date:

 Request  Cancel







Summary

Name: MOH 731B Report
Description: MOH 731B Report based

Queue

Requested	By	Report file name	Status	Time taken
None				

Finished

Requested	By	Report file name	Status	Time taken	
03-Aug-2021 09:49	BEATRICE, BEATRICE BEATRICE	MOH 731B Report_Jun-2021	COMPLETED	00:00:04	  
03-Aug-2021 09:23	BEATRICE, BEATRICE BEATRICE	MOH 731B Report_Jan-2021	COMPLETED	00:00:05	  

Report generation

Steps

1. Click report to be generated
2. Click Request Report button
3. Select start date from calendar menu
4. Select end date from calendar menu
5. Click Request button
6. Select preferred output method i.e., View, CSV, or Excel

NB: The same procedure applies to all other reports.

6.3 Sample KPIF Report Output - MoH 731 Plus

This is a sample KPIF report generated and viewed in Excel.

National AIDS & STI Control Program- NASCOP									
Key Populations reporting form (MOH 731Plus)									
COUNTY: _____		SUB-COUNTY: _____		WARD: _____		FACILITY/ DICE: Tombe Health Centre (Manga)		MFL CODE: 14151	
MONTH: January		YEAR: 2019							
1. ACTIVE KEY POPULATIONS									
1.1 Number of active Key Populations in the project									
	FSW	MSM	MSW	PWID	PWUD	TRANSMAN	TRANSWOMAN		
Active 15 - 19	0	0	0	0	0	0	0		
Active 20 - 24	2	0	0	1	0	0	0		
Active 25 - 29	1	0	0	0	0	0	0		
Active 30+	3	0	0	0	0	0	0		
Total active Key Pops	6	0	0	1	0	0	0		
2. HIV TESTING SERVICES									
2.1 HIV Testing									
	FSW	MSM	MSW	PWID	PWUD	TRANSMAN	TRANSWOMAN		
Tested 15 - 19	0	0	0	1	0	0	0		
Tested 20 - 24	1	0	0	1	0	0	0		
Tested 25 - 29	1	0	0	0	0	0	0		
Tested 30+	2	0	0	0	0	0	0		
Total Tested	4	0	0	2	0	0	0		
Tested Facility	2	0	0	1	0	0	0		
Tested Community	1	0	0	0	0	0	0		
Tested New (1st testers)	4	0	0	2	0	0	0		
Tested Repeat	2	0	0	2	0	0	0		
Self-tested for HIV									
Known positives (Active)	4	0	0	1	0	0	0		
2.2 Receiving Positive Results									
	FSW	MSM	MSW	PWID	PWUD	TRANSMAN	TRANSWOMAN		
Positive 15 - 19	0	1	0	1	0	0	0		
Positive 20 - 24	0	1	0	1	0	0	0		
Positive 25 - 29	1	0	0	0	0	0	0		
Total Positive	1	2	0	2	0	0	0		
4.8 Peer Education									
	FSW	MSM	MSW	PWID	PWUD	TRANSMAN	TRANSWOMAN		
Receiving peer education									
4.9 Clinical Services									
	FSW	MSM	MSW	PWID	PWUD	TRANSMAN	TRANSWOMAN		
Receiving clinical services									
5.0 CARE & TREATMENT									
5.1 Current on Pre-ART									
	FSW	MSM	MSW	PWID	PWUD	TRANSMAN	TRANSWOMAN		
On Site									
On Pre-ART 15 - 19									
On Pre-ART 20 - 24									
On Pre-ART 25 - 29									
On Pre-ART 30+									
Total on site									
Off-Site									
On Pre-ART 15 - 19									
On Pre-ART 20 - 24									
On Pre-ART 25 - 29									
On Pre-ART 30+									
Total off site									
Total on Pre-ART									

THE END