TOPICS

What is Community-based Monitoring (CBM), why is it important to the TB response and what are some of the results to date.
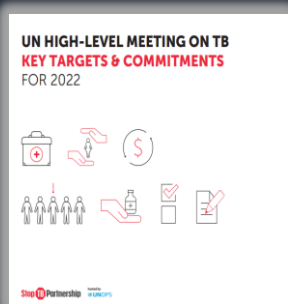
Demonstration of the OneImpact CBM Platform and how it has been adapted to include COVID19

What it takes to implement OneImpact CBM

❖ **Not** monitoring of TB community activities by health care workers

❖ It is **not** M&E that includes TB community-centered indicators

❖ Monitoring the TB response by people affected by TB

❖ Monitoring indicators that are viewed as important by people affected by TB

❖ It provides a platform for the TB response to hear from people affected by TB and respond to their needs.

ITPC
INTERNATIONAL TREATMENT PREPAREDNESS COALITION

Importance of CBM to the TB response

Stop TB Partnership

P18. *"Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in vulnerable situations, and the need to develop integrated, people-centred, community-based and gender responsive health services based on human rights"*

UN HIGH-LEVEL MEETING ON TB
KEY TARGETS & COMMITMENTS
FOR 2022

The Strategic Initiative To Find the Missing People with TB

The Global Fund

USAID FROM THE AMERICAN PEOPLE

Assessing Barriers to TB Services
INVESTMENT PACKAGE
COMMUNITY, RIGHTS & GENDER

WORKING DOCUMENT

Human Rights Data Gaps

- **Data on the human rights barriers is not systematically collected.**

- **Real time data on human rights barriers is not reported.**

Engagement Gaps

- **People affected by TB are not meaningfully involved in all phases of TB programming.**

- **Right holders (people affected by TB) do not know and therefore claim their rights.**

- **Duty bearers are unaware of the link between human rights and TB.**

- **There is no accountability mechanisms.**
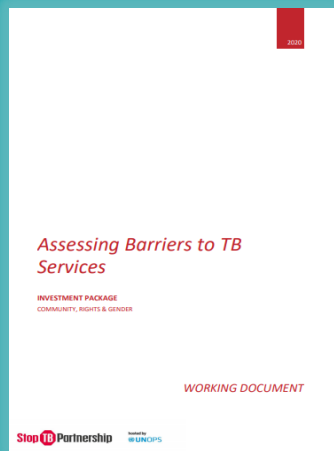
Transforming the TB response -Equitable, Rights-based, People Centered

Stop TB Partnership

1 **Enabling Environment**

- Government fulfilling their Obligations
- Accountability
- Responsiveness
- Advocacy

2 **People affected by TB Empowered to Claim their Rights**

Preventing Vulnerability to TB
- Right to non-discrimination
- Right to health
- Right to work
- Right to adequate housing
- Right to adequate food
- Etc

Increasing Access to Quality TB diagnosis, treatment care and support
- Right to non-discrimination
- Right to information
- Right to privacy
- Right to participation
- Etc.

3 **Results**

1. Reduced vulnerability to TB
2. Increased access to effective TB prevention , diagnosis, treatment, care and support
3. Empowerment of people affected by TB
4. Enhanced capacity and development in the TB response

*"Engaging and empowering people affected by TB to report the barriers preventing them from being diagnosed and successfully treated, to improve the **availability**, **accessibility**, **acceptability** and **quality** of TB care and support services for all and to hold stakeholders to account".*

Ending TB by 2030

Global Plan to End TB

End TB Strategy

UN Political Declaration on TB
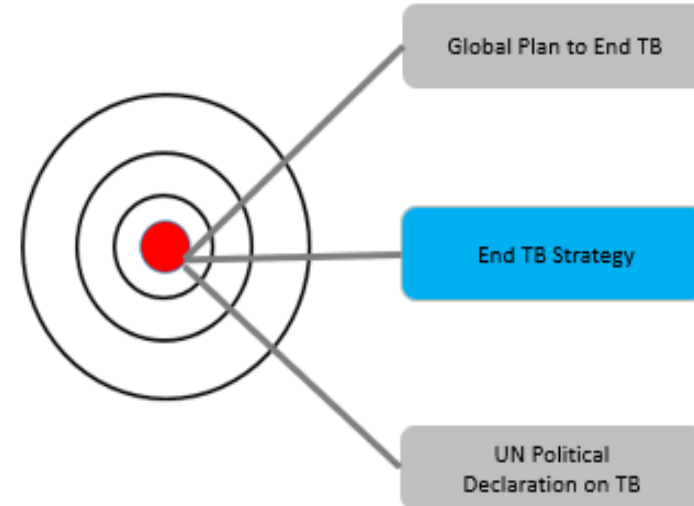
01 GLOBAL PLAN TO END TB
- **Community** and **people centered** approaches
- **Human Rights** and **Gender** Based Approaches

