

iCLM COMMUNITY LEVEL TOOL FOR ASSESSMENT OF HIV, TB AND MALARIA SERVICES

INTEGRATED COMMUNITY LED MONITORING (iCLM)

COMMUNITY LEVEL TOOL FOR ASSESSMENT OF HIV, TUBERCULOSIS AND MALARIA SERVICES

INTRODUCTION

Hello, my name is

The Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF), in collaboration with the Rwanda Biomedical Center (RBC), is conducting an assessment of the services provided in the fight against three diseases (HIV/AIDS, Tuberculosis, and Malaria) through community-led monitoring (iCLM). I would like to take a few minutes to ask you some questions and discuss your perspective on the healthcare services provided for HIV/AIDS, Tuberculosis, or Malaria at this facility. Your responses will remain confidential, and we will not disclose anything that could reveal your identity. This data collection aims to understand how services are delivered and identify ways to improve the quality of healthcare services.

The interview will take about 20–30 minutes. Can we proceed with the interview?

What services did you come to seek today? (Tick all that apply):

- | | | |
|-------------------------------------|-----|--|
| <input type="checkbox"/> HIV | Yes | No (If YES to HIV Proceed to section A & B) |
| <input type="checkbox"/> TB | Yes | No (If YES to HIV & TB Proceed to section A & C) |
| <input type="checkbox"/> HIV and TB | Yes | No (If YES to HIV Proceed to section A,B and C) |
| <input type="checkbox"/> Malaria | Yes | No (If YES to HIV Proceed to section A & D) |

SECTION A: Introductory Questions

1. Date: □□□□ / □□ / □□□□ (To be automated)
2. Health Facility
3. District
4. sector
5. Cell
6. Village
7. Where did you come to access the services from?:

| Source of Community Based Health Services | YES |
|---|-----|
| Public service provider i.e., government CHWs etc | |
| Private service provider i.e., CSOs, NGOs, FBOs etc | |
| Others (Specify) | |

8. Age bracket of Respondent:

- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50 and above

9. Did you bring an under 5 child to seek any services?

- Yes No (If "NO" skip to 10)

10. If YES TO, what relationship do you have with the under 5 child?

- Father
- Mother
- Other (Please Specify.....)

11. Sex of the Respondent:

- Male
- Female
- Other (Please Specify.....)
- Prefer Not to Say

12. Nationality:

- Rwandan
- Other (Please Specify)

13. Which population do you identify yourself with? (Tick all that apply):

| HIV, TB & Malaria Key and Vulnerable Populations | YES |
|--|-----|
| Person with Disability (specify): | |
| ..Female Sex worker (FSW) | |
| Men who have sex with men (MSM) | |
| Adolescent girls and young women (AGYW) | |
| People living with HIV (PLHIV) | |
| Prisoner | |
| Refugee | |
| TB survivor and contacts | |
| Discordant Couple | |
| Malaria survivors | |
| Person who use Drugs (PWUD) | |
| Seasonal workers | |
| Rice farmers | |
| Miners | |
| Aging population | |
| Truck drivers moving across the boarder | |
| Staff and clients of hotels and lodges | |
| student in boarding schools | |
| Fishermen | |
| Other (specify): | |

14. How long did it take you to travel from the village to the service provider?

- Less than 1 hour
- 1 to 2 hour
- More than 2 hours
- Others (specify):

15. What means did you use to travel?

- i. Walked
- ii. Moto Taxi
- iii. Bicycle ride
- iv. Bus
- v. Others (specify):

16. Was it convenient for you to reach the services provider?

- Yes (If "NO" skip to 23)
- No

17. If NO, What made it difficult for you ?? (Tick all that apply)

- i. Distance
- ii. Cost of transport
- iii. Weather
- iv. Safety and security concerns
- v. Disability
- vi. Other (specify):

18. When you arrived at the service provider, how long did it take you to access services?

- i. Less than 1 hour
- ii. 1 to 2 hour
- iii. More than 2 hours
- iv. Others (specify):

