ONEIMPACT **Democratic Republic of Congo**

Institutionalizing Community led Monitoring for people centered DR TB Care

Background

The Democratic Republic of the Congo (DRC) remains a high-burden country for tuberculosis (TB) and drug-resistant tuberculosis (DR-TB). Despite ongoing efforts to strengthen TB services, a substantial proportion of people with drug-resistant TB remain undiagnosed or untreated, contributing to poor health outcomes and continued transmission. WHO estimates suggest that fewer than one-third of the approximately 6,900 people who develop MDR/RR-TB each year are detected and notified.

Between 1 August 2025 and 31 January 2026, community-reported data on TB care barriers identified several key barriers affecting people affected by DR-TB.

Key challenges identified

- **Drug side effects** affecting treatment adherence and patient well-being.
- **Lack of social protection** support for TB and DR-TB patients.
- **Limited access to available nutritional** support services.
- **Family and community stigma** leading to discrimination, isolation, and reduced treatment adherence.

At a Glance

Location: DRC, Provinces of Kinshasa, Haut Katanga, Kasai, Lualaba, Sankuru, Tshopo and Kasai Central.

Timeframe: 1 August 2025 – 31 January 2026

Implemented by: Club des Amis Damien, in collaboration with National TB and Leprosy Programme

Interventions

- Number of people educated on DR TB 2440
- Number of people trained on CLM: 112
- Number of people registered in ONEIMPACT CLM: 2183
- Number of people who reported barriers: 1345

Results

- National Level, e.g. NSP supports the expansion of OneImpact in 10 provinces and discussion ongoing to include OneImpact indicators in DHIS2.
- Facilities most impacted by drug side effects - Ancien Combattant, CBCA Nyamugo and Lunia – strengthened patient follow up and facilitated peer support.
- Districts of Bunia, Kikwit and Rwapara most impacted by stigma introduced psychosocial support, family engagement in treatment and raised awareness targeting men between the ages of 17-30 years.

Interventions

National: Club des Amies Damien worked with the PNLT and partners on the NSP, advocating for the inclusion of community led responses and secured support for CLM data use and responses. Club des Amis Damien also worked with local media to raise awareness about DR TB.

District: Club des Amis Damien facilitated awareness raising, engaged people affected by TB in CLM, trained communities (CAD, TBpeople RDC, TB Women RDC, TB Champions) on OneImpact and Demand Creation,

Interventions

Facility: Club des Amis worked with facilities most impacted by drug side effects to provide intensified follow up and peer support to those who reported challenges.

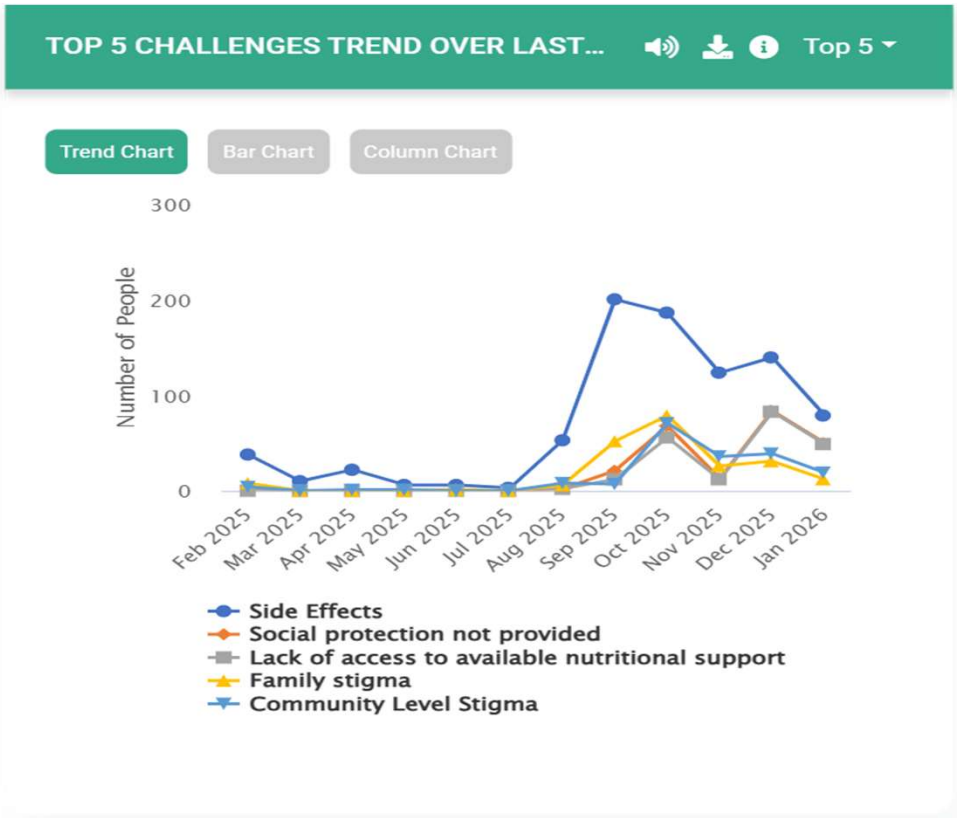
Household: Club des Amis Damien engaged families affected by TB in TB care to reduce stigma and provided psychosocial support to people on DR TB treatment through household visits.