02 END TB STRATEGY
- Strong coalitions with **civil society and community** organizations
- **Protection and promotion** of **human rights**, ethics and equity
- Patient Centered Care

UN Political Declaration on TB
- Transforming the TB response to be equitable, rights-based and people centered

"Right to Health"

| Availability | Accessibility | Acceptability | Quality |

Stop TB Partnership

DECLARATION OF THE RIGHTS OF PEOPLE AFFECTED BY TUBERCULOSIS

● Individual level

- o To **engage people affected by TB** to monitor the availability, accessibility, acceptability and quality of the TB response.

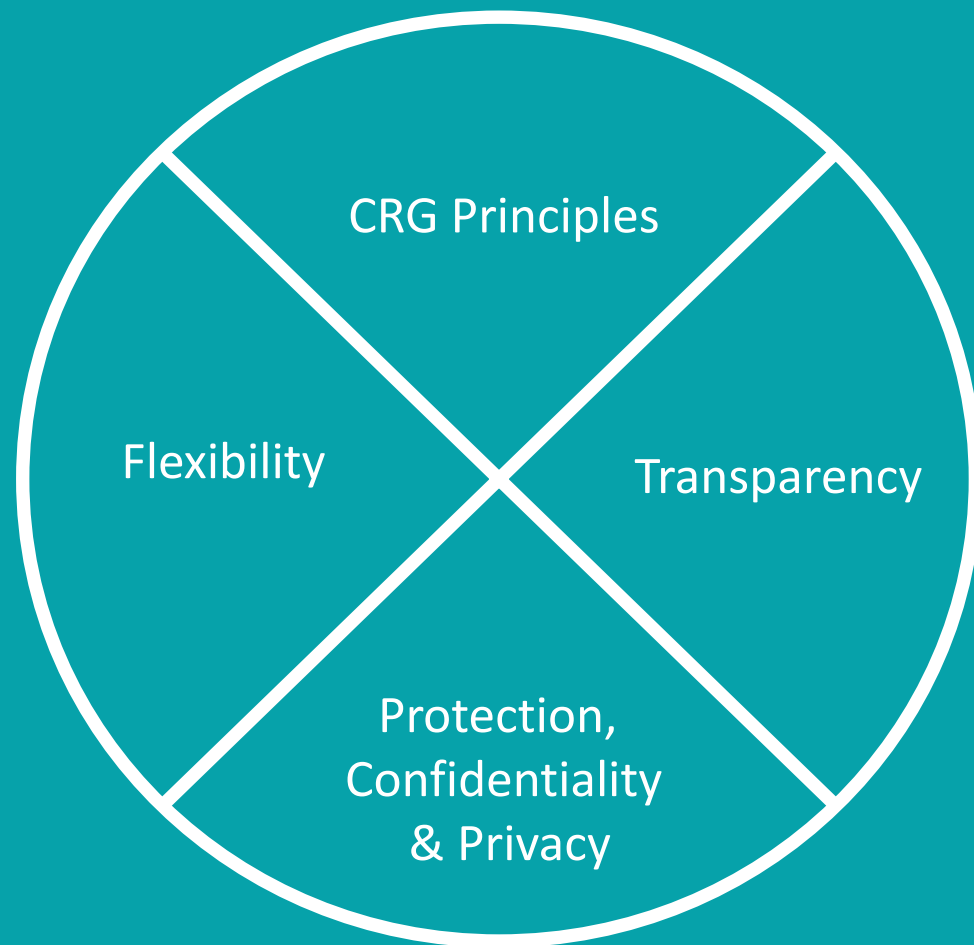## ● Monitoring, surveillance & advocacy

- o To strengthen the TB M&E system with community reported data.
- o To strengthen community advocacy with evidence.

