Republika y'u Rwanda
Minisiteri y'Ubuzima

Rwanda Biomedical Centre
Healthy People, Wealthy Nation

RWANDA NGOs FORUM ON HIV/AIDS & HEALTH PROMOTION

THE GLOBAL FUND

RWANDA'S INTEGRATED COMMUNITY-LED MONITORING (ICLM) MODEL FOR HIV, TUBERCULOSIS AND MALARIA

December 2025
Kigali, Rwanda

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ACKNOWLEDGMENT

The development of the Integrated Community-Led Monitoring (iCLM) Model for HIV, Tuberculosis, and Malaria is the result of extensive collaboration, consultation, and shared commitment to improving public health in Rwanda.

We sincerely thank the Ministry of Health, Rwanda, and the Rwanda Biomedical Centre (RBC) for their leadership, valuing community feedback in strengthening the health system, and for their transparency and willingness to engage with civil society to address gaps in healthcare service delivery.

We gratefully acknowledge our partners, including The Global Fund, PEPFAR, UNAIDS, Country Coordination Mechanism (CCM), USCentre for Disease Control and Prevention (CDC), and UN Women, for their support. Special thanks to The Global Fund for funding and for the technical insights provided during stakeholder consultative workshops and throughout the iCLM cycle.

The experiences and perspectives of our community members significantly shaped this model. These include key and vulnerable populations for HIV, high-risk groups for TB and malaria, persons with disabilities, faith-based leaders, and diverse civil society organizations. CSOs, Umbrella organizations, Community-Led Organizations (CLOs), and the Private Sector also contributed, ensuring this model remains inclusive and centered on service users.

We extend our sincere appreciation to the district authorities, hospitals, health centers, Community Health Workers (CHWs), and community monitors in Gasabo, Rwamagana, and Bugesera Districts. Your meaningful engagement and contribution were instrumental in facilitating the smooth implementation of the iCM Pilot Phase.

We thank the Treatment Action Coalition (TAC) and the South African National AIDS Council (SANAC) in South Africa. They hosted our benchmarking mission and shared critical lessons from their Ritshidze model, which heavily inspired our community-led conceptualization process.

We thank the RNGOF on HIV/AIDS & HP, as well as the consultancy teams, for guiding this process from concept to validation.

Nooliet KABANYANA,

Executive Director,

Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP)

FOREWORD

Rwanda's public health progress over the last two decades has been exemplary. We have surpassed the UNAIDS 95-95-95 targets for HIV. We have also achieved significant reductions in national Malaria and Tuberculosis incidences. This shows what is possible when political will meets evidence-based programming. Yet, statistics, no matter how impressive, tell only part of the story.

As we move toward achieving HIV, TB, and Malaria targets, we face a "last mile" challenge. This phase focuses on reaching individuals who are hidden, criminalized, stigmatized, high-risk, key, and vulnerable populations, who remain outside conventional health systems. It is about ensuring that the quality of care in rural communities matches the national standard. It is also about ensuring that a member of a key population feels as safe accessing services as any other citizen. The Integrated Community-Led Monitoring (iCLM) Model for HIV, TB, and Malaria represents the strategic evolution needed to bridge the existing gaps.

For RNGOF on HIV/AIDS & HP, this model commits to democratizing health. Monitoring has been top-down, particularly for the national disease indicators. With the iCLM model, communities become quality monitors of the health system, not just care recipients.

This document outlines a framework where the "recipient of care" becomes the "expert on care." By systematically gathering data on the Availability, Accessibility, Acceptability, and Quality (AAAQ) of HIV, TB, and Malaria services, we create a rapid and transparent feedback loop that is real-time and actionable.

This initiative aligns with the Ministry of Health and the Rwanda Biomedical Centre's strategic goals. As civil society, our role is to complement the government's efforts by illuminating blind spots. We are committed to using evidence from this model to advocate for targeted, human rights-based interventions. These interventions will improve retention in care and adherence to treatment, with the ultimate goal of improving services for high-risk groups for Malaria and TB and key and vulnerable populations for HIV.

We recognize that sustaining our national gains in HIV, TB, and Malaria requires resilient systems and empowered communities for ownership. True resilience is not built solely on clinical infrastructure. It relies on trust between the health system and the people it serves. This model is our contribution to building that trust.

We look forward to implementing this approach, learning from its results, and scaling a system where every community's voice counts in the fight for a healthier nation.

Bernard MURAMIRA,
Chairperson,

Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP)

ACRONYMS

AAAQ: Availability, Accessibility, Acceptability and Quality

AFRO: The World Health Organization Regional Office for Africa

AGYW: Adolescent, Girls and Young Women

AIDS: Acquired Immunodeficiency Syndrome

CCM: Country Coordinating Mechanism

CDC: Centre for Disease Control

CLM: Community-Led Monitoring

CLOs: Community-Led Organizations

CSOs : Civil Society Organizations

FSW: Female Sex Workers

FY: Financial Year

HF : Health Facility

iCLM : Integrated Community-Led Monitoring

KPs : Key Populations

KVPs : Key and Vulnerable Populations

MSM : Men who have sex with men

PEPFAR : President's Emergency Plan For AIDS Relief

PLHIV : People Living with HIV

PWD : Persons With Disabilities

PWUD: People Who Use Drugs

RBC: Rwanda Biomedical Centre

RBM: Roll Back Malaria

RNGOF on HIV/AIDS & HP: Rwanda NGOs Forum on HIV/AIDS and Health Promotion

RPHIA: Rwanda Population based HIV Impact Assessment

SPR: Slide Positivity Rate

TB : Tuberculosis

UNAIDS: The Joint United Nations Programme on HIV/AIDS

WHO : World Health Organization

1-EXECUTIVE SUMMARY

Rwanda has maintained an HIV prevalence of 3% among the general adult population over the past two decades and has achieved and surpassed the UNAIDS 95-95-95 targets, now standing at 96-98-98. However, the epidemic remains concentrated in key populations, notably female sex workers (26.4% in 2025) and men who have sex with men (5.8% in 2024). In parallel, the country continues to manage significant burdens of other infectious diseases, including a tuberculosis incidence of 55 per 100,000 (2023) and a malaria incidence of 47 per 1,000 person-years (FY 2024-2025).

These three diseases remain public health priorities for Rwanda despite impressive progress. Eliminating them will require sustained efforts. For HIV, the priority is addressing key populations. For TB, the focus is on detecting missed asymptomatic and symptomatic cases early and ensuring timely treatment. For malaria, the goal is to increase the proportion of cases treated at the community level from 50% to 85% in the 15 districts with the highest malaria burden.

From the aforementioned, Rwanda is well placed to build on progress to advance the fight against the three diseases in the country. This will however require amongst others, increased focus on programs that identify and respond to challenges that affect access to the availability, the affordability and the quality of services for HIV, TB and malaria. Rwanda is also cognizant that service users and beneficiaries, primarily, the key and vulnerable populations for HIV, TB and Malaria, are best placed to provide feedback on the nature and type of challenges, including gender and human rights barriers to service delivery. Engaging service users and beneficiaries, particularly key and vulnerable populations, is essential for identifying and addressing barriers to service delivery, including gender and human rights issues. By building on progress and addressing existing challenges, Rwanda can continue to advance against these three diseases, and improve public health outcomes for its population.

It is against this background that the Rwanda Biomedical Centre (RBC) through the Rwanda NGO Forum on HIV AIDS and Health Promotion seeks to develop and implement an integrated CLM model for HIV, TB and Malaria to get feedback from users notably high risks groups including Key and Vulnerable Populations (KVPs) of HIV, TB and Malaria services in a routine and systematic manner that will translate into action and change.

CLM recognizes that communities have unique attributes that can be nurtured and tapped to improve planning and health service delivery at community and health facility level. Among these are the capacity to advocate effectively, play the “Watchdog” role, utilize experiences to advise on what works and what does not. CLM supports accountability, strengthens community ownership, works towards improved service delivery, equity and access enables prudent resource management.

The overall objective of CLM is to empower and capacitate communities as right holders and change agents. This is achieved through capacity building, and the subsequent monitoring and documentation of the first-hand experience of service users’ experiences which are then used for advocacy to influence improvements in service delivery.

The primary goal of the integrated community led monitoring (iCLM) model in Rwanda is to strengthen the delivery of HIV, TB and malaria services amongst key and vulnerable populations (high risk groups) for HIV, TB and Malaria by empowering and facilitating communities identify and timely resolution of challenges and barriers to quality preventive and curative services.

The specific goals of the iCLM are to:

- To capacitate and empower KVPs and HRGs, institutions and networks utilize service user feedback to identify and resolve challenges and barriers to quality HIV, TB and malaria health services in Rwanda
- To assess the accessibility, availability, affordability and quality of HIV, TB and Malaria services delivered by public health facilities (HFs) and civil society organizations at community level.
- To promote data collection and use and accountability mechanisms amongst communities, community led and civil society organizations in Rwanda.
- To strengthen community and stakeholder engagement, and advocacy to in the resolution of challenges affecting the AAAQ of HIV, TB and malaria services at facility and community level in Rwanda
- To identify and respond to gender and human rights barriers affecting access to and quality of HIV, TB, and malaria services in Rwanda.

Expected outcomes of the iCLM are:

- Empowered HIV, TB and malaria communities, services users and implementing CSOs with inclusion of Persons With Disabilities (PWDs) and Faith Based Leaders actively identifying challenges adversely affecting service delivery, and engaging in their resolution to improve health outcomes
- Progression towards the achievement of national goals and targets for HIV, TB and Malaria in Rwanda ; and scale up of the respective disease specific interventions
- Improved collection and utilization of health service user feedback, advocacy and accountability engagements at district and national levels
- Improved health equity, gender equality and human rights for key and vulnerable populations/high risk groups, PLHIV with inclusion of Persons With Disabilities (PWDs) and Faith Based Leaders accessing HIV, TB and malaria services from public and private providers.

The methodology for the development of the iCLM was done through Consultative meetings between the consultancy team and the RNGOF program team, In-depth document assembly and review on CLM, key informant interviews, A 5-day stakeholder consultative workshop and a benching marking mission to South Africa.

The design of the iCLM model for Rwanda is informed by the country context, notably the epidemiological context of HIV, TB and Malaria, and the aspirations of the public, civil society, communities and partners

The iCLM model design is based on a 7-step cyclic process involving community and stakeholder orientation and empowerments, planning and conceptualization of the iCLM model, stakeholder analysis and engagement, data collection, analysis and reporting, influencing and advocacy for the iCLM Model on HIV, TB and Malaria, follow up and closure of identified iCLM issues and challenges and monitoring and review of the iCLM and takes into consideration the human resources and infrastructure needed for proposed pilot iCLM

2 - INTRODUCTION

This section provides a contextual background and progress of the country in the fight against the HIV, TB and Malaria epidemics. Additionally, the approach and rationale for community led monitoring (CLM) is detailed herein.

Background

Rwanda has made significant strides in addressing HIV/AIDS, with a national prevalence rate of 2.6% among adults' women, and 2.0% among men aged 15-49 (RPHIA 2018-2019)[1], [2] Certain key populations, such as female sex workers (26.4%) and men who have sex with men (5.8%), bear a disproportionate burden of the disease. Statistics also indicate that young women aged 20 to 24 are three times more infected than men of the same age (1.8% Vs 0.6%). Addressing gender disparities and human rights barriers is crucial for further progress. Additionally, Rwanda is one of the few African countries that have realized and surpassed the UNAIDS 95-95-95 targets, now standing at 96-98-98.

Rwanda is not classified as a high burden TB country, with TB incidence rates lower than the global and AFRO regional averages. [3] The country however faces challenges in eliminating TB. The incidence of TB has decreased gradually from 100 cases per 100,000 people in 2003 to 55 cases per 100,000 in 2023[4]. There are however, concerns about missed asymptomatic and symptomatic patients and continued efforts are needed to ensure early detection and treatment of TB cases[5]. The 2024 mid-term review (MTR) of the national strategic plan for TB identifies a number of improvement areas including low uptake of TB new technologies which include new diagnostics and new drugs, limited knowledge and health seeking behaviour on TB, limited engagement of the private sector in the national TB response, and inadequate TPT coverage amongst PLHIV.[6]

According to the Malaria and Other Parasitic Diseases Division (MOPDD) Annual Report for FY2024-2025, Rwanda is experiencing a significant resurgence in the malaria burden after a period of decline. Recent data indicate that the national Annual Parasite Incidence (API) has increased to 76 cases per 1,000 persons, a 69% rise from the 45 cases per 1,000 reported in FY 2023-2024. Uncomplicated malaria cases have surged by 74% to 1,068,522 from 613,415 cases in FY 2023-2024. Severe malaria cases have more than doubled, increasing by 120% to 4,338 cases in FY2024-2025 from 1,969 cases in FY2023-2024. Similarly, malaria-related mortality has increased by 30%, rising from 67 to 87 deaths. Currently, 50% of uncomplicated malaria cases are managed at the community level, with a target to increase this to 80%.[7]

[1] The Rwanda Population-based HIV Impact Assessment (RPHIA), a national household-based study conducted in 2018–19.
[2] Rwanda National HIV AIDS Strategic Plan 2024 -27, Ministry of Health 2024
[3] Tuberculosis and Lung Diseases National Strategic Plan, Mid 2019 - mid 2024, Extended to June 2027 3 PEPFAR, Community-Led Monitoring Fact Sheet, 2020
[4] https://knoema.com/atlas/Rwanda/Incidence-of-tuberculosis
[5] Tuberculosis and Lung Diseases National Strategic Plan, Mid 2019 - mid 2024
[6] Rwanda National Strategic Plan for Tuberculosis 2019 to2024, Ministry of Health
[7] Rwanda National Expanded Strategic Plan for Malaria 2020-2027, Ministry of Health

From the aforementioned, Rwanda is well placed to build on progress to advance the fight against the three diseases in the country. This will however require amongst others, increased focus on programs that identify and respond to challenges that affect access to the availability, accessibility, the affordability and the quality of services for HIV, TB and malaria.

Rwanda is also cognizant that service users and beneficiaries, primarily, the key and vulnerable populations for HIV, TB and Malaria, are best placed to provide feedback on the nature and type of challenges, including gender and human rights barriers to service delivery. Engaging service users and beneficiaries, particularly key and vulnerable populations, is essential for identifying and addressing barriers to service delivery, including gender and human rights issues. By building on progress and addressing existing challenges, Rwanda can continue to advance against these three diseases, and improve public health outcomes for its population.

It is against this background that the Rwanda Biomedical Centre (RBC) through the Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP) and supported by the Global Fund developed, piloted and and look to scale the implementation of an integrated Community Led Monitoring (iCLM) model for HIV, TB and Malaria to get feedback from users notably high risks groups Key and Vulnerable Populations (KVPs)/ High Risks Groups of HIV, TB and Malaria services with inclusion of Persons With Disabilities (PWDs) and Faith Leaders in a routine and systematic manner that will translate into action and change.

Community Led Monitoring: An Overview

Community Led Monitoring (CLM) is a powerful approach recognized by a number of key actors in the health field as an effective and useful tool for improving accessibility, affordability and quality of health services for key populations and other vulnerable groups.

The Global Fund defines CLM as a "Mechanism that service users or local communities use to gather, analyze and use information on an ongoing basis to improve access to, quality and the impact of services, and to hold service providers and decision makers to account". CLM mechanisms provide service users and communities a platform to gather qualitative and quantitative data and use it to assess availability, accessibility, acceptability, equity, and quality of the services they receive. It aims to hold service providers and decision makers accountable for meeting the needs of beneficiaries. [8]

The Global Fund supports community-led monitoring as it is an effective way to learn from communities on how to improve health services and respond to human rights and gender barriers to health. [9]

PEPFAR defines CLM as a technique initiated and implemented by local organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups, or other community entities that gather quantitative and qualitative data about HIV services. The focus is on getting input from recipients of HIV services in a routine and systematic manner that will translate into action and change. [10]

On the other hand, UNAIDS defines CLM as an accountability mechanism for the improvement of service quality and access. CLM is led and implemented by local community-led organizations of people living with HIV, networks of key populations and other affected groups.

CLM uses a structured platform and rigorously trained peer monitors to systematically and routinely collect and analyze qualitative and quantitative data on service delivery. It uses these data to establish rapid feedback loops with programme managers and health decision-makers. CLM should not be confused with community-based HIV service delivery or with the routine collection and reporting of internal programme data by community-led organizations. [11]

[8] https://www.theglobalfund.org/en/video/2020-04-15-community- based-monitoring/
[9] https://www.theglobalfund.org/en/updates/2020/2020-05-18-resources-for-community-based-monitoring/
[10] https://www.state.gov/community-led-monitoring-tools/
[11] https://www.unaids.org/sites/default/files/media_asset/establishing-community-led-monitoring-hiv-services_en.pdf

CLM is recognized as an accountability mechanism for HIV and other health programs at different levels, led and implemented by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities. CLM uses a structured platform and rigorously trained peer monitors to systematically and routinely collect and analyze qualitative and quantitative data on service delivery including data from people in community settings who might not be accessing health care and to establish rapid feedback loops with programme managers and health decision-makers. CLM data builds evidence on what works well, what is not working and what needs to be improved, with suggestions for targeted action to improve outcomes.

Through the CLM process, community-led organizations and key population groups increase their technical capacity to gather, analyze, secure, use and own data. The data collected complement local and national monitoring and provide key information to fill critical gaps in the decision-making process that leads to evidence-informed action to improve services.

CLM recognizes that communities have unique attributes that can be nurtured and tapped to improve planning and health service delivery at community and health facility level. Among these are the capacity to advocate effectively, play the "Watchdog" role, utilize experiences to advise on what works and what does not.

CLM results in:

- **Accountability:** Holds both government and non-governmental service providers responsible for meeting the needs of the communities affected by HIV, TB and Malaria.
- **Community ownership:** Strengthens community engagement and a sense of ownership in health initiatives, leading to more sustainable solutions.
- **Improved service delivery:** Identifies gaps and weaknesses in the health system, informing targeted improvements.
- **Equity and access:** Highlights human rights and gender-related barriers to accessing services, ensuring no one is left behind.
- **Resource management:** Monitors budgets and helps prevent stock outs of essential medical supplies, commodities and management of infrastructure.

The overall objective of CLM is to empower and capacitate communities as right holders and change agents. This is achieved through capacity building, and the subsequent monitoring and documentation of the first-hand experience of service users' experiences which are then used for advocacy to influence improvements in service delivery.

Rationale for the iCLM Model for HIV, TB and Malaria

CLM is widely recognized as a relevant and essential tool to guarantee the availability, access and delivery of quality HIV, TB and Malaria health services. CLM has gained momentum in recent years as a revitalized and reimagined approach that mobilizes communities affected by health inequalities to monitor how services are provided and co-create solutions with key partners to improve them. As part of community-led responses, it's playing a significant role in bridging the "last mile" gaps by providing good-quality services to the right people, in the right ways, in the right places, thereby contributing to ending AIDS as a public health threat, addressing other health issues such as TB and malaria, and minimizing health inequalities.

CLM has been piloted and implemented in several countries such as South Africa, Uganda, Malawi and Zambia amongst others and has been proven to be an effective approach of stimulating improvements in service delivery at the last mile, to services users including often left behind key populations and high-risk groups. The success of these CLM models provided Rwanda CSOs and community led organization the impetus to advocate for and CLM model adoption in HIV/AIDS, Tuberculosis and Malaria programs.

The government of Rwanda has prioritized primary health care, aiming to improve access to health services and make progress towards universal health coverage (UHC), and epidemiological data for HIV, TB and Malaria indicate that the country is on track, and with targeted improvements may realise its national goals and objectives. To resolve service delivery related challenges, varied diagnostic strategies for the identification of challenges including routine supervision, M & E and independent CLM data will be needed; and will complement each other to result in improved health service delivery in the country.

It is acknowledged that Rwanda has a robust and effective HMIS and disease specific M & E systems, however, innovations are still needed to gather more valuable and useful information for the purposes of improving service provision. With its beneficiary-centred approach, CLM offers service users the opportunity to provide feedback on AAAQ of services, thus the identification of challenges and barriers to service delivery resulting in evidence-based advocacy, and actions that facilitate improvements in the delivery of HIV, TB and Malaria services.

The design of the CLM model took into account that health services are delivered through the ministry of health in collaboration with RBC and the HIV, TB and Malaria programs within health facilities, and at community level by both the Ministry of Health and Civil Society and community led organizations. ***As a result, the proposed CLM model will be an integrated CLM (iCLM) model that will assess the quality of health services delivered in both health facilities and at community level.***

[8] https://www.unaids.org/sites/default/files/media_asset/JC3085E_community-led-monitoring-in-action_en.pdf

3 – OBJECTIVES AND EXPECTED OUTCOMES OF THE iCLM

Goal and Objectives of the iCLM

The primary goal of the integrated community led monitoring (iCLM) model in Rwanda is to strengthen the delivery of HIV, TB and malaria services amongst key and vulnerable populations (high risk groups) for HIV, TB and Malaria by empowering and facilitating communities to challenges and barriers to their access to and quality preventive and curative services, and the timely resolution of the same to facilitate improvements on the same.

The specific goals of the iCLM are to:

a. To capacitate and empower KVPs,HRGs, PLHIV with inclusion of PWDs and Faith Based Leaders, institutions and networks to utilize service users' feedback to identify and resolve challenges to quality HIV, TB and Malaria health services in Rwanda

b. To assess the Accessibility, Availability, Affordability and Quality of HIV, TB and Malaria services delivered at the health facility and community level by the Ministry of Health through the HIV, TB and Malaria programs, and by CSOs.

c. To promote data collection and use, and accountability mechanisms amongst communities, community led and Civil Society Organizations in Rwanda.

d. To strengthen community and stakeholder engagement, and advocacy to in the resolution of challenges affecting the AAAQ of HIV, TB and Malaria services at health facility and community level in Rwanda

Expected Outcomes of the iCLM

Expected outcomes of the iCLM are:

- Empowered HIV, TB and Malaria communities, services users and implementing CSOs with inclusion of PWDs and Faith Based Leaders actively identifying challenges adversely affecting service delivery, and engaging in their resolution to improve health outcomes.