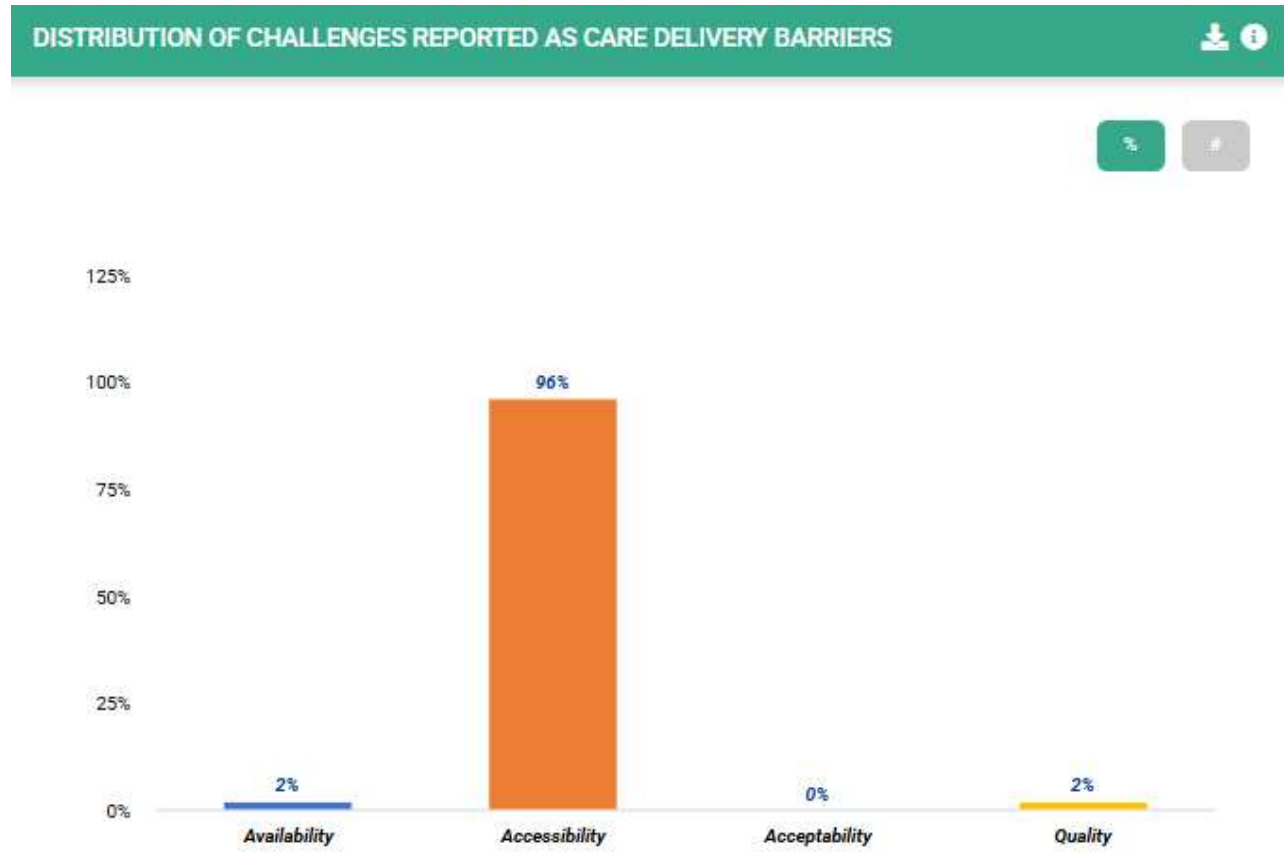
Partnerships

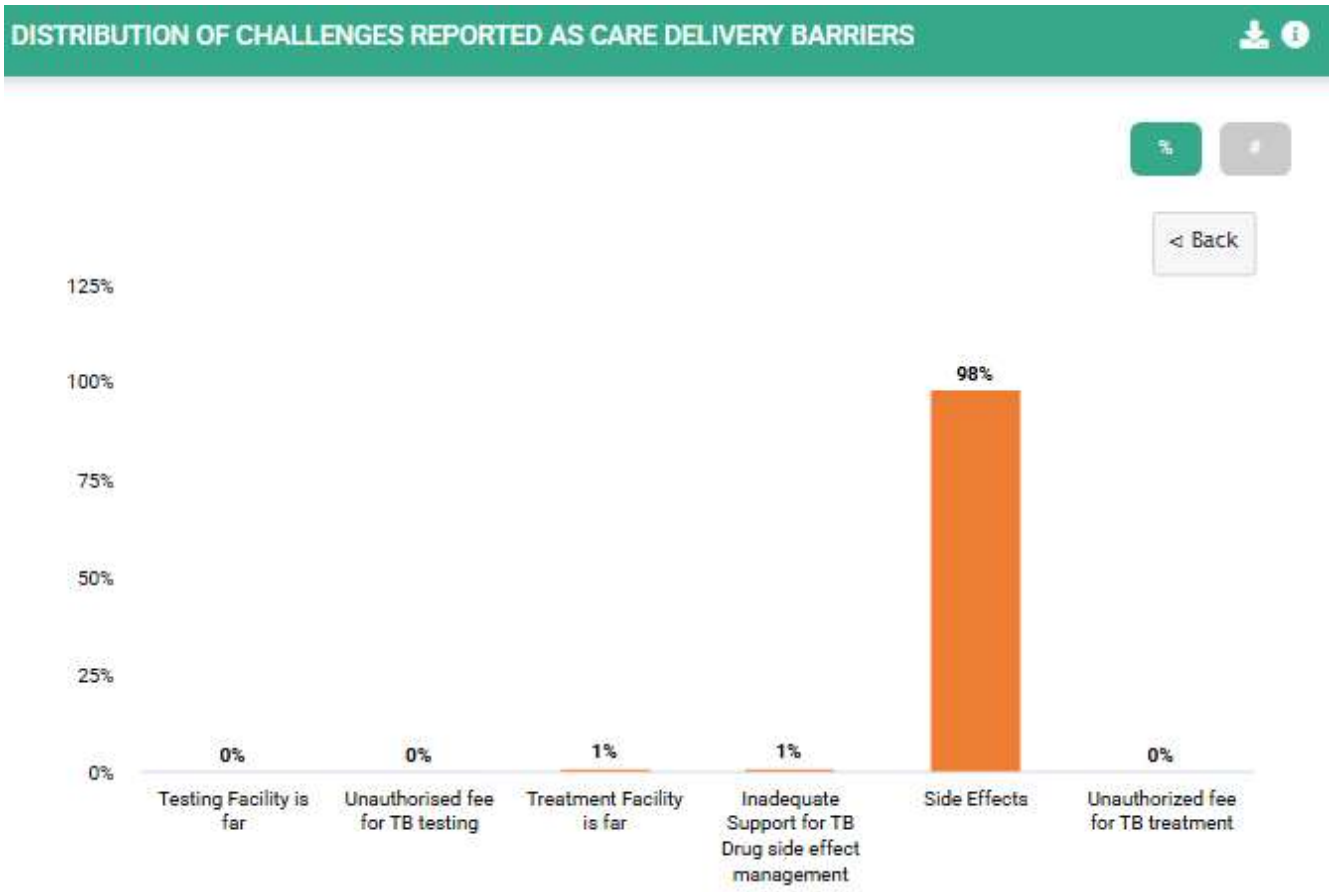
- Club des Amis Damien worked with the PNLT to engage districts and TB facilities in CLM and to respond to the challenges reported.
- Club des Amies Damien worked with the PNLT and partners on the NSP, advocating for the inclusion of community led responses.