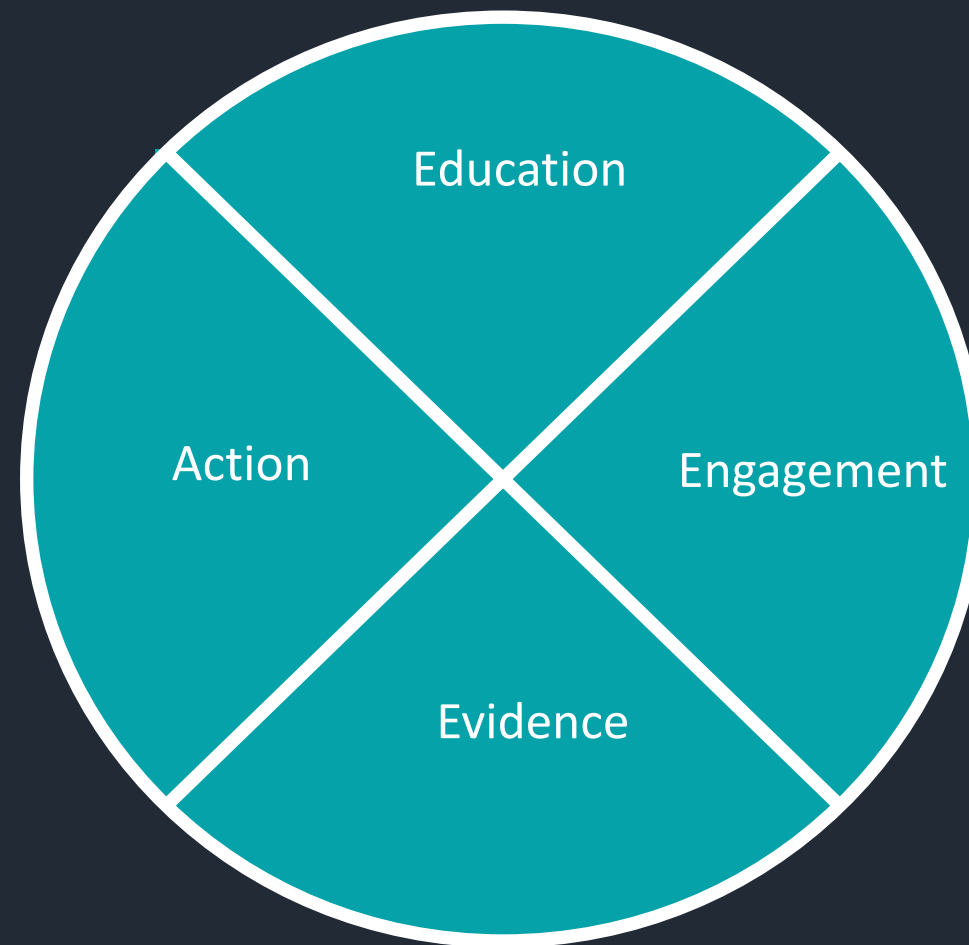## ● Programmatic Management of TB

- o To respond to the needs of people affected by TB in real time

- o To inform the design of programmatic interventions from the perspective of the community.

- o To evaluate interventions.

