

BROTHA2BROTHA MONTHLY REPORTING FORM

NAME OF MENTOR:

DATE:

NAME OF CLUB:

WARD:

No.	FIRST NAME AND SURNAME	D.O.B.	Outcome Indicator								School status		Exercises Conducted				Indiv Ses*
			MC	FP	HTS 1	HTS 2	SD	CD	AB	GBV	BS	DS	Date	Date	Date	Date	
													Ex	Ex	Ex	EX	
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Condom Distribution	M:	F:	T:	Comment:
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No. Referred	Service	No. Referred	Service
	HIV testing & Counselling		Family Planning
	HIV couple Testing		Youth Friendly Service
	STI screening & Testing		Psychosocial Support
	Gender Based Violence counselling		School/ Formal Training
	Gender Based Violence service		HIV Support Group
	ART		Orphans Support Group
	Drug abuse (and illicit drug use)		Other (specify)
	Support Group		VMMC

Key: MC – Male Circumcision, FP – Family Planning, HTS – HIV testing and Counselling, SD -Stopped Drugs, CD – Club drop out, AB – Abused, GBV – involved in GBV, DS – Dropped out of School, BS – Back to school, Indivi Ses* - Individual Session