Community-led Monitoring Data: OneImpact DR-TB Dashboard

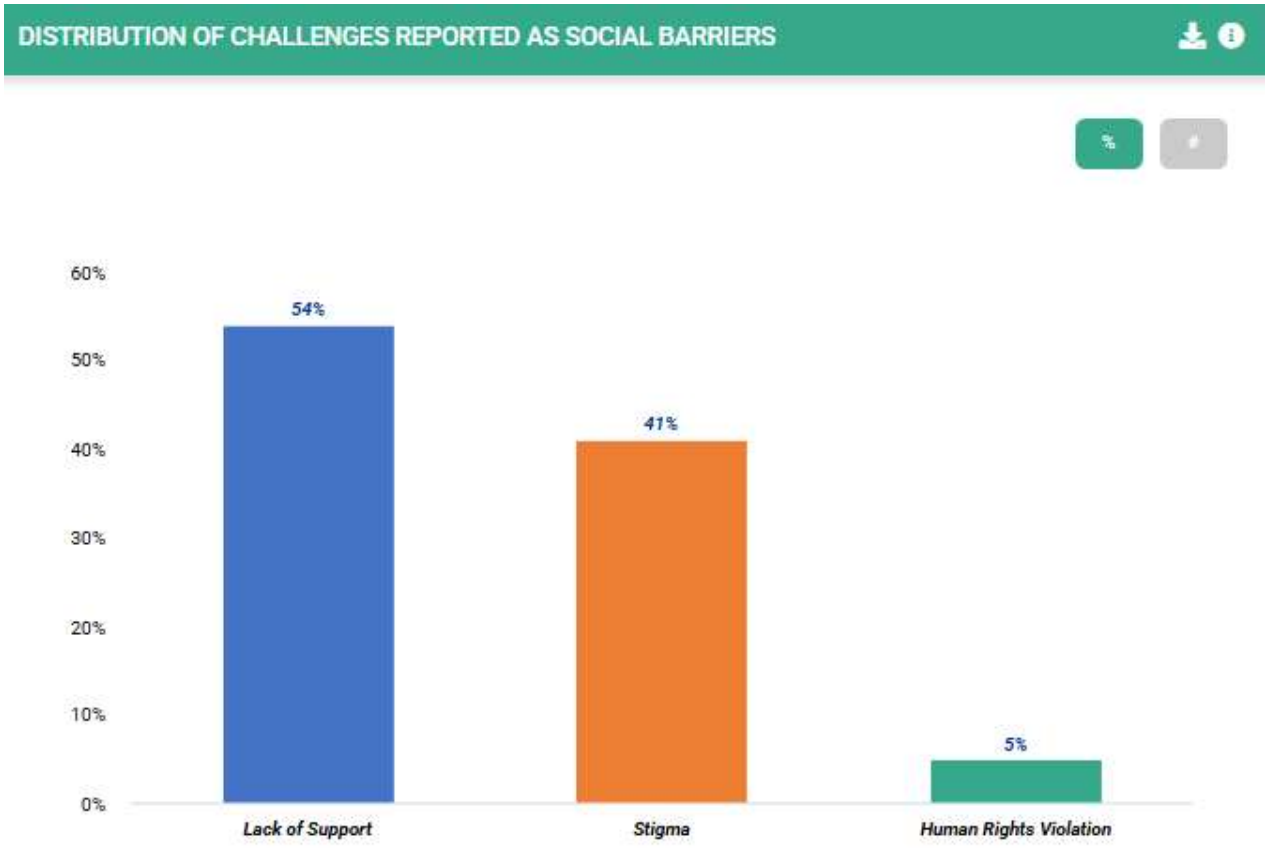
- Number of people registered during project period: **2183**
- Total number of people who reported challenges: **1345 (61%)**
- Total reported challenges: **3010**
- Challenges resolved: **1327 (44%)**