- o To overcome the barriers preventing people from being diagnosed, treated or reported in an efficient and effective manner.
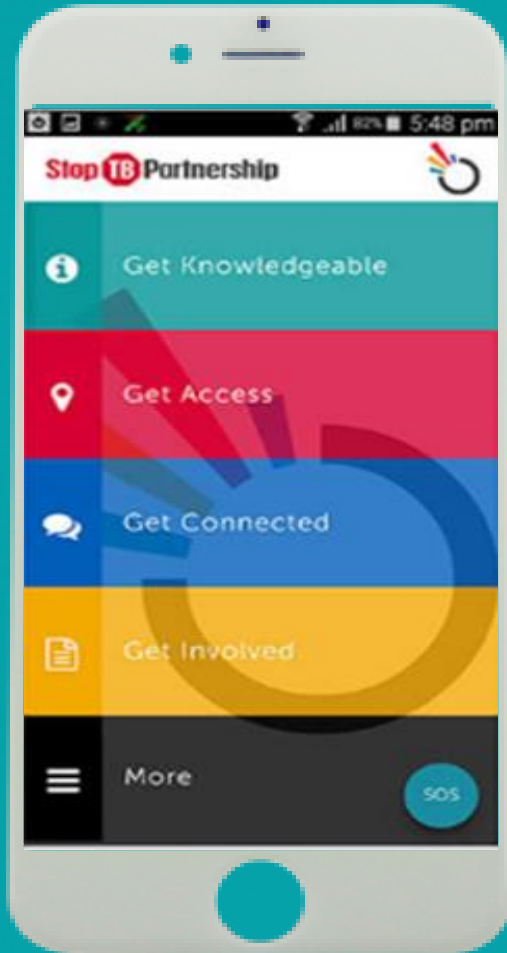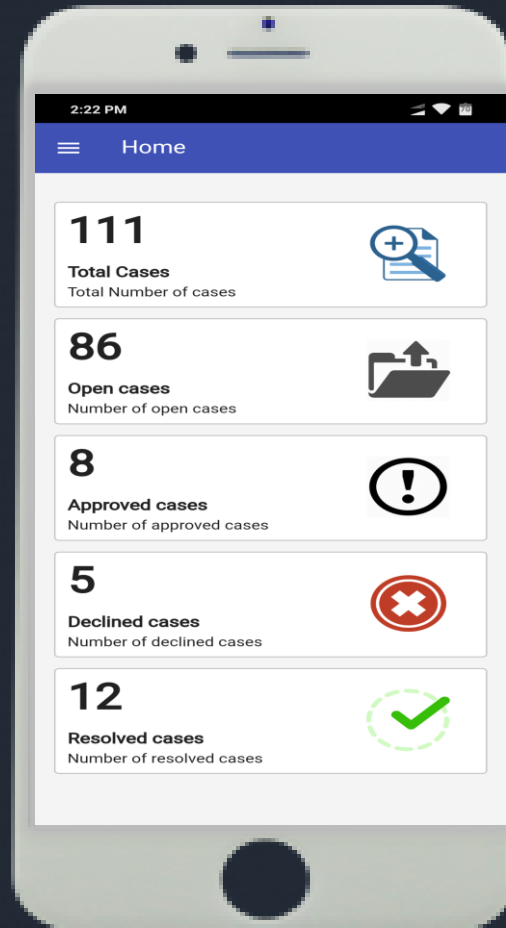
OneImpact CBM Principles and Approaches

Stop TB Partnership

Principles

- CRG Principles
- Flexibility
- Transparency
- Protection, Confidentiality & Privacy

Approaches

- Education
- Action
- Engagement
- Evidence

OneImpact CBM Platform

Affected TB Community App (free)

First Responder Inbox

National Accountability Dashboard

OneImpact CBM Implementation

Stop TB Partnership

1. Needs & Feasibility Assessment

2. Adaptation

3. Solution Development

4. Training & Launch

5. Implementation & Maintenance

6. M&E

7. Scale / expansion

1. Botswana

2. Tanzania

3. Azerbaïdjan
4. Indonesia
5. Kyrgyzstan
6. Belarus

7. Mozambique

8. DR Congo

9. Cambodia
10. Tadjikistan
11. Ukraine

The Global Fund   USAID FROM THE AMERICAN PEOPLE   *Follows the WHO Handbook on Digital Technologies for TB   TB REP   PQS we act today for tomorrow's future!

What does CBM monitor? (AAAQ framework)

Stop **TB** Partnership

Availability

- Do the required TB health facilities, goods and services exist?
- Is there a sufficient quantity of functioning TB health facilities, goods and services for the diagnosis and treatment of TB?

Accessibility

- Are the TB health facilities, goods and services physically and geographically accessible?
- Are the TB health facilities, goods and services socially accessible?
- Are the TB health facilities, goods and services economically accessible

Acceptability

- Are the TB health facilities, goods and services respectful of medical ethics?
- Are the TB health facilities, goods and services culturally appropriate?
- Are the TB health facilities, goods and services sensitive to the needs of different genders?

Quality

- Are the TB health facilities, goods and services scientifically & medically appropriate?
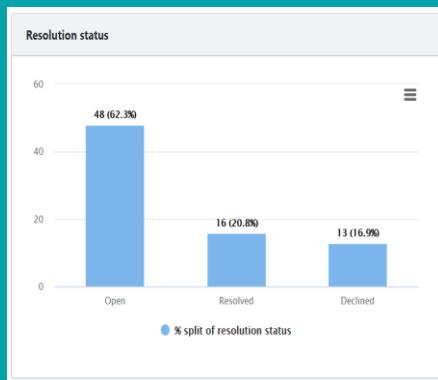- Are the health facilities, goods and services convenient?