- Progress towards the achievement of national goals and targets for HIV, TB and Malaria in Rwanda; and scale up of the respective disease specific interventions.

- Improved collection and utilization of health service user feedback, advocacy and accountability engagements at district and national levels

- Improved health equity, gender equality and human rights for key and vulnerable populations/high risk groups, PLHIV with inclusion of PWDs and Faith Based Leaders accessing HIV, TB and Malaria services from public and private providers.

4 – METHODOLOGY OF THE CONCEPTUALIZATION PROCESS

The iCLM model for Rwanda was developed through a consultative and multipronged process which entailed:

- Consultative meetings between the consultancy team and the RNGOF program team; these meetings ensured that the consultancy team understood the expectations of RNGOF on HIV/AIDS & HP which included the need to have an integrated CLM model for the three diseases, and a scalable model that would monitor the quality of both public and private community-based health services amongst others.

- In-depth document assembly and review on CLM. Key documents assembled and reviewed included relevant CLM documentation and guidance from UNAIDS, the Global Fund, PEPFAR, the international Treatment Preparedness Coalition (ITPC), the Stop TB Partnership, HIV, TB and the Malaria programmes under the RBC.

- Key informant interviews were undertaken to document and take into account the diverse disease contexts, challenges and aspirations of the HIV, TB and Malaria programs in the design of the model.

- A 5-day stakeholder consultative workshop that brought together all relevant stakeholders including implementing CSOs and communities (key and vulnerable populations/High Risk Groups, PWDs, Faith Based Leaders) of the three diseases, representatives of the HIV, TB and malaria programs, technical partners from UNAIDS, and PEPFAR was held. The workshop was held in March 2024 and the head of the CLM Strategic Initiative at Global Fund, Mr. Keith Mienies gave opening remarks, and officially opened the workshop.

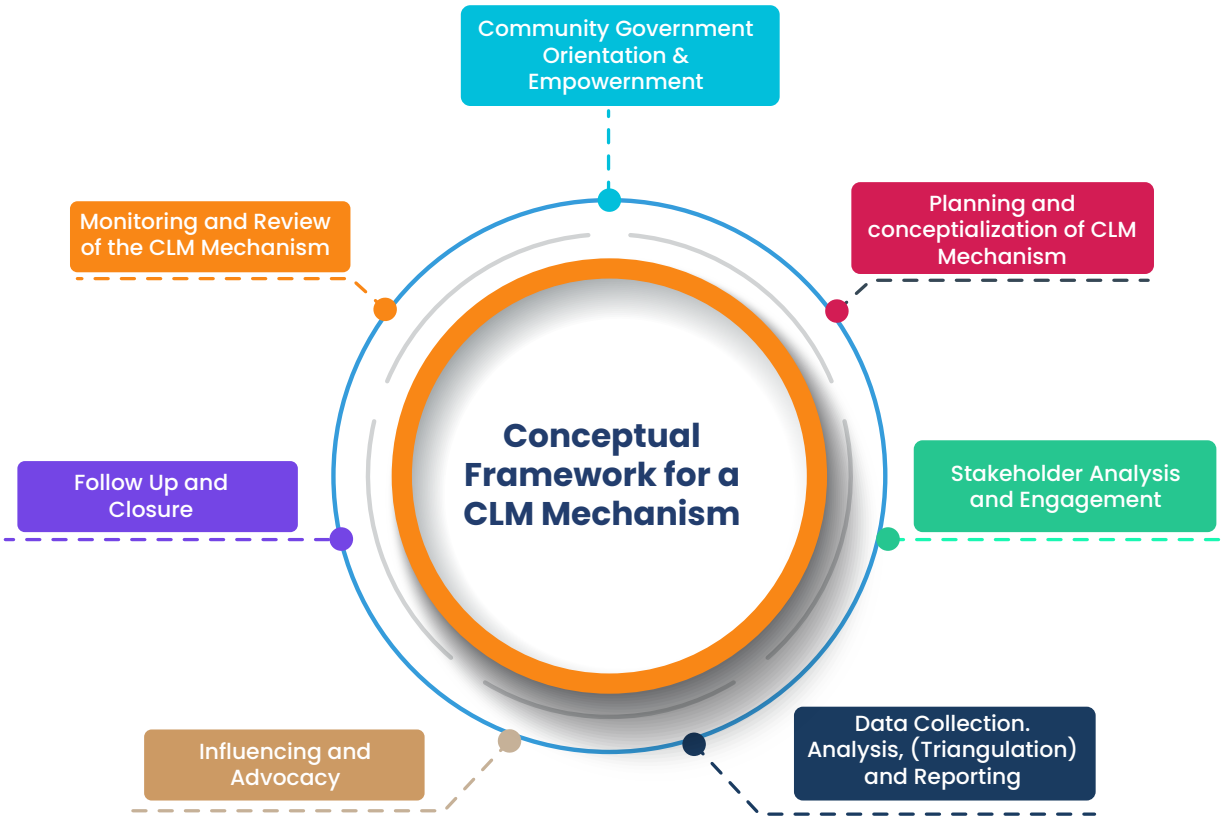
- A benching marking mission to South Africa. With the support of UNAIDS, three representatives of civil society and communities visited the Treatment Action Coalition (TAC) who implement a CLM model called Ritshidze that is focused on HIV and the South African National AIDS Council (SANAC) who also implement a CLM. Key learnings were the importance of community monitors being proactive in finding and tracing service users in various points of service and the need to complement the main data collection tools with observation tools.

- Collectively, learnings derived through each approach contributed and shaped the iCLM model summarised in this concept note

5 - THE PROPOSED iCLM MODEL FOR HIV,TB AND MALARIA

The design of the iCLM model for Rwanda is informed by the country context, notably the epidemiological context of HIV, TB and Malaria, and the aspirations of the public, CSOs, communities, and partners. Key aspirations were that the iCLM model to have an "integrated approach" to monitor to quality of HIV, TB and Malaria services delivered within formal health facilities i.e., district and health centres, and the quality of health services delivered at the community level by both government, civil society and communities of people living, affected and or impacted by the three diseases.

The iCLM model design is based on a 7-step cyclic process detailed in Figure 1 below. The key steps are:



Source: *Community Led Monitoring: A Technical Guide for HIV, Malaria and Tuberculosis Programming, EANNASO, Frontline AIDS, The Stop TB Partnership and the GIZ Back Up Health, 2018.*

I. Community and Stakeholder Orientation and Empowerment

This is a foundation step in the design of any CLM model that seeks to introduce and even out the definition and understanding of CLM amongst all stakeholders; and empower them on what CLM is, its objectives and outcomes, and what it is not. This is a critical process that will go on throughout all the other steps, and it allows stakeholders to engage and participate in all the subsequent steps from an informed perspective. A series of stakeholder orientation and empowerment meetings have been undertaken at various levels, with some of the meetings and workshops undertaken with the support of UNAIDS and PEPFAR.

II. Planning and Conceptualization of the iCLM Model

The planning and conceptualization of the iCLM model was undertaken through a series of meetings with RNGOF on HIV/AIDS & HP, the National HIV, TB and Malaria programs, implementing CSOs and communities. The ultimate conceptualization was undertaken in a 5-day workshop held in February 2024. The workshop brought together HIV, TB and Malaria communities including key and vulnerable populations/High Risk Groups, PLHIV, TB and Malaria affected communities, PWDs, Representatives of Faith Based Leaders, representatives of the National HIV, TB and Malaria programs including their respective program managers, implementing civil society and community led organisation and technical and funding partners.

Core Focus of the iCLM

The consultative conceptualization workshop endorsed that the iCLM model for HIV, TB and Malaria should seek to assess the Availability, Accessibility, Acceptability and Quality (AAAQ) of health services delivered for these diseases. The specific issues to be assessed under AAAQ are:

- **Availability:** Assessment of the availability of prevention and treatment services and commodities for HIV, TB and Malaria; and an evaluation of the availability of prevention and treatment commodities for diseases specific key and vulnerable populations/High Risk Groups, PLHIV with inclusion of PWDs and Faith Based Leaders.
- **Accessibility:** Evaluation of the physical accessibility of health services, including proximity to communities and transportation options; the assessment of financial accessibility, considering affordability of services and associated costs; an examination of information accessibility, ensuring that health education and communication materials are readily available and understandable, and consideration of safety and security of health facilities including the risk of violence or discrimination.
- **Acceptability:** An analysis of the extent to which services are delivered in an acceptable maintaining confidentiality and privacy, and consent is sought; examination on whether gender, and sexual diversity are respected within service delivery; an assessment of the presence of stigma and discrimination free services, and equitable treatment of service users irrespective of age, gender, religion, sexual orientation etc
- **Quality:** The professionalism of staff involved in the delivery of services, adequacy of material supplies, equipment, commodities and drugs, and the assessment of the timeliness of service provision to ensure prompt and efficient care for service users.

Table 1: Availability ,Accessibility, Affordability and Quality (AAAQ) of Health Services for HIV, TB and Malaria

Availability	Accessibility	Acceptability	Quality
a. Availability of health workers and health services b. Availability and stock-outs of medicines, diagnostics and other health products c. Provision of comprehensive and accurate health information d. Discrimination or denial of services e. Availability of information, education and resources for screening, diagnosis, prevention, treatment and care services f. Discrimination based on health status or perceived health status in employment, education, housing, access to public services or other areas g. KP and youth friendly services	a. Collection of fees for services and other out of pocket costs b. Cleanliness and safety of health facilities c. Physical accessibility / Barriers to access (geographical distance and transportation, for people with disabilities) d. Accessibility of information on the diseases e. Safeness of the service delivery area f. Experiences of poverty, malnutrition, inadequate housing, stigma and discrimination violence and other determinant	a. Reasons people do not seek or utilize the health services they need such as gender norms and social acceptability of health providers of difference genders b. Preferences of users and affected communities in interaction with the client provider interactions, language and cultural beliefs c. Safeness of the Health facility d. Physically, financial acceptability.	a. Reasons people do not seek or utilize health services they need such as gender norms, acceptability of health products and providers b. Professionalism of staff rendering services c. Adequacy of supplies, equipment, commodities and medicines d. Preferences of users and affected communities in relation to language and cultural beliefs e. Relative wait or turnaround times to receive test results f. Referral patterns and access to services g. Perceptions of provider competency and quality services h. Breaches of privacy or confidentiality i. Stigmatizing of disrespectful treatment by health providers j. Use of services in private sector and from un licensed health providers k. Experiences of stigma in the community and families

Source: *Adapted from Community led monitoring of programs and policies related to HIV, TB and malaria: A guide to support inclusion of CLM in funding requests to the Global Fund.*

Key and priority populations for the iCLM

The conceptualization workshop established that the iCLM model should not be biased towards prioritized key populations/High Risk Groups for HIV, TB and Malaria. It considered all Key and Vulnerable Populations/High Risk Groups, PLHIV with inclusion of PWDs and Faith based Leaders to be reached in the implementation of iCLM in Rwanda. The populations were prioritized by all stakeholders during the conceptualization workshop. The populations identified were prioritized as key and priority populations in either two or all the three diseases and include: female sex workers, adolescent girls and young women, prisoners, miners, refugees, children under 5 and people living with HIV.

Table 2: Acknowledged Key and Vulnerable Populations/High Risk Groups by NSPs 2018-2024 and selected targeted population for iCLM Model pilot

Table 2.1: Rwanda Key and Vulnerable Populations/High Risk Groups acknowledged by HIV, TB and Malaria National Strategic Plans (NSPs) 2023 -2024,

High Risk Groups/Key and vulnerable Populations currently receiving HIV/TB and Malaria services	HIV	TB	Malaria
Adolescent Girls and Young Women (AGYW)	■	■	■
Youth in Boarding schools	■		■
Men who have sex with men (MSM)	■		
Female Sex Workers (FSW)	■	■	■
People Living with HIV (PLHIV)	■	■	
Persons with Disabilities (PWDs)	■		■
Discordant Couple	■		
Prisoners	■	■	■
Faith based Leaders	■		■
People who use drugs/People who inject drugs (PWUD/PWID)	■		
Rice Farmers			■
Staffs and clients in Hotels and Lodges	■		■
Miners		■	■
Fishermen			■
Refugees	■	■	■
Security Staffs			■
Track Drivers	■		■
Old/Aging Population	■	■	■
TB Contacts		■	
Children under 5		■	■
Seasonal Workers			■
HCP			■

The iCLM concept note takes into account that each of the three diseases has its key and priority populations as defined in their respective national strategic plans. These populations are mostly disadvantaged, and or left behind thus have limited access to health services and are targeted in adherence to the global principle that 'no one should be left behind'. The populations for each disease are informed by their respective national disease specific epidemiological data and they include:

i. ***HIV Key & Vulnerable Populations (KVPs):*** The HIV NSP 2024-2027 identifies FSWs,MSMs, Adolescent Girls and Young Women (AGYW), youth, women, , People Who Use/Inject Drugs (PWUD/PWID), Transgender Persons with Disabilities (PWDs), Discordant Couples, PLHIV, Faith based Leaders .

ii. ***Malaria High Risk Groups (HRG):*** The Malaria HRG identified to be at high risk of malaria and or underserved include easy and hard to reach groups and general population. These include pregnant women, children under five years of age, refugees, prisoners, fishermen, mineworkers, rice farmers, security staffs/personnel, youth in boarding schools, truck drivers, hotel and lodge staffs and clients,, Female Sex Workers, Persons with disabilities, Motocyclists, Cyclists, Migration staffs, Seasonal Workers, Crossborder traders

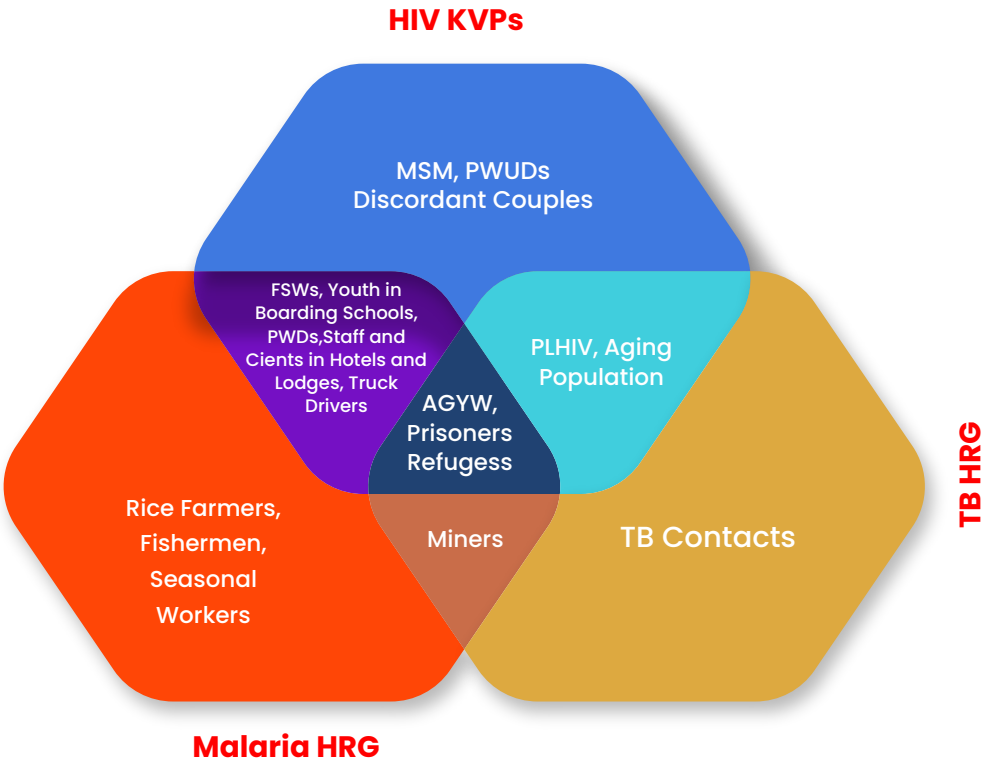
iii. ***TB High-Risk Groups (HRGs):*** The identified HRGs are PLHIV, contacts of TB patients, prisoners including people in transit or rehabilitation centers, the elderly over 55 years, children below 15 years,, healthcare providers, diabetics, miner workers, People Who Use Drugs (PWUD) and refugees. These groups pose a challenge for TB control due to their vulnerability and their underserved situations.

Table 2.2: Rwanda Pilot iCLM Model: Targeted Key and Vulnerable Populations/High Risk Groups, PLHIV with inclusion of PWDs and Faith Based Leaders

During the conceptualization of iCLM Model, stakeholders agreed to pilot with the below selected Key and Vulnerable Populations/High Risk Groups of HIV, TB and Malaria.

High Risk Groups/Key and vulnerable Populations currently receiving HIV/TB and Malaria services	HIV	TB	Malaria
Adolescent Girls and Young Women (AGYW)	■	■	■
Men who have sex with men (MSM)	■		
Female Sex Workers (FSW)	■	■	■
People Living with HIV (PLHIV)	■	■	
Persons with Disabilities (PWDs)	■		■
Faith based Leders	■		■
Rice Farmers			■
Miners		■	■
Fishermen			■
Security Staffs			■
TB Contacts		■	
Children under 5		■	■

Figure 2: Key and Priority Population for Rwanda's iCLM Model for pilot
Source: Primary Data



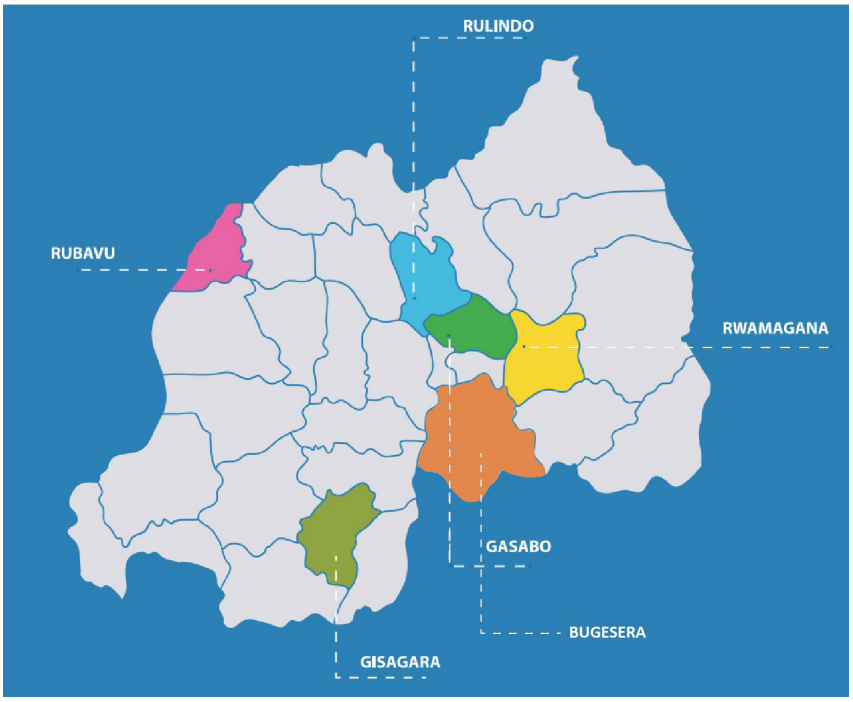
The conceptualization workshop also endorsed that the iCLM primarily prioritizes key populations and high risk groups that are common across the three diseases of HIV, TB and Malaria which are FSWs, AGYW, prisoners, miners, and refugees.

Cognizant of the intersectionality of key and high-risk populations for HIV and TB (PLHIV, and aged population), for HIV and Malaria (Youth, PWD, Staff and clients in hotels, Truck Drivers); Malaria and TB (miners), the conceptualization workshop also endorsed that these populations be focused on alongside other disease specific key and high risk populations.

Geographical scope of the pilot iCLM

The conceptualization workshop took into account the fact that this first phase of the iCLM will be a pilot; whose lessons and learnings will be used to inform the finalization model to be scaled up. Based on the country context, the geographical and administrative boundaries and the design of the health system and structure in Rwanda, the workshop endorsed that the pilot be implemented in 6 districts; with each district representing the four provinces of Rwanda and the City of Kigali (CoK). The feasibility of piloting the iCLM model in 6 districts will also be based on available resources/funds.

Figure 3: An Illustration of Pilot Districts for the Pilot iCLM



The identification of districts took into account the burden of the three diseases in each of the districts, the availability of key and vulnerable populations/ high risk groups, and the availability of implementing civil society organizations especially at community level.

Source: Primary Data

The following districts were selected as pilot districts; Rulindo district in the Northern Province, Rubavu district in the Western Province, Gisagara district in the Southern Province, Rwamagana and Bugesera districts in the Eastern Province and Gasabo district in the City of Kigali.

Further, the conceptualization workshop endorsed that at district level, four Health Centres be targeted, and that the four Health Centres should represent the rural and urban dichotomy in the respective districts. The Health Centres will provide an understanding of the quality of services offered at primary level.

The Table below details the selected districts and health centres in urban and rural areas in which the iCLM Model for HIV, TB and Malaria will be piloted.

