

ONEIMPACT Pakistan

Listening, Learning, Acting: Using OnelImpact CLM Data to Improve DR-TB Care in Pakistan

Background

Tuberculosis, particularly drug-resistant TB, remains a major public health challenge in Pakistan. People affected by DR-TB continue to face barriers across the care cascade, including delayed diagnosis, limited awareness of available services, stigma, financial hardship, distance to treatment services, and gaps in quality of care.

OnelImpact CLM data highlighted that barriers were not only clinical, but also social, geographic, financial, and service-related.

Accessibility emerged as the most reported care delivery barrier, while stigma and lack of support were the leading social barriers reported by people affected by TB. The data also showed that barriers were concentrated among specific age groups, gender groups, key populations, districts, and facilities.

In response, Dopasi Foundation, in collaboration with the National TB Programme, Provincial TB Control Programs, civil society partners, TB Champions, survivor networks, and community stakeholders, used OnelImpact-based CLM to collect, analyze, and present patient-reported barriers.

The project aimed to move community feedback beyond individual complaints and use CLM data to inform programme discussions, community outreach, provider engagement, referral support, and accountability actions for more responsive DR-TB care.

At a Glance

Location:

Pakistan, with a key policy and financing outcome in Balochistan Province.

Timeframe:

October 2025 to June 2026

Implemented by:

Dopasi Foundation, Provincial TB Control Programs, and National TB Programme, Active Help Organization, Bridge Consultants Foundation and TB survivor networks

Key Interventions:

1. 1,324 TB Champions/survivor-led network members trained on demand generation activities for DRTB
2. 60,783 people with symptoms of TB and people with TB educated on DRTB, and made aware of their right to quality services
3. 13,824 CFCS and survivor-led networks trained on CLM -DR TB
4. 3,133 people engaged in OnelImpact CLM processes for DR TB
5. 139 barriers reported
6. 100% barriers resolved

Results:

- **National level:** OnelImpact CLM data highlighted key barriers to DR-TB care, including accessibility 71%, quality 29%, stigma 54%, and lack of support 43%, informing NSP/PSP, GC8, and accountability discussions.
- **Facility level:** Facility-linked data identified service gaps such as proximity to TB treatment centres 40% and unauthorized fees for TB testing 30%.
- **Community level:** Stigma data guided targeted engagement, with community-level stigma 33%, workplace stigma 23%, and self-stigma 23%.
- **Individual level:** Disaggregated reports showed higher reporting among men 68% and people aged 17–30 years 47%, helping focus counselling, referral support, and follow-up.

Interventions

Community Interventions

1. Trained TB Champions, survivor networks, and community members on OnelImpact-based CLM, DR-TB rights, care pathways, and barrier reporting.
2. Mobilized people affected by TB/DR-TB to use OnelImpact for reporting access, quality, stigma, support, and service delivery barriers.
3. Used CLM findings to guide targeted outreach, counselling, referral support, and stigma reduction activities in communities reporting barriers.

Community-led Monitoring data – ONEIMPACT DR TB Dashboard

- Number of people registered during project period: **2,733**
- Total number of people who reported challenges: **54**
- Total reported challenges: **139**
- Challenges resolved: **100%**

Partnerships leveraged

1. NTP, PTPs, and CMU: Supported alignment of CLM with programme priorities, DR-TB services, NSP/PSP discussions, and GC8 planning.
2. District health authorities and facilities: Supported follow-up on reported barriers, including access gaps, counselling needs, proximity challenges, and unauthorized fees.
3. TB Champions, survivor networks, and CSOs: Helped collect feedback, support affected people, validate barriers, and connect community concerns with programme stakeholders.
4. CCM and health authorities: Supported positioning OnelImpact as a community accountability platform for TB, AIDS, and Malaria.

