

USAID Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER)

A HANDBOOK OF DATA COLLECTION TOOLS: INSTRUCTION GUIDELINES

Prepared by:

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CHAM
Christian Health Association of Malawi



fhi360
THE SCIENCE OF IMPROVING LIVES

TOOLS OF CONTENTS

1. Introduction	3
2. Tools	4
2.1 Clinic Visit Form	4
2.2 HTS Self Test risk assessment screening tool	11
2.3 Clinic Referral Form	12
2.4 GBV Screening tool	14
2.5 Crisis management form	16
2.5 AGYW STI and PrEP RISK ASSESSMENT Screening Tool	19
2.6 ALHIV Tracking sheet form	21
3. Data quality control	24

I. Introduction

The USAID Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER)-DREAMS AGYW Services and Case Finding Project is a five-year (March 5, 2020 to March 4, 2025) Cooperative Agreement between the United States Agency for International Development (USAID) and Family Health International (FHI 360). The project is implemented by a consortium led by FHI 360 partnering with two local partners (LP), Christian Health Association of Malawi (CHAM) and Pakachere Institute for Health and Development Communication (Pakachere).

EMPOWER has a detailed performance monitoring plan (PMP) which guides implementation of the M&E system of the project. Performance indicators facilitate monitoring and tracking of the performance of the project in achieving the project goals. Data needs for the performance indicators will be met through various tools and processes as detailed in this guidance.

For the AGYW component, EMPOWER adapted tools that have been used successfully for the current FHI 360 EpiC/ Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) AGYW project. Data under this component will be collected daily by trained clinical providers and/or community volunteers, either electronically using the DREAMs app or hard copies that will then be submitted to the SI unit for further review and entry into the (DREAMS) databases on a routine basis.

Data on *Case identification, care and treatment for men* and other custom indicators will be collected through the government standard tools for testing and ART registers in line with the national reporting requirements. The data will be submitted to the IP M&EO and managers for review before entry into the databases. Both systems of data collection and reporting will be aligned to USAID's *high frequency* report schedule, and PEPFAR's quarterly reports entered into DATIM.

This handbook therefore intends to serve as a reference and instruction guide for all EMPOWER data collection tools. The SI unit developed this guide to support project teams in data collection, specify responsibilities to EMPOWER team on various processes, reporting timelines and storage of all the EMPOWER AGYW Services and Case Finding data collection tools.

For the Malawi EMPOWER community cadres the project uses the same exact tools translated in Chichewa language.

2. Tools

2.1 CLINIC VISIT FORM

2.1.1 Instruction

This Clinic Visit form is used to collect data for the number of AGYW reached with outreach clinic services. The form will be administered by Outreach teams (nurses, HTS counsellors, Coordinators, and other MoH trained service providers). Once completed, the form will be screened further (at the field) for any errors or incompleteness and will be submitted to the EMPOWER Data Entry Clerk for entry into DHIS-2.

The Clinic visit form will also be administered along with other tools, the risk assessment tools and/or the crisis management and referral form. The chart below illustrates the guideline steps for administering the clinic visit form at the outreach clinics.

GUIDELINE CHART FOR ADMINISTERING THE CLINIC VISIT FORM

(THIS GUIDE SHOULD ALSO BE SHARED WITH MOH SERVICE PROVIDERS THAT ASSIST WITH MALAWI EMPOWER SERVICE DELIVERY)

STEP 1

Collect all the demographics onto the Clinic visit form.

1 Malawi EMPOWER CLINIC VISIT FORM

This Clinic Visit form will be completed by Outreach teams. The form will reflect the number of enrolled AGYW receiving services. Once completed, this form will be submitted on daily basis to the EMPOWER Data Entry Clerk for entry. Once the data has been entered, it will be organized by officers and stored at district office in a lockable filing cabinet.

CONSENT

I, the undersigned, do hereby consent to the collection, use, and disclosure of my personal information for the purposes of the Malawi EMPOWER program. I understand that my participation is voluntary and that I may withdraw my consent at any time.

Name of Service Provider: _____ Date: _____

CLIENT DEMOGRAPHICS

Client Name: _____ Age: _____ Sex: _____

Client Address: _____

Client Phone Number: _____

Client Email: _____

Client Occupation: _____

Client Education: _____

Client Marital Status: _____

Client Religion: _____

Client Ethnicity: _____

Client Language: _____

Client Disability: _____

Client Other: _____

CLIENT HISTORY

Have you ever been tested for HIV? Yes/No

When was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____

How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

CLIENT ASSESSMENT

Have you ever been tested for HIV? Yes/No

When was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____

How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

If client has experienced violence fill the Crisis Management form

STEP 2

Administer the risk assessment tools;

1. HTS / SELF Screening
2. STI Screening
3. GBV Screening

2 Malawi EMPOWER AGYW STI RISK ASSESSMENT SCREENING TOOL

This AGYW STI Risk Assessment Screening Tool will be administered by the Outreach teams (NVT distributors) and submitted on a weekly basis to the EMPOWER Data Entry Clerk for entry. Once the data has been entered, it will be organized by NVT distributors or district officers and stored at district office in a lockable filing cabinet.

3 Malawi EMPOWER GBV SCREENING TOOL

This GBV Screening Tool will be administered by the Outreach teams (NVT distributors) and submitted on a weekly basis to the EMPOWER Data Entry Clerk for entry. Once the data has been entered, it will be organized by NVT distributors or district officers and stored at district office in a lockable filing cabinet.

4 HTS/SELF TEST RISK ASSESSMENT SCREENING TOOL

This HTS/SELF test risk assessment screening tool will be administered by the Outreach teams (NVT distributors) and submitted on a weekly basis to the EMPOWER Data Entry Clerk for entry. Once the data has been entered, it will be organized by NVT distributors or district officers and stored at district office in a lockable filing cabinet.

IDENTIFICATION

Client Name: _____ Age: _____ Sex: _____

Client Address: _____

Client Phone Number: _____

Client Email: _____

Client Occupation: _____

Client Education: _____

Client Marital Status: _____

Client Religion: _____

Client Ethnicity: _____

Client Language: _____

Client Disability: _____

Client Other: _____

RISK ASSESSMENT FOR CLIENTS AGE 15 AND OLDER

Have you ever been tested for HIV in the last 12 months? Yes/No

If yes, when was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____

How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

3.1 Malawi EMPOWER CRISIS MANAGEMENT REGISTER

This Crisis management register will be completed by outreach teams. This register will reflect the number of people receiving post-gender based violence (GBV) Care. When an incident of violence or harassment takes place for a client, he or she will give the following details (use one form for each incident) below. The register will be completed and kept in the EMPOWER Data Entry Clerk to enter on a monthly basis. Once the data has been entered, registers will be organized and stored at district office in lockable filing cabinet.

Geographical Information:

District: _____

Facility: _____

T/A: _____

Outreach site Name: _____

Name of Provider: _____

Risky Venue: _____

Name of Outreach TL: _____

GBV Clients Information:

Name: _____

Sex: Male/Female

Age Segment: 10-14/15-19/20-24

UIC: _____

Nearest Club: _____

Date of the incident: _____

Time of the incident: _____ AM/PM

Incident details:

Number of AGYW affected in the incident: _____

Type of incident: _____

Dissemination: _____

A brief description of the incident (not more than 200 words): _____

STEP 3

After all risk assessments - Provide services based on client needs and record on the clinic visit form

Malawi EMPOWER CLINIC VISIT FORM

This Clinic Visit form will be completed by Outreach teams. The form will reflect the number of enrolled AGYW receiving services. Once completed, this form will be submitted on daily basis to the EMPOWER Data Entry Clerk for entry. Once the data has been entered, it will be organized by officers and stored at district office in a lockable filing cabinet.

