

Republic of Kenya - Ministry of Health



**SEXUAL GENDER BASED VIOLENCE
(SGBV) REGISTER, MOH 365**

County:			
Sub-county:			
Health Facility:			
Master Facility List (MFL) Code:			
Start Date:		End Date:	

DATA DEFINITIONS / EXPLANATIONS

The Sexual Gender Based Violence Register is used to record services provided to survivors of sexual violence at the health facility. These include rape, defilement, incest, attempted rape, gang rape and sexual assault. The SGBV register is also used to capture data on alleged perpetrators of sexual violence attended to at the health facility. For this register to be comprehensively filled in, information is required from various SGBV service delivery points including OPD, IPD, Lab, Pharmacy and counseling units.

COLUMN		DATA DEFINITIONS / EXPLANATIONS
a	Serial No.	This is the identification number given to the client on the first attendance and is facility specific. Usually written serially. 1, 2, 3,
b	Out patient No.	This is a unique identification number given to a survivor on first attendance at the out patient (Out patient number).
c	Arrival Date	Record the day the client visits your health facility as a new client, or revisit (recorded as DD/MM/YYYY).
d	Calculated hours	Hours taken from the time the incident occurred to the time the client reported to the health facility.
e	Name (S) (Three names)	Record at least THREE names of the client as appears in the National Identification documents (e.g. ID, birth certificate, passport).
f	Survivor/ Perpetrator (S/P)	Record S for Survivor and P for perpetrator.
g	Type of Case: New / Repeat	Record the type of case, If a New Case indicate N , If it is Repeat Case indicate R .
h	Sub Location and landmark	Record the client's residential location and/ or landmark to enable tracing or follow-ups.
i	Telephone Number	Record the client's telephone number or guardian's in the case of children.
j	Age	Record the actual stated age of the client expressed in years, If client is below one, Indicate Age in Months. Age here must be indicated in years and NOT 'A' or 'C' (A for adult and C for child) .
k	Sex	Record M for Male and F for Female.
l	Marital Status	Record 1 -Single, 2 -Married, 3 -Divorced, 4 -Sepatated, 5 -Widowed .
m	Referred from	Record 1 = Health Facility , 2 = Police, 3 = Schools, 4 = Community health worker, 5 = Chief , 6 = Others.
n	Disability	Record 1 -Hearing impairment, 2 -Visual impairment, 3 -Physical impairment, 4 - Mental, 5 - Others, 6 - Not applicable.
o	OVC- Orphan or vulnerable child	Record Y = Survivor is an orphan or vulnerable child (OVC), N = survivor is not an OVC.
p	Type of sexual violence	Record type of reported sexual violence 1 - Rape, 2 - Attempted Rape, 3 - Sexual assault.
q	Date of sexual violence	Record date when the sexual violence occurred (recorded as DD/MM/YYYY).
r	Time of sexual violence	Record time when the sexual violence occurred (recorded as HH:MM).
s	Date PRC form filled	Record date when Post rape care form (PRC) form was filled (recorded as DD/MM/YYYY) form (PRC) form filled.
t	Date P3 Form filled	Record date in full (recorded as DD/MM/YYYY). If not filled indicate NOT Done when P3 form was filled.
u	HIV test	Record the HIV test results for those tested during the visit. (Record N for negative and P for positive tests, KP for Known Postive, ND for Not done).
v	Pregnancy Diagnostic Test (PDT)	Record the Pregnancy diagnostic test results for those tested during the visit, as N for negative (-ve) and P for positive(+ve) NA for not applicable.
w	Anal Swab	Record the anal swab test results for those tested during the visit, N for negative if results show absence of spermatozoa. Indicate P for positive if results show presence of spermatozoa. Indicate ND for tests not done.
x	High vaginal swab (HVS)	Record the HVS test results for those tested during the visit, N for negative if results show absence of spermatozoa. Indicate P for positive if results show presence of spermatozoa. Indicate ND for tests not done.
y	Urinalysis	Record the urinalysis test results for those tested during the visit, N for negative if results show absence of spermatozoa. Indicate P for positive if results show presence of spermatozoa. Indicate ND for tests not done.
z	Hepatitis- B	Record the Hepatitis B test results for those tested during the visit, as negative (-ve) or positive (+ve). Record N for negative and P for positive tests, NA for test not done.
aa	Hb(Hemoglobin)	Indicate the specific value for Hb (Haemoglobin).
ab	Alanine Amino Transferase (ALT)	Indicate the specific value for ALT.
ac	Creatinine	Indicate specific value for Creatinine.
ad	Venerial disease research Laboratory (VDRL)	Indicate P if Positive or N for negative.

