

Accompagnateur Leader Weekly Report, Inshuti Mu Buzima, Rwanda

Name: _____ Date: ____ / ____ / ____

| 1. Work sector | 2. Number of patients | 3. Number of <i>accompagnateurs</i> |
|----------------|-----------------------|-------------------------------------|
| Sector of | | |
| Sector of | | |
| Sector of | | |
| Sector of | | |

4. New patients enrolled this week

- _____
- _____
- _____

5. Changes in *Accompagnateurs*

| <i>Existing accompagnateur</i> | <i>New accompagnateur</i> | <i>Patient's name</i> | <i>Address</i> | <i>Group</i> |
|--------------------------------|---------------------------|-----------------------|----------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

6. Patients who died

- _____
- _____
- _____

7. TB patients who completed six months of treatment

- _____
- _____
- _____

8. Problems and suggested solutions

Accompagnateur Leader signature and date: _____