CONSENT

I, the undersigned, do hereby consent to the collection, use, and disclosure of my personal information for the purposes of the Malawi EMPOWER program. I understand that my participation is voluntary and that I may withdraw my consent at any time.

Name of Service Provider: _____ Date: _____

CLIENT DEMOGRAPHICS

Client Name: _____ Age: _____ Sex: _____

Client Address: _____

Client Phone Number: _____

Client Email: _____

Client Occupation: _____

Client Education: _____

Client Marital Status: _____

Client Religion: _____

Client Ethnicity: _____

Client Language: _____

Client Disability: _____

Client Other: _____

CLIENT HISTORY

Have you ever been tested for HIV? Yes/No

When was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____

How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

CLIENT ASSESSMENT

Have you ever been tested for HIV? Yes/No

When was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____

How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

All services provided to be documented onto the Clinic Visit form

STEP 4

Determine services that cannot be provided by EMPOWER and conduct active referrals

Malawi EMPOWER CLIENT REFERRAL FORM

This Client Referral form will be completed by the Outreach teams. The form will reflect the number of AGYW referred from the community to other health or social services. Once a service provider completes filling of three sections of the form, one tear-off slip will remain with the referring service provider for filing; the remaining 2 tear-off slips will be given to the referred AGYW to take with.

READ OUT LOUD:

Do you agree for me to refer you for services that may benefit you? Yes/No

CLIENT DEMOGRAPHICS

Client Name: _____ Age: _____ Sex: _____

Client Address: _____

Client Phone Number: _____

Client Email: _____

Client Occupation: _____

Client Education: _____

Client Marital Status: _____

Client Religion: _____

Client Ethnicity: _____

Client Language: _____

Client Disability: _____

Client Other: _____

CLIENT HISTORY

Have you ever been tested for HIV? Yes/No

When was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____

How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

CLIENT ASSESSMENT

Have you ever been tested for HIV? Yes/No

When was the last time you were tested? DATE TESTED: _____

What was the result? HIV negative/HIV positive

Are you currently on treatment? Yes/No

How long have you been on treatment? _____

How did the client learn about HIV? _____

How did the client learn about reproductive health services? _____



How did the client learn about family planning services? _____

How did the client learn about GBV services? _____

How did the client learn about other services? _____

Ensure that referrals are followed up, to ensure completion of referrals/linkage

The top part of the form provides instructions for the one administering the form, the submission periods, who and where to file the forms.

	Malawi EMPOWER CLINIC VISIT FORM	
<p>This Clinic Visit form will be completed by Outreach teams. The form will reflect the number of enrolled AGYW receiving services. Once completed, this form will be submitted on daily basis to the EMPOWER Data Entry Clerk for entry within one week of data collection. Once the data has been entered, forms will be organized and stored at the district office in lockable filing cabinets.</p>		

2.1.2 Consent

The “Consent” section on the Clinic Visit form deals with the client’s agreement to the HIV testing and collection of their personal information. This ensures that all EMPOWER AGYW make their own decision to have an HIV test without feeling coerced or pressured. For the minors it will be their parents or guardians providing the consent as per the Ministry of Health guidelines. Space will be provided at the bottom of this section for the parent or guardian or service provider, to fill in their name, signature (fingerprint for those who cannot write) and date. Additionally, for AGYW of 15 years and over who are looking for other services not available during outreach, EMPOWER outreach teams will refer them to other service providers. The AGYW will then be required to consent by filling in their name, signature (fingerprint for those who cannot write) and date.

CONSENT			
<p>I/We Ndikuvomera mosakakamizidwa kuti a Malawi EMPOWER ali ndi ufulu kunditsatira kuti adziwe momwe chithandizo changa chikuyendera. I/We Ndikupeleka chilolezo kuti mudiyeze ine kapena mwana (wanga) magari, mosakakamizidwa.</p> <p>Mungathenso kundiperekeza kukalandira zithandizo zina zomwe zikuperekedwa ku madera ena.</p>			
Name of AGYW/Guardian (if <14years): _____		Signature/Fingerprint: _____ Date: __/__/__	
Name of AGYW (15 and over): _____		Signature/Fingerprint: _____ Date: __/__/__	
Name of Service Provider: _____		Signature: _____ Date: __/__/__	

Note: After completing the consent section, the outreach team personnel administering the form will go straight to collect all geographical and demographic information onto the form.

2.1.3 Geographic Information

The “Geographic Information” section of the Clinic Visit form collects all the necessary geographic information of a particular AGYW receiving services at an outreach clinic. This section captures the name of *district, facility, T/A* and *village* of client. The *Enrolment date*, which is the date when the client received services for the first time at an outreach clinic, is also recorded. For the outreach teams’ easy tracking of AGYW, this section of the form will also capture the *Community Resources Person (CRP)* or *Club facilitator* name. These are the custodians

of the One Community Go! Girls Clubs, platforms used to layer health and social services to AGYW. In addition, the section also collects the club name, *Unique Identifying Code* and the client's *District of birth*.

GEOGRAPHICAL INFORMATION:			
District: _____	T/A: _____	Health Facility: _____	
Outreach Site: _____	Enrolment date: ____/____/____	Outreach Team Number: _____	
CRP/Club Facilitator: _____	Club name: _____	Club ID: _____	

2.1.4 Client demographics

The *Client demographics* is the fourth section, and part 'A' of the Clinic Visit form. This section of the form collects the client's *Last and first-name*, *Date of Birth*, *Age*, *Marital-status*, and *Sex*. In addition to collecting all the necessary information, this section was also designed in such a way that it aids the one administering the form to easily generate and verify the clients' *UIC*, in-case it's not provided or the one provided is illegible. The *Twin* variable in this section checks if AGYW is first or second born, or if client has a twin sibling.

From this section going forward the form mainly has check boxes for the one trained in administering the form to tick/check on the applicable boxes.

A. CLIENT DEMOGRAPHICS			
Client first-name: _____	Last-name: _____	DoB: ____/____/____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Twin: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Age: _____	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
UIC: _____	District of Birth: _____	AGYW in Club?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client's mother First name: _____	- Last two letters ()	Last two letters of client surname: ()	
Have you been referred by EMPOWER? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you referred by a youth club: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you in school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of residence: _____	Last Menstrual Period? (LMP): _____	
HIV Status? (Self-Reported):	HIV+ve <input type="checkbox"/> HIV-ve <input type="checkbox"/> Unknown <input type="checkbox"/>		
How did the client learn about integrated services?	SBCC Officer <input type="checkbox"/> CBDA <input type="checkbox"/> HSA <input type="checkbox"/> Friend <input type="checkbox"/> Youth Club <input type="checkbox"/> SMS <input type="checkbox"/> GGC <input type="checkbox"/> Radio <input type="checkbox"/> School <input type="checkbox"/>		
Counselled for comprehensive Sexual Reproductive Health Rights: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Note: Upon completion of filling the first two sections on demographic information, outreach team personnel administering the form will immediately administer *STI, HIV, PrEP risk assessment* tool, including screening for GBV. If the assessed client is found to have experienced violence, the Crisis Management form will be filled immediately. Following all risk assessments, services will be provided based on client needs and then documented on to the clinic visit form.