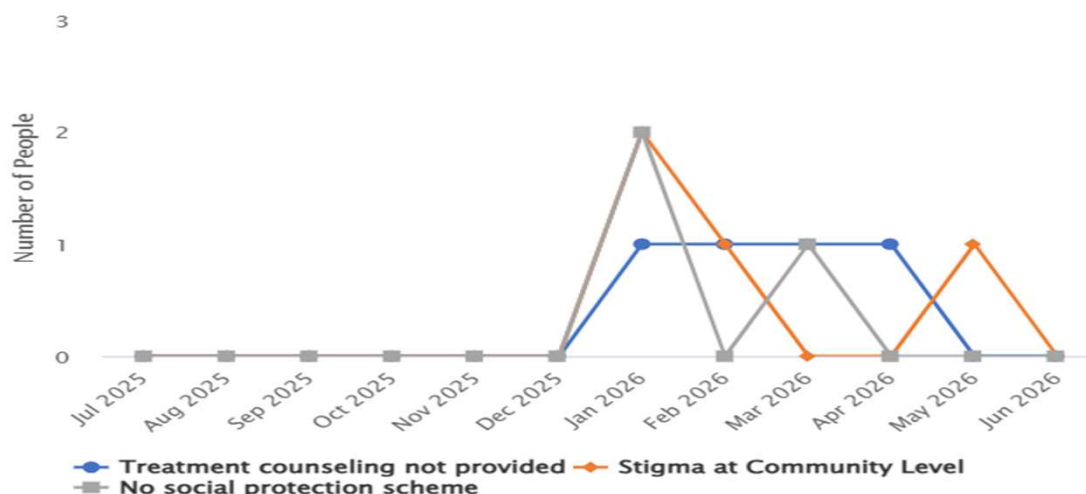
TOP 3 CHALLENGES TREND OVER LAST YEAR

🔊 📄 ⓘ Top 3 ▾

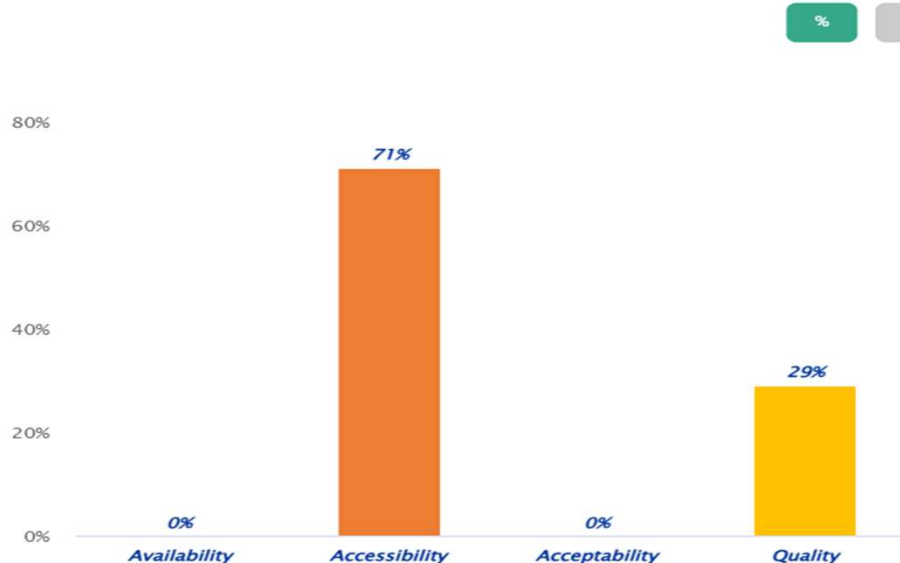
Trend Chart

Bar Chart

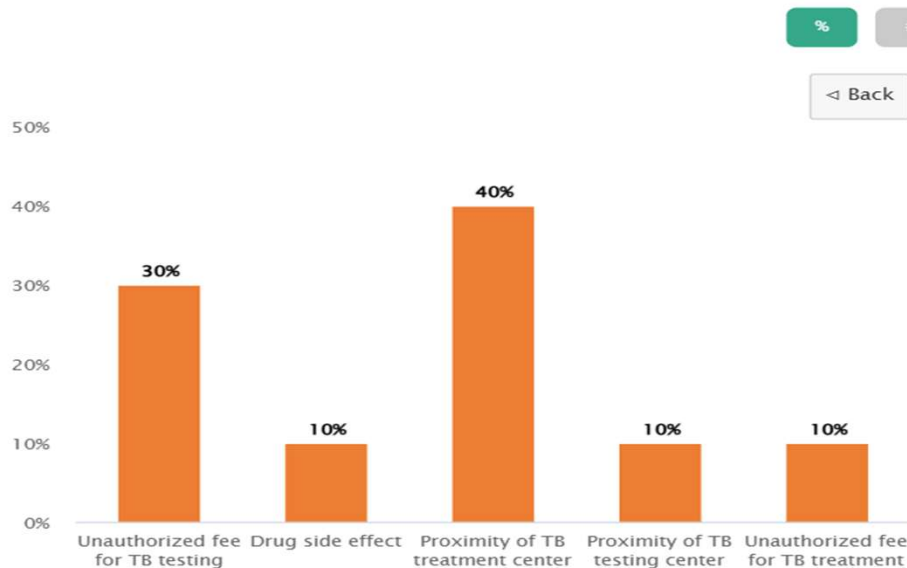
Column Chart



DISTRIBUTION OF CHALLENGES REPORTED AS CARE DELIVERY BARRIERS



DISTRIBUTION OF CHALLENGES REPORTED AS CARE DELIVERY BARRIERS



From October 2025 to June 2026, **accessibility** was the most reported care delivery barrier, accounting for **71%** of reported care delivery challenges, followed by **quality of care** at **29%**.