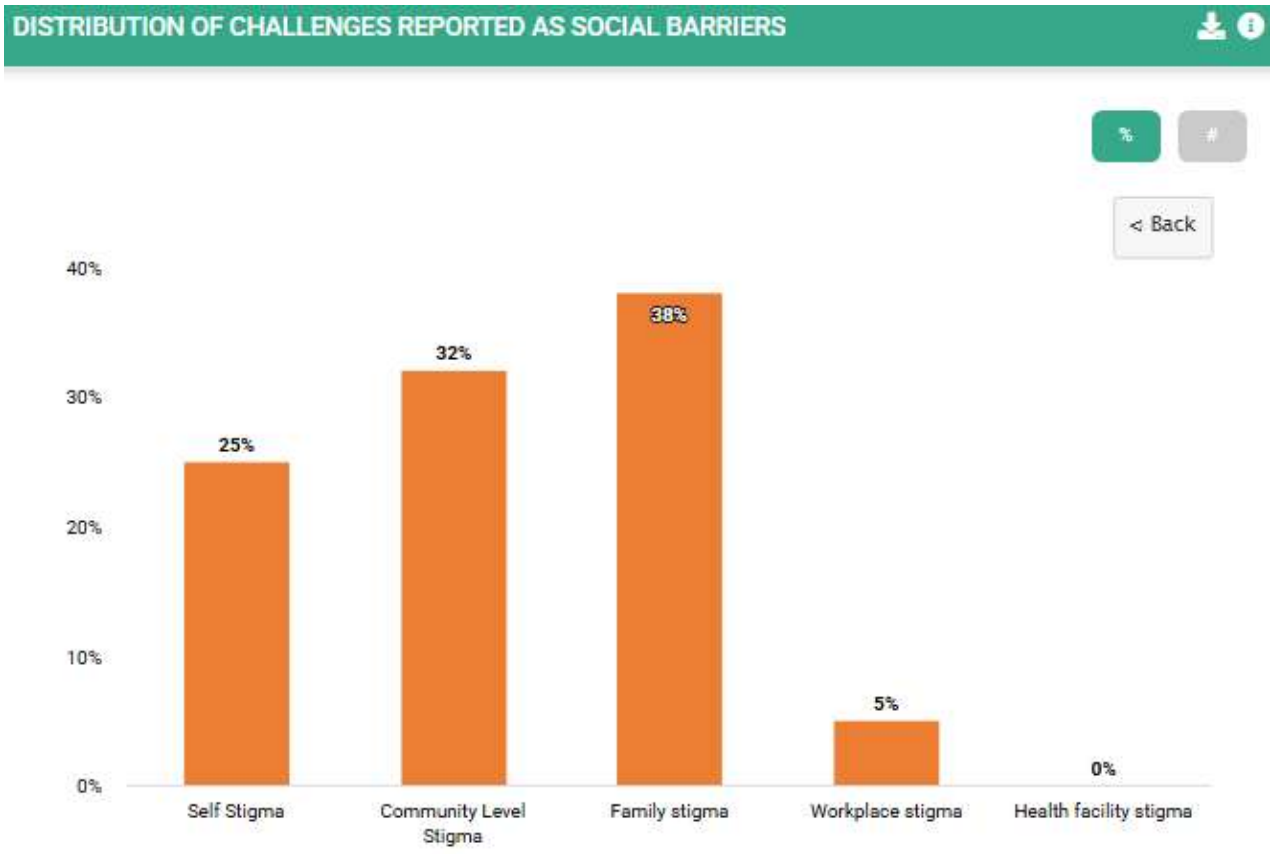






During the period 1 Aug 2025 - 31 January 2026 the **accessibility** of the TB care services was the most reported TB care barrier (96%) with **management of drug side effects** being the most reported access challenge (98%).





During the same period **stigma** was one of the 2nd most reported social barrier to TB care (41%), with **family (38%) community (32%)** and **self stigma (25%)** being the most common types of stigma being reported.