Lastly, all services that cannot be directly provided by Malawi EMPOWER will be determined and conduct active referrals.

2.1.4 Family planning services

This section captures all *Family Planning services* that the client may or may-not have received. All the *Family planning methods* given, *Removals* if any and reasons for discontinuation are also

captured. At the bottom of this section is a space for the service provider to fill in their name and signature.

B. FAMILY PLANNING SERVICES	
Have you ever been on any FP method before? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES name FP method _____	
Client Category: New <input type="checkbox"/> Restart <input type="checkbox"/> Revisit <input type="checkbox"/>	Number of surviving children: _____
Family Planning methods given	
<input type="checkbox"/> Male Condoms: _____	<input type="checkbox"/> Sayana (P) <input type="checkbox"/> Vasectomy <input type="checkbox"/> Implanon <input type="checkbox"/> COC
<input type="checkbox"/> Female Condoms: _____	<input type="checkbox"/> Sayana (S) <input type="checkbox"/> Interval (BTL) <input type="checkbox"/> Postpartum (BTL) <input type="checkbox"/> C/Section (BTL)
<input type="checkbox"/> ECP	<input type="checkbox"/> IUCD <input type="checkbox"/> Depo Provera <input type="checkbox"/> Jadelle <input type="checkbox"/> Levoplant
<input type="checkbox"/> Information (For 10 – 14 who cannot consent for themselves for HTS and only get information & counselling)	
Removals: Implanon <input type="checkbox"/> Levoplant <input type="checkbox"/> Jadelle <input type="checkbox"/> IUCD <input type="checkbox"/>	
Reason for discontinuation: <input type="checkbox"/> Wants a baby <input type="checkbox"/> Side effects <input type="checkbox"/> Adverse effects <input type="checkbox"/>	
<input type="checkbox"/> Heavy bleeding <input type="checkbox"/> Due time <input type="checkbox"/> Other reason _____	
Back-up Methods: Male-condoms <input type="checkbox"/>	Female-condoms <input type="checkbox"/> Treatment: COC <input type="checkbox"/> POP <input type="checkbox"/>
Accompanied by Spouse/Partner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Action taken, Referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to: _____	
Name of service provider: _____ Signature: _____	

2.1.5 Gender-based Violence

This section captures the details pertaining to post-gender-based violence (GBV) clinical care. The section is completed by checking the boxes of *Type of violence*, and *frequency* and *duration of violation*. The *Perpetuator* is the only variable under this section that will require filling-out the relationship to the client. If client was referred, under *Action taken referral*, a referral slip (*Client Referral Form*), must be issued.

C. GENDER-BASED VIOLENCE SERVICES	
AGYW/Client Screened but seen to be NOT risky? Yes <input type="checkbox"/> No <input type="checkbox"/> (SKIP to Section D if seen NOT risky)	
Type of violence: Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Economical <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/>	
Frequency of violation: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Duration of violation: <input type="checkbox"/> < Month <input type="checkbox"/> 1 – 3 Months <input type="checkbox"/> > 12 Months <input type="checkbox"/> 4 – 6 Months <input type="checkbox"/> 7 – 12 Months	
Perpetuator (Relationship): _____ Violation previously reported: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referred to: <input type="checkbox"/> Ministry of Gender <input type="checkbox"/> MHR <input type="checkbox"/> Police <input type="checkbox"/> One stop care center <input type="checkbox"/> Court	
<input type="checkbox"/> Victim Support Unit <input type="checkbox"/> ACB	

2.1.6 Cervical Cancer Screening

This section captures the *Cervical Cancer Screening* services, integrated with FP and HIV services targeting AGYW. The section is completed by checking the appropriate boxes under; *results of screening* and *results for referral, management of VIA*, and *referred to*. At the bottom of this section is a space for the service provider to fill in their name and signature.

D. CERVICAL CANCER SCREENING	
Reason:	<input type="checkbox"/> Initial VIA <input type="checkbox"/> Referred
	<input type="checkbox"/> Postponed Thermal Coagulation (TC) <input type="checkbox"/> Problem visit
	<input type="checkbox"/> 1 Yr. <u>checkup</u> after TC <input type="checkbox"/> Follow-up at 6 months
	<input type="checkbox"/> 1 Yr. <u>checkup</u> HIV (+) <input type="checkbox"/> Subsequent <u>checkup</u> VIA
	<input type="checkbox"/> 3 Yr. <u>checkup</u> HIV (-) <input type="checkbox"/> Other visit
Results of Screening:	<input type="checkbox"/> VIA Negative <input type="checkbox"/> Suspect cancer <input type="checkbox"/> VIA Positive <input type="checkbox"/> Other Gynae
Results for referral:	<input type="checkbox"/> Large (>75%) Lesion <input type="checkbox"/> Suspect cancer <input type="checkbox"/> Other Gynae <input type="checkbox"/> No Cryo
Management of VIA (+):	<input type="checkbox"/> Cryo done <u>sameday</u> <input type="checkbox"/> Thermo/Cold Coagulation <input type="checkbox"/> Cryo postponed
	<input type="checkbox"/> Postponed Cryo done today <input type="checkbox"/> Other
Referred to: _____ Name of service provider: _____ Signature: _____	

2.1.7 HIV testing services

This section is completed by trained and qualified HTS providers (outreach nurse and HTS counsellor), by checking the different boxes under the sub-sections. The section has four sub-sections:

1. E-1 ROUTINE HTS AT OUTREACH CLINIC

For the Routine HTS sub-section, the providers will record information on the AGYW HIV testing results, or if already on ART, partners HIV status, if they are newly initiated on ART and if they received any condom pieces among other variables.

2. E-2 HIV SELF-TESTING AT OUTREACH CLINIC

In addition, the section also captures information on HIV Self testing, including if AGYW was given any HIV self-test kits, number of kits, type of the self-test, and if AGYW active beneficiary was started on ART if tested HIV positive. At the bottom of this section is a space for the service provider to fill in their name and signature.

3. E.3 PrEP (Completed during outreach)

Furthermore, the last sub-section under this section is on PrEP, where the first part, PrEP (Completed during outreach), is completed by right at the outreach clinic, leaving the next section (E.4 PrEP OUTCOME FOLLOW-UP SECTION), blank and the clinic visit form is sent to the SI unit with sub-section **E4** unfilled.

4. E.4 PrEP OUTCOME FOLLOW-UP SECTION (Completed by outreach teams at the facility).

Upon entry of CVF into the shared database at the SI unit level, all clinic visit forms with AGYW screened for PrEP are piled separately for redistribution back to outreach teams, filtered by facility, who shall take with for outcome follow up at a particular health facility. At the receiving facility outreach teams will work with providers to go through the registers to confirm if AGYW was indeed initiated on PrEP or refused (giving reasons). Once outreach teams populate the E.4 PrEP OUTCOME FOLLOW-UP section, the forms are sent back to the SI unit to close the process.





