OneImpact TBKiganjani

Strengthening NTLP and community collaborations and community information for a National Social Protection Policy for people affected by TB in Tanzania

"ONEIMPACT IS PROVIDING US WITH THE NECESSARY INFORMATION FOR EVIDENCE BASED POLICY MAKING ON SOCIAL PROTECTION AND COUNSELING" **Dr John Msaki, NTLP**

Tanzania is one of the 30 countries with the highest burden of Tuberculosis (TB) globally. The country is currently implementing their National Tuberculosis and Leprosy Strategic Plan VI 2020-2025 with a key strategy to strengthen community engagement by institutionalizing the OneImpact Community led-Monitoring (CLM) solution. The country's CRG assessment (2017), also recommended to improve community engagement to enhance the availability, accessibility, and acceptability of quality TB services. To support the NSP's commitment to CLM, MKUTA, a community-based organization for TB worked collaboratively with the National TB and Leprosy Programme (NTLP) to adapt and scale up OneImpact. OneImpact 'TBKiganjani' is a community engagement solution that mobilizes and empowers people affected by TB to engage and inform the response in Tanzania so that high quality, stigma free TB care and support services are available and accessible to all, with a focus on Tanzania's Key and Vulnerable Populations, notably people living with HIV, miners, refugees and fisherfolks (CRG Assessment, 2017). Today MKUTA, along with the 7 community consortium partners and NTLP have mobilized and empowered nearly 30,000 people affected by TB to engage in community-led monitoring.
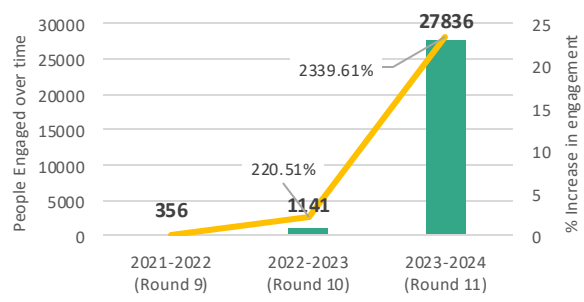

Fig1. OneImpact TBKiganji Scale-up Trend analysis

ONEIMPACT KINGAJANI AT A GLANCE

Lead CLM implementer: MKUTA

CLM Strategic Partner: National Tuberculosis and Leprosy Control Program (NTLP)

Implementing partners: MUKIKUTE, PASADA, TTCN, CHIMABA SANAA GROUP, FWF, STEPS TANZANIA

Operational since: 2021

Target Key and vulnerable populations targeted: PLHIV, Miners, Refugee, Fisher Folks

Supported by: Stop TB Partnership CFCS, (USAID, L'Initiative), TGF, USAID

28,715
TOTAL PEOPLE AFFECTED BY TB ENGAGED

200
Community Health Workers (CLM FIRST RESPONDERS)

11 Regions (42%)
COVERAGE IN TANZANIA MAINLAND

40,219
CHALLENGES REPORTED

8,139 (20%)
CHALLENGES RESOLVED

CLM DATA HIGHLIGHTING CHALLENGES BY TB COMMUNITIES

Between January 2023 and May 2024, a total of 29,394 challenges were reported by the TB affected communities. Among those who reported +3200 were PLHIV, +2599 were from the Mining Community, +500 were from fishing communities. The top 3 barriers to access reported were **Treatment counselling not provided (25.00%), No social protection scheme (22.14%) , and Self Stigma (10.21%).**
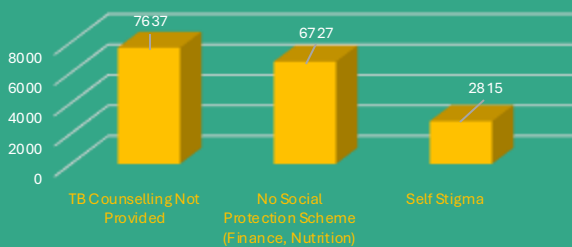

Fig 2. Top challenges reported by TB community on OneImpact

The top districts and health facilities reporting these challenges were: top 5 districts - Muheza DC (4355) , Kigoma-Ujiji MC (3034) , Simanjiro DC (2772), Geita DC (2429), Dodoma CC (1952), the top 5 health facilities were- Lwamgasa Dispensary (1640), Bwanga Health Centre (1493), Mirerani Health Centre (1187), Geita Town Hospital (989), Likombe Health Centre (775) .

TANZANIA ENGAGEMENT PLATFORM FOR CLM DATA SHARING AND USE

MKUTA and partners systematically presented the CLM data to the health facilities implicated to support the individuals impacted. In addition, the CLM data was shared at the National level with; "One Group" and during the NTLP bi-annually meeting in March 2024. The information shared was used in the following ways.