Within accessibility and quality-related barriers, the most frequently reported challenge was **proximity of TB treatment centres** at **40%**, followed by **unauthorized fees for TB testing** at **30%**. Other reported barriers included **drug side-effect concerns**, **proximity of TB testing centres**, and **unauthorized fees for TB treatment**, each reported at **10%**.

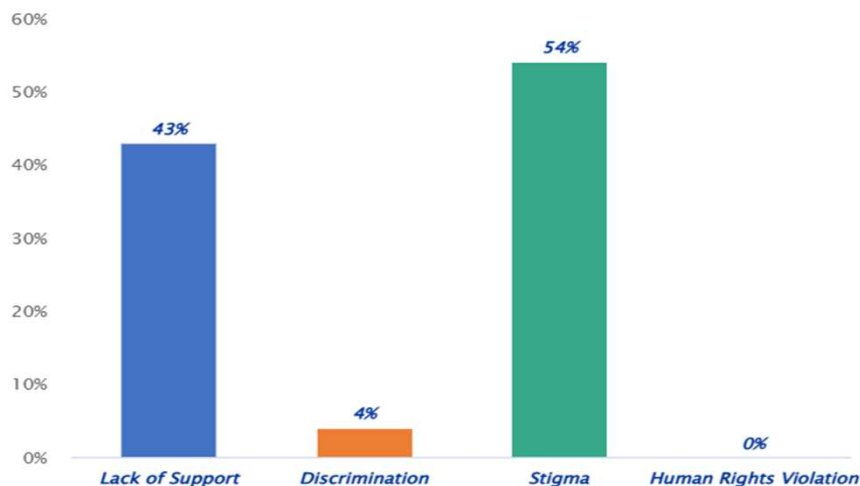
These findings helped identify where people affected by TB were experiencing practical barriers in accessing diagnosis, treatment, and follow-up services, and provided evidence for targeted follow-up with programme, facility, and community stakeholders.