E. HIV TESTING SERVICES (Outreach Nurses, HTS counsellors)	
HTS Access Type: <input type="checkbox"/> Routine HTS within clinic <input type="checkbox"/> VAPN <input type="checkbox"/> Comes with HTS referral slip <input type="checkbox"/> Self-Testing	Spouse present? <input type="checkbox"/> Yes <input type="checkbox"/> No
E1. ROUTINE HTS AT OUTREACH CLINIC: HTS_TST, TX_NEW, TX_CURR	
Reported status (Ask if already tested or not): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> New-Inconclusive <input type="checkbox"/> Unknown	
Already on treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Health Facility name: _____ ART No: _____	
AGYW had viral load test before? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes provide VL copies/ml: _____	
Today's HIV testing result: <input type="checkbox"/> HIV Positive <input type="checkbox"/> HIV Negative <input type="checkbox"/> New inconclusive Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Newly initiated on ART?: <input type="checkbox"/> Yes <input type="checkbox"/> No ART Number: _____ Referred?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partner's HIV Status: <input type="checkbox"/> No partner <input type="checkbox"/> HIV status Unknown <input type="checkbox"/> Partner Negative <input type="checkbox"/> Partner Positive	
Number of condoms given at clinic? (If any): Male Condoms: _____ Female Condoms: _____	
E2. HIV SELF-TESTING AT OUTREACH CLINIC: HTS_SELF	
Given HIV self-test kits?: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Number of HIV self-test kits given: _____	
Self-Test type: <input type="checkbox"/> non-Assisted <input type="checkbox"/> Assisted Result if Assisted? <input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> Unknown (If Reactive, Confirmatory)	
If HIV+ ART Initiation date: ____/____/____ ART Number: _____ Restarting/Re-initiated on ART: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of service provider: _____ Signature: _____	
E3. PrEP (Completed during outreach)	
Screened for PrEP: <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible for PrEP: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Referred for PrEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
E4. PrEP OUTCOME FOLLOW-UP SECTION (Completed by outreach teams at the facility):	
Outcome: <input type="checkbox"/> Initiated on PrEP (1st time) <input type="checkbox"/> Re-Initiated on PrEP <input type="checkbox"/> Continued (Retained)	
<input type="checkbox"/> Refused to start If refused, Reason: _____	
AGYW Category: <input type="checkbox"/> Non-Pregnant Female <input type="checkbox"/> Pregnant Female <input type="checkbox"/> Breastfeeding	

2.1.8 STI Services

The STI section starts by classifying the *type of client* and if they had any *previous STI treatment*. The section also captures client's *diagnosis*, and if any *treatment was given*. If client is referred for any of the eight service, a referral slip (*Client Referral Form*), must be issued.

F. STI SERVICES	
AGYW Screened but seen to be NOT risky? Yes <input type="checkbox"/> No <input type="checkbox"/> (SKIP to Signature section if seen NOT risky)	
Client type: <input type="checkbox"/> Index case <input type="checkbox"/> Partner symptomatic <input type="checkbox"/> Partner Asymptomatic	
Previous STI treatment: <input type="checkbox"/> Never treated <input type="checkbox"/> Recent < 3 months <input type="checkbox"/> > 3 Months.	
Syndrome: <input type="checkbox"/> Genital Ulcers <input type="checkbox"/> Inguinal Bubo <input type="checkbox"/> Lower Abdominal pain	
<input type="checkbox"/> Urethral discharge <input type="checkbox"/> Abnormal Vaginal Discharge-LR <input type="checkbox"/> Other symptoms	
<input type="checkbox"/> Genital Warts <input type="checkbox"/> Abnormal Vaginal Discharge-HR <input type="checkbox"/> Syphilis APR/VDRL	
Treatment given?: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner Slip given?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred for services: <input type="checkbox"/> Lab <input type="checkbox"/> Surgical review <input type="checkbox"/> VMMC <input type="checkbox"/> PrEP	
<input type="checkbox"/> Repeat HTS <input type="checkbox"/> Gynae review <input type="checkbox"/> ART <input type="checkbox"/> Other _____	
Name of service provider: _____ Signature: _____	

The last section at the bottom of the clinic visit form is a space for the service provider to fill in their name and signature, and checkboxes to summarize all the services (screening) offered to the active DREAMS beneficiary.

Services offered: <input type="checkbox"/> FP <input type="checkbox"/> HTS <input type="checkbox"/> GBV <input type="checkbox"/> VIA <input type="checkbox"/> STI <input type="checkbox"/> SRHR (Including gender norms)
<input type="checkbox"/> Screened for GBV <input type="checkbox"/> Screened for STI <input type="checkbox"/> Screened for PrEP
Important note: In as much as Malawi EMPOWER front-line workers offer Family Planning methods, all trained outreach teams administering this form understand and comply with the statutory restrictions related to abortion (PLGHA Policy).
   



2.2 HTS SELF TEST RISK ASSESSMENT SCREENING TOOL

2.2.1 Instruction

This *HTS Self-Test risk assessment screening tool* is used to screen individuals in efforts of HIV Case Finding particularly men, AGYW and where possible their immediate social networks (their sexual partner/s), to assess if they are at risk or not. This screening tool is administered by the HIVST distributors and submitted on a weekly basis to the EMPOWER Data Entry Clerk for routine entry. Once the data has been entered, it will be organized by HIVST distributors or district officers and stored at district office in a lockable filing cabinet.

Like with all EMPOWER data collection tools, the first top part of the assessment screening tool are instructions for the one administering the form on the submission periods, and guidelines on who and where to store the forms.

The second half of the top part of the assessment screening tool is a note on assuring the client's confidentiality of their responses and any personal information given to EMPOWER field staff.

	
Malawi EMPOWER	
HIV/SELF TEST RISK ASSESSMENT SCREENING TOOL	
<p>This risk assessment screening tool will be administered by the Outreach teams (HIVST distributors) and submitted on a weekly basis to the EMPOWER Data Entry Clerk for routine data entry within one week of data collection. Once the data has been entered, it will be organized by HIVST distributors or district officers and stored at district office in lockable / filing cabinet.</p>	
<p>NOTE: Begin by assuring the client that responses will remain confidential, and that the risk assessment will not be shared with anyone and no name will be asked.</p>	

2.2.2 Identification

The second section of *HTS Self-Test risk assessment screening tool* captures all the necessary identifying information and characteristics of an individual being screened. The section also captures the name of *district, facility* and *Date of Self-test risk assessment*. In addition, the section also collects the individual's *occupation, Marital status* and their level of *Education*.

IDENTIFICATION			
District: _____	Facility: _____	Date: ____/____/____	
Priority population:	<input type="checkbox"/> Businessman	<input type="checkbox"/> Teacher	<input type="checkbox"/> Bicycle Taxi Operator
	<input type="checkbox"/> Fisher Folk	<input type="checkbox"/> Police officer	<input type="checkbox"/> Military Personnel
	<input type="checkbox"/> Cane cutter	<input type="checkbox"/> Vendor	<input type="checkbox"/> Truck/Taxi Driver
	<input type="checkbox"/> AGYW		<input type="checkbox"/> Other _____
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Education:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary <input type="checkbox"/> Other: _____

2.2.3 Risk assessment questions

The main section of the form comprises of 11 yes-or-no questions/screening items, ranging from HIV status, sexual behavior and alcohol abuse levels. Individuals are recommended for HIV Self-test upon reporting yes to any of the screening items from 4 to 11. HIV self-kits are instantly given to all individuals seen to be risky after assessment.

