

Bringing HIV Services Closer to Home: A CLM Success Story from Rwampara District

"I appreciate the efforts of our network in Ruhandagazi and the CLM monitor for making sure our leaders brought our medicines closer," shared a 38-year-old woman living with HIV in Rwampara District.

"These days, I never miss an appointment. It takes me just 10 minutes to walk to the facility and another 10 minutes back home to continue with my work.

In the past, going to Bugamba felt like preparing for a long trip to my parents' home — I had to leave very early and lose a whole day."

In 2021, during routine clinic monitoring at Bugamba HC IV, CLM monitors observed that of the 797 clients enrolled in care, 156 were from Ruhandagazi Parish. Many of these clients voiced challenges with accessing antiretroviral therapy including long travel times and high transportation costs. On average, clients had to travel 16 kilometers round-trip to reach the facility — mostly on foot or by expensive motorcycle (boda bodas).

The ART in-charge confirmed that the facility recorded around 16 missed appointments monthly, often due to transport-related issues. These missed appointments posed a risk to adherence and overall treatment outcomes.







CLM also discovered that although Ruhandagazi had a health facility
— Ruhandagazi HC II — it was not accredited to provide ART refills.
When asked if they would prefer to access services closer to home, many clients responded with enthusiasm and hope.

In response, CLM engaged the District Health Officer (DHO), Chief Administrative Officer (CAO), and local networks of people living with HIV (PLHIV) to advocate for better access. CLM trained the Ruhandagazi PLHIV network in advocacy and community engagement, empowering them to consistently follow up with district leadership.

Their efforts paid off. In 2022, the district officially upgraded Ruhandagazi HC II to HC III, enabling it to provide ART refills to the local community.

The result? Reduced travel burdens, fewer missed appointments, improved adherence, and decongestion at Bugamba HC IV — all thanks to sustained CLM-driven advocacy and community-led action.







