



**THE GOVERNMENT OF KENYA
MINISTRY OF HEALTH**

PrEP DAILY ACTIVITY REGISTER

MOH-267

FACILITY NAME: _____

MFL CODE: _____

COUNTY: _____

SUB COUNTY: _____

START DATE: _____ **END DATE:** _____

PrEP DAILY ACTIVITY REGISTER INSTRUCTONS		
Variable Field Name	Code	Description of variable
Geographical Positioning		
Name of facility		Indicate Name of health facility
Tier		This is the facility position in service delivery according to KHSPIII (2012–2017) , Tier 1: Community ,Tier 2: Primary Care level – Previous KEPH levels 2 and 3 ,Tier 3: County level – Previous KEPH level 4,Tier 4: National level – Previous KEPH levels 5 and 6
MFL code		Indicate the 5-digit Master Facility List Number of the health facility. This number can be found in the master facility list in ehealthkenya.org
County		Indicate the Name of the County where the health facility is located.
Sub County		Indicate the Name of the Sub county where the health facility is located.
Patient profile		
serial number		enter serial number
Date		Indicate date in format DD/MM/YYYY
Client Unique number		Year started PrEP/ 5 digit serial number
Age in completed years		Indicate the accurate age of the client
Populate type		Indicate the code number for population type. 01. General Population 02. Discordant Couple 03. MSM 04 MSW 05. FSW 06. PWID
Client eligible for PrEP		Tick the appropriate age/gender bracket
Client started (new)on PrEP		Tick the appropriate age/gender bracket
Client restarting (Restart) PrEP		Tick the appropriate age/gender bracket
Client continuing (refills)on PrEP		Tick the appropriate age/gender bracket
Client retested HIV positive while on PrEP		Tick the appropriate age/gender bracket
Client diagnosed with STI		Tick the appropriate age/gender bracket
Client discontinued PrEP		Tick the appropriate age/gender bracket