RISK ASSESSMENT FOR CLIENTS AGE 15 AND OLDER			
SCREENING ITEMS		YES	NO
1	Have you ever been tested for HIV in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, when was the last time you were tested? - DATE TESTED: _____		
	What was the result? HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/>		
	If Positive, Are you currently on treatment? ----- (STOP if Positive)	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you in an intimate/sexual relationship?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you know the HIV status of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, indicate result: HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/>		
4	Do you have multiple sexual partners?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you had unprotected sex (with anyone other than your spouse) in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you or your partner have/had any of the following symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
	Vaginal discharge, genital ulcers, painful swelling in the genital area		
7	Have you been diagnosed with TB?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you had any of the following symptoms in the last 12 months? Cough for >2weeks, Fever for >2 weeks, Weight loss, Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you had a severe illness or been admitted in the hospital in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you had a sexual partner who has or has had chronic ill health or has died in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you consume drinks containing alcohol? If yes, how often?		
	Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2 to 4 times a month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 to 3 times a week <input type="checkbox"/> 4 or more times a week <input type="checkbox"/>		
12	Have you ever been paid a gift, in exchange for sex?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, when was last time you got paid or received a gift in exchange for sex? (Tick: <input type="checkbox"/> Within 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months)		


If the client reports yes to any of the questions 4 - 11 recommend HIV testing


2.3 CLINIC REFERRAL FORM

2.3.1 Instruction

This *Clinic Referral form* captures the number of AGYW referred from the community to other health and social services. This referral form will be completed by; Outreach Nurses, Health Care Workers, YCBDA, HDAs or HSAs. Once a service provider completes filling all three sections of the referral form, one slip will remain with the referring service provider for filing and storage, the remaining two slips will be given to the referred client to take with; one for the client and the other one will be dropped in the referral box at the facility. Project teams will on a weekly basis collect slips from referral boxes, organize and prepared for data entry. Once entered in databases, referral slips will be filed and stored in a lockable filing cabinet at the district office.

The last part of the *instructions* section is asking for clients consent to refer for services. If client agrees proceed with referral otherwise if client does not agree the process stops.





EMPOWER

CLIENT REFERRAL FORM

(CHIKALATA CHOTUMIZILA OFUNA ZITHANDIZO ZINA)

This Client Referral form will be completed by the Outreach teams. The form will reflect the number of AGYW referred from the community to other Health or Social services. Once a service provider completes filling all three sections of the form, one tear-off slip will remain with the referring service provider for filing, the remaining 2 tear-off slips will be given to the referred AGYW to take with.

READ OUT LOUD:

Do you agree for me to refer you for services that may benefit you?

Yes ☐ → Proceed No ☐ END

2.3.2 Identification

The second section of the *referral form* captures all the necessary identifying information and characteristics of the referred client. The section also captures; name of *district, health facility, Traditional Authority, Club name, Age-segment* and *referral date*. In addition, the section also has the *service provider name*, in-case a client needs to make a call back.

District: _____	T/A: _____
Health Facility: _____	Club Name: _____
Age Segment: 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/>	Referral date: ____/____/____
Service provider: Outreach Nurse <input type="checkbox"/> YCBDA <input type="checkbox"/> HDA <input type="checkbox"/> HSA <input type="checkbox"/> Other: _____	
Referring Service provider name: _____	

2.3.3 Referral slip for referring person

Once completed filling all the three sections of the referral form, the service provider will cut the top part of the slip where there are marked dotted and dashed cut lines with scissors icon. The slip will have a captured; number, UIC, type of service (social or health), name of facility or place to get service, name of the referring person and reasons for referral. This one slip will remain with the referring service provider for filing and storage.

Kasungidwa ndi
HCW / YCBDA / HDA

(Slip for EMPOWER) For Referring person

Nambala Ya Slip: ____	Nambala ya chinsisi (UIC): _____
Mtundu wa chithandizo chomwe akutumizidwako: <input type="checkbox"/> Social <input type="checkbox"/> Za umoyo	
Dzina la chipatala / malo otumizidwako: _____	
Dzina la opeleka chithandizo: _____ Tsiku: ____/____/____	
Chifukwa chotumizidwa: <input type="checkbox"/> STI <input type="checkbox"/> FP <input type="checkbox"/> ART <input type="checkbox"/> PrEP <input type="checkbox"/> Other: _____	
<input type="checkbox"/> HCT <input type="checkbox"/> TB <input type="checkbox"/> VIA <input type="checkbox"/> GBV _____	

2.3.4 Referral slip for client

This (already filled) second slip will be given to the client, with checked boxes of the services referred for. The slip will have a captured; number, UIC, type of service (social or health), name of facility or place to get service, name of the referring person and reasons for referral.

(Slip for EMPOWER) For client	
Nambala Ya Slip: ____	Nambala ya chinsisi (UIC): ____
Mtundu wa chithandizo chomwe akutumizidwa: <input type="checkbox"/> Social <input type="checkbox"/> Za umoyo	
Dzina la chipatala / malo otumizidwako: _____	
Dzina la opeleka chithandizo: _____ Tsiku: ____/____/____	
Chifukwa chotumizidwa: <input type="checkbox"/> STI <input type="checkbox"/> FP <input type="checkbox"/> ART <input type="checkbox"/> PrEP <input type="checkbox"/> Other: _____	
<input type="checkbox"/> HCT <input type="checkbox"/> TB <input type="checkbox"/> VIA <input type="checkbox"/> GBV _____	
Zotsatira: Ogwira ntchito ku chipatala chongani choyenerera pazokhuza zithandizo: <input type="checkbox"/> Alandira <input type="checkbox"/> Kulibe (Atumiza kwina)	
Dzina la opelekeza: _____	

2.3.5 Referral slip for referral box

The client will present this part of slip at facility or place to where client will get service. The provider will then complete the referral process by checking box (*Alandira* or *Kulibe* [Atumizidwa]) if service was indeed received or provided further referral. This variable will help in determining referral outcomes. Completed referral slips will finally be dropped in referral box for routine weekly collection by project teams from district office.

(Slip for EMPOWER) For referral box	
Nambala Ya Slip: ____	Nambala ya chinsisi (UIC): ____
Mtundu wa chithandizo chomwe akutumizidwa: <input type="checkbox"/> Social <input type="checkbox"/> Za umoyo	
Dzina la chipatala / malo otumizidwako: _____	
Dzina la opeleka chithandizo: _____ Tsiku: ____/____/____	
Chifukwa chotumizidwa: <input type="checkbox"/> STI <input type="checkbox"/> FP <input type="checkbox"/> ART <input type="checkbox"/> PrEP <input type="checkbox"/> Other: _____	
<input type="checkbox"/> HCT <input type="checkbox"/> TB <input type="checkbox"/> VIA <input type="checkbox"/> GBV _____	
Zotsatira: Ogwira ntchito ku chipatala chongani choyenerera pazokhuza zithandizo: <input type="checkbox"/> Alandira <input type="checkbox"/> Kulibe (Atumiza kwina)	
Dzina la opelekeza: _____	

2.4 GBV SCREENING TOOL

This GBV assessment tool is used to screen individuals about any possible experiences with violence and abuse committed by either their romantic partner, client, police officer, a family member, or others. This screening tool is administered by trained outreach teams and submitted on a weekly basis to the EMPOWER Data Entry Clerk for routine entry. Once the data has been entered, it will be organized and stored at district office in a lockable filing cabinet. The tool has four sections:


1. The top part of the tool are notes for the one administering the form to read out loud to the active DREAMS beneficiary being assessed.

