

EMPOWERING COMMUNITIES TO END TB

OneImpact DR Congo

Country Case Study

OneImpact community-led monitoring (CLM) empowers people affected by TB to access health and support services, claim their human rights, and identify and reduce stigma. Through an innovative mobile application, OneImpact CLM encourages and facilitates the participation of people affected by TB in all aspects of TB programming in DR Congo to activate a human rights-based, people-centered response. In doing so, OneImpact CLM supports people affected by TB to successfully complete their TB journey, while strengthening accountability and responsiveness in TB programs, with special attention to gender-related barriers to services and the experiences of key and vulnerable populations.



Club des Amis Damien, DR Congo



Inception / multi-sectoral meeting on OneImpact CLM

<p><i>Project Period:</i></p> <p>April 2019 to December 2019</p>	<p><i>Implementers & Key Stakeholders:</i></p> <ul style="list-style-type: none"> √ Club des Amis Damien (CAD) √ National TB Control Programme (Programme National de Lutte contre la Tuberculose) (PNLT) √ Community health workers/first responders (CAD volunteers) √ People w/ TB
<p><i>Scope & Scale:</i></p> <p>OneImpact DRC was implemented in Kinshasa. The project involved:</p> <ul style="list-style-type: none"> √ 366 people w/ TB √ 60 community health workers √ 3029 nurses √ 20 health districts √ 2930 health facilities √ 10 CAD staff 	<p><i>Activities:</i></p> <p>Activities implemented included:</p> <ul style="list-style-type: none"> √ Needs and feasibility assessment √ Multi-sectoral inception meeting √ App technology adaptation √ Training and launch of OneImpact √ Implementation and data collection √ Monitoring and evaluation
<p style="text-align: center;"><i>Key Results:</i></p> <p>OneImpact CLM results:</p> <ul style="list-style-type: none"> √ 366 people w/ TB downloaded OneImpact √ 177 people w/ TB (48% of all people w/ TB) actively monitored the TB response—i.e., reported a challenge at least once √ 1,542 challenges were reported by people w/ TB √ 32 people w/ TB informed the content of the OneImpact DRC app <p>AAAQ challenges results:¹</p> <ul style="list-style-type: none"> √ 11% of people w/ TB enrolled in OneImpact CLM reported a barrier in accessing TB care and support services at least once √ 89% of people w/ TB who reported AAAQ challenges reported <i>quality</i> challenges for TB care and support services at least once 	

¹ The AAAQ framework derives from the international human right to health in article 12 of the *International Covenant on Economic, Social and Cultural Rights*. It requires that health facilities, goods and services are available, accessible, acceptable and of good quality for all.

- ✓ 45% of people w/ TB who reported AAAQ challenges reported *availability* challenges for TB care and support services at least once
- ✓ 30% of people w/ TB who reported AAAQ challenges reported *affordability* challenges for TB care and support services at least once
- ✓ 29% of people w/ TB who reported AAAQ challenges reported *acceptability* challenges for TB care and support services at least once
- ✓ 21% of people w/ TB who reported AAAQ challenges reported *accessibility* challenges for TB care and support services at least once
- ✓ 59% of the challenges reported were on *quality* of TB care and support services
- ✓ 16% of the challenges reported were on *availability* of TB care and support services
- ✓ 10% of the challenges reported were on *affordability* of TB care and support services
- ✓ 9% of the challenges reported were on *acceptability* of TB care and support services
- ✓ 6% of the challenges reported were on *accessibility* TB care and support services

Spotlight on AAAQ challenges results breakdowns:

- ✓ 100% of the *availability* challenges reported (247 challenges) indicated *TB drugs were not available* to people w/ TB
- ✓ 27% of the *affordability* challenges reported (\approx 43 challenges) indicated that *people w/ TB had to pay for transport* to their health facility
- ✓ 21% of the *accessibility* challenges reported (\approx 18 challenges) indicated that *the health facility was too far away* for people w/ TB
- ✓ 29% of the *acceptability* challenges reported (\approx 41 challenges) indicated that *people w/ TB experienced stigma in their family or household*

