



## **EMPOWERING COMMUNITIES TO END TB**

### **OneImpact Mozambique**

### **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 Mozambique 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.



*OneImpact CLM Needs and Feasibility Assessment, 18-20 September 2020*

In 2019-2020 Ajuda de Desenvolvimento de Povo para Povo (ADPP) in collaboration with the National TB Programme Mozambique tested OneImpact CLM. This brief presents OneImpact CLM Mozambique case study, highlighting implementers, scope and scale, activities, results, outcomes, lessons learnt, recommendations and next steps.

## OneImpact Mozambique Case Study

### ONEIMPACT MOZAMBIQUE

<p><i>Project Period:</i></p> <p>September 2019 to September 2020</p>	<p><i>Implementers &amp; Key Stakeholders:</i></p> <ul style="list-style-type: none"> <li>√ ADPP Mozambique (lead CBO)</li> <li>√ Ariel Glaser Foundation</li> <li>√ Mozambican Mineworkers Association (AMIMO)</li> <li>√ Movement against TB</li> <li>√ TB case managers</li> <li>√ National TB Control Program (NTP)</li> <li>√ USAID</li> <li>√ United States Centers for Disease Control and Prevention (CDC) Mozambique office</li> <li>√ People w/ TB</li> </ul>
<p><i>Scope &amp; Scale:</i></p> <p>OneImpact Mozambique was implemented in the Maputo and Gaza provinces. The project involved:</p> <ul style="list-style-type: none"> <li>√ 116 people w/ TB</li> <li>√ 60 ADPP staff</li> <li>√ 5 health facilities</li> <li>√ 7 TB case managers</li> </ul>	<p><i>Activities:</i></p> <p>Activities implemented included:</p> <ul style="list-style-type: none"> <li>√ Needs and feasibility assessment</li> <li>√ Multi-sectoral inception meeting</li> <li>√ CLM framework and OneImpact platform adapted</li> <li>√ Training and launch of OneImpact</li> <li>√ Implementation and data collection</li> <li>√ Monitoring and evaluation</li> </ul>
<p><i>Key Results:</i></p> <p>OneImpact CLM results:</p> <ul style="list-style-type: none"> <li>√ 23 people w/ TB informed the content of the OneImpact Mozambique app, design of the CLM intervention and analysis of CLM data.</li> <li>√ 163 people (people with TB / case managers, ADPP etc.) downloaded OneImpact</li> <li>√ 116 people w/ TB downloaded OneImpact</li> <li>√ 106 people w/TB (91% of all people w/ TB) actively monitored the TB response—i.e., reported a challenge at least once.</li> <li>√ 703 challenges were reported by people w/ TB</li> </ul>	

AAAQ challenges results:<sup>1</sup>

**% of people who reported TB Challenges**

- √ 80% of people w/ TB who reported AAAQ challenges reported *availability* challenges for TB care and support services at least once
- √ 15% of people w/ TB enrolled in OnelImpact CLM reported a barrier in accessing TB care and support services at least once
- √ 66% of people w/ TB who reported AAAQ challenges reported *affordability* challenges for TB care and support services at least once
- √ 18% of people w/ TB who reported AAAQ challenges reported *acceptability* challenges for TB care and support services at least once
- √ 99% of people w/ TB who reported AAAQ challenges reported *quality* challenges for TB care and support services at least once

**% distribution of TB challenges reported**

- √ 44% of the challenges reported were on *quality* of TB care and support services
- √ 25% of the challenges reported were on *availability* of TB care and support services
- √ 22% of the challenges reported were on *affordability* of TB care and support services
- √ 6% of the challenges reported were on *acceptability* of TB care and support services
- √ 3% of the challenges reported were on *accessibility* TB care and support services

**Spotlight on AAAQ challenges results breakdowns:**

- √ 53% of the *acceptability* challenges reported (≈ 22 challenges) indicated that *people w/ TB were expelled from a health facility* because they had TB
- √ 50% of the *availability* challenges reported (≈ 89 challenges) indicated that a person had TB but *their family members had not been screened*
- √ 52% of the *accessibility* challenges reported (≈ 12 challenges) indicated that people w/ TB could not get to a health facility because *public transport was too expensive*
- √ 56% of the *quality* challenges reported (≈ 173 challenges) indicated that *people w/ TB were not given a protective mask* at a health facility

**Programmatic level results:**

- √ Availability of innovative digital accountability platform that collects real time data on TB challenges for the first time
- √ Availability of data on TB challenges in real time for a more efficient disease response
- √ Creation of an evidence base for AAAQ challenges for the first time

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<sup>1</sup> 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, accessible, acceptable and of good quality for all.