2. A series of four screening questions.
3. A detailed guidance on first line support (on AGYW answered yes to any of the screening questions).
4. The last part captures information of any services delivered or if referrals were made
5. The second half of the top part of the assessment screening tool is a note on assuring the client's confidentiality of their responses and any personal information given to EMPOWER field staff.



Malawi EMPOWER

GBV SCREENING TOOL



READ OUT LOUD: Many people I talk to tell me about experiences they have had with violence and abuse. Because these experiences can lead to health problems, I'd like to ask you some questions about your experiences. Violence and abuse can happen to anyone and can be committed by anyone, including a romantic partner, client, police officer, a family member, or others. What you share is confidential and will not be shared with anyone without your permission. Only in specific cases [insert mandatory reporting obligation -e.g., child abuse], would your information need to be shared with others. I want you to feel comfortable and to trust that you can talk to me about your experiences. Is it okay if I ask you a few questions?

2.4.1 GBV Screening questions

The main section of the form comprises of four yes-or-no screening questions (image below), ranging from any recent abuse experienced by the AGYW, the relationship with the abuser and any immediate first-line support provided to the victim active DREAMS beneficiary. The AGYW is provided a detailed guidance on first line support upon reporting yes to any of the screening items.

GBV Screening Question	When is the most recent time this happened?	Who did this to you?	Immediate First-Line Support
1. In the past year, have you ever been insulted, humiliated, or made to feel afraid? <input type="checkbox"/> NO [go to Q2 below] <input type="checkbox"/> YES →	<input type="checkbox"/> Less than a month <input type="checkbox"/> 1 – 3 months <input type="checkbox"/> 3 – 6 months <input type="checkbox"/> 6 – 12 months <input type="checkbox"/> More than 12 months →	<input type="checkbox"/> Spouse/ex-spouse <input type="checkbox"/> Non-paying partner/ex-partner <input type="checkbox"/> Paying client <input type="checkbox"/> Police <input type="checkbox"/> Military <input type="checkbox"/> Other: →	<i>I appreciate you sharing this. I'd like to share some information about resources, but before I do that, is it okay if I ask you a few more questions?</i> <input type="checkbox"/> NO [Stop Screening and Go to GUIDANCE] <input type="checkbox"/> YES [go to Q2]
2. In the past year, has anyone refused to pay you money that is due to you, robbed you, blackmailed you, or forced you to pay money to avoid arrest? <input type="checkbox"/> NO [go to Q3 below] <input type="checkbox"/> YES →	<input type="checkbox"/> Within the past week <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 12 months →	<input type="checkbox"/> Spouse/ex-spouse <input type="checkbox"/> Non-paying partner/ex-partner <input type="checkbox"/> Paying client <input type="checkbox"/> Police <input type="checkbox"/> Military <input type="checkbox"/> Other: →	<i>We can talk more about your rights and options for getting support. Is it okay if I ask you a couple more questions first?</i> <input type="checkbox"/> NO [Stop Screening and Go to GUIDANCE] <input type="checkbox"/> YES [go to Q3]
3. In the past year, have you ever been hit, punched, kicked, slapped, choked, or otherwise physically hurt? <input type="checkbox"/> NO [go to Q4 below] <input type="checkbox"/> YES →	<input type="checkbox"/> Within the past week <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 12 months →	<input type="checkbox"/> Spouse/ex-spouse <input type="checkbox"/> Non-paying partner/ex-partner <input type="checkbox"/> Paying client <input type="checkbox"/> Police <input type="checkbox"/> Military <input type="checkbox"/> Other: →	Do you have injuries from this assault that need immediate attention? <input type="checkbox"/> NO Okay, I have one more question for you. [go to Q4] <input type="checkbox"/> YES [Stop Screening. Offer to accompany peer to health facility. Deliver information under GUIDANCE. When appropriate, ask Question 4 to screen for sexual violence/ respond accordingly.]
4. In the past year, have you ever been forced to have sex or do something sexual you didn't want to do, including have sex without a condom? <input type="checkbox"/> NO [go to GUIDANCE] <input type="checkbox"/> YES →	<input checked="" type="checkbox"/> Within the past 3 days <input checked="" type="checkbox"/> Within the past 5 days <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 12 months →	<input type="checkbox"/> Spouse/ex-spouse <input type="checkbox"/> Non-paying partner/ex-partner <input type="checkbox"/> Paying client <input type="checkbox"/> Police <input type="checkbox"/> Military <input type="checkbox"/> Other: →	I appreciate you telling me about this. Do you have injuries related to this assault that need immediate attention? <input type="checkbox"/> NO [Share information below and then go to GUIDANCE] <input type="checkbox"/> YES [Stop Screening. Offer to accompany peer to health facility. Then, share information below and deliver information under GUIDANCE] <p>FOR ALL CLIENTS WHO HAVE BEEN SEXUALLY ASSAULTED: I'd like to share some information with you about medical options to consider after a sexual assault. Some services are important if there was oral, vaginal, or anal penetration, and some are important to consider for all types of sexual assaults. A health provider can help you decide what options are best for you. (Provide basic information about post-GBV services, including:) o Rapid HIV testing (regardless of when assault happened) o HIV PEP (w/in 3 days of assault and if HIV test is negative) o Emerg. contraception (w/in 5 days) or pregnancy test after 5 days o Screening/Tx for other STIs (any time after assault) o Hepatitis B testing & vaccination (if available in country)</p>

2.4.2 First line support

This section (image below) of the GBV screening tool guides the provider administering the form in delivering core messages, safety planning, exploration of next steps and support systems and finally sharing of any resources to the abused AGYW.