Table 3: Rwanda iCLM Model: Pilot Districts

PROVINCES	DISTRICTS	URBAN Health Centres	RURAL Health Centres
Northern	**Rulindo District**	Rulindo HC	Kajevuba HC
		Tare HC	Masora HC
Southern	**Gisagara District**	Kibirizi HC	Gishubi HC
		Gisagara HC	Kigembe HC
Eastern	**Rwamagana District**	Rwamagana HC	Nzige HC
		Avega HC	Mwulire hC
	Bugesera District	Nyamata HC	Mayange HC
		Gashora HC	Ruhuha HC
Western	**Rubavu District**	Byahi HC	Kigufi HC
		Gisenyi HC	Karambo JC
City of Kigali	**Gasabo District**	Kagugu HC	Gikomero HC
		Remera HC	Kinyinya HC

The purposeful selection of the health centres took into account that:

- The Northern Province in Rulindo district tackles two distinct public health concerns. Urban centers like Rulindo and Tare Health Centers prioritize HIV and TB services, while rural areas like Kajevuba and Masoro Health Centers focus on combating Malaria. This reflects the higher prevalence of Malaria in these areas compared to HIV

- In the Southern Province in Gisagara district, urban areas like Kibirizi and Gisagara Health Centers address HIV and Malaria, while rural Gishubi and Kigembe Health Centers tackle both HIV and TB. This highlights the higher prevalence of HIV in Gisagara compared to TB.

- In the Eastern Province, in Rwamagana district, the focus shifts entirely to HIV. Both urban (Rwamagana and AVEGA) and rural (Nzige and Mwulire) health centers prioritize HIV services, reflecting a significant prevalence of HIV in the district. Bugesera District comprises Nyamata HC, Gashora HC, Mayange HC, Ruhuha HC where both represent high HIV prevalence and Malaria incidence.
- In the Western Province to Rubavu district, Urban Health Centres like Byahi and Gisenyi Health Centres manage HIV and Malaria, while rural Kigufi and Karambo Health Centres prioritize the same. This reflects a notable prevalence of HIV in Rubavu district.

- Finally, in Kigali City's Gasabo district, the focus splits between HIV, TB and Malaria. Urban centers like Kagugu and Remera Health Centres manage HIV while rural Gikomero and Kinyinya Health Centres address HIV, TB and Malaria.

III. Stakeholder analysis and engagement

A collaborative stakeholder analysis and engagement approach has been adopted, has started and will continue throughout the implementation of the iCLM model. Stakeholder analysis and engagement are the cornerstones for building a successful and sustainable iCLM model for HIV, TB and Malaria. By fostering collaboration and communication between all stakeholders, the model can empower communities, strengthen healthcare systems, and ultimately pave the way for a healthier future.

Stakeholder analysis and engagement will be undertaken at the onset of the iCLM model design. The analysis and engagement will be undertaken at national level, in targeted health facilities and at community level. The analysis and engagement will encapsulate all stakeholders including those from community based and KVP led organizations and communities themselves; the RBC, the HIV, TB and Malaria programs and the Rwanda CCM; technical and funding partners including but not limited to PEPFAR, UNAIDS, the Global Fund, the Roll Back Malaria (RBM), the World Health Organization (WHO), and the Stop TB Partnership.

Firstly, stakeholder analysis and engagement will seek to map out and identify the various stakeholders who have a vested interest in the success of the iCLM model on HIV,TB and Malaria. These stakeholders can be broadly categorized as follows:

- Community Members: The very foundation of the model, community members i.e. Key and Vulnerable Populations(KVPs) as well as High Risk Groups(HRGs) are the ones directly impacted by the health issues being monitored. Their voices are crucial in shaping the model and ensuring its effectiveness.

- Healthcare Workers: Doctors, nurses, Community Health Workers (CHW)and other healthcare professionals at local health facilities play a central role in data collection, analysis, and intervention implementation. Their expertise is vital for ensuring data quality and timely action.

- Government Agencies: Government institutions such as ministries and local government entities play a critical role in providing resources, policy support, and ensuring alignment with national health strategies.
- Civil Society Organizations (CSOs): CSOs with expertise in community health, data collection, or specific diseases can provide valuable technical assistance and support in providing solutions and advocating for response to identified issues at both National and Decentralized level. CSOs will also include community and KP led organizations, networks, associations of PLHIV, PWDs and Faith Based Leaders.

- Funding Agencies: Donors and funding agencies e.g., UNAIDS, PEPFAR, CDC and Global Fund need to be kept informed of progress and impact to ensure continued support for the model.

Tailored engagement strategies will be developed for each level, i.e., the national, district and health facility levels and these will include the constitution of steering and advocacy committees including iCLM district task teams, their respective ToRs and mandate. Engagement strategies will amongst others include:

- Consultative planning and review meetings which will also target the HIV, TB and malaria programs, technical and funding partners, civil society organizations, and communities for HIV, TB and malaria;

- Community consultations and sensitization meetings in all 6 districts and catchment areas of the health centres;

- Capacity building workshops for community monitors, program staff, CHWs, district health management teams, and steering committee members amongst others;

- Continuous review and planning meetings;

- Face to face and advocacy meetings at health facility, district and at national level.

Comprehensive stakeholder analysis and engagement will result in having a well-adapted iCLM model, understanding and acceptance of the iCLM model as a methodology that facilitates continuous improvement and ownership. Ownership of the same stakeholders at all levels will be key for the scale up and institutionalization of the same within the health system in Rwanda.

IV. Data collection, analysis and reporting

Community orientation and capacity building for the iCLM

Capacity building will be undertaken at the onset of the iCLM and throughout each phase. A significant amount of orientation and capacity building will take place as a precursor to the actual data collection, analysis and reporting. This will empower communities, and transform both service users,community monitors, health facility focal points from the service users and iCLM District Coordinators charged with the responsibility of collecting information into transformative agents of change in the fight against these diseases. The orientation and capacity building will be undertaken in two phases.

Phase 1 Orientation and capacity building will lay the foundation and will entail:

Identification and recruitment of community monitors from each of the six pilot districts. Key attributes that will inform the selection and recruitment processes would be prior experience as a peer educator or volunteer in the locality for HIV, TB and Malaria programs, and members of key and vulnerable populations/High risk groups for each of the diseases, English and kinyarwanda language skills amongst others. Phase one orientation and capacity building of community monitors and program staff; district level health facility staff on:

- An introduction to CLM and the rationale of implementing CLM in Rwanda

- An overview of the proposed iCLM model for Rwanda, the HIV, TB and Malaria diseases and the contextual background of the same in Rwanda

- An introduction to data collection, its importance and data collection methods.

- Communication skills to equip community monitors, health facility focal points with capacity to effectively communicate their findings to healthcare providers and other stakeholders. This will foster collaboration and ensure community voices are heard.

Phase 2 orientation and capacity building will lay the foundation and will entail:

- An overview of the data collection tool in both English and Kinyarwanda to ensure all program staff, community monitors from service users, health facility focal points from communities understand the same.

- Introduction of the iCLM software/system for community data management for HIV, TB and Malaria and data collection tools to the program staff, community monitors, health facility focal points and practical navigation of the same for data collection, analysis and reporting. This will enable both program staff, community monitors, health facility focal points, iCLM District Coordinators to understand and interpret the data they collect as well as to identify trends and local health challenges.

- Pre-test of the actual data collection, analysis and reporting

- Refinement and finalization of the iCLM software/system and tools based on feedback received from the pre-test and pilot phases

The orientation and capacity building will not only facilitate the functionality and accuracy of the iCLM model, it will also promote accountability and its long-term sustainability as one way of ensuring continuous improvement and strengthening of health service delivery at both health facility and community levels.

Data collection, analysis and reporting for the iCLM

Data collection will be undertaken at health facilities and at community level using the iCLM tools for HIV, TB and Malaria customized iCLM system for community data management. Trained community monitors from service users will identify target HIV, TB and Malaria services within the health facility and at community level. They will administer the iCLM electronic tools (smartphones and tablets) which will on a continuous basis be able to generate real time analysis and reporting.
Data collection will be undertaken through 6 tools at which 3 are for Health Facility level and other 3 are for Community Level:

- A health facility HIV, TB, and Malaria service user tool
- A community-based HIV, TB and Malaria service user tool
- A health facility tool that will be administered to the HF in charge/coordinator fortnightly.
- A health facility observation tool.
- A Community health worker observation tool
- A community health worker tool for assessment of TB and Malaria Services

Data collection tools will be translated to ensure there exist English and Kinyarwanda versions. Data collection will be undertaken digitally using tablets and or android forms where the electronic data collection tools will be configured on. Data collection will be undertaken by trained community monitors selected from service users of HIV, TB and Malaria. The selection of community monitors will be undertaken at grassroot level and within the same catchment area of the Health Facility (Health Centre) The selection of the community monitors will be purposely undertaken to ensure that they are:

- They are multilingual i.e., able to speak English and Kinyarwanda with Kiswahili and French abilities are added advantages
- Resident in the respective district and environs and the catchment area of the health facility
- Experienced in the navigation of smartphones, tablets with computer skills being an added advantage.
- Differentiated by disease and including relevant KPs. This will facilitate the identification and interview of service users.
- For the purpose of social inclusion, PWDs and Faith based leaders will be represented.

The system architecture of the iCLM for data collection, analysis and reporting will utilize a modular design for optimal performance, maintainability, and scalability. The front-end includes a Vue.js web application and a React Native mobile application, ensuring a reactive, smooth user experience and cross-platform compatibility. The back-end, powered by PHP Laravel, facilitates seamless communication with RESTful APIs. Firebase is integrated for reliable, scalable push notifications. This architecture ensures clear separation of concerns, allowing independent evolution of each component without impacting overall functionality. The combination of Vue.js, React Native, PHP Laravel, and Firebase creates a robust, scalable system delivering a seamless user experience across the web and mobile platforms.

The community monitors will be trained on the three diseases, on CLM and on data collection. Their training will also include the piloting of the electronic tools, the data collection gadgets and software.
Data analysis will be undertaken using the software locally developed and adapted to the iCLM model. Reports will be analyzed and reviewed on a daily basis to identify and address urgent challenges reported to improve the access to and quality of services. Routine monthly iCLM reports will be generated and actioned by the steering committee to stimulate action and resolution of the identified challenges. The monthly reports will collate iCLM findings from all the five pilot districts in Rwanda. Quarterly reports will be generated and disseminated in formal iCLM dissemination meetings at district and at national level.

Key Attributes of Data Collection, Analysis and Reporting

Community Ownership: Trained community monitors will use standardized tools like mobile applications or surveys to gather data on HIV, TB, and Malaria service delivery at health facilities and in communities.

Language Options: Data collection tools will be available in English and Kinyarwanda languages to ensure inclusivity and accurate reporting by community monitors.

Technological Innovation: Leveraging mobile technology will allow efficient data collection, real-time analysis and reporting. Use of technological innovations will facilitate the transmission, and minimize errors.

Data Visualization: Utilizing clear and concise data visualizations (charts, graphs) will allows for easy comprehension of trends, patterns, and areas requiring focused attention.

The iCLM (integrated Community Led Monitoring) model holds immense potential to revolutionize the fight against HIV, TB, and Malaria. The iCLM model explores the crucial role of data collection, analysis, and reporting in empowering communities and informing effective interventions, some of which need evidence-based advocacy. Data collection, analysis, and reporting are the lifeblood of the iCLM model. By empowering communities to collect data, collaborating on analysis, and ensuring transparent reporting, the model will transform data to useful advocacy information that will facilitate improvements in service delivery for HIV, TB and Malaria.

The final step will involve sharing the analyzed data with stakeholders to inspire action. The effective reporting will empower change through the following ways:

- **Regular Reports:** Generate regular reports with clear explanations, data visualizations, and recommendations for stakeholders like healthcare officials and policymakers.
- **Community Feedback Sessions:** Organize feedback sessions to ensure KVPs and communities understand the reports and can provide insights for future data collection and interventions.
- **Open Access Platforms:** Consider creating user-friendly online platforms to disseminate reports, fostering transparency and accessibility for the wider community.

Fig 4: Flow of iCLM Reports To Be Generated

The national level stakeholders include RBC, the HIV, TB and Malaria programs and all identified stakeholders including the CCM for Global Fund grants.

The resolution of challenges identified through iCLM will be monitored and tracked by the steering committee at both National and district levels. Monitoring of the resolution of the iCLM identified challenges will seek to document the actual amount of time taken to:

- Communicate back the identified challenges to the relevant Health Facilities and community service providers
- Resolve challenges identified to facilitate improvements in the access to and quality of HIV, TB and Malaria services.

v. Influencing and Advocacy for the iCLM Model on HIV, TB and Malaria

Influencing and advocacy will be undertaken to catalyze corrective action to the challenges identified through the iCLM pilot model. The steering committees at district and national level will routinely review the monthly iCLM reports generated to identify issues which need their support for corrective action to be undertaken. The issues identified will constitute the advocacy agenda based on which advocacy strategies and time bound action plans will be developed. Advocacy strategies will include meetings relevant in charge at HF and community levels at all levels, advocacy and engagement meetings with the Programs and RBC, engagement with funding and technical partners for advocacy support.

The steering committee/iCLM District Task Teams will work very closely with the iCLM district coordinators, the health facility coordinators and community to interpret the iCLM generated data for immediate action which will include advocacy meetings at community, and health facility levels, at district and at national level.

Influencing and advocacy messages will be categorized by location i.e., either the community, and health facility levels, at district and at national level and by the target audience who may be:

- District level health professionals at the district hospital and in health facilities, community health workers, district and community leaders' civil society and community led organizations delivering services both at the health facility and community level.
- Health service users including targeted key populations ,high-risk groups for HIV, TB and Malaria, PLHIV with inclusion of PWDs and Faith based leaders and local leaders
- Targeted national level HIV, TB and Malaria program heads, their respective technical officers, the RBC and the Ministry of Health
- Funding and technical partners

vi. Follow up and Closure of identified iCLM Issues and Challenges

1. Documentation and Tracking:

- **Document Findings:** Record all identified issues and challenges in a centralized database or tracking system.
- **Assign Responsibility:** Designate specific individuals or teams responsible for addressing each issue i.e CSOs and iCLM district teams working closely with iCLM district coordinators.
- **Set Deadlines:** Establish clear timelines for resolution based on the complexity and urgency of the issue.

2. Action Plan Development:

- **Root Cause Analysis:** Conduct a thorough analysis to identify the root causes of each issue.
- **Develop Action Plans:** Create detailed action plans outlining the steps needed to address each issue, including necessary resources and support.
- **Stakeholder Involvement:** Engage relevant stakeholders, including community members, (local leaders at cell, sector, district and national levels respectively); health facility levels, in developing and validating the action plans to ensure they are contextually appropriate.

3. **Implementation:**
    - **Execute Action Plans:** Implement the developed action plans, ensuring that all steps are followed as outlined.
    - **Provide Support:** Offer any necessary support or resources to those responsible for implementing the action plans.

4. **Monitoring and Evaluation:**
    - **Regular Check-Ins:** Conduct regular check-ins with responsible individuals such as community monitors, Health Facility focal points, and district coordinators or teams to monitor progress on issue resolution.
    - **Adjust Plans:** Make adjustments to the action plans as needed based on feedback and ongoing monitoring.

5. **Communication**:
    - **Update Stakeholders:** Keep all relevant stakeholders informed about the progress of issue resolution through regular updates.
    - **Transparency:** Maintain transparency throughout the process to build trust and ensure accountability.

6. **Closure:**
    - **Verify Resolution:** Once an issue is addressed, verify that the resolution is effective and sustainable.
    - **Document Outcomes:** Document the outcomes and lessons learned from the resolution process.
    - **Formal Closure:** Formally close the issue in the tracking system, noting the resolution and any follow-up actions required.

7. **Feedback Loop:**
    - **Collect Feedback:** Gather feedback from community members and other stakeholders on the resolution process and outcomes.
    - **Continuous Improvement:** Use the feedback to refine and improve future iCLM processes, ensuring a cycle of continuous improvement.

vii. Monitoring and Review of the iCLM

Close attention and stock taking of the aspects of the pilot iCLM that work well and the aspects that need improvement will be undertaken, documented and acted on to facilitate continuous improvement and strengthening of the iCLM model. The learnings may result in modifications and refinement of the iCLM model and iCLM System, revision of strategies, re-allocation of resources, adjustment of implementation approaches.

The monitoring and review of the iCLM will be undertaken through structured program review meetings, review and synthesis of M & E reports, and receipt of feedback from all stakeholders engaged in the implementation of the pilot.

The review and strengthening of the iCLM will also inform recommendations generated from this pilot for the scale up of iCLM in Rwanda.

VIII. Human Resources for Proposed Pilot iCLM.

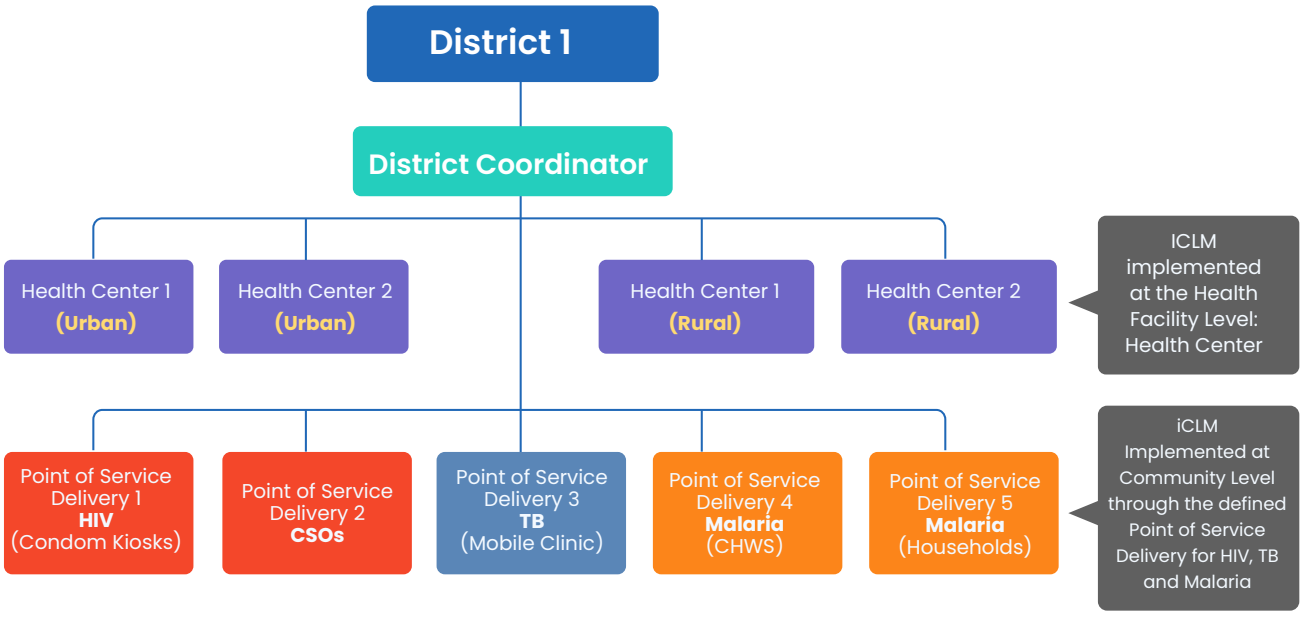
The proposed iCLM model will require program staff; and community monitors. For better implementation of iCLM Model The proposed program staff are listed below, however, where possible RNGOF is encouraged to use existing staff.

a. iCLM Program Staff based at RNGOF on HIV/AIDS & HP and Decentralized

- **National Staffs based at RNGOF on HIV/AIDS & HP to support the coordination, implementation and advocacy of iCLM Model**
  i. iCLM Program Coordinator (1)
  ii. iCLM Data Protection and Management Specialist (1)
  iii. IT/Digital Solutions Specialist (1)
  iv. iCLM Policy Analyst and Advocacy Officer (1)
  v. iCLM Documentation, and Data Analysts (4)

- **Decentralised Staffs and support team based at the district level to support the pilot of the iCLM Model and system at Health Facility and acommunity levels.**
  i. iCLM District Coordinators (10)
  ii. iCLM District Health Facility Coordinators/Focal Points (24)
  iii. iCLM Community Monitors selected from HIV, TB and Malaria communities (438)

Figure 5: iCLM structure per district for the pilot of iCLM for HIV, TB and Malaria



b. iCLM Community Monitors

Field staff to be recruited to support the iCLM in the 6 pilot districts will include:

i. iCLM Health Facility Coordinators/Focal Points (1 per HC, 4 HCs per districts 6 Districts = 24 HF Focal Points)

ii. Community Monitors to support during the pilot phase at Health Facilities (HC) and Community Level is 438 Community Monitors as described below:

- Community Monitors from service users to support in monitoring services (12 Community Monitors per HC, 4 HC per district and 6 Districts of iCLM Pilot = 288 Community Monitors at Health Facility Level;

- Community Monitors at the Community Level: 5 Community Monitors, 5 Points of service delivery at community level per district and 6 Districts of iCLM Pilot =150 Community Monitors at Community Level. component of the iCLM is present in Table 4 below

Table 4: Community Monitor for the pilot iCLM

Health Facility Level (Health Centre)					**Community Level (Points of HIV, TB and Malaria Service Delivery)**				
Target Pilot Districts	*Selected Health Centres (HC) for pilot of iCLM Model and System*	*Total HFs (HCs) for the Pilot iCLM Model and System*	*Community Monitors per HC during the pilot of iCLM Model and System*	*Total No of Community Monitors to support the pilot phase at the selected HCs*	*Target Pilot District*	*Point of Service Delivery in Community Catchment Areas per District*	*Community Monitors at Community Level per District*	*Total No Community Based Community Monitors*	*Total community monitors at Health to support the pilot of iCLM Model and System at both selected Facility (HCs) and Points of Service delivery at Community Level in 6 selected districts*
6	*4HC per District*	*24 HC in 6 Districts*	*12*	*288*	*6*	*5*	*5*	*150*	*438*