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Sample CBM Indicators

Stop TB Partnership

Active Reporting

% of People Experiencing Barriers
26%

Age, Gender, Key Population

Efficiency Indicators

Resolution status

% of cases open, resolved, declined

AAAQ Indicators

Breakdown of Barriers (AAAAQ)
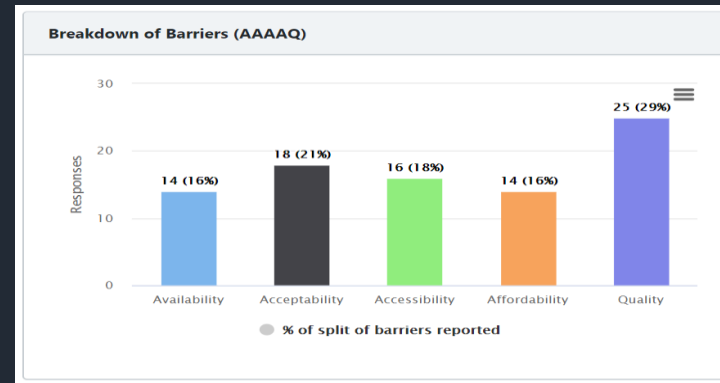
- % of people with TB reporting barriers in **accessing** TB care and support services
- % of people with TB reporting barriers with the **availability** of TB care and support services at least once
- % of people with TB reporting barriers with the **acceptability** of TB care and support services at least once
- % of people with TB reporting barriers with the **quality** of TB care and support services at least once

Case / Barrier centered

Breakdown of Acceptability Barriers
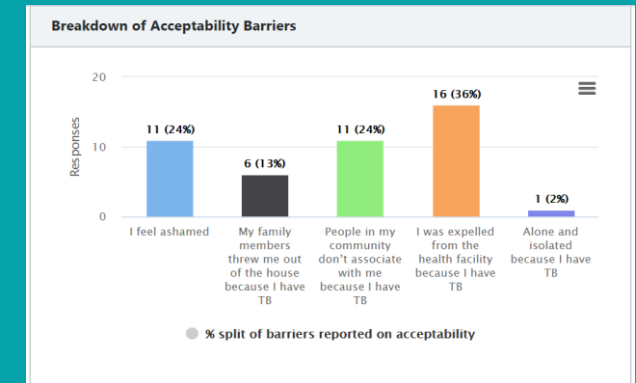
- % split of **types of access barriers** reported by people with TB
- % split of **types of availability barriers** reported by people with TB
- % split of **types of acceptability barriers** reported by people with TB
- % split of **types of quality barriers** reported by people with TB

Stop TB Partnership

11 Countries implementing OneImpact CBM

11 Languages platform available (Azerbaijani, Bahasa, English, French, Khmer, Kyrgyz, Portuguese, Russian, Swahili, Tajik, Ukrainian)

11 Community / Civil Society Organizations using CBM data for Advocacy, and engaging with National TB Programmes
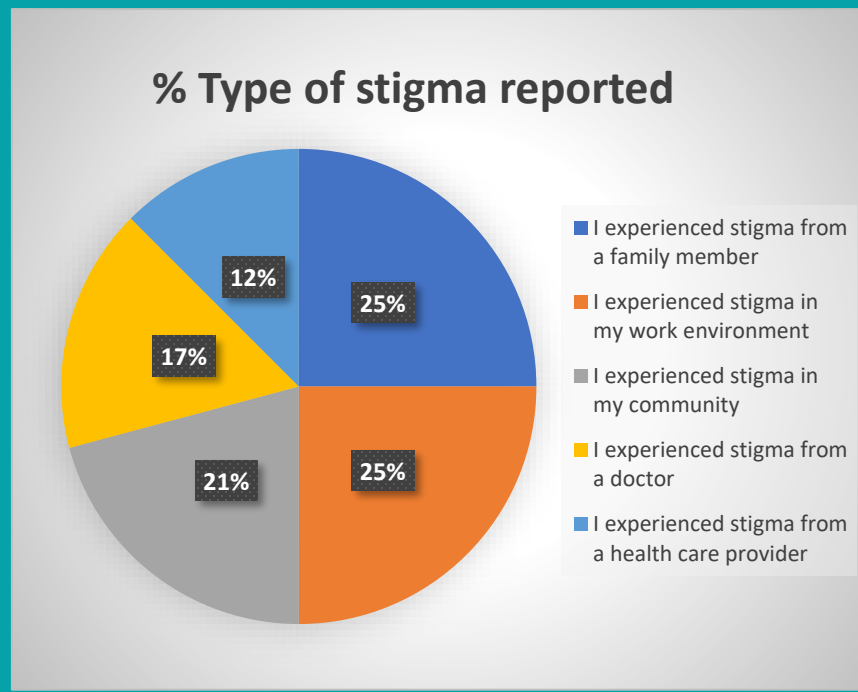
202 CHWs engaged in CBM