Programmatic level results:

- ✓ Enhanced engagement of people w/TB in the TB response
- ✓ An empowered TB community that access to information about TB and TB services, ways to connect with other people w/TB and with ways to report TB challenges at their finger tips
- ✓ Availability of innovative digital accountability platform that collects real time data on TB challenges for the first time
- ✓ Availability of data on TB challenges in real time for advocacy and to inform programmatic decisions and actions.
- ✓ Availability of data on efficiencies of community responses to TB challenges
- ✓ Creation of an evidence base for AAAQ challenges for the first time

Key Outcomes:

- ✓ CAD and the NTP successfully developed, adapted and implemented OneImpact CLM (intervention and tool) in the pilot area
- ✓ On average, 100 people w/ TB involved in the baseline and end-of-project assessment reported enhancements in the availability, quality and relevance of the information they

received on TB and TB services, their ability to connect with other people w/ TB, their ability to report TB challenges, and the quality of the responses they received to the challenges they raised

- ✓ CAD used OnelImpact data to develop a protocol with the NTP to manage drug side effects in an efficient manner, employing a combined community and programmatic response
- ✓ CAD is working with the NTP, based on OnelImpact data, to identify people in rural settings who cannot access health facilities to ensure they receive community or home-based care
- ✓ CAD has developed a protocol with the NTP to allow for direct NTP notification for each validated case when a person w/ TB cannot access treatment or when someone has been asked to pay for TB services at a health facility
- ✓ CAD leveraged OnelImpact data to successfully advocate for the inclusion of a TB stigma study in the DRC TB National Strategic Plan and DRC Global Fund proposal (proposing to use the Stop TB Partnership TB Stigma Assessment)
- ✓ CAD and the NTP have created Health Facility Teams to address challenges faced by people w/ TB and to strengthen linkages between community and health systems

Lessons Learned:

- ✓ Enhanced country ownership of the OnelImpact platform is required to ensure sustainability of the intervention
- ✓ People w/ TB played a crucial role in identifying the challenges that prevent them from being diagnosed, notified and treated — i.e., finding the missing people w/ TB
- ✓ People w/ TB require information on how quickly problems can be resolved to avoid over reporting.
- ✓ Commitment and engagement from the NTP was key to improving the OnelImpact CLM intervention and platform
- ✓ Human rights — e.g., rights to privacy and nondiscrimination — and data filtered by key populations, gender and age should be included in the OnelImpact platform
- ✓ Know your Rights training should be basis of community engagement in OnelImpact CLM.
- ✓ Health facilities and facility managers would like to be more engaged in OnelImpact data analysis
- ✓ Community health workers / CAD volunteers require augmented training on the OnelImpact inbox and the importance of data validation (data quality)
- ✓ Data quality checks should be included in the system to avoid over-reporting
- ✓ OnelImpact data was not effectively employed for advocacy and action at the programmatic level

Recommendations & Next Steps:

- √ CAD will work with local partners to determine when and OnelImpact data will be shared with stakeholders for advocacy and action at the programmatic level
- √ CAD will host monthly meetings with health facilities involved in OnelImpact CLM to analyze data and collectively identify and address challenges
- √ Dure Technology will support CAD to use OnelImpact SMART set-up to enhance country ownership
- √ CAD will establish a challenge resolution period, by which people w/ TB can expect a resolution to their reported challenges.
- √ CAD will work with Dure Technology and Stop TB Partnership to disaggregate data by province, health zone or district and health centre.
- √ CAD will work with Dure Technology and Stop TB Partnership to train case managers on validating / declining each reported TB challenge for data quality purposes
- √ OnelImpact DRC will be scaled up in 5 additional Provinces from 2021 to 2023 with support from the Stop TB Partnership and the Global Fund.