SECTION B: HIV SERVICES

The following section asks questions regarding HIV services provided within the community

19. What specific HIV services were you seeking today?

| Available HIV Services | YES |
|---|-----|
| Outreach HIV testing | |
| Provision of condoms | |
| Provision of lubricants | |
| Linkage to nearest Health facility for HIV services for (HTC,VMMC) | |
| Distribution of HIV self testing | |
| IEC Community session | |
| HIV Treatment literacy | |
| Youth safe space | |
| Others (Specify)..... | |

19. Did you get the services that you sought to get?

- Yes (If "NO" skip to 21) NO

20. If NO, what reasons were you told for not availing you with the services you sought?

- Stock out of Commodities such as Condoms, Medicines, test kits etc
- CHW was not available
- CSO service provider was not available
- Time for providing service was up
- Others, specify.....

21. Are there any additional HIV services that you would like to access at the community level

- Yes NO (If "NO" skip to 23)

22. If YES, please list the services

23. At the community level service provider, were there any IECs on HIV? Prompt for all that the respondent saw or heard from.

| Community level IECs | YES |
|--------------------------|-----|
| HIV comprehensive module | |
| Posters and banners | |
| Health talks | |
| Fliers | |
| Booklets | |
| Others (Specify) | |

QUESTION 25 TO 29 WILL ONLY APPLY TO PATIENTS WHO SOUGHT HIV TESTING AND COUNSELLING SERVICES

24. When you accessed HIV counselling and testing services, were you asked for consent before undertaking the test?

- Yes NO

25. Was pre-test counselling provided before the testing was undertaken?

- Yes NO

26. Was post- test counseling provided after the test results were shared?

- Yes NO

27. Does the community-based service provider give you the necessary privacy and confidentiality you need when accessing HIV services?

- Yes NO

28. If NO, why was there no privacy and confidentiality? (tick all that apply, do not read out responses. Probe by asking any other?)

| Privacy and Confidentiality | YES |
|--|-----|
| No private consultation room | |
| Community Health workers talk loudly and disclose the HIV status in waiting area | |
| CHWs do not appreciate the need for privacy and confidentiality | |
| Peer educators do not appreciate the need for privacy confidentiality | |
| Others, specify | |

QUESTION 30 TO 49 WILL ONLY APPLY TO COMMUNITY MEMBERS WHO ARE OPNELY LIVING WITH HIV

29. When you tested HIV positive, were you given information on the HIV treatment and how to live a healthy life?

- Yes NO

30. After testing HIV positive, were you referred to a health facility for follow up services?

- Yes NO

31. After testing HIV positive, were you asked to test for TB?

- Yes NO

32. Has the community-based service provider (either CHW or CSO peer educator) referred you to any of the below for additional and or follow up services? Tick all that apply

| Referral Services | YES |
|---|-----|
| Health facility for TB | |
| Health facility for PMTCT | |
| Health facility for VMMC | |
| Health facility for HIV integrated care | |
| Health facility for ANC and family planning | |
| Health facility for nutritional supplement | |
| Others, specify | |

33. How often do you receive counseling or support related to ART adherence?

- a. Regularly
- b. Occasionally
- c. Rarely
- d. Never

34. Have you ever experienced any form of stigma and or discrimination here because you are a PLHIV?

| Stigma and Discrimination for PLHIVs | YES (tick Appropriately) | Give Reasons for your rating |
|--------------------------------------|---------------------------|------------------------------|
| YES | | |
| NO | | |
| I don't know | | |

35. Have you ever experienced a situation where your HIV status was disclosed without your consent by either CHWs or CSO service providers?