Figure 6: Human Resources for the iCLM for HIV, TB and Malaria Pilot

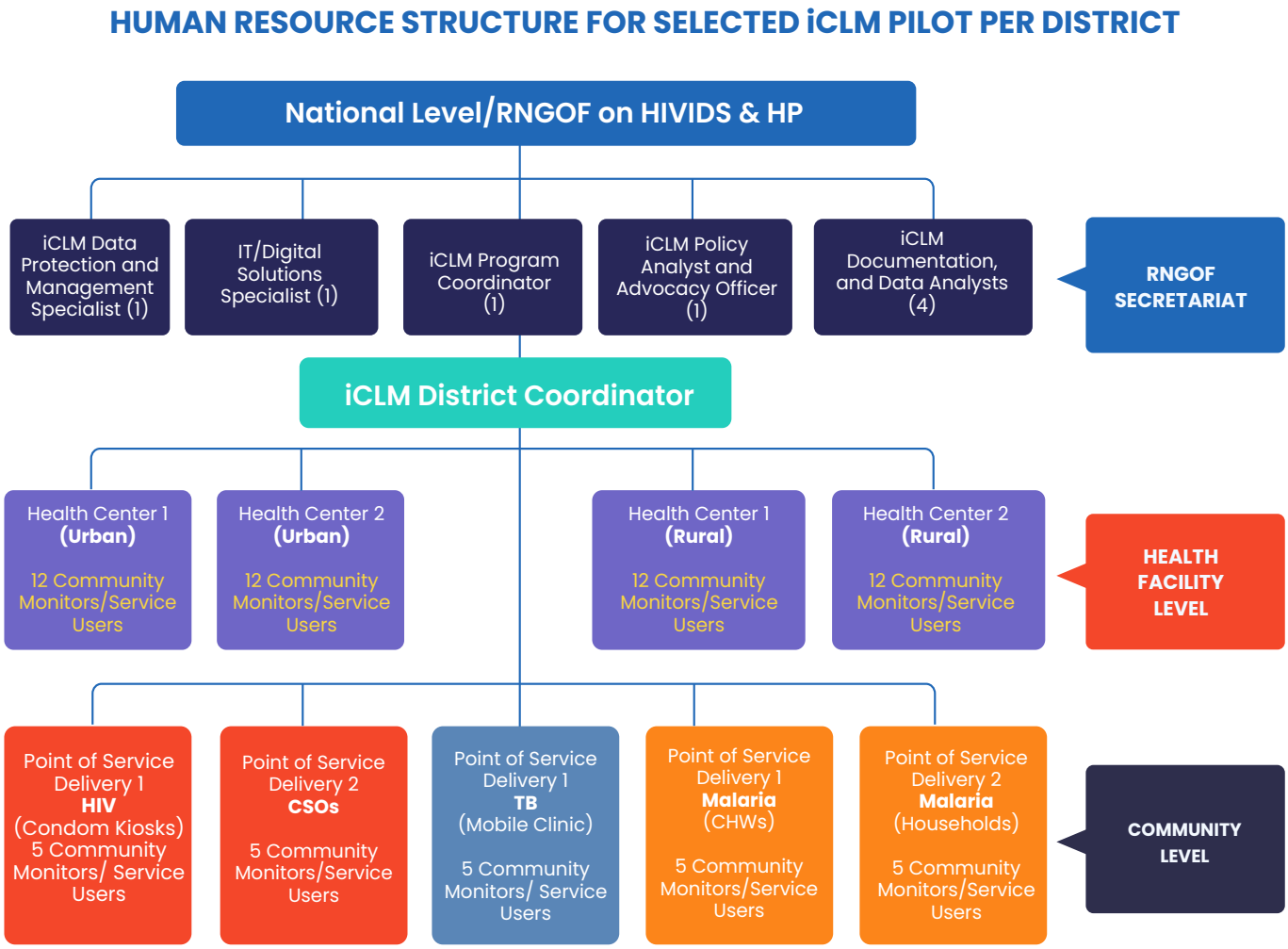


Table 5: Summary of Proposed Staffing for the iCLM

Proposed Staff	Number	Key roles and responsibilities
iCLM Program Coordinator	1	To be based at RNGOF on HIV/AIDS & HP and will be the overall responsible for the implementation of the iCLM i.e., data collection, analysis and reporting and the related advocacy and steering committee meetings to facilitate the resolution of the identified challenges in all districts and at national level. Will also be responsible for the supervision of and coordination of iCLM duties amongst the 6 district coordinators, 24 HF Coordinators/Focal Points and 438 community monitors working all districts. The iCLM Program Coordinator will work closely with the program team and will report to the Executive Director of RNGOF on HIV/AIDS & HO through the head of programs
iCLM Data Protection and Management Specialist	1	To be based at RNGOF on HIV/AIDS & HP and will be the main focal person and liaison working closely with the sub contracted firm to develop and manage the iCLM software until the iCLM Software Handover. iCLM IT Officer will report to the iCLM Coordinator Serve as the primary focal point for data privacy, ensuring all data collection and storage processes comply strictly with Rwanda's Law No. 058/2021 relating to the protection of personal data and privacy. Design and maintain access control hierarchies to ensure sensitive iCLM data is only accessible to authorized personnel. Implement rigorous de-identification protocols (masking PII, aggregating location data) before any data is shared or analyzed. Proactively identify privacy risks in data collection tools and mitigate potential breaches regarding HIV status or key population identities.

		Run routine validation scripts and quality checks to identify inconsistencies, logical errors, or duplicates in the raw data stream. Provide immediate feedback to field coordinators to correct data entry habits and ensure the final dataset is reliable for decision-making. Manage the technical backend of mobile data collection platforms (e.g., server configuration, form updates) ensure that data flow remains uninterrupted and that tools are updated to reflect changing project indicators.
IT/Digital Solutions Specialist	1	Oversee iCLM system's hardware, software licenses, and network security to ensure zero downtime. Manage vendor relationships for internet and equipment, and implement robust backup/recovery protocols to ensure that iCLM program activities are never halted by technical failures or cyber threats. Actively identify bottlenecks in iCLM program operations and design digital solutions to fix them. This involves developing or configuring custom scripts, automating repetitive reporting workflows, and scouting new technologies that can improve the efficiency of iCLM field teams and office staff. Manage and optimize the organization's core technical platforms. Ensure these systems are not just "running," but are properly integrated with each other, working towards interoperability with national health intelligence centre (NHIC) where applicable to streamline data flow.
iCLM Policy Analyst and Advocacy Officer	1	To be based at RNGOF on HIV/AIDS & HP and will be mainly responsible for deeply presenting the analyzed data by iCLM in a friendly community language to inform and shape policies that enhance the effectiveness of community-driven health programs.

		Develop policy recommendations based on data analysis to support the integration of community feedback into broader programmatic and policy decisions. Advocate for the incorporation of community insights and feedback into policy-making processes to ensure that community voices are central to decision-making. Engage with policymakers, community leaders, and stakeholders to promote policies that reflect the needs and perspectives of the communities vis a vis health services being monitored. The officer also coordinates advocacy campaigns, supports community structures to meaningfully participate in decision-making, and monitors policy implementation to ensure accountability, equity, and improved service delivery outcomes. iCLM Policy Analyst and Advocacy Officer will report to the iCLM Coordinator
iCLM Documentation and Data Analyst	4	The Documentation and Data Analyst Officers will have the primary responsibility of working with the field-based staff monitoring (district coordinators, HF coordinators/ Focal Points, and community monitors) to identify and act on the challenges received i.e., initiate action on the urgent ones, and engage and work with steering committees at various levels to undertake evidence-based advocacy and dissemination meetings at various levels as well as to follow up on the resolution of identified challenges. iCLM Documentation and Data Analyst Officers will report to the iCLM Coordinator
iCLM District Coordinators	12	To be based in each of the 6 districts of the pilot and 2 will be the overall responsible for the District-Level Coordination and Oversight (planning, coordination implementation and reporting) of the iCLM activities within the district i.e., data collection, analysis and reporting and the related advocacy and steering committee meetings to facilitate the resolution of the identified challenges. Coordinate district stakeholders to provide solutions to identified issues.

		Will also be responsible for the Capacity Building, Supportive Supervision and Accountability. (Strengthen capacity of health facility coordinators/focal points and community monitors through mentorship, supportive supervision, and technical guidance on iCLM tools and processes. Promote accountability, ethical standards and effective feedback-response mechanisms, while documenting lessons learned amongst 4 Health Facility Coordinators/Focal Points and 48 Community Monitors working in the district and escalating unresolved or systemic issues to higher levels. iCLM District Coordinators will report to the iCLM Program Coordinator
iCLM Health Facility Focal Persons	24	To be based at the HF and will be the overall responsible for the planning, implementation and reporting of the iCLM activities within the HF i.e., data collection, analysis and reporting and the related advocacy and steering committee meetings to facilitate the resolution of the identified challenges. Will also be responsible for: 1. The supervision of and coordination of iCLM duties amongst the 12 community monitors per district working in the HF and the 5 adjacent communities and will report to the iCLM District coordinator. 2. Community Feedback Management 3. Stakeholder and community Engagement and Communication 4. Capacity Building and Mentorship of community monitors 5. iCLM Health Facility Coordinators/Focal Points will report to the iCLM District Coordinators
Community monitors	438	12 community monitors will be deployed in each of the 25 health facilities (6 district and 4 health centres per district). Data collection, supporting analysis, interpretation, reporting and advocacy. Community monitors will also play a significant role in the resolution of the identified challenges.

ix. Infrastructure for Proposed Pilot iCLM

To facilitate data collection, analysis and reporting, iCLM equipment will need to be procured. This will include:
Office equipment including:

- Laptops for core program staff at national and district levels
- Tablets / smart phones for community monitors and program staff
- Offline Data storage devices such as hard drives and flash disks
- Airtime and internet bundles
- iCLM software to collect, Manage and analyse data
- Enablers for iCLM community monitors, health facility
    - Jackets,
    - Backpacks,
    - Umbrellas,
    - Note books,
    - Pens,
    - Plastic files and gumboots,
    - T-Shirts,
    - IEC Materials that talk on CLM
    - Etc……

6. PROPOSED IMPLEMENTATION PLAN FOR THE CONCEPTUALIZATION, DEVELOPMENT, TEST AND PILOT ICLM MODEL AND SYSTEM FOR COMMUNITY DATA MANAGEMENT FOR RWANDA- OCTOBER 2023 -DECEMBER 2024 WITH POSSIBILITY OF TIMELINE EXTENSION

Deliverables and Milestones	Implementation Timelines for the Design & Pilot of Rwanda's iCLM October 2023 - December 2024															Scale up after Pilot
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan Dec 2025
Recruitment of consultancy team, kick off meetings, document review, inception report																
Planning for & undertaking of the stakeholders' conceptualization workshop																
Development of the iCLM Concept, Tools, Orientation Materials & Validation workshop																
Recruitment of Software developer, development & pilot of software																
Procurement of iCLM equipment (Tablets)																
Recruitment of program staff and community monitors																
Validation of the iCLM Model concept Notes; Tools; iCLM Software																
Orientation of program staff, Health Facility Coordinators/ Focal Points and community monitors on iCLM Model and iCLM System for community data management																
Recruitment and orientation of steering committee members at National and Decentralized levels																

Launch & Pilot of the iCLM Model and System for community data management in 6 districts (data collection, analysis, iCLM report and resolution if identified challenges)																
iCLM Pilot Report on the delivery of the ToRs																
Validation of the findings from iCLM data collected from 6 Districts																
Recommenda-tions and Indic-ative Budget for the Scale up of the iCLM Model and System for																
community data management in Rwanda																
Indicative budget for advocacy and follow up on identified issues from the iCLM pilot																
Development of iCLM Web Rwanda for information sharing and dissemination																
Scale up of the iCLM Model in Rwanda																

For any HIV, TB and Malaria program interruption related to delay of approvals; funds/resources to support the iCLM Model and system program pilot and implementation and or any an avoided pandemics or disasters, the timeline will be reviewed accordingly to accommodate the occurred challenges

7.ANNEX

7.1. References

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7.2: Data collection Tools

7.2.1: HEALTH FACILITY LEVEL

Annex 2: iCLM Health Facility Tool for Assessment of HIV, TB and Malaria Services
Umugereka 1: Inyandiko ikubiyemo ibibazo bizabazwa hagamijwe gusuzuma imitangire ya serivisi zitangwa mu rwego rwo kurwanya virusi itera SIDA, igituntu na Malariya

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INTEGRATED COMMUNITY LED MONITORING (iCLM)
ISUZUMABIKORWA RIHURIWEHO RIKOZWE N'ABAGENERWABIKORWA

FACILITY LEVEL TOOL FOR ASSESSMENT OF HIV, TUBERCULOSIS AND MALARIA SERVICES
INYANDIKO IYOBORA ISUZUMA RIJYANYE N'IMITANGIRE YA SERIVISI ZO KURWANYA SIDA, IGITUNTU NA MALARIA RIKOZWE N'ABAGENERWABIKORWA

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.

INTANGIRIRO

Muraho neza, nitwa .....
Ihuriro ry'Imiryango itari iya Leta ishinzwe kurwanya Virusi Itera SIDA no guteza imbere Ubuzima mu Rwanda (RNGOF) ku bufatanye n'Ikigo cy'Igihugu Gishinzwe Ubuzima mu Rwanda (RBC), barimo kugerageza uburyo bw'isuzuma burebera hamwe serivisi zitangwa mu rwego rwo kurwanya indwara 3 (Virusi itera SIDA, Igituntu na Malariya) bikozwe n'abagenerwabikorwa (iCLM). Ndifuza gufata iminota mike yo kukubaza no kuganira nawe kubijyanye n'uko ubona imitangire ya serivisi z'ubuvuzi mu kurwanya virusi itera SIDA, igituntu cyangwa malariya kuri iri vuriro. Ibisubizo byawe ni ibanga kandi ntituzagaragaza kintu cyose cyatuma ikiganiro cyacu gisohoka hanze. Intego yo gukusanya amakuru ni ukugira ngo dusobanukirwe uburyo mugezwaho serivisi no kumenya icyakorwa kugirango hanozwe imitangire ya serivisi.

The interview will take 20 - 30 minutes, can we proceed with the interview?

Ikiganiro tugirana kiratwara iminota 20 - 30. Twakomeza ikiganiro?
Yes / YEGO ..... No / OYA .....(If "NO" End the session)

1. What services did you seek from the hospital / HF today? (Tick all that apply):
   Ni izihe serivisi waje ushaka kuri iri vuriro uyu munsi? (Hitamo ibisubizo):
   - ☐ HIV Yes No (If YES to HIV, Proceed to section A & B)
   - ☐ TB Yes No (If YES to TB Proceed to section A & C)
   - ☐ Malaria Yes No (If YES to Malaria Proceed to section A & D)

☐ Virusi itera SIDA	YEGO	OYA	Niba ari YEGO, komereza ku gice cya A na B
☐ Virusi itera SIDA	YEGO	OYA	Niba ari YEGO, komereza ku gice cya A na C
☐ Virusi itera SIDA	YEGO	OYA	Niba ari YEGO, komereza ku gice cya A na D

SECTION A: INTRODUCTORY QUESTIONS
ICYICIRO A: IBIBAZO BY'IBANZE

3. Date / Itariki: ☐☐☐☐ / ☐☐ / ☐☐☐☐
4. Health Facility / Ivuriro _____
5. District / Akarere _____
6. Sector / Umurenge _____
7. Cell / Akagari _____
8. Village / Umudugudu _____
9. Age bracket of respondent (How old are you?) / Ikigero cy'imyaka y'ubazwa(Ufite imyaka ingahe):

- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50 and above / 50 no hejuru

10. Sex of the Respondent / Igitsina cy'ubazwa:

☐ Male / Gabo
☐ Female / Gore
☐ Other (Please Specify) / Ikindi (Sobanura)
☐ Prefer Not to Say / Guhitamo kudasubiza

11. Nationality / Ubwenegihugu:

☐ Rwandan / Umunyarwanda
☐ Other (Please Specify) / Ubundi bwenegihugu (Sobanura…)

12. Did you bring a child under 5 years old to seek any services?

☐ Yes / YEGO ☐ No OYA (If "NO" skip to 14)

13. If YES, what is your relationship to the child?
Niba ari YEGO , ni irihe sano ufitanye n'uwo mwana?

☐ Father / Se
☐ Mother / Nyina
☐ Other (Please Specify……) / Irindi sano (Sobanura ……)

14. From these key and vulnerable populations on HIV, TB, and Malaria, which one do you identify with? (Tick all that apply):
Muri ibi byiciro byihariye bikurikira ni ikihe ubarizwamo? (Hitamo ibisubizo byose biri byo):

HIV, TB & Malaria Key and Vulnerable Populations Ibyiciro by'abaturage bafite ibyago byinshi byo kwandura no kwanduza virusi itera SIDA, Igituntu ndetse na Malariya.	**YES / YEGO**
Person with Disability (specify): …… Ufite ubumuga (sobanura): ……	
Female Sex Worker (FSW) / Ukora uburaya	
Men who have sex with men (MSM) / Umugabo ukorana imibonano mpuzabitsina n' undi mugabo	
Transgender (TG) / Abiyumva bitandukanye n'igitsina bavukanye	
Adolescent girls and young women (AGYW) Abangavu n'abagore bakiri bato	
Adolescent boys / ingimbi	
People living with HIV (PLHIV) / Ufite virusi itera SIDA	
Prisoner / Imfungwa n'abagororwa	
Refugee / Impunzi	
TB survivor / Uwakize igituntu	
Recovered from Malaria in last 4 weeks / Uwakize Malariya mu byumweru 4 bishize	
People who use drugs (PWUD) / Ukoresha ibiyobyabwenge	
Other (specify): / Ibindi byiciro (Sobanura) ……	

15. How long did it take you to travel from the village to the health facility?
Byagutwaye igihe kingana iki kuva mu mudugudu utuyemo kugera ku Kigo Nderabuzima / Ivuriro?

- ☐ Less than 1 hour / Munsi y'isaha
- ☐ 1 to 2 hrs / hagati y'isaha n'abiri
- ☐ More than 2 hours / Amasaha arenga 2
- ☐ Others (specify): __Ikindi (Sobanura).....

16. What means of transport did you use to reach this health facility??/
Ni ubuhe buryo wakoresheje kugirango ugere kuri iki kigo nderabuzima / Ivuriro?

- ☐ Walked / Naje n'amaguru
- ☐ Motorcycle Taxi / Moto
- ☐ Bicycle ride / Igare
- ☐ Bus / Bisi
- ☐ Other (specify): Ubundi buryo (sobanura).....

17. Was it easy for you to reach the health facility?
Byakoroheye kugera ku kigo nderabuzima / ivuriro?
☐ Yes / YEGO (If "YES" skip to 19) ☐ No / OYA

18. If NO: What made it difficult for you to reach the health facility? (Tick all that apply)
Niba ari OYA: Ni izihe mbogamizi wahuye nazo uza ku kigo nderabuzima / ivuriro ?
(Hitamo ibisubizo byose biri byo)

- Distance / Intera ndende
- Cost of transport / Amafaranga y'urugendo
- Weather / Ikirere kibi
- Safety and security concerns / Ikibazo cy'Umutekano mu nzira
- Disability / Ubumuga
- Getting permission / Kubona uruhushya
- Other (specify) / Ibindi (Sobanura):.....

19. Upon arrival at the health facility, how long has it taken you to access services?/
Umaze kugera ku kigo nderabuzima, byatwaye igihe kingana iki ngo uhabwe serivisi?

- Less than 1 hour / Munsi y'isaha
- 1-2 hours / Hejuru y'Isaha
- More than 2 hours / Hejuru y'amasaha 2
- Others (specify): _Ikindi (sobanura).....

SECTION B: HIV SERVICES
ICYICIRO CYA B: SERIVISI ZA VIRUSI ITERA SIDA

This section asks questions on services related to HIV.
Iki Cyiciro kigizwe n'ibibazo byerekeranye na serivisi za Virusi itera SIDA

20. Which specific HIV services were you seeking at this health facility today?
(Read out to the respondent. Tick all that apply)/
Ni izihe serivisi za virusi itera SIDA waje ushaka ku Kigo Nderabuzima / ivuriro uyu munsi?
(Soma kugirango ubazwa asubize. Hitamo ibisubizo byose biri byo)

Available HIV Services **Serivisi za virusi itera SIDA zitangwa kuri iki kigo nderabuzima / ivuriro**	**YES / YEGO**
HIV testing and counselling / Kwipimisha virusi itera SIDA no guhabwa ubujyanama	
Mental health counselling/ Ubujyanama ku buzima bwo mu mutwe	
Psychosocial support groups/	
Provider initiated testing / gupima virusi itera sida bigenwe n'umuganga	
Early infant diagnosis (EID)/ Gupima abana bavukanye ibyago byo kwandura virusi	
Provision of condoms / Guhabwa udukingirizo	
Provision of lubricants / Gufata amavuta yongera ububobere mu gihe cy'imibonano mpuzabitsina	
ART initiation/Gutangira imiti igabanya ubukana bwa virusi	
ARV collection or refill / Gufata imiti igabanya ubukana bwa Virusi itera SIDA	
Viral load testing / Gupimisha ingano ya virusi mu maraso	
PMTCT / Serivisi zifasha umubyeyi ufite virusi itera SIDA kutanduza umwana we	
PEP / Imiti irinda umuntu igihe yahuye n'ibyago bishobora kumwanduza virusi itera SIDA	

Voluntary medical male circumcision /servisi zo gusiramura	
PrEP / Imiti irinda umuntu kwandura virusi itera SIDA mbere y'uko ahura n'ibyago byo kuyandura	
Discordant couples/ servisi zita kubabana badahuje ibisubizo kuri virusi itera sida	
Couple and partener testing/ gupima ababana n'abandi bakorana imibonano mpuzabitsina	
Index testing and partner notification	
STI screening/treatment/Kwipimisha no kuvurwa indwara zandurira mu mibonano	
Integrated HIV / TB Services / Serivisi za virusi itera SIDA n'indwara y'gituntu	
Youth and KP-friendly services / Serivisi zigenewe Urubyiruko n'icyiciro cy'abafite ibyago byinshi byo kwandura virusi itera SIDA	
Social network testing/ Serivisi zo gupima virusi itera SIDA hashingiwe ku nshuti n'abantu baziranye	
AGYW / Serivisi zigeneww Ingimbi n'abangavu	
Others (Specify) / Izindi serivisi (sobanura…).....	