GUIDANCE/FIRST-LINE SUPPORT	
If AGYW answered "NO" to ALL screening questions (NO GBV)	
<p>1. DELIVER CORE MESSAGES: <i>Thank you for answering these questions. If you experience violence or abuse in the future, I am here to support you. Many people have these experiences and even though they are sometimes blamed for what happened, it is never their fault. Everyone has the right to live free from threats, humiliation, and violence.</i></p> <p>2. SHARE RESOURCES: <i>Because of the health problems caused by violence and abuse, I'd like to share some resources with you in case you ever need them or know someone who does. Is that okay?</i> (Share resources from referral network. If peer lives with abuser or taking printed materials might put peer at risk, caution about taking materials home.)</p>	
If AGYW answered "YES" to ANY of the screening questions (EXPERIENCED GBV)	
<p>1. DELIVER CORE MESSAGES: <i>Thank you for answering these questions. I'm sorry this happened to you. What happened to you was a violation of your rights, and you did not deserve to be treated this way. You have the right to live free from threats, humiliation, and violence. These are basic human rights. Many people have these experiences. You are not alone. Even though people are sometimes blamed for these experiences, it is never your fault.</i></p> <p>2. SAFETY PLANNING: <i>I want to check with you about your safety. Do you have concerns about your safety?</i> If client does not feel safe, ask:</p> <ul style="list-style-type: none"> o Is there anywhere that you feel safe? Is there someone that you feel safe with? o What strategies have you used in the past to stay safe? o Are there others in your community that you can talk to about how to stay safe? <p>[Note: Safety strategies depend on the individual's situation, personal strengths, resources, and social networks, but could include: exploring safe ways to disclose HIV status to partner/family members; emergency shelter; staying with a friend; walking in pairs or groups; trusting instincts about others; avoiding secluded locations; and carrying emergency phone numbers; For sex workers: negotiating payment upfront; screening clients/work locations; working in own space or well-known locations; avoiding drunk clients; writing down client's car registration number, color and make; checking boot of car and back seats before getting into car; avoiding getting into cars with more than one person in them; avoiding leaning into car when negotiating with client; checking that car door handles work before getting into cars.]</p> <p>3. EXPLORE NEXT STEPS/SUPPORT SYSTEMS: <i>Sometimes it's helpful to think about what support systems we have in place to help us when we have difficult times.</i> Help peer explore next steps, identify their existing strengths, and explore existing support networks: (Example questions below)</p> <ul style="list-style-type: none"> o "What has helped you cope with difficult situations in the past?" o "What kinds of activities help you when you're feeling anxious or tense?" "How could what has worked in the past be helpful now?" o "When you're not feeling well, who do you like to be with?" "Who has helped you in the past? Could they be helpful now?" o "Are there people who you trust that you could talk to about this or other difficult things in your life?" <p>4. SHARE RESOURCES: <i>I'd like to share some information with you about available services. Is that okay?</i> (Share resources from referral network. If peer lives with the abuser or taking printed materials might put peer at risk, caution about taking printed materials home.)</p>	

2.4.3 Services delivered

The last section of the tool captures information on services delivered and referrals made. Services will include messaging, discussions on legal rights and safety. For the referrals made will be to clinical, legal, or mental services, as in the image below.

SERVICES DELIVERED/REFERRALS MADE	
SERVICES DELIVERED:	
<input type="checkbox"/> Delivered core messages <input type="checkbox"/> Discussed safety <input type="checkbox"/> Discussed legal rights/info <input type="checkbox"/> Explored next steps/existing support systems <input type="checkbox"/> Shared resources	
Accompanied person to: _____	
REFERRALS MADE:	
<input type="checkbox"/> Referred to clinical/medical post-GBV services at: _____ for <input type="checkbox"/> Injuries <input type="checkbox"/> PEP <input type="checkbox"/> STI screening/TX <input type="checkbox"/> Emerg.Contraception <input type="checkbox"/> Hep B	
<input type="checkbox"/> Referred to mental health services at: _____	
<input type="checkbox"/> Referred to legal services (attorney/legal advocate) at: _____ <input type="checkbox"/> Referred to police (specify location): _____	
Other Referrals: _____	
COMMENTS: _____	

2.5 CRISIS MANAGEMENT FORM

2.4.1 Instruction

The Crisis management register will have a record of the AGYW receiving post-Gender Based Violence (GBV) Care. This Crisis management register will be completed by; Health Care Workers, YCBDA, HDA or HSA. The register will be completed and kept the EMPOWER Data Entry Clerk to enter monthly. Once the data has been entered, registers will be organized and stored at district office in lockable filing cabinet.



Malawi EMPOWER CRISIS MANAGEMENT FORM

This Crisis management form will be completed by outreach teams. This form will register the number of people receiving post-Gender Based Violence (GBV) Care. When an incident of violence or harassment takes place for a client, he or she will give the following details (use one form for each incident) below. The form will be completed and submitted to the Malawi EMPOWER Data Entry Clerk for entry **within one week of data collection**. Once the data has been entered, forms will be organized and stored at district office in lockable filing cabinet.

2.4.2 Geographic Information

The second section (image below) of the crisis management register captures all the necessary geographic information of a affected AGYW. This section captures the name of *district, facility, T/A, UIC* and *date of incident* and other GBV client information. The *incident date* is the date that the incident occurred. The time of incident is also recorded.

Geographical Information:	GBV Clients Information:
District:	Name:
Facility:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
T/A:	Age Segment: 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/>
Outreach site Name:	UIC:
Name of Provider:	Nearest Club:
Risky Venue:	Date of the incident: __/__/____
Name of Outreach TL:	Time of the incident: __: __AM <input type="checkbox"/> PM <input type="checkbox"/>

2.4.3 Incident details

This section requires the service provider administering the form to indicate the type of incident, who committed the incident and most importantly a brief description of the actual incident of the affected AGYW. When an incident of violence or harassment takes place, the client will give a detailed account of the incident in the space provided.

Incident details:		
Number of AGYW affected in the incident: **		
Type of incident: <input type="checkbox"/> Harassment <input type="checkbox"/> Physical Violence <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Discrimination <input type="checkbox"/> Other (Specify): _____		
A brief description of the incident (not more than 200 words): 		
Who committed the incident? (Tick as appropriate)		
<input type="checkbox"/> Community pressure groups	<input type="checkbox"/> Local gangs	<input type="checkbox"/> Religious groups
<input type="checkbox"/> Local Leaders	<input type="checkbox"/> Fellow employee	<input type="checkbox"/> Regular partner
<input type="checkbox"/> Police	<input type="checkbox"/> Magistrate/Judiciary	<input type="checkbox"/> Clients
<input type="checkbox"/> Military	<input type="checkbox"/> Government Officials	<input type="checkbox"/> Healthcare providers
<input type="checkbox"/> Madams/Pimps/Bar	<input type="checkbox"/> General community	<input type="checkbox"/> Employer
<input type="checkbox"/> Bar managers and owners	<input type="checkbox"/> Family members	<input type="checkbox"/> Other (specify)

2.4.4 Crisis management response

The last section of the form basically assesses the quality of service and response times. It captures the type of post-violence services provided to the affected AGYW, and the actions taken by the crisis management teams. Follow-up action plans will also have to be recorded as well as likely outcomes. For the type of post-violence services, the boxes will be checked as either, referred (R) or provided (P).

Crisis management response		
Did the crisis management team respond within 24 hours?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did the individual receive post-violence care within: <input type="checkbox"/> 72 hours (3 days)? Or <input type="checkbox"/> 5 days?		
Type of post-violence service provided (Referred or Provided)?		
<input type="checkbox"/> <input type="checkbox"/> Rapid HIV testing with referral to care & treatment as appropriate	<input type="checkbox"/> <input type="checkbox"/> Emergency contraception	<input type="checkbox"/> <input type="checkbox"/> Complaint registration at police station
<input type="checkbox"/> <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)	<input type="checkbox"/> <input type="checkbox"/> Psycho-social counseling	<input type="checkbox"/> <input type="checkbox"/> Child protection services
<input type="checkbox"/> <input type="checkbox"/> STI screening and treatment	<input type="checkbox"/> <input type="checkbox"/> Legal support	<input type="checkbox"/> <input type="checkbox"/> Others (specify)
<input type="checkbox"/> <input type="checkbox"/> Medical examination		
Action taken by Crisis Management Team in addressing the issue (describe in 200 words):		
Follow-up action planned (describe in 200 words):		
Outcome of the follow-up:		

2.5 AGYW STI AND PrEP RISK ASSESSMENT SCREENING TOOL

2.5.1 Instruction

This AGYW STI and PrEP risk assessment screening tool is used to screen individuals in efforts to promote prevention education, HIV testing, identifying HIV-infected persons in need of care. This screening tool will be administered by the outreach teams (HIVST distributors) and submitted on a weekly basis to the EMPOWER Data Entry Clerk for routine entry. Once the data has been entered, it will be organized by outreach teams (HIVST distributors or district officers) and stored at district office in a lockable filing cabinet.

