

ONEIMPACT Mozambique

Strengthening Drug Resistant Tuberculosis Service Delivery through Community Support and Community-Led Monitoring in Mozambique

Background

Tuberculosis (TB) remains a significant public health challenge in Mozambique, with a high burden of drug-resistant tuberculosis (DR-TB). DR-TB is particularly difficult to manage, requiring prolonged and complex treatment regimens, where uninterrupted access to medication is critical to prevent treatment failure and the development of further resistance. Despite ongoing efforts, barriers to treatment access and adherence continue to undermine successful outcomes.

In response to these challenges, ADPP Mozambique, in collaboration with the National Tuberculosis Program (NTP), implemented a comprehensive approach combining peer-led psychosocial support with community-led monitoring. Peer support mechanisms were established to provide psychosocial assistance, improve treatment literacy, and strengthen adherence among people undergoing TB and DR-TB treatment. Complementing this, ADPP Mozambique introduced ONEIMPACT, a community engagement and monitoring solution developed by the Stop TB Partnership. ONEIMPACT enables people affected by TB to report gaps in service delivery. By capturing real-time patient experiences, ONEIMPACT supports timely identification of challenges and facilitates rapid corrective actions to improve the quality of care and continuity of treatment.

At a Glance

Location: Marracuene & Matola Districts, Maputu Province, Mozambique

Timeframe: Oct 2025 – Jan 2026 (4 months)

Implemented by: ADPP Mozambique + National TB Programme

Interventions

- 6,000+ people reached through TB literacy
- 420 people with DR-TB supported via Survivor Clubs, for both psychosocial and treatment adherence support
- 239 people with TB reported 272 barriers via ONEIMPACT

Outcomes

- Geo-referenced community data identified challenges in drug availability, which enabled rapid action and treatment restored for 100% of patients within 7 days.
- ONEIMPACT adopted by the National TB Programme.

Interventions

Interventions focused on two main components: community-led monitoring to identify service delivery gaps and strengthening treatment adherence through peer-based support.

- **Community Engagement and Literacy:** TB literacy sessions were conducted to raise awareness on TB prevention, treatment adherence, and stigma reduction. Over 6,000 individuals, including TB patients and their families, participated in these community-based sessions, which helped improve knowledge about the disease and its treatment.
- **Barrier Reporting via ONEIMPACT:** The ONEIMPACT solution allowed individuals with TB and their families to report barriers to care. A total of 239 people with TB reported 272 barriers during the intervention, with 88% of the issues related to service delivery.
- **Strengthening Treatment Adherence:** In addition to reporting barriers, 420 individuals with DR-TB joined TB Survivor Clubs. These clubs provided peer-based adherence support, helping people with TB cope with the long and complex treatment regimens required for DR-TB. The clubs also offered psychosocial support, crucial for individuals undergoing lengthy treatments and facing stigma.
- **Institutionalizing Community-Led Monitoring:** The NTP endorsed community-led monitoring (CLM) indicators, including those specific to DR-TB, formally integrating community-generated data into national TB monitoring systems.

Outcomes

The project produced several important outcomes at policy and community level.

Policy level

Institutionalization of Community Engagement: A key outcome of the project was the formal integration of CLM data into national TB monitoring systems. The NTP endorsed CLM indicators, ensuring that community perspectives systematically inform the TB response. This milestone strengthened collaboration between communities, health facilities, and local authorities, while enhancing accountability and responsiveness. By embedding community-reported barriers into decision-making processes, the policy shift recognized and reinforced the role of communities in TB programme oversight.

Community level

Together, community-led monitoring through ONEIMPACT and peer support via survivor clubs contributed to improved treatment adherence and continuity of care.

ONEIMPACT: 239 people with TB reported 272 barriers to TB care, with 88% linked to service delivery gaps, including 97 reports of drug shortages affecting people with DR-TB across eight facilities. Following a presentation of this data by ADPP to TB focal points in Matola and Marracuene, an investigation identified errors in drug acquisition form completion at six facilities in Matola (Nkogolote, Machava, Matola 2, Lingamo, Mugalaze, and Damasso) and two facilities in Marracuene (Habel Jafar and Marracuene Sede). After corrective action and staff feedback, drug supply issues were resolved, and no further shortages have been reported. And as a result, 100% of people with TB received their medications within 7 days.

TB Survivor Clubs. The establishment of TB Survivor Clubs helped 420 individuals with DR-TB. These clubs offered peer-based support that was essential for people undergoing long and complex regimens. The support provided not only helped improve treatment adherence but also played a vital role in addressing the psychosocial needs of people with TB.

Conclusion

The ONEIMPACT initiative in Mozambique demonstrates the value of community-led monitoring in strengthening TB service delivery and treatment outcomes. By enabling people affected by TB to report barriers in real time, it identified critical gaps in care and supported rapid corrective action by health authorities. Peer-based support through TB Survivor Clubs further strengthened treatment adherence and continuity of care. The integration of community-generated data into national TB monitoring systems represents an important step toward more responsive, accountable, and sustainable TB programming in Mozambique.



*National TB Programme and ADPP meeting on ONEIMPACT
Maputo Province, Mozambique*