21. Did you get all the services that you were looking for?/
Waba wahawe serivisi zose washakaga?
☐ Yes / YEGO (If "YES" skip to 23) ☐ No / OYA

22. If NO, what reasons were you given for not receiving the services you sought? *(Tick all that apply)/*
Niba utabonye serivisi zose washakaga, ni izihe mpamvu wabwiwe zatumye utazihabwa?
(Hitamo ibisubizo)

Reasons / Impamvu	**YES**
Stock-out of HIV testing kits Nta bikoresho byo gupima virusi itera sida bafite mu bubiko	
Stock out of condoms and lubricants Nta dukingirizo n'amavuta yongera ububobere mu gihe cy'imibonano mpuzabitsina bihari	
Stock-out of PrEP/PEP Nta miti irinda kwandura virusi itera SIDA mbere cyangwa nyuma yo guhura n'ibyago byo kuyandura	

Stock out of ARVs Nta miti igabanya ubukana bwa virusi itera SIDA(ARV)	
Service provider was not around / Utanga serivisi ntabwo yari ahari	
No peer educator or support present/ nta bajyanam b'urungano bahari	
Time for providing services was up Igihe cyo gutanga serivisi cyari cyarenze	
No equipment (Specify) Nta bikoresho bihari (vuga ibyaribyo.....)	
Malfunctioning equipment Ibikoresho ntibikora neza	
No Power Nta mashanyarazi ahari	
Others (Specify)..... Izindi mpamvu (zivuge)	

23. At the HF, were there any information, education and communication (IEC) materials on HIV?
(Prompt for all that the respondent saw or heard from.)/
Ku kigo Nderabuzima / ivuriro, haba hari imfashanyigisho mu rwego rw'ubukangurambaga kuri virusi itera SIDA?

Available IECs

Available IECs / Imfashanyigisho zihari	**YES / YEGO**	**NO/ OYA**
Television programs on HIV / Gahunda y'ibiganiro bya televiziyo kuri virusi itera SIDA		
Posters and banners on HIV / Ibyapa cyangwa amashusho amanitse ariho ubutumwa kuri virusi itera SIDA		
Health talks on HIV / Ibiganiro by'ubuzima kuri virusi itera SIDA		
Fliers on HIV / Impapuro ziriho inyandiko cyangwa amashusho bitanga ubutumwa kuri virusi itera SIDA		
Booklets on HIV / Udutabo turimo inyigisho kuri Virusi itera SIDA		
Others (Specify) / Ibindi (Sobanura)		

QUESTIONS 27 TO 31 WILL ONLY APPLY TO PATIENTS WHO SOUGHT HIV TESTING AND COUNSELLING SERVICES AS PER QUESTION 20 .

IBIBAZO BYA 27 KUGEZA 31 BIBAZWA GUSA ABAJE GUSABA SERIVISI Z'UBUJYANAMA NO KWIPIMISHA VIRUSI ITERA SIDA

24. When you accessed HIV counselling and testing services, were you asked for consent before undertaking the test?/
Igihe washakaga serivisi zo gupima n'ubujyanama kuri virusi itera SIDA, waba wasabwe uruhushya mbere yuko ukorerwa ikizamini?

☐ Yes / YEGO ☐ No / OYA

25. Was pre-test HIV counselling provided before the testing was undertaken?/
Waba wahawe ubujyanama mbere yuko ufatirwa ikizamini cyo kumenya uko uhagaze kuri virusi itera SIDA?

☐ Yes / YEGO ☐ No / OYA

26. Was post-test HIV counselling provided after the test results were shared?/
Waba wahawe ubujyanama nyuma yo guhabwa ibisubizo by'ikizamini bafashe?

☐ Yes / YEGO ☐ No / OYA

27. Did the health facility provide you with privacy and confidentiality you need when accessing HIV services?/
Waba wahawe serivisi za virusi itera SIDA ahihereye ndetse no mu ibanga wifuzaga?

☐ Yes / YEGO (If "YES" skip to next section) ☐ No / OYA

28. If NO, why was there no privacy and confidentiality?
(Tick all that apply)/
Niba ari OYA, kuki utahawe serivisi mw'ibanga cyangwa mu muhezo?

No privacy and confidentiality	**YES**
No private consultation room / Nta cyumba cyihariye cy'isuzumiro gihari	
Health workers talk loudly and disclose the HIV status in waiting area / Abatanga serivise z'ubuzima bavugira hejuru, bagatangaza uko umuntu ahagaze kuri virusi itera SIDA aho abantu bose bategerereza	
Others (Specify) Indi mpamvu (Sobanura)	

QUESTION 32 TO 54 WILL ONLY APPLY TO PATIENTS WHO ARE OPENLY LIVING WITH HIV AS PER Q14 (vi) above) / IBIBAZO KUVA KURI 32 KUGEZA 54 BIBAZWA GUSA ABASANZWE BAZI KO BAFITE VIRUSI ITERA SIDA NKUKO IKIBAZO CYA 10 (hejuru kibiteganya)

After testing HIV positive, were you asked to test for TB?/
Nyuma yo kumenya ko wanduye virusi itera SIDA, waba warasabwe kwipimisha indwara y'Igituntu?

☐ Yes / YEGO ☐ No / OYA

Do you know your HIV viral load?/
Waba uzi ingano ya virusi itera SIDA ufite mu maraso yawe?

☐ Yes / YEGO ☐ No / OYA

When is the last time you had a viral load test?/
Ni ryari uherutse gupimisha ingano ya virusi itera SIDA ufite mu maraso?

	YES
Six months or less / Amezi 6 cyangwa munsi yayo	
Twelve months or less / Amezi 12 cyangwa munsi yayo	
More than twelve months / Amezi 12 arenga	
Never had a viral load test done / Ntabwo ndigera mpimisha ingano ya virusi itera SIDA mu maraso	
Other (Specify) / Ikindi gisubizo (sobanura) Don't Know / Ntabizi	

32. Did you receive your viral load result?/
Waba warahawe ibisubizo ubwo uherutse gupimisha ingano ya virusi itera SIDA?

☐ Yes / YEGO ☐ No / OYA (If "NO" skip)

33. If YES, after how long did you receive your viral load results?/
Niba ari YEGO, ni nyuma y'igihe kingana iki wahawe ibisubizo by'ibipimo bya virusi mu maraso?

34. The last time you missed a visit to collect your ARVs, what were the reasons? *(Tick all that apply)/*
Igihe uheruka gusiba kujya gufata imiti byari byatewe n'iki?

ARV / ART	YES
Never missed a visit / Ntabwo ndigera nsiba gufata imiti	
No money for transport / nta mafaranga y'urugendo nari mfite	
Side effects from medicines / Ingaruka zituruka ku miti	
I experienced stigma and discrimination at the health facility / nahawe akato n'ihezwa ku ivuriro	
I experienced self stigma / nagize ipfunwe	
Forgot my appointment / Nibagiwe gahunda yo gufatiraho imiti	
Could not go because of work / Kubera impamvu z'akazi	
Shifted to a new home / Nimukiye kure y'Ivuriro	
Other (Specify) / Izindi mpamvu (zivuge)	

35. If you missed an appointment, did the facility provide any follow-up or support? (Select all that apply)/
Mu gihe utashoboye kujya ku gufata imiti yawe, ese ivuriro ryaba ryaratanze ubu bufasha?

ARV / ART Follow Up	YES
Get an SMS / Nakira ubutumwa kuri telefone bunyibutsa gufata imiti	
Get a phone call / Ku Kigo Nderabuzima bampamagara banyibutsa	
A community health worker / peer educator comes to your house / Umujyanama w'ubuzima cyangwa Umukangurambaga w'urungano aza mu rugo kunyibutsa	
I was not contacted by the health facility / Ntabwo nigeze mpamagarwa n'umukozi w'ivuriro	
Other (Specify) / Ikindi gisubizo (sobanura)	

36. At the health facility were you referred to any of the below for additional and/or follow-up services?/
Ku Kigo Nderabuzima, waba waroherejwe ahandi kugira ngo uhabwe serivisi zisumbuyeho?

HIV Follow Up Services	YES
Peer educators and or PLHIV support group for adherence support / Abakangurambaga b'urungano cyangwa itsinda ry'abafite virusi itera SIDA	
CHWs for adherence support and follow up / Abajyanama b'ubuzima bagukurikirana bagufasha kwitabira gufata imiti uko bikwiye	
District and or provincial hospital for specialized care / Ibitaro by'Akarere cyangwa ibitaro by'Intara aho ubona serivisi zihariye	
TB services / serivisi z'igituntu	
PMTCT services / serivisi zo kurinda umubyeyi ufite virusi itera SIDA kwanduza umwana we	
Other (Specify) / Ahandi (sobanura)	

37. How did staff treat you when you were late for ARV pick-up?
(Tick all that apply)
Ese ivuriro ryakwakiriye gute igihe watinze kujya gufata imiti?
(Options exactly as listed in the tool)

	YES
The staff are welcoming and friendly even when I am late / missed my appointment date / Abatanga serivisi banyakira neza nubwo ubushize nakererewe / ntaje.	
The staff shouted at me for being late / missing the appointment date / Abatanga serivisi banyakira bambwirana uburakari kubera ko ubushize nakererewe / ntaje	
The staff counseled me on adherence / Abatanga serivisi bangira inama yo kubahiriza gahunda	
The staff asked why i was late / missed my appointment date / Abatanga serivisi bambaza impamvu nakererewe cyangwa ntubahirije gahunda	
The staff asked how they can help make it easier for me in future / Abatanga serivisi bambaza icyo bamfasha kugirango ubutaha bizanyorohere	
The staff offered me a longer supply of ARVs to make it easier / Abatanga serivisi bampa imiti nzafata igihe kirekire mu rwego rwo kunyorohereza	
The staff told me about ARVs refill collection points closer to home or work that I can access which may make it easier / Abatanga serivisi bandangira ahandi hafi nafatira imiti (ARVs) mu rwego rwo kunyorohereza	
The staff gave you a shorter supply of ARVs than what you usually get (e.g., 1 month instead of 2 months) / Abatanga serivisi bampa imiti nzakoresha igihe kigufi ku cyo bari basanzwe bampa (urugero: ukwezi 1 aho kuba amezi 2)	
The staff refused to give me ARVs on the day I return and require me to return more than once to get my ARVs / Abatanga serivisi banyima imiti (ARVs) bakansaba kuzagaruka undi munsi	

38. Did you receive ARV adherence counselling?/
Ese wigeze uhabwa ubujyanama bujyanye no kubahiriza gahunda yo gufata imiti neza?

ART Adherence Support / Ubufashe bujyanye no kubahiriza gufata imiti neza	YES/YEGO
Yes, at first visit / yego ubwa mbere nza kwivuza	
Yes, at every visit / yego buri gihe naje kwivuza	
No, I have never received / oya ntabwo nigeze mbona	
Other (specify)	

39. Have you ever experienced any form of stigma and/or discrimination at the health facility because you are a PLHIV?/
Hari ubwo waba warahuye n'ikibazo cyo guhabwa akato cyangwa ihezwa kubera ko ufite virusi itera SIDA?

☐ Yes / YEGO ☐ No / OYA

40. If YES, at what point of service delivery did you experience the stigma and discrimination?/
Ni mu yihe serivisi waherewemo akato n'ihezwa?

Points of Service with Stigma and discrimination / Serivisi yakorewemo akato n'ihezwa	YES
At the entrance / Ku irembo ry'ikigo nderabuzima / ivuriro	
At outpatient / Aho bakirira abarwayi bivuza bataha	
By medical staff (consulting doctors / clinical officers / nurses) / Abatanga serivisi (abaganga basuzuma, abatanga serivisi z'ubuvuzi / abaforomo)	
At the lab / Muri laboratwari	
At the pharmacy / Kuri farumasi (aho batangira imiti)	
By non-medical health facility staff / abandi Abakozi batavura	
Other (specify) / Ahandi (sobanura)	

41. Have you ever experienced a situation where your HIV status was disclosed without your consent?/
Waba warahuye n'ikibazo cy'uko amakuru yawe yo kuba ufite virusi itera SIDA yamenyekanye utabishaka?

☐ Yes / YEGO ☐ No / OYA

42. Did you have to pay for any HIV related prevention and treatment services?/
Waba warasabwe kwishyura serivisi ijyanye no gukumira cyangwa kuvura virusi itera SIDA?

☐ Yes / YEGO ☐ No / OYA

43. What services did you pay for?/
Ni izihe serivisi wishyuye?

- Consultation / Gusuzumwa
- Laboratory services (CD4 count, testing, viral load etc) / Laboratwari
- Medication prescribed (ARVs) / Imiti (ARVs)
- Radiology prescribed (Xray, MRI, Scan) / Ibipimo byihariye byo guca mu cyuma (radiyo,sikaneri, emarayi,...)
- Other (specify) / Izindi serivisi (sobanura):

44. How satisfied are you with the overall quality of care received at the health facility?/
Ni ku ruhe rugero wanyuzwe na serivisi z'ubuvuzi wahawe?

Level of satisfaction with services Kunyurwa na serivisi	**YES (tick Appropriately) YEGO (aho abyemeje)**
Satisfied / Nanyuzwe	
Neutral / Biraringaniye	
Dissatisfied / Ntabwo nanyuzwe	
Very dissatisfied / Ntabwo nanyuzwe na gato	

45. If dissatisfied, what issues made you dissatisfied?/
Niba utanyuzwe, ni izihe mpamvu zatumye utanyurwa?

Points of Dissatisfaction / Impamvu zo kutanyurwa	**YES / YEGO**
Wait time / Gutegereza umwanya munini	
Delay of service hours / Amasaha batangiraho serivisi kwa muganga	
Drugs stock outs / Kubura kw'imiti	
Unfriendly staff / Abakozi batanga serivisi zitanoze Cost of services medicine / Ikiguzi cya serivisi cyangwa cy'imiti Other (specify) / Izindi mpamvu (sobanura)	

46. In your opinion, what would make this facility better specifically for people living with HIV?/
Ubona ari iki cyakorwa kugira ngo iri vuriro rirusheho kunoza serivisi ku bafite virusi itera SIDA?

SECTION FOR KEY AND VULNERABLE POPULATIONS (KVPs) ONLY.

ICYICIRO CYIBANDA KU BAGIZE IBYICIRO BIFITE IBYAGO BIRI HEJURU BYO KWANDURA VIRUSI ITERA SIDA N' IBYICIRO BIGOMBA KWITABWAHO BY'UMWIHARIKO

QUESTION 56 TO 73 WILL ONLY APPLY TO HIV KVPs AS PER Q14 above
Ibibazo bya 56 kugeza kuri 73 bibazwa gusa abagize ibyiciro byihariye bifite ibyago byinshi byo kwandura virusi itera SIDA.

This section aims to understand your experiences as a Key or Vulnerable Population (KVP) accessing healthcare services at this facility. Your honest feedback is crucial to improve the quality of care for KVPs.

Iki cyiciro tugezeho ni ikigamije kumva ibyo uzi nk'umwe mubisanga mu byiciro bifite ibyago biri hejuru byo kwandura virusi itera SIDA kubijyanye no guhabwa serivisi z'ubuvuzi zitangirwa muri iri vuriro. Igitekerezo cyawe cy'ukuri ni ingirakamaro mu gufasha kunoza serivisi z'ubuvuzi zigenewe abafite ibyo ibyago.

47. Rate the accessibility of the health facility for people with disabilities?
Ni ku ruhe rugero unyurwa n'uko abafite ubumuga boroherezwa kugera ku ivuriro?

	YES (tick Appropriately) YEGO (aho abyemeje)
Very satisfied / Ndanyuzwe cyane	
Satisfied / Ndanyuzwe	
Neutral / biraringaniye	
Dissatisfied / Ntabwo nyuzwe	
Very dissatisfied / Ntabwo nyuzwe habe na gato	

48. Rate the availability of the following youth-friendly services (1-5, 1 being least available): (exclusively for AGYW)
Gereranya uko serivisi zihariye zagenewe urubyiruko ziboneka kuri iri vuriro (1-5, 1 bivuze izigoye kuboneka):
Availability Rating / Ikigereranyo kuri serivisi uko ziboneka kukigo nderabuzima:

1. Not Available / Serivisi ntiziboneka
2. Somewhat Available (May be available upon request or with limited selection) / ziboneka rimwe na rimwe
3. Moderately Available (Available but not always readily available) / ziboneka mu rugero
4. Readily Available (Easily accessible and available in a variety of options) / Zirahari
5. Always Available / ziboneka buri gihe

Youth-Friendly Services	Availability Rating
Condoms and lubricants / Udukingirizo n'amavuta yongera ububobere mu gihe cy'imibonano mpuzabitsina	
Youth outreach programs / Gushyiraho gahunda zihariye zo kwegera urubyiruko	
PEP (Post-exposure prophylaxis) / Gufata ikinini kimurinda kwandura virusi itera SIDA nyuma yo kugira ibyago byinshi byo kwandura virusi itera SIDA.	
PrEP (Pre-exposure prophylaxis) / Umuti ufatwa mbere yo gukora imibonano mpuzabitsina, ugabanya ibyago byo kwandura virusi itera SIDA	
Mental health / ubuzima bwo mu mutwe	
Information packages on adolescent sexual and reproductive health (SRH) / Inyigisho zihariye ku ngimbi n'abangavu zijyanye n'ubuzima bw'imyororokere (SRH)	
Youth-friendly STI testing and treatment services / Kwegereza urubyiruko serivisi zo gupima no kuvura indwara zandurira mu mibonano mpuzabitsina	
Youth adherence support groups / Gushyiraho amatsinda ashishikariza urubyiruko gufata imiti neza	
Youth-friendly HIV testing and counselling / Gushyiraho serivisi zo gupima virusi itera SIDA no gutanga inama ku rubyiruko	
Other (Please specify) / Izindi serivisi (Sobanura):	

49. What additional youth-friendly services would you like to see offered?
Other (Please specify)/
Izindi serivisi (Sobanura)

50. In your opinion, as a KP, do you receive stigma and discrimination free services from healthcare workers at this facility?/
Nk'umwe mu bafite ibyago biri hejuru, waba uhabwa serivisi zizira akato n'ihezwa?

☐ Yes / YEGO ☐ No / OYA

51. Have you faced any challenges accessing healthcare in the last three months due to being a KVP?/
Waba warahuye n'imbogamizi mu mezi atatu ashize kubera ko uri mu byiciro byihariye?(mubafite ibyago biri hejuru byo kwandura virusi itera SIDA?)

☐ Yes / YEGO ☐ No / OYA (If "NO" skip to 71)

52. If yes, which challenges?/
Niba ari YEGO, ni izihe mbogamizi wahuye nazo?

Reasons for Service Denial for KVPs

Impamvu zatumwe udahabwa serivisi kubera ko uri umwe mubafite ibyago birihejuru byo kwandura virusi itera SIDA (KVPs)	**YES**
Inability to pay for services / Kudashobora kwishyura serivisi	
Lack of referral form from another clinic or by peer educator / Kubura Transiferi ikohereza kuri iryo vuriro	
Just being a member of KVP (FSW, MSMS, PWD, Trans, PWUD, AGYW fere to Q10 above)	
Kuba uri umwe mu bafite ibyago biri hejuru byo kwandura virusi itera SIDA (KVP)?	
Other (specify) / Indi mpamvu (yivuge)	

53. Please share any recommendations you have for the health facility to improve HIV services for KVPs./
Watanga icyifuzo ku cyakorwa mu kunoza serivisi zigenerwa abafite ibyago byinshi byo kwandura virusi itera SIDA?

SECTION C: TB SERVICES
ICYICIRO CYA C: SERIVISI Z' INDWARA Y'IGITUNTU

The following section asks questions regarding TB services received at the facility.
Iki gice kigizwe n'ibibazo byo kuri serivisi z'igituntu ku kigo nderabuzima

54. Have you ever been tested for TB?/
Wigeze wipimisha igituntu?
☐ Yes / YEGO ☐ No / OYA (If "NO" skip

55. If YES, before testing, were you screened for TB?/
Niba ari YEGO, wabanje gusuzumwa mbere yo gutanga ibizamini by'igituntu?
☐ Yes / YEGO ☐ No / OYA (If "NO" skip)

56. If YES, where was your screening for TB undertaken /
Niba ari YEGO, nihe waherewe serivisi zo kwisuzumisha igituntu?

TB Screening Services / Serivisi zo kwisuzumisha igituntu	YES
At health facility / Ku Kigo nderabuzima	
Within the community / Ku bajyanama b'ubuzima	

57. After testing positive for TB, how long did it take you before you started treatment?/
Nyuma yo kwipimisha ugasanga urwaye igituntu, byatwaye igihe kingana iki kugira ngo utangire gufata imiti?

- I started on the same day / Nayitangiye uwo munsi
- Less than one week / Munsi y'icyumweru
- Less than one month / Munsi y'ukwezi
- More than three months / Hejuru y'amezi 3
- More than six months / Hejuru y'amezi 6
- Other (Specify) / Ikindi (sobanura)

58. For how long did you have the TB symptoms before you were confirmed as having TB?/
Wamaranye igihe kingana iki ibimenyetso by'igituntu mbere y'uko byemezwa kwa muganga ko urwaye igituntu?