TOP DISTRICTS REPORTING CHALLENGES

Top 3

BUNIA - 56% — 330

64 (19%)	Lack of access to available nutri-tional support	64 (19%)	Social protection not provided	60 (18%)	Lack of access to available finan-cial support

KIKWIT - 76% — 235

96 (41%)	Side Effects	46 (20%)	Community Level Stigma	36 (15%)	Family stigma

RWAPARA - 60% — 163

33 (20%)	Lack of access to available nutri-tional support	33 (20%)	Social protection not provided	32 (20%)	Lack of access to available finan-cial support

TOP FACILITIES REPORTING CHALLENGES

Top 3

ANCIEN COMBATTANT - 63% — 238

51 (21%)	Lack of access to available nutri-tional support	51 (21%)	Social protection not provided	50 (21%)	Lack of access to available finan-cial support

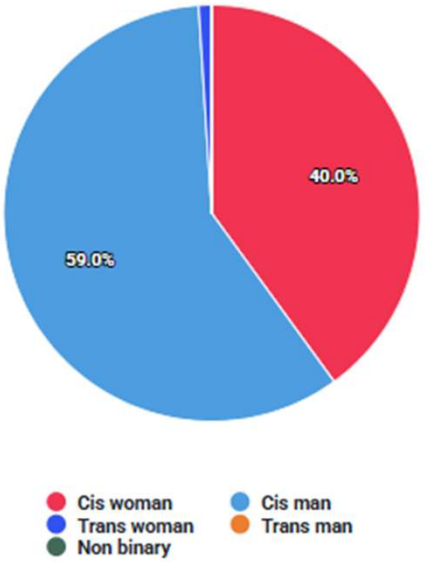
CBCA NYAMUGO - 83% — 131

90 (69%)	Side Effects	9 (7%)	Lack of access to available nutri-tional support	9 (7%)	Social protection not provided

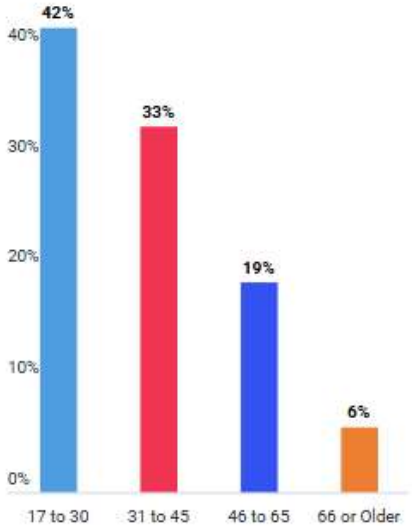
LUNIA - 100% — 94

94 (100%)	Side Effects	0 (0%)	Testing Denied	0 (0%)	Treatment denied

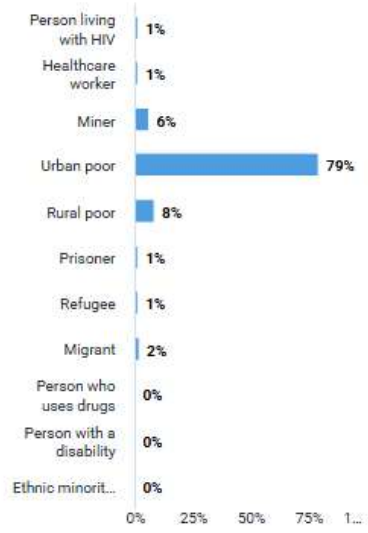
BY GENDER # %



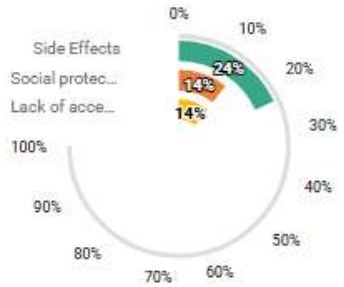
BY AGE # %



BY KEY POPULATION # %



RURAL POOR 52%



Of those who reported **59% were cis men**, the majority (42%) of whom were within the **17-30 age bracket** who identified as urban poor. The specificity of the data reported therefore allowed us to prioritize and focus both our advocacy and interventions on addressing **side effect management** and **family stigma** among **men** between the age range of **17-30 years** in urban poor settings in the **districts of Bunia, Kikwit, Rwapara**, and in the **facilities of Ancien Combattant, CBCA Nyamugo and Lunia.**

Outcomes

The project produced several important outcomes at policy, district and facility, community levels.

Policy / National level

ONEIMPACT CLM data informed the DRC National TB Strategic Plan (2024-2026 NSP) review.