2142 People affected by TB engaged in OneImpact CBM

Results (Ukraine – Pilot Project)
April 2019 – March 2020

Usability	
Total number of people with TB who downloaded the app	175
Total number of people with TB reporting barriers at least once	44
% of people with TB reporting barriers at least once	25%

% Proportion of People Experiencing Barriers			
Reported Barriers	People with TB reported specific barrier at least once	People with TB reported any barrier at least once	% of People with TB reported specific barrier at least once
Availability of services	3	44	7%
Accessibility of services	14	44	32%
Acceptability of services	17	44	39%
Quality of services	24	44	55%

% Type of stigma reported

- I experienced stigma from a family member — 25%
- I experienced stigma in my work environment — 25%
- I experienced stigma in my community — 21%
- I experienced stigma from a doctor — 17%
- I experienced stigma from a health care provider — 12%

Health System:
Outcome: TBpeople Ukraine used the data on stigma to advocate for the assessment of TB stigma at a national level. Under USAID LON agreement, implemented by PATH, a national TB stigma assessment will be conducted and TBpeople will continue to implement CBM to capture real time data on stigma and other barriers to access

Results (Cambodia Pilot Project)
January 2019-January 2020

Usability	
Total number of people with TB who downloaded the app	122
Total number of people with TB reporting barriers at least once	60
% of people with TB reporting barriers at least once	49%

% Proportion of People Experiencing Barriers			
Reported Barriers	People with TB reported specific barrier at least once	People with TB reported any barrier at least once	% of People with TB reported specific barrier at least once
Availability	0	60	0%
Accessibility of services	6	60	10%
Quality of services	48	60	80%
Acceptability of services	17	60	28%

Treatment Discontinuation	Values
Number of people with TB reporting treatment discontinuation at least once	6
Total number of people with TB who reported barriers to TB care and support services at least once	60
% of TB patients reporting treatment discontinuation at least due to barriers	10%

Outcome (individual level): KHANA PSG leaders informed respective health facilities and counselled each of the people who reported treatment discontinuation and encouraged and ensured they restarted treatment.

Stop TB Partnership

- Starting small is important

- CBM OneImpact provides an opportunity to have national multi-stakeholder dialogues on TB and Human Rights

- The OneImpact CBM model offered a genuine opportunity for affected communities to engage with health care workers and NTP representatives and for people affected by TB to inform and evaluate the TB response