- Less than two weeks / Munsi y'ibyumweru bibiri
- Less than one month / Munsi y'ukwezi
- More than three months / Hejuru y'amezi 3
- More than six months / Hejuru y'amezi 6
- Other (Specify) / Ikindi (sobanura)

59. After testing for TB, did the health worker explain to you the type of TB that you have, and how to take the treatment?/
Nyuma yo kwipimisha igituntu, waba warasobanuriwe n'utanga serivisi ubwoko bw'igituntu ufite n'uburyo wafata imiti?

☐ Yes / YEGO ☐ No / OYA

60. After testing positive for TB, did the health facility seek to contact your immediate family members for TB screening/testing?/
Nyuma yo kwipimisha ugasanga urwaye igituntu, ivuriro ryaba ryarasabye guhura n'abo mubana murugo kugira ngo basuzumwe cyangwa bapimwe igituntu?

☐ Yes / YEGO ☐ No / OYA

61. After testing positive for TB, did any of your family receive TB preventive therapy (TPT)?/
Nyuma yo kwipimisha ugasanga urwaye igituntu, haba hari uwo mubana warahawe imiti irinda kwandura igituntu (TPT)?

☐ Yes / YEGO ☐ No / OYA

62. After testing positive for TB, were you advised and counseled to test for HIV?/
Nyuma yo kwipimisha ugasanga urwaye igituntu, waba waragiriwe inama yo kwipimisha virusi itera SIDA?
☐ Yes / YEGO ☐ No / OYA

63. Have you ever faced any challenges accessing services (screening, testing, TPT and/or treatment) for TB in your locality?/
Wigeze uhura n'imbogamizi mu guhabwa serivisi zo gusuzumwa, gupimwa, kubona imiti irinda cyangwa ivura igituntu aho utuye?
☐ Yes / YEGO ☐ No / OYA(If "NO" skip)

64. If YES, what challenges did you face?/
Niba ari YEGO, ni izihe mbogamizi wahuye nazo?

65. When accessing TB services, did you receive any information, counseling and/or treatment literacy on TB?/
Mugihe washakaga serivisi zijyanye n'indwara y'igituntu, waba warahawe amakuru, ubujyanama cyangwa ibisobanuro by'uko igituntu kivurwa?
☐ Yes / YEGO ☐ No / OYA

66. Did you have to pay for any TB related prevention or treatment services?/
Waba warasabwe kwishyura serivisi iyo ari yo yose ijyanye no kwirinda cyangwa kuvura indwara y'igituntu?
☐ Yes / YEGO ☐ No / OYA(If "NO" skip)

67. If YES, what services did you pay for?/
Niba ari YEGO, ni izihe serivisi wishyuye?

- Consultation / Gusuzumwa
- Laboratory services (Microscopy etc.) / Laboratwari
- Medication prescribed TB treatment / Imiti ivura igituntu
- Radiology (X-ray, Scan) / Radiyo, Scan
- Other (Specify) / Ikindi (sobanura)

68. Have you ever experienced any form of stigma and/or discrimination at the health facility because you have TB?/
Waba warigeze uhabwa akato cyangwa ihezwa ku ivuriro kubera ko urwaye igituntu?
☐ Yes / YEGO ☐ No / OYA(If "NO" skip)

69. How would you rate the confidentiality and privacy measures at the health facility during your visits for TB services?/
Ni ku kihe kigero ubona hitabwaho ibanga no kwiherera mu gihe uhabwa serivisi zo kurwanya igituntu?

Confidentiality and privacy measures / Ingamba z'ibanga no kwiherera mu guhabwa serivisi	YES (tick Appropriately) YEGO (aho abyemeje)	Give Reasons for your rating (Tanga impamvu)
Excellent / Urwego rushimishije cyane		
Good / Urwego rushimishije Fair / urwego ruringaniye		
Poor / Urwego rwo hasi		

70. How would you rate the information on TB medication adherence support provided by the health facility service providers?/
Ni ku kihe kigero ubona hitabwaho itangwa ry'amakuru ajyanye no gufata imiti y'igituntu nk'uko yandikiwe na muganga?

71. What additional services should be provided to reduce facility-based stigma against people affected by TB?/
Ni izihe serivisi zakongerwa ku ivuriro mu rwego rwo kurwanya akato n'ihezwa bikorerwa abarwaye igituntu?

72. How satisfied are you with the quality of their services?/
Ni ku kihe kigero wanyuzwe na serivisi wahawe n'abajyanama b'ubuzima, abakize igituntu cyangwa abakangurambaga b'urungano?

Level of satisfaction with services Urugero rwo kunyurwa na serivisi	YES (tick Appropriately) YEGO (aho abyemeje)	Give Reasons for your rating(Tanga impamvu y'igisubizo)
Very satisfied / Naranyuzwe cyane		
Satisfied / Naranyuzwe		
Neutral / biri mu rugero		
Dissatisfied / Ntabwo nanyuzwe		
Very dissatisfied / Ntabwo nanyuzwe na gato		
Prefer not to say / mpisemo kudasubiza		

73. What recommendations do you have for improving TB preventive and treatment services at the health facility?/
Ni izihe nama mwatanga zo kunoza serivisi zo gukumira no kuvura indwara y'igituntu mu ivuriro?

SECTION D: MALARIA SERVICES
ICYICIRO CYA D: SERIVISI ZA MALARIYA

The following section asks questions regarding Malaria services received at the facility.
Iki gice kigizwe n'Ibibazo bisesengura serivisi zo kurwanya Malaria ku kigo gitanga serivisi z'ubuzima.

74. What specific malaria services did you come to seek from the HF?
(Tick all that apply)/
Ni izihe serivisi zo kurwanya Malariya waje ushaka ku ivuriro?
(Hitamo ibisubizo byose biri byo)

Malaria services / Serivisi za Malariya	**YES / YEGO**
Long-lasting insecticide-treated nets (LLIN) registration and collection / Kwiyandikisha no Gufata Inzitiramubu ikoranye umuti	
Malaria testing and diagnostic / Kwisuzumisha no kwipimisha Malariya	
Testing and Treatment for malaria / Gufata imiti ya malariya	
Under 5 years malaria prevention and treatment / Gukumira,kurinda no kuvura malariya umwana uri munsi y'imyaka itanu	
IEC materials on Malaria / Imfashanyigisho kuri malaria	
Malaria prevention and treatment for pregnant mothers / Gukingira no kuvuza Malariya umugore utwite	
Other (specify) / Izindi (zivuge)	

75. Did you get the services that you sought to get?/
Waba wahawe serivisi washakaga?
☐ Yes / YEGO (If "YES" skip to 111) ☐ No / OYA

76. If NO, which service didn't you get and why?/
Niba ari OYA, ni iyihe serivisi utabonye n'impamvu yabiteye?

77. Did you have to pay for any malaria related prevention and treatment services?/
Waba warasabwe kwishyura serivisi iyo ari yo yose yo gukumira cyangwa kuvura Malariya?

☐ Yes / YEGO ☐ No / OYA (If "NO" skip to 113)

78. If YES, did you pay out of pocket or through health insurance?/
Niba ari YEGO, wishyuye ukoresheje amafaranga yawe cyangwa wakoresheje ubwishingizi mu kwivuza?

Mode of Payment for Malaria services / Uburyo bwo kwishyura serivisi za Malariya	**YES / YEGO**	**NO / OYA**
Out of pocket payment / Amafaranga yawe		
National health insurance / Ubwishingizi mu kwivuza		
Others (Specify) / Ubundi buryo (buvuge).....		

79. When accessing the services, did you receive malaria prevention and treatment information from health workers at the HF?/
Mugihe washakaga serivisi za Malariya, waba warahawe amakuru ajyanye no kwirinda cyangwa kuvurwa Malariya n'abakozi b'ubuzima ku ivuriro?
☐ Yes / YEGO ☐ No / OYA

80. If Yes, which information was provided?/
Niba ari YEGO, ni ayahe makuru wahawe?

81. At the HF, were there any Information, Education and Communication (IECs) on malaria?/
Ku ivuriro, haba hari imfashanyigisho zijyanye no gukumira no kuvura Malariya?

Available IECs / Imfashanyigisho	YES / YEGO	NO / OYA
Television programs on malaria / Ibiganiro binyura kuri Televiziyo bivuga ku ndwara ya malariya		
Posters and banners / Ibyapa cyangwa amashusho amanitse		
Fliers on malaria / Impapuro ziriho ubutumwa n'amashusho kuri malariya		
Health talks / Ibiganiro ku ndwara ya Malariya		
Others (Specify) / Izindi / zivuge		
I don't know / Ntabwo mbizi		

82. Why did you seek malaria services at the facility instead of the CHW? (Tick all that apply)/
Kuki mwahisemo gushaka serivisi za Malariya ku kigo nderabuzima aho kuzishakira ku Mujyanama w'Ubuzima?

Reasons for visiting HFs for Malaria services / Impamvu zatumye agana ivuriro	YES / YEGO
There are NO CHWs in my community / Nta bajyanama b'ubuzima bari mu mudugudu dutuyemo	
There are no LLIN in the CHW stock in our village / Nta Nzitiramibu zihari; abajyanama b'ubuzima batubwiye ko zashize mu mudugudu dutuyemo.	
I am not able to access the CHWs when I need them / Ntabwo mbona abajyanama b'ubuzima mu gihe mbakeneye	
I am not satisfied with the results of the CHW test / Ntabwo nanyuzwe n'ibisubizo by'ikizamini nahawe n'umujyanama w'ubuzima	
The CHWs are out of malaria test kits / Abajyanama b'ubuzima ntabikoresho byo gupima malariya bafite	
The CHWs do not have any malaria medicines (shortage) / Abajyanama b'ubuzima nta miti ya malariya bafite	
I do not know if these services are available at the community level / Ntabwo nari nzi ko serivisi nashakaga ziboneka ku rwego rw'Umudugudu	
Other (specify) / Ibindi (sobanura)	

83. Have you been tested for malaria at the HF?/
Waba warapimwe Malariya ku ivuriro?
☐ Yes / YEGO ☐ No / OYA (If "NO" skip to 118)

84. If the test result was positive for malaria, did you get malaria treatment?/
Niba ibisubizo byemeje ko urwaye Malariya, washoboye kubona imiti?
☐ Yes / YEGO ☐ No / OYA

85. If NO, please explain why you did not get treatment for malaria.
(Tick all that apply)/
Niba ari OYA, ni izihe mpamvu zatumye utabona imiti?
(Hitamo ibisubizo)

Reasons for not getting treatment / Impamvu zo kutabona imiti	**YES / YEGO**
Prescription drugs are not covered by CBHI / Imiti nandikiwe ntabwo yishurwa na Mitiweri	
There is a stock out of malaria medicines for pediatrics / nta miti ya Malariya yo kuvura abana bafite	
There is a stock out of malaria medicines for adults / nta miti ya Malariya yo kuvura abantu bakuru bafite	
Others / Izindi mpamvu (zivuge)	

86. Are there any distribution of LLINs through ANC and immunization services?
Ese hari itangwa ry'inzitiramubu (LLINs) binyuze muri serivisi za ANC n'iz'inkingo *(immunization)?*

87. In your opinion, what would make this facility better, specifically for malaria prevention and treatment?/
Nk'uko ubyumva, ni iki cyakorwa kugira ngo iri vuriro rirusheho kunoza serivisi zo gukumira no kuvura indwara ya Malariya?

Annex 3: iCLM Facility Manager Tool for Assessment of HIV, TB and Malaria Services

INTEGRATED COMMUNITY LED MONITORING (iCLM)

HEALTH FACILITY MANAGER TOOL FOR ASSESSMENT OF HIV, TUBERCULOSIS AND MALARIA SERVICES

INTRODUCTION

Hello, my name is .....
The Rwanda NGO Forum in collaboration with the Rwanda Biomedical Centre are piloting an Integrated Community Led Monitoring (iCLM) Mechanism for HIV, TB and Malaria. I would like to take a few minutes of your time to interview you on the status of HIV, TB and Malaria services delivered at this health facility. The information will be used as a basis for improving the overall availability, accessibility, affordability and quality of these services. The questions are anonymous and we will not record your name or anything to identify you.

The iCLM project will interview you once a month using this tool. The interview will take about 30 minutes, can we proceed with the interview?

Can we proceed with the interview?

Yes ..... **No.....**

Section A: Introductory Questions

Date: ☐☐☐☐/☐☐ /☐☐☐☐

District .....

Sector/Village .....

Nationality: .....

- ☐ Rwandan
- ☐ Other (Please Specify)

5. Which primary HIV, TB and Malaria services do you provide at this health facility? List as many as possible

HIV	TB	Malaria

6. Do services users pay for any HIV, TB of malaria services?

☐ Yes ☐ No

7. If YES for each disease list the service that service users often have to pay for.

Types of Services	HIV	TB	Malaria
Consultation			
Laboratory Tests			
Drugs/Medicine			
Prevention commodities LLINs, Condoms, Lubricants			
Others (Specify)			

8. Does your facility have adequate health staff to support the delivery of HIV, TB and Malaria services? Tick all appropriately

Types of Services	HIV		TB		Malaria		Number
	Yes	No	Yes	No	Yes	No	
i. Doctors							
ii. Clinical Officers							
iii. Registered nurse							
iv. Enrolled nurse							
v. Enrolled nurse assistant							
vi. Pharmacists							
vii. Lab technician							
viii. Assistant lab technician							
ix. Counselors							
x. Data Officers							
xi. Security guards							
xii. Cleaners							
xiii. General assistants							
xiv. Others) Specify)							

9. Are there community health workers attached to this facility?

☐ Yes ☐ No

10. If YES to Q9, how many CHWs are they? .....

11. If YES to Q9, what services do CHWs provide to support HIV, TB and Malaria?

Diseases	Services offered by the CHWs for each disease
HIV	
TB	
Malaria	

12. Are there support services of people living with disabilities PWD?

☐ Yes ☐ No

13. If YES to Q12 what support services are available?

PWD support services	YES	NO
Rumps		
Sign interpreters		
Physical supporters		
Others (Specify)		

14. Does the health facility have adequate physical spaces? Tick all that apply?

Available health facility services	YES	NO
Patients waiting spaces		
Consultation rooms		
Counseling rooms for HIV and TB testing		
HIV counseling and testing room		
Laboratory space		
Pharmacy		
Stores		
Officers and meeting rooms		
Youth friendly corners		
Others Specify?		

15. What improvements are needed to improve on the physical space at the health facility to strengthen the delivery of HIV, TB and Malaria services? .....
.....

16. Do you have international technical and or funding partners e.g., PEPFAR, UNAIDS, World Vision that currently partner with for the delivery of HIV, TB and malaria services at the health facility?

☐ Yes ☐ No

17. If YES in Q16 above, please list the international partners and the service areas for which you partner with

International technical and or funding partners	Services		
	HIV	TB	Malaria
a.			
b.			
c.			
d.			
e.			

18. Do you have any civil society organization / NGOs that you currently partner with for the delivery of HIV, TB and malaria services at the health facility?

☐ Yes ☐ No

19. If YES in Q18 above, please list the CSO/NGO partners and the service areas for which you partner with

Civil society organization / NGO partners	Services		
	HIV	TB	Malaria
a.			
b.			
c.			

HIV Services

This section asks questions on services related to HIV.

20. When do clients access HIV counseling and psycho social support at your facility?

HIV counseling services	YES	NO	Don't Know
Before an HIV test			
After an HIV positive result (post-test)			
All people living with HIV at any time			
Not offered			

21. Is index testing of HIV+ client's sexual partners and children undertaken at this facility?

☐ Yes ☐ No

22. Are clients of HIV testing including index testing asked if they have experienced violence from their sexual partners

YES	NO	Don't Know

23. If a client has experienced violence from a sexual partner, do you offer them any additional services or referrals for services?

Gender Based Violence (GBV) Support Services	YES	NO	Don't Know
Provision of counseling services			
Provision of PEP treatment			
Treatment and referral to police and other relevant authorities			
Referral to another Health facility			
Referral and linkage to an NGO working of GBV			
Other (Specify)			
Not offered			

24. Are newly tested HIV+ put on treatment on the same day? Tick appropriately

Timelines of HIV Test & Treat	✓
Always	
Most of the time	
Rarely	
Never	
Don't know	

25. If a patients tests positive for HIV, when will their next follow up visit be scheduled? Tick appropriately

Timelines for Follow Up HIV Visits	✓
Within 7 days	
Within 14 days	
Within 1 month	
Within 3 months	
Over 3 months	

*26. IF a HIV+ patient misses a **HF** appoint to collect ARVs, what follow up action is undertaken by the health facility? Tick appropriately*

Follow Up Actions for Missed Appointments	✓
Nothing is done	
SMS reminder	
Follow up call by health facility	
Follow up visit by CHW/ peer educator	
Other (specify)	

27. Does the health facility have a fast-track drug refill channel for stable patients to collect patients to collect ARVs?

☐ Yes ☐ No

28. Does the health facility have a community-based drug distribution point for ART?

☐ Yes ☐ No

29. What is the total number of PLHIVs attended to at this health facility?

.....

30. Does the health facility have specific services for adolescent girls and boys and youth? Tick appropriately

Available Adolescent and Youth Services	✓
Youth friendly HIV testing	
Youth friendly SRH services & contraception	
Youth friendly outreach services	
Support for young HIV+ mothers and their children	
PrEP	
Youth friendly STI testing and treatment	
None	
Support groups for youth living with HIV	
Don't know	
Others (specify)	

31. Which key and vulnerable populations do you serve at the health facility?

Key and vulnerable populations	YES	NO
Sex workers		
Men who have sex with men		
Youth friendly outreach services		
People who used drugs		
Transgender		
Prisoners		
Refugees		
Truckers		
Adolescents' girls and boys and youth		
Don't know		
Others (specify)		

32. What services does the health facility provide for each of the identified key and vulnerable populations? Tick appropriately

Available Adolescent and Youth Services	Sex workers	MSM	Trans	PWUD	Prisoners	Adolescents and Youth
Outreach services						
Friendly counseling and testing services						
Access to condoms						
Access to lubricants						
Access to PrEP						
Access to contraception						
Friendly STI testing and treatment						
Information packages for sexual and reproductive health services						
Hormone therapy for transgender						
Wound and abscess care for PWUD Need and Syringe Program (NSP) for PWUD						
Overdose management for PWUD Hepatitis C testing and treatment Other (specify)						

33. Does the health facility offer viral testing services on site?

☐ Yes ☐ No

34. If No to Q33, explain what happens when if a patient needs viral load testing?

.....

35. In what situations is viral load testing mostly prescribed and undertaken? Tick appropriately all that apply

Viral Load Testing Situations	✓
Once every 6 months after initiation	
Once a year after initiation	
When a HIV+ positive patient is very sick	
Other (Specify)	

36. How soon after undertaking a viral load tests do clients get their results back?

Timelines for Viral Load Test Results	✓
Within 7 days	
Within 14 days	
Within 1 month	
Within 3 months	
Over 3 months	

37. How soon after undertaking early infant HIV diagnosis (PCR test) do clients get their results back?

Timelines for Viral Load Test Results	✓
Within 7 days	
Within 14 days	
Within 1 month	
Within 3 months	
Over 3 -6 months	
Over 6 months	

38. Is PrEP offered for HIV prevention at this facility?

☐ Yes ☐ No

39. If YES to Q38, what patients are eligible for PrEP? Select all that apply?

PrEP Eligible Clients	✓
Adolescent girls and boys, and youth	
All women	
MSM	
Sex workers	
People who used drugs	
Discordant couples	
Anyone sexually active	
Others (Specify)	

40. Are follow up, and adherence support services offered for clients on PrEP?

☐ Yes ☐ No

41. If YES to Q40, who and how is the follow up and adherence support for PrEP undertaken?

.....

42. Are there any services offered to victims of HIV related sexual and gender-based violence?

☐ Yes ☐ No

43. If YES to Q42, What services are offered to the victims of HIV related sexual and gender-based violence victims

.....

44. In the last one month, has the health facility experienced any stockouts for of the following items (diagnostics, commodities, drugs). Tick all that apply

Diagnostics, Commodities, & Drugs	✓
HIV test kits	
Condoms	
Lubricants	
Lab reagents	
PEP	
PrEP	
Dumiva (abacavir 600MG, lamivudine 300MG)	
Lamivudine (3TC)	
Emtricitabine (FTC)	
Abacavir (ABC)	
Zidovudine (AZT)	
Lopinavir/ritonavir (LPV/r)	
Atazanavir/ritonavir ATV/r	
Dolutegravir (DTG)	
Nevirapine (NVP) tablets	
Nevirapine syrup	
Pediatric Dolutegravir	
Pediatric Lopinavir/ritonavir pellets or granules	
Others (Specify)	

45. In the last one month, has the health facility experienced any major equipment breakdown?

☐ Yes ☐ No

46. If YES to Q45, please explain

.....

47. In your opinion, does this health facility have adequate CHWs supporting HIV service delivery? Give reasons for your answer

☐ Yes ☐ No

48. In your opinion, what can be undertaken to improve the overall quality of services from CHWs on HIV service delivery? Identify at least 3 priory actions

.....

49. In your opinion, do the health facility staff have adequate capacity to provide services to HIV key and vulnerable populations (MSM, Trans, PWUD, Prisoners, sex workers, AGYW, Youth, Refugees)?

☐ Yes ☐ No

50. If NO to Q49, explain the specific gaps, and recommend improvements that need to be undertaken

.....

51. In your opinion, what can be done to improve the overall quality of HIV services delivered at this health facility. List 3-5 recommendations.