DISTRIBUTION OF CHALLENGES REPORTED AS SOCIAL BARRIERS



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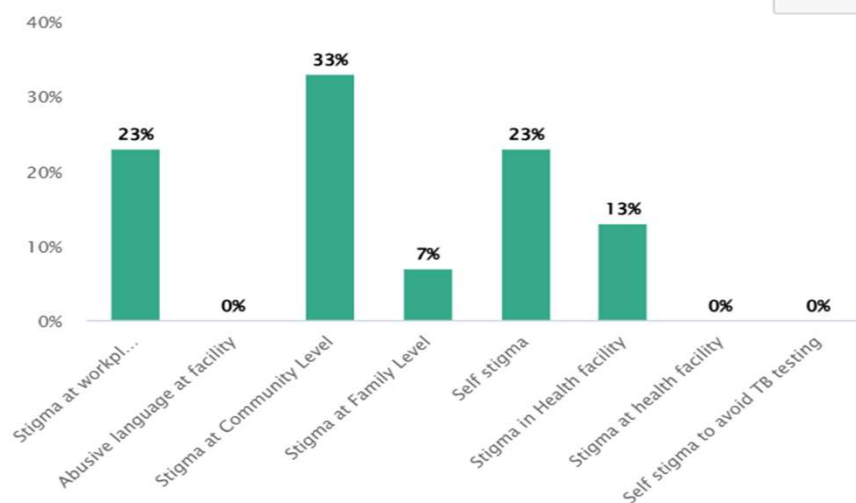
DISTRIBUTION OF CHALLENGES REPORTED AS SOCIAL BARRIERS



%

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< Back



From October 2025 to June 2026, **stigma** was the most reported social barrier to TB care at **54%**, followed by **lack of support** at **43%** and **discrimination** at **4%**. Among stigma-related barriers, **stigma at community level** was most frequently reported at **33%**, followed by **workplace stigma** at **23%** and **self-stigma** at **23%**. Stigma in health facilities was also reported at **13%**, highlighting the need for continued community awareness, provider sensitization, and stigma reduction efforts.

TOP DISTRICTS REPORTING CHALLENGES

Top 3 ▾

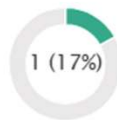
RAWALPINDI DISTRICT - 33%

9

TB service
deniedStigma at
workplaceStigma at
Community
Level

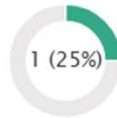
SHANGLA - 51%

6

Stigma at
workplaceTreatment
counseling
not providedStigma at
Community
Level

CHAGAI DISTRICT - 75%

4

Unauthorized
fee for TB
testingProximity of
TB treatment
centerNo social
protection
schemeTOP FACILITIES REPORTING CHALLENGES

