

EMPOWERING COMMUNITIES TO END TB

OneImpact K+ Cambodia Country Case Study

Background: Various strategies are in place to end TB by 2030, including the UN Political Declaration on TB, the WHO End TB Strategy, and the Stop TB Partnership (STP) Global Plan to End TB. As one of the signatories of the UN Political Declaration on TB, Cambodia recognizes the various sociocultural barriers to tuberculosis prevention, diagnosis, and treatment services, especially for those who are vulnerable. In 2018 - 2019 Cambodia conducted the Community, Rights and Gender Assessment (CRG) and found that (1) TB-affected communities (TAC) are not systematically or meaningfully involved in all phases of TB programming; (2) TAC do not provide feedback on the barriers preventing them from being diagnosed, treated or reported, i.e., they do not claim their rights (3) duty bearers are unaware of the link between the rights to health and TB; (4) there is no systematic data collection and therefore use of information on the challenges preventing people being diagnosed, treated or reported (5) there is no electronic system of data collection on the challenges being faced by TAC. These findings gave rise and need to OneImpact community-led monitoring. 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 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 K+ Launch



OneImpact K+ Training

<p><i>Project Period:</i></p> <p>January 2019 to January 2020</p>	<p><i>Implementers & Key Stakeholders:</i></p> <ul style="list-style-type: none"> √ KHANA √ National Center for Tuberculosis and Leprosy Control (CENAT or NTP) √ PSG (community health workers/first responders) √ People w/ TB
<p><i>Scope & Scale:</i></p> <p>OneImpact Cambodia was implemented in the Siem Reap Operational Health District. The project involved:</p> <ul style="list-style-type: none"> √ 122 people w/ TB √ 20 PSG (community health workers/first responders) √ 19 health facilities √ 3 KHANA Staff 	<p><i>Activities:</i></p> <p>Activities implemented included:</p> <ul style="list-style-type: none"> √ Needs and feasibility assessment √ Multi-sectoral inception meeting √ App technology adaptation √ Training and launch of OneImpact √ Implementation and data collection √ Monitoring and evaluation
<p style="text-align: center;"><i>Key Results:</i></p> <p>OneImpact CLM results:</p> <ul style="list-style-type: none"> √ 224 people downloaded and used OneImpact √ 122 people w/ TB downloaded and used OneImpact √ 60 people w/ TB (49% of all people w/ TB) actively monitored the TB response—i.e., reported a challenge at least once √ 180 challenges were reported by people w/ TB √ 25 people affected by TB informed the content of the Cambodia OneImpact app <p>AAAQ challenges results:¹</p> <ul style="list-style-type: none"> √ 60 people w/ TB (49% of people w/ TB) reported an AAAQ challenge at least once √ 80% of people w/ TB who reported challenges for TB care and support services at least once reported <i>quality</i> challenges √ 28% of people w/ TB who reported challenges for TB care and support services at least once reported <i>acceptability</i> challenges 	

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, accessible, acceptable and of good quality for all.

- ✓ 10% of people w/ TB who reported challenges for TB care and support services at least once reported *accessibility* challenges
- ✓ 7% of the challenges reported were on *accessibility* of TB care and support services
- ✓ 18% of the challenges reported were on *acceptability* of TB care and support services
- ✓ 75% of the challenges reported were on *quality* of TB care and support services

Spotlight on AAAQ challenges results breakdowns:

- ✓ 6 people w/ TB (10% of people w/ TB who reported challenges) reported treatment discontinuation at least once
- ✓ 81% of the *quality* challenges reported (\approx 66 challenges) were about *drug side effects*
- ✓ 37% of the *acceptability* challenges reported (\approx 7 challenges) indicated that *people w/ TB experienced shame* because they had TB
- ✓ 28% of the *accessibility* challenges reported (\approx 2 challenges) indicated that *people w/ TB did not have enough money to travel to the health facility*
- ✓ 33% of the *affordability* challenges reported (\approx 5 challenges) indicated that *people w/ TB had to pay for TB services*

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.

Key Outcomes:

- ✓ KHANA and the NTP successfully developed and implemented OneImpact CLM in the pilot area
- ✓ KHANA enhanced their ability to accurately communicate challenges experienced by the TB community to national stakeholders with the evidence generated by OneImpact.
- ✓ The NTP received improved information on the availability, accessibility, acceptability and quality of TB services due to OneImpact
- ✓ People w/ TB in the project reported an increase in their ability to access information and report problems about TB with the introduction of OneImpact
- ✓ People w/ TB in the project unanimously recommended expanded use of OneImpact for other people w/ TB in Cambodia
- ✓ Community health workers reported an improvement in their ability to monitor, understand and respond to challenges faced by people w/ TB with the introduction of OneImpact.

- ✓ Community health workers unanimously recommended expanded use of OneImpact for other community health workers in Cambodia

Lessons Learned:

- ✓ Country ownership of the OneImpact platform should be augmented to promote greater autonomy for implementers and to reduce the need for technical assistance
- ✓ Community health workers and first responders are critical to the success of OneImpact CLM and should be provided enhanced support and supervision
- ✓ Greater understanding of OneImpact CLM and a rights-based approach and its value among the community, first responders and the NTP will improve the intervention
- ✓ Integration of artificial Intelligence could upgrade the OneImpact platform in various ways
- ✓ Simplification of the OneImpact user and first responder interfaces and registration process will bolster OneImpact CLM
- ✓ Individual and community level impacts were achieved, but it was more difficult to use data generated by OneImpact for advocacy and action at the programmatic level

Recommendations & Next Steps:

- ✓ KHANA will work with Dure Technology to refine OneImpact platform content, including the first responder inbox and accountability dashboard, in collaboration with people affected by TB, community health workers and the NTP
- ✓ Dure Technology will configure and train KHANA and partners on OneImpact SMART set-up to enhance country ownership
- ✓ Stop TB Partnership will develop training and refresher modules for OneImpact implementers and users
- ✓ Dure Technology will develop AI-based chat bot solutions to facilitate continuous community engagement through the platform
- ✓ KHANA will determine with whom to share OneImpact data and for what purpose in order to encourage the use of CLM data
- ✓ OneImpact Cambodia will be scaled up to operate in 10 additional Operational Districts in 5 of the 24 provinces.
- ✓ Increase in the number of health facilities and community health workers involved in OneImpact CLM to 83 each