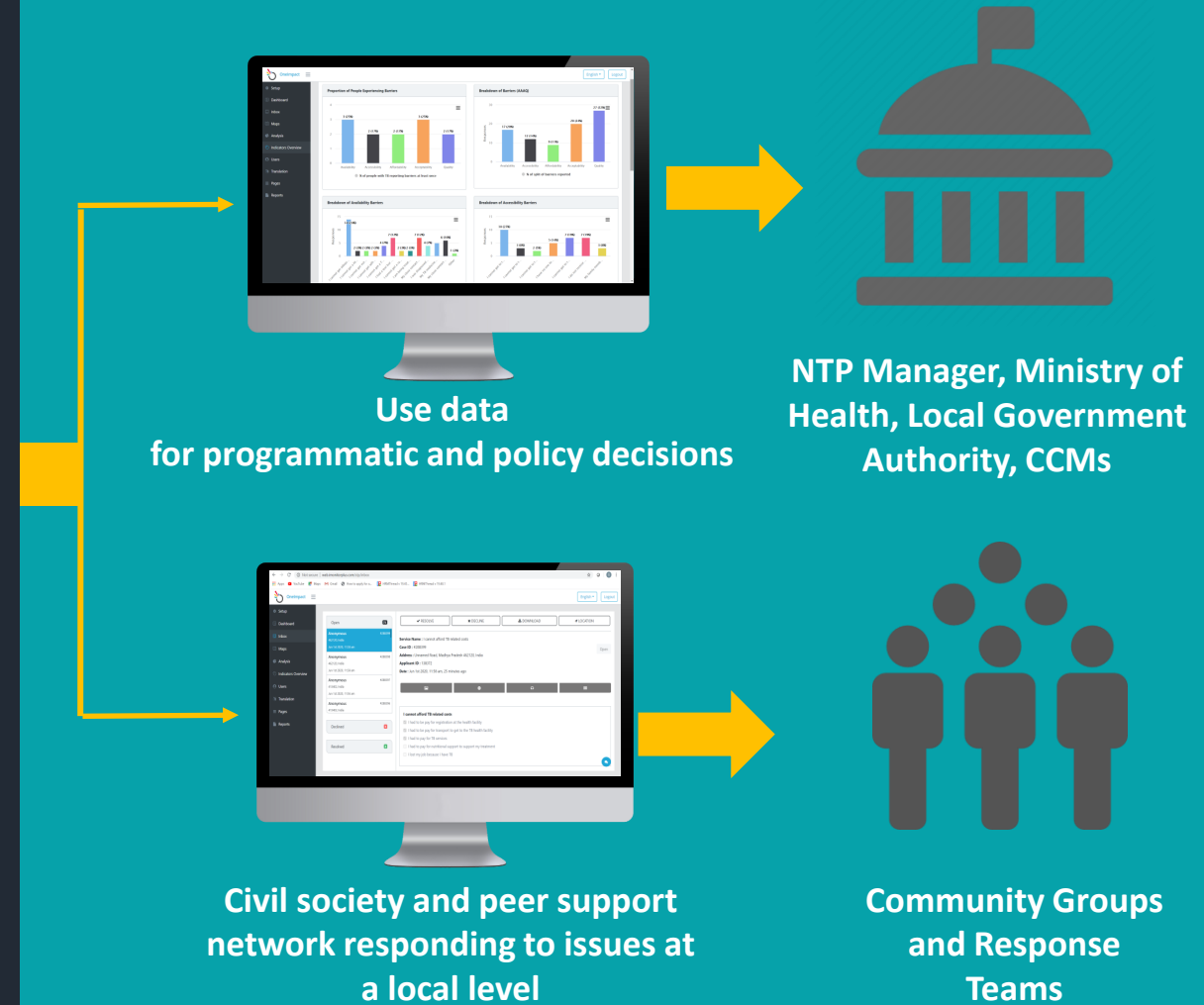- Empowering people affected by TB so that they Know their Rights is a key component of the CBM intervention

- Ensuring rights and protections of populations engaged in the pursuit of CBM is an ethical and programmatic imperative. Mitigating risks to data privacy and security is therefore critical.

- The OneImpact platform is flexible; demonstrated through how quickly it transformed to respond to COVID.

LIVE OneImpact DEMO &
How it has incorporated COVID 19

OneImpact Key Features

OneImpact Features

Communities able to use the App and upload information

Knowledgeable:
Making relevant information available at your fingertips

Near Me:
Get access to all your near by facilities and services.

Community Forum:
Chat with your peer and expert.

Community Voice :
Raise issue, feedback and participate in surveys.

AI Based Chatbot:
Raise issue, feedback and participate in surveys.

Use data
for programmatic and policy decisions

NTP Manager, Ministry of Health, Local Government Authority, CCMs

Civil society and peer support network responding to issues at a local level

Community Groups and Response Teams

Technical Features (Community Module and Response Module)

