



EMPOWERING COMMUNITIES TO END TB

OneImpact Indonesia 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 Indonesia 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.





National Dialogue on CLM

People affected by TB identify primary TB challenges





Project Period: July 2019 to August 2020	Implementers & Key Stakeholders: √ Lembaga Kesehatan Nahdlatul Ulama (LKNU) √ Perhimpunan Organisasi Pasien TB (POP TB) √ Aisyiyah √ National TB Control Programme (NTP) √ World Health Organization Indonesia √ TB case managers, peer support √ PMDT hospital √ People w/ TB
Scope & Scale: OneImpact Indonesia was implemented in Jakarta and Tangerang Selatan. The project involved: √ 207 people w/ TB √ 10 LKNU staff √ 10 POP TB staff √ 4 TB case managers √ 53 trained patient supporters	Activities: Activities implemented included: √ Needs and feasibility assessment √ Multi-sectoral inception meeting √ CLM framework and OneImpact platform adapted √ Training and launch of OneImpact √ Implementation and data collection √ Monitoring and evaluation

Key Results:

OneImpact CLM results:

- $\sqrt{207}$ people downloaded OneImpact
- $\sqrt{\,}$ 39 people w/ TB (19% of all people w/ TB) actively monitored the TB response—i.e., reported a challenge at least once
- $\sqrt{}$ 63 challenges were reported by people w/ TB
- $\sqrt{12}$ people w/ TB informed the content of the OneImpact Indonesia app





Availability Accessibility Acceptability and Quality (AAAQ) challenges results:¹

- $\sqrt{}$ 54% of people w/ TB who reported AAAQ challenges reported *availability* challenges for TB care and support services at least once
- $\sqrt{\ }$ 33% of people w/ TB who reported AAAQ challenges reported *affordability* challenges for TB care and support services at least once
- $\sqrt{18\%}$ of people w/ TB who reported AAAQ challenges reported *accessibility* challenges for TB care and support services at least once
- √ 13% of people w/ TB who reported AAAQ challenges reported *acceptability* challenges for TB care and support services at least once
- $\sqrt{13\%}$ of people w/ TB who reported AAAQ challenges reported *quality* challenges for TB care and support services at least once
- $\sqrt{44\%}$ of the challenges reported were on *availability* of TB care and support services
- $\sqrt{25\%}$ of the challenges reported were on *affordability* of TB care and support services
- $\sqrt{13\%}$ of the challenges reported were on *accessibility* TB care and support services
- $\sqrt{10\%}$ of the challenges reported were on *acceptability* of TB care and support services
- $\sqrt{8\%}$ of the challenges reported were on *quality* of TB care and support services

Spotlight on AAAQ challenges results breakdowns:

- √ 26% of the availability challenges reported (≈7 challenges) indicated that TB medicines were not available for people w/ TB
- $\sqrt{40\%}$ of the accessibility challenges reported (\approx 3 challenges) indicated that health facilities were too far away from people w/ TB
- $\sqrt{33\%}$ of the *affordability* challenges reported (\approx 5 challenges) indicated that people w/ TB had to pay for TB services

Programmatic level results:

- √ Advancements towards a community driven and rights-based approach to TB; people w/TB identified the primary challenges faced by people with TB, which informed what would be monitored and CLM indicators. People w/TB worked with and provided feedback on the OneImpact App. People w/TB monitored the TB response, generating community-level data for a person centered approach to TB.
- √ Empowerment of people W/TB. With access to OneImpact Sehat people with TB have access to information at their fingertips, information about TB services at their fingertips, can connect with other people w/TB and can report TB challenges in real time.
- $\sqrt{}$ Availability of innovative digital accountability platform that monitors CLM indicators.
- $\sqrt{}$ Availability of data on TB challenges in real time for a more efficient disease response, for advocacy and for programmatic decision making
- √ Creation of an evidence base for AAAQ challenges for the first time.

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, acceptable and of good quality for all.





Key Outcomes:

- $\sqrt{\ }$ LKNU, POP TB and the NTP successfully developed, adapted, and implemented OneImpact CLM in the pilot area.
- $\sqrt{\ }$ LKNU, POP TB and NTP developed an electronic system which monitors CLM indicators.
- $\sqrt{\ }$ LKNU ensured the engagement of people w/TB throughout the project to advance a community-driven response to TB, aligning with the commitments and targets in the End TB Strategy, Global Plan to End TB and the UN Political Declaration on TB.
- $\sqrt{}$ LKNU through OneImpact Sehat CLM advanced a rights-based approach to TB.

Lessons Learned:

- $\sqrt{}$ 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.
- $\sqrt{\ }$ According to people w/ TB OneImpact Sehat was a very useful tool. For the first time people w/ TB have information about TB at their fingertips.
- √ According to peer supporters OneImpact Sehat was a useful tool which provided them for the first time with electronic data on the TB challenges faced by people w/TB.
- √ OneImpact Sehat CLM should collect data on other TB challenges to capture the range of challenges faced by people with TB.
- √ Data collection was relatively easy however more efforts needs to be made to ensure that people w/TB understand the importance and relevance of their efforts to engage – Know your rights training will be critical to this end.
- $\sqrt{}$ Using data was a challenge and a plan to share and use data among different stakeholders at different levels is critical to the sustainability of the intervention.
- √ Considerations on data quality need to be discussed and integrated into the intervention and platform to avoid the data being undermined.
- $\sqrt{}$ Different models of OneImpact Sehat CLM should be considered to support its scalability.

Recommendations & Next Steps:

- $\sqrt{\ }$ Dure Technology will support LKNU and POP TB to use OneImpact SMART set-up to enhance country ownership
- $\sqrt{\ }$ LKNU and POP TB will work with Stop TB Partnership to elaborate on the TB challenges in the App
- √ LKNU and POP TB will with Stop TB Partnership and Dure Technologies to introduce data quality checks into the intervention and platform
- $\sqrt{}$ LKNU will work with partners to identify opportunities to share and use OneImpact Sehat CLM data for advocacy and action at the programmatic level





- $\sqrt{}$ Investments in technology (smartphones or other devices) will need to be made to sustain OneImpact Sehat CLM.
- $\sqrt{}$ OneImpact Indonesia will be scaled-up to operate in 23 additional districts with support from the Global Fund and so scalability options will be discussed with Dure Technologies and Stop TB Partnership.