- Budget allocation to manage side effects in the NSP
- Expansion of ONEIMPACT to 10 additional provinces in NSP
- Integration of CLM indicators into the national DHIS2 monitoring system in process
- Authorization for ONEIMPACT use in prison settings

District level

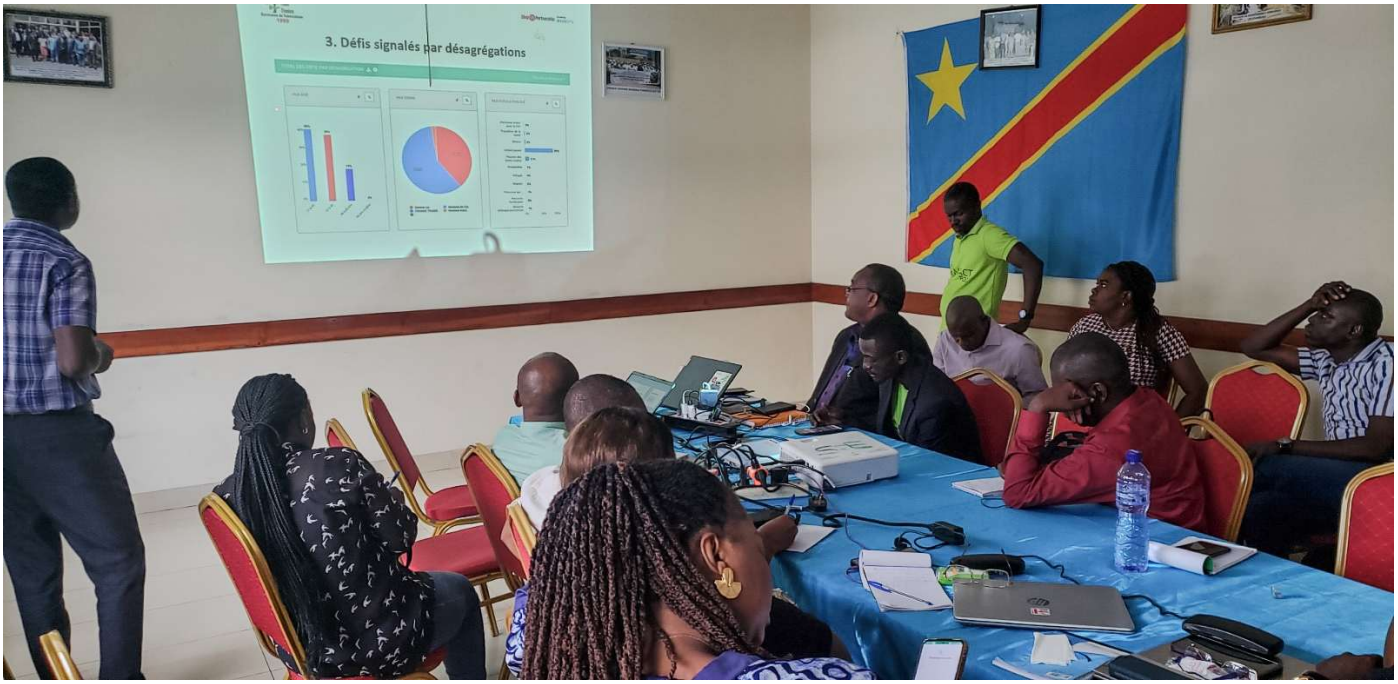
Community interventions addressing stigma, including psychosocial support, family engagement, and awareness activities; were implemented in districts of Bunia, Kikwit and Rwapara, targeting men between the ages of 17-30 years.

Facility level

Facilities of Ancien Combattant, CBCA Nyamugo and Lunia strengthened patient follow-up and support in response to high levels of reported drug side effects.

Conclusion

By engaging directly with people affected by drug-resistant TB and collecting real-time digital data on barriers to accessing TB care, Club des Amis Damien was able to generate robust evidence on the most critical challenges affecting TB services. This evidence base enabled the organisation to act at facility, district, and national levels, strengthening advocacy efforts and informing action-oriented decision-making to address barriers to DR TB care.



Club des Amis Damien, DR Congo
OneImpact Community-led Monitoring Data Analysis and Decision-Making
Kinshasa December 2025