

ICLM HEALTH FACILITY COORDINATOR TOOL FOR ASSESSMENT OF HIV, TB AND MALARIA SERVICES

INTEGRATED COMMUNITY LED MONITORING (iCLM)

FACILITY COORDINATOR OBSERVATION TOOL FOR ASSESSMENT OF HIV, TUBERCULOSIS AND MALARIA SERVICES

This tool is an observation tool to be processed by the Health Facility Coordinator after every two weeks to gather information on accessibility, affordability, availability and quality of HIV, TB and Malaria services and experiences at the healthcare facility (HF).

1. Date: □□□□ / □□ / □□□□
2. District
3. Name of Health Facility
4. Are any IECs for HIV, TB and or Malaria displayed Tick appropriately

	HIV		TB		Malaria	
	YES	NO	YES	NO	YES	NO
Television						
Posters and banners						
Health talks						
Fliers						
Booklets						

6. Were any of the HIV IECs

	YES	NO
In vernacular - Kinyarwanda		
Targeting people with disability		
Targeting adolescents and young people		
Targeting sex workers and MSMs		

7. At about what time do health services start being provided in at POS at the health facility?

Point of service (POS)	Time
i. Outpatient	
ii. TB clinic	
iii.	
iv.	
v.	

8. About how many patients are waiting to be see the doctor at each point of service. List as many as possible.

Point of service (POS)	Number of waiting patients
i. Outpatient	
ii. TB clinic	
iii.	
iv.	
v.	

9. Are patients screening for TB symptoms in any of the waiting areas ?

Yes No

10. If YES to Q10, please explain where the screening is taking place and who does it

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11. Are there UV lights on in the TB clinic?

Yes No

12. Is there a GeneXpert machine at the health facility?

Yes No

13. If YES to Q12, is it working?

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14. Does the facility have a either a portable or physical Xray?

Yes No

15. *If YES to Q14, is it working?*

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16. *Are there condoms and condom dispensers at the health facility?*

Yes

No

17. *Is the pharmacy well stocked and open?*

Yes

No

18. *If NO to Q17, elaborate on your observations.*

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19. *Is there a health worker (who may not be a pharmacist) actively giving out medicine to patients?*

20. *Are patients making any out-of-pocket payments for any HIV, TB or malaria services and or commodities?*

Yes

No

21. *If YES specific for which disease and for what service or commodity*

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22. *In your opinion, what is the condition of the following service areas?*

Condition of Facility	ART clinic	PMTCT clinic	TB clinic	Other?
i. Outpatient				
ii. TB clinic				
iii.				
iv.				
v.				

23. *Give reasons for each of the responses under Q22 above*

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24. In your opinion is the facility in the following areas?

Condition of Facility	Physical space	Furniture	Toilets for women & men	Windows	Other?
Adequate					
Moderate					
Inadequate					

25. Give reasons for each of your rating in Q23 above and take photos to support this

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26. Are windows at the facility open?

- Yes No

27. Please specify if the following ARE available in the toilets at the facility (Select all that apply)

- a. Soap
- b. Water for handwashing
- c. Toilet paper
- d. Light
- e. Other, (specify).....

28. How would you rate the overall cleanliness and hygiene of the health facility? Tick appropriately

Cleanliness of Facility	YES
Very clean	
Clean	
Moderately clean	
Not clean	

Give reasons for rating in Q28

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Are there CHWs, or peer educators or health promoters supporting patients including those with disabilities to ensure they get to where they need to go?

- Yes No

Are there provisions for people living with disabilities to access the health facility and services ?

Yes

No

If YES to Q30, please explain what provisions exist

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Are there any additional observations with respect to HIV, TB and Malaria services at the health facility?

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