TB Services

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

52. Are TB screening, and prevention services offered within this health facility?

☐ Yes ☐ No

53. If YES to Q58 List the points of service where the TB screening is undertaken and how?

.....

54. How is TB testing undertaken in this health facility? Tick all that apply

TB testing options	✓
Microscopy	
Gene Xpert machine	
TB LAM	
Truenat	
Portable CAD with AI	
Chest Xray	
Portable Chest X-ray	
Other (Specify)	

55. Are what challenges if any does the health facility experience with each of the TB testing equipment and options?

TB testing options	Challenges
Microscopy	
Gene Xpert machine	
TB LAM	
Truenat	
Portable CAD with AI	
Chest Xray	
Portable Chest X-ray	
Other (Specify)	

56. What is the average time taken to get patients their results with each of the testing options?

TB testing options	Microscopy	Gene Xpert machine	TB LAM	Truenat	Chest Xray	Portable CAD with AI
Microscopy						
Gene Xpert machine						
TB LAM						
Truenat						
Portable CAD with AI						
Chest Xray						
Portable Chest X-ray						
Other (Specify)						

57. Does the health facility receive sputum from other health facilities for testing?

☐ Yes ☐ No

58. If YES to Q57, please explain by who and how the sputum is collected and transported to the health facility.

.....

59. If YES to Q57, please explain how test results are relayed back to the health facility and or community where the sputum was collected from?

60. After testing positive for TB, how long does it take patient before they start treatment?

☐ *Immediately*
☐ *Less than one month*
☐ *More than three months*
☐ *More than six months*
☐ *Other (Please specify): .....*

61. After testing positive for TB, are the patients immediate family members screened for TB?

☐ Yes ☐ No

62. After testing for positive for TB, are immediate family and community members put of TB preventive therapy (TPT)?

☐ Yes ☐ No

63. Which other persons are eligible for TPT?

TB TPT Eligible Persons	✓
People living with HIV who do not have TB	
Children living with people who have TB	
Adults living with people who have TB	
Other (Specify)	

64. After testing positive for TB, are patients advised and counseled to test for HIV?

☐ Yes ☐ No

65. In the last one month, has the health facility experienced any stockouts for of the following items (diagnostics, commodities, drugs). Tick all that apply

Diagnostics, Commodities, & Drugs	✓
TB test kits	
Gene Xpert cartridges	
Xray films	
Lab reagents	
TB treatment	
Others (Specify)	

66. In the last one month, has the health facility experienced any major equipment breakdown?

☐ Yes ☐ No

67. If YES to Q66, please explain

68. What TB treatment regimens are provided at this health facility?

.....

69. Do you provide MDR TB treatment at your facility?

☐ Yes ☐ No

70. If YES to Q69, please explain the type of MDR services provided?

71. IF NO70, explain what is done to support any identified MDR patients?

72. Are there facility based CHWs who provide adherence support for TB patients?

☐ Yes ☐ No

73. If YES to Q72, please explain the nature of adherence support provided?

.....

74. Are there any facility based CHWs who undertake contact tracing and loss to follow up?

☐ Yes ☐ No

75. Are there survivors and TB peer educators attached to this health facility who support the delivery of TB services?

☐ Yes ☐ No

76. What services if any do TB survivors and or peer educators provide? Tick all that apply

TB TPT Eligible Persons	✓
Facility based TB screening	
Community based TB screening	
Community based TB contact tracing	
Community level counselling and adherence support	
Community level sputum collection	
Sputum transportation	
TB awareness and treatment literacy	
Other (Specify)	

77. What TB services are supported by the Community-based Health Insurance (CBHI); ; and which TB services are not supported by the CBHI?

TB services supported by the national insurance	TB services are NOT supported by the national insurance

78. In your opinion, does this health facility have adequate CHWs supporting TB service delivery?

☐ Yes ☐ No

79. Give reasons for your answer in Q78

.....

80. In your opinion, what can be undertaken to improve the overall quality of services from CHWs on TB service delivery? Identify at least 3 priority actions

.....

81. In your opinion, do the health facility staff have adequate capacity to provide services to TB key and vulnerable populations (PLHIV, PWUDs, miners, refugees, sex workers etc)?

☐ Yes ☐ No

82. If YES to Q81, please list

.....

83. If NO to Q81, explain the specific gaps, and recommend improvements that need to be undertaken

84. In your opinion, what can be done to improve the overall quality of TB services delivered at this health facility. List 3-5 recommendations.

Malaria Services

85. What specific malaria services are provided within this health facility?

Available Malaria services	✓
Malaria testing	
Malaria treatment	
Malaria screening amongst expectant women	
Pediatric malaria prevention and treatment	
Under 5 years malaria prevention and treatment	
Malaria prevention – mosquito nets	
Malaria prevention – IRS	
Malaria awareness talks in POS	
Other (Specify)	

86. Are what challenges if any does the health facility experience with respect to prevention and malaria services? List as many as possible

.....

87. In the last one months, has the health facility experienced any stockouts for of the following items (diagnostics, commodities, drugs). Tick all that apply

Diagnostics, Commodities, & Drugs	✓
Malaria RDT test kits	
LLINS	
Malaria drugs	
Others (Specify)	

88. Are there facility based CHWs who provide support for malaria related prevention and treatment services?

☐ Yes ☐ No

89. If YES to Q88, please explain the nature of support provided by CHWs?

.....

90. What Malaria services are supported by the Community-based Health Insurance (CBHI); and which Malaria services are not supported by the CBHI?

Malaria services supported by the national insurance	Malaria services are NOT supported by the national insurance

91. In your opinion, does this health facility have adequate CHWs supporting malaria service delivery? Give reasons for your answer

☐ Yes ☐ No

.....

92. In your opinion, what can be undertaken to improve the overall quality of services from CHWs on malaria service delivery? Identify at least 3 priority actions

93. In your opinion, do the health facility staff have adequate capacity to provide services to Malaria key and vulnerable populations (PLHIV, school children in boarding schools, PWUDs, miners, refugees, sex workers etc)?

☐ Yes ☐ No

94. If YES to Q93, please list

.....

95. If NO to Q93, explain the specific gaps, and recommend improvements that need to be undertaken

.....

96. In your opinion, what can be done to improve the overall quality of malaria services delivered at this health facility. List 3-5 recommendations.

Annex 4: iCLM Facility Coordinator Observation 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 Heath 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

.....

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?

.....

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

☐ Yes ☐ No

15. If YES to Q14, is it working?

.....

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.

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

Annex 5: iCLM Facility Coordinator Observation Tool for Assessment of HIV, TB and Malaria Services

Umugereka 4: Inyandiko ikubiyemo ibibazo byibanda ku kugenzura no gusuzuma serivisi zitangwa ku Kigo Nderabuzima hagamijwe gukumira no kuvura virusi itera SIDA, igituntu na Malariya, muri gahunda ya iCLM.

INTEGRATED COMMUNITY LED MONITORING (iCLM)
ISUZUMABIKORWA RIHURIWEHO RIKOZWE N'ABAGENERWABIKORWA

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

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

Iki ni igikoresho cyo kugenzura kigomba gutunganywa n'Umuhuzabikorwa w'Ibigo by'Ubuvuzi (Health Facility Coordinator) buri byumweru bibiri kugira ngo hkusanywe amakuru ku bijyanye no kugerwaho, kwemerwa, kuboneka, ndetse n'ubwiza bw' serivisi za HIV, igituntu (TB), na malariya, kimwe n'uburambe bw'ababikoresha mu kigo cy'ubuvuzi (HF)/ivuriro.

Date/ Itariki: □□□□/□□/□□□□
Health Facility/Ivuriro/ Condom kiosks
District/ Akarere.....
Sector/ Umurenge
Village/ Umudugudu .....

Are there any IECs for HIV, TB and or Malaria displayed tick appropriately.
Ku kigo hari imfashanyigisho zijyanye no gukumira no kuvura Virusi itera Sida, Igituntu na Malariya zigaragara? Hitamo ibisubizo.

	HIV/ Virusi itera Sida		TB/ Igituntu		Malaria/ Malariya	
	YES	NO	YES	NO	YES	NO
Television/ Televiziyo						
Posters and banners/ Ibyapa						
cyangwa amashusho amanitse						
Health talks/ Ibiganiro ku ndwara						
Fliers/ Impapuro zishushanyijeho						
inyandiko cyangwa amashusho						
Booklets/ Udutabo dukubiyemo						
amakuru ku ndwara y'Igituntu,						
Malariya, Virusi itera SIDA						

*7. Are there any HIV IECs at the HF provided in Kinyarwanda?/ Ku kigo nderabuzima, **bafite imfashanyigisho kuri Virusi itera SIDA zitangwa mu kinyarwanda?***

☐ Yes/YEGO ☐ No OYA (If "NO", skip to 8)

8. If YES, are some focusing on these groups?
Niba ari yego, haba harimo izibanda kuri ibi byiciro?

	YES	NO
Targeting people with disability/ zibanda ku bafite		
ubumuga?		
Targeting adolescents and young people/ zibanda ku		
ngimbi n'abangavu ?		
Targeting sex workers and MSMs/ zibanda ku bagabo		
bakorana imibonano mpuzabitsina bahuje igitsina (MSM)?		

9. When do health services start being provided at the POS at the health facility? /
Ni ryari ku Kigo Nderabuzima serivisi zitangira gutangwa muri buri serivisi?

Point of service (POS)	Time/ Amasaha
i. Recovery services/Aho bishyuriza abarwayi	
ii. TB services/ Serivisi y'ubuvuzi bw'Igituntu.	
iii. Outpatient / Aho bakirira abarwayi baje mu kigo nderabuzima ivuriro	
iv. HIV services /Serivisi z'ubuvuzi bwa virusi itera SIDA	
vi. Laboratory/ Laboratwari	
v. Dispensing pharmacy/ Aho batangira imiti	

10. How many patients are waiting to be seen by the doctor/ Nurses at each point of service? List as many as possible.
Ugereranyije, ni abarwayi bangahe bategereje kubonana na muganga/utanga serivisi zo kuvura uyu munsi kuri serivisi zikurikira? Ongeraho serivisi zishoboka zose.

Point of service (POS)/Serivisi	Number of waiting patients
Outpatient / Aho bakirira abarwayi baje mu Kigo Nderabuzima	
TB clinic/ Serivisi yo kurwanya igituntu.	
Recovery services/Aho bishyuriza abarwayi	
Outpatient / Aho bakirira abarwayi baje mu kigo nderabuzima ivuriro	
HIV services /Serivisi z'ubuvuzi bwa virusi itera SIDA	
Laboratory/ Laboratwari	
Dispensing pharmacy/ Aho batangira imiti	

11. Are patients being screened for TB symptoms in any of the waiting areas?
Ese abarwayi baba basuzumwa ibimenyetso by'igituntu aho bategerereza guhabwa servisi?

☐ Yes / Yego ☐ No / Oya (If "NO" skip to 12)

12. If YES , please explain where the screening is taking place and who does it/
Niba ari YEGO , watubwira aho isuzuma riri gukorerwa n'uri kurikora?**.....**

13. Are there Ultraviolet (UV) lights on in the TB service? /
Muri serivisi y'ubuvuzi bw'igituntu hari amatara ya Ultraviolet (UV) arimo ?

☐ Yes / Yego ☐ No / Oya

14. Is there a GeneXpert machine at the health facility? / Ikigo nderabuzima gifite imashini ya GeneXpert?

☐ Yes /Yego ☐ No / Oya (If "NO" skip to 13)

15. If YES, is it working? .....
Niba ari Yego, iyo mashini irakora? .....

16. Does the facility have either a portable or physical Xray?
Ikigo Nderabuzima cyaba gifite icyuma gifotora (Xray) kigendanwa cyangwa giteretse?

☐ Yes /Yego ☐ No / Oya (If "NO" skip to 17)

17. If YES, is it working? .....
Niba ari Yego, irakora ?.....

18. Are there condoms and condom dispensers at the health facility?
Ku Kigo Nderabuzima haba hari udukingirizo n'udusanduku twabugenewe udushaka yatubonamo?

☐ Yes /Yego ☐ No / Oya

19. Is the pharmacy well stocked and open?
Ese ububiko bw'imiti bufite imiti ihagije kandi burakora?

☐ Yes /Yego (If YES" skip to 20) ☐ No / Oya

20. If NO, elaborate on your observations. .....
Niba ari Oya, Dusobanurire .....

21. Is there a health worker (who may not be a pharmacist) actively giving out medicine to patients?
Kuri iki kigo nderabuzima, hari umuforomo waba atanga imiti ku barwayi ataribyo yize ?

22. Are patients making any out-of-pocket payments for any HIV, TB or malaria services and or commodities?
Hari abarwayi bagana iki Kigo Nderabuzima biyishyurira serivisi iyariyo yose (yo kuvura cyangwa gukumira virusi itera sida, igituntu na malariya)

☐ Yes /Yego ☐ No / Oya (If "NO" skip to 23)

23. If YES, specific for which disease and for what service or commodity .....
Niba ari YEGO, ni iyihe ndwara, serivisi cyangwa umuti biyishyurira?

24. In your opinion, what is the condition of the following service areas?
Ku bwawe, ni gute ubona serivisi zikurikira zihagaze, muri iki Kigo Nderabuzima ?

Condition of service areas	**ARVs service Serivisi ya ARVs**	**PMTCT service**	**TB clinic Service y'Igituntu**	**Other? Izindi serivisi**
Uko serivisi zihagaze		**Serivisi ya PMTCT**		
Good/ Neza Moderate/				
Biringaniye Poor / Nabi				

25. Give reasons for each of the responses .....
Tanga ibisobanuro kuri buri gisubizo utanze .....

26. In your opinion, how would you rate the following areas?
Ku bwawe, aha hakurikira wahashyira ku ruhe rwego?

RANKING/ URWEGO	**Physical space Ahatangirwa serivisi muri rusange**	**Furniture Ibikoresho**	**Toilets for women & men Ubwiherero bw' abagore n' abagabo**	**Windows Amadirishya**	**Other? Ibindi**
Good Urwego rushimishije					
Moderate Urwego ruringaniye					
Poor Urwego rudashimishije					

27. Give reasons for each of your rating and take photos to support this
.....
Sobanura impamvu kuri buri rwego wahisemo haruguru unafate amashusho agaragaza ibisubizo byatanzwe.

28. Are windows at the facility open?
Amadirishya y'inyubako y'Ikigo Nderabuzima/ ivuriro (aho serivisi zitangirwa), arafunguye ?

☐ Yes /Yego ☐ No / Oya

29. Please specify if the following are available in the toilets at the facility (Select all that apply)
Mwatubwira niba ibi bikurikira biboneka mu bwiherero kuri iki Kigo Nderabuzima/ivuriro (Emeza ibiboneka)

1. Water for handwashing/ Amazi yo gukaraba intoki
2. Toilet paper / Impapuro z'isuku
3. Light/ Amatara
4. Signs indicating restrooms/Ibyapa bigaragaza ubwiherero
5. Other, (specify)/ Ibindi (bivuge) .....

30. How would you rate the overall cleanliness and hygiene of the health facility? Tick appropriately
Ni ku ruhe rugero washyiraho isuku n'isukura by'iki Kigo Nderabuzima/ivuriro? (Hitamo mu bisubizo bikurikira)

Cleanliness of Facility / Isuku mu Kigo	YES	NO
Very clean / Isuku iri ku rugero rushimishije cyane		
Clean / Isuku iri ku rugero rwiza		
Moderately clean / Isuku iri ku rwego ruringaniye		
Not clean / Isuku iri ku ku rwego rugayitse		

31. Give reasons for your rating.....
Watanga igisobanuro kuri buri gisubizo utanze

32. 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?
Mu Kigo Nderabuzima haba hari abajyanama b'ubuzima, abakangurambaga b'urungano cyangwa abo mu yandi matsinda bafasha abarwayi harimo n'abafite ubumuga, mukuborohereza kugera aho bifuza gushaka serivisi ?

☐ Yes /Yego ☐ No / Oya

33. In the health facility, are there any facilitation for people living with disabilities to access services ?
Mu kigo nderabuzima/ ivuriro , haba hari uburyo bworohereza abafite ubumuga kugera aho bahererwa serivisi ?

☐ Yes /Yego ☐ No / Oya (If "NO" skip to 34)

34. If YES, please explain what facilitation exist.....
Niba ari YEGO, mwatubwira ubwo buryo buhari?.....

35. Are there any additional observations respectively to HIV, TB and Malaria services at the health facility?.....
Haba hari ikindi wakongeraho ku byo ubona mu mitangire ya serivisi zo kurwanya Virusi itera Sida, indwara y'Igituntu na Malariya, mu Kigo Nderabuzima/ivuriro?

7.2.2. COMMUNITY LEVEL

Annex 6: 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):

☐ HIV	Yes	No (If YES to HIV Proceed to section A & B)
☐ TB	Yes	No (If YES to HIV & TB Proceed to section A & C)
☐ HIV and TB	Yes	No (If YES to HIV Proceed to section A,B and C)
☐ 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 facilty 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 POSTIVE 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 refered 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 knowof

.....

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?

Annex 7: iCLM Community health worker Observation Tool for Assessment of TB and Malaria Services

Umugereka 4: Inyandiko ikubiyemo ibibazo byibanda ku kugenzura no gusuzuma serivisi zitangwa ku rwego rw'ibanze hagamijwe gukumira no kuvura igituntu na Malariya, muri gahunda ya iCLM.

INTEGRATED COMMUNITY LED MONITORING (iCLM)
ISUZUMABIKORWA RIHURIWEHO RIKOZWE N'ABAGENERWABIKORWA

FACILITY INCHARGE OBSERVATION TOOL FOR ASSESSMENT OF TUBERCULOSIS AND MALARIA SERVICES

This tool is an observation tool to be processed by the community health worker every two weeks to gather information on the accessibility, acceptability, availability, and quality of TB, and Malaria services and experiences at the healthcare facility (HF).

Iki ni igikoresho cyo kugenzura kigomba gutunganywa n'Umumujyanama w'ubuzima buri byumweru bibiri kugira ngo hakusanywe amakuru ku bijyanye no kugerwaho, kwemerwa, kuboneka, ndetse n'ubwiza bw' serivisi za , igituntu (TB), na malariya, kimwe n'uburambe bw'ababikoresha ku Rwego rw'ibanze.

Section A: Introductory Questions

1. Date/ Itariki: ☐☐☐☐/☐☐/☐☐☐☐
2. Community Health Worker (CHW) "Only on heath facilty"/condom kiosk/
3. Health Facility
4. District/ Akarere.....
5. Sector/ Umurenge
6. Village/ Umudugudu.....

Section B: TB and Malaria Services

The following section asks questions regarding TB and Malaria services provided to the community.

7. When do CHW start to provide services? /
Ni ryari umujyanama w'ubuzima atangira gutanga serivisi?

8. How many patients are waiting to be seen by the CHW?
Ni abarwayi bangahe bategereje kubonana n'umujyanama w'ubuzima?

9. Are patients being screened for TB symptoms here?
Ese abarwayi baba basuzumwa ibimenyetso by'igituntu hano?

☐ *Yes / Yego* ☐ *No / Oya (If "NO" skip to 10)*

10. If YES, please explain where the screening is taking place?
Niba ari YEGO, watubwira aho isuzuma riri gukorerwa ?

11. Are malaria and TB medicines well kept?
Ese aho imiti ibikwa harizewe?

☐ *Yes /Yego (If YES" skip to 12)* ☐ *No / Oya*

12. If NO, elaborate on your observations.....
Niba ari Oya, sobanura.....

13. Is the CHW actively giving out medicine to patients?

14. Are patients making any out-of-pocket payments for any TB or malaria services and or commodities?
Haba Hari abarwayi bagana umujyanama w'ubuzima bakiyishyurira serivisi iyariyo yose (yo kuvura igituntu na malariya)

☐ *Yes /Yego* ☐ *No / Oya (If "NO" skip to 15)*

15. If YES, specific for which disease and for what service or commodit .....
Niba ari YEGO, ni iyihe ndwara, serivisi cyangwa umuti biyishyurira?

16. In your opinion, how would you rate the following areas?
Ku bwawe, aha hakurikira wahashyira ku ruhe rwego?

RANKING/ URWEGO	Physical space Ahatangirwa serivisi muri rusange	Furniture Ibikoresho	Toilet Ubwiherero	Windows Amadirishya	Other? Ibindi
Good Urwego rushimishije					
Moderate Urwego ruringaniye					
Poor Urwego rudashimishije					

17. Give reasons for each of your rating.

Sobanura impamvu kuri buri rwego wahisemo haruguru.

18. Please specify if the following are available in the toilet at the CHW (Select all that apply)

Mwatubwira niba ibi bikurikira biboneka mu bwiherero k'umujyanama w'ubuzima (Emeza ibiboneka)

1. *Soap/ Isabune*
2. *Water for handwashing/ Amazi yo gukaraba intoki*
3. *Toilet paper / Impapuro z'isuku*
4. *Light/ Amatara*
5. *Other, (specify)/ Ibindi (bivuge) .....*

19. How would you rate the overall cleanliness and hygiene of this place? Tick appropriately

Ni ku ruhe rugero washyiraho isuku n'isukura biri k'umujyanama w'ubuzima? (Hitamo mu bisubizo bikurikira)

Cleanliness / Isuku	YES	NO
Very clean / Isuku iri ku rugero rushimishije cyane		
Clean / Isuku iri ku rugero rwiza		
Moderately clean / Isuku iri ku rwego ruringaniye		
Not clean / Isuku iri ku ku rwego rugayitse		

20. Give reasons for your rating .....
Watanga igisobanuro kuri buri gisubizo utanze

21. At the CHW are there any facilitation for people living with disabilities to access services?
K'umjyanama w'ubuzima haba hari uburyo bworohereza abafite ubumuga kugera aho bahererwa serivisi ?