- Yes
- No (If "NO" skip to 41)

36. If YES , please specify the community-based service provider who disclosed your HIV status

| Availability of HIV friendly services | YES (tick Appropriately) |
|---------------------------------------|---------------------------|
| CHW | |
| CSO peer educator/service provider | |

37. Have you ever experienced HIV related stigma and discrimination from CHWs ? Tick appropriately?

| | YES | NO | Specify |
|----------------|-----|----|---------|
| Discrimination | | | |
| Stigma | | | |

38. Have you ever experienced HIV related stigma and discrimination from CSO community implementers and peer educators? Tick appropriately

| Availability of HIV friendly services | YES (tick Appropriately) | Give Reasons for your answer |
|---------------------------------------|---------------------------|------------------------------|
| YES | | |
| NO | | |
| I don't know | | |

39. Which HIV prevention, management and SRHR services do you know that are provided in the community for adolescents Girls and Young Women specifically?

| SERVICES | Tick all that apply |
|---|---------------------|
| Information, education and communication/ behavior change communication (IEC) | |
| Prevention of Mother-to-Child Transmission (PMTCT) | |
| STIs screening and treatment | |
| Menstrual Hygiene management | |
| Condoms | |
| PrEP and PEP prophylaxis | |
| Other, specify (.....) | |

40. Did you have to pay for any community level HIV related prevention or care treatment services?

- Yes
- No (If "NO" skip to 46)

41. If YES, what community level services did you Pay for and why?.....

42. How satisfied are you with the overall quality of care received from CHWs? (If "Very satisfied"/ "satisfied" skip to 48)

| Quality of care | YES (tick Appropriately) | Give Reasons for your rating |
|-------------------|---------------------------|------------------------------|
| Very satisfied | | |
| Satisfied | | |
| Neutral | | |
| Dissatisfied | | |
| Very dissatisfied | | |

43. If dissatisfied, what specific issues made you dissatisfied? Select all that apply.

| Points of Dissatisfaction | YES |
|--|-----|
| Wait time | |
| Operating hours | |
| Drugs/commodities stock outs | |
| Unfriendly CHW | |
| CHWs/Peer Educators not able to provide the services I was seeking | |
| Other (specify) | |

44. What recommendations do you have for improving HIV services delivered at community level?

SECTION C: TB SERVICES

The following section asks questions regarding TB services received at the facility.

45. From who did you access your community level TB services? Tick appropriately

| Community TB services | YES |
|--|-----|
| Government CHW at community level | |
| CSO/NGO/Peer educator at community level | |
| Others (Specify) | |

46. What services did you receive from your community level service provider?

| Available TB Services | YES |
|--|-----|
| TB screening | |
| Community Direct observation treatment (DOT) | |
| Referral to nearest Health facility for TBservices for (TB prsumptive case ,TB Medication side effects) | |
| IEC Community session | |
| Lost follow-up | |
| TB Contact tracing | |
| Others (Specify)..... | |

47. Have you ever been screened for TB?

- Yes No (If "NO" skip to 78)

48. If YES to, who screened you for TB?

| TB Screening Point of Service | YES |
|-------------------------------|-----|
| CHW at community level | |
| CSO/NGO at community level | |
| Others (Specify) | |

QUESTION 79 TO 107 WILL ONLY APPLY TO PATIENTS HAVE EVER TESTED POSITIVE FOR TB

49. After the beginning of your symptoms how long did it take you to access TB screening service by CHW/ Peer educators ?

- Immediately
 Less than one month
 More than three months
 Other (Please specify):

50. After being confirmed as a TB presumptive case, were you referred to a health center ?

- Yes No

51. After testing positive for TB, did the community-based health workers contact your immediate family members for TB screening and or testing?

- Yes No

52. After testing positive for TB, Did any of your family and community members receive TB preventive therapy (TPT)?

- Yes No

53. After testing positive for TB, were you advised and counseled to test for HIV?

- Yes No

54. After starting TB treatment has there been any CHW/community-based volunteer visiting you for adherence support?

- Yes No (If "NO" skip to 89)

55. If YES , please explain the nature of adherence support you received from the community-based health service providers

56. Have you ever faced any challenges accessing services (screening) for TB in your locality?

- Yes No (If "NO" skip to 91)

57. When accessing TB services, did you receive any information, counseling and or treatment literacy on TB?

- Yes
 No

58. Did you have to pay for any TB related prevention and treatment services?

- Yes No (If "NO" skip to 95)

59. Do the community-based health service providers give you the necessary privacy and confidentiality when providing services?