Stop TB Partnership
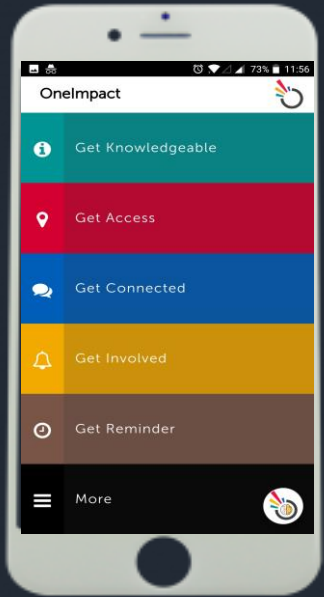
COMMUNITY MODULE

- Innovative content creation
- Innovative AI Chatbot
- Social Media Integration
- Innovative community sourcing of information
- Innovative plugins
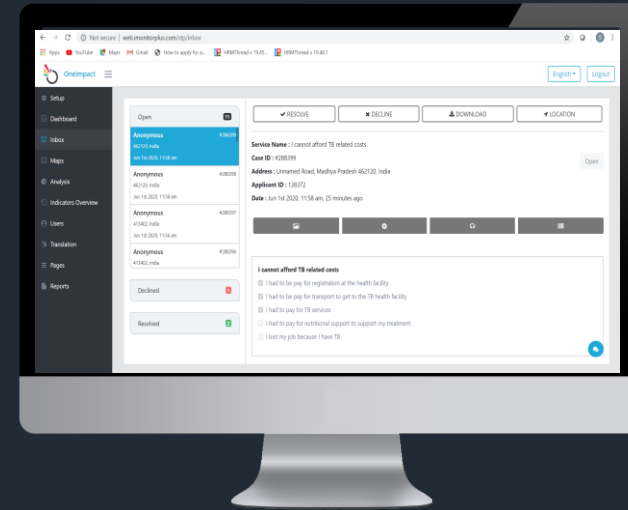
RESPONSE MODULE

- Intuitive inbox response list
- Innovative chat feature
- Multi-parameter filtering
- Innovative case locator
- View media files

Technical Features (Dashboard and Smart Set-up)

Stop TB Partnership

INTERACTIVE DASHBOARD

- Interactive charts (AAAQ indicators)
- Drill down maps
- Filtering of data parameters
- Multi-user access to data
- Report export and download
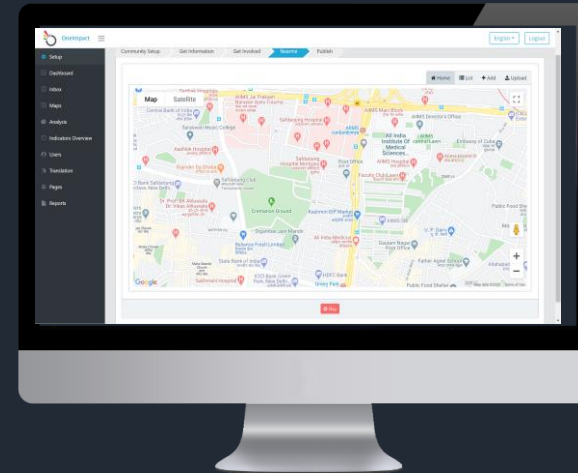
SMART SET-UP

- Form and workflow builder
- Content management system
- Facility management module
- User management module
- Language change
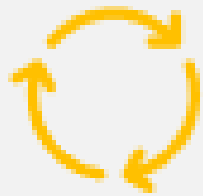
What it takes to implement OneImpact CBM

Implementation process for countries

Inception and multi-sectorial meeting
Needs and feasibility assessment and commencement of adaptation process - for broad buy -in

Training and launch
People who have TB, First Responders, Lead Community Organization, Health facility staff and NTP

Data Use
Lead CBO uses data for advocacy and to share with different stakeholders for action

Month 0

Month 3

Months 5-12

Month 13

Month 2

Month 4

Months 5-12

Adaptation
To adapt and the generic platform in collaboration with NTP and other stakeholders and Dure Technologies

Implementation
Led by CBO with guidance from NTP

M&E
Using the Stop TB M&E framework and take stock

Technical Considerations for Scalability and Sustainability

Stop TB Partnership

- Integration with country data ecosystems
- Open source and complete ownership of the countries
- Scalable from pilot to national roll-out
- Modular components of the platform
- Compliance with country security and privacy policies

Compliance with global and country security policies

End to end data encryptions at multiple levels

Unanimous data and masking personally identifiable details

Can be hosted and deployable in country servers

Data access control and log-in authentications

App Store Links

https://play.google.com/store/apps/details?id=com.duretechnologies.apps.android.oneimpactgeneric

STP CBM using OneImpact – Investment Package

http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_OneImpact%20Community%20Based%20Monitoring_10.02.2020.pdf

OneImpact Website

https://stoptbpartnershiponeimpact.org/

Training manual and Videos

https://stoptbpartnershiponeimpact.org/

THANK YOU

Presenters

Stop TB Partnership

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