COLUMN		DATA DEFINITIONS / EXPLANATIONS
ae	Emergency contraceptive prevention given within 120 hours	Record Y for Yes if client was given dose of ECP (Emergency Contraceptives) and N for No if ECP was not given, N/A where not applicable (ie Not to Women reproductive age or a Male Survivor).ECP SHOULD only be given to eligible clients presenting within 120 hours .
af	Post Exposure Prophylaxis given within 72 hours	Record Y for Yes if the client was given dose of PEP within 72 hours. N for No if not given. (PEP SHOULD only be given to clients presenting within 72 hours).
ag	Sexual transmitted infections Treatment (STI)	Indicate in this column whether STI (Sexual transmitted infections) Treatment were given (' Y ' if given or ' N ' if not given).
ah	Tetanus Toxoid (TT)	Indicate in this column whether TT (Tetanus Toxoid) was given (' Y ' if given or ' N ' if not given).
ai	Hepatitis-B vaccine	Indicate in this column whether Hepatitis B vaccine was given (' Y ' if given or ' N ' if not given).
aj	Trauma counseling	Indicate in this column ' Y ' if the client was given Trauma counseling or ' N ' if not given.
ak	Adherence Counseling	Indicate in this column ' Y ' if the client was given Adherence counseling or ' N ' if not given.
al	Referred to	Record 1 - Health Facility, 2 - Children's Department, 3 - Legal Aid, 4 - Police, 5 -Shelter, 6 -Support group, 7 -Other.
am	Date of next appointment	Record the next appointment give to the client (DD/MM/YY).
an	Actual return date	Record the actual date the client came for the next appointment (DD/MM/YY).
ao	Post Exposure Prophylaxis Refill	Indicate if client is given Post Exposure Prophylaxis at 2nd visit: Record Y for Yes or N for No and N/A for Not applicable for survivors who seroconverted.
ap	Adherence to PEP Counseling (Post Exposure Prophylaxis)	Indicate in this column ' Y ' if the client was given Adherence counseling or ' N ' if not given.
aq	Trauma counseling	Indicate in this column ' Y ' if the client was given Trauma counseling or ' N ' if not given.
ar	Referral uptake at 2nd visit	Indicate whether the client took up any of the referral services : Record ' Y ' or ' N ' .
as	Hb (Hemoglobin)	Indicate the specific value for Hb (Hemoglobin) for test results at 2nd visit.
at	Alanine Amino Transferase (ALT)	Indicate the specific value for ALT for test results at 2nd visit.
au	Date of next appointment	Record the next appointment give to the client (DD/MM/YYYY).
av	Actual return date	Record the actual date the client came for the next appointment (DD/MM/YYYY).
aw	Pregnancy Diagnostic Test (PDT)	Record the Pregnancy diagnostic test results for those tested during the visit, as N for negative (-ve) or P for positive (+ve), N/A for Not applicable.
ax	PEP Completion	Indicate in this column ' Y ' if client completed PEP or ' N ' if client did not complete the given PEP regime.
ay	Trauma counseling	Indicate in this column ' Y ' if the client was given Trauma counseling or ' N ' if not given.
az	Referral uptake at 3rd visit	Indicate whether the client took up any of the referral services : Record ' Y ' or ' N '.
aaa	Date of next appointment	Record the next appointment give to the client (DD/MM/YYYY)
aab	Actual return date	Record the actual date the client came for the next appointment (DD/MM/YYYY).
aac	Hepatitis-B vaccine	Indicate in this column whether Hepatitis B vaccine was given (' Y ' if given or ' N ' if not given).
aad	Trauma Counseling 4th visit	Indicate in this column ' Y ' if the client is given Trauma and Adherence counseling in the 4th visit or ' N ' if not given.
aae	Referral uptake at 4th visit	Indicate whether the client took up any of the referral services : Record ' Y ' or ' N '.
aaf	Date of next appointment	Record the next appointment give to the client (DD/MM/YYYY).
aag	Actual return date	Record the actual date the client came for the next appointment (DD/MM/YYYY).
aah	HIV test- 5th visit	Record the HIV test results for those tested during the visit. (Record N for negative and P for positive tests, KP for Known Postive, ND for Not done).
aai	Trauma Counseling 5th visit	Indicate if client is given Trauma counseling at 5th visit: Record ' Y ' or ' N '.
aaj	Referral uptake at 5th visit	Indicate whether the client took up any of the referral services : Record ' Y ' or ' N '.
aak	Patient outcome	Indicate the patient health outcome.
aal	Remarks	Any relevant comment about the client or management should be documented here.