The first top part of the STI and PrEP risk assessment screening tool are instructions for the one administering the form on the submission periods, and guidelines on who and where to store the forms.

The second half of the top part of the assessment screening tool is a note on assuring the client's confidentiality of their responses and any personal information given to EMPOWER field staff.



Malawi EMPOWER



AGYW STI | PrEP RISK ASSESSMENT SCREENING TOOL

This AGYW STI | PrEP Risk Assessment Screening tool will be administered by the Outreach-teams and submitted on a weekly basis to the EMPOWER Data Entry Clerk for routine entry **within one week of data collection**. Once the data has been entered, it will be organized by data clerks or district officers and stored at district office in lockable filing cabinets.

NOTE: Begin by assuring the client that responses will remain confidential, and that the risk assessment will not be shared with anyone and no name will to be asked.

2.5.2 Identification

The second section of *AGYW STI and PrEP risk assessment screening tool* captures all the necessary identifying information and characteristics of the AGYW being screened. The section also captures the name of *district, facility* and *Date* of STI risk assessment. In addition, the section also collects the AGYW's *UIC, Marital status* and their level of *Education*.

Demographics	
District: _____	Facility: _____ Date: ____/____/____
AGYW UIC: _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Age: _____
Education: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other: _____	

2.5.3 Risk assessment questions

The main section of the form comprises of 12 yes-or-no questions/screening items, ranging from HIV status, sexual behavior and alcohol abuse levels. Individuals are referred to a DIC or health facility for STI diagnosis and treatment, upon reporting yes to any of the screening items.

RISK ASSESSMENT FOR CLIENTS AGE 15 AND OLDER

No	STI Screening Items	YES	NO
1	Do you feel itching in your genitals?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you feel pain when micturating?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have any genital ulcers or growths?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have abnormal vaginal discharge?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have Inguinal Swellings?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you have lower abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have any penile or anal ulcers?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have penile or anal discharge?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have genital warts?	<input type="checkbox"/>	<input type="checkbox"/>
10	Has/Have your partner (s) treated for an STI in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
11	Were you given any partner notification slip in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
12	Does your partner(s) have any of the above symptoms and signs?	<input type="checkbox"/>	<input type="checkbox"/>



If AGYW reports "Yes" to any of the above, she might have an STI and/or eligible for PrEP. Please **refer** the client to a DIC or health facility for STI Diagnosis and Treatment and/or PrEP.

Please follow the flow chart for the management of STI syndromes (Malawi Guidelines for Syndromic Management of Sexually Transmitted Infections, 2017).

2.6 ALHIV TRACKING SHEET FORM

This form will be used to follow-up drug refills, cohort outcome and monitor Viral Load results of all AGYW living with HIV within the DREAMS cohort. The form shall be administered by *Referral and Linkages Coordinator* (who will work in collaboration with the facility service provider and DREAMS Facilitator). Once updated at the facility, the form will be made available to the EMPOWER M&E Assistants who will enter/update forms on weekly basis right at the facility. Once all data has been entered and synced, forms will be handed back to the RLC to organize and store at the sites' lockable filing cabinet. Each site shall have a dedicated lever arch folder with paper forms of all DREAMS AGYW living with HIV, with the RLC as the custodian. The total number of ALHIV tracking sheet forms present in the lever arch folder shall represent the number of AGYW living with HIV per site cohort.

The first top part of the ALHIV tracker sheet are instructions for the one administering the form on the submission periods, and guidelines on who and where to store the forms. The second half of the top part comprises of the basic demographic data of a particular ALHIV, including; health facility, UIC, T/A, ART number among other variables.

		Malawi EMPOWER ALHIV TRACKING SHEET			
<p>This form will be administered by <i>Referral and Linkages Coordinator</i> (who will work in collaboration with the facility service provider and DREAMS Facilitator). The form will track all AGYW Living with HIV at a particular health facility. Once completed, this form will be properly filed and submitted to the EMPOWER M&E Assistants who will enter/update forms on weekly basis. Once the data has been entered and synced, forms will be handed back to the RLC to organize and store at the site lockable filing cabinet.</p>					
Part A: Basic Tracking Data					
District: Zomba <input type="checkbox"/> Machinga <input type="checkbox"/>		T/A: _____		Health Facility: _____ UIC: _____	
Name of DREAMS Club: _____		Club Facilitator Name: _____		Date Detected HIV Positive: ____/____/____	
Disclosed status? Yes <input type="checkbox"/> No <input type="checkbox"/>		If disclosed - To whom: Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Uncle/Aunt <input type="checkbox"/> Friend(s) <input type="checkbox"/> Other Relative(s) <input type="checkbox"/>			
Date started ART: ____/____/____		ART Number: _____		Place of ART registration: _____	

2.6.1 Part B:

Part B is the second part of the form which records all ALHIV drug refills, cohort outcomes and follow-ups. The section comprises a seven-column table administered as guided below:

Month and year: This are the month and year that AGYW living with HIV came to facility for a refill.

Date of Follow-up: This is the date that we followed up the AGYW at the community, if AGYW living with HIV had missed appointment.

Regimen: these could be either, 13A, 8A, 5A, etcetera.

MMS In Months: These are the quantity of pills given to AGYW (1, or 3, or 6 months?)

Date of appointment for this refill: Date given to AGYW living with HIV to come for medication.

Actual Date of refill: Date that the AGYW living with HIV (**actually**) came. Same as appointment or not, with these 2 dates we'll know if she missed appointment, or defaulted.

Place (Name) of ART Refill: The name of health facility

Adherence: The response would either be a Yes or No, depending on number of pills left in bottle, we'll know whether the AGYW living with HIV is adhering or not.

Traced back If missed appointment? (Y/N): (Column 2) if traced back Yes. If not the No and column 2 won't have date.

Restarted on ART if previously defaulted: Yes or No will be ticked under this column depending on current outcome.

Follow-up status: This column records the outcomes as guided by the below page key.

Date of next appointment: This column records date of next appointment given to the AGYW living with HIV.

[illegible]

³ Date results were received by client, not by facility

⁴ Result can be **S**(Suppressed), **NS** (Not suppressed), **IR** (Invalid result)

Result can be S(Suppressed)



To ensure that the work done by all personnel using EMPOWER data collection tools meets high-quality standards, all personnel, shall on a quarterly basis be re-oriented on all data tools by going through these guidelines. Any data quality issues found during field visits should be corrected and immediately reported hence forth to the Malawi EMPOWER SI unit and program heads.