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### *Key Outcomes:*

- √ ADPP and the NTP successfully developed and implemented OnelImpact CLM in the pilot area
- √ Sharing OnelImpact CLM data with health facilities, activists and first responders resulted in more contacts of people w/ TB being screened and more children (27) initiated on preventive TB treatment
- √ After the OnelImpact CLM intervention, people w/ TB involved in the baseline and end-of-project study reported improvements in their ability to report and obtain responses to their challenges, in their ability to connect with their peers w/ TB, and in the availability, quality and relevance of the information they receive about TB and TB services
- √ ADPP and the NTP have created Health Facility Teams to address challenges faced by people w/ TB and to strengthen linkages between community and health systems

### *Lessons Learned:*

- √ Commitment and engagement from the NTP were key to improving the OnelImpact CLM intervention and platform
- √ Enhanced country ownership of the OnelImpact platform is necessary to ensure sustainability of the intervention.
- √ 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
- √ The community effectively coordinated a response to resolve many of the challenges reported at a local level
- √ Ensuring data use at systems and advocacy level needs to be strengthened
- √ Given the range of challenges reported, it is important to engage community, health, social and legal professionals
- √ Separate trainings for people w/ TB and TB case managers resulted in their lack of understanding of the other group's roles in the OnelImpact intervention
- √ People w/ TB reported the same issue numerous times and they were not provided an option to report whether their challenge was resolved, as such data assurances and quality checks are required and CLM data manager(s) should be engaged
- √ All Case Managers (first responders) should be using a standardized protocol to respond to the TB challenges reported and the protocol should be made available to all Case Managers
- √ It took 72 hours or longer to resolve each of the TB challenges reported by people w/ TB both because a response time limit was not included in the protocol
- √ While barriers to accessing services are important it is equally important to monitor human rights violations. TB stigma should also be monitored separately and not under "acceptability". Acceptability challenges should include challenges to do with gender

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- √ A capability to ensure that CLM data can be disaggregated by key populations should be integrated
- √ Data privacy and confidentiality measures should be clearly articulated and implemented to ensure that the rights of people affected by TB (in particular key and vulnerable populations) are promoted
- √ Disaggregated data down to facility level should be made available

### *Recommendations & Next Steps:*

- √ ADPP has worked with Dure Technology to refine the OneImpact platform (OneImpact next generation), including making the dashboard available in Portuguese
- √ ADPP has worked with Dure Technologies to include (in the App) the capability of people w/ TB to report whether their challenge has been resolved or not (360 degree feedback)
- √ Stop TB Partnership has provided the OneImpact source code and installation guidelines to ADPP and the NTP (to enhance country ownership)
- √ Dure Technologies trained ADPP on the SMART set-up (to enhance country ownership)
- √ CLM data can be drilled down to provincial, district, and facility levels
- √ CLM data can be disaggregated by gender, age and key population
- √ CLM challenges are being refined (challenges, response protocols and indicators) based on the pilot project, which will be reviewed and approved by NTP
- √ Data privacy and confidentiality measures will be put in place with TA from STP (e.g. privacy policy, terms of services, consent, confidentiality agreements, decisions on data access will be made, incident (data breaches) response plans will be articulated.
- √ TB case managers will be trained on data validation and requirements to validate each reported challenge (data quality purposes)
- √ ADPP will promote the inclusion of OneImpact in other TB, HIV/TB projects funded by the Global Fund and the United States CDC Mozambique office
- √ OneImpact Mozambique will be expanded upon to operate in 4 additional districts in the Gaza province to serve approximately 600 people w/ TB with the support of Stop TB Partnership Challenge Facility for Civil Society (Round 9)