CLM DATA INSTITUTIONALIZATION AND USE TO:

Improve the National Treatment Counselling Policy: OneImpact CLM data highlighted the gaps in treatment counselling (7637 reports, 25% of total challenges reported) which is mandated, as per the Tanzania TB treatment protocol for the HCWs. This can be further correlated to the high levels of stigma reported by the communities; mentioned below. With this information NTLP committed to strengthen the existing policy on counselling; expected to be released in Sept'24.
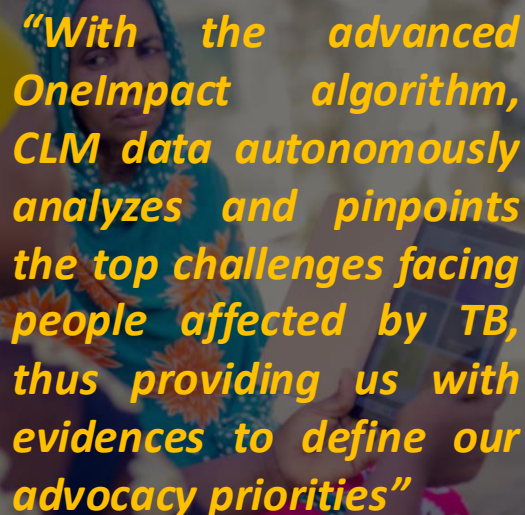
Inform the National Social Protection Policy: Poverty disproportionately affects the poor in Tanzania, and undernutrition is an important risk factor for developing active disease (WHO 2022 – NSP Tanzania 2020-2025). With limited infrastructure people are also forced to travel long distances. High cost of transportation (CRG Assessment, 2022) is therefore a major barrier to accessing TB care. With 5,766 number of people (20% of those engaged) with TB reporting the need for nutrition and financial support, CLM data corroborated the need for social support for the broader cohort of people with TB and not just those with Multi-Drug Resistant (MDR) TB, who are eligible for social support, as per the NSP (2020-2025). NTLP therefore and based on CLM data, requested MKUTA to engage and support the development of a National Social Protection Policy for the TB response, planned for 2024.

Inform Interventions To Eliminate TB Stigma: Acknowledging that TB stigma is highly prevalent and impacting access to TB services, the NTLP is relying on OneImpact as the sole source for data on TB stigma. Based on the CLM data, there were over 5500 reported challenges on TB stigma in the period out of which 2815; Self Stigma, 1350: Stigma at community level, 1177: stigma at family level. This data was and continues to be used by MKUTA's CHWs to address the stigma reported and to support people affected by TB and their families. The data is also being used by community leaders to educate and advocate for ending TB stigma in communities. Hence, OneImpact is supporting the identifcation and elimination of Stigma and various settings.

KEY LEARNING AND SUCCESS FACTORS

Four of the key building blocks that has supported CLM scale up and institutionalization in Tanzania have been:

- *Political buy-in: NTLP is the leading collaborator for OneImpact TBKiganjani. By including OneImpact in the NSP 2020-2025 NTLP has committed to meaningful engagement of people affected by TB in the TB response and in institutionalizing CLM / CRG data in the TB response. Today, thanks to NTLP support OneImpact Kiganjani is covering 42% of geographical areas of the country.*

- *CLM integration into existing community systems: OneImpact TBKiganjani has benefited from the extensive network of MKUTA's CHWs. Today MKUTA leverages and supports 5600 CHWs who were already known to communities and mobilized to engage as first responders to the challenges reported. This network has been key to OneImpact Kiganjani scale up and success.*

- *Partnerships: Partnerships and collaborations with other CBOs has been key to OneImpact TBKiganjani scale up. Today while MKUTA is the lead CLM implementer, it is supported by 7 additional CBOs who work collaboratively to reach and engage all people affected by TB in their respective catchment areas.*

- *Commitment to CLM data use: Several forums to share CLM data have been established or leveraged to support CLM data use; National KVP forum, Tanzania National Coordination Mechanism for Global Fund (TNCM) and OneGroup.*

"With the advanced OneImpact algorithm, CLM data autonomously analyzes and pinpoints the top challenges facing people affected by TB, thus providing us with evidences to define our advocacy priorities"

Dr Willy Mbawala Executive Director MKUTA

WAY FORWARD FOR ONEIMPACT CLM SCALE-UP SUPPORTING COMMUNITIES ACROSS THE NATION

OneImpact TBKiganji has been successful in mobilizing, engaging and generating actionable data for impact. OneImpact Kiganjani is therefore being supported as a key strategy under National Strategic Plan (NSP VI) for community mobilization and engagement and scale up is being supported in the following ways:

1) GC7

2) USAID

3) Stop TB Partnership Challenge Facility for Civil Society

Out of the 5,600 MKUTA volunteers nationwide, 200 are currently involved in OneImpact. This is a significant opportunity to expand OneImpact on a national scale by tapping into the vast network of MKUTA CHWs.

ONEIMPACT