Top 3 ▾

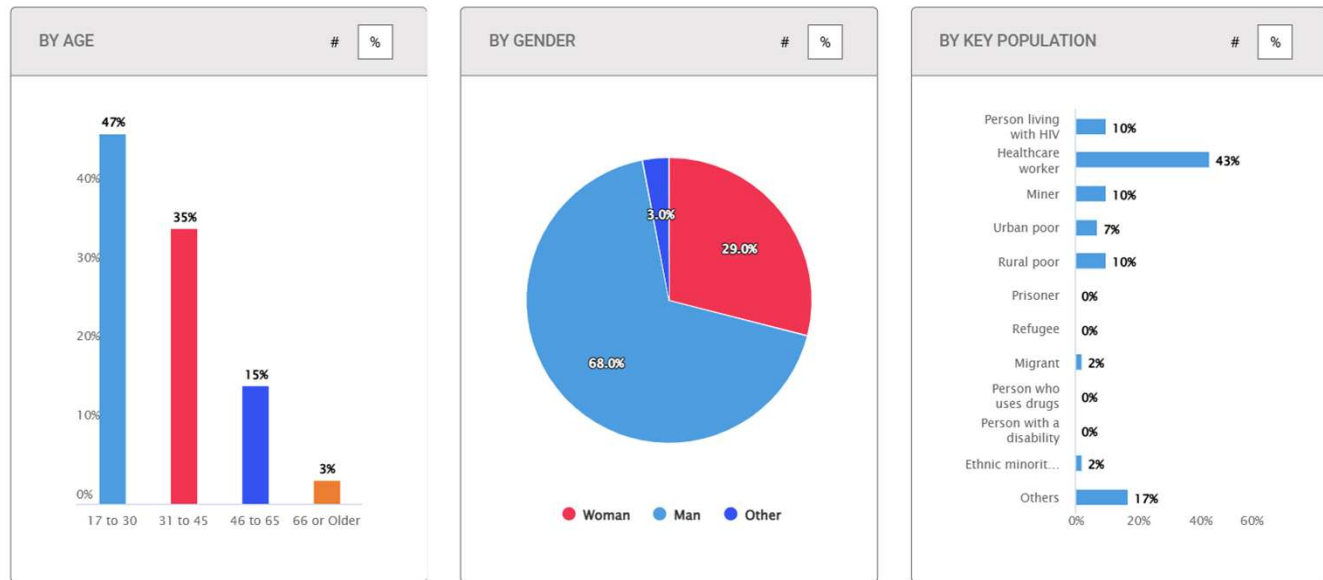
RAILWAY HOSPITAL RAWALPINDI -
99%

3

Drug side
effectProximity of
TB treatment
centerProximity of
TB testing
center

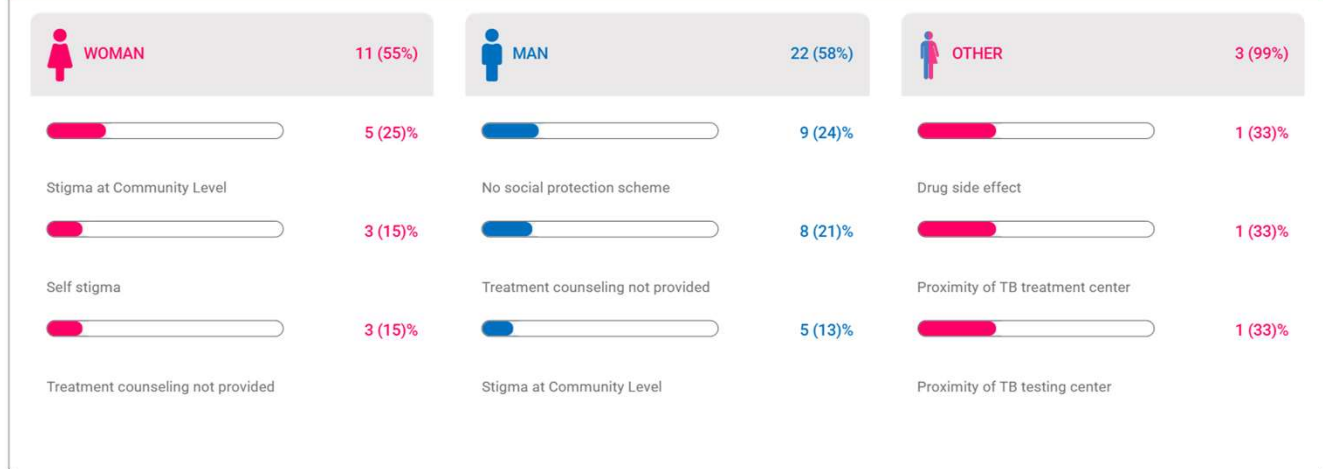
TOTAL CHALLENGES BY DISAGGREGATION

All Indicators



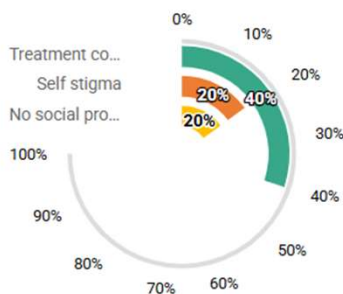
TOP CHALLENGES FACED BY EACH GENDERS

Top 3



PERSON LIVING WITH HIV

80%



Disaggregated Onelmpact data showed that most reported barriers came from men (68%), followed by women (29%) and other gender groups (3%). The largest reporting age group was 17–30 years (47%), followed by 31–45 years (35%).