- Yes No

60. How do community-based health service providers ensure confidentiality?

.....

61. Are the services you receive through community-based health services providers free of stigma?

| Stigma Free Services | YES (tick Appropriately) | Give Reasons for your answer |
|----------------------|---------------------------|------------------------------|
| YES | | |
| NO | | |

62. Do you have any worry that the CHW might mention your health condition or home condition to other neighbors later today?

- Yes No

63. Are there TB survivors, Peer educators/CHWs who provide adherence support to 63. TB patients on community level?

- Yes No

64. If YES, What services do the TB survivors/ volunteers provide? List all that you know of

.....

65. What recommendations can you give to improve the quality of the CHW/ TB survivors/ peer educators delivering TB services?

SECTION D: MALARIA SERVICES

The following section asks questions regarding Malaria services received at the facility.

66. Which malaria service are you seeking today?

| Community Malaria Services | |
|-----------------------------|--|
| Malaria testing | |
| Malaria treatment / | |
| Malaria prevention messages | |
| LLINs | |
| Referral to health facility | |
| Home visit | |
| Other (Specify) | |

67. Did you get the services that you sought to get?

- Yes No.....

68. From the following, who did you access your malaria services? Tick appropriately

| Community Malaria Service Provider | YES |
|--|-----|
| Government CHW at the Community level | |
| CSO/NGO/Peer Educator at the Community level | |
| Others (Specify) | |

69. Have you been tested for malaria at the community level today ?
(Yes / No) (If "NO" skip to 129)

70. If yes, did you get the results?
(Yes/No)

71. After how long did you get the test results

- Less than 15 minutes
- Between 15 - 20 minutes
- More than 20 minutes
- Others, specify

72. After receiving the test results, did the provider give you information about them?

- Yes No

73. If the result was positive for malaria, could you access malaria treatment?

- Yes (If "YES" skip to 129) No

74. If you didn't get access to treatment, specify the reasons why. Tick all that apply

| | YES |
|--|-----|
| Prescription drugs are not covered by CBI | |
| There is a stock out of malaria medicines for pediatrics | |
| There is a stock out of malaria medicines for adults | |
| Others(Specify..) | |

75. Have you or your household received malaria prevention services in the community in the last 6 months?

- Malaria prevention messages
- Indoor residual spraying
- LLIN distribution
- Home visits
- Other (Specify)

Yes

No

Did you have to pay for any of Malaria services?

Yes

No / If No,

If yes, which service did you pay for?

- Malaria testing
- Malaria treatment
- LLINs
- Referral
- Other (Specify)

On a scale (1–5), how do you rate your confidence in CHWs' malaria service provision?

- 1 – Very low
- 2 – Low
- 3 – Moderate
- 4 – High
- 5 – Very high

Do you have any worry that the CHW might mention your health or home condition to other neighbors later today? (Home visit)

Yes

No

If you had wanted to discuss a private malaria concern, would you have felt safe doing so?

Yes

No

If NO, please specify the reason

When the CHW was testing you (or your child) for malaria, could people passing by see the blood being taken?

Have you ever experienced any form of stigma or discrimination related to malaria?

Yes

No

If you get malaria signs again, would you prefer to go first to this CHW?

Yes

No

If NO, please specify the reason

After receiving test results, did the provider give you information about them?

Yes

No

If you got access to medication, did they explain how you take the medicine?

Yes

No

Considering the waiting time, did getting this service from the CHW take up so much of your day?

Yes

No

Did the CHW make comments about your home, bed nets, or when you sought care that made you feel uncomfortable?

Yes

No

What can be done to improve malaria prevention and treatment services at community level?