☐ *Yes /Yego* ☐ *No / Oya (If "NO" skip to 22)*

22. If YES, please explain what facilitation exist.....
Niba ari YEGO, mwatubwira ubwo buryo buhari?.....

23. Are there any additional observations respectively to TB and Malaria services at the CHW?.....
Haba hari ikindi wakongeraho ku byo ubona mu mitangire ya serivisi zo kuvura indwara y'Igituntu na Malariya, k'umujyanama w'ubuzima?

Section C: HIV Services

The following section asks questions regarding HIV services provided to the community/Condom Kiosk.

24. Is the condom kiosk easily visible and identifiable to the public?
Ese kiosik y'udukingirizo igaragara neza kandi imenyekana ku bantu bose?

☐ *Yes /Yego* ☐ *No /Oya*

25. Is there signage indicating that condoms are available?
Ese hari ikimenyetso cyerekana ko udukingirizo tuboneka/duhari?

☐ *Yes /Yego* ☐ *No /Oya*

26. Is the kiosk open during agreed working hours?
Ese kiosik y'udukingirizo irafunguye mu masaha yemeranyijweho y'akazi?

☐ *Yes /Yego* ☐ *No /Oya*

27. Are condoms available when you visit?
Ese udukingirizo turahari?

☐ *Yes /Yego* ☐ *No /Oya*

28. Does the kiosk offer a level of privacy for users?
Ese kiosik y'udukingirizo itanga ibanga ku bayikoresha?

☐ *Yes /Yego* ☐ *No /Oya* ☐ *Partially/Gacye*

29. Is the kiosk environment free from harassment or stigma from others?
Ese aho kiosik y'udukingirizo ihererеye nta gutotezwa cyangwa guhabwa akato biva ku bandi bari aho hafi?

☐ *Yes /Yego* ☐ *No /Oya*

30. Is the kiosk clean and well-maintained?
Ese kiosik y'udukingirizo irasa neza kandi iratunganyijwe neza?

☐ *Yes /Yego* ☐ *No /Oya*

31. Are the condoms stored properly (not exposed to sun or rain)?
Ese udukingirizo tubitswe neza (ntitugerwaho n'izuba cyangwa imvura)?

☐ *Yes /Yego* ☐ *No /Oya*

32. Were both male and female condoms available?
Ese udukingirizo tw'abagabo n'abagore twari duhari?

☐ *Yes /Yego* ☐ *No /Oya* ☐ *Only male Abagabo gusa* ☐ *Only female Abagore gusa*

33. Are there lubricant sachets available?
Hari udusashi twamavuta yoroshya mugihe cy'imibonano?

☐ *Yes /Yego* ☐ *No /Oya*

34. Any general observations or concerns?.....
Hari ibyo wabonye cyangwa impungenge rusange?

Annex 8: iCLM community health worker Tool for Assessment of TB and Malaria Services

Inyandiko ikubiyemo ibibazo byibanda ku kugenzura no gusuzuma serivisi zitangwa ku rwego rw'ibanze hagamijwe gukumira no kuvura igituntu na Malariya, muri gahunda ya iCLM.

INTEGRATED COMMUNITY LED MONITORING (iCLM)
ISUZUMABIKORWA RIHURIWEHO RIKOZWE N'ABAGENERWABIKORWA

COMMUNITY HEALTH WORKER TOOL FOR ASSESSMENT OF 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 Centre (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 iCLM project will interview you once a month using this tool. The interview will take about 20-30 minutes, can we proceed with the interview?

Muraho neza, nitwa .....
Ihuriro ry'Imiryango itari iya Leta ishinzwe kurwanya Virusi Itera SIDA no guteza imbere Ubuzima mu Rwanda (RNGOF) ku bufatanye n'Ikigo cy'Igihugu Gishinzwe Ubuzima mu Rwanda (RBC), barimo kugerageza uburyo bw'isuzuma burebera hamwe serivisi zitangwa mu rwego rwo kurwanya indwara 3 (Virusi itera SIDA, Igituntu na Malariya) bikozwe n'abagenerwabikorwa (iCLM). Ndifuza gufata iminota mike yo kukubaza no kuganira nawe kubijyanye n'uko ubona imitangire ya serivisi z'ubuvuzi mu kurwanya virusi itera SIDA, igituntu cyangwa malariya kuri iri vuriro. Ibisubizo byawe ni ibanga kandi ntituzagaragaza kintu cyose cyatuma ikiganiro cyacu gisohoka hanze. Intego yo gukusanya amakuru ni ukugira ngo dusobanukirwe uburyo mutanga serivisi no kumenya icyakorwa kugirango hanozwe imitangire ya serivisi.

Iri gerageza rirebera hamwe uburyo servisi zo kurwanya virusi itera SIDA, igituntu na Malariya(iCLM) zizajya zikorwa rimwe mu kwezi hifashishijwe urutonde rw'ibibazo bikurikira. Ikiganiro kiratwara iminota iri hagati ya 20 - 30.

Can we proceed with the interview?

Dushobora gukomeza ikiganiro cyacu?

Yes /Yego..... No /Oya.....

Section A: Introductory Questions

1. Date/ Itariki: ☐☐☐☐/☐☐/☐☐☐☐
2. Community Health Worker (CHW)/ Umujyanama w'ubuzima "Only on heath facilty"/condom kiosk
3. Code: eg.. CHW01, CHW02, CHW03, CHW04/For CHW
4. Condom Kiosk Location/Aho Agasanduka k'udukingirizo gaherereye:
5. Health Facility
6. District/ Akarere.....
7. Sector/ Umurenge
8. Cell/ Akagari
9. Village/Umudugudu.....
10. Nationality/Ubwenegihugu
    - ☐ Rwandan/ Umunyarwanda
    - ☐ Other (Please Specify)/ Ibindi (Sobanura) .....

Section C: TB Services

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

11. Which TB services do you provide? List as many as possible
Ese ni izihe serivisi z' Igituntu mutanga? Andika byinshibishoboka .....

12. Do service users pay for any TB services?
Ese abahabwa serivisi kugituntu,haba hari ikiguzi batanga kugirango babone izo serivisi?

☐ *Yes* ☐ *No (If "no"skip to 12)*

13. If YES, list the TB service that service users often have to pay for/
Niba ari YEGO, erekana serivisi zishyurwa .....

14. Have you received any training on presumptive TB case identification? Ese wahawe amahugurwa ku kumenya ibimenyetso by'ibanze biranga umurwayi w'igituntu?

☐ *Yes /Yego* ☐ *No /Oya*

15. Do you conduct TB awareness activities in the community? Ese mujya mukorera ubukangurambaga ku ndwara y'igituntu aho mutuye?

☐ *Yes /Yego* ☐ *No /Oya*

16. Do you conduct TB symptom screening? Ese mujya mukora isuzuma ry'ibimenyetso by'indwara y'igituntu?

☐ *Yes /Yego* ☐ *No /Oya*

17. How many TB patients are you currently following up? Muri gukurikirana abarwayi b'igituntu bangahe muri iki gihe? .....

18. Are you involved in Directly Observed Therapy (DOT) for TB patients?/ Ese muhagarikira uko abarwayi b'igituntu banywa imiti?

☐ *Yes /Yego* ☐ *No /Oya*

19. After a patient tested positive for TB, are immediate family members screened for TB?

Nyuma y'uko umurwayi asuzumwe agasanga yaranduye igituntu, ese abagize umuryango we bahita basuzumwa igituntu?

☐ *Yes /Yego* ☐ *No /Oya*

20. After a patient tested positive for TB, are immediate families on TB preventive therapy (TPT)?/

Nyuma y'uko umurwayi asuzumwe agasanga yaranduye igituntu, ese abagize umuryango we bahabwa imiti yo gukumira kwandura igituntu (TPT)?

☐ *Yes /Yego* ☐ *No /Oya*

21. Which other persons are eligible for TB Preventive Therapy (TPT)?

Ni abahe bantu bandi bemerewe gukoresha imiti yo gukumira kwandura igituntu (TPT)

TB TPT Eligible Persons	✓
People living with HIV who do not have TB/ Abafite ubwandu bwa	
Virusi itera SIDA ariko batanduye Igituntu	
Children living with people who have TB/ Abana banana nuwanduye igituntu	
Adults living with people who have TB/ Abantu bakuru banana nuwanduye igituntu	
Other (Specify) Ibindi (Sobanura)	

22. In the last month, have you experienced any stockout of TB treatment?
Ese hari igihe mwabuze imiti y'igituntu mu mezi ashize?

☐ *Yes /Yego* ☐ *No /Oya*

23. Have you been supervised by a health centre staff in the last 3 months?
Mu mezi atatu ashize, ese hari umukozi wo ku kigo nderabuzima wagusuye mu kazi?

☐ *Yes /Yego* ☐ *No /Oya*

24. Do you have sufficient physical space? Tick all that apply?
Ese waba ufite umwanya uhagije aho ukorera? Shyira ✓ aho bikwiye

Available spaces/ Umwanya utangirwamo serivisi	YES	NO
Consultation rooms/ Ibyumba by'isuzumiro		
Counselling room for TB/Icyumba cy'ubujyanama kugituntu		
Others (Specify)/ Ibindi (sobanura)		

25. What improvements to the physical space are necessary to optimize TB service delivery?
N'iki gikenewe gukorwa kugirango haboneke imyanya itangirwamo serivisi kugira ngo itangwa rya serivisi kugituntu rikorwe neza kurushaho?

.....

26. After testing positive for TB, are patients advised and counselled to test for HIV as well? Nyuma yo gusuzumwa bagasanga baranduye igituntu (TB),
Ese abarwayi bagirwa inama kandi bagashishikarizwa gusuzumwa agakoko gatera SIDA?

☐ *Yes* ☐ *No*

27. Do you provide any adherence support for TB patients? Ese mujya mutanga ubufasha bwo gukurikirana no gukangurira abarwayi b'igituntu kubahiriza imiti?

☐ *Yes* ☐ *No (If 'NO' SKIP TO 27)*

28. If YES, please explain the nature of adherence support provided?
Niba ari Yego, sobanure uburyo bwo mufasha abarwayi b'igituntu kubahiriza imiti mwabahaye. .....

29. Do you undertake contact tracing and loss to follow-up?
Ese mukora mushakisha ababuye n'abarwayi b'igituntu no gukurikirana ababuze mu gihe yo bwitabwagaho?

☐ *Yes* ☐ *No*

30. Are there survivors and TB peer educators who support you in the delivery of TB services?/
Ese hari abakize igituntu cyangwa abajyanama b'urungano bagufasha mu gutanga serivisi z'igituntu?

☐ *Yes* ☐ *No*

31. What services, if any, do TB survivors and or peer educators provide? Tick all that apply
Niba bahari, ni izihe serivisi z'igituntu abakize igituntu cyangwa abajyanama b'urungano batanga?

TB TPT Eligible Persons	✓
Community based TB screening/ Gusuzuma igituntu	
Community based TB contact tracing/ Gushakisha abahuye n'umurwayi w'igituntu	
Community level counselling and adherence support/	
Ubujyanama no gushishikariza abarwayi kunywa imiti neza	
Community level sputum collection/ Gufata igikororwa	
Sputum transportation/ Gutwara igikororwa aho gipimirwa	
TB awareness and DOT/ Ubukangurambaga ku ndwara yigituntu	
Other (Specify) Ibindi Sobanura	

32. In your opinion, do the CHWs have adequate capacity to provide services to TB key and vulnerable populations (PLHIV, students in boarding schools, PWUDs, miners, refugees, sex workers etc)?
Ku bwawe, ese abajyanama b'ubuzima bafite ubushobozi buhagije bwo gutanga serivisi ku bantu bafite ibyago byinshi byo kwandura cyangwa guhura n'igituntu (nko ku bantu babana n'agakoko gatera SIDA (PLHIV), abanyeshuri baba mu bigo by'amacumbi, abakoresha ibiyobyabwenge (PWUDs), abacukuzi b'amabuye y'agaciro, impunzi, n'abakora uburaya, n'abandi)?

☐ *Yes* ☐ *No (IF'Yes' SKIP TO 32)*

33. If NO, explain the specific gaps, and recommend improvements that need to be undertaken
Niba ari Oya, sobanura ibyuho biriho hanyuma utange inama ku byo bikeneye gukorwa kugira ngo banoze imikorere. .....

34. In your opinion, what can be undertaken to improve the overall quality of services from CHWs on TB service delivery at community level? List 3-5 recommendations.
Ku bwawe, ni iki cyakorwa kugira ngo serivisi zitangwa n'abajyanama b'ubuzima ku bijyanye n'igituntu ku rwego rw'abaturage zirusheho kunozwa? Tanga inama 3-5

.....

Section C: MALARIA Services

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

35. What specific malaria services do you provide?Tick all that apply
Ni izihe serivisi mutanga ku bijyanye na malaria? Shyira ✓ aho bikwiye

Available Malaria services	✓
Malaria testing/ Gupima malaria	
Malaria treatment/ Kuvura Malaria	
Malaria screening amongst pregnant women/ Gusuzuma malaria abagore batwite	
Pediatric malaria prevention and treatment/ Kurinda no kuvura malaria abana	
Under 5 years malaria prevention and treatment/ Kurinda no kuvura malaria abana bri munsi y'imyaka itanu	
Malaria prevention (LLIN use and distribution)/ Kwigisha no Gutanga inzitiramibu zikoranye umuti	
Malaria prevention (IRS)/ Gutera umuti urwanya imibu mu mazu	
Malaria awareness talks in POS/ Ubukangurambaga	
Other (Specify) Ibindi (Sobanura)	

36. How many days per week do you provide malaria testing and treatment services?
Ni iminsi ingahe ku cyumweru mutanga serivisi zo gupima no kuvura malaria?

.....

37. Do service users pay for any Malaria services? Ese abahabwa serivisi kuri malariya,haba hari ikiguzi batanga kugirango babone izo serivisi?

☐ *Yes* ☐ *No (If "no"skip to 35)*

38. If YES, list the Malaria service that service users often have to pay for
Niba ari YEGO, erekana serivisi za Malaria zishyurwa .....

39. Do you have RDTs and ACTs currently in your stock?(Yes/No)
Ese mufite RDTs na ACTs mub'ububiko bwanyu? (Yego/Oya)

40. Have you received any training on malaria cases management? (Yes/No)
Ese wahawe amahugurwa kubijyanye nuko bavura malaria? (Yego/Oya)

41. Do you provide support for malaria related prevention and treatment services?
Ese mutanga ubufasha/serivisi ku bijyanye no gukumira no kuvura malaria?

☐ *Yes* ☐ *No (IF 'NO' SKIP TO 39)*

42. If YES , please explain the nature of support provided?
Niba ari Yego, musobanure uburyo bw'ubufasha mutanga .....

43. What challenges, if any; do you experience with respect to prevention and malaria services? List as many as possible
Ni ibihe bibazo, niba bihari, mukunda guhura nabyo ku bijyanye no gukumira no gutanga serivisi za malaria? Tanga byinshi bishoboka .....

44. In the last one month, have you experienced any stockouts for the following items (diagnostics, commodities, drugs). Tick all that apply
Mu kwezi gushize, ese hari igihe mwabuze ibi bikurikira (ibikoresho byo gupima cg imiti)? Shyira ✓ aho bikwiye

Diagnostics, Commodities, & Drugs	✓
Malaria RDT test kits/ ibikoresho byo gupima malariya	
Malaria drugs/ Imiti	
Others (Specify) Ibindi (Sobanura)	

45. In your opinion, do the CHWs have adequate capacity to provide services to Malaria key and vulnerable populations (PLHIV, students in boarding schools, PWUDs, miners, refugees, sex workers etc)?
Ku bwawe, ese abajyanama b'ubuzima bafite ubushobozi buhagije bwo gutanga serivisi ku bantu bafite ibyago byinshi byo kwandura cyangwa guhura na malariya (nko ku bantu babana n'agakoko gatera SIDA (PLHIV), abanyeshuri baba mu bigo by'amacumbi, abakoresha ibiyobyabwenge (PWUDs), abacukuzi b'amabuye y'agaciro, impunzi, n'abakora uburaya, n'abandi)?

☐ *Yes* ☐ *No (IF'Yes' SKIP TO 45)*

46. If NO, explain the specific gaps, and recommend improvements that need to be undertaken
Niba ari Oya, sobanura ibyuho biriho hanyuma utange inama ku byo bikeneye gukorwa kugira ngo banoze imikorere .....

47. In your opinion, what can be done to improve the overall quality of malaria services delivered at community level. List 3-5 recommendations.
Ku bwawe, ni iki cyakorwa kugira ngo serivisi zitangwa n'abajyanama b'ubuzima ku bijyanye na malariya ku rwego rw'abaturage zirusheho kunozwa? Tanga inama 3-5.

Section D: HIV Services

The following section asks questions regarding HIV services received at the community/Condom Kiosk.

48. What is your role and how long have you worked here?List as many as possible
Inshingano zawe ni izihe kandi umaze igihe kingana iki ukora aha? Tubwire byinshi bishoboka.....

49. Do you receive visits from community members regularly? Ese hano hajya haza abaturage bashaka servisi mu buryo buhoraho?

☐ *Yes* ☐ *No*

50. Who are the main users of the kiosk? Ni bande bakunze gukoresha iki kioske?

☐ *Youth Urubyiruko* ☐ *Key Populations*
Abantu bo mu byiciro byihariye ☐ *General Public Rubanda rusanzwe* ☐ *Couples Abashakanye*

51. How often do you receive condom supplies?
Ni kangahe bakoherereza udukingirizo? .....

52. Have there been any recent stockouts?
Ese wigeze ugira ikibazo cyo kubura udukingirizo mu bubiko?

☐ *Yes* ☐ *No (IF'No' SKIP TO 52)*

53. If yes, how often? Niba ari Yego,
ni kangahe bibura?.....

54. Have you received any training on how to handle clients respectfully, especially key populations? Ese wahawe amahugurwa ku kuntu wita ku bakiriya neza, cyane cyane ku bantu bo mu byiciro byihariye?

☐ *Yes* ☐ *No*

55. Are you comfortable serving all groups, including MSM, FSWs, and youth? Ese wumva ufite ubushobozi bwo kwakira ibyiciro byose, harimo n'abagabo baryamana bahuje ibitsina, abakora uburaya, ndetse n'urubyiruko?

☐ *Yes* ☐ *No*

56. If yes, Explain
Niba ari Yego, Sobanura……

57. If No, Explain
Niba ari Oya, Sobanura……

58. What challenges do you face in running this kiosk?
Ni izihe mbogamizi uhura nazo mu gukoresha iyi kioske?

59. What improvements would you suggest to make this kiosk better serve the community? Kubwawe, Niki cyakorwa ngo iyi Kiosk ibashe gutanga serivisi nziza kubaturage?

7.3. Recommendation and Partnership Letters

a. Ministry of Health Partnership and collaboration letter

REPUBLIC OF RWANDA

Kigali, on 11 FEV 2025
N°20/ 0503 /DPMEHF/2025

MINISTRY OF HEALTH
P.O BOX 84 KIGALI
www.moh.gov.rw

TO WHOM IT MAY CONCERN

RE: Letter of Support on the pilot and implementation of iCLM system for HIV, TB and Malaria in Rwanda by RNGOF on HIV/AIDS & HP.

This is to recognize that Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP) in collaboration with the Ministry of Health through Rwanda Biomedical Centre (RBC) under the support of the Global Fund has developed and validated an Integrated Community Led Monitoring (iCLM) Model and iCLM System for Community data management for HIV, TB and Malaria in Rwanda. This initiative aims to empower communities disproportionately affected by HIV, TB and Malaria with inclusion of People With Disabilities (PWDs) and Faith Leaders to take a leading role in data collection and use to improve health services, strengthen accountability, and advocate for policy changes.

This letter serves to recommend Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP) as the implementer of iCLM Model and iCLM System for Community Data management for HIV, TB and Malaria at the health facilities and Community levels in Rwanda.

Sincerely,

MINISTRY OF HEALTH

By Authority Delegation

Dr. Muhammed SEMAKULA
HOD Planning, M&E and Health Financing
Cc:

- **Hon. Minister of Health**
- **Hon. Minister of State/ MOH**
- **Permanent Secretary/MOH**

b. RBC Partnership and collaboration letter

Rwanda Biomedical Centre
Healthy People, Wealthy Nation

Kigali on, 7/2/2025
Ref: No 023.2/RBC/HDPC/2025

Office of HDPC Department

Executive Director
RNGOF on HIV/AIDS & HP
Kigali-Rwanda

TO WHOM IT MAY CONCERN

This is to recognize that Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP) has been partnering with Rwanda Biomedical Centre in various health programs implementation. RNGOF on HIV/AIDS & HP in collaboration with Rwanda Biomedical Centre and implementing partners (CSOs) are implementing the Integrated Community Led Monitoring (iCLM) project for HIV, TB and Malaria targeting PLHIV, key and vulnerable populations/High Risk groups impacted and affected by HIV, TB and Malaria with inclusion of PWDs and Faith Leaders in the City of Kigali and Bugesera, Rwamagana, Rubavu, Gisagara and Rulindo districts.

The implementation of this project includes the engagement of the beneficiaries of services for HIV, TB and Malaria to take role in data collection and monitoring the progress on identified gaps to improve the overall services delivery.

This letter serves to recommend Rwanda NGOs Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP) as an implementer of iCLM Model for HIV, TB and Malaria.

Sincerely,

RBC-HIV/AIDS, Diseases Prevention and Control

Dr. Albert TUYISHIME
Head of Department
HIV/AIDS, Disease Prevention and Control
Rwanda Biomedical Centre

Repubulika y'u Rwanda
Minisiteri y'Ubuzima

RWANDA NGOs FORUM ON HIV/AIDS
& HEALTH PROMOTION