Among key populations, healthcare workers represented the highest reporting group (43%), followed by people living with HIV, miners, and rural poor populations (10% each).

This helped prioritize follow-up with specific groups and tailor counselling, outreach, and referral support based on who was reporting barriers and where support was needed.

Outcomes

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



Policy / National Level

- Onelmpact app hosted by Dopasi Foundation, generated evidence on priority DR-TB barriers, including accessibility, stigma, quality of care, and lack of support.
- Patient-reported barriers were made visible for NSP/PSP, GC8, and national accountability discussions.
- CLM data strengthened the case for routine use of community feedback in DR-TB planning and review.



District Level

- District-level reporting helped identify priority geographies, including Rawalpindi, Shangla, and Chagai.
- Local barrier patterns supported more targeted coordination with district health authorities, facilities, and community networks.
- District teams gained clearer evidence on access, stigma, and support-related barriers affecting people with TB.



Facility Level

- Facility-linked reports highlighted service gaps such as proximity to treatment/testing centres, counselling gaps, unauthorized fees, and side-effect concerns.
- Railway Hospital Rawalpindi was identified through facility-level reporting, allowing more focused follow-up.
- CLM data helped connect patient-reported concerns with facility and programme accountability channels.



Community Level

- Stigma was identified as the leading social barrier, with community-level stigma, workplace stigma, and self-stigma requiring targeted action.
- Community outreach and TB Champion engagement were better focused on stigma reduction, treatment literacy, and rights-based messaging.
- Lack of support emerged as a major barrier, strengthening the case for peer support, counselling, and social protection advocacy.



Individual Level

- Disaggregated data showed higher reporting among men, young people aged 17–30, and healthcare workers.
- Individual reports helped guide counselling, referral support, follow-up, and linkage with relevant services.
- Onelmpact hosted by Dopasi, provided people affected by TB with a direct channel to report barriers and seek support.

Conclusion

This case study shows how OnelImpact hosted by Dopasi, helped move patient feedback from isolated complaints to structured CLM data that could inform DR-TB care, outreach, and accountability. The dashboard made visible where people were facing barriers, who was reporting them, and which issues required follow-up.

This matters because DR-TB care cannot improve through clinical services alone. Accessibility, stigma, lack of support, counselling gaps, unauthorized fees, and proximity to services directly affect whether people can start, continue, and complete treatment.

What Worked Well

- OnelImpact hosted by Dopasi, provided a direct channel for people affected by TB/DR-TB to report barriers and seek support.
- Real-time dashboard data helped identify priority barriers, including accessibility, stigma, quality of care, and lack of support.
- Disaggregated data by district, facility, gender, age, and key population helped make outreach and follow-up more targeted.
- TB Champions, survivor networks, CSOs, and programme stakeholders helped connect community feedback with action.

Key Challenges

- Ensuring consistent reporting and follow-up across all districts and facilities.
- Strengthening routine use of CLM data in programme reviews, surveillance meetings, and planning processes.
- Improving response pathways for sensitive issues such as stigma, unauthorized fees, counselling gaps, and lack of support.
- Sustaining community trust by ensuring reported barriers are acknowledged, tracked, and addressed.

Next Steps

- Institutionalize OnelImpact CLM data use in routine TB programme reviews and accountability platforms.
- Strengthen district and facility-level response mechanisms for reported barriers.
- Use CLM findings to guide targeted community outreach, stigma reduction, counselling, and referral support.
- Integrate CLM evidence into NSP/PSP, GC8 planning, and ongoing DR-TB service improvement discussions.

